

Assessing Decision Making Capacity in Older Adults

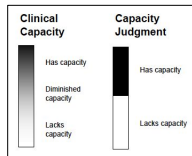
2026 Wisconsin Alzheimer's Association State Conference

Victoria Williams, PhD
Neuropsychologist, Assistant Professor
Department of Medicine – Geriatrics
University of Wisconsin – Madison, UW Health



Key Definitions

- **Capacity**
 - Clinical judgement
 - Specific to a particular decision
 - Can occur on a spectrum
- **Competency**
 - Legal finding / judgement
 - Global (yes or no)
- **Guardianship**
 - Legal determination
 - State delegates authority over a person's estate (property) or decisional capacity (financial, healthcare, etc.) to another individual



Decision-Making Capacity

- Decision-making capacity is a patient's ability to:
 - *Understand* all elements of a proposed decision
 - *Appreciate* the effects of a given decision on future states
 - Engage in rational and value-based *reasoning* to weigh risks/benefits
 - Express a *choice*
- Decision-making capacity is a core tenant for medical consent
 - Medical treatment must be competent, voluntary, and informed
- Capacity evaluations reflect an ethical obligation to balance the autonomy of an individual against protecting them from harm.



Why is Capacity Important?

- The demand for capacity assessments is only increasing
 - 13 million people will be living with Alzheimer's disease by 2050 (Alzheimer's Association, 2019)
 - 26% of U.S. older adults are financially exploited, leading to an estimated loss of \$28.3 billion dollars annually (Kane et al., 2017)
- The majority of medical health providers judge their training in assessing healthcare capacity as "insufficient" (Scheidt et al., 2013)
 - Low consistency in how professionals evaluate decision-making capacity
 - Agreement rates of capacity determinations are low (56%) for patients with mild Alzheimer's Disease, even among experienced clinicians (Mason et al., 1997)



Capacity Evaluations in Dementia

- Because capacity is decision-specific, it is often assessed *reactively* – in response to an imminent medical decision
- This care model is poorly suited for patients with dementia
 - Decisional abilities predictably decline over time
 - High co-morbidity burden increases risk for acute decompensation and ED utilization
- In these high-stakes environments, dementia patients often present with fluctuating cognition and provide incomplete medical history
 - Delayed treatment decisions
 - Prolonged hospital stays
 - Complex/costly discharge planning
- Capacity screening should be an important and routine element of care management in this population.



When to Assess Capacity in Dementia?

- Inconsistent/illogical decision-making
- Impaired understanding of basic facts, risks vs. benefits
- Loss of appreciation (denies having a condition, or how a decision would affect them)
- Poor reasoning (concrete, overly simplistic, irrelevant, or delusional thinking)
- Functional declines in area of capacity (finances, medications, safety)
- Vulnerability to undue influence (sudden financial changes, new "friends")
- Conflict or high-stakes decisions (family disagreement, major medical/financial decisions)

The MMSE may help identify patients with dementia at risk for diminished capacity:

- Scores in the moderate to severe range (<16) are highly correlated with diminished capacity.
- Scores between 16 and 24 have variable sensitivity/specificity and may indicate need for formal capacity assessment.



The Capacity Evaluation

Assessment Framework

Framework for Capacity Evaluation

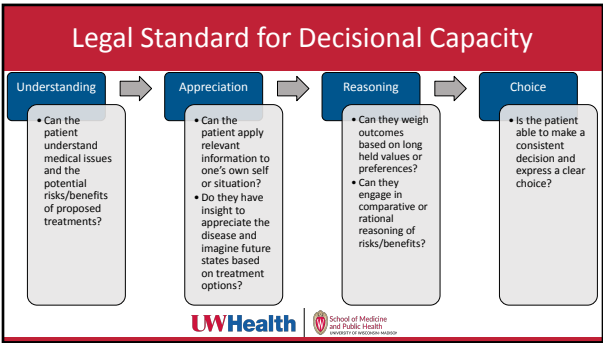
- Legal Standard for Capacity
- Functional Elements
- Diagnosis
- Cognitive Underpinnings
- Psychiatric or Emotional Factors
- Values and Preferences
- Risk Considerations
- Steps to Enhance Capacity
- Clinical Judgement of Capacity

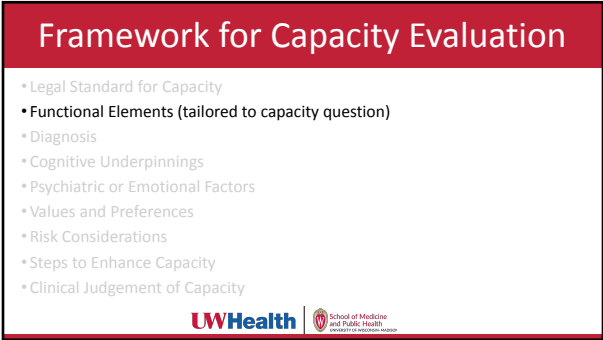


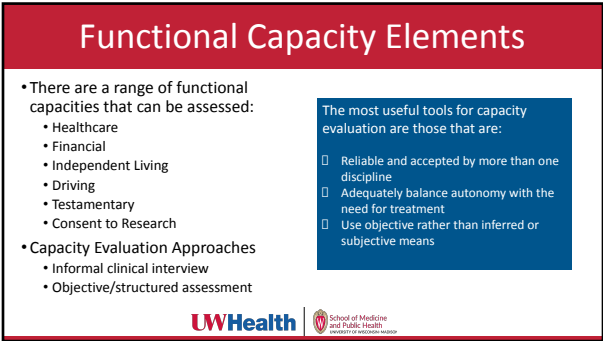
Framework for Capacity Evaluation

- **Legal Standard for Capacity**
- Functional Elements (tailored to capacity question)
- Diagnosis
- Cognitive Underpinnings
- Psychiatric or Emotional Factors
- Values and Preferences
- Risk Considerations
- Steps to Enhance Capacity
- Clinical Judgement of Capacity









Functional Capacity Elements

• There are a range of functional capacities that can be assessed:

- Healthcare
- Financial
- Independent Living
- Driving
- Testamentary
- Consent to Research

• Capacity Evaluation Approaches

- ➔ Informal clinical interview
- Objective/structured assessment

Understanding

- Tell me in your own words what your understanding is of the nature of your condition, the recommended treatments, the benefits and risk of those treatments?
- How likely are the benefits and risks to occur?

Appreciation

- What do you really believe is wrong with your health?
- Do you believe that you need some kind of treatment?
- What is the treatment likely to do for you?
- What do you believe will happen if you are not treated?
- Do you believe the doctor is trying to harm you?

Reasoning

- What factors were important to you in reaching the decision?
- How did you balance those factors?
- What does Treatment A seem better than Treatment B?
- How will treatment affect the things or people who are important to you?

Choice

- Have you decided whether to go along with your doctor's suggestion for treatment?
- Can you tell me what your decision is?



Functional Capacity Elements

• There are a range of decisional capacities that can be assessed:

- Healthcare
- Financial
- Independent Living
- Driving
- Testamentary
- Consent to Research

• Capacity Evaluation Approaches

- ➔ Informal clinical interview
- Objective/structured assessment

Semi-Structured

- Tailoring of item content to patient
- Applicable to decision at hand
- Low inter-rater and test-retest reliability

Standardized

- Uses clinical vignettes
- Normative data available
- Can poorly relate to contextual and situational nature of decision-making capacity

Performance-Based

- Completely objective
- Real world validity



Healthcare Capacity Instruments

• MacArthur Competence Assessment Tool – Treatment (MacCat-T)

- Semi-structured interview guided by patient's actual condition
- 15-20 min administration time
- Proprietary

➔ Aid to Capacity Evaluation (ACE)

- Semi-structured interview guided by patient's actual condition
- 10-20 min administration time
- Open source

• Capacity to Consent to Treatment Interview (CCTI)

- 2 clinical vignettes (neoplasm & cardiac conditions) presented both orally and in writing
- 20-25 min administration time
- Standardized with dementia sample

➔ Assessment of the Capacity to Consent to Treatment (ACCT)

- 3 clinical vignettes of varying complexity presented orally and in writing
- 15 min administration time
- Open source. Uses structured scoring process to arrive at scores for each capacity component.
- Formally assesses patient values and preferences.

Financial Vulnerability Survey for Professionals (FVSP-Pro)
 17 Questions | 4-6 min (incl. 10 sec.) | www.independentliving.com | ©2013 Peter A. Lehmann PhD

AGE: _____ GENDER: Male Female RACE/ETHNICITY: _____ HIGHEST LEVEL OF EDUCATION: _____
 DO YOU LIVE ALONE? Yes No DATE: ____/____/____
 ARE YOU EMPLOYED? Yes No SECURE ID CODE: _____
 ARE YOU: Married In a Partner (partner): _____ Widowed Single

Select one response for each question and describe response when requested

1. How worried are you about having enough money to pay for things?
 Not at all worried (0) Somewhat worried (1) Very worried (2)

2. Overall, how satisfied are you with your finances?
 Dissatisfied (0) Neither satisfied nor dissatisfied (1) Satisfied (2)

3. Who manages your money day-to-day?
 All, without any help (0) Get help from someone (1) Someone else manages all my money (2)

4. (2013 ADULT) FINANCIAL VULNERABILITY SCORE:
Indicates Exposure Risk
 Your responses above will be evaluated across 16 key areas that impact financial decision-making. They indicate that you have a **higher** financial vulnerability to financial exploitation.

Exposure Risk Rating: 0

Response key on reverse side of financial vulnerability. Not scores (risk levels) but an exposure risk. These questions measure the most common risk factors for financial vulnerability and risk: daily finances, psychological aspects of finances and financial decision-making, and individual circumstances around finances.

EXPOSURE RISK
 0 Low risk (score of 0-10) 10 Moderate risk (score of 11-20) 20 High risk (score of 21-30)

Managing Money Subject

- What are your primary sources of income?
- Why is it important to pay your bills?
- When do taxes come due every year?
- Name two things you can do to avoid being cheated out of your money.
- What is the purpose of home insurance?

Framework for Capacity Evaluation

- Legal Standard for Capacity
- Functional Elements (tailored to capacity question)
- Diagnosis
- Cognitive Underpinnings
- Psychiatric or Emotional Factors
- Values and Preferences
- Risk Considerations
- Steps to Enhance Capacity
- Clinical Judgement of Capacity

The Neuroscience of Decision-Making

Brain Areas Involved in Decision-Making:

- Frontoparietal Network:** Executive functioning and cognitive control
- Dorsal Attention Network:** Top-down modulation of attention
- Ventral Attention Network:** Reorienting attention and performance monitoring

Jiang, H., Xie, P., Yang, B., et al. Correlations between Gray Matter and White Matter Degeneration in Frontal Alzheimer's Disease, Spine Subcortical Vascular Dementia, and Mixed Dementia. *Sci Rep* 7, 9543 (2017). <https://doi.org/10.1038/s41598-017-13074-x>

Medical Diagnosis

- Documentation of medical diagnosis is important
 - Causative factor explaining disability
 - Defines prognosis and whether change in status is likely
 - Can identify any treatments that may improve capacity
- Progressive neurodegenerative condition (Dementia)
 - Cognition and decisional ability is likely to worsen over time as disease progresses

Degenerative Brain Disorders:
The loss or dysfunction of an individual's brain cells to the extent that he or she is substantially impaired in his or her ability to provide adequately for his or her own care or custody or to manage adequately his or her property or financial affairs.

B. A. Does the individual have incapacity due to brain impairment? Yes No
 B. Is this incapacity permanent? (Ability to resolve with treatment) Yes No
 C. Using the definitions on the instruction sheet, specify the condition(s) related to the incapacity.

(Check all that apply)
 (1) Developmental disability
 (2) Degenerative brain disorder
 (3) Serious and persistent mental illness
 (4) Other like incapacities.
 What are the diagnosis for each checkbox above?
 Explain.

In this condition likely to be permanent?
 Yes No
 Yes No
 Yes No
 Yes No

(Excerpt from WI Guardianship Examining Physician's or Psychologist's Report)



Decisional Capacity: Cognition

Excerpt from WI Guardianship Examining Physician's or Psychologist's Report:

4. Note level of impairment and describe examination findings in the following areas:

Cognition Intact Mild Impairment Moderate Severe
 Findings: _____

Attention/Concentration Intact Mild Impairment Moderate Severe
 Findings: _____

Sensory/Motor Functioning Intact Mild Impairment Moderate Severe
 Findings: _____

Language/Communication Intact Mild Impairment Moderate Severe
 Findings: _____

Memory Intact Mild Impairment Moderate Severe
 Findings: _____

Reasoning Intact Mild Impairment Moderate Severe
 Findings: _____

Other Executive Functioning (Insight, Judgment, Planning, Inhibition, etc.) Intact Mild Impairment Moderate Severe
 Findings: _____

Emotional/Behavioral Functioning Intact Mild Impairment Moderate Severe
 Findings: _____



Decisional Capacity: Cognition

- Cognitive deficits are the strongest predictor of impaired healthcare decision-making capacity (Palmer & Harmell, 2016)
 - **Understanding** - *Comprehension and encoding of treatment information*
 - Attention
 - Receptive Language / Comprehension
 - **Appreciation** - *Applying information to oneself and one's own situation*
 - Metacognition
 - Insight / Awareness
 - **Reasoning** - *Information processing and internally arriving at a treatment decision*
 - Executive Functioning (judgement, reasoning, problem solving)
 - Working Memory
 - **Expressing Choice** - *Communication of the treatment decision*
 - Expressive language



Global Cognition

- Administration of a global cognition screening measure (MoCA) can lend support to capacity determination:
- Estimates disease severity and overall level of cognitive impairment
- May provide a crude estimate of domain specific cognitive functioning

GENERAL COGNITION	Raw Score	Standard	Percentile	Description
MoCA Total Score	17/30	2.76	1	Impaired
Attention Index Score	4	2.40	1	Impaired
Executive Index Score	6	4.86	3	Impaired
Visuospatial Index Score	6	4.37	3	Average
Language Index Score	5	5.15	2	Average
Abstract Index Score	15	1.44	7	Borderline
Orientation Index Score	4	7.30	6	Impaired

Cannot determine capacity in isolation!

Goldstein FC, Mellow A, Loring DW, for the Alzheimer's Disease Neuroimaging Initiative. Incremental Validity of Montreal Cognitive Assessment Index Scores in Mild Cognitive Impairment and Alzheimer Disease. *Demement Geriatr Cogn Disord*. 2018;45(1-2):49-55. doi: 10.1159/000487131. Epub 2018 Apr 11. PMID: 29642074; PMCID: PMC5971132.

Framework for Capacity Evaluation

- Legal Standard for Capacity
- Functional Elements (tailored to capacity question)
- Diagnosis
- Cognitive Underpinnings
- Psychiatric or Emotional Factors
- Values and Preferences
- Risk Considerations
- Steps to Enhance Capacity
- Clinical Judgement of Capacity

Psychiatric or Emotional Factors

- Significant psychiatric or emotional disturbance (i.e., severe depression, paranoia or disinhibition) may limit reasoning/judgement
 - However, does not imply impaired capacity
 - Focus on identifying potential influence of psychiatric/emotional symptoms on capacity (cognitive process or behaviors)
- Psychiatric/mood symptoms should always be assessed in capacity workup
 - Thorough review of chart and patient history
 - Interview with patient/family
 - Structured interviews and questionnaires (NPI-Q, GDS, GAS, PHQ-9, HADS)
- Mood or thought disorders can resolve with treatment (reversible factor)
 - Critical to recommend treatment interventions and time frame for re-evaluation of capacity

Framework for Capacity Evaluation

- Legal Standard for Capacity
- Functional Elements (tailored to capacity question)
- Diagnosis
- Cognitive Underpinnings
- Psychiatric or Emotional Factors
- **Values and Preferences**
- Risk Considerations
- Steps to Enhance Capacity
- Clinical Judgement of Capacity



Values and Preferences

- Values and preferences lay the foundation for decisions.
 - **Values:** underlying set of beliefs, concerns and approaches
 - Influenced by family, social network, culture, religion, race, ethnicity, gender, sexual orientation, and life experiences
 - **Preferences:** preferred option informed by values
 - Cultural beliefs/practices can inform decisional preferences (role of family/doctor in decisions)
- Values are often maintained despite cognitive dysfunction (Kane et al., 2007)
- How consistent is decision with long-standing values?
 - Choices based on lifetime values may be rational, even if outside the norm
 - Capacity is not based on mismatch in values between patient and clinician
 - Patients have the right to make "bad decisions"

The Values and Preferences Scale - Informant Report				
Patient Name: _____				
Patient ID: _____				
Date: _____				
How often do you observe the patient's behavior? (1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often)				
Statement	1	2	3	4
DETERMINANT AND SOURCE OF VALUES				
1. The patient's values are based on religious or spiritual beliefs.				
2. The patient's values are based on family or cultural beliefs.				
3. The patient's values are based on personal experiences.				
4. The patient's values are based on societal or community norms.				
5. The patient's values are based on a combination of the above.				
VALUES AND PREFERENCES				
6. The patient's values are consistent with their long-standing values.				
7. The patient's values are inconsistent with their long-standing values.				
8. The patient's values are based on a desire to please others.				
9. The patient's values are based on a desire to avoid conflict.				
10. The patient's values are based on a desire to avoid responsibility.				
11. The patient's values are based on a desire to avoid risk.				
12. The patient's values are based on a desire to avoid pain.				
13. The patient's values are based on a desire to avoid embarrassment.				
14. The patient's values are based on a desire to avoid shame.				
15. The patient's values are based on a desire to avoid humiliation.				
16. The patient's values are based on a desire to avoid loss of control.				
17. The patient's values are based on a desire to avoid loss of autonomy.				
18. The patient's values are based on a desire to avoid loss of dignity.				
19. The patient's values are based on a desire to avoid loss of respect.				
20. The patient's values are based on a desire to avoid loss of status.				
21. The patient's values are based on a desire to avoid loss of identity.				
22. The patient's values are based on a desire to avoid loss of self.				
23. The patient's values are based on a desire to avoid loss of freedom.				
24. The patient's values are based on a desire to avoid loss of choice.				
25. The patient's values are based on a desire to avoid loss of power.				
26. The patient's values are based on a desire to avoid loss of influence.				
27. The patient's values are based on a desire to avoid loss of authority.				
28. The patient's values are based on a desire to avoid loss of control.				
29. The patient's values are based on a desire to avoid loss of autonomy.				
30. The patient's values are based on a desire to avoid loss of dignity.				
31. The patient's values are based on a desire to avoid loss of respect.				
32. The patient's values are based on a desire to avoid loss of status.				
33. The patient's values are based on a desire to avoid loss of identity.				
34. The patient's values are based on a desire to avoid loss of self.				
35. The patient's values are based on a desire to avoid loss of freedom.				
36. The patient's values are based on a desire to avoid loss of choice.				
37. The patient's values are based on a desire to avoid loss of power.				
38. The patient's values are based on a desire to avoid loss of influence.				
39. The patient's values are based on a desire to avoid loss of authority.				
40. The patient's values are based on a desire to avoid loss of control.				
41. The patient's values are based on a desire to avoid loss of autonomy.				
42. The patient's values are based on a desire to avoid loss of dignity.				
43. The patient's values are based on a desire to avoid loss of respect.				
44. The patient's values are based on a desire to avoid loss of status.				
45. The patient's values are based on a desire to avoid loss of identity.				
46. The patient's values are based on a desire to avoid loss of self.				
47. The patient's values are based on a desire to avoid loss of freedom.				
48. The patient's values are based on a desire to avoid loss of choice.				
49. The patient's values are based on a desire to avoid loss of power.				
50. The patient's values are based on a desire to avoid loss of influence.				
51. The patient's values are based on a desire to avoid loss of authority.				
52. The patient's values are based on a desire to avoid loss of control.				
53. The patient's values are based on a desire to avoid loss of autonomy.				
54. The patient's values are based on a desire to avoid loss of dignity.				
55. The patient's values are based on a desire to avoid loss of respect.				
56. The patient's values are based on a desire to avoid loss of status.				
57. The patient's values are based on a desire to avoid loss of identity.				
58. The patient's values are based on a desire to avoid loss of self.				
59. The patient's values are based on a desire to avoid loss of freedom.				
60. The patient's values are based on a desire to avoid loss of choice.				
61. The patient's values are based on a desire to avoid loss of power.				
62. The patient's values are based on a desire to avoid loss of influence.				
63. The patient's values are based on a desire to avoid loss of authority.				
64. The patient's values are based on a desire to avoid loss of control.				
65. The patient's values are based on a desire to avoid loss of autonomy.				
66. The patient's values are based on a desire to avoid loss of dignity.				
67. The patient's values are based on a desire to avoid loss of respect.				
68. The patient's values are based on a desire to avoid loss of status.				
69. The patient's values are based on a desire to avoid loss of identity.				
70. The patient's values are based on a desire to avoid loss of self.				
71. The patient's values are based on a desire to avoid loss of freedom.				
72. The patient's values are based on a desire to avoid loss of choice.				
73. The patient's values are based on a desire to avoid loss of power.				
74. The patient's values are based on a desire to avoid loss of influence.				
75. The patient's values are based on a desire to avoid loss of authority.				
76. The patient's values are based on a desire to avoid loss of control.				
77. The patient's values are based on a desire to avoid loss of autonomy.				
78. The patient's values are based on a desire to avoid loss of dignity.				
79. The patient's values are based on a desire to avoid loss of respect.				
80. The patient's values are based on a desire to avoid loss of status.				
81. The patient's values are based on a desire to avoid loss of identity.				
82. The patient's values are based on a desire to avoid loss of self.				
83. The patient's values are based on a desire to avoid loss of freedom.				
84. The patient's values are based on a desire to avoid loss of choice.				
85. The patient's values are based on a desire to avoid loss of power.				
86. The patient's values are based on a desire to avoid loss of influence.				
87. The patient's values are based on a desire to avoid loss of authority.				
88. The patient's values are based on a desire to avoid loss of control.				
89. The patient's values are based on a desire to avoid loss of autonomy.				
90. The patient's values are based on a desire to avoid loss of dignity.				
91. The patient's values are based on a desire to avoid loss of respect.				
92. The patient's values are based on a desire to avoid loss of status.				
93. The patient's values are based on a desire to avoid loss of identity.				
94. The patient's values are based on a desire to avoid loss of self.				
95. The patient's values are based on a desire to avoid loss of freedom.				
96. The patient's values are based on a desire to avoid loss of choice.				
97. The patient's values are based on a desire to avoid loss of power.				
98. The patient's values are based on a desire to avoid loss of influence.				
99. The patient's values are based on a desire to avoid loss of authority.				
100. The patient's values are based on a desire to avoid loss of control.				



Framework for Capacity Evaluation

- Legal Standard for Capacity
- Functional Elements (tailored to capacity question)
- Diagnosis
- Cognitive Underpinnings
- Psychiatric or Emotional Factors
- Values and Preferences
- **Risk Considerations**
- Steps to Enhance Capacity
- Clinical Judgement of Capacity



Risk Considerations

- Capacity evaluations are intrinsically a risk assessment (Ruchnickas, 2005)
- Involves careful consideration of the patient's social context
 - Strong social and environmental support decreases risk
 - Lack of support and oversight increases risk
- Level of intervention/supervision must match risk of harm to the patient
- Guardianship: Must include a full exploration of least restrictive alternatives
 - Advanced directives (financial/healthcare Power of Attorney)
 - Supported decision-making agreement (adopted by 14 states, including WI & IL)
 - Social Security Representative Payee
 - Joint bank accounts
 - Protective Services: In-home care or case manager



Framework for Capacity Evaluation

- Legal Standard for Capacity
- Functional Elements (tailored to capacity question)
- Diagnosis
- Cognitive Underpinnings
- Psychiatric or Emotional Factors
- Values and Preferences
- Risk Considerations
- Steps to Enhance Capacity
- Clinical Judgement of Capacity



Steps to Enhance Capacity

- Medical/Mood Factors
 - Identify and treat any reversible causes of impaired cognition
- Sensory Impairment (vision, hearing)
 - Practical accommodations (vision/hearing aides, large print, pocket talker)
- Communication Issues (aphasia, word-finding)
 - Use simple explanations, break information down into basic parts, yes/no format, provide visual aid
- Memory Impairment
 - Memory is not a core tenant of decision-making; present relevant information to reduce demands on memory
- Limited Insight (Metacognition)
 - Can use hypothetical situations (vignettes), but often appreciation remains impaired



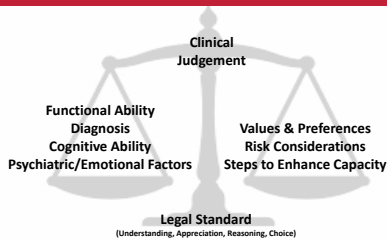
(Sullivan, 2004, Neuropsychology Review)

Framework for Capacity Evaluation

- Legal Standard for Capacity
- Functional Elements (tailored to capacity question)
- Diagnosis
- Cognitive Underpinnings
- Psychiatric or Emotional Factors
- Values and Preferences
- Risk Considerations
- Steps to Enhance Capacity
- Clinical Judgement of Capacity



Final Capacity Judgement

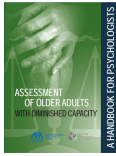


Clinical Pearls

- A dementia diagnosis does not equate to a lack of capacity (although increases risk)
- Cognitive Impairment alone is insufficient to determine capacity – requires a direct assessment of the functional abilities to meet the legal standard.
- Intact memory is not a core tenant of decision making – provide accommodations!
- Lacking capacity in one area (e.g., finances) does not mean a person lacks capacity in other areas (e.g., medical)
- Lacking capacity at one point in time does not mean the person will lack capacity in the future (although likely the case in progressive dementia). Capacity may need to be re-assessed in the future.
- Capacity is not a mismatch between a clinician and patient's values.
- Will a capacity judgement resolve the problem? Difficult situations often lead to legal involvement (guardianship)



Useful Resources / References



<https://www.apa.org/pi/aging/programs/assessment>

- Joint effort in 2008 by the American Bar Association and American Psychological Association
- Assessment guide for a variety of capacity evaluations (medical, functional, sexual consent, financial, testamentary, driving, independent living)
- Comprehensive overview of standard capacity instruments
- Appendix with interventions to address diminished capacity
- Appendix of medical conditions affecting capacity
- Compendium of useful websites

Greater Wisconsin Agency on Aging Resources, Inc. | 608.261.9000 ext. 4 | guardianshipcenter.org
Guardianship Support Center | www.guar.org

**RESPONSIBILITIES OF A HEALTH CARE AGENT UNDER A
WISCONSIN POWER OF ATTORNEY FOR HEALTH CARE**
This document is for informational purposes only and does not provide legal advice.

<https://gwaar.org/api/cms/viewFile/id/2005212>



- Role of activation of PoA agent
- Standards for decisions (good faith)
- Admitting to residential facilities
- How to advocate

Research and Future Directions

- Novel capacity instrument development
 - Healthcare Decision Making Capacity - Screen (HDMC-S)
 - A brief digitized behavioral tool (~10 min) to detect individuals at risk for diminished capacity
 - Shifts the paradigm from reactive to proactive capacity assessment in dementia
 - Assesses key elements of the functional decision-making process
 - Incorporates informant-based ratings of real-world decisional abilities
 - Informant Report of Scam and Financial Exploitation (IR-SAFE)
 - Questionnaire to detect a patient's history of, response to, and risk for financial exploitation and fraud
- Understanding the neurobiological basis of impaired capacity
 - Insight/anosognosia and appreciation



Thank you!

Questions/Discussion?

Extra Slides

Scoring is standardized based on criteria provided:

REASONING RATIONAL

Rational Reason

1. Answer demonstrates ability to state at least two risks and/or benefits of the treatment as an exact response, a correct opinion or definition.

2. Answer is for any of the following:

- "Shouldn't bleed supply"
- "Spine isn't"
- "Might not work"
- "Might die"
- "Appropriate given risk of infected tissue"
- "You go without any surgery"
- "There's difficulty with balance afterwards"

3. Answer is for any of the following:

- "Getting rid of infected tissue and not having major surgery"
- "Chances are I could still need some kind of surgery"

4. Answer suggests for only one of exact answer above.

5. Answer is obviously incorrect or doesn't meet criteria for 1 or 2, just for none of exact answers above.

- "It says not work and the way risks like it"
- "The risks and benefits are about the same for both of them, in my opinion"

Comparative Reason

1. Answer is for any of the following:

- "It's really better than"

2. Answer is for any of the following:

- "Officer is more concerned in the pain of comparison of at least two options (based on clarity) (may) with the comparison including a statement of least one specific difference"
- "Anesthetics is better and I don't like to be under"
- "With the anesthesia, there is no guarantee that you have solved the problem of the blood supply"
- "Decided I will have no option to do any work, even for me, and there is need for a cast"
- "Having the artery in a long shot. Since the infection might still be there, it seems best just to get rid of it"
- "To me, when replacing the whole artery, the risks in surgery are more than just cutting the line off"
- "I could live with living longer"

3. Answer is for any of the following:

- "I don't know why"
- "Officer is more concerned in the pain of comparison of at least two options (based on clarity) (may) with the comparison including a statement of least one specific difference"
- "That's how you walk - walk like me, I can't move there"
- "Anesthetics is better than surgery for me"

4. Answer is for any of the following:

- "I don't know why"
- "Officer is more concerned in the pain of comparison of at least two options (based on clarity) (may) with the comparison including a statement of least one specific difference"
- "That's how you walk - walk like me, I can't move there"
- "Anesthetics is better than surgery for me"

Assessment of the Capacity to Consent to Treatment (ACCT)
Administration and Technical Manual

ChE: Moore J, Kroll SD, Johnson B, Scales H, Swanson K, Green DJ
Assessment of Capacity to Consent to Treatment
Clinical consensus panel: Dr. J. Lee, MD, PhD, PhD, MD, PhD

Results can be graphed for easy interpretation:

Category	Correct	Incorrect	Total
Understanding - Reasoning	85	15	100
Understanding - Apprehension	45	55	100
Understanding - Reasoning	75	25	100
Understanding - Choice	75	25	100
Average	71.25	28.75	100

Additional Objective Assessment

COGNITION		FUNCTION / OTHER ELEMENTS	
UNDERSTANDING - Comprehension of treatment information			
Auditory Attention	Digit Span (Cognistat)	Mood	Hospital and Anxiety Scale (HADS)
Receptive Language	Taken Test, Repetition (Cognistat)	Psychiatric	Neuropsychiatric Inventory (NPI)
APPLICABILITY - Applying information to one's self and situation			
Metacognition/Insight	IQCODE Subject/Informant Discrepancy	Independent Living	Safety Assessment Scale
Awareness	Orientation (MoCA, Cognistat)	Judgement	Test of Practical Judgement
REASONING - Information processing and arriving at a decision			
Judgement	Test of Practical Judgement	ADL/IADLs	Lawton / SW Interview
Abstract Reasoning	Similarities (Cognistat)	GLOBAL COGNITION	
Executive Functioning	Clock draw, Trail Making Test	Disease Severity	MoCA
EXPRESSING CHOICE - Communicating treatment decision			
Expressive Language	Confrontation Naming, Verbal Fluency		



Supported Decision-Making Agreement

- Signed into Wisconsin law in 2018 to provide a least restrictive alternative to guardianship.
- Patient retains all decision-making rights and authority.
- Identifies a “supporter” to assist with a variety of elected decisions
 - Medical, psychological, financial, education, treatment, other
- Role of supporter
 - Helps patient access, collect, or obtain information, including records, relevant to a decision.
 - Includes protected health information under HIPPA
 - Helps patient understand options to make an informed decision.
 - Helps patient communicate decision to appropriate persons.