MODULE TWO:
The Dynamics of Choice and Decision-Making for Participants

Outline and Suggested Trainer's Time Schedule of Events

(Special chairs should be sent up according to directions outlined at the beginning of the training session.)

9:00–9:15 ..... **I. Introduction** Present Learning Tasks for Module Two. Two-minute review of content in Module One.

9:15–10:00 ..... **II. Processing of Special Chairs Exercise**

This leads into the first session of the components of the decision-making process (head, heart, hands, purpose-driven).

10:00–10:45 ..... **III. Identifying Consultant and Participant Tolerance for Risk**

Group Exercise One: Administration of Risk Tolerance Test for consultants. How risk tolerance affects one's definition of "right choice" versus "right to choose."

10:45–11:00 ..... **Break**

11:00–11:30 ..... **IV. Facilitating the Decision-Making Process for Participants**
What Influences Decisions and How to Achieve Balance.

Group Exercise Two: Case Examples with Decisions. Relate decisions to body parts associated with participant decisions and self-awareness of risk tolerance issues for consultant.

11:30–12:15 ..... **V. Techniques to Help Participants Expand Decision-Making Choices**
Relationship Building Techniques: (Personal Stories, and Bulls-Eye Diagram)
Expanding Participant Choices: (Brainstorming, Parallel Scripting, Pros/Cons and Best/Worst List.)

12:15–12:30 ..... **VI. Evaluations** Parts One and Two

MODULE TWO:
The Dynamics of Choice and Decision-Making for Participants

Learning Tasks and Outcomes

LEARNING TASK ONE:

Integrate the cognitive, emotional, social and purpose-driven components of choice and decision-making.

OUTCOMES:

- Trainee will be able to identify at least one decision facing a participant in a hypothetical case and distinguish the cognitive, emotional, social and purpose-driven factors that influence that decision.
- Trainee will be able to facilitate awareness on the part of the participant of the cognitive, emotional, social and purpose-driven factors influencing his or her decision about care.

LEARNING TASK TWO:

Reflect on the ethical and practice dilemmas that arise in participant-directed care when the "right to choose" may conflict with the "right choice."

OUTCOMES:

- Trainee will become aware of his/her own risk tolerance.
- Trainee will be able to provide examples of circumstances in which the participant's choice may differ from the "best" choice as seen by the consultant/support broker.
- Trainee will be able to demonstrate the ability to share those concerns with the participant while still honoring the choice.

LEARNING TASK THREE:

Develop skills in facilitating the choice and decision-making process for participants in the consultant's/support broker's role as coach and teacher.

OUTCOMES:

- Trainee will be able to demonstrate ability to help a participant identify a need and explore resources to meet that need.
- Trainee will be able to demonstrate ability to help participant move beyond traditional resources to creatively meet service needs.
- Trainee will be able to demonstrate how to move from exploring a range of service options to an actual choice through guided decision-making.

MODULE TWO:
The Dynamics of Choice and Decision-Making for Participants

Consultant Training Program

Materials Needed:

- Chairs and/or tables should be moveable. There are special requirements for the first exercise in this module. See section below on "Setting up the room for Making Decisions Exercise"
- Board with nails on it and "reserved" sign
- LCD projector with computer
- Flip chart and markers (for trainer)
- Handouts for trainees (see materials in Module Two Trainee Handouts Section)

Setting up the room for "Making Decisions" Exercise:

The room in which the training will be held needs special set up for this exercise. This should be done well before trainees arrive. Identify four chairs throughout the room. One should be located very close to the speaker. One should have a board with nails pounded into it with the nails sticking up. One should have a "Reserved" sign on it and there should be a chair facing backward in an undesirable part of the room. Just allow trainees to be seated. The reason for the special chairs is part of the first training exercise in this module.

I. INTRODUCTION (15 minutes) (Power Point Slides 1 and 2)

- The trainer should welcome back trainees and introduce them to the format for the day's training. **(Power Point Slide 3)**
- The Learning Tasks for Module Two of this training session are: **(Power Point Slides 4, 5, and 6)**
  1. **Learning Task One:** Integrate the cognitive, emotional, social and purpose-driven components of choice and decision-making.
  2. **Learning Task Two:** Reflect on the ethical and practice dilemmas that arise in participant or self-directed care when the "right to choose" may conflict with the "right choice" as a function of risk tolerance.
  3. **Learning Task Three:** Develop skills in facilitating the choice and decision-making process for participants in the consultant/support broker's roles as coach and teacher.

- Module Two focuses on the dynamics of choice and decision-making for participants. Trainer should emphasis that the factors that influence the decision-making process and the ethical dilemma presented by "right to choose" versus "right choice" are among the most critical issues in supporting participant-directed choice.

Participants training materials should be located at tables where participants will be sitting. Logistics about how long the program will be, when the break is and where the restrooms are should be addressed at this time.

- Have trainees introduce themselves if Module Two is not presented on the day after Module One.
- The following content should be reviewed from Module One: Facilitating the Paradigm Shift for Consultant/Support Brokers: **(Power Point Slides 7 and 8)**

1. Participant-directed (self-directed care) includes a wide range of arrangements under which the participant can make decisions about the "who, what, when, and how" of support services for their care. These decisions can range from a choice about a single service such as housekeeping or personal care to a total-life planning process involving a wide circle of paid and unpaid supports.

2. Participant-directed (self-directed care) places the participant as the expert in identifying what they need and want to improve their lives, by whom and when that care is provided, and the circumstances under which a change in service providers is warranted.

3. The consultant's (support-broker's) role in participant-directed (self-directed care) is to facilitate the participant's identification of his or her needs and wants and to help the participant identify and explore resources to meet those needs.

4. The first module explored the differences between traditional case management and the participant-directed (self-directed) model of service delivery. This module focuses on the choice and decision-making process in identifying and mobilizing resources to meet identified needs.

II. PROCESSING OF SPECIAL CHAIRS EXERCISE

> **Note:** This exercise is taken from "The Process of Choice" in Making Choices by the Council on Quality and Leadership, 100 West Road, Suite 406, Towson, Marland, 21204. Copyright 1995, pp. 8–11 and 13–15.

Draw the trainees' attention to the four chairs that have been specially arranged (one with the nails, the chair too close to the front, the chair with the "reserved" sign on it and the chair facing backward in an undesirable part of the room.) Note whether anyone is sitting in those chairs. Even if someone is sitting in the chair, others chose not to. It is the reason for not sitting in the chair that you are going to discuss with them.

If the group is small enough, you may ask the entire group the following questions. If the group is too large, break into smaller groups and have group members report back to the larger group.

Answers may be summarized on a flip chart as they are given by trainees.

- **What made you decide not to sit on the chair with nails?** (Answer: experience, logical that I would be hurt, identified potential danger, unattractive choice when other choices existed). Summarize answers for the group.

- **Where did you get knowledge that prevented you from sitting (or you chose to and/or moved the chair) in the chair that is so close to the front of the room?** (Answer: Emotional factors, this would make me uncomfortable sitting so close to the front and might draw special attention to me). Summarize answers for the group.

- **What prevented you from sitting on the chair that had the "reserved" sign on it?** (Answer: Social factors, considering and respecting others. If the seat is reserved for someone more important than me or with special needs, it would be presumptuous of me to sit there). What experience in your life gave you that insight? Summarize answers for the group.

- **What prevented (or encouraged you) from sitting in the chair facing backwards?** (Answer: It would have made it impossible for me to be part of the training. If I need to get this training I have to be able to see and hear what is going on and feel part of the group). What experience in your life gave you that insight? Summarize answers for the group.

- **How many of you simply sat where you did during the last training?** The fifth component affecting people's decision is that it is simply habit or something they are familiar with. While this can be an intellectual, emotional, social or purpose-driven reason, sometimes it is simply done to pre-empt decision-making entirely.

• • • • • Learning Point • • • • •

This exercise showed us how we make choices in different ways based on different motivating factors and circumstances. The purpose is to make the participant aware of how frequently we make decisions based a variety of reasons and how unconscious factors affect those decisions.

(Power Point Slide 9) This slide shows the relationship between the special chair and the motivating factors for not sitting in that chair. Trainer should re-emphasize the motivating factors.

(Power Point Slide 10) This is the same chart as the previous slide but contains a third column that identifies body part analogies that help the participants to understand that decision-making is a combination of intellectual knowledge (head), emotional reactions to the decision (heart), social factors (hands), and purpose-driven factors (overall purpose and goals in one's life.)

Suggestions to the trainer for explaining the body parts analogy to trainees:

These explanations should lead the trainee to move away from their own decision-making process to thinking about the way participants make decisions. The emphasis in these explanations should move toward participants, to help the consultant or support broker think about how complex the decision-making process is and how certain factors may exert more influence on a participant's decision than others.

> Note: These explanations are taken in part from "The Process of Choice" in Making Choices by the Council on Quality and Leadership, 100 West Road, Suite 406, Towson, Maryland, 21204. Copyright 1995, pp. 8–11 and 13–15.

Head: (**Power Point Slide 11)** Think about your head and the role your brain plays in making decision. You need to process information, use that information to consider choices, and eventually make a decision. Questions you might ask yourself are: What other experiences have I had that are similar to this one? What did I learn from that experience? Which choice is one that I can financially, emotionally or physically afford? Which choice helps me to get my needs met? Is this the best possible choice right now in my life? How will this choice affect me in ten, twenty, thirty years? What are my options?

Questions for trainees: Think about the participants that you will be working with. What kinds of intellectual knowledge (or lack or) do participants bring to the process of making decisions about what kinds of needs they have or what services exist to meet those needs? How would a lack of knowledge about any of this affect their decision-making abilities?

Heart: (**Power Point Slide 12)** Your heart is symbolic of the emotional aspects of your choice. Often those emotions are based on experiences or fears about things that have happened in the past or might happen in the future. How do I feel about this choice? Will I feel the same tomorrow or next week or next year? Am I feeling anxious? What are my fears? Is this something I really need or something I want?

Questions for trainees: Think about the participants that you will be working with. How might past emotional experiences or current fears affect the way in which a participant would make a decision about needs or resources to meet those needs? What kinds of things do you feel participants have strong emotional reactions (i.e. fear, anger, frustration, joy) to?

Hands: (Power Point Slide 13) The hands represent the social aspect or the affect of our choice on others. Any choice I make will have an effect on other people in my life How does my choice help or hurt other people who care about me? Who else may be helpful to me in making a decision?

Questions for trainees: Think about the participants you will be working with. What social experiences (i.e. relationships with others casually or in a service relationship) will affect the way in which they decide who they want to interact with them? (Answers may include such things as fear and misunderstandings about social needs of persons with disabilities, negative attitudes about older adults, pity from others about a physical or developmental disability, unwillingness to initiate a social relationship with a person with a disability).

Purpose-Driven: (Power Point Slide 14) The purpose and direction of our lives is represented by the purpose-driven aspect of our decision-making. Do I have a vision of where I want to be? Where am I and how is that different from where I want to be? How does this choice measure up against my vision of my life?

Questions for trainees: Think about the participants you will be working with. Do you think they have a vision for their lives? Do they have dreams? Are there personal frustrations about the quality of their lives? What role do support services play in helping them "normalize" their own lives? Do they see a reason for their lives? (Answers might include such things as no one ever thinks to ask a person with limitations and challenges about the vision of their lives because it is assumed they don't have one. Normal dreams and hopes can be deeply frustrated by limitations. Participants may assume their limitations and challenges sentence them to "just survive").

This section has prepared participants for the frame of how complex decision making is and the various components that go into making decisions. The head/heart/hand/purpose-driven imagery will be re-visited in the third section of the training.

III. IDENTIFYING CONSULTANT AND PARTICIPANT TOLERANCE FOR RISK

- *Distribute the Risk Tolerance Quiz to trainees.* The test is located in the Trainee Handouts. Give them 10 minutes to indicate their answers to the test questions. Score the test with the score sheet which should be distributed AFTER trainees have taken the test. Have trainees add up their scores to assess their own risk tolerance levels.
- Ask trainees if they feel their scores are an accurate reflection of how much of a risk-taker they consider themselves to be. (Trainees will probably bring up the fact that some risk taking is good

while other risk-taking is unwise. It may depend on what people have to lose when taking risks. The purpose of the Risk Tolerance Quiz is to help develop self-awareness in the trainee about the entire concept of risk tolerance for both consultants and participants, or their representatives).

- (**Power Point Slide 15**) What is risk? The likelihood of a bad or undesirable outcome occurring OR the willingness to tolerate uncertain outcomes. Risk Tolerance falls on a continuum from risk averse to risk seeking.
- (**Power Point Slide 16**) Risk averse individuals prefer structure, certainty and structure with less (rather than more variability). Risk averse individuals are less likely to tolerate or support decisions with unknown or risky outcomes. They are more likely to see the "worst-case" scenario most clearly. They are also less likely to support decisions involving risk made by others. Most people are actually risk averse.
- **Risk Neutral:** Individuals can tolerate some risk in some situations but not in others.
- **Risk Seekers** actually prefer ambiguity, uncertainty, high variability and the unknown. Risk seekers have a greater tolerance for decisions that involve somewhat unknown consequences. They can see the "best-case" scenario most clearly. They are also most tolerant of risky decision-making by others.
- (**Power Point Slide 17)** Risk taking is a function of personality, biological factors, age, gender, birth order, level of education, previous experience, and the perception of irreversibility of any given decision.
- Working with participants in the process of making their own decisions requires consultants to be highly aware of their own personal tolerance for risk. This involves not only how much risk you can tolerate yourself but also how much risk you are willing to allow others to take. If you are highly risk averse, it will be more difficult for you to "let go" and let participants make a decision with a greater degree of risk; those decisions that require making choices that may not have predictable outcomes. EX: A young adult with developmental disabilities may decide to hire a friend to provide personal assistance services. You as a consultant are concerned that the "friend" may be a bit irresponsible to provide ongoing services for a participant with a high level of needs. You see the "worst case" scenario; the participant sees the "best case scenario." These situations can create some tension between consultant and participant.
- Self-awareness of one's own risk tolerance is essential in your work as a consultant. There has to be a balance between encouraging a "safe environment" for participants and honoring participant choice.
- (**Power Point Slide 18**) What is risk with dignity? How can we provide "risk with dignity" to preserve the participant's "right to choose?"

BREAK (15 minutes)

IV. FACILITATING THE DECISION-MAKING PROCESS FOR PARTICIPANTS:

What Influences Decisions and How to Achieve Balance.
(15 minutes in small groups, 15 minutes back in large group.)

- The larger group should break into subgroups based on the same cases they had during Module One (.i.e Mrs. Mertes, the Helsing Family, and Ellen Ellis). Each group will be based on a single case history rather than in triad groups as was done during Module One. Everyone in the group assumes the consultant role. No one is a participant.
- Hand out another copy of the case history which includes the case history, special notes to consultant and participant and a brief list of what decisions the participant has made regarding the kind of care and caregiver they want.
- Ask each group to discuss the following questions with special attention to how different members of the group will have distinctively different reactions to the level of risk involved in any given decision. (15 minutes)

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Needs are difficult to articulate because they are so often dominated by one of the motivating factors. Once identified, the appropriate resources may also be loaded with the same motivating factors. Being able to identify which motivating factor is predominate helps to identify where more information is needed.

CASE HISTORY 1:
Mrs. Mertes

Mrs. Mertes is a 65-year-old woman who has multiple health problems including chronic lung disease, severe osteoporosis, arthritis, and chronic depression. She has no cognitive limitations and is very capable of making decisions about what she wants. Although technically she is not bedridden, she spends most of her days in her bed watching television and talking on the telephone. She lives with her husband (83 years of age) who has his own health problems but does not appear to need services other than perhaps housekeeping and meal preparation. He is able to prepare meals but usually does not and the couple eats prepared frozen and canned foods most of the time. Mrs. Mertes doesn't mind eating so simply but her physician has indicated that the high salt content in these prepared meals is dangerous for her blood pressure problem.

Mrs. Mertes has recently enrolled in the consumer-directed care option through Elder Services in her community hoping to get more services than the housekeeper and health care aide that come three times a week. She doesn't feel the aides have been doing enough for her in such infrequent visits. She is a difficult woman to work for because she is very demanding and inconsistent in what she expects of her workers. The couple has no extended family in the area.

Note to consultant:

Mrs. Mertes is famous in agency circles for being very difficult to work with and always complaining about who and when the agency sends housekeeping and health care aides. Mr. Mertes is not a good choice for providing services as he has early dementia and is openly hostile to his wife. The couple is extremely isolated except for ongoing relationships with a local mental health agency and the agency that provides the aides. She is actually capable of cooking and doing light housekeeping but uses her health as an excuse not to. You see the need for home mental health care, a health care aide to help with bathing and personal hygiene, and someone to clean up the mess in the home which the Mertes' don't seem to notice.

Note to trainee playing Mrs. Mertes:

Imagine how lonely and difficult it must be to be Mrs. Mertes, lying in bed all day with only the television to watch and to be living with a husband who rarely talks to her. What you really want as Mrs. Mertes is to have some company—the days are long and make you even more depressed than you already are. You want a decent meal cooked once in awhile and you want something for your husband to do that will take him out of the house and out of your hair. You want the right to hire and fire your own workers who will come when you want them to come and do what you want them to do.

Decisions regarding service:

- **Reduce housekeeping services from 3 days a week to one day.**
- **Hire personal care assistant to come in every day from savings on housekeeping. Ask the personal care assistant to take her to movies and shopping.**
- **Arrange for home-based mental health services with a focus on couples therapy, after all Mr. Mertes is the one with the problem.**

CASE HISTORY 2:
The Helsing Family

The Helsing family has three children including Marcia, a 10-year-old daughter with a cognitive disability for whom they have been caring since birth. Marcia has no self-help skills, needs to be fed, bathed, and constantly supervised. She is able to crawl but is not otherwise ambulatory. Kathy, the mother, is the primary caregiver for Marcia although Bob, the father helps when he comes home from work. Their other two children Kara (16) and Kevin (12) occasionally care for Marcia but are busy with their own school and sports activity. The Helsings have never used any agency services for their daughter although they have been eligible for such services since Marcia's birth. The couple is experiencing family tension as Marcia becomes more challenging to care for and Kathy has developed back problems from lifting her for so many years. Bob feels like he has "lost" his wife to caring for their daughter and really misses the time they used to spend together. The other children basically stay away from home as much as possible because they feel no one pays attention to them anyway because of all the attention Marcia needs.

Note to consultant:

This family is coming apart at the seams as the amount of work caring for Marcia continues to increase. They have always felt they should be able to care for Marcia without outside help but this is becoming more difficult as Kathy's back problems worsen. Everyone in the family seems depressed and desperate. They have mentioned putting Marcia in a care facility although you know that is not financially feasible for this family regardless of who pays for the care. They have to find a way to provide this very labor intensive care for Marcia without having their family fall apart.

Note to trainee playing Kathy Helsing:

You are very tired and in almost constant pain with your back problems but you strongly feel you are the best person to provide care for Marcia. You think getting paid yourself for caring for Marcia might be the best for Marcia but could spell trouble for you. You vacillate between being overprotective of Marcia and wishing she would die and put everyone out of their misery. You want your life back. You want to save your marriage before it falls apart. You want your children to be home more so

it feels like a real family rather than a day care center for a cognitively disabled daughter. You feel isolated and angry. And you are very sick of "professionals" telling you that you just need a few days away from Marcia. Most days you just want to run away from it all.

Decisions:

- **Release Marcia for adoption with an option for visitation.**

CASE HISTORY 3:
Ellen Ellis

Ellen Ellis is a 25-year-old woman with moderate developmental disabilities. She has lived in a structured independent living apartment with two other women for about a year. She works at a day care center and is able to make enough money to pay her portion of the rent and buy food and basic necessities. She can cook simple meals and is capable of keeping her room tidy. However, she and her roommates all struggle with housekeeping tasks resulting in a very messy living situation. It is not clear whether Ellen knows how to do serious cleaning and won't or doesn't really understand the process of housekeeping. She also has difficulty in understanding and handling money. When she was given an ATM card, she kept taking money out of her account until she was overdrawn every month, not quite understanding how the ATM card works with her money. She is very generous by nature and is always giving other people money when they ask, even if she cannot afford to. She has been victimized several times by people who "befriended" her only to take her money. She loves to go out to bars to meet people and dance but occasionally has trouble finding her way home. When she is confused, she takes a taxi, another expense she cannot afford. She forgets appointments with her doctor and counselor on a regular basis because she has difficulty in keeping a personal calendar.

Note to consultant:

Ellen is very outgoing and friendly. It is easy to see why she is taken advantage on a regular basis. She wants friends and to have a social life but it rarely seems to work in her favor. You suspect she probably could learn housekeeping skills, if taught and structured, but like most people she doesn't like doing housework. Her roommates are also mildly developmentally disabled and not much help in keeping Ellen on track. She is a loyal employee and well-liked at her job so she is capable of good relationships. She is a disaster with money but doesn't want to have someone give her an "allowance" to solve the money problem. She is strong-willed and somewhat temperamental but is serious about wanting some assistance in improving her life.

Note to trainee playing Ellen:

You know very well you have screwed up with your money but it is all so complicated that you wonder if you will ever straighten it out. You don't want someone to give you an allowance or control your money—that is what happened when you lived at home with your parents. Who cares if the apartment is a mess—it doesn't seem to bother your roommates and no one ever sees the place. Like others, you want to go out and meet people at night clubs. You just want a life like other young adults and hope to meet someone special to share your life with.

Decisions:

- **Ellen wants to get a second job so she can hire a housekeeper so avoid the conversation about the messy apartment.**
- **Go back to check writing and give up the ATM card.**
- **Get an additional roommate to solve financial pressures.**

Questions Trainees Should Discuss About the Decisions

- **(Power Point Slide 19)**

  1. **Which of the components of decision-making (head, heart, social, purpose-driven) seems to be most strongly influencing the service decision? What component seems to be missing from the decision?**
  2. **What risk, if any, do you see in the decision? How risk averse are you? How risk averse is the participant?**
  3. **Is there anything you could do to broaden the participant's perspective or choices in this decision without violating their "right to choose?"**

Bring the big group back together and discuss the group's answers to each of these questions. Focus on how different members of the group perceive each of the decisions differently. How can consultants in each of these cases support "risk with dignity?"

The focus of the re-grouped discussion should be on Question Three. What can consultants do to broaden the participant's perspective about choice without violating their "right to choose?" Identify what techniques trainees offer—this should lead into the next session which identifies specific techniques.

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- Decisions that seem "risky" are often heavily weighted in terms of emotional or social factors and less in the direction of intellectual or purpose-driven factors.
- Both participant and consultant will have appreciably different concepts of what constitutes "risk."
- All decision-making and choice involves risk. When a risky decision results in a mistake for participants, it presents an excellent learning opportunity. The consultant needs to balance the decision-making right of the participant with reasonable opportunities for the participant to know what choices they have.

V. TECHNIQUES TO HELP PARTICIPANTS EXPAND DECISION-MAKING CHOICES (30 Minutes)

- There may be several techniques for expanding the participant's vision of both needs and resources that are generated from the previous exercise. This exercise is intended to give trainees specific suggestions for expanding decision-making choices from the perspective of consultant as coach and teacher. The following techniques should be presented to trainees:
- **Relationship Building Techniques:**

Personal Stories: (Power Point Slide 20)

- It may be important for the participant to have the opportunity to give the consultant a brief (or not so brief) story of what has happened in his or her life prior to meeting the consultant. Not all participants will have this need but adults often do.
- Start with prompting questions: Example: "Tell me a time when you were most proud of yourself…" or "Tell me about one of the happiest times of your life…" or "Tell me about the things that frustrate you the most", etc. These kinds of questions are helpful to get the participant talking about his/her life from which will emerge his/her ideas about needs and desires for his/her current life situation. Questions should be directed to a relevant area for participant-directed choices and decision-making.
- Look for themes in the stories the participant tells you. Look for the values that emerge from what he/she tells you (i.e. what is important). Look for themes about expectations and experiences in making life decisions (i.e. has he/she made good decisions? Poor decisions? Any decisions?). Who is trusted to help him/her make decisions? Does she/he seem to be guided by one of the components of decision-making (head, heart, hands, purpose-driven)?
- How can you, as the consultant, use the positive aspects of experience with decision-making in the past to facilitate good decision-making about current life needs?

Bulls-Eye Diagram: (Power Point Slide 21)

- Draw a bulls-eye diagram with three or four circles around the center of the bulls-eye.

- Ask the participant to put him or herself in the center of the bulls-eye. Ask him or her to identify who (friends, family, service provider) would be in the circle of friends closest to him or her. Ask how often they see that person. Then ask who would be in the second circle from the bulls-eye and go to the third ring out. Always ask how *often* they see this person.
- The purpose of this exercise is to get an informal sense of people who may serve as supports for the participant. However, the person must be available, thus the reason for asking how often they see the person. People can feel close to someone they do not see often or who lives far away. While the participant may feel close to that person, it is unlikely that person is a source of support for the person.
- This exercise also gives the participant a chance to talk about the people who are important to him or her and offers a non-threatening way to begin to develop a relationship with the participant.

Expanding Participant Choices:

Brainstorming (Power Point Slide 22)

- Brainstorming is a creative process for coming up with a number of ideas in a relatively short period of time. Any idea that is offered is written down, no matter how absurd or impractical it may seem to either the consultant or the participant. The more outrageous the idea, the better it is to get creative juices flowing.
- Pick one of the areas of need that a participant has identified. For example, finding a personal assistant that can work evening hours and on weekends. Where could we find such a person? The consultant, the participant, family members (if appropriate) or other who are involved with the participant can just throw out ideas. It should be fun for all involved.
- Someone is assigned to write down all of the ideas. When the group has exhausted all ideas, the participant (or consultant) should re-visit the list and discard those the participant agrees are not practical and carefully consider the other choices. From the list of suggestions, the most creative and practical will remain for serious consideration.

Parallel Scripting (Power Point Slide 23)

- Some participants have few ideas about where to start making decisions about what kinds of services they need and who they want to provide those services. Because they have rarely, if ever, been asked about their preferences for service providers, parallel scripting offers an opportunity for the consultant to describe what someone in a similar situation did to meet service needs.
- For example, Jenny Smith wanted to find a young woman to help her with bathing, dressing and other personal care needs. However, she had just moved to the community and did not know many people other than those other young people she met at work at a structured work setting. She asked her friends at work and they suggested she work through her church to advertise for a personal care attendant. After sharing the story, the consultant would ask “Do you think your church would be one place to start looking for a personal care attendant?”

- The ultimate decision about what to do or where to find resources to meet a given need remains with the participant. Giving examples of how others in a similar situation found resources might give the participant ideas about where to start looking. By simply stating what others have done, it gives the participant the option to accept or reject a similar course of action.

Pros/Cons List and Best/Worst (Power Point Slide 24)

- This exercise is a simple way to explore the case for and case against different choices. For example, if the participant has identified a specific individual that they know to hire to provide a specific service, they list both the case for hiring that person and the case against hiring that person. It gives both the participant and the consultant an opportunity to fully explore "choice" before making a decision. *For example:*

Case for Hiring Steve as PA	Case Against Hiring Steve as PA
• Known to participant. • Is a friend, cares about me. • Lives two houses away.	• Doesn't have steady job record. • Will need to learn how to give care. • "Parties" too much.

- This exercise gives both the participant and the consultant an opportunity to think through any decision, especially those that seem to be heavily weighted in favor of emotional or social decisions and weak on the intellectual aspects of decision-making. Once all the statements in favor of a decision and those against a decision have been identified, they can be re-visited to carefully explore which decision appears to be the best.
- Another version of this same exercise is called Best/Worst. Two sides of any decision are stated as Best That Can Happen and Worse That Can Happen. *For example, returning to the decision to hire Steve as a PA:*

Best That Can Happen	Worst That Can Happen
• Steve shows up on time every day. • Steve does a great job providing care. • Steve loves the job and keeps it.	• Steve misses too many days and I have to find someone else to help me. • Steve cannot provide the care and I will need to find someone else. • Steve finds a better job and I need to hire someone else.

- By identifying the best and worst case scenario (remember how this relates to risk tolerance), even the worst that can happen is manageable. It might help identify risks that are acceptable to both consultant and participant. In this case, the worst that can happen is the need to hire someone new—both participant and consultant can live with that.

• • • • • Learning Points • • • • •

(Power Point Slide 25)

- Risk-taking behavior may be heavily weighted in the direction of one of the components of decision-making (head/heart/hands/purpose-driven). However, it is also most likely to be the result of more heart/hands/purpose than head).
- Few decisions are irreversible, new decisions can be made. How can we make encourage risk-taking within limits yet make failures a learning opportunity?
- Participant choice means participant choice. If we filter the choices people can make too carefully we are creating the illusion of choice but not supporting it. Limiting choice may actually increase, rather than decrease, dependency.

VI. EVALUATION (15 minutes)

- There are two forms of evaluation. The first evaluation form is to evaluate the format of the training using a simple check list of numbers.
- The second evaluation form is actually a post-test to evaluate whether trainees have accomplished the learning objectives of the program. Trainees should feel free to use any notes or handouts from the training to complete this form.
- Both forms are located in the trainee handouts.