



Assessing Decision-Making Capacity in Older Adults

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Adapted from *Judicial Determination of Capacity of Older Adults in Guardianship Proceedings* developed by the ABA/APA Assessment of Capacity in Older Adults Project Working Group © 2006 ABA and APA

Risk factors



- Advanced age
- Normative changes
- Illness and disability
- Acute event
 - Medical
 - Abuse, neglect, exploitation
- Treatment non-adherence

Outline

- Background
 - Guardianship reform
- Assessment Tools
 - ABA/APA
 - ACED
- Practice sessions

Goal

- Improve consistency and quality
 - Standardized approach
 - Ongoing monitoring and feedback
- Reduce unnecessary guardianships

Objectives

- Utilize ACED tool (Assessment of Capacity for Everyday Decision-making)
- Describe difference between competency and capacity
- Discuss key elements of a quality capacity assessment

Take away messages

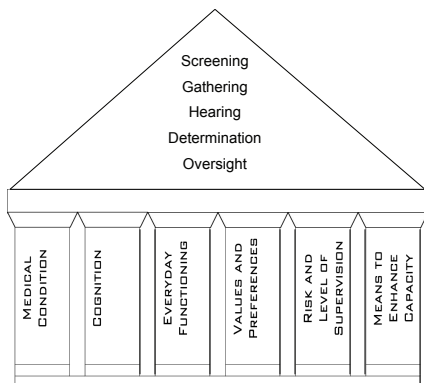
- Function more important than diagnosis
- Alternatives to guardianships key
- Right to self-determination is based on making INFORMED decisions
 - not on making GOOD decisions

Clinician's obligation

- Maximize performance
 - Attend to sensory needs
 - Attend to person's 'timing'
- Mitigate burdens
 - Acknowledge strengths
- Monitor personal bias

Capacity

- Capacity is
 - Task specific, not global
 - Situational
 - Contextual
- Capacity can fluctuate
- Determining capacity in older adults with complex impairments can be **difficult**



Six pillars

- Medical Condition
- Cognitive Functioning
- Everyday Functioning

Six pillars

- Values and Preferences
- Risk and level of Supervision
- Means to Enhance Capacity

Basic Considerations:

- Focus on decisional abilities, not cooperativeness or affability
- Pay attention to changes over time; history is important.
- Beware of ageist stereotypes
- Consider mitigating factors

What you need to find out

- What is medical cause of alleged incapacitated
 - How long has person been affected
 - Will it get worse, stay same or improve
 - Any mitigating factors
- If record says cause is "dementia"
 - Have you ruled out delirium
 - Have you ruled out depression
 - Have you ruled out medication effect

What you need to report

- **Basis**
 - Of qualitative choices
 - Of recommendations
 - Of conclusions
- Enhancing autonomy
 - Treatment or accommodations that might enhance function, capacity
- Person's willingness to accept

What you need to report

- Re decision-making and thinking
 - Nature and extent of impairments
 - Residual strengths
- What can person **do** as well as **not do**
 - self, financial, medical, civic, legal, home and community life
 - will person use adaptive assistance

What you need to report

- What makes life meaningful or good
- What factors are of greatest concern
- Are they consistent with values

Assessment of Capacity for Everyday Decision-Making (ACED)

- Mild-moderate impairment
- Real world examples
- Structured interview
- "Informed refusal"

Key aspects of decisional capacity

- Understanding
- Appreciating
- Reasoning
- Expressing a choice

Understanding

- Understanding problem
- Understanding alternatives available
- Understanding advantages and disadvantages

Appreciation

- Appreciating personal-specific deficits
- Appreciating potential impact of alternatives

Reasoning

- Comparative and consequential reasoning

Expressing a choice

- The ability to express a single clear choice of how to solve an everyday problem
- Logical consistency of choice

Scenarios

- Managing Medications
- Managing Finances

Interpreting the results

- Three options regarding the key ability
 - the person has it (2)
 - the person lacks it (0)
 - it is unclear (1)

References

- <http://www.ncpi.org>
- <http://www.abanet.org/aging>
