

# The Capacity-Risk Model © for Villages: A Strengths-Based Approach to Supporting Vulnerable Members

9<sup>th</sup> Annual NVG    November 7, 2017  
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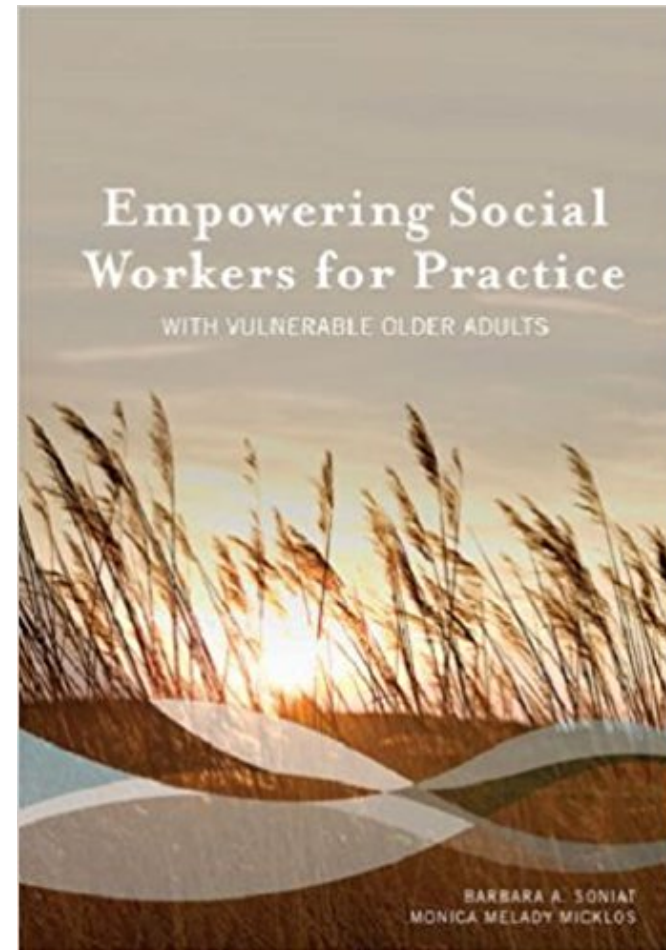
Based on DC Villages training supported by the DC Office on Aging

# Background of the project

- Iona and Georgetown Village partnered to apply for a grant to train Villages on supporting vulnerable members
- Funded by the DC Office on Aging
- Provided a half-day training and 4 monthly conference calls to discuss challenging situations
- 15 staff and volunteer leaders from 10 Villages attended training
- DC Office on Aging and senior service staff also participated
- Staff and volunteer leaders from 6 Villages participated in the monthly conference calls

# Credits

- Soniat, B. and Micklos, M. (2010). *Empowering Social Workers for Practice with Vulnerable Older Adults*. Washington, D.C.: NASW Press.



# The origins of the Capacity-Risk Model

- Helps identify areas of vulnerability (risks)
- Helps identify areas of strengths (capacity)
- Helps with decision-making especially when a Member is unwilling to accept help or help is not available.
- Relationship is at the heart of the model.

# Definition: Vulnerable Older Adults

At risk for harm or neglect due to:

- Impaired capacity for independent decision making
- Impaired capacity for self care
- Inadequate support from family or an informal support network

# Physical Vulnerability

- Chronic and acute illness
- Multiple illnesses
- Sarcopenia
- Fall risk

# Cognitive Vulnerability

- Normal cognitive changes
- Mild cognitive impairment
- Dementia
  - Alzheimer's
  - Cardiovascular

# Functional Vulnerability

- Illness (chronic or acute) → Difficulty with ADLs/IADLs → Functional Impairment



# Instrumental activities of daily living (IADL)

- Housework
- Food shopping and preparation
- Other shopping
- **Driving and using public transportation**
- Managing medications
- **Managing finances**
- Talking on the telephone

# Activities of daily living (ADL)

- Eating
- Dressing
- Bathing
- Walking
- Toileting
- Transferring to/from chair, wheelchair, bed
- Climbing stairs

# Psychological vulnerability

- Depression
- Anxiety
- Chronic mental health challenges
- Trauma
- Hoarding

# Financial Vulnerability

- Inadequate financial resources
  - To cover expenses
  - To pay for care
- Difficulty managing \$
  - Eviction
  - Unpaid property taxes
  - Unpaid utility bills
- Financial exploitation

# Social vulnerability

- No healthcare/financial decision-maker
- No healthcare advocate
- No one to provide hands-on help

# Key points about vulnerability

- We are all vulnerable to some extent
- We all have strengths
  - Relationships with others
  - Talents , interests and achievements
  - Coping mechanisms
  - Cultural values, customs, and traditions
  - Participation in community and creative activities
  - Willingness to ask for and receive help

## Vulnerability points

- Vulnerability is a *person-in-environment* challenge?
- How well does the physical and social environment meet the physical, emotional, and social needs of the older adult?
- Villages are an effort to change the social environment.

# Aging in place

Elements of successful aging in place:

- Accessible home
- Transportation
- Social support
  - Decision-makers
  - Advocates
  - Practical help
  - Companionship & meaningful activities



# Village Dilemma

Members want to stay independent

Members see the Village as their whole “age in place”  
plan

Villages provide referrals and volunteers support

Most Villages do not provide social work or case  
management services

# Initial/Intake Member Meeting

- Allows you to conduct an informal assessment of member and abilities
- Provides member the opening to state anticipated needs and rationale for joining Village
- Gives you the opportunity to define Village role and limitations
- Serves as the initial step to forming trusting relationship

# Services Villages Can Provide:

- Transportation (most Villages provide transportation to those who can safely transfer independently)
- Medical Note Taking
- Companionship in home or medical setting on a regular basis
- Grocery Shopping
- Prepared Meals
- Household repairs and maintenance assistance

# Services Villages Can Provide

- Bill-paying organization and assistance
- Paperwork management assistance
- Volunteer to serve as liaison to family members if member is hospitalized
- Some service navigation
- Assistance in identifying available resources for members

# Villages

Essentially Provide the  
First Level of  
Assistance as Seniors begin to  
Lose Individual Capabilities



# Needs Beyond Most Villages

- Personal Care-bathing, dressing, etc.
- Transferring people who can't independently move into cars for transportation
- Bill Paying or Financial Management
- Health Care Decision Making
- Medicine Organization or Distribution
- Health Assessments (physical or mental)

# Needs Beyond Most Villages

- Intense case management (with some notable Village exceptions) or services navigation
- 24 Hour Availability or Care
- Long-Term Meal Delivery
- Medical Care or Treatment

Important to be honest about Village limitations, and recognize where our role ends and when we can no longer assist a member for the sake of the member.

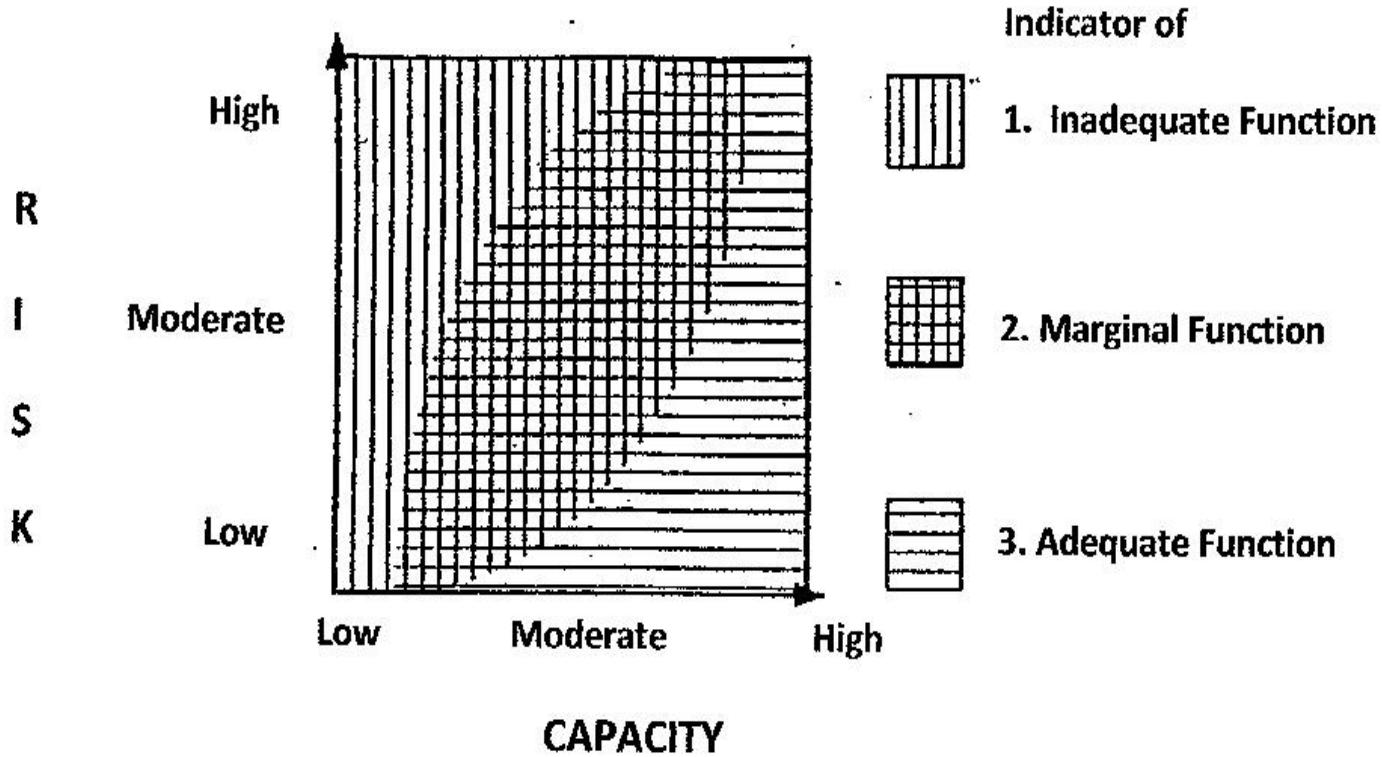


# Capacity-Risk Model ©

- Intended to guide social work practice
- We have adapted for Villages to help staff and volunteer leaders:
  - Better understand the needs of their Members
  - Clarify the boundaries around how they respond to vulnerable members
    - Contacting family
    - Referring to social services

# The Capacity-Risk Model©

Capacity-Risk Model for Assessment ©



# Concept of Functional Capacity

Functional Capacity involves evaluation of an individual's abilities and disabilities in the context of his or her physical, psychological, interpersonal, and social environment.  
(Schogt & Sadavoy, 1987)

This includes both decisional capacity as well as an assessment of the person's everyday skills and abilities that enable him or her to live independently within his or her home and community.

# Focus on Effect

The Capacity-Risk Model© focuses on the effect / impact on function rather than the diagnoses or symptoms themselves.

Instead of focusing on a diagnoses of Alzheimer's the model considers how the memory loss affects the older adults ability to carry out activities (effect).

# Capacity:

- A multidimensional concept.
- Not either/or.
- Varies along a continuum.
- Can be high, moderate or low.
- Individual can experience limited or temporary incapacity.

## Decisional Capacity:

An individual has decisional capacity when he or she is able to receive and understand relevant information and to formulate a decision based on that understanding.

The concept of informed consent is based on decisional capacity.

# Capacity: Multidimensional Perspectives

- Physical Capacity
- Psychological Capacity
- Social Capacity

# Considering Social Supports

Strengths in areas of social support can compensate for deficits and weaknesses in other areas of functioning.

For example, the presence of a strong caregiving system can compensate for deficits in the older adult's physical or psychological capacity.



# CAPACITY

HIGH



LOW

## INDICATORS:

- Physical Capacity
- Psychological Capacity
- Social Capacity

# Questions on Risk

What is risk?

How is risk determined?

Is there such a thing as an acceptable or safe risk?

How is risk measured – are there varying levels or degrees?

How does risk relate to capacity? How do they differ?

# Questions on Risk

- What are the risk factors in a particular situation?
- For how long have the risk factors been present in the situation?
- What is different about the situation now, compared to the recent past?
- How significant are the potential consequences for the adult or for others? What is the likelihood that the consequences will occur, if the adult continues to refuse to accept help?
- Is there such thing as an acceptable risk?

# Types of Risks: Multidimensional Perspectives

- Physical Risks
- Psychological Risks
- Social Risks

# Evaluating Risk by Potential Effect

The Capacity-Risk Model© conceptualizes risk from a functional perspective that considers the negative outcomes associated with risks, rather than just the presence of risk factors or risk behaviors.

# Degree of Risk

Degree of risk is determined by the amount of anticipated harm (severity of risk) and the certainty that negative consequences will occur (probability of risk).

Severity or impact differs from person to person

Consider the degree of risk for each type of risk (physical, psychological or social)

# Degree of Risk

Degree of risk can range from high (serious harm, with almost certain probability that the negative event will occur) to moderate or low risk (minimal potential harm with a small probability that the negative event will occur).

# RISK

HIGH



LOW

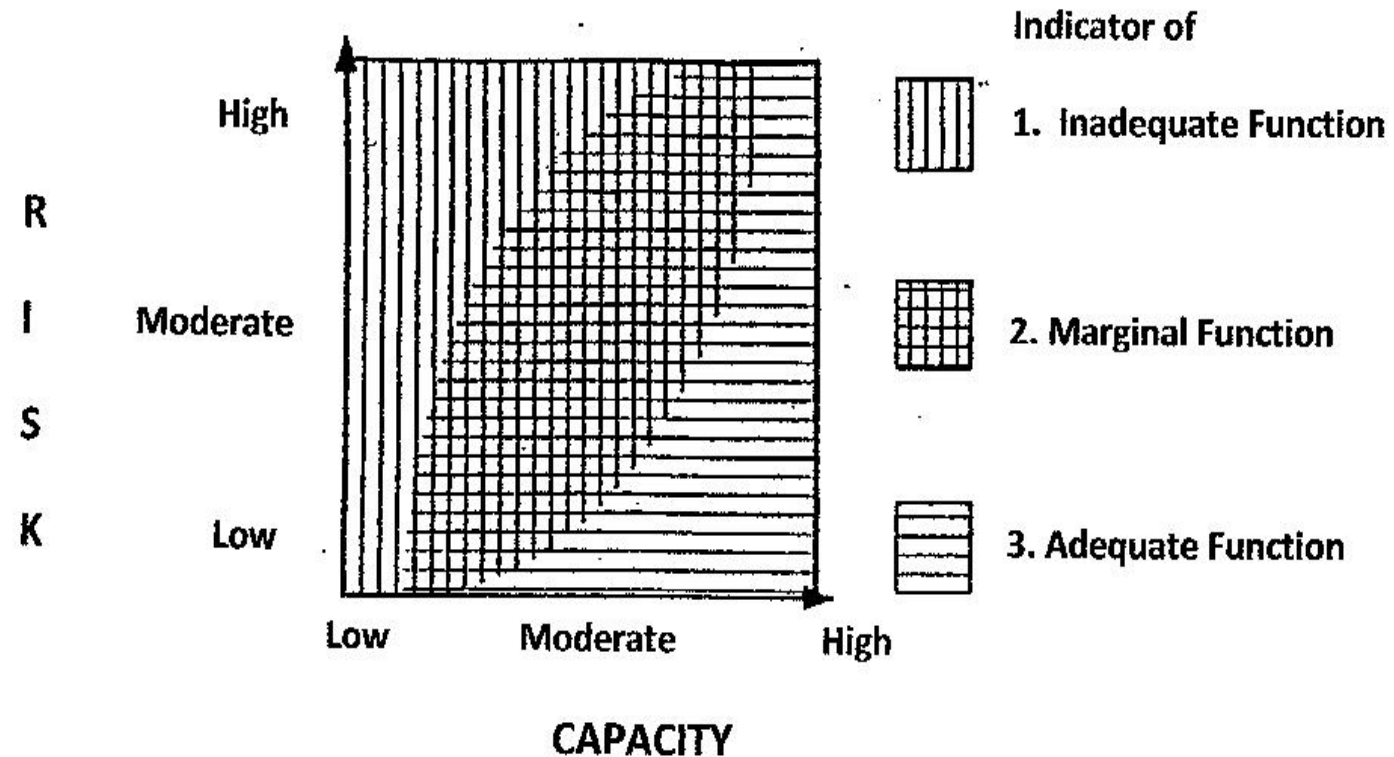
## INDICATORS:

- Physical Risk
- Psychological Risk
- Social Risk



# Use of the Capacity-Risk Model© for Assessment

Capacity-Risk Model for Assessment ©



# How the model works

The capacity-risk model provides guidance regarding what level of intervention, if any, is warranted.

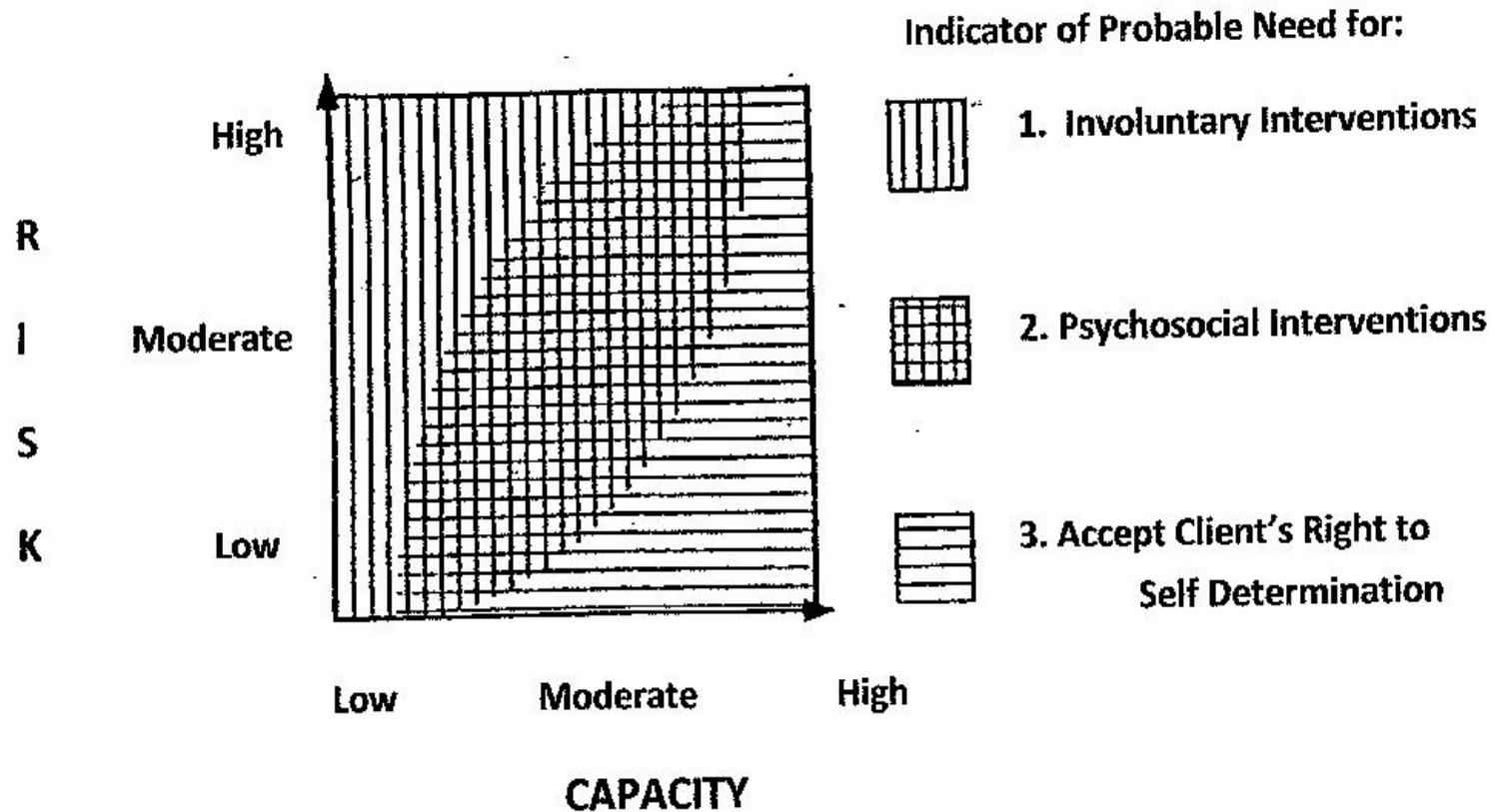
- Considers if the older adult has the functional capacity to adequately manage their level of risk
- Utilizes a dynamic approach considering how Capacity and Risk interact

# Intervention Questions

- When to respect an adult's rights to refuse services.
- When to pursue involuntary interventions (including nursing home placement).
- Is there another alternative?

# Capacity-Risk Model© for Intervention Decisions

Capacity-Risk Model for Intervention ©



# Intervention Principle 1

- When capacity is high, individuals have a right to self determination, regardless of the levels of risk involved.
- The Village should respect the Member's choices but may need to set boundaries around volunteer services.

# Intervention Principle 2

- When capacity is moderate and risk is moderate, continue efforts to establish a relationship with the older adult and their support system.
- Offer options geared towards increasing capacity and reducing risks.

# Intervention Principle 3

- When capacity is low, and risk is high, Villages have a responsibility to provide protective interventions.
- These interventions may be involuntary, such as APS referral, guardianship, commitment, et.
- Attempt least restrictive alternatives that are most consistent with client's values and preferences first.
- Consider interventions geared towards increasing capacity and reducing risks.

# Lessons learned from project

*We are less intimidated by accepting members with special challenges, and feel like we have a support network and other resources when we do need assistance.*

Village ED

- Increased understanding of vulnerability helpful to Village operations
- Villages are incorporating concepts of vulnerability in their volunteer trainings
- Helped Villages recognize that new member procedures must involve planning for vulnerability



# Lessons learned from project

*We are more aware of the special considerations of vulnerability and the approaches to providing assistance. We include the Capacity Risk model when discussing individual situations.*

- Support needed in applying the model & handling complex situations involving vulnerable members
- Village social workers participated in the calls – situations can be challenging for professionals as well as volunteers

# Presenters contact information

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