Assessing Decision-Making Capacity in Older Adults

Susan Wehry, M.D.
Adjunct Clinical Associate Professor of Psychiatry
University of New England College of Medicine

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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

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

Six pillars

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

Preliminary Assessment
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.ncpj.org
- http://www.abanet.org/aging