CASE REPORT

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Assessing Civil Competence in the Elderly

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ABSTRACT: This study was designed to establish reliability of the Community Competence Scale—Revised (CCS-R) and provide evidence for its validity in making discriminations relevant to civil competence in the elderly. The CCS-R is an individually administered structured interview of 17 subscales. Criterion groups were formed by drawing a sample of research participants from a retirement complex with various levels of care and with nurses having extensive knowledge of the residents' level of functioning. The study demonstrated high reliability and found converging evidence for the effectiveness of the CCS-R in making discriminations about competence in the elderly. The study has added to the growing evidence that it is possible to standardize the assessment of civil competence, thereby making the adjudication process a more accurate one.

KEYWORDS: psychiatry, civil competence, elderly

This study investigated the use of the Community Competence Scale (Loeb [*1*]) for determining court-ordered civil competence in the elderly. The Community Competence Scale[3] (CCS) is considered the most promising scale for improving how competence is assessed, particularly in the elderly (Scogin and Perry [*2*]). Loeb [*3*] had experts such as judges, lawyers, physicians, psychiatrists, nurses, psychologists, and social workers generate and rank specific functional abilities important to competence to care for self and property. The CCS has 19 subscales and a total of 166 items. Items include simple sensorimotor tasks, information questions, and comprehension questions. Loeb [*1*] demonstrated that the scale, as a whole, had high internal consistency, interrater reliability, and discriminative validity for three groups of elderly living in different environments. Searight et al. [*4*] demonstrated high test-retest reliability and internal consistency for the total score and discriminability between deinstitutionalized psychiatric patients in a highly structured boarding home and those in a minimally supervised apartment. Caul [*5*] used the scale to predict successfully community adjustment of day treatment patients.

Schwartz and Barone [*6*] identified revisions in the scale needed to make it more relevant for court-ordered evaluations of competence. In their first study the CCS was

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[3]The Community Competence Scale is currently copyrighted by The Psychological Corp.

administered to inpatients of a Florida mental hospital for whom the court had ordered evaluations. The study demonstrated that the CCS could be used successfully for evaluating civil competency; however, revisions in scoring were made and certain questions were eliminated. The second study examined content validity. Loeb [3] had composed the CCS in accordance with expert opinion on categories necessary to determine competence among the elderly, but experts were never recontacted to review the items. In this study, 60 forensic mental health experts, primarily psychiatrists, rated the relevance of CCS scales for assessing civil competence. Based on the results, 5 of the original 19 scales were dropped (Mobility, Sensation, Motivation, Manage Household, and Utilize Transportation) and 3 scales were added (Contractual Ability, Disordered Thinking, and Impulse Control).

The current study was designed to establish reliability of the Community Competence Scale—Revised (CCS-R) and provide evidence for its validity in making discriminations relevant to civil competence. Because the majority of alleged incompetents who are assessed by the court are elderly, the study used a sample of senior citizens. To evaluate discriminative validity, it was necessary to include participants whose level of competency was known by unbiased observers. This was accomplished by drawing the sample from a retirement complex with various levels of care and with nurses having extensive knowledge of the residents' level of functioning. Criterion groups were formed by having nurses rate residents on categories identified by experts as critical in evaluating competence (Schwartz and Barone [6]). It was predicted that the CCS-R would successfully discriminate between levels of functioning.

Method

Research Participants

Participants were recruited from residents of a private retirement complex in South Florida. The facility includes a maximum nursing-care unit, an independent unit of apartments, and an intermediate unit of apartments with regular nursing care.

Procedure

To form the criterion groups, the nursing staff was asked to respond to a rating instrument which listed 22 areas of functioning. The director of nursing selected nurses most familiar with the residents, 2 each for the nursing and intermediate units (whose ratings were averaged), and one for the independent apartments. Being rated "adequate" in all 11 areas designated as most relevant to legal competence by the forensic science experts was the criterion for competence. Being rated "inadequate" or only "partially adequate" in a majority of areas was the criterion for incompetence. Those not meeting either criterion were placed in the borderline group. There were 15 residents in the incompetent group, 14 from the nursing unit and 1 from the intermediate unit. There were 21 residents in the competent group; 20 were independent apartment dwellers and one was from the intermediate unit. The borderline group included the remaining 20 residents; 11 were from the nursing unit and 9 from the intermediate unit. The average age was 81 years.

The CCS-R was administered to all participants. It is a structured interview of 17 subscales with 4 to 16 questions per subscale for a total of 136 questions. The subscales are listed in Table 1 in order of administration. Within each subscale there are Information and Sensorimotor questions scored as 1 or 0 and Comprehension questions scored as 2, 1, or 0. Three female research assistants, who had been trained by the first author, were the test administrators. The scale was individually administered, and breaks were granted

TABLE 1—*Selected statistics for the 17 scales of the Community Competence Scale—Revised.*

Scale	Coefficient Alpha	Factor Loading	Discriminant Function Coefficient
Residential judgments	0.72	0.90	0.20
Emergencies	0.87	0.92	−0.00
Acquisition of money	0.45	0.82	−0.44
Compensation for incapacities	0.58	0.89	−1.17
Money management	0.89	0.93	0.67
Communication	0.92	0.92	0.14
Health and medical care	0.76	0.93	0.45
Memory	0.77	0.84	0.67
Living arrangements	0.72	0.88	0.09
Proper diet	0.66	0.89	0.12
Personal hygiene and grooming	0.86	0.94	0.50
Arithmetic	0.93	0.80	0.68
Social adjustments	0.78	0.86	−0.09
Dangerousness	0.89	0.89	0.47
Disordered thinking	0.88	0.59	0.11
Contractual ability	0.81	0.89	−0.78
Impulse control	0.72	0.56	0.27

if requested or if the participant appeared fatigued. Administration times ranged from 60 to 90 min. In addition to writing the participants' responses on a protocol, the examiner audiotaped the sessions. To determine interscorer agreement, the first author scored the protocols independently based on the written answers and the tape recordings.

Results

Two types of reliability were calculated for the scale: interscorer agreement and internal consistency. Agreement ranged from 64 to 100% and was over 90% on 73 of the 136 items. Coefficient alpha was 0.70 or higher for 14 of the scales, as shown in Table 1. Pearson product-moment correlations between scales ranged from 0.42 to 0.89; 94 out of 136 correlations had values of 0.70 or greater. Disordered Thinking and Impulse Control consistently correlate the least with other scales. A principal-components factor analysis extracted a single factor accounting for 73% of the variance. Table 1 shows that all scales except Disordered Thinking and Impulse Control have factor loadings of at least 0.80.

A multivariate analysis found significant differences among the three criterion groups on the set of 17 scales ($F = 4.09$; df 34,70; $p < 0.01$). Univariate tests on each scale also found significant differences ($p < 0.01$) and all means were ordered, as expected, from competent to borderline to incompetent. Post hoc comparisons using Tukey's HSD statistic revealed that competent-incompetent differences were significant ($p < 0.001$) on all 17 scales. Differences were not significant between competent and borderline on Disordered Thinking and Impulse Control and between incompetent and borderline on Acquisition of Money, Arithmetic, Contractual Ability, and Impulse Control.

A discriminant analysis was performed to determine the contribution of the various scales to this difference. The canonical correlation of 0.97 indicated 94% of the variance was shared between group membership and the discriminant function; the three groups were classified with 100% accuracy. As shown in Table 1, scales maximally discriminating among the groups were Compensation for Incapacities (one of the least reliable scales), Contractual Ability, Arithmetic, Memory, and Money Management.

Discussion

The present study provided data supporting the relevance of the Community Competence Scale—Revised (CCS-R) as an instrument for assessing civil incompetence in the elderly. It demonstrated that a 60- to 90-min administration of the revised scale accurately discriminated among criterion groups whose varying competence had been demonstrated by living arrangement and impartial caretakers' evaluation.

Note that age was not a major factor in differentiating the three groups; no significant age differences were found between the competent and incompetent groups. These findings serve to strengthen the importance of assessment; one cannot assume that increasing age necessarily leads to impaired functioning. Overall, these results strongly support the discriminative validity of the scale.

The findings of redundancy in the scale argue for the development of an abbreviated version of the CCS. The three scales (Disordered Thinking, Impulse Control, and Contractual Ability) added at the urging of forensic mental health experts did not increase discriminability and have questionable validity since they are based on self-report. Thus, they need not be added to the CCS. The likelihood of adoption for court use is greatly increased by using as brief an instrument as needed for accurate assessment. Further research is needed to determine how to shorten the scale and include only items that can be reliably scored while maintaining the scale's validity and reliability.

The current study has added to the growing evidence that it is possible to standardize the assessment of civil competence, thereby making the adjudication process a more accurate one. To substantiate the scale's effectiveness as an instrument to screen alleged incompetence, it needs to be administered to other representative samples of individuals who are known to enter the court system, such as mentally ill and mentally retarded adults.

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Erratum

In the article, "The Trial of Louis Riel: a Study in Canadian Psychiatry" (Vol. 37, No. 3, May 1992, p. 852), I erred in stating that Valentine Shortis was found not guilty of homicide, a verdict supported by the cabinet. In actuality, the insanity defense failed and Shortis was sentenced to death. The cabinet was evenly split over a recommendation for clemency. The Governor General, Lord Aberdeen, then commuted Shortis to "imprisonment for life as a *criminal lunatic* (italics mine), or otherwise as may be found fitting." This action exacerbated the discontent of French-Canadians over the Riel case. This decision in the Shortis case may have been a factor in the election of a Liberal, Wilfrid Laurier, who became the first French-Canadian prime minister of Canada in 1986.

Shortis remained incarcerated for 42 years; in the earlier years, he was frequently described as mentally ill. In his later years, he apparently functioned quite well and was released at age 62 in 1937; in 1941 he died suddenly of a heart attack.

Both the Jackson and Shortis cases reflect the fact that Canadian authorities were not adverse to considering the impact of mental illness in deciding the disposition of offenders, a step that was rejected in the Riel case.

I wish to thank Abraham L. Halpern, M.D., for bringing this error to my attention.

Irwin N. Perr, MD, JD

Erratum

The articles that appeared in the May issue of the journal under the Psychiatry and Behavioral Science Section Awards were erroneously labeled Case Reports on the title page.