

Supporting Choice and Control | eLearning (Transcript)

Hello everyone. Welcome here and thanks for joining this e-learning video. My name is Wendy Humphrey and I work with Abilities Manitoba. Today's e-learning discussion is on Supporting Choice and Control.

I want you to think for a moment of decision making as a muscle. Just like when we lift weights to build bicep muscles, the more repetition and weights you lift, the stronger your muscles will be. We can build our decision-making muscles in the same way by making choices.

When we support people with lived experiences of disability to make many choices over and over again, this builds muscle memory and confidence for bigger decisions in the future. We can do this by empowering people to make decisions however big or small. You need a game plan - you need to be consciously aware of all the opportunities for people to exercise their decision-making muscles – this means we need to stop doing everything for people especially where and when they could be doing for themselves. Now in a world in which people have had limited decision-making capacity their entire lives, making decisions can be overwhelming at first. We should not be abandoning people to their choices, but rather be supporting and empowering people to learn this skill.

How does flexing this muscle look in practice? Well, it starts with **belief**. The belief that **all** adults, including adults with disabilities, **have** will and preferences, and therefore have the right to make their own decisions, including life decisions about their health care, their finances, their relationships, where they work, where they travel, who they vote for, and where they live and with whom. People sometimes need support from others they trust to make decisions and choices. Organizations should be loud and proud about this belief.

The next step is **action!** In order for people to step into their own power, have choice and control, make decisions with or without support and advocate for themselves and others, they need three things. They need robust Education, Experience and Exposure to life opportunities. In order for someone to make decisions about what they want to do each day they need to be aware of what the options are. We often hear people are happy with what they do and what they have but that is often because they don't know what they don't know and this limits people we support significantly. It is like only ever eating vanilla ice cream your entire life and saying it is your favorite ice cream because it is the only flavor you have been exposed to. When someone informs you there are other flavors you can try, perhaps you will still choose vanilla but it is only after having experienced those other flavors like mint chocolate chip and butter pecan and

explored the nearby ice-cream stands or sampled a variety of brands, can you truly say you are making an informed choice.

One of our most significant roles is helping people discover what more is possible. At times, we are giving people an illusion of choice when we should be focused on providing robust opportunities for education, experience and exposure. Historically, people with disabilities have not had the same interaction with these three E's as everyone else and sadly default to bowling and swimming as their favorite sport or McDonald's as their favorite restaurant when people might prefer a maki sushi roll, or the sport pickle ball, or anything else that may be possible. Choice has something to do with everything we do every day. Have we unintentionally been serving people vanilla ice-cream their whole life?

This does not mean that people need to change, rather it's us. It's the systems in which people are placed into boxes. We need to change systems in order to place people as the expert in their own experiences. We might be able to say people have options but so often we control the options people choose from. Bob Jones was quoted to say that, offering people one option is not a choice, two options are a dilemma, and it is only when you have three or more options to choose from that you have a real choice.

We need to continue listening to people. We can learn so much from the people we support if we put the daily checklist aside for a moment, and just sit with people and listen. We need to consistently take person centered approaches – and ask each person what is going well – what more is possible, and what supports do you need to get you to where you want to be? By doing this, we can identify what decisions need to be made and what support is needed.

Part of informed decision making is also the right to refuse. On incident reports we might note that “people refused to take a medication,” or were “non-compliant to staff requests.” However, again we need to put people at the center of their lives. These are choices people are making, so instead of refusing to take their medication, we can say that the person is choosing not to take their medication. There is a power shift with this language choice, it places people at the center of their own lives instead of in relation to service providers. Again, this does not mean that we simply abandon people to their choices. Remember, one of the three E’s is education. Therefore, if someone is choosing not to take their medication, we want to make sure they are making an informed choice, and making sure they have the education on the consequences of not taking medications.

Next is **creativity**! We need to be creative to help people discover, explore and learn about what they truly want. We may need creativity to help people make choices, to be encouraged to do so. People are encouraged to work out a structure to their daily lives that best reflects their goals, activities, and needs and are assisted in doing so, if required. We need to reflect if we are doing things out of habit, or if we are genuinely leaning into a person-centered approach. We can start small here. Does Jo truly like showering in the evenings, or has it simply always been done that way? Have we checked-in with **them** recently. Perhaps they would prefer to shower in the mornings, or maybe they prefer a bath instead of a shower. Or maybe Jo doesn't even want to shower every single day. We need to try to remove ourselves from our routines, and follow the lead of people. Have we potentially fallen complacent to these daily activities? This is when we need to take a step back and leverage a creative approach.

Then we have to **follow through**- we can't ask and not act...we can't do it just once. We need to do this repetitively! Making choices takes time and is learned skill. We need to be aware that a lifetime of having choices made for you, means that people we support may not be skilled at this and repetition will be needed to support people to build this muscle! Exercising personal choice and decision

making empowers people to be in control of desired outcomes in their lives and being in control is a strong indicator that people are living a good life.

As I come to the end of this discussion, I want to encourage you to reflect on your current practices, and trial and error. How do you support people to have choice and control in their lives? What is getting in the way? What can you do better so people have robust opportunities to make informed decisions? We need to make this work intentional and incorporate it in our every day practices, both at the individual and organizational level.

Thank you for your time.