

Assessing your client's capacity for informed decision-making

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Your client,
Mr. Jones

- ▶ 85 years old
- ▶ Father of four
- ▶ Living with youngest son, John
- ▶ Mr. Jones has been diagnosed with lung cancer. He is refusing chemotherapy and believes that he will be cured through prayer and clean living. John wants his father to be treated medically, even if it is against his will.
- ▶ Does Mr. Jones have capacity to refuse treatment?



CAPACITY

Ethical principles

- ▶ **Autonomy**
 - ▶ Respecting an individual's right to make their own decisions and choices
- ▶ **Beneficence**
 - ▶ Promoting and maximizing well-being while minimizing harm
- ▶ **Nonmaleficence**
 - ▶ Avoiding actions that could cause harm or inflict suffering
- ▶ **Justice**
 - ▶ Treating all individuals fairly and equitably regardless of their backgrounds or characteristics
- ▶ **Confidentiality**
 - ▶ Respecting privacy and keeping information confidential

What is capacity? How is this different from competency?

- Testamentary capacity – understand nature of act of making will; nature & extent of property; recognition of natural objects of bounty; distribution scheme
- Contractual capacity – understand nature & effect of the agreement and business transacted
- Donative capacity – understand nature and purpose of gift, nature & extent of property given.
- Medical Decision Capacity
- Financial capacity – ability to manage financial affairs

What is undue influence?

- ▶ When a person is induced to act otherwise than by their own free will or without adequate attention to the consequences
- ▶ **S** – Susceptibility factors of the victim
- ▶ **C** - Confidential and trusting relationship between victim and perpetrator
- ▶ **A** – Active procurement of legal and financial transactions sby perpetrator
- ▶ **M** – Monetary loss of the victim

<p>What can influence capacity or susceptibility?</p>	<p>COGNITIVE factors – attention, memory, speech, comprehension, orientation</p> <p>EMOTIONAL factors – depression, anxiety</p> <p>BEHAVIORAL factors – hallucinations, delusions, paranoia, disinhibition</p>
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<p>Tips for screening</p> <ul style="list-style-type: none">▶ Talk to client *alone*▶ Meet with them more than once▶ Speak slowly and clearly▶ Minimize background noise

<p>Screening for capacity</p> <ul style="list-style-type: none">▶ Are they oriented?▶ Can they appreciate the situation and possible consequences?▶ Can they explain their reasoning to make a decision?▶ Can they name pros and cons of decisions?▶ Is their decision consistent with their values?
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What DOESN'T imply lack of capacity?

- ▶ Cognitive impairment
- ▶ Decisions you do not agree with – even if they are objectively bad decisions

NEUROPSYCHOLOGY

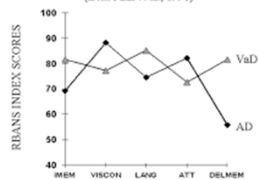
- ▶ Intersection between neurology and psychology
- ▶ What causes cognitive or psychological problems?
- ▶ What factors in the brain or environment cause cognitive problems?
- ▶ WE ARE PSYCHOLOGISTS FIRST



Neuropsychology domains assessed

- _____ Attention
- _____ Processing Speed
- _____ Visuospatial Functioning
- _____ Executive Functioning
- _____ *Verbal Memory*
- _____ Visual Memory
- _____ Emotional Functioning

RBANS AD vs VaD profile comparison
(from Fink et al., 1998)



Mild Cognitive Impairment VS. Dementia

- ▶ MCI
 - ▶ Changes in cognitive functioning, greater than expected from normal aging
 - ▶ Does not interfere with Independent Activities of Daily Living (IADLs)
- ▶ Dementia
 - ▶ PROGRESSIVE DECLINE in cognitive functioning or behavior
 - ▶ Interference in Independent Activities of Daily Living (IADLs)
 - ▶ Caused by brain illness

Examples of Types of Dementia

- ▶ Alzheimer's Disease
- ▶ Vascular Dementia
- ▶ Frontotemporal Dementia
- ▶ Lewy Body Dementia

Dementia mimics

Delirium

- TEMPORARY changes in cognitive functioning due to metabolic or infectious disturbance, effects of drugs
- Characterized by disorientation and sudden changes from baseline
- Be on guard if diagnosis of dementia happened during a hospitalization or if cognitive changes immediately follow a hospitalization

"Pseudodementia"

- Changes in cognitive functioning due to mood disturbance
- Be on guard if changes happened following a distressing event, loss of spouse, etc



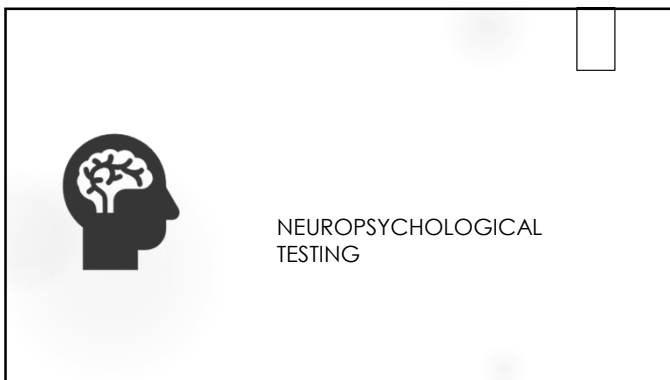
History

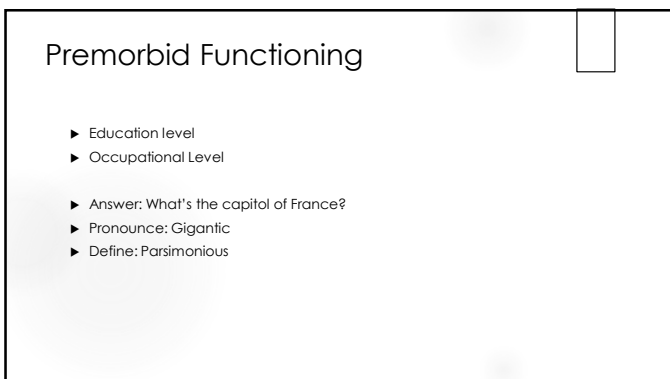
Demographics	Medical History	Psychological Fx
<ul style="list-style-type: none"> • No complications at birth • "Average" student • Associate degree in business • Retired from sales 4 years ago 	<ul style="list-style-type: none"> • 7 restless hours of sleep/night • Hypertension, hyperlipidemia, obesity • Brain MRI revealed white matter hyperintensities suggestive of mild vascular disease • Meds include lorazepam, omeprazole, lisinopril, trazadone 	<ul style="list-style-type: none"> • "Always" anxious • Uses anti-anxiety medication and sleep medication • Seems depressed since death of wife

History, cont'd

Family history	Substance Use	Social functioning
<ul style="list-style-type: none"> • Mother – died at 87, "old age" • Father – died age 65, cancer • Sister – age 78, dementia 	<ul style="list-style-type: none"> • 1 glass wine on occasion • No drugs • No tobacco 	<ul style="list-style-type: none"> • Lives with younger son • Meets friends weekly for lunch • Enjoys cards and dominoes • Goes on walks daily







Attention/Working Memory

- ▶ How much information can you hold and manipulate in your mind?
- ▶ Repeat after me: 8630
- ▶ Repeat backwards: 62472
- ▶ Answer: If Jake bakes 5 pies and Jill bakes 8 more, and then they sell half of the pies, how many pies do they have left?

Processing Speed

Symbol Substitution Test

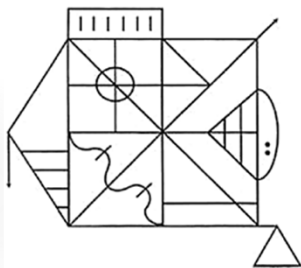
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1	2	3	4	5	6	7	8	9

Symbol Substitution Test


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1	5	2	1	3	6	2	4	1						

1	2	3
4	5	6
7	8	9

Perceptual Reasoning



Language

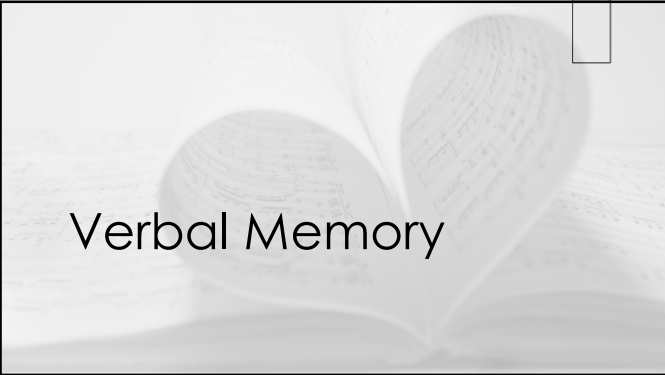


Name words that start with B

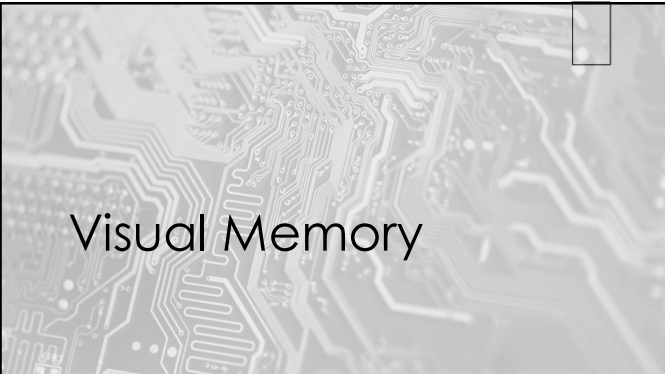
Name different types of toys

For more step by step drawing tutorials visit us at www.drawingtutorials101.com

Verbal Memory



Visual Memory



Executive Functioning

How are a refrigerator and a stove alike?

What comes next: 2,2,4,6,10...

Alternate between letters of the alphabet and counting by 3s

Physical Functioning

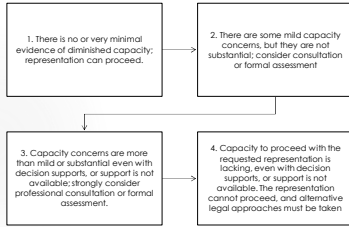
- ▶ Grooved Pegboard
- ▶ Finger tapper
- ▶ Hand dynamometer

Mood Testing

Anxiety Depression

Personality (MMPI, PAI, etc)

When do you need an outside expert?



Referring Options

- ▶ Consultation: A lawyer's conversation with a clinician to discuss concerns about the client's presentation. Consent is not needed because there is no need to use identifying information
- ▶ Referral: A formal referral to a clinician for evaluation, which does require client (or proxy/guardian) consent. May or may not include written report.
- ▶ Can refer to: physician, geriatric psychologist, neuropsychologist, neurologist, multidisciplinary geriatric assessment team

▶ What about Mr. Jones?

Thank you!



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<https://www.olderadultnestegg.com>

<https://www.apa.org/pi/aging/resources/guides/diminished-capacity.pdf>
