



CALIFORNIA APS IDA PROJECT IDA 3.0-CA

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USC IDA Team

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- **Greg Stevens, PhD:** Evaluator
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Collaborators:

- **Lori Delagrammatikas**, California APS Program Liaison, Adult Programs Division
- **Jason Karlawish**, MD, University of Penn, IDA author
- **NY IDA Team**: Veronica LoFaso, MD Robert Abrams, MD, Pam Ansell, MSW

Project Goals:

1. Train 150 APS workers/supervisors in California
2. Spanish language version for use with native Spanish speakers
3. Develop evidence base for use of IDA
4. Develop consistent policy and procedures to support IDA integration into APS practice in California
5. Develop a toolkit for national dissemination
6. Increase access to professional level capacity assessments

Who will be trained?

- California APS = 58 counties organized into 3 Regional Training Academy (RTA) areas
- 50 trainees from each RTA
- 25% Supervisors, 75% Workers
- Southern RTA: Spring 2018 ✓
- Central RTA: Winter 2019
- Northern RTA: Spring 2019

Training Structure

- High ratio (5:1) Trainees: Trainers
- Training Day 1 = 8 hours including lecture and small group experiential training
- 6-week field application
- Training Day 2 = 8 hours including review of cases & small group skill building exercises

Current Status

- Revised Training Manual for California
- Trained 56 in Southern RTA
 - 38 APS workers
 - 18 APS supervisors
- Produced 284 completed IDA's!!!
- Spanish language version in use:
 - IDA 3.0-CA-SP

Lessons Learned

- IDA form more structured
- Revised training manual to include more structured practice materials
- Instruction regarding supervision of IDA cases
- Increased focus on documentation
- More support materials to aid interview process

Next Steps

1. Evaluation strategy to develop the evidence base for IDA
2. Develop video content for training
3. Complete training in Central & Northern RTA = 100 additional trainees!
4. Develop 1-day Capacity Assessment Training for professional level assessment in low resourced communities

Evaluation Strategy

- Quality metric:
 - How well are trainees using the tool?
 - Scoring rubric: adequate=2, marginal=1, inadequate=0, Total Score range = 0-16
- Reliability:
 - Given the same evidence, do different trainees arrive at same judgement and intervention?

Validity Measures: Randomized Control Trial

Compared to untrained APS workers, do IDA-Trained APS workers....

1. understand the principles of capacity?
2. recognize evidence that supports judgement about client decisional ability?
3. offer judgments consistent with the evidence?
4. make consistent case management decisions?

Anticipated Outcomes

- Improved professionalism in APS practice
 - Evidence based practice
 - Increased consistency in decision making
 - Consistent documentation to support decision making
- Increased focus on client-centered intervention
 - Solicits client's plan to manage risk

Anticipated Outcomes (cont.)

- Greater access to professional level capacity assessments in currently low-resourced communities
- Toolkit for broader dissemination to other APS agencies/states

Discussion & Questions

Instrument for Decisional Abilities: IDA

Robert Abrams, MD

Pamela Ansel, MSW

Veronica LoFaso, MD

Weill Cornell Medicine/ NYCEAC

Responding to a Need

- APS workers face complex cases that require balancing a client's right to self determination and ensuring their safety when they face a risk.
- APS workers need a method of assessing their client's decision-making ability
- No standardized method currently exists
- Client-centered care mandates that workers assess understanding , appreciation, and reasoning of the client before they client accepts or rejects a service to address a risk
- Previous methods of assessing decision-making ability have fallen short
- The IDA is a standardized interview tool that addresses this need



ACED: A Possible Solution?

- ACED/SPACED: Assessment of Everyday Decision-Making
- Created to assess a disabled client's ability to function independently
- Practical and patient– centered
- Valid and reliable
- Designed for use by health care clinicians

Lai, James and Karlowish, Jason. The American Journal of Geriatric Psychiatry. 15(2) 101-11,2007



Partnerships: Sharing a Vision

- NYCEAC partners with New York City APS to develop a tool
- IN 2014, NYCEAC obtains Phase 1 and Phase II funding from The New York Community Trust to develop and pilot an instrument with NYC APS workers
- Multi-disciplinary, inter-agency Planning Committee of invested stakeholders assembled
- Several other tools considered for possible adaption-fell short
- Work group assembled to develop an interview tool and curriculum to train APS workers using many of the principles of the SPACED
- Interview tool piloted 2014-2016 in NYC
- Focus groups, field testing, revisions (IDA1.0,2.0)

The IDA Team

- Robert C. Abrams, MD, Professor of Psychiatry (Geriatrics), WCM
- Pamela Ansell, MSW, project coordinator, WCM
- Paul S. Appelbaum, PhD, Ethicist, Columbia University, NYC
- Risa Breckman, MSW, Executive Director of NYCEAC
- Deborah Holt-Knight, Deputy Director, NYC APS
- Jason Karlowish, MD, Professor of Medicine, University of Penn
- Mark Lachs, MD, Professor of Medicine (Geriatrics), WCM
- Veronica Lo Faso, MD, Assoc. Professor of Medicine (Geriatrics), WCM
- Geoff Rogers, program director, Brookdale Center for Healthy Aging
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What is IDA?

- It is a way of understanding what the client is thinking
- It is a semi-structured interview for gathering information on decisional abilities of elderly APS clients at risk for neglect or abuse
- Uses a standardized framework
- IDA is a component of the comprehensive APS assessment –NOT a replacement
- It allows for documentation of the rationale for accepting refusal of services or referring for mental health evaluation
- It has no legal bearing but can be presented as evidence in court

What is IDA Not?

- **A scale** that produces a numerical or dimensional score
- **A legally recognized determination of capacity** (done by MDs in NYS)
- **A petition for guardianship**
- **A replacement** for the overall APS investigation
- **A tool** to persuade clients to accept a service

For whom do we use IDA?

- Persons 60 years or older
- Not severely cognitively impaired (MCI OK)
- Not acutely psychotic
- Ideal for person suffering from abuse or neglect but refusing services

The Anchor Points of IDA

- Understanding on a general level
- Appreciation on a personal level
- Reasoning: pros and cons of an intervention to address a risk

Pre-IDA

Interview for Decisional Abilities 3.0-CA

Pre-IDA 3.0-CA: Complete the questions below before conducting the IDA 3.0 - CA Interview.

Information

APS Worker's Name		Supervisor	
Client Name		Date	

A. Check All the risk(s) that the client seems to be facing at this time:

PERPETUATED BY OTHERS		SELF-NEGLECT	
Physical Abuse		Physical Care	
Assault/battery	<input type="checkbox"/>	Alcohol/substance abuse	<input type="checkbox"/>
Constraint or deprivation	<input type="checkbox"/>	Disregard for personal safety	<input type="checkbox"/>
Chemical restraint	<input type="checkbox"/>	Heavy chore responsibility	<input type="checkbox"/>
Over/under medication	<input type="checkbox"/>	Rejection of appropriate/adequate care	<input type="checkbox"/>
Sexual Abuse		Inadequate physical care (eg: personal hygiene, food, clothing)	<input type="checkbox"/>
Genital trauma	<input type="checkbox"/>	Health and Safety Hazards	
Sexual assault/rape	<input type="checkbox"/>	Inadequate/dangerous housing	<input type="checkbox"/>
Unwelcomed kissing or fondling	<input type="checkbox"/>	Inappropriate/unsanitary home care	<input type="checkbox"/>
Neglect		Isolation (social/ physical)	<input type="checkbox"/>
Abandonment	<input type="checkbox"/>	Locked in/out of home/room	<input type="checkbox"/>
Deprivation of goods and services	<input type="checkbox"/>	Malnutrition/dehydration	<input type="checkbox"/>
Physical isolation	<input type="checkbox"/>	Risk of suicide	<input type="checkbox"/>
Financial Neglect		Financial Self-Neglect	
Using funds without permission	<input type="checkbox"/>	Inability to manage finances	<input type="checkbox"/>
Changes to financial/estate/legal documents without understanding	<input type="checkbox"/>	Forced from home (eviction)	<input type="checkbox"/>
Unexplained loss of funds	<input type="checkbox"/>	Inadequate home utilities	<input type="checkbox"/>
Misappropriation of assets	<input type="checkbox"/>	Victim of consumer fraud or scams	<input type="checkbox"/>
Threats with intent to exploit	<input type="checkbox"/>	Financially destitute	<input type="checkbox"/>
Psychological/Mental		Medical Care	
Emotional trauma/ neglect	<input type="checkbox"/>	Neglects medical needs	<input type="checkbox"/>
Undue influence (sleep deprivation, uses deception, rewards/punishment etc..)	<input type="checkbox"/>	Neglects mental health needs	<input type="checkbox"/>
Social Isolation/ Confinement	<input type="checkbox"/>	Other (please describe)	
Threats to harm	<input type="checkbox"/>		
Verbal Abuse	<input type="checkbox"/>		
Threats of death	<input type="checkbox"/>		

B. Endangerment

Instructions: Write one risk from the risk(s) checked above

B. _____ presents a high level of endangerment for the client.

C. Consider how you will introduce IDA - CA to the client

What wording will you use to describe this risk to the client? _____

For example: "So let's talk now about some of the decisions that you might be making" Or "Now I'm going to be asking you some important questions having to do with decisions that you might be making. Will that be OK?"

The Interview for Decisional Abilities (IDA 3.0). Cornell University and The University of Pennsylvania © 2018. Please do not reprint outside California without permission of Weill Cornell Division of Geriatrics and Palliative Medicine and Jason Karlawish, MD, The University of Pennsylvania.



Step 1

Interview for Decisional Abilities 3.0-CA

Step 1

Interview Instructions: Use the risk identified in the Pre-IDA 3.0-CA for steps 1, 2 and 3.

Assessing Understanding of the Risk in General

A. APS worker asks client's understanding that some people have the same risk that the client now confronts. One way to ask:

"I'd like to discuss your thoughts about whether you think that (insert risk) can happen to others?"

B. If the client understands that others can have the risk, worker asks the client to explain what could happen if the risk is not addressed. One way to ask:

"Suppose someone faces (insert risk), what might happen to him/her?"

Worker Judgement

Essential Element

Do you think the client understands the risk in general?

Check 1: ☐ YES ☐ MAYBE ☐ NO ➡

Instructions: If NO, do not complete IDA 3.0-CA and talk to your supervisor.

What did the client say that brought you to this decision?

Notable observations, if applicable (e.g., client's emotions, reactions, non-verbal):

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Step 2

Assessing Insight into the Risk on a Personal Level (Appreciation)

A. APS Worker asks the client if he/she is experiencing this risk. One way to ask:

"I'd like to learn more about you. Even though we may have already touched on this in our conversation, do you think you are facing (insert risk)?"

Possible probes:

"Can you tell me why?" or "I'd like to know more about your thoughts on this."

Worker Judgement

Essential Element

Do you think the client has insight that he/she could personally be experiencing this risk?

Check 1: ☐ YES ☐ MAYBE ☐ NO ➡

Instructions: If NO, in Step 3, skip question A and complete only questions B and C.

What did the client say that brought you to this decision?

Notable observations, if applicable (e.g., client's emotions, reactions, non-verbal):

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Step 2

Step 3

Interview for Decisional Abilities 3.0-CA

Step 3

Assessing Ability to Weigh Pros/Cons of a Plan for Addressing Risk (Reasoning)

A. APS worker asks what the client plans to do about the risk. One way to ask:

“What are your plans to address the possibility of (insert risk)?”

“How would that help address the possibility of (insert risk)?”

B. APS worker asks about a possible service to address the risk. One way to ask:

“Would you consider accepting (insert plan) to address the possibility of (insert risk)?”

“Anything else you want to do about the possibility of (insert risk)?”

C. APS worker asks the client about pros and cons of either the plan or service to address the risk. One way to ask:

“What would be the advantage for you having (insert plan) to address the possibility of (insert risk)?”

“What would be the disadvantage for you having (insert plan) to address the possibility of (insert risk)?”

Worker Judgement

Essential Element

Does the client have the ability to weigh the pros/cons of a plan to adequately address the risk?

Check 1: ☐ YES ☐ MAYBE ☐ NO

What did the client say that brought you to this decision?

Notable observations, if applicable (e.g., client’s emotions, reactions, non-verbal):

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Post-IDA

Interview for Decisional Abilities 3.0-CA

POST- IDA 3.0-CA: Next Steps

Risk: _____

Worker Judgement	Yes	Maybe	No
Step 1: Understands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 2: Insight (Appreciates)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step 3: Reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Next Steps:

Please check all that apply:

- ☐ Incorporate IDA 3.0- CA with other elements of your assessment to develop a case management plan.
- ☐ Discuss case with supervisor
- ☐ Consider referral for professional capacity assessment
- ☐ Other _____

Estimate time conducting the IDA 3.0- CA interview: _____



IDA Training

- 48 NYC APS workers had a two day training with the IDA team 2014
- Didactics: terminology, concepts of ethical assessment, key points of assessing decisional ability etc.
- Role-playing: multiple opportunities to practice with peers using case studies
- Expert panel question and answer sessions
- 6 week field testing between the two training days with phone support
- Comprehensive training manual for train-the-trainer models
- Built in redundancy from day 1 to day 2
- Pre-and post testing
- Focus groups

Lessons Learned

- Culture change
- Supervision
- Wording
- Timing/length – revisions cut steps from 6 to 3
- Adapting to individual states
- Sustaining the project- training trainers

Rewards

- More comprehensive and patient centered APS evaluations
- Standardization of documentation within agencies
- Richer discussions between workers and supervisors
- Valuable information to add when making a psychiatry referral
- Greater sense of security when at risk client's refuse services

Interest from other states!

Boston APS supervisors trained to train APS throughout the state

USC - Keck School of Medicine in process of training California APS



Future Directions

- Revisions and refinements of the tool and training materials
- Research to validate the efficacy of the tool
- Video additions to the training manual
- Generic training manual to be used in all states

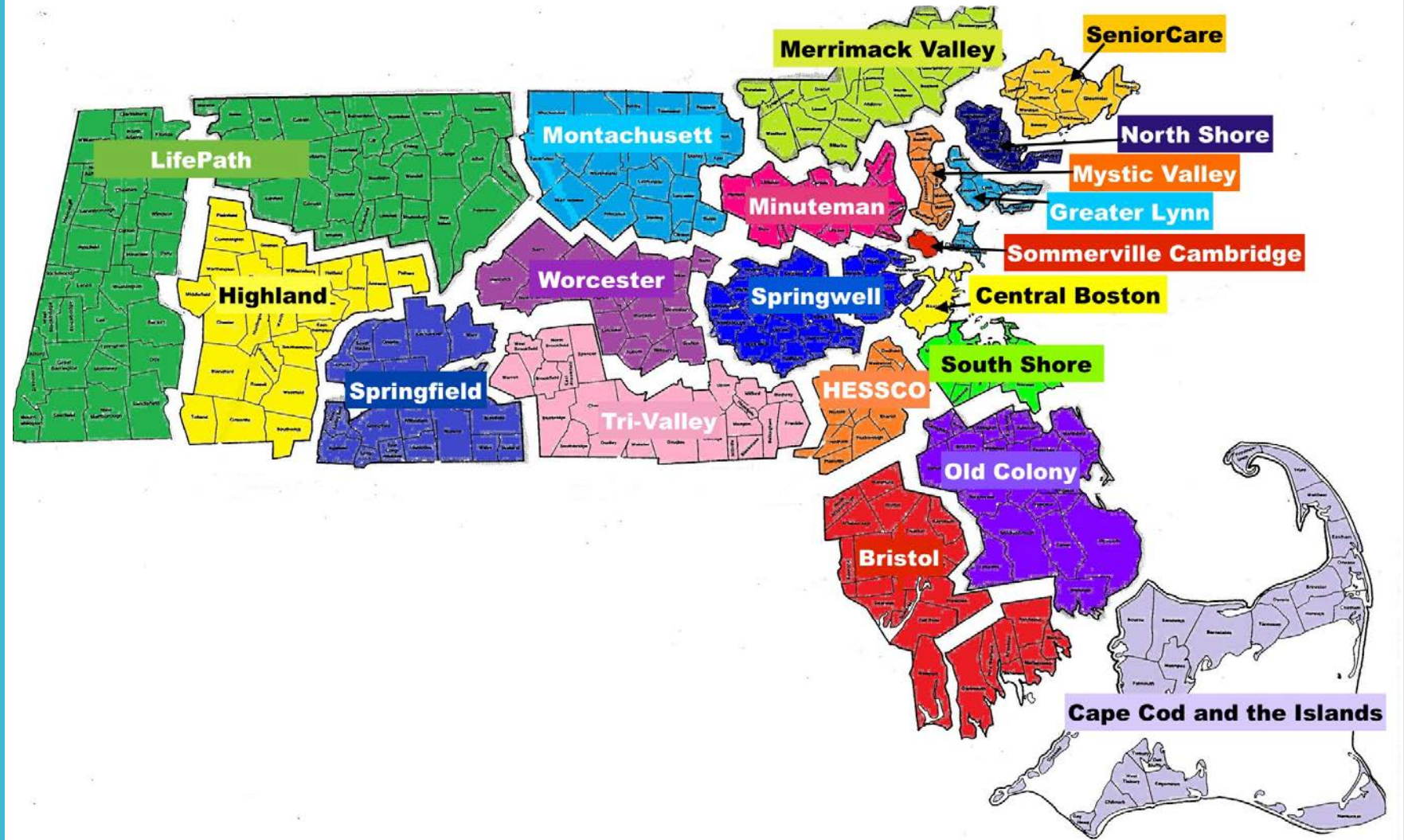
Massachusetts

IDA 3.0

How MA Got Involved

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- 68% increase in reports
- 115% increase in confirmed allegations
- 1 in 10 reports were repeated within a year
- Increase in Reports of Elder Abuse
- Major challenge for APS workforce was navigating right to refuse services
- Needed a standardized approach to assess decisional capacity

MA Elder Protective Service Agencies



How MA Got Involved

- Received ACL Grant in September of 2016
- Literature Review of the existing instruments led us to IDA and the team of geriatric experts at Weill Cornell Medical College
- Massachusetts collaborated with Weill Cornell in the Spring of 2017

MA Approach

- Train the Trainer Model
- Trainers went to NYC to learn from Weill Cornell
- MA heard and learned from NYC Protective Services

The Value

- Need for a tool that can be easily administered in the field.
- Semi-Structured Interview tool allows the workforce to tailor the tool to the elder's risks.

Impact

- MA was able to implement a standardized approach to assessing decisional capacity
- Goal: to train every member of APS workforce by January 2019
- Goal: Implement statewide use of IDA by March 2019

Lessons Learned

- Training Challenges
 - Timing of tool
 - Service planning inclination
 - Using appropriate language
- Comments from the field