



## Thinking About Risk

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Managing any risk begins with learning what is "important to"<sup>1</sup> the person as well as what is "important for", and helping to find a good balance between them. Often risk is significantly diminished when our understanding of what the person wants deepens and we find reasonably safe ways for the person to get it. In other instances understanding how important something is leads to better ways to support the person. Critical to managing some risks is realizing that no one does anything that is "important for" them unless there is an aspect of it that is "important to" them. In the absence of cooperation we are reduced to using coercion - and that increases risk.

As you think about risk a few things to consider –

- First, while dead and happy are incompatible, alive a miserable is unacceptable
- Second, you cannot eliminate risk, but you can manage it.
- Third, the more segregated the life the greater the risk of abuse, neglect, or exploitation from those who are paid to support and those who have been assigned to live with or spend time with the person. A segregated life also eliminates the powerful presence of those who care but are not constrained by paid roles.
- Fourth (and most important) much of the thinking about risk reflects a false assumption - that addressing issues of health and safety should be done in isolation from issues that relate to being happy and fulfilled. (Mary Lou Bourne refers to this as the either/or fallacy as opposed to a both/and effort.)
- Fifth, you have to recognize that fear is often the primary motivator for restrictions in response to perceived risk. From family members it is the fear of physical or emotional injury. From those who are paid you add the fear of litigation, sanction, and/or bad press.
- Sixth, and at the core of the work, managing risk is also about supporting (and potentially limiting) decision making by the person we are concerned about. We should never restrict liberty lightly, but we also have obligations where potential harm to self or others is involved. Finding what is and is not a necessary restriction and ways to avoid those restrictions is what those who do this work well engage in.

Successful efforts to manage risk take into account all of these factors. They begin with a "both/and" assumption and recognize that being concerned about the person reflects caring and commitment. On the other hand fear impairs thinking and makes finding solutions less likely.

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<sup>1</sup> "Important to" refers to those things that make a person happy, content, fulfilled, or satisfied. "Important for" refers to issues of health, safety, and those things that make people valued members of their community

When we provide training about risk we begin by suggesting that you think about risk as falling into 3 categories –

1. Risks inherent in everyday life.
2. Risks that we create when we control how people live.
3. Risks that are present when people have behaviors that endanger themselves or others.

Researchers in the UK noted that implementing person centered plans increases risk. They said that if you never leave your house you are not at risk of falling down the front steps. If you never cross a street you are not at risk of being hit by a car. But you are at risk of being miserable, of leading a life blighted by its restrictions. So the first challenge is to help people manage everyday risk, the risks that arise from ordinary, everyday life. This is about helping people have positive control, supporting (and often teaching) decision making. Once we help people discover what a reasonable balance between important to and important for looks like we can determine the support needed to manage the inherent risks.

The next challenge is to recognize and mitigate the risks that we create when we control how people live. “All people respond to their environment. Whether we are happy or miserable is largely determined by what surrounds us. For happiness or even simply contentment to exist, certain things must be present and other things must be absent. What happens when we don’t have control over what is present or absent? Many people with significant disabilities live in just this way. They do not get to choose their environment or what is in it. When people with significant disabilities move to a new home they rarely get to choose where it is located or give input into what will be present or absent. Because control of their surroundings is in the hands of others, we need to look at the person’s response to the environment, learn from their response and act on what we learn.”<sup>2</sup>

When people are not leading the lives that they find satisfying and don't feel that they have the control needed to make changes, they will often complain about their circumstances with their behavior. For many, the unfortunate result is a behavior program that further restricts their lives or medication that sedates them into not caring. Risk assessment and actions to address the risk then begins with listening and seeking to understand. The solutions to the perceived risk require that we are able to support the person in making the changes needed to have what is important to them without the severe risks.

Some examples:

- Jose lived much of his life in an institution where he could go for walks without staff and (mostly) on his schedule. The staff in the institution had learned that he always took the same walk and walks helped him stay calm and stopping him could easily escalate into restraint. When he moved he found many things to his liking but he was living in a city. He still wanted to go for walks on his schedule and staff were not always available. Jose saw no reason to stop at intersections and ignored traffic, unless someone was with him. And he was not interested in learning these skills. When we looked at why he was living in a city we saw that it was because there had been a vacancy, not because of a presence that Jose or his family had. We found a house for rent on a farm and Jose was able to go for unaccompanied walks on his schedule.

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<sup>2</sup> See “The importance of the environment” for a more detail <http://sdaus.com/final/wp-content/uploads/importance-of-the-environment-final.pdf>

- Mary had learned to use the buses and subways and didn't need any assistance to go where she wanted to go. But she was also very susceptible to the invitations of strangers. She wanted to travel without supervision and we wanted her to be safe. What we discovered by listening and working with Mary was that it was the feeling of being supervised that she disliked. She was happy to agree to travel with other people who used services who could speak up if a stranger made inappropriate advances. (The better solution of a reciprocal romantic relationship evolved later.)
- Susan would race into convenience stores grab some high sugar snack and race out eating them – putting herself at risk of being arrested and wreaking havoc with her blood sugar. When we looked at what was happening we realized that Susan was looking for more control in her life and this was one of the few areas where she felt successful in asserting control. Once the organization that worked with her realized that she was seeking control they found a number of other areas where Susan could easily have positive control and the issue with stealing from convenience stores went away.

For many of these people those person centered thinking skills referred to as the mindful learning or problem solving skills<sup>3</sup> are particularly helpful in reducing or eliminating the risk identified. For examples, the 4 + 1 questions help people see what has been learned from past efforts and how that learning suggests next steps. For others taking a structured approach to describing a “healing environment” leads to the needed actions.

There are people where acting on what is important to them creates a risk to their own wellbeing or puts others at risk. The number of people for whom this is the challenge is smaller than assumed. Many (perhaps most) who are assumed to present these issues are complaining about their services or circumstances with their behavior. Some also need good clinical support, but where that support is provided and a healing environment is created, the risk is largely addressed.

For those few people whose issues cannot be addressed by the combination of a supportive environment and good clinical services the need to "contain" as well as support arises. (Anytime we are restricting someone's liberty we are containing their behavior.) Among the challenges in these situations is that while restricting liberty is required for safety, it must be done in a way where the person feels safe while others are safe. Feeling safe is a prerequisite for growth, for positive change. This is linked to the clinical work needed, work where the person is encouraged (reinforced) to try new, more functional behaviors. Together they create a healing environment (referenced earlier)

Creating a healing environment for people with these challenges requires good clinical skills and as well as good person centered thinking skills. It also benefits from additional skills and ways thinking. Where people have impulse driven issues we teach a framework for assessment. Beyond these it is helpful to have ways to get people to reduce their fears to concerns and then use the concerns as a foundation for planning that accounts for them.

Success requires that we understand the complex set of issues that we reduce to the single word, risk. The approaches we take need to reflect the variation in the issues that individuals present. The

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<sup>3</sup> See <http://learningcommunity.us/documents/pctandplanning.pdf> and <http://sdaus.com/toolkit>

efforts should also recognize our obligation to support people in having lives where they have positive control and not lives that are controlled by the fears of others.