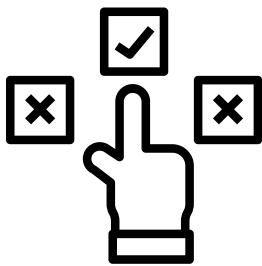


Choice



PREFERENCES + OPPORTUNITIES + CONTROL



REVISITING CHOICE

Person-directed care/living in action:
RETHINK CHOICE

- Everyone wants and needs some control over aspects of their lives.
- Supporting choice requires a recognition that everyone has preferences and desires, regardless of the severity of their disability or level of dementia.
- What people DON'T want is as important as what they WANT.
- Choice architecture: how choice is presented influences the choice that is made.
- Choice is not just about preferences; having choice with control is how we:
 - give purpose & meaning to our lives
 - develop & maintain reciprocal relationships that sustain us
 - have more good days, less bad days, and ability to cope when there is a bad day



PREFERENCES

WHAT I LIKE/DON'T LIKE/WANT

When thinking about a specific elder, consider:

- What are my likes, desires, dreams?
- What do I like to do? What don't I like to do?
- What makes for a good day for me?
- What do I value?
- Who do I want to spend time with?
- What relationships are important to me?
- Where do I like to go?
- When do I like to do xx?



OPPORTUNITIES

WHAT IS AVAILABLE TO ME

When thinking about a specific elder, consider:

- Can I spend time with others I choose, when I choose?
- How can I maintain quality of life?
- When is care delivered for me and by whom?
- Are there any "opportunity gaps" present?
- How might the values of staff members or that of the organization color the opportunities available?



CONTROL

THE AUTHORITY TO MAKE USE OF AN OPPORTUNITY TO SATISFY A PREFERENCE

When thinking about a specific elder, consider:

- Can I use an opportunity to get more of what I value?
- How well are my rituals, traditions, and routines honored?
- How much are elder choice & elder control values of the organization?
- Do team members use language that supports elder control? (Words such as "allow" foster the locus of control with the organization rather than the elder.)