

***Guide to Best Practices:
Behavior Management in Long-Term Care***



About the Authors

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Richard A. Wyckoff, PhD, is a clinical psychologist, licensed in the state of Pennsylvania. He began private practice in 1972 and almost immediately began to focus in the area of behavioral psychology. By the mid 1980s, Dr. Wyckoff had developed a large outpatient and hospital based practice, helping people learn how to manage stress related illness and assisting them with a variety of individual, marital and family issues.

Busy with a satisfying and rewarding practice, Dr. Wyckoff suddenly found his world changing in the late 1980s. His mother began to show the telltale symptoms of what was later confirmed to be a progressive dementia. As he attempted to cope with the changes this event brought to himself and his family, he began learning about an entirely different field, geriatric psychology. By the time OBRA opened Medicare billing privileges to psychologists in 1988, Dr. Wyckoff was well on his way to a career change.

He began providing consulting services to a few Western Pennsylvania nursing homes. He reports with amusement that it was a humbling experience, as he realized that his lengthy and erudite chart notes were ignored by busy nursing home staff. “Fortunately,” he now says, “a few wise nurses thought I might have potential. They took me under wing and taught me how to translate my academic knowledge into useful skills on the floor. Together we discovered how to apply psychological principles to the real world problems the units faced.”

During the next several years, Dr. Wyckoff became skilled at helping nursing staff work with their most difficult residents, and his practice grew to include twenty-eight nursing homes. It soon became evident that the typical nursing home had never formally addressed how they would meet the psychosocial needs of residents. There was little formal programming to assist staff in reducing restraint use and coping with the wide array of behavioral problems brought to them by residents. Chemical restraints were common.

He soon began to help a few facilities develop policy and procedure for behavior management. Other facilities asked for in-service training on a variety of topics to help staff understand and respond to the needs of dysfunctioning residents.

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In 1998 Dr. Wyckoff received from the Pennsylvania Association of County Affiliated Homes (PACAH) a request for a proposal to provide training in behavior management to the staffs of long-term care facilities. He and his wife and partner, Linda, completed their proposal during a road trip to attend the Christening of their first grandchild.

Their proposal was accepted several weeks later, and they began work in July 1998. The program, which is funded by a grant from the Pennsylvania Department of Public Welfare to the County Commissioners Association of Pennsylvania, has been renewed each year for three years. As a result of this funding and the program developed by Dr. Wyckoff, the training has assisted almost 100 facilities with the process of planning, designing and implementing behavior management systems tailored to their own facility culture.

Linda S. Wyckoff, JD, is an attorney, licensed in the state of Pennsylvania. She began her law practice in 1974 as corporate counsel for Action Industries, Inc., an importer, manufacturer and distributor of consumer housewares. She grew along with the company, ultimately becoming Vice President, General Counsel and Corporate Secretary. After 21 years in the corporate law, she left the company and joined her husband as partner in his expanding consulting and psychology practice.

Together with her husband, Ms. Wyckoff has co-authored two course books in behavior management, a book for the home caregiver in behavior management and this Guide to Best Practices in behavior management.

Dr. and Mrs. Wyckoff both say, “Our mission in life has changed. We are devoted to assisting the long-term care industry to achieve its goal of optimal quality of life not only for residents but also for families and staff. We continue our work in the memory of Rick’s mother, Ruth Wyckoff, who taught her children to nurture, to create and to remain flexible and responsive to the challenges that life offers.” After 14 years of care at home by her children and their spouses, Ruth Wyckoff died on September 16, 2001.

Guide To Best Practices in Behavior Management for Long-Term Care

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As an administrator in the long-term care industry, you are in a leadership position. Your mission is to develop a facility culture that enables residents to achieve optimal satisfaction and dignity in the final stage of life. This mission can be challenging in the fast paced, medically complex, and regulation packed environment of long-term care.

In the past, resident behavior may have appeared to warrant little extra attention unless it interrupted the routine procedures necessary for medical care delivery. Yet today we know that success with behavior management influences everything from resident quality of life to staff morale and bottom-line results.

The GeroServices Behavior Management System was developed specifically for the long-term care industry. It provides a comprehensive and cost-effective approach to resident behavioral care. The GeroServices consulting team – including professionals from the fields of nursing, psychology, law and training – created this Guide to lead your team through the steps of establishing a formal behavior management system. The Guide contains strategies and procedures developed by GeroServices in working with nearly one hundred facilities.

There are seven steps, or stages, of program development described in this manual. We have devoted a chapter to each.

The first chapter describes the administrator's responsibilities for organizing a behavior management initiative. It explains how to use the Guide to accomplish the facility's behavior-related goals. Subsequent chapters provide instructions and tools for the management team to use in implementing each component of the behavior management system.

GeroServices wants you to be successful. And we hope this Guide will remain on your desk, not collecting dust on your bookshelf. We invite you to call us with your questions and feedback. For additional assistance, GeroServices operates a telephone support service (providing consultation to staff) and offers on-site consultation and seminars tailored to facility needs. See our website at www.geroservices.com for additional information about our full range of products and services.

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How to Use This Guide

While we have strived to make this Guide both concise and comprehensive, a few of our readers may find that the material is too detailed, while others may wish for greater detail. Those who want a more abbreviated guide may choose to skip the written exercises and read through quickly to obtain an overview sufficient for their needs. Those who want more detail are encouraged to complete the written exercises. If additional explanation is needed, please feel free to e-mail the authors to discuss your questions (info@geroservices.com).

We wrote the Guide with the assumption that the administrator will use it in preparation to carry out meetings with key staff (the behavior management leadership team). The material, therefore, is intended to assist you in facilitating the group decision process. While it may be tempting to shortcut this process and complete the program design individually, we recommend that you include the management team. In working with many long-term care facilities, we have found that the inclusion of the group at the earliest stages facilitates the “buy in” that is critical to a successful program implementation.

It may also be tempting to bypass the policy development phase because you already have policy and procedure in place. Indeed, we do not wish to encourage you to “fix what isn’t broken.” We suggest instead that you consider following the sequence of meetings as if you were starting fresh. Use this process to “polish” your existing program policy and procedure and to identify opportunities for improvement.

Finally, we want to ask for your feedback. We are committed to becoming the best resource for the long-term care industry in the areas of behavior management program development and staff training. Please feel free to contact us to tell us what is great about our products as well as where we fall short. We are very good at listening to constructive criticism, and we will take your feedback into account for our next edition of this book.

Overview of Contents

Chapters	Chapter Title	Development Process
1	The Administrator's Role	Administer makes strategic decisions and starts the project
2	Program Development	Managers learn about the behavior managers system, make policy and procedure decisions, and develop an action plan.
3	Communications	Committee plans and carries out activities to inform and motivate staff during the project.
4	In-Service Training	Training manager learns about GeroServices courses, matches staff worth courses, order materials, and schedules staff for classes.
5	Preparing for Skill Building	Managers learn about the behavioral care planning process.
6	Skill-Building	Facilitators lead 4 skill-building sessions on each unit, using actual cases, until all units received the sessions and the pilot testing is completed
7	Evaluation of the Program	Management team reviews results of pilot testing, refines policy and procedure, and set dates to launch the system.