

# **Speech and Language Therapists and Mental Capacity**

A training resource  
for adult services

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This PDF contains material from the book  
presented at A4 size for increased legibility and  
ease of use

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**Table 8.1** Questions to support you when planning your evaluation.

<b>Evaluation planning considerations: Resource, skills and time</b>	<b>Trainer notes</b>
What skills, time and resources do I have available to complete this evaluation?	
Estimate the time taken to gather evaluation information, analyze it and collate it into a report or presentation. How can I fit this into the allocated training time and my working week?	
How can I access my trainees after the training session and maximize the possibility of their engagement in my evaluation?	
Is there anybody who can assist me in carrying out my evaluations?	
How do I want my evaluation to be collated, analyzed and presented (detailed report, PowerPoint presentation, verbal presentation, list of four key discussion points). What time and resources will I need to complete this?	

**Table 8.2** Example score card for 30-minute in-service on the MCA.

<b>Contribution</b>	<b>Stakeholder</b>	<b>Inducement</b>
Time, attention, energy, knowledge, participation	Participant	Useful information and knowledge, tools, improved skills, improved status in work environment, professional development
Time, energy, skills, knowledge	Trainer	Recognition, personal satisfaction in accomplishment, new insight and knowledge, professional development
Resource commitments, support, leadership	SLT Manager	Improved job performance by employees, influence

**Table 8.3** The advantages and disadvantages to different evaluation tools and how these might align with certain learning objectives.

Evaluation tool	Advantages	Disadvantages	Example learning objectives
<p>Questionnaire (see examples in Table 8.4)</p>	<p>Quick to administer. If administered while trainees are in the room you are likely to get information from <b>everyone</b>. And has the advantage of maintaining a sense of anonymity; thus, trainees may provide a more honest response. You can make it easy to analyze by giving multiple choice options or rating scales or by using free software such as SurveyMonkey (SurveyMonkey.co.uk) which can collate responses and perform some basic analysis. Provides useful 'in the moment' information on the value of the training from the trainees' perspective and on the process of the training, e.g., room, content, trainer's style, etc.</p>	<p>Does not directly measure transfer of knowledge or skill to the workplace but, if administered sometime after the training, can be used to get stakeholder perspectives on whether knowledge or skills have been successfully transferred. Typically, this method does not provide space for in-depth information. This can be a disadvantage if you are wanting to explore why something worked or didn't work and the reasoning behind people's answers.</p>	<p>For trainees to understand the basic principles of the MCA. For trainees to understand the two-part assessment of mental capacity. For trainees to feel more confident in working with people on issues around decision making and mental capacity. For trainees to perceive the training to be valuable and enjoyable.</p>
<p>Rating scales (see example Table 8.4 &amp; 8.9)</p>	<p>Can be used within questionnaires or interviews and is an easy and useful way to gain stakeholder opinions on whether their expectations have been met by the training and on their satisfaction, etc.  The information provided is easy to analyze and report and can highlight key areas for change without too much work.</p>	<p>As with any quick and easy method it lacks depth and you are therefore unable to satisfactorily answer 'why' you got the results you did.</p>	<p>For trainees to feel more confident in working with people on issues around decision making and mental capacity For trainees to perceive the training as valuable and/or enjoyable For trainees to perceive the team as having a common understanding of issues around decision making and mental capacity.</p>

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<b>Evaluation tool</b>	<b>Advantages</b>	<b>Disadvantages</b>	<b>Example learning objectives</b>
Interviews	<p>Interviewing the trainee about their experience of capacity assessments can get to the heart of where you want to see change.</p> <p>Enables your interviewee to provide more detail and thought-through responses. This can be particularly illuminating when you want to explore issues, perspectives and responses at a deeper level than that provided by a questionnaire.</p> <p>You can be flexible about where the interview takes place and when. If you choose to interview, consider asking the trainee for permission to record the interview as this will assist you when analyzing and creating your evaluation report.</p> <p>Interviews can be a useful way to explore whether trainees have used their new knowledge/skills and if not, why not.</p>	<p>Time-consuming both in administration and in analysis. In reality, you are unlikely to be able to interview all trainees so you may lose out on breadth of opinion that you will gain on depth of information.</p> <p>Perceptions and opinion are very important but they may not be what most interests your audience. Consider what it is that your stakeholders are interested in and whether this is the best way to get information on what matters to them.</p> <p>Knowing how best to analyze and use qualitative data is a skill and you may require some guidance to make the most of your interview data. Thematic analysis can be effectively used to identify themes arising from the data (Braun &amp; Clarke, 2006) but may require time and expertise to ensure it is rigorously applied.</p> <p>People may say what they think you want to hear, rather than what they really think if you are interviewing them personally.</p> <p>Can intimidate trainees and impact upon their attitude towards the training.</p> <p>Knowledge is rarely the end goal of training; how we use the knowledge is often more important.</p> <p>In today's work environments, we often have easy access to information on the intranet, in policies, and on the web, therefore a knowledge-based test should only form part of any training evaluation.</p>	<p>For trainees to demonstrate an understanding of the impact of communication difficulties on mental capacity assessments.</p> <p>For trainees to carry out mental capacity assessments in accordance with the law and guidance provided by the MCA Code of Practice (2007).</p> <p>For trainees to know when to refer to SLTs when considering issues of decision making and mental capacity for a particular individual.</p> <p>For trainees to follow protocols and procedures in assessing communication and supporting service users with communication needs during a mental capacity assessment.</p> <p>For trainees to feel confident in dealing with issues around decision-making and mental capacity.</p> <p>For trainees to understand and feel confident about what to do if there is conflict within the team about an individual's capacity to make a particular decision</p>
Knowledge based test (see examples in Table 8.5 & 8.6)	<p>Enables you to assess if any new learning has taken place and is an easy way to establish a baseline and knowledge-based learning objectives.</p> <p>Easy to administer and to analyze, particularly if you are using multiple choice answers</p>		<p>For trainees to demonstrate an understanding of the basic principles of the MCA.</p> <p>For trainees to demonstrate an understanding of the two-part assessment of mental capacity.</p> <p>For trainees to understand best-interest decision-making process.</p> <p>For trainees to understand and feel confident about what to do if there is conflict within the team about an individual's capacity to make a particular decision</p>

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<b>Evaluation tool</b>	<b>Advantages</b>	<b>Disadvantages</b>	<b>Example learning objectives</b>
Case studies	<p>A useful way to look at how trainees might transfer their new knowledge and skill without having to observe them 'on the job'.</p> <p>You can create specific case studies to ensure particular learning objectives are included (see Chapter 2 for examples).</p> <p>You can use case studies with appropriate question or problems to solve as pre- and post-tests to look at changes in problem solving and practice.</p>	<p>A response to a case study may not reflect what a person will do 'in real life'.</p> <p>You will need to consider carefully how you will analyze the responses and ensure that your case studies are likely to elicit the evidence of learning that you are looking for.</p>	<p>For trainees to be able to conduct an assessment of decision-making capacity selecting appropriate communication support tools</p> <p>For trainees to understand the different roles an SLT may take when working with an individual who requires a mental capacity assessment.</p> <p>For trainees to feel more confident about carrying out mental capacity assessments.</p> <p>For trainees to engage in mental capacity assessments appropriately.</p>
<p>Observations (during training session simulations or i 'real life') (see Table 8.10 for example observation checklist)</p>	<p>The most direct way of assessing whether skills have been transferred into practice and the workplace.</p>	<p>Observing trainees may make them feel uncomfortable and cause a change in behaviour and dynamic between the trainee and trainer.</p> <p>You will need to get permission from all involved in the situation including the service user.</p> <p>You will need to create a careful observation checklist to ensure you can assess for learning and consider carrying out observations at the pre-training or at the beginning of the session and post-training or at the end of the session.</p> <p>This is a time-intensive exercise for the assessor, yet is more likely to result in carry over to practice than training alone.</p> <p>More subjective, and may be influenced by your presence; a trainee may perform differently when observed, additionally you may be more positively or negatively inclined to different people based on extraneous issues such as personality, etc.</p>	<p>For trainees to be able to conduct an assessment of decision-making capacity using communication support tools appropriately.</p> <p>For trainees to involve an SLT when appropriate in issues around decision making and mental capacity for a particular individual.</p>

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Evaluation tool	Advantages	Disadvantages	Example learning objectives
Case note audit (see Table 8.11 for example)	Enables analysis of practice without relying on cooperation of trainees once the training session has been completed.	The reliability of your findings is based upon the note writing practice of your organization and the trainees themselves. For example, a trainee may have increased their use of communication support tools but fail to record when they have used pen and paper or pictures in a particular capacity assessment. Dependent on access to notes this may be a relatively laborious task and you need to think carefully about how you will capture and present your findings.	For trainees to follow local capacity assessment protocols. For trainees to document capacity assessment rationale and findings using agreed proforma/structure. Trainees to increase their use of supportive communication tools during capacity assessments and to document what they have used. Trainees to understand the value of a communication assessment prior to a capacity assessment where possible.
Activity measures (referral rates for capacity assessments, time spent on capacity assessments)	If this data is already collected by your team it may be a relatively easy way to look at the impact of your training on a measure that is meaningful to some stakeholders.	Beware any negative findings on these measures. There may be many reasons why referral rates have not increased despite an increase in trainee understanding of the SLT role. This could range from something as simple as understanding the referral process, to time pressure and politics. Using multiple evaluation methods is essential to ensure the wrong conclusions are not drawn and to elicit useful information.	Trainees to understand the role of speech therapists in decision-making capacity assessments and how to refer. Trainees to understand the key components of speech therapy intervention with regards to mental capacity.
Trainee self-report (in focus group, written reflection) (see examples in Tables 8.7 & 8.8)	Likely to provide depth of information. Active involvement of trainees in the evaluation process may encourage trainees to 'own' the learning and transfer knowledge and skills into the workplace. This method will not intimidate trainees in the way that observations might.	Time-consuming and relies on access to trainees and their willingness to provide time after the event. This may be subjective; people may not be entirely honest about their perceptions or what they are doing, or they may not have insight to how well they are doing things.	Increased participant confidence and (appropriate) involvement in capacity assessments. Improved understanding of the MCA and Code of Practice.

**Participant-focused questions**

How relevant is the Mental Capacity Act (2005) to your day-to-day work?

Not at all relevant  Somewhat relevant  Highly relevant

In the area of mental capacity how motivated are you to change the way you work?

Not at all motivated  Somewhat motivated  Highly motivated

Please explain your answer:

Did you choose to attend this training? **Yes / no**

If no, please explain:

How confident do you feel about assessing decision-making capacity and following the Mental Capacity Act 2005 Code of Practice (2007)?

1            2            3            4            5

**Not at all confident**                      **Very confident**

How confident do you feel in supporting people with communication difficulties during a capacity assessment?

1            2            3            4            5

**Not at all confident**                      **Very confident**

How confident do you feel in supporting people around advance planning?

1            2            3            4            5

**Not at all confident**                      **Very confident**

Do you feel comfortable supporting people who make unwise decisions? **Yes / no**



I know when to ask an SLT for support in assessing decision-making capacity.

**Strongly disagree**  **Disagree**  **Unsure**  **Agree**  **Strongly agree**

I think capacity assessments should be carried out by medical professionals only.

**I agree**  **Disagree**  **Don't know**

It should be possible to complete most capacity assessments in 10 minutes.

**I agree**  **Disagree**  **Don't know**

Capacity assessments do more harm than good.

**I agree**  **Disagree**  **Don't know**

Please explain your answer.

How would you rate the likelihood of conflict within your team about mental capacity assessments?  
Please circle the statement that most closely represents your view.

**Never any conflict**  **Conflict is rare**  **Conflict occurs sometimes**

**Often there is conflict**

**Knowledge-based questions for MDT or SLT trainees**

**1. A person with aphasia following a stroke has been assessed as not having capacity to make a decision about where they are going to live on discharge from hospital. This means (tick one response)**

- (a) They do not have capacity to make any decisions about health or social care
- (b) They do not have capacity to make this particular decision at this particular time

**2. The Mental Capacity Act (2005) is designed to... (pick one answer)**

- (a) Stop people making unwise decisions
- (b) Assist and support people who might lack capacity and protect them from being overly restricted or controlled by other people

**3. What areas does the Mental Capacity Act (2005) NOT cover (tick as many as you think are appropriate)**

- (a) Family relationships including marriage
- (b) Voting rights
- (c) Assisted suicide
- (d) Personal appearance
- (e) Leisure activities
- (f) Healthcare decisions
- (g) Financial decisions

**3. Circle the five key principles of the Mental Capacity Act (2005) from the following list**

- (a) A person must have a relative or representative present for a capacity assessment
- (b) A person who refuses to engage in a capacity assessment must be deemed not to have capacity to make a particular decision
- (c) A person must be assumed to have capacity unless it is established that he lacks capacity
- (d) A person must have a capacity assessment if they make an unwise decision
- (e) A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success
- (f) A person is not to be treated as unable to make a decision merely because he makes an unwise decision

- (g) A decision made on behalf of a person who lacks capacity must be made in the presence of a family member or advocate for the person
- (h) An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
- (i) Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.
- (j) A person is not to be treated as unable to make a decision unless it is established he lacks capacity on three separate occasions

**4. How long does a person need to retain information relevant to the decision to be deemed to have capacity to make the decision in England/Scotland/Ni?**

- (a) Over 24 hours
- (b) Long enough to use it to make an effective decision
- (c) Long enough to be able to act in accordance with the decision

**5. An individual who lacks capacity should still be involved in the decision-making process**

true  false

**6. Who can assess capacity (tick the correct answer)**

- (a) Only a psychiatrist or medical professional
- (b) Any person depending on the nature of the decision

**Table 8.6**

**Knowledge-based questions specifically for speech therapists**

1. Your client’s girlfriend tells you that before he had his head injury he had been very clear that he wanted to marry her and she would like to arrange this. Your client has no intelligible words and has an inconsistent yes/no response to complex questions. What do you do? (tick the most appropriate response/open written response)

- (a) Assess the client’s capacity to make a decision about marriage to his girlfriend. If he demonstrates that he does not have capacity to make this decision initiate a best interest process
- (b) Assess the client’s capacity to make a decision about marriage to his girlfriend. If he demonstrates that he does not have capacity to make this decision, explain to his girlfriend that the decision cannot be made for your client and therefore at present he would not be able to get married.
- (c) Explain to your client’s girlfriend that he does not have capacity to make the decision to get married based on what you know of his communication skills
- (d) Refer to the Court of Protection

2. ‘A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.’ This is one of the core principles of the Mental Capacity Act (2005). What practical steps might you take to help a man with a learning disability, who is unable to read and write, to make a decision about surgery to remove his diabetic foot?





**Training-focused questions**

1. How satisfied were you with the training session?

Not at all satisfied  Slightly satisfied  Neutral  Moderately satisfied   
Very satisfied

Please explain your answer.

2. How satisfied were you with the content of the training session?

Not at all satisfied  Slightly satisfied  Neutral  Moderately satisfied   
Very satisfied

Please explain your answer.

3. Were the aims of the training session clear? Yes  No

4. Was the training applicable to your work? Yes  No

5. What were two good things about the training and one thing you would like to see done differently or added

(1)

(2)

(3)

6. How satisfied were you with the facilities, room and materials?

Not at all satisfied  Slightly satisfied  Neutral  Moderately satisfied   
Very satisfied

7. How satisfied were you with the delivery of the training?

Not at all satisfied  Slightly satisfied  Neutral  Moderately satisfied   
Very satisfied



**Table 8.10** Example observation checklist.

Observation	Yes	No	Comments
<p>Information given to the person about the decision is:</p> <ul style="list-style-type: none"> <li>• accessible</li> <li>• relevant</li> <li>• targeted to the specific needs of the individual</li> <li>• sufficient to allow the person to make an informed choice about the specific decision in question</li> <li>• supported by tools such as visual aids, communication aids and hearing aids as appropriate (1.1.5)</li> </ul>			
<p>The practitioner is using information about the individual's wishes, beliefs and preferences to support decision making (1.1.6)</p>			
<p>Information provided complies with NHS Accessible Information Standards (1.2.6)</p>			
<p>Decision options are presented in a balanced and non-leading way (1.2.6)</p>			
<p>If the person has communication difficulties, strategies are used to support the person's understanding and support their ability to express themselves (1.2.9)</p>			
<p>Reasonable steps have been taken to ensure the assessment does not cause a person distress or harm (1.4.11)</p>			<p style="text-align: right;">© 2019 J&amp;R Press Ltd</p>

**Table 8.11** Example audit form.

Audit item	Present in documentation	Missing in documentation	Comments
If the person has an impairment to their brain or mind			
Information given to the person			
Individuals involved in supporting the decision			
Steps taken to help the person make the decision			
Key considerations for the person in making the decision			
The decision reached			
Needs identified as a result of the decision			
Further actions arising from the decision			
If the person has capacity but makes an unwise decision			
If the person has capacity and gives valid consent			
Documented as a stand-alone assessment			