This guideline provides some assistance in dealing with residents who consume more than their share of facility resources, often by demanding, complaining, and/or threatening.

The main principle used to address these issues is that FACILITY tries to meet all our residents needs and some of their wants and that we need to assure that all needs are met before using resources to meet preferences that may take away from other’s needs.

This guideline provides some suggestions to assist in care planning and is not meant to be a directive.

One way to address needs is through the careplan request process and IDT meetings. The accumulation of these forms may point to a need for more intensive approach to careplanning.

**Principles:**

* These interventions are effective in situations where the resident is not willing to change voluntarily, and where their demands are interfering with the care of others directly through time and indirectly through staff burnout. However, it will be HARD to implement this behavioral care plan—it will be harder initially than it is now, but the benefits will pay off down the road
* Bring a team together with key individuals such as Medical Director, Director of Nursing, Psychologist, social work, therapeutic recreation, dietician, as well as primary team. The team may meet initially without the resident. Begin with identifying the behaviors and giving team members a safe place to explore the issues of what is observed, what the underlying needs, wants and emotions are and what interventions may be successful or practical. Group will take into consideration cultural diversity and sensitivity. Do not try to solve the problem until you have thoroughly evaluated it.
* The team reviews the observations of the individual team members, documentation, resident’s needs based on their medical conditions, motivation for their behavior/preferences, alternatives and the needs of other residents who are impacted. Clarify needs versus preferences. Attempt to identify which preferences are the most important to the resident.
* Use trauma informed language and analysis to understand and document underlying emotional needs and person centered goals. (E.g. our goal is to have a consistent staff assigned to you for 6 months without them requesting to change assignments, Our goal is for you to have one staff member on each shift who you feel comfortable with and have a mutual relationship. Our goal is for your care to take less time for your needs so we can have more time for your wants, etc). .
* Meet with all three shifts and assure you are meeting with most CNAs who care for the individual to get input not only on what they are observing and what has worked or not worked, but also to get buy in on whether the plan is practical.
* It may be necessary for RN to directly observe aspects of care to develop careplan or assure it is being followed. RN is the one who will decide if there are exceptions e.g. for illness, or special circumstances.
* Draft a behavioral careplan (list of rules/if/then statements) ensuring achievable requests are being made of both staff and resident. Distribute to all three shifts to review. The adminisirtaor, DON and medical director should review as well to assure the plan is not punitive, is realistic , meets the needs and are prepared to enforce it.
* Assure reading level appropriate for all staff involved and offers residents choice (“If you yell, I will stop care.” If you are silent, then that is seen as a refusal.”)
* Finalize it, then print a copy for the resident. Notify the resident at least 24 hours prior to implementation. They do not have to agree, just be notified.
* The goal of these specialized care plans is to permit some choices in preferences, but to assure that care focusses on needs rather than wants and that the needs of all the residents are protected by limiting the time spent on non-medical issues for one individual. These plans would include the care practices that are done, by whom and in what time frame(s), as well as care practices that will not be done by team members. Include consistently assigned staff are in the process and there is a written mechanism to educate agency and covering staff of the plan to reduce splitting and manipulation.
* Initially, when the care plan is implemented, it is expected there will be challenges, it is important to plan for these, and provide support for staff during this period. Changes as proposed should be reviewed by stakeholders and communicated to the team as a whole.
* Behavioral type care plans may be made available in paper for all team members and can be attached to usual CNA assignment. They are reviewed at each IDt with the goal to reduce or eliminate them as the behaviors improve.
* Evidence of violation of the care plan should be reported to the supervising nurse for investigation and correction. As many of these residents are manipulative, violations are expected to occur; the purpose of reporting violation is not to punish staff, but to provide support and education and encouragement to caregivers.
* Individuals on behavioral care plans are seen by the psychologist/designee more frequently.
* Social / psychological services staff will participate in the development and resident adaption to the care plan as well as provide support and education into the team and assist in facilitating communication, and therapeutic relationships.
* As much as possible, there should be symmetry between what it considered a need and a want between residents with similar health concerns.