

THIS ISSUE



Choice versus risk:
 A consumer's
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We readily embrace the concept of informed choice for ourselves and the persons we serve. Whether choosing between types of retirement residences, evaluating options in care or therapies, or planning for the future, we believe individuals are entitled to know and weigh all the options before making a choice.

Personal risks accompany personal choice. If we are honest, we will identify the risks in addition to the merits when discussing and considering options. Personal choice allows individuals to decide to accept or not accept identified risks.

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What CARF believes

A CARF and CARF-CCAC core value asserts, "All people should be empowered to exercise informed choice." This value pervades the standards in emphasizing a person-centered model of service delivery.

The business practices standards, which are applied in many settings CARF accredits, guarantee that persons served have a right to "informed consent or refusal or expression of choice regarding service delivery." Two business practices standards specify that "persons served receive information and training designed to reduce identified physical risks" and "the organization has written procedures to promote the safety of persons served." Other standards throughout the CARF and CARF-CCAC standards manuals reinforce organizational disclosure, risk identification, and the right of informed choice for persons or families served.



Although I am a professional in the human service field, I am also a longtime recipient of services. My experiences as a consumer have given me insights regarding choice versus risk.

MY PERSPECTIVE AS A PERSON SERVED ILLUSTRATES THE VALUE OF CONSUMER CHOICE

Since my childhood, my family and I have made many choices that required accepting or not accepting risks. I was born with moderate hearing loss, and today I have severe to profound hearing loss. Although doctors cannot explain my increased hearing loss, I suspect it is a result of risks I have taken over the years.

My first recollection of a choice-versus-risk decision arose soon after I was diagnosed as hard of hearing with a speech impairment in the first grade. My father and maternal grandparents had to decide whether to mainstream me in the local school or send me to a state-run school for the deaf and blind.

My grandmother insisted I would not be able to thrive in a regular school and said it would be a lesser risk if I were sent to a school that specialized in teaching children who are deaf. My dad and grandfather, however, believed

I was smart enough to be mainstreamed in my small-town school, a risk and a decision for which I am eternally grateful.

As a teenager, I was forbidden to attend rock concerts because the loud noise might contribute to additional hearing loss. (To my dismay, when I eventually convinced my father to allow me to go to an Andy Gibb concert, the singer took ill and cancelled the show.) After I married, I attended a few concerts and found my hearing was indeed affected for several days following each concert. Still, I accepted the risk of concertgoing, even if it led to diminished hearing.

As a consumer, I appreciate the decisions my father and I have made about my life. I have been able to contribute to my community and earn an advanced university degree because of our choices. Today I am married and have two beautiful daughters. I cannot say that I would be living the life I enjoy now if my father had not challenged me to compete with children with different abilities.

SERVICE PROVIDERS HAVE A UNIQUE OPPORTUNITY TO HELP PERSONS SERVED IDENTIFY RISKS AND OPTIONS THAT CAN LEAD TO INFORMED CONSUMER CHOICES

As service providers and professionals in the human service field, we sometimes believe we have the best interests of persons served in mind when we steer them toward a certain decision. Yet the individual's own best interests might not align with the choices we think they should make. For example, a provider may prefer to take groups of eight individuals to community events, but a consumer may want to go to the mall or an event with only a friend and a staff member. The consumer may actually enjoy the outing more if he/she is part of a small group rather than a large one. The provider could argue that it is cost prohibitive

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to provide one-on-one outings. However, providers could partner with local religious, senior citizens, Best Buddies, and other community organizations to find supports to take consumers individually on outings.

As a CARF staff member, providers ask me how to disclose choice versus risk. How I respond to this question depends on the specific services provided. For example, if a provider offers aqua therapy or hippotherapy (the use of horses in providing physical and occupational therapy), it might wish to discuss the physical risks in addition to the possible benefits of these types of therapies with the individuals considering enrollment.

A provider could also identify the physical and health risks and train the person served to reduce these risks. For example, wearing a helmet might be a safety precaution in hippotherapy or wearing ear plugs and caps while in the pool could reduce the chance of ear infections. If the provider offers services in group settings, especially for children or older adults, it might point out the health risks that come with being in close proximity to other individuals in addition to the positive feelings of mutual support these groups can provide.

The provider's allowance for informed choice and risk-taking by persons served must be balanced with its responsibility to identify and reduce health and physical risks. In practice, if a person served chooses behaviors that violate safety rules or place others at risk, the provider might be obligated to discharge or report the offender. For example, individuals who choose to drive while impaired or smoke in bed place not only themselves but others in danger.

When needed, the provider might engage a healthcare professional to identify and provide education on reducing personal safety and health risks if the staff's background does not prepare it to assess and address these risks.

When addressing choice versus risk with persons served and their families, we as service providers need to keep our expectations to ourselves when we can. We also need to permit and encourage individuals to take risks from time to time so they may learn and grow. Individuals who remain in their comfort zone and never take risks will not flourish. However, information about possible risks should be given to persons served so they can make the final decision. After all, their choices will bring consequences that affect their lives.

I am reminded of a choice-versus-risk experience I had when I worked as a community employment services provider. A female person served with a diagnosis of blindness and depression told me she wanted to work as a striptease artist. She was tantalized by the prospect of earning more than \$100 a night in tips. I discussed with her the late hours she would need to work, but she did not think modifying her sleep patterns would be a problem. I explained that public buses would not be operating when she got off work,

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Al Whiteburst, EDITOR

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and she countered that she could use her tip money to call a taxi. I noted that the strip clubs were in an unsafe part of the city. She laughed at my apprehension and said it would not be any more unsafe than her current living arrangement in government-funded housing that was known to be in a battleground of warring gangs. Everywhere I saw a risk, the consumer saw otherwise. Nevertheless, after we discussed the potential risks of the job, she made her own choice whether to accept or not accept the risks. (Although she decided to accept the risks and pursue her wish, I was privately relieved for her safety when she was not hired as a stripper.)

Speaking from my perspective as a consumer, I encourage you to help individuals make decisions that can enhance their lives by objectively presenting their options and risks and then allowing them to make an informed choice. ■■

About the author: Mary K. Boegemann, M.A., CRC, joined CARF in 1999 and is a resource specialist for the Employment and Community Services customer service unit. She has more than fifteen years experience in management, coordination, and direct service provision of public and privately funded vocational rehabilitation programs. She has a master's degree in rehabilitation counseling from the University of Arizona and a postgraduate certificate in rehabilitation administration from San Diego State University. A nationally certified rehabilitation counselor, Boegemann was appointed by the Arizona governor to serve on the State Rehabilitation Council.



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