

Risks While Improving Our Dignity by Howard Diamond

"Faster than a speeding bullet, more powerful than a locomotive, able to leap tall buildings in a single bound", so begins almost every episode of, '50s, The Adventures of Superman. Of course, this is fiction, but it appears that Superman was a risk taker. As most of us know, he was from another planet, Krypton. Maybe on his planet, it was commonplace, but on Earth each one was a risk. Also, by accomplishing these feats, Superman had dignity from us mere earthlings.

Is there dignity in risk taking by any of us? Does this make us feel better, before, during and after the risk as its climax approaches? At that juncture, are we left with any dignity or was it totally lost? Probably not much, but when one gets an exhilarating feeling then it might have been worth the experience. Dignity of risk refers to the concept of affording a person, including one with a disability, the right (dignity) to take reasonable choices to learn, grow and have a better quality of life.

This concept dignity of risk is understood by most practitioners and peers as the chance, choice, or possibility of someone failing in their goals or capacity to self-manage independently. Contrary to popular belief, more often than not, individuals do succeed, as long the risk is not too strenuous. It means there is a level of self-worth promoted by people when we are left to our own devices to make choices for ourselves. We can call it self-esteem, or self-respect; people generally feel better about ourselves when we are given the opportunity to fail or succeed at whatever it is we are set out to do.

Indisputably, the broad range between disregard and extreme vigilance carries with it has serious implications for both clinical practices and peer specialists in mental health. Even within our personal lives, we have friends and family we care for and we wonder where a specific line in the sand is drawn when it comes to caregiving or caring for a friend or a family member who is struggling to maintain safety living independently. For the majority of psychiatrists, therapists, and peers, the terrain between the two poles of dereliction of duty and overshielding is even more unclear. Sometimes, an in-dispute for all these types of teams, occur with workers from different ethical points of view.

Inherently, there is a major issue with complete autonomy and "free-will" when one is in treatment is twofold:

- 1) Treatment is a contract between a provider and participant which carries with it the conjecture of compliance/or active participation in one's own care.
- 2) Without any direction and control from providers, therapists, peers, and psychiatrists will run the risk of being irresponsible or doing malpractice should something unforeseen happen to a client that may have been preventable should the client have been watched more closely during his time in active treatment.

The limits of the law are written and very clear. It is written down on paper and stored on computers, so they are indisputable. Therefore, we must abide by them, whether we are in sessions with our psychiatrists, therapists, peers or we find ourselves in everyday situations. Every state in the United States has a regulatory body that decides where this line is drawn between negligence and dignity of risk for Peer Specialists, Therapists and Psychiatrists.

Peer Specialists also are currently working on actively drawing up plans to manage risk more effectively to reduce the likelihood of harm to clients and us. Due to this, we can collaborate more closely with our professional counterparts. There is very small space between theory and practice is when the line gets unfocused when figuring what to do with a person where their dignity of risk of homicidal or suicidal behavior is unclear or is unable to be assessed.

In situations like this, besides our "gut" feeling on which side of the negligence versus overprotection spectrum do our instincts tell us to decide? What will help us and to inform us of our choice. With the assistance of our supervisors we can make an effective list.

Below are only five:

What will be the alliance between we have with our client

What is current "professional" relationship between the client and us

What is the trust between the two of us

What is the mental status of the individuals

What is level of mental distress is seen

*Remembering that Peer Specialists are professionals also.

More importantly, what does it say for us as a practitioner when we make our decision? Are we taking risks by working with others we don't know? Hey, we take risks by walking out the front door. Common ground is important here to keep the conversation going. Boundaries are crucial and must be set at the beginning so the risks of stepping on stones do not happen regularly and dignity is kept.

Dignity and risk occur often when we are growing in our existence and with our relationships within the human experience. Whether this be a friend, family, co-workers or supervisors, we take many risks which can turn into increased dignity. Be careful when we take risks, but dignity is a good feeling. Occasionally this has happened to me, so take risks and improve our dignity for the days of our lives.

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