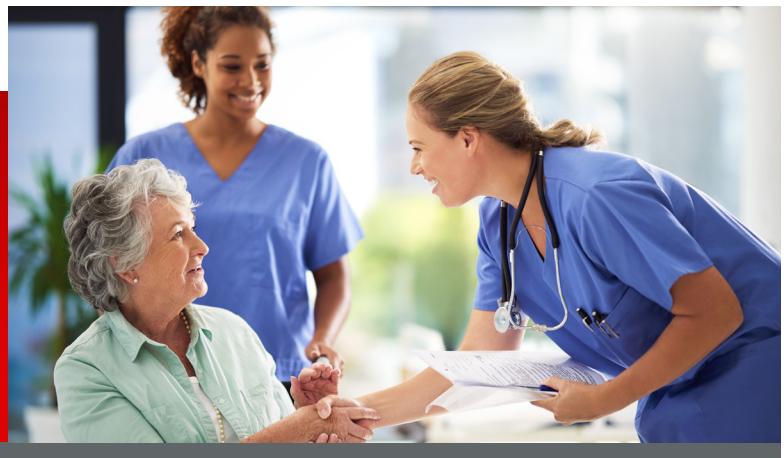


Behavioral Management Assessment Tips

"The environment shapes people's actions."
– B.F. Skinner



When patients enter treatment with a history of coping patterns and comorbidities, it is essential that facility staff get a comprehensive history to ensure a successful transition into the treatment environment. Below are tips for gathering a thorough history and creating interventions.

1. Conduct a Thorough Psychosocial Assessment Upon Admission

- Interview the patient about past coping habits. Ask about stressful periods in life (e.g., "Was there a time that you drank heavily, used pills or other drugs?" and "Are there any personal challenges we should know about? We will be spending a good bit of time together and want to support you.").
- Discuss emotional health. Ask questions such as "Have you experienced depression or anxiety? Are there specific triggers?"
- Explore attitudes about health care. Ask a direct question about their feelings toward doctors and health care professionals.
- Inquire about pain management history. Ask if they have ever taken medication for severe pain.

2. Foster Honesty and Trust

- Emphasize that shared information helps identify barriers to successful treatment.
- Provide psychoeducation on how ESRD affects mental health.
- Build trust by normalizing discussions about stress, mood changes and substance use.

3. Address Behavioral or Mood Changes

- When behavioral changes or mood changes are observed, consider using the Distress Thermometer to initiate discussion.



4. Perform a Root Cause Analysis

For observed behavioral changes:

- Determine if the behavior is new or escalating.
- Evaluate mental health concerns.
- Investigate for potential substance abuse.
- Assess changes in the living environment.
- Consider problems with personal relationships or recent loss.

5. Initiate an Unstable Care Plan When Behavioral Changes Occur

- Collaborate with the patient to resolve issues.
- Document environmental triggers for the behavior to provide insight for staff and the patient.
- Invite the patient and, if possible, a family member or caregiver to a care plan conference.
- If the patient refuses to participate, meet as an IDT to determine a possible root cause and interventions.
- Review Patient Rights and Responsibilities and Facility Rules

6. Train Staff in Conflict Resolution

- Encourage staff to report any changes in mood or behavior to the IDT.

7. Create a Supportive Treatment Environment

- Maintain consistent facility rules.
- Avoid favoritism in action or speech.
- Train staff on maintaining professional boundaries.
- Communicate to the patient about any schedule changes.
- Explain each activity during treatment, including medication administration and disconnect procedures.

If a patient struggles to follow facility rules, consult the Network for case strategies and support in managing behavioral challenges.

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