

<h1>Supported Decision-Making in Guardianship</h1> <p>How guardians can use supported decision-making principles to benefit individuals under guardianship</p>	



Presenters

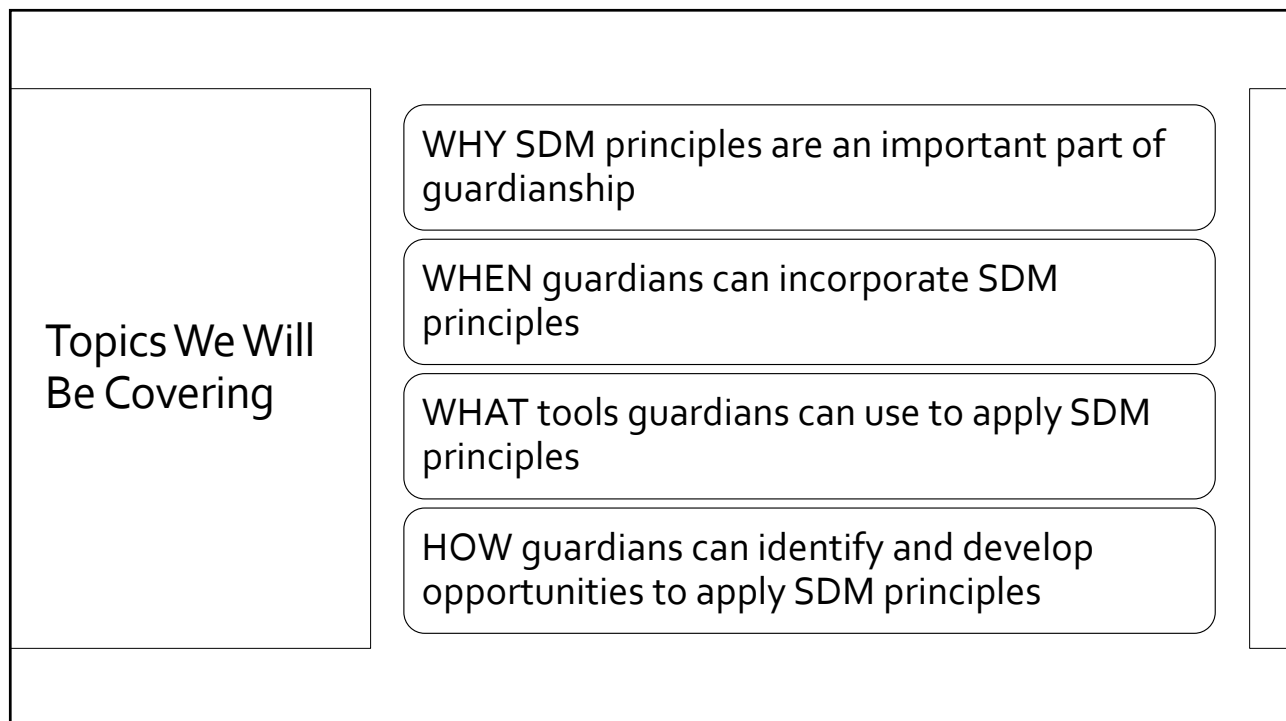
Advocacy & Protective Services, Inc. (APSI)

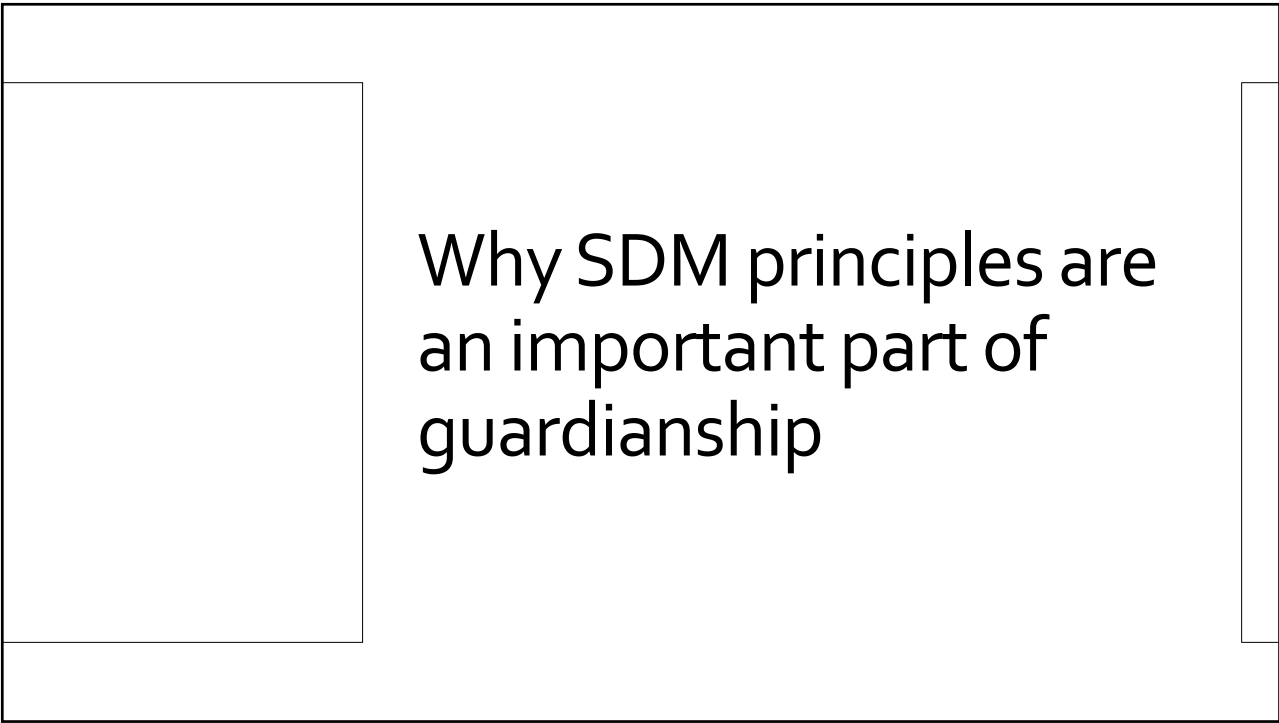
- Kristen Henry, Executive Director
- Jill Couch, Regional Program Director
- Eric Bell, Protective Service Representative

Ohio Network for Innovation

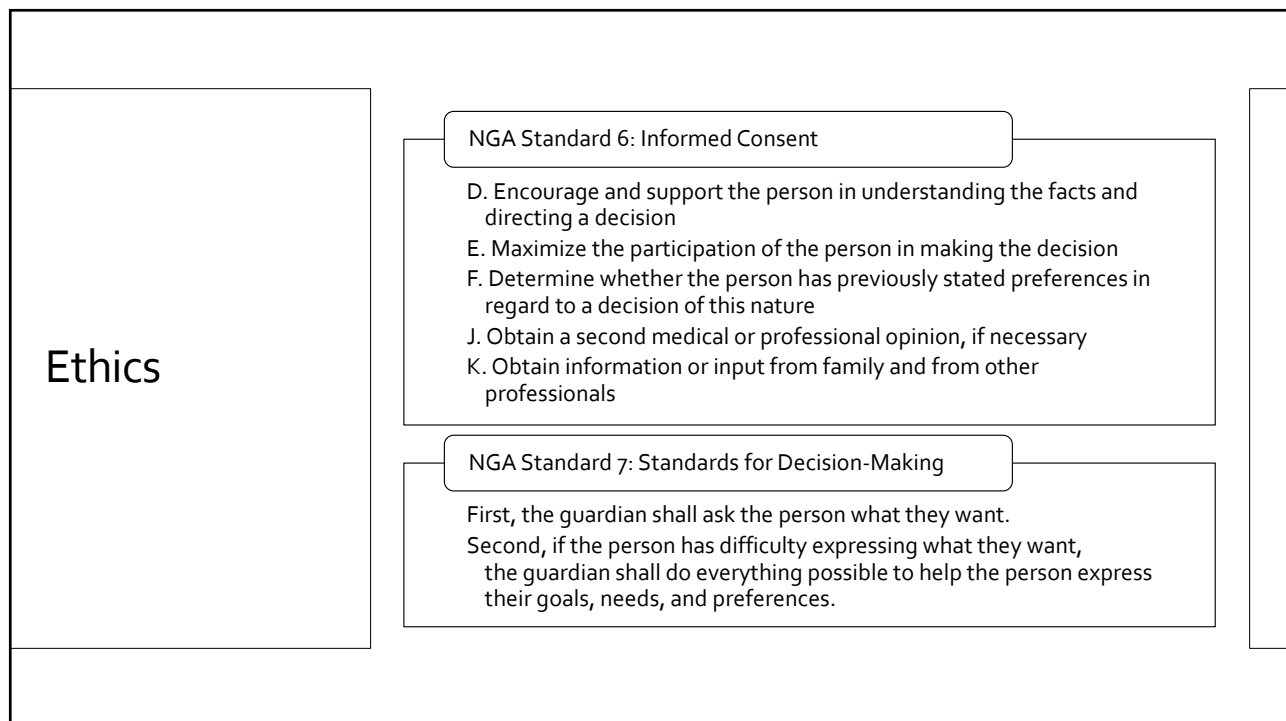
- Josh Young, Operations Director, Guardianship, Supported Decision-Making, Waiver Services







Why SDM principles are an important part of guardianship



More Ethics

NGA Standard 9: Self-Determination of the Person

- I. The guardian shall provide the person under guardianship with every opportunity to exercise those individual rights that the person might be capable of exercising as they relate to the personal care and financial needs of the person.
- II. The guardian shall attempt to maximize the self-reliance and independence of the person.
- III. The guardian shall encourage the person to participate, to the maximum extent of the person's abilities, in all decisions that affect him or her, to act on his or her own behalf in all matters in which the person is able to do so, and to develop or regain his or her own capacity to the maximum extent possible.
- V. The guardian shall wherever possible, seek to ensure that the person leads the planning process; and at a minimum to ensure that the person participates in the process.

NGA Standard 8: Least Restrictive Alternative

NGA Standard 10: The Guardian's Duties Regarding Diversity and Personal Preferences

NGA Position Statement on Guardianship, Surrogate Decision-Making, and Supported Decision-Making

Quality of Life

Positive outcomes of self-determination

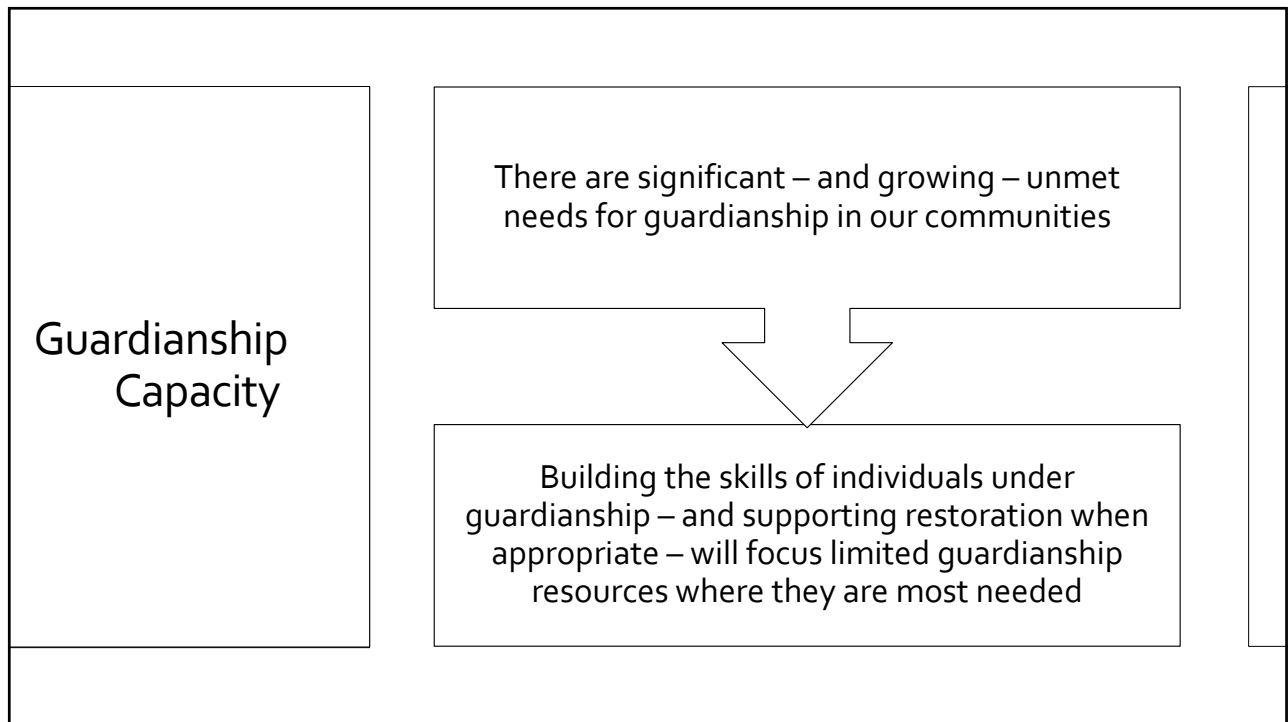
- Controlling for level of intelligence and environmental factors contributing to a higher quality of life, we found that self-determination predicted group membership based on quality of life scores. That is, a person's relative self-determination was a strong predictor of his or her quality of life; people who were highly self-determined had a higher quality of life, and people who lacked self-determination had a less positive quality of life.

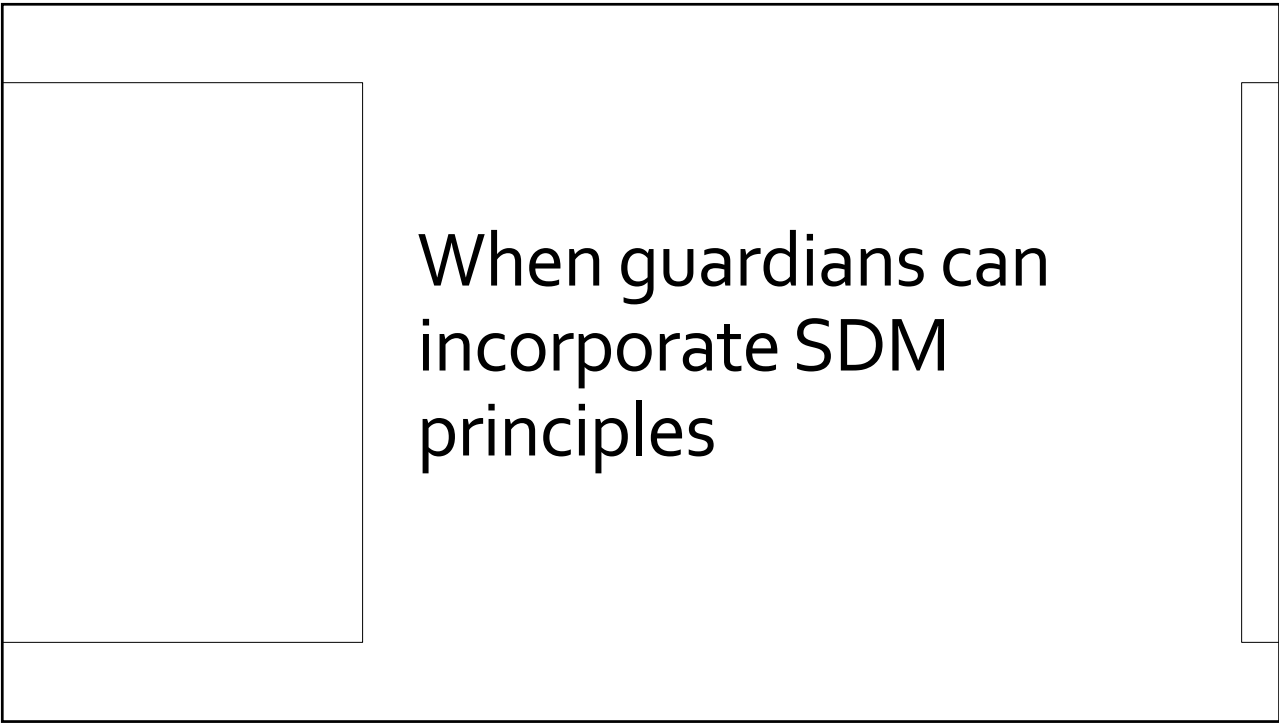
Wehmeyer, M. L. & Schwartz, M. (1998b). The relationship between self-determination, quality of life, and life satisfaction for adults with mental retardation. *Education & Training in Mental Retardation & Developmental Disabilities*, 33, 3-12.

Research on supported decision-making

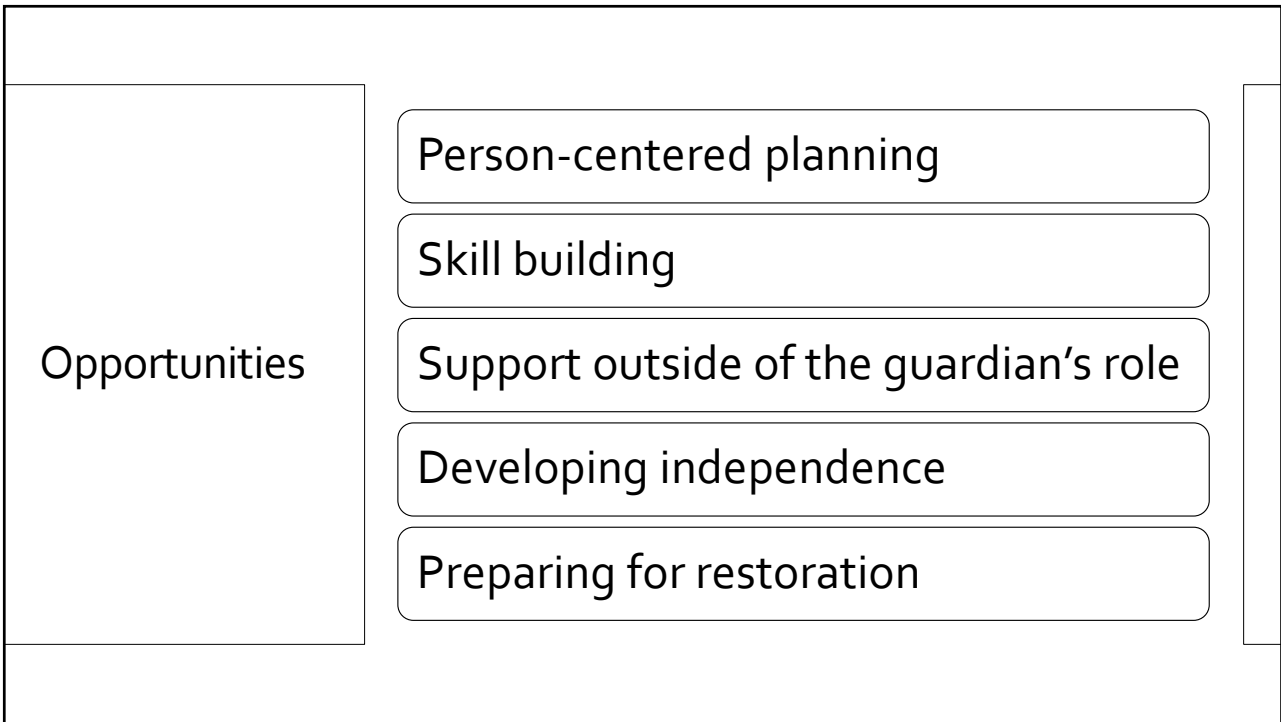
- Participants who used SDM improved their independence and decision-making skills, made better decisions, and had enhanced quality of life. [Based on interview responses by participants and their supporters, including guardians.]

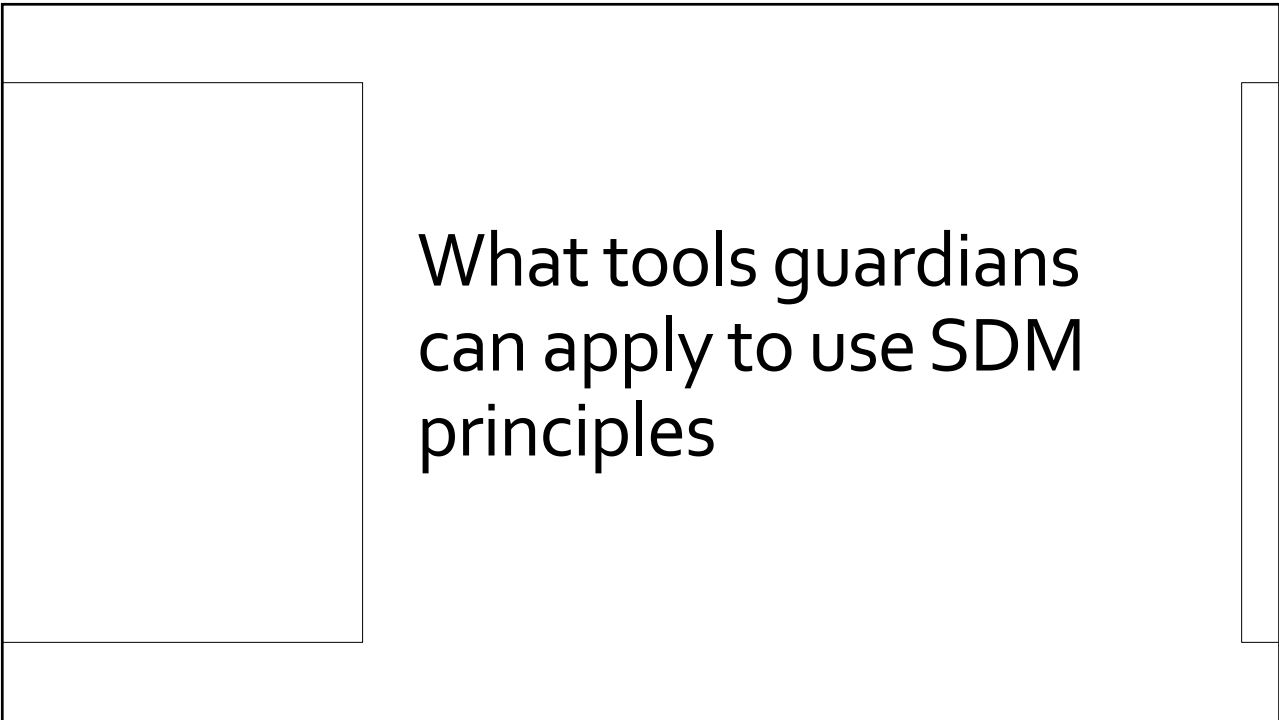
Beadnell, L. & Martinis, J. (2021). "I have learned that I have a voice in my future," Summary, Findings, and Recommendations of the Virginia Supported Decision-Making Pilot Project, 4.





When guardians can
incorporate SDM
principles





What tools guardians
can apply to use SDM
principles



Tools & Resources



Supported Decision A handbook for support



Barrier	What	Things to try
Communication Issues	The person is unable to communicate their decision to relevant others.	<ul style="list-style-type: none"> Support the person to find ways to communicate - for example using speech aids, writing the decision down, or asking others to communicate the decision on their behalf. Look for specialist help such as speech therapy if needed.
Attitude of others	Someone in the decision maker's life may put a stop to the decision if they don't agree with it. Some supporters, particularly those who are paid, report that they feel they lack authority to assist with implementation of decisions.	<ul style="list-style-type: none"> Support the decision maker to speak up for themselves and to communicate the reasons for their choice. Bring others on board as early as possible so that the option can be discussed prior to the final decision being made. This will allow concerns to be raised and resolved early. Identify who will need to be involved in implementing the decision and make sure they are part of the process.
Financial difficulties	You might discover that implementing the decision is more costly than first thought or that the decision maker doesn't have enough money to pay for it.	<ul style="list-style-type: none"> Don't skip fact finding exercises get the detail at the beginning to avoid disappointment later on. Chat to the person about what their second preference is. Speak to the person about their budget and how they would like to spend their money prior to the decision being made.

Tools & Resources

While supporters may have different characteristics, there are some things that good supporters have in common. Good supporters:

- Believe that people with disability have the right to make their own decisions
- Know about themselves and their personal values. They know what might impact on their ability to be a good supporter and they address these issues
- Support people with disability to speak up for themselves
- Like to listen to what other people think and are interested in others
- Are patient
- Respect the privacy of others, especially the decision maker they support
- Don't take over – knowing when to help and when to step back
- Like to support other people to develop new skills or improve existing skills
- Don't make assumptions – supporters try to figure out what the person wants in each new decision making situation, they don't assume that a past decision will dictate a future decision. They don't assume people will make the same decision they would.

Tools & Resources

CHARTING the LifeCourse

Tool for Exploring Decision

This tool was designed to assist individuals and supporters with exploring...
 Name of individual: _____
 Name of person completing this form: _____
 Relationship to individual (circle one): Self Family Friend Gua
 How long have you known the individual? _____

For each question below, mark the level of support you need when making and communicating decisions and choices in the Charting the LifeCourse life domains.

DAILY LIFE & EMPLOYMENT

- Can I decide if or where I want to work?
- Can I look for and find a job (read ads, apply, use personal contacts)?
- Do I plan what my day will look like?
- Do I decide if I want to learn something new and how to best go about that?
- Can I make big decisions about money? (open bank account, make big purchases)
- Do I make everyday purchases? (food, personal items, recreation)
- Do I pay my bills on time (rent, cell, electric, internet)
- Do I keep a budget so I know how much money I have to spend?
- Am I able to manage the eligibility benefits I receive?
- Do I make sure no one is taking my money or using it for themselves?

HEALTHY LIVING

- Do I choose when to go to the doctor or dentist?
- Do I decide/direct what doctors, medical/health clinics, hospitals, specialists or other health care providers I use?
- Can I make health/medical choices for my day-to-day well-being? (check-ups, routine screening, working out, vitamins)
- Can I make medical choices in serious situations? (surgery, big injury)
- Can I make medical choices in an emergency?
- Can I take medications as directed or follow a prescribed diet?
- Do I know the reasons why I take my medication?
- Do I understand the consequences if I refuse medical treatment?
- Can I alert others and seek medical help for serious health problems?
- Do I make choices about birth control or pregnancy?
- Do I make choices about drugs or alcohol?
- Do I understand health consequences associated with choosing high risk behaviors (substance abuse, overeating, high-risk sexual activities, etc.)?
- Do I decide where, when, and what to eat?
- Do I understand the need for personal hygiene and dental care?

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CHARTING the LifeCourse



For each question below, mark the level of support you need when making and communicating decisions and choices in the Charting the LifeCourse life domains.



SOCIAL & SPIRITUALITY

- Do I choose where and when (and if) I want to practice my faith?
- Do I make choices about what to do and who to spend time with?
- Do I decide if I want to date, and choose who I want to date?
- Can I make decisions about marriage (if I want to marry, and who)?
- Can I make choices about sex, and do I understand consent and permission in regard to sexual relationships?

SAFETY & SECURITY

- Do I make choices that help me avoid common environmental dangers (traffic, sharp objects, hot stove, poisonous products, etc.)?
- Do I make plans in case of emergencies?
- Do I know and understand my rights?
- Do I recognize and get help if I am being treated badly (physically, emotionally or sexually abused, or neglected)?
- Do I know who to contact if I feel like I'm in danger, being exploited, or being treated unfairly (police, attorney, trusted friend)?

COMMUNITY LIVING


- Do I decide where I live and who I live with?
- Do I make safe choices around my home (turning off stove, having fire alarms, locking doors)?
- Do I decide about how I keep my home or room clean and livable?
- Do I make choices about going places I travel to often (work, bank, stores, church, friends' home)?
- Do I make choices about going places I don't travel to often (doctor appointments, special events)?
- Do I decide how to get to the places I want or need to go? (walk, ask a friend for a ride, bus, cab, car service)
- Do I decide and direct what kinds of support I need or want and choose who provides those supports?

CITIZENSHIP & ADVOCACY

- Do I decide who I want to represent my interests and support me?
- Do I choose whether to vote and who I vote for?
- Do I understand consequences of making decisions that will result in me committing a crime?
- Do I tell people what I want and don't want (verbally, by sign, device), and tell people how I make choices?
- Do I agree to and sign contracts and other formal agreements, such as powers of attorney?
- Do I decide who I want information shared with (family, friends etc.)?







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Tools & Resources

 **LIFE DOMAIN VISION TOOL | PERSON CENTERED**

Name of Person Completing: _____ Date: _____

On Behalf of: _____

LIFE DOMAIN	DESCRIPTION	MY VISION FOR MY FUTURE	PRIORITY
	Daily Life & Employment: What do I think I will do or want to do during the day in my adult life? What kind of job or career would I like?		
	Community Living: Where would I like to live in my adult life? Will I live alone or with someone else?		
	Social & Spirituality: How will I connect with spiritual and leisure activities, and have friendships and relationships in my adult life?		
	Healthy Living: How will I live a healthy lifestyle and manage health care supports in my adult life?		
	Safety & Security: How will I stay safe from financial, emotional, physical or sexual harm in my adult life?		
	Advocacy & Engagement: What kind of valued roles and responsibilities do I or will I have.		

Tools & Resources

FRAMEWORK.



NEEDS VS WANTS
The Home Shopping Checklist

Tools &
Resources



HOUSE HUNTING CHECKLIST

Address: _____
 Price: _____ Bedrooms: _____ Bathrooms: _____ Sq. Ft.: _____
 School District: _____ Distance from Work: _____

HOME FEATURES

1= Awful 2= Needs work 3= Acceptable 4= Good 5= Great

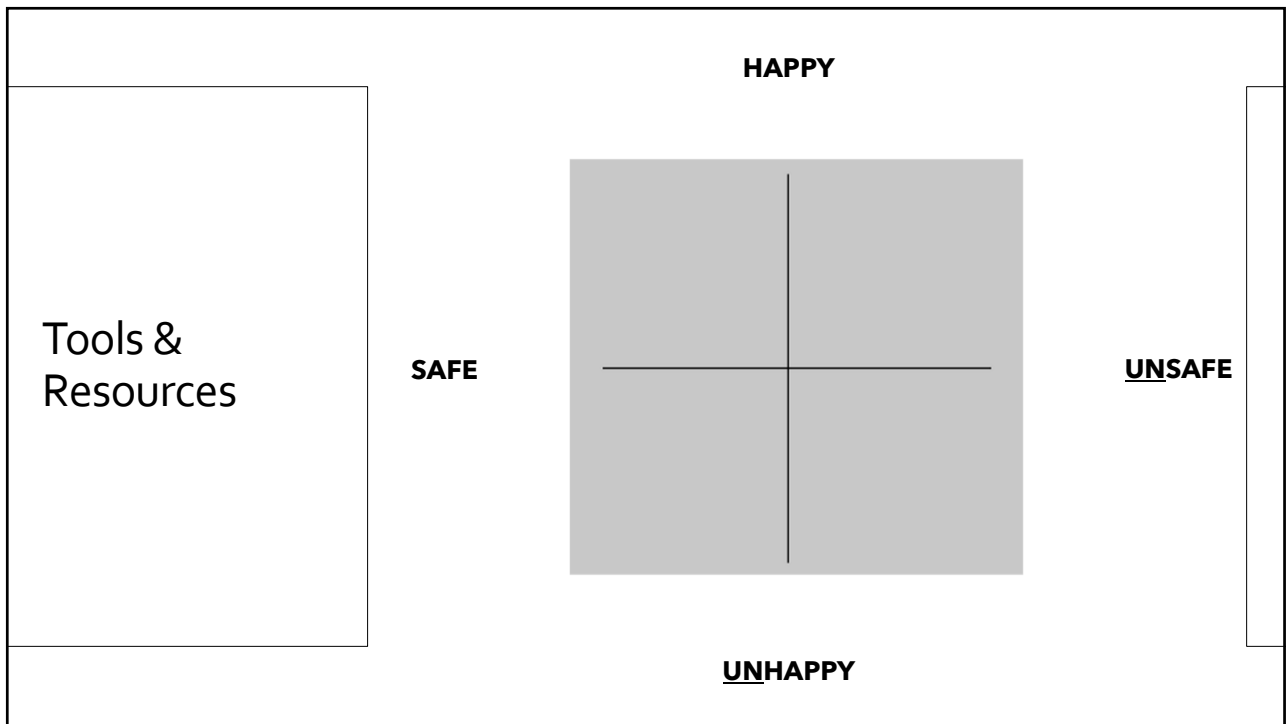
Outside:	1	2	3	4	5	Master Bed:	1	2	3	4	5
Porch/Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driveway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flooring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Closets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back deck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Door(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yard size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notes: _____					
Notes: _____											
Kitchen:	1	2	3	4	5	Master Bath:	1	2	3	4	5
Size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flooring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flooring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Countertops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabinets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cabinets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes: _____						Notes: _____					
Living Room:	1	2	3	4	5	Bathroom(s):	1	2	3	4	5
Size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flooring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

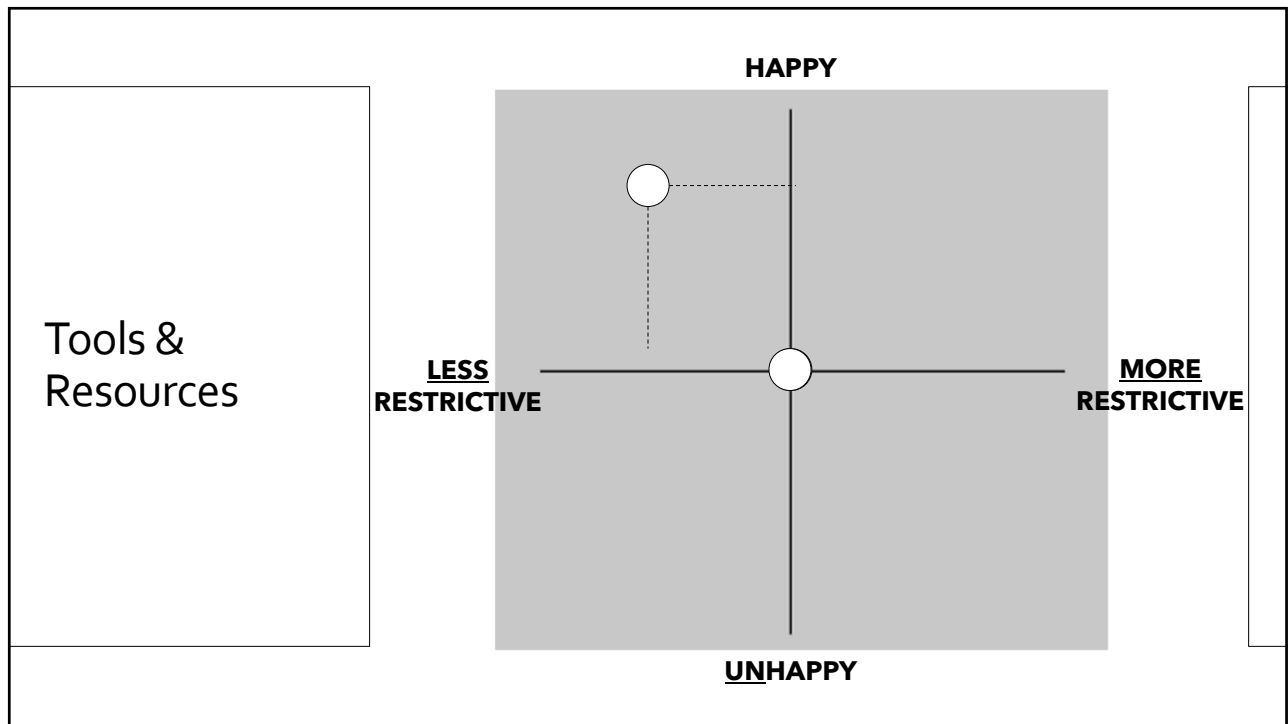
CONDITION OF HOME

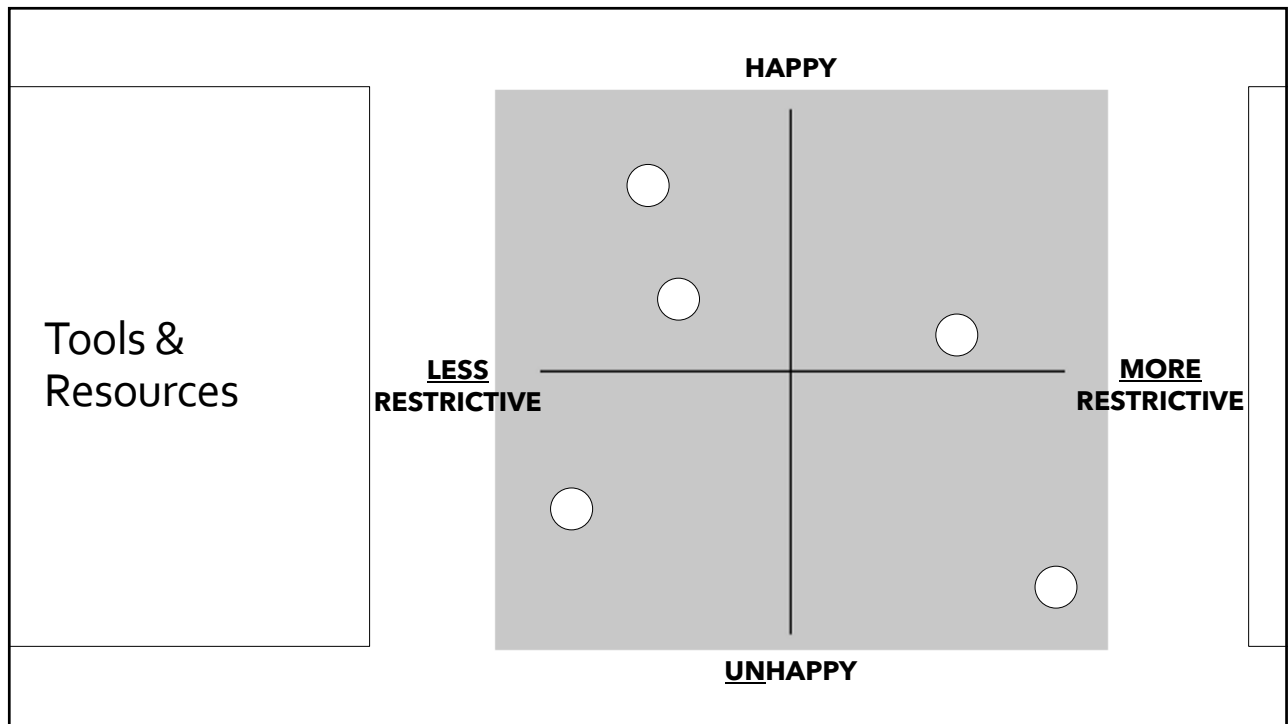
	1	2	3	4	5
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moisture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furnace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes: _____					

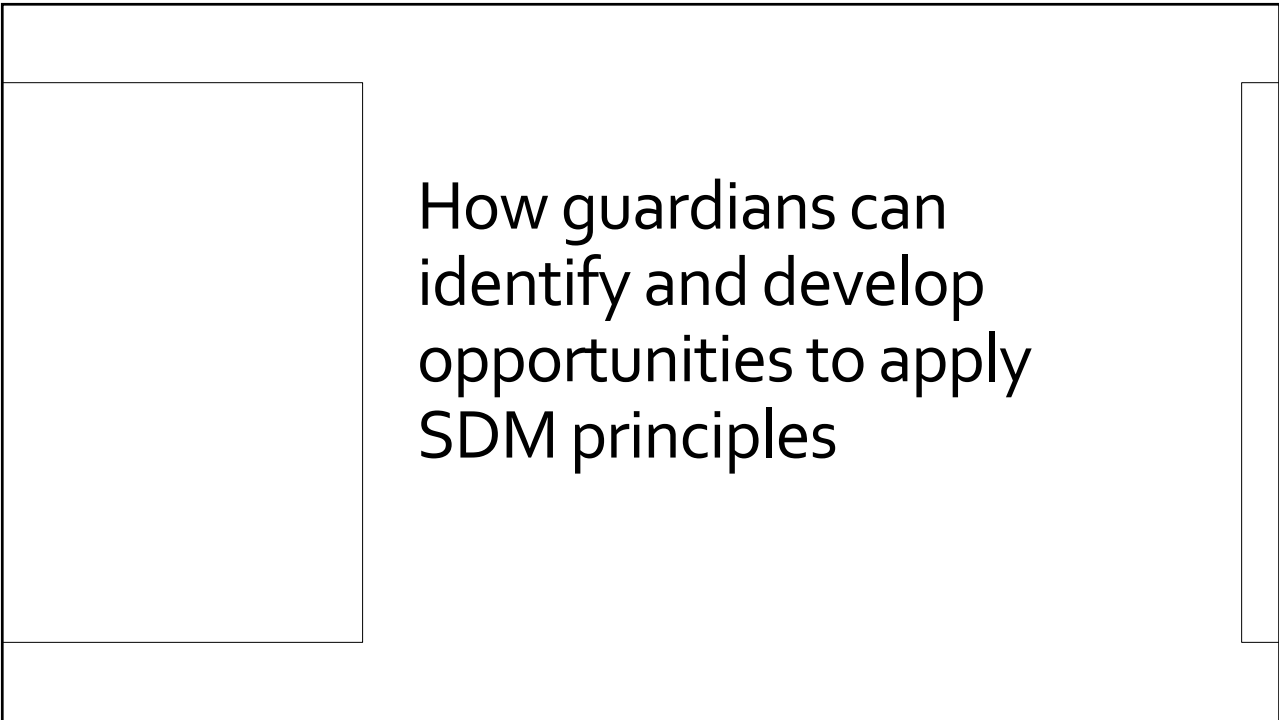
NEIGHBORHOOD

	1	2	3	4	5
Sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>









How guardians can identify and develop opportunities to apply SDM principles

