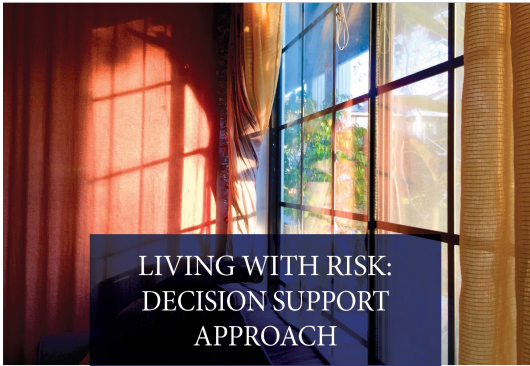




**LIVING WITH RISK:
DECISION SUPPORT
APPROACH**

**INSTRUCTION GUIDE FOR CLINICIANS
WORKING WITH OLDER ADULTS**

**LWR: DSA
STEP 4**

UDS Université de Sherbrooke

Centre de recherche sur le vieillissement
Research Centre on Aging

Queen's UNIVERSITY

CIHR IRSC Canadian Institutes of Health Research
Instituts de recherche en santé du Canada

1

**SUPPORTING
LIVING *WITH* RISK**



**LIVING WITH RISK:
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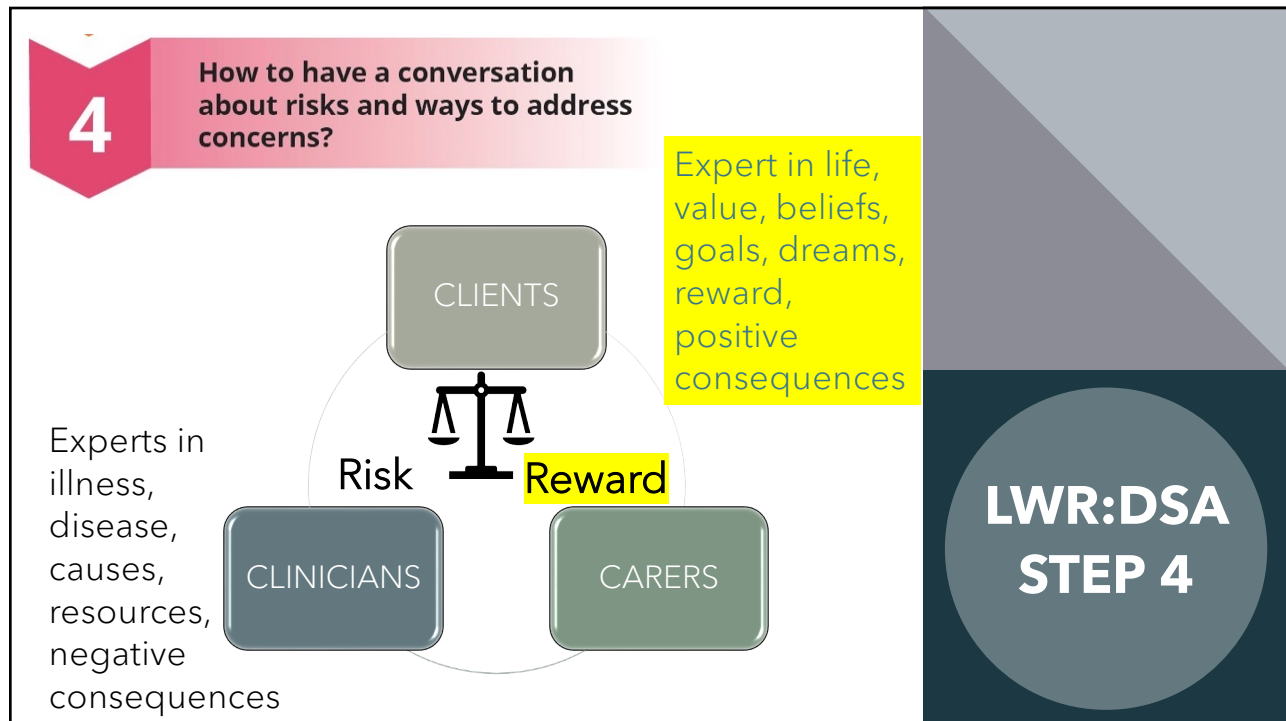
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3



4



5



6

COMMUNICATION



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7

SAFETY CONTINUA



Adapted from MacLeod & Stadnyk, 2015⁴

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8

QUOTES FROM OLDER ADULTS

Co-operative DECISION-MAKING

*'I thought that they handled things pretty fairly. They **listened** to what I had to say, and I didn't like—I didn't want them to boss me around, so to speak. They listened to what I had to say, and **they cooperated with me** and in that respect, I was quite satisfied.'*

SHARED DECISION-MAKING

*'Well, I think it should be a group effort, in consultation with the doctor, the clinician, the caregiver and the patient. Depending on how the patient is, **they should all be consulted and share in the decision-making.**'*

Collaborative DECISION-MAKING

*'Well definitely, **it's my life and it's my decision**, and I just wanted to make sure that they understood where I was coming from and it really went fairly smoothly. **Everybody had their input**, including myself.'*

11

QUOTES FROM OLDER ADULTS

Co-operative DECISION-MAKING

*'Yeah, I think it's important that it's **cooperative endeavour**, not the clinician or whatever sits there with a tick sheet. I would probably want to actually **see the form** and see what we're looking at and **see what we're doing**. Not be spoken at, but sort of more **with**.'*



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Collaborative DECISION-MAKING

*'What I like about it is, it's sort of a summary of probably a number of **conversations** that have happened over a period of time, and perhaps a client like me wouldn't remember necessarily. So it's really helpful to **have it all in one place**, and **have it really reviewed**, because I think that **would help me to agree** with what perhaps is being suggested, because it's there.'*

12

4

How to have a conversation about risks and ways to address concerns?

FOCUS ON WHAT MATTERS MOST

ESTABLISH PRIORITIES

SUPPORT DISCUSSIONS

UNDERSTAND DIFFERENCES OF OPINIONS

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13

4

How to have a conversation about risks and ways to address concerns?

QUALITY OF LIFE OVER SAFETY

FOCUS ON WHAT CAN BE DONE

SHARED DECISION-MAKING

UNDERSTANDING THE RATIONALES

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14

RISK COMMUNICATION WITHIN DEMENTIA CARE⁽¹⁻⁴⁾



15

Reach a shared understanding

- Concerns and negative consequences
- Approach to the risk of harm
- Acceptable thresholds and tipping points

Know the person

- For creative and person-centered approaches

Acknowledge the caregivers'

- Fears, feelings and beliefs

Active decision making

- That focuses on solutions

Support time

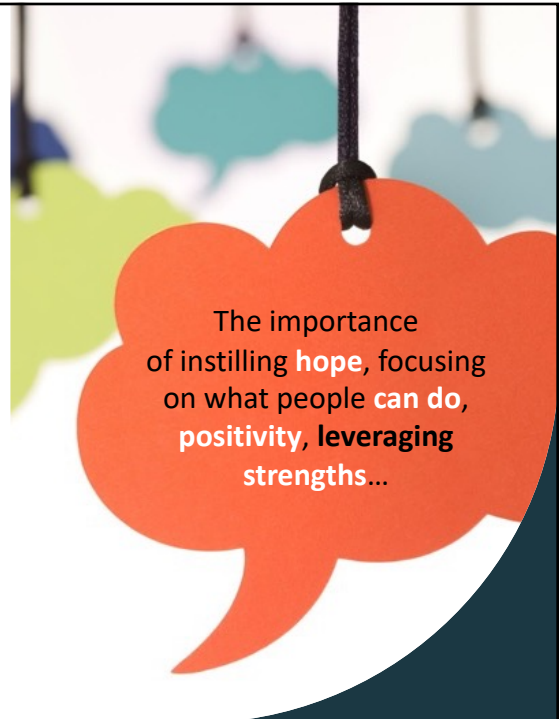
- To process, make choices and adapt to changes

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16

THE LAST WORD

'In general, I have a lot of problems that drag me down or make me feel ill basically you know because I can't handle them and then she'll give me sort of a little tip on phoning a certain person or something. Or else an answer that doesn't completely depress me. And then you feel you have the guts, that it is not impossible. Then you feel like there is hope they can solve these problems, you know, one by one. Instead of not solving them at all. So I don't give up.'
(older adult from the community)



17

References

- ¹Stevenson, McDowell, M. E., & Taylor, B. J. (2018). Concepts for communication about risk in dementia care: A review of the literature. *Dementia (London, England)*, 17(3), 359-390.
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18