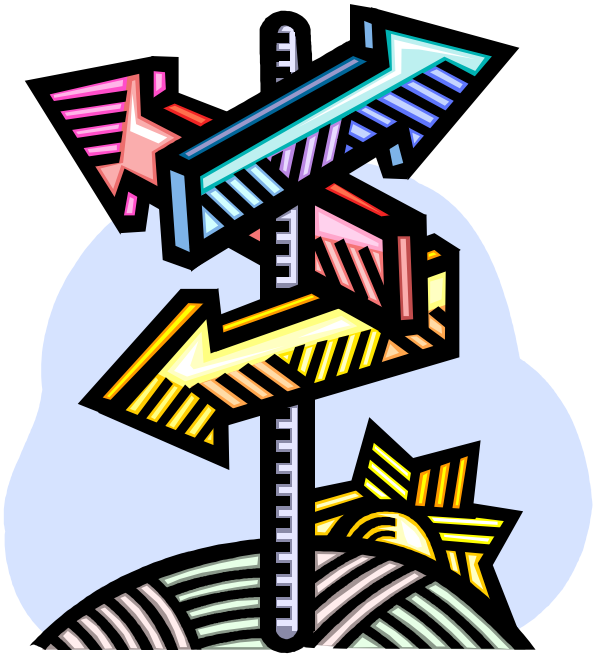
APPENDIX



HANDOUTS

1. Pre-test (optional)
2. Factors Affecting Decisional Impairment in APS Clients
3. Group Leader Instructions
4. Case Study: Anna Kovacs
5. Case Study: Juan Garcia
6. Case Study: Mark Hudson
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14. Information on Violence Against People with Disabilities
15. Post-test (optional)
16. Pre and Post-test Answers (optional)
17. Module 17 Evaluation (optional)

HANDOUT #1 (Optional) Pre-test Test # _____

1. What is the difference between an APS assessment of capacity and a professional capacity evaluation?

2. True or False (circle one) “Incapacity” is a medical term used to describe a person’s inability to make decisions.

3. Autonomy involves all of the following except one (please circle the incorrect option):

   a) The person’s rights
   b) The person’s choices
   c) The person’s responsibilities
   d) The person’s capacity

4. Once a person is judged incapacitated, he or she may lose the right to: (Circle the correct answer[s].)
   a) Make decisions regarding medical care
   b) Have a guardian appointed by the court
   c) Have a conservator appointed by the court
   d) Enter into contract agreements
   e) Chose his/her place of residence

5. List 4 factors that may influence the decision-making capacity of an adult.
   a)
   b)
   c)
   d)
6. What are the four (4) components used when assessing a person’s capacity?
   a)
   b)
   c)
   e)
7. List a strength and a limitation of a standardized capacity assessment tool, such as the Folstein Mini-mental Status Examination.

8. List 3 questions that could be asked of the client when assessing his or her capacity.
   a)
   b)
   c)
9. On the back of this page, list two special accommodations that are necessary when assessing the capacity of: 1) a person with a disability (such as a hearing impairment), or 2) who speaks no English, or 3) who is non-verbal.
   .

HANDOUT #2*: Factors Affecting Decisional Impairment in APS Clients

Chronic Pain	May become the focus of attention and inhibit the ability to listen**.** A recent study found a relationship between untreated pain and increased depression among the elderly.
Dehydration	Can cause altered mental status, agitation or lethargy, lightheadedness and confusion. Speech difficulty, sunken eyes, weakness and lethargy are often attributed to other conditions. Chronic and acute-medical conditions, malnutrition and severe hot and humid weather can all cause dehydration.
Delirium	An acute, reversible disorder. It occurs suddenly, over a short period of time and fluctuates during the day. It may be caused by existing cognitive impairment, severe physical illness, stroke, Parkinson's disease or dehydration, and can be aggravated by acute pain. Symptoms include changes in the way the patient uses information and makes decisions, inability to focus, and uncharacteristic behavior. The patient reports feeling "mixed up."
Dementia	Involves a significant, persistent decline in functioning over a period of time. Depending on the type of dementia, the patient may lose memory as well as some or all of cognitive functions such as language, motor activities, ability to recognize familiar stimuli, and/or executive functioning. Accurate diagnosis requires a detailed history as well as physical and neurological examinations. Some dementias are reversible.
Depression	The patient reports feeling sadness, emptiness, detachment, loss of interest in usual activities, sleep disturbances, and/or weight loss. Speech is slowed, diminished or repetitive. Patient may show anxiety or panic. Condition persists for more than two weeks and is not related to situational loss.
Disease	Thyroid, diabetes, cancer, Parkinson's, heart disease, stroke and AIDS may cause diminished capacity as the diseases progress.
Grief	Intense grief reaction may result in temporary confusion, dependency, exhaustion and inability to make decisions.
Hearing/Vision Loss	Can mimic or exacerbate cognitive impairment. Communication difficulties due to sensory or physical impairments are often mistaken for confusion.
Low Blood Pressure	Can be due to medication error, causing dizziness, weakness and falling which could result in head injury.
Low IQ	May affect patient's understanding of choices, risks and benefits.
Malnutrition	Protein energy malnutrition and low levels of vitamin D lead to weakness, diminished ability to provide self-care and ultimately to decreased cognition.
Medication Mismanage-ment	Drug interactions and adverse reactions are common and can be serious. May be due to patient's visual or cognitive impairment, inability to afford prescriptions, or functional illiteracy. Medication misuse frequently causes mental impairment. Antibiotics and cardiovascular drugs are the most frequent causes of adverse effects.
Physical Illness	May result in electrolyte imbalances that cause confusion and prevent rational decision making.
Psychosis	Difficult to detect. Symptoms include delusions, hallucination, agitation.
Substance Abuse	Older adults become inebriated with lower levels of alcohol consumption—leads to malnutrition and alcohol dementia. Also, alcohol intake in conjunction with certain medications can have a greater impact on older individuals than younger individuals.
Stress/Anxiety	Anxiety disorder is more prevalent than depression among the elderly. Older women are more at risk than men. May be the result of family violence or Post Traumatic Stress Disorder.
Traumatic Brain Injury	May be the result of physical abuse or a fall. Falls are the most common injury in the elderly due to weakness, environmental hazards, dizziness, alcohol, medications or stroke. A patient with sudden changes in mental status after a fall may have subdural hematoma.
Urinary Tract Infection	Most common infection in the elderly. Can present as acute change in cognitive status. May result in delirium.

Source: Otto.2007

HANDOUT #3: Group Leader Instructions

<u>Group Leader</u>: You will be working with the same small group and the same case study during Active Learning #1, #2, and #3.

CASE STUDIES: ACTIVE LEARNING #1

1. The **<u>Trainer</u>** will form the small groups and give them initial instructions.
   - ♦ Participants will be divided into 5 or fewer groups.
   - ♦ One Leader will be identified for each group and will be given handouts for one case study. They will use case studies **Handouts # A and # B** in this Active Learning #1.

2. **<u>Group Leader Instructions for small group discussion</u>**: (30 minutes)
   - ♦ Help the group select a recorder.

   - ♦ Remind the group members that they are to ask the Leader questions about the case study client using **Handout # B** as a guide. The recorder will note the answers on the Handout.
     - ▪ Answer the questions using **Handout # A.**
     - ▪ Do not volunteer additional information about the client unless you are asked directly.

   - ♦ After 20 minutes, give each member of the group a copy of **Handout # A** which contains all of the relevant information.
   - ♦ Lead a discussion asking the questions:
     1. *Which factors did you miss?*
     2. *How might you have questioned me more specifically to get the missing information?*

CASE STUDIES: ACTIVE LEARNING #2

1. <u>Role Preparation (15 minutes)</u>
   - ♦ Please help reconvene your small group
   - ♦ Help your small group select someone to role play
     - ▪ A client
     - ▪ An APS worker

NOTE: If no one volunteers, please assign the roles.

- Half of the group works with the client and half with the APS worker:

  For the **client** support group: Using the information you received in this morning's session, help develop the client's role and assist the role player to present the *persona* of a client who has some difficulty making and communicating informed decisions.

  For the **APS worker** support group: Using the information you received in this morning's session, help the APS worker develop questions that will elicit capacity-related information from the client. **Use Handout #13** as a guide. It's on p. 38 of the *Participant Guide.*

2. Interview (15 minutes)

- Position the two role players in chairs facing each other, and place the rest of the group—the Observers—in two rows facing the interview from each side.

- Remind the observers to watch and listen, but not to comment or ask questions during the interview.

- Conduct the role play interview for the rest of the 15 minutes.

3. Debriefing (15 minutes)

Now that you have observed and/or role-played the interview, each group has **three tasks:**

- Each of the **role players** gives feedback to the group members on his/her experience as a player.

- The **Observers** comment on the interview process and suggest questions that might have been more effective. Please comment on and support role players' strengths.

- Each group comes to consensus about the client's decisional capacity, using questions 1 – 6 at the bottom of case studies **Handout # C.**

NOTE: Keep the group members on track, allowing about 5 minutes for each of the 3 tasks. Use questions 1 – 6 on case studies **Handout # C.** Assist your group to reach a consensus regarding whether the client needs an additional professional evaluation.

- In the real world, an APS worker cannot make a decision from a 15-minute interview. But, you are doing this process as a learning activity and the skills you practice today will be helpful to you in the field.

NOTE: When your group is done, dismiss all to the BREAK time. If your group chooses to continue the discussion into the BREAK time, feel free to do so.

CASE STUDIES: ACTIVE LEARNING #3

1. <u>Small Group Discussion – Next steps (15 minutes)</u>

- Take a few minutes to review the group decision made about the client's need for further professional evaluation at the end of the role play exercise.
- Help the group to decide what is the most appropriate, immediate next step in the case planning process for this client. Don't try to resolve all of the client's issues, just focus on what needs to happen next, based on this client's current situation and decisional capacity.
- Prepare for reporting to the large group.

2. **<u>Large Group Reporting and Discussion – (45 minutes)</u>**

- Each small group should provide a 5 minute description of:
  - The client,
  - the small group's assessment of the client's need for further professional evaluation and
  - the next step in the case planning process.

HANDOUT #4 - *A:* Case Study: Anna Kovacs
Active Learning #1: Small Group Discussion

Group Leader Information

Group Leader's Task: Use Handout #3: Group Leader Instructions.

Reason for referral to APS: Possible self-neglect

Referral made by: Visiting Nurse

Psycho-social Factors Affecting Capacity

Anna is an 82 year old widow.
She and her husband Miklos emigrated from Hungary 40 years ago.
Anna's English is limited.
Miklos died suddenly of a massive heart attack one year ago.
He had worked his entire life and managed the financial affairs of the home.
They had one daughter who died 10 years ago of cancer at the age of 38.
Anna had cared for her daughter during her two-year illness.
Anna seems confused about her medications.
She does not seem to understand the importance of maintaining her diabetic diet.
She eats a lot of rye bread and processed meats which are high in sugar.

Physical Factors Affecting Capacity

Anna was recently hospitalized due to complications of diabetes.
Her sugar levels were out of control.
She had developed gangrene in her left foot.
Two of her toes had to be amputated.
She is beginning to have problems with her vision.
After rehab, she was sent home in a wheelchair.
There is no one providing in- home care.

Environmental Factors Affecting Capacity

Anna lives alone.
Reportedly, Anna was an excellent cook and housekeeper when she was younger.
Now the home is very cluttered. It is difficult for her to maneuver around the home in her wheelchair.

Prognosis

If Anna does not follow her diabetic medication and dietary regimen, she will be at risk of a foot or full-leg amputation.

HANDOUT #4 – B Case Study: Anna Kovacs
Active Learning #2: Small Group Discussion

Small Group Information

Group Leader's Task: Use Handout #3: Group Leader Instructions.

Group Task: Your leader has information about Mrs. Anna Kovacs. Your task, during the first 20 minutes, is to obtain as much information as possible about Anna that will help you understand more about her and what factors may be affecting her decisional capacity in this situation.

In the last 5 minutes, your leader will provide you with any remaining relevant information about the client that has not been uncovered.

Using this sheet, ask one member of your group to fill in the information you know abut this client based upon the leader's answers to the group. Discuss how these factors might affect Anna's decisional capacity.

Reason for referral to APS: Possible self neglect of Anna Kovacs, an 82 year old widow who lives alone.

Referral made by: Visiting Nurse

Psycho-social Factors Affecting Capacity:

Physical Factors Affecting Capacity:

Environmental Factors Affecting Capacity:

Client's Prognosis:

HANDOUT #4 –C: Case Study: Anna Kovacs
Active Learning #2: Small Group Discussion

Information for Framing the Questions

Group Leader's Task: Use Handout #3: Group Leader Instructions.

Role Preparation (15 minutes)
Divide the small group into two subgroups: the client's group and the APS Worker's group. Ask for a volunteer from the client's group to play the role of Anna, and a volunteer from the APS Worker's group to play the interviewer role. The remaining members of each subgroup will help prepare the role players by discussing the questions listed below under "Guidelines" for each of the subgroups.

- Guidelines for APS Worker group:
  1. Develop a strategy to establish rapport with Anna so she will feel comfortable with your questions.
  2. Develop questions to elicit information on Anna's understanding of relevant information.
  3. Develop questions that will help you assess the quality of Anna's thinking process. How might you assess her ability to understand and follow instructions? To make and execute a plan?
  4. Develop questions that will demonstrate Anna's ability to identify and communicate a choice. Include questions to reveal her understanding of the risks and benefits of a choice.
  5. Develop questions you would ask to assess Anna's understanding of her situation.

- Guidelines for the client group:
  1. Discuss your perceptions of what Anna might be experiencing emotionally, physically, cognitively.
  2. Translate your thoughts into a likely "Anna" role; propose responses, questions and reactions that the role player will be able to use.

Interview (15 minutes)
Both subgroups will observe the interview between Anna and the APS worker, silently.

Debriefing (15 minutes)
Ask one member of the group to take notes on the debriefing discussion.
Following the interview, use the questions below for discussion within the reunited small group*:*

1. Based on her answers, do you believe that Anna understands relevant information?
2. Based on her answers, do you believe that Anna's thinking process is clear enough to understand and follow instructions and to make and execute a plan?

3. Based on her answers, do you believe that Anna is able to demonstrate and communicate a choice? Can she identify the risks and benefits of her choice?
4. Based on her answers to these questions, do you have enough information to determine whether or not Anna should be referred for a professional capacity evaluation?
5. Would you use a standardized test to access Anna's capacity? If so, which test would you use? Why would you use this test? How would you use the test?
6. What additional information would you need?

HANDOUT #4 – D: Case Study: Anna Kovacs
Active Learning #3: Small Group Discussion

Next Step in Case Planning

Group Leader's Task: Use Handout #3: Group Leader Instructions.

Task 1: Small Groups review -15 minutes

Review the results of your assessment of Anna that was developed in small group discussion Active Learning #1. Based on that assessment, discuss what should be the next step in the case planning process.

Task 2: Large Group: Sharing - 45 minutes

Give a brief report to the large group, including:

- basic background information on Anna,

- the result of your assessment of Anna's capacity to make decisions regarding her health care,

- the next step in the case planning process.

HANDOUT #5 – A: Case Study: Juan Garcia Case
Active Learning #1: Small Group Discussion

Group Leader Information

Group Leader's task: Use Handout # 3: Group Leader Instructions

Reason for referral to APS: Need for assessment to determine capacity to give informed consent for medical treatment.

Referral made by: Staff at residential health care facility

Psycho-social factors affecting capacity

- Juan is a twenty-eight year old single man who came to this country from El Salvador when he was 18 years old.
- His status in this country is as an illegal alien.
- His parents were divorced and he has had no contact with his father.
- His mother and four younger siblings are still in El Salvador.
- For the past ten years, he has sent money home every week to support his family.
- When he was not working, he would go to the local bar and drink with his friends.
- Juan has a 6th grade education. His spoken English is limited and he is more comfortable speaking Spanish. He cannot read or write English. He seems to have a good relationship with one nurse's aide from El Salvador who is familiar with his hometown. He often depends on her to communicate his needs.

Physical factors affecting capacity

- Recently Juan sustained multiple injuries, including brain trauma, in a car accident.
- He has slurred speech, unsteady ambulation, and a seizure disorder as well as mood swings and erratic behavior.
- He was moved from the hospital to a residential health care facility.
- Facility staff describe him as difficult to manage. He is becoming more and more agitated.
- He told staff that he does not want to go into the hospital again.
- A recent medical test showed that there is considerable pressure on his brain.

Prognosis:

If surgery to reduce the pressure on his brain is not done, his life will be in danger.

HANDOUT #5 - B: Case Study: Juan Garcia
Active Learning #1: Small Group Discussion

Small Group Information

Group Leader's Task: Use Handout #3: Group Leader Instructions.

Group task: Your leader has information about Juan. Your task during the first 20 minutes, is to obtain as much information as possible about Juan that will help you understand more about him and what factors may be affecting his decisional capacity in this situation.

In the last 5 minutes, your leader will provide you with any remaining relevant information about the client that has not been uncovered.

Using this sheet, ask one member of your group to fill in the information you know abut this client based upon the leader's answers to the group. Discuss how these factors might affect Juan's decisional capacity.

Reason for referral to APS: Need for assessment to determine capacity to give informed consent for medical treatment.

Referral made by: Staff at residential health care facility

Psycho-social factors affecting capacity:

Physical factors affecting capacity:

Environmental factors affecting capacity:

Client's prognosis:

HANDOUT #5 - C: Case Study: Juan Garcia
Active Learning Small #2: Group Discussion

Information for Framing the Questions

Group Leader's Task: Use Handout #3: Group Leader Instructions.

Role Preparation (15 minutes)
Divide the small group into two subgroups: the client's group and the APS Worker's group. Ask for a volunteer from the client's group to play the role of Juan, and a volunteer from the evaluator's group to play the interviewer role. The remaining members of each subgroup will help prepare the role players by discussing the questions listed below under "Guidelines" for each of the subgroups.

- Guidelines for APS Worker group to use:
  1. Develop a strategy to establish rapport with Juan so he will feel comfortable with your questions?
  2. Develop questions to elicit information on Juan's understanding of relevant information.
  3. Develop questions that will help you assess the quality of Juan's thinking process. How might you assess his ability to understand and follow instructions? To make and execute a plan?
  4. Develop questions that will demonstrate Juan's ability to identify and communicate a choice. Include questions to reveal his understanding of the risks and benefits of a choice.
  5. Develop questions you would ask to assess Juan's understanding of his situation.

- Guidelines for the client group to use:
  1. Discuss your perceptions of what Juan might be experiencing emotionally, physically, cognitively.
  2. Translate your thoughts into a likely "Juan" role; propose responses, questions and reactions that the role player will be able to use.

Interview (15 minutes)
Both subgroups will observe the interview between Juan and the APS worker, silently.

Debriefing (15 minutes)
One member of the group takes notes on the debriefing discussion.
Use the following questions for discussion within the reunited small group; following the interview:

1. Based on his answers, do you believe that Juan understands relevant information?
2. Based on his answers, do you believe that Juan's thinking process is clear enough to understand and follow instructions and to make and execute a plan?
3. Based on his answers, do you believe that Juan is able to demonstrate and communicate a choice? Can he identify the risks and benefits of his choice?

4. Based on his answers to these questions, do you have enough information to determine whether or not Juan should be referred for a professional capacity evaluation?
5. Would you use a standardized test to access Juan's capacity? If so, which test would you use? Why would you use this test? How would you use the test.
6. What additional information would you need?

HANDOUT #5 - D: Case Study : Juan Garcia
Active Learning #3: Small Group Discussion

Next Step in Case Planning

Group Leader's Task: Use Handout #3: Group Leader Instructions.

Task 1: Small group review: 15 minutes

Discuss the results of your assessment of Juan that was developed in Active Learning # 2. Based on that assessment, discuss what should be the next step in the case planning process.

Task 2: Large group sharing: 45 minutes

Each small group gives a brief report to the large group, including:

- basic background information on Juan,
- the result of your assessment of Juan's capacity to make decisions regarding his health care,
- the next step in the case planning process.

HANDOUT #6 - A: Case Study: Mark Hudson
Active Learning #1: Small Group Discussion

Group Leader Information

Group Leader's Task: Use Handout #3: Group Leader Instructions.

Reason for referral to APS: Possible self-neglect

Referral made by: Mark's daughter

Psycho-social Factors Affecting Capacity

- Mark is 85 years old.
- He lives alone in the home that he and his recently deceased wife built in the 1950's.
- Following his wife's death two years ago, he became very despondent.
- Since his wife's death, he has become increasingly reclusive, refusing to answer the phone or the door.
- He has been in two "fender-benders" while driving his car on major thoroughfares.
- He refuses to go shopping with his daughter to buy him much-needed clothes.
- He seems confused and distracted. His speech is fairly animated, though slightly "off topic" from the current subject of conversation.
- He is unhappy and confused that he doesn't hear from his daughter as often as he used to.
- Mark has established a friendly relationship with the young hearing impaired man who delivers the pizzas. He sits by the door to watch for him. They have brief chats using gesturing and basic sign language, but the "chats" don't last long, because the young man is on the clock.

Physical Factors Affecting Capacity

- He has gained a lot of weight in the past year.

Environmental Factors Affecting Capacity

- He allows his daughter to oversee his financial affairs.
- There are piles of dirty clothes and dirty dishes throughout the house.
- There are pizza boxes and pop bottles lying around, but not much evidence of other food.
- The television is blaring.
- On the floor, there are crossword puzzle books and a book on sign language.
- There is a pile of garbage overflowing from the kitchen trashcan.

Prognosis: Mark's daughter wants "the State" to take guardianship of her father and put him in a nursing home.

HANDOUT #6 – B: Case Study: Mark Hudson
Active Learning #1: Small Group Task

Small Group Information

Group Leader's Task: Use Handout #3: Group Leader Instructions.

Group Task: Your leader has information about Mark Hudson. Your task, during the first 20 minutes, is to obtain as much information as possible about Mark that will help you understand more about him and what factors may be affecting his decisional capacity in this situation. In the last 5 minutes, your leader will provide you with any remaining relevant information about the client that has not been uncovered.

Using this sheet, ask one member of your group to fill in the information you know abut this client based upon the leader's answers to the group. Discuss how these factors might affect Mark's decisional capacity.

Reason for referral to APS: Possible self-neglect

Referral made by: Mark Hudson's daughter

Psycho-social Factors Affecting Capacity:

Physical Factors Affecting Capacity:

Environmental Factors Affecting Capacity:

Client's Prognosis:

HANDOUT #6 – C: Case Study: Mark Hudson
Active Learning#2: Small Group Discussion

Information for Framing the Questions

Group Leader's Task: Use Handout #3: Group Leader Instructions.

Role Preparation (15 minutes)
Divide the small group into two subgroups: the client's group and the APS Worker's group. Ask for a volunteer from the client's group to play the role of Mark and a volunteer from the evaluator's group to play the interviewer role. The remaining members of each subgroup will help prepare the role players by discussing the questions listed below under "Guidelines" for each of the subgroups.

- Guidelines for APS Worker group to use:
  1. How would you establish rapport with Mark so he will feel comfortable with your questions?
  2. Develop questions to elicit information on Mark's understanding of relevant information.
  3. Develop questions that will help you assess the quality of Mark's thinking process. How might you assess his ability to understand and follow instructions? To make and execute a plan?
  4. Develop questions that will demonstrate Mark's ability to identify and communicate a choice. Include questions to reveal his understanding of the risks and benefits of a choice.
  5. Develop questions you would ask to assess Mark's understanding of his situation.

- Guidelines for the client group to use:
  1. Discuss your perceptions of what Mark might be experiencing emotionally, physically, cognitively.
  2. Translate your thoughts into a likely "Mark" role; propose responses, questions and reactions that the role player will be able to use.

Interview (15 minutes)
Both subgroups will observe the interview between Mark and the APS worker, silently.

Debriefing (15 minutes)
Ask one member of the group to take notes on the debriefing discussion.
Use the following questions for discussion within the reunited small group; following the interview:

1. Based on his answers, do you believe that Mark understands relevant information?
2. Based on his answers, do you believe that Mark's thinking process is clear enough to understand and follow instructions and to make and execute a plan?
3. Based on his answers, do you believe that Mark is able to demonstrate and communicate a choice? Can he identify the risks and benefits of his choice?

4. Based on his answers to these questions, do you have enough information to determine whether or not Mark should be referred for a professional capacity evaluation?
5. Would you use a standardized test to access Mark's capacity? If so, which test would you use? Why would you use this test? How would you use the test?
6. What additional information would you need?

HANDOUT #6 – D Case Study: Mark Hudson
Active Learning #3: Small Group Discussion

Next Step in Case Planning

Group Leader's Task: Use Handout #3: Group Leader Instructions.

Task 1: Small Group review (15 minutes)
In your small group, review the results of your assessment of Mark that was developed in the small group discussion # 2. Based on that assessment, discuss what should be the next step in the case planning process.

Task 2: Large Group sharing (45 minutes)
Each small group gives a brief report to the large group, including:

- basic background information on Mark,

- the result of your assessment of Mark's capacity to make decisions regarding his health care,

- the next step in the case planning process.

HANDOUT #7 – A: Case Study: Rob and Wilma Benson
Active Learning #1: Small Group Discussion

Group Leader Information

Group Leader's Task: Use Handout #3: Group Leader Instructions.

Reason for referral to APS: Possible financial exploitation

Referral made by: a concerned neighbor

Psycho-social Factors Affecting Capacity:

- Wilma's demeanor is meek and apprehensive. She avoids eye contact and shrivels when her husband enters the room.
- Rob is a large man who smells of beer and seems overly cordial.

Physical Factors affecting Capacity:

- Rob and Wilma Benson are in their seventies.
- Rob has heart and liver problems, as well as frequent urinary tract infections.
- He wanders away from the farm when intoxicated, and has been picked up by neighbors walking along the rural highway near his home.
- Wilma was recently hospitalized due to a head injury which she reported was due to a fall in her home.
- Her vision was impaired due to the injury.
- She appeared malnourished and significantly dehydrated upon admittance to the hospital.
- ER staff believed that the head injury and bruising on her body were not consistent with a fall.

Environmental Factors Affecting Capacity:

- Rob and Wilma live alone in a rural area on a potato farm.
- Ten years ago, the Bensons turned the potato farm business over to their son and his wife, who promised to care of them financially from the farm revenue.
- The farm business has failed and the son recently put his parents' farm up for sale.
- The son and daughter-in-law are trying to get Mr. and Mrs. Benson to "sign over" the house and property rights to them.
- There are piles of newspapers in the home, and beer cans strewn about. Holes in the sheet rock at arms level, suggest someone punched holes in the walls.
- There is no evidence of fresh food in the home.
- The plumbing is not functioning.
- There are many cats and cat feces inside and outside of the home.

Prognosis: The Bensons may lose their home. Mr. Benson's health will deteriorate. Mrs. Benson will suffer more injuries.

HANDOUT #7 – B: Case Study: Rob and Wilma Benson
Active Learning #1: Small Group Discussion

Small Group Information

Group Leader's Task: Use Handout #3: Group Leader Instructions.

Group Task: Your leader has information about Mr. and Mrs. Benson. Your task, during the first 20 minutes, is to obtain as much information as possible about both of them that will help you understand what factors may be affecting their decisional capacity in this situation. In the last 5 minutes, your Leader will provide you with any relevant remaining information about the client that has not been uncovered.

Using this sheet, ask one member of your group to fill in the information you know about these clients based on the leader's answers to the group. Discuss how these factors might affect Rob and Wilma's decisional capacity.

Reason for referral to APS: Possible financial exploitation

Referral made by: A concerned neighbor

Psycho-social Factors Affecting Capacity:

Physical Factors Affecting Capacity:

Environmental Factors Affecting Capacity:

Prognosis:

HANDOUT #7 - C: Case Study: Rob and Wilma Benson
Active Learning #2: Small Group Discussion

Information for Framing the Questions

Group Leader's Task: Use Handout #3: Group Leader Instructions.

Interview and Role Preparation (15 minutes)
Divide the small group into two subgroups: the client's group and the APS Worker's group. Ask for two volunteers from the client's group. One will play the role of Wilma, and the other will play the role of Rob. Ask for one or two volunteers from the APS Worker's group to play the interviewer role(s). The remaining members of each subgroup will help prepare the role players by discussing the questions listed below under "Guidelines" for each of the subgroups.

- Guidelines for APS Worker group to use:
  1. First, decide whether you would talk to them separately or jointly. If you decide to do it separately, you will need a second volunteer interviewer and you will need to conduct the interviews at the same time, with half of your sub-group observing each interview.
  2. How would you establish rapport with Rob and Wilma so they will feel comfortable with your questions?
  3. Develop questions to elicit information on their understanding of relevant information.
  4. Develop questions that will help you assess the quality of both Rob's and Wilma's thinking processes. How might you assess each of their abilities to understand and follow instructions? To make and execute a plan?
  5. Develop questions that will demonstrate their ability to identify and communicate a choice. Include questions that will reveal their understanding of the risks and benefits of a choice.
  6. Develop questions you would ask to assess the Bensons' understanding of their situation.

- Guidelines for the client group to use:
  1. Discuss your perceptions of what Rob and Wilma each might be experiencing emotionally, physically, cognitively.
  2. Translate your thoughts into likely roles for Rob and Wilma; propose responses, questions and reactions that the role players will be able to use.

Interview (15 minutes)
Both subgroups will observe the interview(s) between the clients and the APS Worker(s), silently.

Debriefing (15 minutes):

After the interview(s), use the following questions for discussion within the re-united small group:

1. Based on their answers, do you believe that Rob and Wilma understand relevant information?
2. Based on their answers, do you believe their thinking process is clear enough to understand and follow instructions and to make and execute a plan?
3. Based on their answers, do you believe the Bensons are able to demonstrate and communicate a choice? Can they identify the risks and benefits of their choices?
4. Based on Rob's and Wilma's answers to these questions, do you have enough information to determine whether either of them should be referred for a professional capacity evaluation?
5. Would you use a standardized test to access Rob's or Wilma's capacity? If so, which test would you use? Why would you use this test? How would you use the test?
6. What additional information would you need?

HANDOUT #7 – D: Case Study: Rob and Wilma Benson
Active Learning #3: Small Group Discussion

Next Step in Case Planning

Group Leader's Task: Use Handout #3: Group Leader Instructions.

Task 1: Small Group review (15 minutes)
Review the results of your assessment of Mr. and Mrs. Benson that were developed in the small group discussion Active Learning #3. Based on that assessment, discuss what should be the next step in the case planning process.

Task 2: Large Group (45 minutes)
Give a brief report to the large group, including:

- basic background information on Rob and Wilma,

- the results of your assessment of Mark's capacity to make decisions regarding their living situation, emotional well being, health care and financial planning,

- the next step in the case planning process.

HANDOUT #8 – A: Case Study: Sharon Delay
Active Learning #1: Small Group Discussion

Group Leader Information

Group Leader's Task: Use Worksheet #3: Group Leader Instructions.

Reason for referral to APS: Possible sexual abuse

Referral made by: Group home staff person

Psycho-social Factors Affecting Capacity:

- Sharon is a 22 year old developmentally disabled woman. She is moderately mentally retarded, reads with difficulty, but is verbal and cooperative.
- She lives in a group home with five other residents.
- Sharon's parents are deceased.
- She has a boyfriend, Jake. She admits that she has been out with Jake and had sex with him.
- Sharon has a basic understanding of what it means to have sex.
- She knew that she was going to have sex with Jake, and wanted to do so.
- She also understands the consequences of sexual intercourse—that she could get pregnant or contract a sexually transmitted disease. She says that she is on the pill, and Jake used a condom.
- She likes Jake a lot, but does not want to have sex with him again if it means that he will go to jail.

Physical Factors Affecting Capacity:

- Sharon is slightly overweight.
- She is being treated for hypothyroidism, allergies and high blood pressure.
- She was recently taken to the hospital for a rape emergency examination after a group home staff person reported that she had had sex with Jake.
- The hospital examination showed no evidence of physical trauma.

Environmental Factors Affecting Capacity:

- Sharon's sister, Jane, was appointed as Sharon's conservator to manage her financial affairs, upon the advice of an attorney.
- Jane says that Sharon is unable to have consensual sex because she is "too stupid to know what she is doing,"
- Police arrested Jake for sexual assault.
- Jane wants Jake to be charged with rape of a vulnerable adult.

Prognosis: Jake will go to jail. Sharon will not be allowed to have another sexual relationship.

HANDOUT #8 B: Case Study: Sharon Delay
Active Learning #1: Small Group Discussion

Small Group Information

Group Leader's Task: Use Handout #3: Group Leader Instructions.

Group Task: Your leader has information about Sharon. Your task, for the first 20 minutes, is to obtain as much information as possible about Sharon that will help you understand more about her and what factors may be affecting her decisional capacity in this situation. In the last 5 minutes, your leader will provide you with any relevant remaining information about the client that has not been uncovered.

Using this sheet, ask one member of your group to fill in the information you know abut this client based upon the leader's answers to the group. Discuss how these factors might affect Sharon's decisional capacity.

Reason for referral to APS: Possible sexual abuse

Referral made by: Group home staff person

Psycho-social Factors Affecting Capacity:

Physical Factors Affecting Capacity:

Environmental Factors Affecting Capacity:

Client's Prognosis:

HANDOUT #8 – C: Case Study: Sharon Delay
Active Learning #2: Small Group Discussion

Information for Framing the Questions

Group Leader's Task: Use Handout #3: Group Leader Instructions.

Role Preparation (15 minutes)
Divide the small group into two subgroups: the client's group and the APS Worker's group. Ask for a volunteer from the client's group to play the role of Sharon, and a volunteer from the evaluator's group to play the interviewer role. The remaining members of each subgroup will help prepare the role players by discussing the questions listed below under "Guidelines" for each of the subgroups.

- Guidelines for APS Worker group to use:
    1. How would you establish rapport with Sharon so she will feel comfortable with your questions?
    2. Develop questions to elicit information on Sharon's understanding of relevant information.
    3. Develop questions that will help you assess the quality of Sharon's thinking process. How might you assess her ability to understand and follow instructions? To make and execute a plan?
    4. Develop questions that will demonstrate Sharon's ability to identify and communicate a choice. Include questions that will reveal her understanding of the risks and benefits of a choice.
    5. Develop questions you would ask to assess her understanding of her situation.

- Guidelines for the client group to use:
    1. Discuss your perceptions of what Sharon might be experiencing emotionally, physically, cognitively.
    2. Translate your thoughts into a likely "Sharon" role; propose responses, questions and reactions that the role player will be able to use.

Interview (15 minutes):
Both subgroups will observe the interview between Sharon and the APS Worker, silently.

Debriefing (15 minutes):
Ask one member of the group to take notes on the debriefing discussion.
After the interview, use the following questions for discussion within the whole small group:

1. Based on her answers, do you believe that Sharon understands relevant information?
2. Based on her answers, do you believe that Sharon's thinking process is clear enough to understand and follow instructions and to make and execute a plan?
3. Based on her answers, do you believe that Sharon is able to demonstrate and communicate a choice? Can she identify the risks and benefits of her choice?

4. Based on her answers to these questions, do you have enough information to determine whether or not Sharon should be referred for a professional capacity evaluation?
5. Would you use a standardized test to access Sharon's capacity? If so, which test would you use? Why would you use this test? How would you use the test?
6. What additional information would you need?

HANDOUT #8 – D: Case Study: Sharon Delay
Active Learning #3: Small Group Discussion

Next Step in Case Planning

Group Leader's Task: Use Handout #3: Group Leader Instructions.

Task 1: Small Group review (15 minutes)

In your small group, review the results of your evaluation of Sharon that was developed in the small group discussion Active Learning #2. Based on that evaluation, discuss what should be the next step in the case planning process.

Task 2: Large Group sharing (30 minutes)

Give a brief report to the large group, including:

- basic background information on Sharon,

- the result of your evaluation of Sharon's capacity to make decisions regarding her health care,

- the next step in the case planning process.

HANDOUT #9: Clock Drawing Test

This is a simple test that can be used as a part of a neurological test or as a screening tool for Alzheimer's and other types of dementia.

The person undergoing testing is asked to:
1. Draw a clock
2. Put in all the numbers
3. Set the hands at ten past eleven.

Scoring system for Clock Drawing test (CDT)
There are a number of scoring systems for this test. The Alzheimer's disease cooperative scoring system is based on a score of five points:
1 point for the clock circle
1 point for all the numbers being in the correct order
1 point for the numbers being in the proper special order
1 point for the two hands of the clock
1 point for the correct time.

A normal score is four or five points.

Test results
The test can provide information about general cognitive and adaptive functioning such as memory, how people are able to process information and vision. A normal clock drawing almost always predicts that a person's cognitive abilities are within normal limits.

The Clock Drawing Test does offer specific clues about the area of change or damage.

Research varies on the ability of the Clock Drawing test to differentiate between, for example, vascular dementia and Alzheimer's disease.

Source: Kennard. 2007.

HANDOUT #10: PARADISE-2 Model of Mental Capacity

Past behavior
Abstract concepts
Remember information
Alternatives – considered
Delusions
Illness
Strategic thinking
Emotional factors

Pertinent parties
Alertness
Responsibilities
Attention
Decision making abilities
Impact
Significance
Express desires

Questions to Consider

1. How does the current behavior compare with past behavior?
2. Did the person understand the abstract concepts (ex. what is a will, avoiding detection and capture)?
3. Are there concerns about memory?
4. Are/were alternatives known and considered?
5. Were the decisions free from delusions?
6. What were the effects of co-existing illness, medications, toxic substances, etc.?
7. Did the person engage in or display strategic thinking and analysis?
8. What were the relevant emotional factors affecting the decision, if any?
9. Did the person know the pertinent parties?
10. Were there concerns about the person's degree of alertness (i.e. consciousness) or attention when information was presented, or when executing the decision?
11. Did the person know his/her responsibilities and the responsibilities of the other involved parties?
12. Did the person have difficulty making or maintaining decisions?
13. Did the person understand the impact of the decision (i.e. the likely objective outcome) or behavior?
14. What is the significance of the decision (i.e. the subjective evaluation of the likely outcome)?
15. Did the person have difficulties expressing desires?

Source: Blum. 2002-2006.

HANDOUT # 11: PARADISE-2: Summary of Use

PARADISE-2 is a review of 16 behaviors and cognitive functions. Each component is described in lay terms, and so may be assessed by non-medical professionals; however, each also corresponds to well-known brain functions. The 16 components are listed below:

PARADISE-2 Protocol of Functional Mental Capacity

Past behavior	**P**ertinent parties
Abstract concepts	**A**lertness - problems
Remember information	**R**esponsibilities
Alternatives – considered	**A**ttention - problems
Delusions	**D**ecision making abilities
Illness	**I**mpact
Strategic thinking	**S**ignificance
Emotional factors	**E**xpress desires

Evaluation is performed for each decision, or period of time, in question. After obtaining information from sources (ideally, from multiple sources), list which of these abilities fall under the headings “clear impairment,” “no impairment,” “conflicting information,” or “insufficient information.” When completed, PARADISE-2 provides a detailed behavioral description that clarifies matters in legal settings, and may be used to guide further medical evaluation. This analysis requires significantly more information and time than is usually available in outpatient settings; however, US and international courts have found this method to be of greater assistance than traditional medical assessments.

PARADISE-2 is used internationally, and is the partial basis for new international legal precedent and standard for evaluating certain types of competency.

Source: Blum. 2002,2005,2006

HANDOUT #12: Clinical Professionals

A clinician is a general term for a healthcare professional who works with patients. A wide range of clinicians may bring expertise to the capacity evaluation process. *The information provided on this page is meant to highlight some of the strengths that varied professionals may bring to the capacity evaluation practice. It is not meant to define or limit the absolute, necessary, or full scope of practice for these professionals, but rather to highlight some potential strengths each discipline may bring to the capacity evaluation process.*

Geriatricians, Geriatric Psychiatrists, or Geropsychologists, practitioners with specialized training in aging, are experienced in considering the multiple medical, social, and psychological factors that may impact an older adult's functioning. A geriatric assessment team is comprised of multiple disciplines, each with advanced training in syndromes of aging.

Neurologists, M.D.'s with specialized training in brain function, may address how specific neurological conditions (e.g., dementia) are affecting the individual and his/her capacity.

Neuropsychologists, psychologists with specialized training in cognitive testing, may address relationships between neurological conditions, cognitive tests results, and an individual's functional abilities.

Nurses have medical expertise and some, such as visiting nurses in Area Agencies on Aging, may have in-depth information on how a person's medical condition is impacting functioning in the home. Geriatric nurse practitioners are advanced practice nurses with additional credentials to assess and treat the medical problems of aging.

Occupational Therapists are professionals with advanced degrees specializing in the assessment of an individual's functioning on everyday tasks, such as eating, meal preparation, bill paying, cleaning, and shopping.

Physicians, (primary care clinicians or internists) can provide a summary of the individual's major medical conditions. In some cases, the physician may have provided care to the individual over many years and can provide a historical perspective on the individual's functioning (although this cannot be assumed).

Psychiatrists, M.D.'s with specialized training in mental health, may address how specific psychiatric conditions (e.g., schizophrenia) and related emotional/mental systems may be affecting the individual and his/her capacity. Geropsychiatrists receive additional training in problems of aging; forensic psychiatrists receive additional training in mental health and the law.

Psychologists, clinicians with advanced training in behavioral health, may utilize standardized testing and in-depth assessment, useful when the judge wants detailed information about areas of cognitive or behavioral strengths or weaknesses. Geropsychologists receive additional training in problems of aging; forensic psychologists receive additional training in mental health and the law.

Licensed social workers, are trained to consider the multiple determinants on an individual's social functioning, and are often knowledgeable about a wide range of social and community services that may assist the individual.

Source: American Bar Association Commission on Law and Aging and American Psychological Association. 2005.

HANDOUT # 13: **Framing the Questions**

BEFORE YOU ASK:

- Collect as much collateral information as possible about the client.
- Make sure the client is in a comfortable, safe setting.
- Know the limits of your own expertise.
- Develop questions that encourage the client to talk about the specific (alleged) situation.
- During your time with the client, assess the client's ability to:
  - Understand and follow instructions.
  - Understand risks and benefits.
  - Make and execute a plan.

SETTING THE SCENE FOR THE INTERVIEW:

- Conduct the interview in a quiet, private location.
- Make sure that the client is not facing towards a glaring light.
- Make sure that your (the interviewer's) face is well lit.
- Take time at the beginning and end of the interview to make social conversation before asking difficult questions.
- Don't rush the interview.
- Check frequently to make sure that the client is comfortable. Does he/she need a glass of water? Is the room warm/cool enough? Is he/she getting tired?

DO NOT:

- Assume that a person with physical disabilities, including one who is non-verbal, lacks mental capacity.
- Ask questions that can be answered "Yes" or "No" such as
  "Are you OK"
  "Do you understand?"
- Ask long, complicated questions. (Instead, start general and move to specifics, one step at a time, using short sentences).
- Put words in the client's mouth. For example,
  "I guess you were pretty scared".
  "So you would call '911' if there was a problem?".

WHEN ASKING QUESTIONS, ***DO*:**

- Conduct multiple interviews at different times of the day and in different circumstances, if possible. Some clients functions poorly at certain times of the day.
- Use communication aides–special equipment or adaptive devices, as necessary
- Speak slowly and clearly.
- Use the native language of the client, and the style of speaking that is understandable to the client.
- Ask only one question at a time.
- Ask open-ended questions
- Consider using techniques to assist the client's capacity, "for example", using hand gestures or drawings.
- Provide the client with examples of choices that others have made in similar situations.
- Ask for clarification and/or more information.
- Let the client know gently but clearly when you are about to ask a difficult question.
- Give the client plenty of time to answer. Don't be afraid of periods of silence.
- Reassure the client if he/she appears anxious about answering.
- Keep your tone of voice steady. Try not to react emotionally, no matter what you hear.
- Reflect back what the client is telling you (Use "active listening").

USEFUL QUESTIONS TO FOCUS ON THE CLIENT'S UNDERSTANDING OF RELEVANT INFORMATION:

- Can you tell me why I am here today?
- What are those pills for?
- How often do you take them?
- What kind of food are you supposed to eat because of your diabetes?
- When did you eat your last meal?
- What did you have to eat?
- Who fixed your meal?
- What is your doctor's name?
- Who pays your bills?

If # 1 means no pain, # 3 means some pain and # 5 means that your pain is unbearable, tell me how much pain you are having right now .

1 3 5

- What does it mean when you have sex with someone?
  - Are there rules about having sex?
  - Please repeat the question I just asked you.

USEFUL QUESTIONS TO FOCUS ON THE QUALITY OF THE CLIENT'S THINKING PROCESS:

- What would you do if your monthly check didn't arrive?
- What would you do if you fell and could not get up?
- What would you do if you had a fire in your kitchen?
- What would you do if you had a serious medical emergency, such as severe chest pain?
- What would you do if someone wanted to have sex with you?

USEFUL QUESTIONS TO FOCUS ON THE CLIENT'S ABILITY TO DEMONSTRATE AND COMMUNICATE A CHOICE:

- If you were unable to live by yourself, where you would want to live?
- If you only had enough money to buy medicine for yourself or food for your cats, what would you do?
- How involved do you want your family to be in taking care of you?
- Do you have to have sex with someone if he/she asks you?

USEFUL QUESTIONS TO FOCUS ON THE CLIENT'S UNDERSTANDING OF HIS/HER OWN SITUATON:

- What do you think will happen if you do nothing to change your present situation?
- What are your choices right now?
- Why are you making this choice?
- What do you think will happen if you make a decision to…….?

HANDOUT # 14: Information on Violence Against People with Disabilities

Abuse against people with disabilities is a serious problem that we all must acknowledge, including health care providers, disability agencies, abuse investigators, domestic violence and sexual advocates, police, criminal justice personnel, crime victims advocates, and personal attendants.

- People with disabilities experience common forms of violence and abuse, including physical and sexual assault, financial exploitation and verbal abuse.

- People with disabilities also face unique forms of abuse, such as neglect, refusal to provide essential care, manipulation of medications, and withholding or destruction of equipment. These forms of abuse can be life threatening by causing health deterioration or leaving people with disabilities unable to get away or call for help.

- Compared to nondisabled people, people with disabilities are more vulnerable to abuse by health providers and personal assistants or caregivers, who may be family members, friends or formal providers.

- People with disabilities often face barriers to stopping or preventing abuse, including: lack of knowledge of abuse resources, social isolation; lack of emergency back-up support needed to get away from a caregiver who is the perpetrator; fear of being institutionalized or losing their children if they acknowledge being victimized, and cognitive or physical inaccessibility of domestic violence services.

- It is critical to screen people with disabilities. This requires asking questions about all of these forms of abuse and being sensitive to the unique risks and barriers individuals with disabilities may face in managing the problem.

  For example, ask the person if anyone has refused or neglected to help them with an important personal need, such as using the bathroom, eating or drinking. If they say “yes”, ask if the abuser is someone the person with a disability depends on for care and if there is a back-up caregiver. Consider what are the potential risks involved in the situation? And how are these risks linked to the disabilities experienced by the person?

- Many people with disabilities are afraid that if they disclose abuse, they won’t be believed or that professionals will take control rather than supporting them to deal with the abuse.

  It is very important to validate that the abuse is wrong and the victims / survivors shouldn’t have to live with it. Reassure the survivor that you will support them as they decide the best way to manage the problem. Help them identify their strengths and the resources they need.

- Creating an work / advocacy environment that is accessible and one that illustrates positive messages about disability may make people with disabilities more comfortable about disclosing abuse.

  Use appropriate language and structure the physical environment so people with disabilities can use it. For example, use people-first language, such as " person with a physical or cognitive disability" rather than "handicapped, wheelchair bound or retarded". Make sure your waiting room, restroom, exam tables and diagnostic equipment are accessible and your forms can be understood by people with learning or cognitive disabilities.

- Many states mandate reporting some forms of suspected abuse against people with developmental or mental health disabilities and/or dependent adults to protective services agencies. Find out your state's mandatory reporting requirements and be sure to let people with disabilities know that you are a mandatory reporter.

  For example, you might say, "I am required by law to report suspicion of abuse against women with disabilities to the [Adult Protective Services]. However, if you tell me about abuse, I'll let you know if I have to report it and invite you to be involved in any way you want."

- Find out what disability and domestic violence community resources are available for referral regarding abuse.

  The Centers for Independent Living, Arcs, developmental disability, disability and aging agencies, or domestic violence / crisis lines in your area may be available to assist or to provide referral information.

Source: Arthur and Oschwald. 2006

HANDOUT #15: Post-test (optional) Test # _____

1. What is the difference between an APS assessment of capacity and a professional capacity evaluation?

2. True or False (circle one) “Incapacity” is a medical term used to describe a person’s inability to make decisions.

3. Autonomy involves all of the following except one (please circle the incorrect option):

   a) The person’s rights
   b) The person’s choices
   c) The person’s responsibilities
   d) The person’s capacity

4. Once a person is judged incapacitated, he or she may lose the right to: (Circle the correct answer[s].)
   a) Make decisions regarding medical care
   b) Have a guardian appointed by the court
   c) Have a conservator appointed by the court
   d) Enter into contract agreements
   e) Chose his/her place of residence

5. List 4 factors that may influence the decision-making capacity of an adult.
   a)
   b)
   c)
   d)
6. What are the four (4) standards used when assessing a person’s capacity?
   a)
   b)
   c)
   e)
7. List a strength and a limitation of a standardized capacity assessment tool, such as the Folstein Mini-mental Status Examination.

8. List 3 questions that could be asked of the client when assessing his or her capacity.
   a)
   b)
   c)

9. List two special accommodations that are necessary when assessing the capacity of: a person with a disability (such as a hearing impairment), or who speaks no English, or who is non-verbal.

HANDOUT #16: Pre and Post-test Answers (optional) Test #_____

1. What is the difference between an APS assessment of capacity and a professional capacity evaluation?

   APS caseworkers are able to assess clients' situations and how they are functioning in their environment.

   A professional capacity evaluation includes full physical and neurological examinations, short and long-term memory assessment, diagnosis of any existing psychological disorders and/or addictive syndromes.

2. True or False (circle one) "Incapacity" is a medical term used to describe a person's inability to make decisions.

   False. Incapacity is a legal term.

3. Autonomy involves all of the following except one (please circle the incorrect option):

   a) The person's rights
   b) The person's choices
   c) The person's responsibilities
   d) The person's capacity

   d) The person's capacity

4. Once a person is judged incapacitated, he or she may lose the right to: (Circle the correct answer[s].)
   a) Have an operation
   b) Sign a lease
   c) Make a will
   d) Marry

   All of the above

5. List 4 factors that may influence the decision-making capacity of an adult.
   a)
   b)
   c)
   d)

   Select any 4 from Handout #2 Factors Affecting Capacity

6. What are the four (4) components used when assessing a person's capacity?

   a) Can the client understand relevant information?

   b) What is the quality of the client's thinking process?

   c) Is the client able to demonstrate and communicate a choice?

   e) Does the client appreciate the nature of his/her own situation?

7. List strength and a limitation of a standardized capacity assessment tool, such as the Folstein Mini-mental Status Examination.

   The Folstein MMSE is easy to administer, but does not address the client's decision making skills for specific tasks.

8. List 3 questions that could be asked of the client when assessing his or her capacity.
   a)

   b)

   c)

   Use questions from Handout #13 Framing the Questions, or others that elicit similar information.

9. List two special accommodations that are necessary when assessing the capacity of: a person with a disability (such as a hearing impairment), or who speaks no English, or who is non-verbal.

   Chose a comfortable quiet place where you will not be interrupted.

   Use a professional interpreter.

HANDOUT #17: **Module 17 Evaluation (optional)**

1=Unacceptable 2=Poor 3=Average 4=Above Average 5=Outstanding

(Please circle the number that reflects your evaluation of this workshop)

1. To what extent were your professional objectives for this workshop satisfied?

   1. 2. 3. 4. 5.

2. To what extent did the written materials contribute to your learning experience?

   1. 2. 3. 4. 5.

3. To what extent did the Power Point materials contribute to your learning experience?

   1. 2. 3. 4. 5.

4. To what extent was the presenter effective in conveying the information?

   1. 2. 3. 4. 5.

5. To what extent did the interactive exercises contribute to your learning experience?

   1. 2. 3. 4. 5.

6. To what extent did the training contain significant intellectual or practical content?

   1. 2. 3. 4. 5.

7. To what extent did the environment contribute to your learning experience?

   1. 2. 3. 4. 5.

8. I would recommend this instructor for future training events?

   Yes: No:

9. Additional comments:

CORE COMPETENCIES FOR APS WORKERS

November 2005

MODULE 1 APS OVERVIEW

Background Information

- History of APS
- National issues in APS
- Federal legislation
- Federal and state funding
- Grants
- Training opportunities
- History and role of NAPSA

APS Worker Satisfaction

- Care and support for APS workers
- Professional development

APS Clients

- APS client target populations
- Essential needs of dependent adults
- APS eligibility criteria
- Client benefits and entitlements

APS Legal Framework

- Federal Statutes
- State statutes and legal definitions
- State policies and standards
- Roles and responsibilities of APS workers

MODULE 2: APS VALUES AND ETHICS

Guiding APS Principles and Values

- Balance safety concerns and right to self-determination
- Treat people with honesty, care and respect
- Retention of civil and constitutional rights
- Assumed decision-making capacity unless a court adjudicates otherwise
- The right to be safe
- The right to accept or refuse services

APS Promising Practices Guidelines

- Practice self awareness and professional use of self
- Understand importance and support appropriate casework relationship
- Act as client advocate

- Avoid imposing personal values
- Seek informed consent
- Respect confidentiality
- Recognize individual differences
- Focus on client strengths and empowerment
- Involve the vulnerable adult in the service plan
- Maximizes the vulnerable adult's independence and self-determination
- Use the least restrictive services first
- Use family and informal support systems as possible
- Maintain clear and appropriate professional boundaries
- Avoid inadequate or inappropriate intervention
- Practice conflict resolution vs. confrontation
- Seek supervision and expert collaboration
- Provide integrated care management
- Don't abandon clients who are difficult or unlikable
- Prevent further abuse, exploitation and neglect

Understanding Diversity

- Cultural competence
- Communicating cultural values
- Ageism awareness
- Disabilities awareness

MODULE 3: AGENCY STANDARDS and PROCEDURES

Agency Organizational and Administrative Structure

- Organizational/institutional environment or culture
- APS services/duties
- Specialized APS units, e.g. for homeless, after-hours, hospital liaison

Regulations and Policies

- Protocols for client emergency needs
- Protocols and procedures for facility investigations
- Protocols for translation, signing for the hearing impaired, communication services
- Arrangements for culturally appropriate services
- What to do when the client can't be located

Managing APS Caseloads

- Workload standards
- Timeframes for response
- Caseload size
- Time management
- Effects of secondary trauma
- Burnout and stress management
- Coping strategies and staying resilient

Financial Management

- Fiduciary responsibility
- Agency forms and instructions

MODULE 4: THE AGING PROCESS

Facts on Aging

- Demographics
- Healthy aging
- Life expectancy
- Social issues and aging
- Health care (AIDS and other communicable/infectious diseases)
- Role of family support for the elderly

Stages of Adult Development

- Impact of loss of independence
- Impact of poor health, illness, mental illness on client's well-being
- Social/psychological/behavioral changes
- Effects of aging process on client's ability to care for self
- Public perception of the elderly and ageism

MODULE 5: PHYSICAL AND DEVELOPMENTAL DISABILITIES

Overview of Disabilities

- Types of disabilities
- Definitions – federal/state
- Common misconceptions

Effects of Disabilities

- Effects of disabilities on client's functioning
- Impacts of disability on caregiver and/or family

MODULE 6: MENTAL HEALTH ISSUES

Common Emotional Difficulties

- Coping with one's own aging process
- Issues of separation/loss/grieving

Types of Mental Illness

- Depression/manic depression (bipolar disorder)
- Delirium/dementia
- Schizophrenia, hallucinations and delusions
- Personality disorder
- Obsessive compulsive disorder
- Suicidal ideations/suicide

MODULE 7: SUBSTANCE ABUSE

Types of Substance Abuse Issues

- Alcoholism
- Drugs
- Pharmacology
- Injuries and illness resulting from substance abuse

Medications

- Misuse of medications
- Medication side effects
- Medication drug dependency

MODULE 8: DYNAMICS OF ABUSIVE RELATIONSHIPS

Predominant Types of Abuse/Neglect/Exploitation (ANE)

- Self-neglect
- Neglect by caregiver
- Financial exploitation
- Physical abuse
- Sexual abuse

Theories of Abuse

- Power and control
- Cycle of violence
- Victim/perpetrator dependency
- Exchange theory
- Caregiver stress
- Neglect due to pathologies of aging
- Emotional and verbal abuse dynamics

Characteristics of Victims and Perpetrators

- Victim/perpetrator dependency
- Victim/perpetrator mental health issues
- Abusive, neglectful, or exploitive caregivers
- Undue influence
- Psychology of perpetrators
- Dysfunctional families
- Abuse of elders living in domestic situations
- Abuse of elders living in institutions

Domestic Violence

- Domestic violence and elder/adult abuse
- Dynamics of power and control
- Why victims don’t leave their abusers

MODULE 9: PROFESSIONAL COMMUNICATION SKILLS

Types of Interviews

- With victims
- With perpetrators
- With collateral contacts
- With family/groups

Interviewing Skills

- Trust and relationship building
- Engagement techniques
- Open-ended questioning
- Listening/reflection of content and feeling
- Responding to disclosures
- Showing empathy/compassion
- Acknowledging religious/cultural beliefs

Handling Special Situations

- Dealing with resistance and hostility
- Mediation, negotiation, conflict management

Working with Special Populations

- Cultural dynamics
- People with mental illness
- People with physical disabilities
- People with developmental disabilities

Communicating with Special Populations

- Cognitively, hearing, or visually impaired people
- Non-verbal clients
- Limited-English speaking clients
- Use of interpreters

Communicating with Other Professionals

- Health care professionals
- Law enforcement
- Legal professionals
- Victim advocates

MODULE 10:SELF-NEGLECT

Overview of Self-Neglect

- Types of self-neglect
- Statistics on self-neglect
- Indicators of self neglect
- Assessing level of risk
- Environmental safety assessment

Theories of Self-Neglect

- Cultural/social aspects of self-neglect
- Capacity evaluation
- Hoarding behavior
- Community attitudes towards self-neglect

Causes of Self-Neglect

- Societal causes for self-neglect
- Individual causes for self-neglect

Preventing Self-Neglect

MODULE 11: CAREGIVER OR PERPETRATOR NEGLECT

Overview of Caregiver or Perpetrator Neglect

- Types of caregiver neglect (unintended, intended, criminal)
- Statistics on caregiver neglect
- Indicators of caregiver neglect
- Assessing level of victim risk

Theories of Caregiver Neglect

- Caregiver role: voluntary or involuntary
- Exchange theory
- Personality/behavior of the caregiver
- Personality/behavior of the patient

Causes of Caregiver Neglect

- Cultural/social aspects of caregiver neglect
- Individual causes of caregiver neglect (burden of care, co-dependency, caregivers with mental illness, physical impairments or substance abuse)

Preventing Caregiver Neglect

MODULE 12: FINANCIAL EXPLOITATION

Overview of Financial Exploitation

- Types of financial exploitation
- Statistics on financial exploitation
- Indicators of financial exploitation
- Assessing client's financial situation
- Assessing level of risk
- Assessing undue influence

Theories of Financial Exploitation

- Cultural/social aspects of financial exploitation

Causes of Financial Exploitation

- Societal causes of financial exploitation
- Individual causes of financial exploitation

Preventing Financial Exploitation

MODULE 13: PHYSICAL ABUSE

Overview of Physical Abuse

- Types of physical abuse
- Statistics on physical abuse
- Domestic violence indicators
- Medical indicators of abuse and neglect
- Assessing level of risk
- Lethality indicators

Theories of Physical Abuse

- Dynamics of physical abuse
- Cultural/social aspects of physical abuse
- Homicide/suicide

Causes of Physical Abuse

- Societal causes of physical abuse
- Individual causes of physical abuse

Preventing Physical Abuse

MODULE 14: SEXUAL ABUSE

Overview of Sexual Abuse

- Types of sexual abuse
- Statistics on sexual abuse
- Indicators of sexual abuse
- Assessing level of risk

Causes of Sexual Abuse

- Societal causes of sexual abuse
- Individual causes of sexual abuse

Preventing Sexual Abuse

MODULE 15: APS CASE DOCUMENTATION/REPORT WRITING

Importance of Case Documentation

- Proper case documentation for substantiation of ANE
- Identifying data to include in case records

Documentation Overview

- Gathering of facts/chains of evidence
- Clear, concise and objective documentation
- Updating chronological records to monitor client progress
- Required forms and instructions
- Tracking/recording guidelines
- Monitoring services by other agencies
- Best practice tips

Documentation Equipment Skills

- Cameras
- Videos
- Tape recorders
- Computers
- Body maps

Confidentiality of Records

- Client permission to share information
- Legal issues (e.g. subpoena of records)

Report Writing Skills

MODULE 16: INTAKE PROCESS

Preparing for the Initial Client Visit

- Does report meet statutory requirements?
- Being inclusive--screen in, not out
- Reporter's expectations
- Reviewing prior client records
- Identifying collateral contacts

APS Worker Safety

- Safety planning for worker
- Assessing for violent or psychotic behavior
- Assessing for hazardous materials (drugs, communicable diseases, firearms)
- Neighborhood safety concerns
- Dangerous animals
- Location of interview
- Working with difficult people
- Non-violent crisis intervention
- De--escalating potentially dangerous situations
- When to contact law enforcement and how to request assistance
- Emergency communications—cell phones
- Communicable and Infectious Diseases

Investigation: Initial Client Contact

- Gaining access
- "Who sent you" issues
- Establishing rapport at the door
- Strategies for dealing with refusal of access by client or to client
- Interviewing the suspected abuser
- Assessing validity of reports of ANE
- Developing safety plans with/for clients

Intake Documentation

MODULE 17: INVESTIGATION: CLIENT CAPACITY

Initial Capacity Assessment

- Interviewing the suspected abuser
- Assessing validity of reports of ANE
- Developing safety plans with/for clients
- Intake documentation

Capacity Assessment

- When and how to refer client for professional capacity evaluation
- Interpreting and using assessment information
- Client's strengths and social supports
- Ability to conduct activities of daily living
- Level and type of care needed

Client's Ability to Make Informed Decisions

- Cultural influences on client's decision-making
- Community standards
- Past history of making decisions
- Concept of "negotiated consent"

MODULE 18: INVESTIGATION: RISK ASSESSMENT

Overview of Risk Assessment

- Indicators of immediate risk of ANE
- Lethality indicators
- Emergency medical or psychiatric situations
- Impact of illness/disability on client's ability to protect him/her self
- Environmental hazards
- What to do when client refuses services

Risk Assessment of Caregiver

- Mental Illness
- Substance Abuse
- Emotional/financial dependence on victim
- Suicidal ideation

MODULE 19: VOLUNTARY CASE PLANNING and INTERVENTION PROCESS

Overview of Voluntary Case Planning and Intervention

- Mutual assessment of needs/goal setting
- Supportive counseling
- Policies and procedures for response

Types of APS Service Provision

- Accessing benefits and entitlements
- Safety planning for client
- Assuring basic needs are met (e.g. food, heat, transportation)
- Arranging for shelter and transition housing as necessary
- Providing information/referrals
- Linking clients and families with respite services and support groups
- Assisting clients discharged from hospitals, psychiatric wards and disability centers
- Providing emergency services or finding/developing emergency resources
- Managing client finances as necessary
- Providing respite care
- Mediation
- Caregiver training

Case Planning and Intervention

- Goal setting with clients
- Defining intervention strategies/response timeframes
- Finding and procuring resources
- Promoting coordinated/joint case planning and service delivery
- Arranging for culturally appropriate services
- Case documentation
- Reassessment/follow-up

Preventing ANE

- Consumer education

MODULE 20: INVOLUNTARY CASE PLANNING and INTERVENTION PROCESS

Overview of Involuntary Case Planning and Intervention

- Policies and procedures for response
- Legal standards for involuntary intervention
- Promoting coordinated/joint case planning and service delivery

Case Planning for Involuntary Services

- Arranging for culturally appropriate services
- Goal setting with family/care provider
- Defining intervention strategies/response timeframes
- Finding and procuring resources

APS Interventions

- Providing services for caregiver
- Respite care
- Caregiver training
- Providing information/referrals
- Assuring basic client needs are met
- Accessing benefits and entitlements
- Safety planning for client
- Coordinating involuntary medical care
- Arranging for shelter and transition housing
- Coordinating involuntary mental health/substance abuse treatment
- Linking clients and families with respite services and support groups
- Providing emergency services
- Assisting clients discharged from hospitals, psychiatric and development centers
- Managing client finances as necessary
- Documentation
- Reassessment/follow-up

Guardianships and Conservatorships

- Statutory definitions
- Guardianship process
- Competency/incompetency criteria
- Probate conservatorship process
- Private conservatorship process

MODULE 21: COLLABORATION and RESOURCES

Overview of Collaboration and Resources

- Benefits of working as a team
- Roles of various professionals in resolution of ANE

Local and Regional Networks and Community-Based Services

- Roles and responsibilities of community resources
- Interagency protocols for referrals and service delivery
- Local resources contact information

Inter-Agency Relationships and Collaboration

- Multidisciplinary review teams
- Fatality review teams
- Community advisory groups
- State and local coalitions
- Public awareness campaigns
- Documentation of services and outcomes
- Abuse prevention activities

Community Outreach

- Public education
- Working with the media
- Abuse prevention activities

Service Integration with Related Agencies

- State Units on Aging
- Department of Children and Family Services/Social Services
- Domestic violence resources
- Victim advocates
- Regulatory agencies

Health and Mental Health

- Medical Clinics/Hospitals
- Department of Mental Health
- Mental Health/ Counseling Agencies
- Medicaid/Medicare
- Agency in charge of Developmental Disabilities

Law Enforcement

- Police/Sheriff's Department
- State Patrol
- FBI
- Medicaid Fraud
- Office of Attorney General
- Probation/parole

Legal Resources

- Office of District Attorney
- Department of Consumer Affairs
- OAA legal service providers
- Private attorneys

Emergency Resources

- Homeless shelters
- Domestic Violence Shelters
- Group homes
- Residential Health Care Facilities
- Boarding Homes
- Food pantries
- Church organizations
- Developing emergency resources when none exist

Financial

- Social Security
- Banking institutions
- Securities firms
- Food stamps

Other Resources

- Long-term care ombudsmen
- Immigration Services
- Clergy
- Universities and community colleges
- National organizations

MODULE 22: LEGAL ISSUES and LAW ENFORCEMENT

Overview of Legal Issues and Law Enforcement

- Role of criminal justice system
- State criminal codes
- Regulations and policies

Legal Tools

- Legal rights of adult clients
- Court ordered mediation
- Restorative justice
- Writing affidavits and petitions
- Mandatory reporting
- Filing emergency protective/restraining orders
- Legal resources for dependent adults
- Victims/witness programs
- Substitute decision-making on behalf of client
- Living wills, health care proxies, do not resuscitate (DNR) orders
- Collecting, preserving and analyzing evidence

Working with Law Enforcement and the Judicial System

- Differences in APS, law enforcement, and legal institutional cultures
- Caseworkers' role in the legal process
- Requesting law enforcement assistance
- Conducting joint investigations/interviews with law enforcement
- Subpoena of case records

Preparing for Court

- Case documentation
- Initiating court procedures
- Assisting victims with court procedures
- Legal representation for APS workers
- Guidelines for presenting testimony
- Responding to cross-examination
- Writing court reports

MODULE 23: CASE CLOSURE

Overview of Case Closure

- Reasons for case closure
- Issues of grief and loss for client and worker
- Client's end of life decision-making process
- Carrying out client's end of life wishes (funeral arrangements, client's estate disposition)

Case Termination

- Closure for client and worker
- Service delivery evaluation
- Summary case recording and case documentation
- How could abuse, exploitation and neglect have been prevented?

NOTES

For SLIDES

***SLIDES* # 10-12**. Kemp, Bryan, Ph.D. has worked in geriatrics, geriatric mental health and rehabilitation for over 30 years, evaluating clients who are alleged victims of elder abuse and lecturing on evaluation of client capacity, causes of vulnerability and financial abuse. He is currently Clinical Professor of Medicine in the Program in Geriatrics at the University of California at Irvine.

***SLIDE* # 13**. The Oklahoma Adult Protective Services, Aging Division, compiled the resources in the *New Worker Academy 2005* from materials given to new APS workers. It addresses investigatory practices, risk and capacity assessment and interviewing techniques.

The following complete definition of executive function comes from the *Encyclopedia of Mental Disorders* http://www.minddisorders.com/Del-Fi/Executive-function.html .

> The term executive function describes a set of cognitive abilities that control and regulate other abilities and behaviors. Executive functions are necessary for goal-directed behavior. They include the ability to initiate and stop actions, to monitor and change behavior as needed, and to plan future behavior when faced with novel tasks and situations. Executive functions allow us to anticipate outcomes and adapt to changing situations. The ability to form concepts and think abstractly are often considered components of executive function.

***SLIDE* # 14**. The American Bar Association's National Conference of Commissioners on Uniform State Laws passed the Uniform Guardianship and Protective Proceedings Act in July 1997. It was approved and recommended for enactment in all states that year. In June 1998, a Prefatory Note and Comments were added. This definition of incapacity resulted from that process.

***SLIDES* #15-18**. Quinn, Mary Jo 2005. 114-116 and 275-277.
Mary Joy Quinn has been the Director of the Probate Court of San Francisco Superior Court since 1989. She has a nursing degree and MA in psychology. Ms. Quinn co-authored *Elder Abuse and Neglect: Causes, Diagnosis and Intervention Strategies* with Susan Tomita, the *Handbook for Conservators* and most recently *Guardianships of Adults: Achieving Justice, Autonomy, and Safety*. She may be reached at mjsquinn@msn.com.

SLIDE #25. Bennett Blum, MD provided the information about the nuances of the word "appreciate" in the legal model of capacity assessment. He is a consultant in forensic and geriatric psychiatry. The office of Bennett Blum MD, Inc. is located in Tucson, AZ. He can be contacted at www.bennettblummd.com

***SLIDE* #30.**. Bennett Blum, MD provided the example used for Paradise – 2. He also gave permission for NAPSA to use this tool in Module #17 (personal contact 10/19/07).

***SLIDE* #40.** Dora G. Lodwick, PHD., is professor of sociology at the University of Denver and President of the REFT Institute, Inc in Denver, Colorado. She can be contacted at www.reft.org.

***SLIDE* #44.** Ramsey-Klawsnik, Holly, Ph.D., is a sociologist, licensed marriage and family therapist and licensed certified social worker. She holds a certificate in gerontology. The office of Klawsnik & Klawsnik Associates is in Carton, Massachusetts.

***SLIDE* #48**. Kapp, M.B., JD, MPH, in Dejowski, 15-29

For HANDOUTS

HANDOUT #2. Joanne Otto, MSW, authored this curriculum module: *Assessing APS Clients' Decision-Making Capacity. She s*erved as Executive Director of the National Association for the Adult Protective Services Association, as administrator of the Colorado Adult Protection/Elder Rights Program, as an editor for the journal *Victimization of the Elderly and Disabled* and as co-lead investigator of the 2005 Survey of State Adult Protective Services Agencies. She can be contacted at joanne.otto@apsnetwork.org .

Ms. Otto drew from the following authors for the content of Handout #2.:
DeGeest
Dieffenbach
Dyer, et al
Blum and Eth
Brandl
McGreevey
Polomano
Van Cleyenbreugel

HANDOUT #14. Anne Arthur is a research associate at the Regional Research Institute, at the Graduate School of Social Work at Portland State University, Oregon. She works on research grants designed to raise awareness about violence and abuse to persons with disabilities, and also conducts community training. Mary Oschwald is an Associate Research Professor at the same facility. Her work focuses on training and technical assistance to victims, personal attendants, disability service providers and the community, especially on behalf of women with disabilities and deaf women as a specific subgroup.

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ADDITIONAL RESOURCES

The Elder Abuse Listserve (Administrator Lori Stiegel) at lstiegel@abanet.org

The National Center on Elder Abuse at www.elderabusecenter.org

Information on national issues relating to Adult Protective Services can be obtained from:

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