

Behavior Contracts Training Guide



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Introduction

This training guide is intended to help dialysis staff decide when a behavior contract is appropriate, when supportive interventions are more effective, and how to use behavior contracts in a respectful, measurable, and patient-centered way.

Primary Audience

This training guide is written for dialysis clinic staff, including social workers, nurses, managers, and interdisciplinary team members who participate in care planning, patient communication, and behavior-related decision-making.

Person-Centered Language

Consider cognitive, communication, developmental, and mental health factors before implementing a behavioral contract.

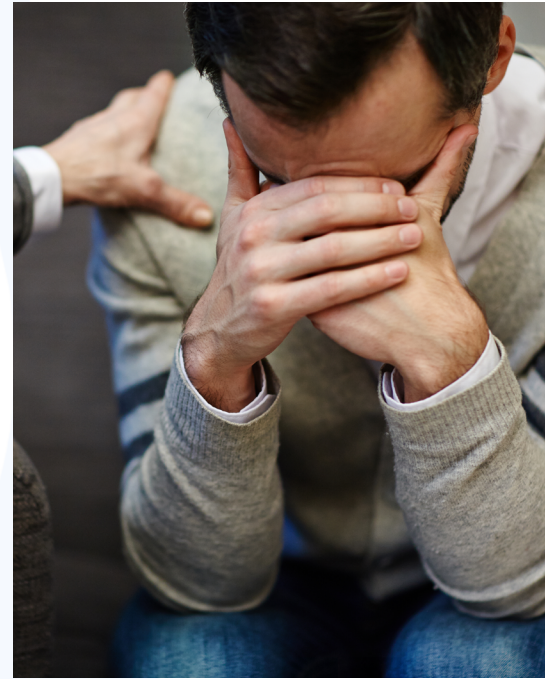


Deciding Whether a Contract Is Appropriate

- Before using a behavior contract, staff should first ask three questions:
 - 1 Is the behavior clearly defined and measurable?
 - 2 Are there barriers, disabilities, grief, communication needs, or system issues affecting the behavior?
 - 3 Have education, support, coaching, or referral options been considered before moving to a formal contract?
- The behavior should be changeable, measurable, and persistent.
- Identify barriers that may affect the patient's ability to comply.
- Consider education, counseling, or support services before contracting when appropriate.

Trauma-Informed Care Decisions

- Pause before moving to a behavior contract and ask whether the behavior may be connected to trauma, grief, fear, pain, loss of control, previous health care experiences, cognitive needs, or communication barriers.
- Use the core trauma-informed principles of safety, trustworthiness, transparency, collaboration, empowerment, choice, and cultural humility when deciding whether a contract is appropriate.
- Ask “What may be contributing to this behavior?” before asking “What consequence should follow?”



Key Takeaway

A behavior contract should support safety, clarity, and shared expectations; it should not be used to shame, threaten, or control a patient. Trauma-informed decision-making helps the team identify underlying needs, preserve dignity, and select the most effective intervention.

Team Tips

- Use calm, concrete language, and avoid labels such as “non-compliant,” “manipulative,” or “difficult.” Describe the observable behavior instead.
- Review safety concerns privately as a team before discussing a contract with the patient, so staff present one consistent message.
- Offer choices whenever possible, such as preferred reminder methods, communication approaches, support persons, or review times.
- Document the behavior objectively, including date, time, observed actions, staff response, patient response, and follow-up plan.

Reflection Questions for the Team

- What needs, fear, barrier, or trigger might be underneath the behavior?
- Have we clearly explained the expectation in language the patient can understand?
- What support, accommodation, or education have we already tried, and what was the result?
- Would a contract improve safety and care, or would another intervention be more respectful and effective?

Sample Contract Behaviors

The following examples describe behaviors that may be appropriate for a written behavior contract when they are persistent, measurable, changeable, and connected to clinic safety, privacy, treatment participation, or respectful communication.

These examples are provided for staff guidance only. The behavior identified in a behavioral agreement should be individualized, objectively documented, and stated in measurable terms whenever possible.

- Arriving more than 15 minutes late for treatment more than two times a month after transportation barriers and scheduling options have been reviewed.
- Engaging in repeated yelling, profanity directed toward others, threatening statements, or other objectively documented verbal behaviors that interfere with treatment or create a safety concern after supportive interventions have been attempted.
- Leaving the treatment area without notifying staff when doing so creates a safety risk or interrupts required monitoring.
- Refusing to follow infection control, safety, or emergency instructions after staff have provided education and confirmed understanding.
- Recording, photographing, live-streaming, or attempting to capture audio or video in the clinic without approval, including a cell phone, smartwatch, body camera, Meta glasses, Ray-Ban Meta glasses, or other smart glasses or wearable recording device.
- Continuing to use a device in a way that may capture another patient, visitor, staff member, treatment screen, chart, conversation, or other protected health information after staff have asked the person to stop or secure the device.

Best Practices



Create Individual Goals



Use Measurable Outcomes



Include Patient and Staff Responsibilities



Review Progress Regularly



Use Positive, Non-Threatening Language



Case Studies and Practice Examples

»» Case Study 1

Intellectual Disability and Verbal Outbursts

A patient with an intellectual disability frequently raises their voice during treatment. Staff determine the patient has difficulty understanding abstract expectations. Rather than implementing a behavioral contract, the team creates a visual reminder system, provides coaching, and involves a support person.

Outcome: Verbal outbursts decrease and treatment engagement improves.

»» Case Study 2

Chronic Tardiness

A patient routinely arrives 30–45 minutes late. The team identifies transportation barriers and develops a behavioral contract with realistic attendance goals and weekly progress reviews.

Outcome: Attendance improves gradually over eight weeks.

»» Case Study 3

Disruptive Lobby Behavior Following Family Loss

A normally cooperative patient becomes verbally aggressive after a family death. Staff provide support, referral to counseling, and education regarding expectations.

Outcome: Behavior resolves without a contract.

»» Case Study 4

Staff–Patient Conflict

A disagreement escalates between a patient and a technician. The facility provides staff education on professionalism and develops a communication plan.

Outcome: Interactions improve without formal contracting.



Behavior contracts should be used carefully and only when they support measurable, realistic behavior change. Staff should first look for barriers, unmet support needs, grief responses, disability-related communication needs, and opportunities for education or coaching. The goal is not punishment; it is safer, clearer, and more respectful care for both patients and staff.

Sample Behavioral Agreement

Trauma-Informed, Person-Centered Template for Dialysis Settings

Purpose

This agreement supports a safe, respectful, and therapeutic dialysis environment. It identifies a specific behavior of concern, documents barriers and supports reviewed, establishes measurable goals, and outlines shared responsibilities. This agreement is intended to support successful treatment of participation and is not intended as punishment.

Patient Information

Patient Name: _____ Date Agreement Initiated: _____

Facility Name: _____

Physician Name: _____

Behavior Being Addressed

Observable behavior of concern:

Dates/examples of occurrence:

Impact on treatment, safety, communication, or clinic operations:

Barriers, Contributing Factors, and Supports Reviewed

- | | |
|---|---|
| ☐ Communication needs | ☐ Grief, loss, trauma, fear, or stress |
| ☐ Transportation concerns | ☐ Physical symptoms or discomfort |
| ☐ Educational/health literacy needs | ☐ Cultural or language considerations |
| ☐ Cognitive, developmental, or intellectual disabilities | ☐ Previous healthcare experiences |
| ☐ Mental health concerns | ☐ Other: _____ |

Interventions attempted before this agreement:

Measurable Goal and Success Criteria (examples)

Behavior Concern	Expected Behavior	How Success Is Measured
Yelling/profanity toward staff	Uses calm voice; no profanity directed at staff	No documented incidents for 30 days
Arriving 30+ minutes late	Arrives within 15 minutes of treatment start	No more than 2 late arrivals per month
Leaving treatment area without notifying staff	Notifies staff before leaving chair/area	100% compliance during review period
Recording in clinic	Keeps recording devices off and secured when requested	No privacy-related incidents during review period

Goal and Success Plan

Identified Goal: _____

Expected Behavior: _____

How Success Will Be Measured: _____

Start Date: _____ Review Date(s): _____

Patient Responsibilities

- ☐ Work collaboratively with the care team.
- ☐ Participate in discussions related to this agreement.
- ☐ Follow safety, infection-control, and emergency instructions.
- ☐ Use agreed-upon communication strategies.
- ☐ Inform staff of barriers affecting success.

Facility Responsibilities

- ☐ Treat the patient with dignity, respect, and professionalism.
- ☐ Communicate expectations clearly and respectfully.
- ☐ Provide education, support, referrals, and coaching when appropriate.
- ☐ Help identify barriers affecting success.
- ☐ Review progress regularly.
- ☐ Follow the facility grievance process.

Communication and Concerns

Staff Contact: _____

Social Worker: _____

Manager: _____

Social Work Support Plan

- ☐ Review progress toward goals.
- ☐ Identify barriers affecting success.
- ☐ Discuss coping and communication strategies.
- ☐ Assist with referrals and supportive resources.
- ☐ Support treatment participation and quality of life.

Review Schedule

Agreement Effective Date: _____

- ☐ Weekly
- ☐ Biweekly
- ☐ Monthly

Scheduled Review Date(s): _____

Progress Summary:

If Concerns Continue

The interdisciplinary team will review progress, identify barriers, consider additional support, and determine steps necessary to maintain a safe treatment environment. The least restrictive intervention appropriate to the situation will be used. Any transfer or discharge decision will follow applicable regulations, facility policy, and patient rights requirements.

Acknowledgment

I have had the opportunity to read this agreement, ask questions, provide input, and discuss concerns with the care team.

Patient

Signature: _____ Date: _____

**Patient Representative
(if applicable)**

Signature: _____ Date: _____

Nephrologist

Signature: _____ Date: _____

Social Worker

Signature: _____ Date: _____

**Clinical Manager/ Facility
Administrator**

Signature: _____ Date: _____



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