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Evaluation of Life Care Plans Developed by A Private Rehabilitation Consulting Agency for Victims of Abuse Utilizing the IALCP Standards of Practice as a Base

Zarahi Nunez, MPH, CDMS
Darlene M. Carruthers, MEd, CRC, CDMS, CCM, QRP, FIALCP

Abstract

This document was developed for the purpose of reporting the findings of an evaluation by a private rehabilitation consulting agency of the process for the development of life care plans (LCPs) designed for victims of abuse, and the perceptions of the attorneys who utilize them. The objective was that these findings could serve to identify areas for improvement for the agency. To successfully provide services, it is believed that life care planners should comply with the Standards of Practice for Life Care Planners created by the International Academy of Life Care Planners (IALCP, 2006). In the present study, a sample of 15 abuse cases was chosen, and their LCPs, client information reports, and client files were used for evidence that the guidelines for standards of practice as recommended by the IALCP were generally followed during the development of each life care plan in the sample. Brief interviews of three employees of the agency were conducted for evidence of compliance with the standards. In addition, the observations of several attorneys for whom these plans are generated were recorded for insight into their perceived effectiveness and usefulness in litigation proceedings. Results of the evaluation revealed that the agency is successful in their adherence to the standards developed by the IALCP and that the attorneys who retain the agency to development the plans found the plans to be very helpful to their cases. The few areas that could benefit from modifications called for an improvement in methods of documentation to improve accountability, or to support decisions for inclusion or exclusion of items or services in the life care plans.

Introduction

The prevalence of child abuse in this country is quite remarkable. In 2008, 3.3 million reports of children being abused or neglected were made in the U.S. (Centers for Disease Control and Prevention [CDC], 2010). Of this, 16 percent were cases of physical abuse, 9 percent were victims of sexual abuse, and 7 percent experienced emotional abuse (CDC, 2010). The ramifications of childhood sexual, physical or emotional abuse may be immediately visible or may not be evident until years after damage has been done. The effects of abuse can be physical or psychological and their manifestations vary widely among different age groups and between genders. Psychological symptoms of sexual abuse can include depression, anxiety, low self-esteem, post-traumatic stress disorder [PTSD] (the most

commonly experienced effect of sexual abuse), suicide attempts, sexual dysfunction, or repeated self-injury (American College of Obstetricians and Gynecologists [ACOG], 2000; Dominguez, 2002). Children may exhibit symptoms of PTSD, poor peer relations, learning disorders, unreasonable fears, sexualized behavior, increased behavioral problems, or violent behavior (Dominguez, 2002; Hwang, 1998; Spatz; 2000). Many of those who were abused as young adults meet the Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised (DSM III-R) criteria for a psychiatric disorder at age 21 (Prevent Child Abuse New York, 2003). As adults, survivors of childhood sexual abuse can display physical symptoms such as chronic pelvic pain, gastrointestinal symptoms, obesity and/or eating disorders, sexual addictions, and chronic back pain (ACOG, 2000). Abuse (sexual or physical) during childhood increases the risk of violent behavior in adolescence and adulthood (American Academy of Child & Adolescent Psychiatry, 2001; Prevent Child Abuse New York, 2003). Regardless of when the symptoms appear, it is clear that survivors of abuse require special attention to treat or prevent problems of physical and mental health.

Because the above symptoms may not be easily attributable to traumas experienced in the past, attorneys are faced with a unique challenge when seeking help for victims of abuse they are representing and, many times, they will call upon the assistance of life care planners in handling their cases. Life care planners can have the knowledge and expertise to be able to assist attorneys in making recommendations for services that will help victims of abuse to try to avoid the worst possible outcomes such as unemployment or underemployment, criminal behavior, violent behavior, substance abuse, depression, or attempted suicides (Spatz, 2000).

Life care plans for victims of abuse emphasize mental health, educational, and vocational services such as psychologists, psychiatrists, counseling services, tutors, mentors, social skills training, and other related services. Life care planners can assist by developing plans to address the physical and/or psychological conditions that result from traumatic experiences. As is the case with all life care plans, their development for use in the legal setting requires life care planners to produce a report that is objective, helpful and valuable to attorneys. Life care plans must also not only be constructed in accordance with the IALCP Standards of Practice (IALCP, 2006), but must also be executed within the scope of authority awarded to the life care planner by his/her own professional certifications and/or licensures.

Ideally, a life care plan would consist of medical, therapeutic, educational, and other needs the client may require as a result of the injury sustained (Weed & Berens, 2010). Along with information from medical, therapy, or educational records, the subject agency in this study tried to interview the client and/or a family member to obtain information about the client's present status and needs, and to update or clarify information from the records reviewed. The agency would also contact any present treating physicians or health professionals that could provide more input about the client and could review and evaluate the life care plan after it had been developed with their input.

With this is mind, an evaluation was carried out to determine the extent to which the life care planners in a private agency were able to develop plans for abuse victims which abided by the IACLP standards while also proving to be valuable to the attorneys who requested them. The authors wished to identify whether the attorneys had any difficulties in trying cases which they attributed to the use of the agency's life care plans. The authors also sought to ensure that the life care planners developed their plans in accordance with the standards of practice (IALCP, 2006).

The results of the evaluation were hoped to provide the agency with suggestions and/or recommendations it could use to improve its practices. The agency also desired the results

because the findings of this evaluation could ultimately lead the agency to finding ways to better assist its clients.

Method

A non-experimental design was adopted to perform the evaluation. Initially, a logic model was created using the format provided by the University of Wisconsin-Extension (University of Wisconsin-Extension, 2002). This model was chosen because it provided a clear and concise method to organize ideas and concepts regarding the activities performed by an agency and the outcomes expected from carrying out these activities. Using this model, questions to be answered by the evaluation were identified, and from these questions the following objectives for the evaluation were developed:

1. To determine whether employees of the agency utilize life care planning standards when developing life care plans for abuse cases.

2. To identify aspects of the life care plans that may require future modifications or improvement.

3. To obtain attorneys' thoughts or concerns with using the life care plans for handling cases for abuse victims.

Questions to be answered by the evaluation included:

1. How are life care plans developed for this population?

2. What are the standards for developing a life care plan?

3. Are life care plans developed within the guidelines recommended by the IALCP?

4. How are these plans used by attorneys?

5. Do the attorneys find these life care plans useful for this population?

The International Academy of Life Care Planners Standards of Practice for Life Care Planners (2006) were reviewed to identify the guidelines they recommend a life care planner follow that could be measured during the course of this evaluation. The guidelines that were excluded were not used for several reasons: the guideline would have required evaluation over a very extended length of time; the guideline could not be measured using the resources that were accessible at the time of this evaluation, or the guideline was not directly related to the development of the life care plan, but to other areas of the life care planner's work.

First data collection activity: employee interviews. Nine open-ended questions were posed to the three employees in the agency who have developed life care plans for abuse victims (see Appendix A). The goal of this activity was to determine the employees' understanding of how they should develop life care plans and to observe whether they mentioned following the guidelines from the IALCP standards. The employees were asked to describe their processes for developing a life care plan step by step, including what barriers they encountered and how they addressed them, what aspects of their approach worked best, what aspects of their approaches did not work well, and what resources they felt would improve their work.

Second data collection activity: review of the LCPs, Client Information Reports (CIRs), and Client Files. The goal of this activity was to find evidence of the guidelines being followed. To do this, a checklist with specific items that could be found in LCP, CIR, or client's file was created that could be used to demonstrate whether or not the activities listed above had been accomplished (see Appendix B). All of these documents could be searched for some of the items, therefore determining if the standards set by the IALCP were exercised in the development of the life care plan.

The client information report contained all of the medical, therapeutic, educational, and vocational information about a client, as well as all other information relevant to the client's

status and needs due to his or her injury or disability. It contained everything the life care planner gathered from the client's records, from speaking to the client and/or a family member, and from speaking to any treating health professionals. A client's file could include correspondence to and/or from any professionals or attorneys that were contacted, pricing information specific to the client's treating health professionals, reports written by health professionals about the client, or other documents that pertained to the client.

Of the 93 abuse cases for which the agency had prepared life care plans, a sample of 15 cases were chosen that met the criteria for the study. Criteria for the selection of the 15 cases were as follows:

1. The clients chosen were abuse victims. To find relevant cases, a search was performed in the agency's Client database.

2. Plans that were 4 or more years old were excluded in order to evaluate more current work.

3. Fifteen (15) plans were hand picked at random. If 4 or more of the plans chosen had been developed for the same attorney, only 3 were kept as part of the sample and the additional plans were replaced by others chosen at random that met the criteria.

4. Following the selection criteria randomly resulted in plans chosen that represented clients of many different ages. Eight of the clients were aged under 18, and seven of the clients were aged 18 and over. The mean age was 17.6 years.

Third Data Collection Activity: Attorney Interviews. To find answers to evaluation questions 4 and 5 (i.e., to determine attorneys' perspectives of the life care plans), ten attorneys that retain the agency for work on abuse cases were contacted by mail to inform them of the evaluation proceedings and to ask for their participation. Of the ten contacted, six were available to participate (60% participation rate). The attorneys were asked twenty-one questions (see Appendix C), of which fourteen were open-ended questions and seven were yes/no questions. The attorneys were asked to respond to questions regarding their expectations of the life care plans, how the life care plans are utilized, what aspects of the plans they found to be essential to their cases and what aspects were not as essential, whether they found the life care plans to be understandable and easy to read, whether the plans were completed in a reasonable amount of time, and whether there were any changes they would request be made to the plans.

Result

First Data Collection Activity: Employee Interviews

This activity demonstrated that the three employees interviewed followed very similar methods for developing LCPs. They all placed a large emphasis on compiling information from various sources for determining the clients' needs. Two of the three employees also reported that they continue to perform research and read professional journals to improve their knowledge of their clients' needs. They also all stressed the significance of meeting the client or a close family member or caregiver and in speaking to the primary health professional involved in the clients' care. All employees were able to report attempting to follow all of the guidelines being measured for this activity except for documenting if/when access to any source of information was not possible.

Second Data Collection Activity: Review of the LCPs, CIR, and Client Files

There was enough evidence to support that among this client sample, development of the LCP largely followed the IALCP standards when performing a review of the LCPs, CIRs, and clients' files. There were some areas of weakness however. Table 1 displays each guideline with

the results obtained from the review of the LCPs, CIR, and client files. The largest discrepancies between the IALCP standards and the life care planners' processes for developing LCPs were whether information about a client's vocational status was collected and the presence of documentation of the life care planner being able to contact a treating or consulting health professional.

Table 1. Comparison of IALCP Guidelines with employees' performance

IALCP Guidelines	**Results** (Out of the 15 sample cases)
Did the employee obtain information from medical records, client/family/significant others (when available or appropriate), and relevant treating or consulting health care professionals?	Medical records and client/family/significant others: 14/15 (93%) Treating or consulting healthcare professionals: 10/15 (67%)
Did the employee determine current standards of care and clinical practice guidelines from reliable sources, such as current literature or other published sources, collaboration with other professionals, education programs, and personal clinical practice?	12/15 (80%)
Did the employee collect data about medical, health, biopsychosocial, financial, educational, and vocational status and needs?	Medical/Health: 15/15 (100%) Biopsychosocial: 14/15 (93%) Financial: 12/15 (80%) Educational: 14/15 (93%) Vocational: 6/15 (40%)
Did the employee communicate with a variety of health care professionals regarding a case?	12/15 (80%)
Did the employee research options and costs for care, using sources that are reasonably available to the client?	15/15 (100%)
Did the employee develop options for care that may be necessary for alternative situations?	15/15 (100%)

Third Data Collection Activity: Attorney Interviews

All of the attorneys who participated in the study had positive responses to the agency's work and how the life care plans developed by the agency were able to be used in their cases. All stated that the plans were easy to read and easy to understand, and that sufficient answers and explanations from the agency's employees were received any time clarification was needed.

Generally, it is understood by this agency that the attorneys utilize the life care plans primarily to derive a figure to request when seeking to recover what their client needs. All of the attorneys that were interviewed stated that they did, in fact, rely to a large extent on the

monetary figures provided in the life care plans to derive a sum for damages. However, all of the attorneys disclosed that the life care plans were also used to develop a better understanding of their clients and the clients' situations and needs. Fifty percent, or three of the six attorneys, emphasized a lack of knowledge about health care, which therefore made them unable to determine the future needs of their clients without assistance. They emphasized the importance of having someone to rely upon who they trusted to be knowledgeable and skilled in these areas. Three of the six attorneys also stressed the importance of knowing and understanding their client in order to better serve them.

According to the attorney sample, different ways the LCPs were utilized included: being presented to the jury as evidence if the case went to trial; being presented to defense attorneys, risk management representatives, or insurance company representatives for use in the initial demand; and for use in media presentations designed to settle a case prior to trial. Life care plans were also used by one attorney for educating and preparing the client for deposition or for testifying in trial, and for helping to address client expectations.

For the attorneys, immediate effects of the life care plans included: helped caregivers, victim's family and psychologists in moving forward; helped to give the opposing side an idea of what services should be provided to the client as recommended by treating professionals involved in their care; and gave the attorneys an idea of whether or not their initial impressions of the clients' needs were reasonable and in keeping with the ultimate value of the case. Immediate effects also included: met any urgent needs of the client while in litigation, families did not have to alter the provision of services, and attorneys were provided with a professional that had a background in the type of needs the client had so that future damages could be determined without being speculative.

Long term impacts of the life care plan, according to the attorneys, included items such as the plan assisted the attorney in addressing the client's expectations and in being able to answer questions in court, the plan was able to be amended for future use (for example in guardianship or trust proceedings), and the plan was used to assist providers, financial advisors, and special needs trustees in the event the original retaining attorney was no longer involved after the case was concluded.

All of the attorneys agreed that the life care plans were easy to read and easy to understand, and stated that the agency delivered the life care plans within a reasonable amount of time and all questions or concerns about them were addressed to the attorneys' satisfaction.

Suggestions made by the attorneys included: a need for a life care planner who has a background working with clients with developmental disabilities in cases where the client has a developmental disability; having a life care planner who understands the needs and the services available to the client; a plan that brings common sense and experience to the table to not lose the jury's appeal; and to minimize the defense's ability to come back and say, according to one attorney response, that the plan is "bloated and over the top." One other attorney reported that if the plan is seen as conservative, reputable, evidence-based, and sound by those professionals in a position to evaluate the efficacy of the plan (such as treating professionals and opposing counsel and experts), it will more likely be easily accepted. Another attorney suggested that the frequency of some items be tapered down over the lifetime of the client if/as their condition improves. (Note: Recommendation by the authors or a suitable course of action regarding this suggestion is discussed later in this paper.)

Conclusion

In this sample, two of the three employees reported an awareness of the importance of

continued education and a reliance on evidence-based literature and the current standards of practice for life care planners. Evidence of the use of numerous sources of data such as medical records, educational records, and interviews with clients/family/significant others was easily accessible and supports the conclusions that if the agency develops all of its LCPs for abuse victims using the same methods and amount of clarity that was demonstrated in the sample cases, its work will be in line with the standards established by the International Academy of Life Care Planners (2006).

Regarding the agency's ability to provide useful reports to the attorneys by which it is hired to provide the life care plans, there was general contentment with the life care plans developed for clients in abuse cases. All of the attorneys provided positive responses to the yes/no questions, indicating that the agency provides its retaining sources with reports that the attorneys find to be efficiently delivered and easily understood. Analysis of the responses to the open-ended questions revealed that the attorneys find the life care plans very useful in determining sums for damages, better understanding of their clients' situations, and in identifying their clients' needs. Half of the attorneys interviewed reported that being able to hire professionals who are knowledgeable about the clients whom they represent provides them with satisfaction. These responses should stress to the life care planners of this agency the importance of continuing education and remaining current on standards of practice, treatments, and outcomes of individuals who have been victims of abuse. The results should also emphasize the value of continuing to develop and deliver these reports to the attorneys in a manner that is considered timely, efficient, and understandable, and of coordinating with health professionals to develop credible recommendations for services.

Limitations of this Evaluation

The use of internal evaluators could have unintentionally introduced a source of bias due to the evaluators' familiarity with the types of cases that comprised the sample, and by use of interview questions they developed. The establishment of criteria for selecting the sample clients and the utilization of these criteria were executed by one of the evaluators, therefore, without random selection, the validity of the evaluation is limited. The small sample size was also a limitation of this study, as it restricted the results to only being representative of the sample. Therefore, the evaluation lacks generalizability to the work of life care planners outside of this agency. A larger sample size was rejected, however, due to the time constraints, available resources, and the manageability of analyzing a larger set of data within the time allotted. Also, because of the use of closed and open cases, some sources of information were more available from the open cases than the closed ones.

Because no one other than the authors who developed the methods and criteria were involved in this evaluation, it remains unknown to what extent there would have been agreement with the results obtained if raters outside the agency (or other individuals within the agency) had carried out the same evaluation.

Recommendations for Agency to Address the Weaknesses Revealed in this Evaluation

The weaknesses of the LCPs that were discovered throughout the evaluative process are easily addressed. The inability to access a source of information should be noted and kept in the clients' files. Therefore, when evaluative activities take place, there is an existing source of documentation to explain why certain information may be lacking in a client's information report or LCP which could also prove useful for an expert witness when he/she testifies in court.

Documentation of any communication with a treating professional is kept in the clients' files, but the evaluators are aware that after a case is closed, records from outside parties may be destroyed to protect confidentiality. However, if a reason to contact a health professional should arise, documentation could prove useful. Therefore, the value of devising a secure manner in which to preserve documentation of any communications with treating professionals should be investigated by the agency.

The results also displayed that the life care planners did not always document vocational information for all of the clients. This was most likely due to the clients' ages (vocational data would not exist for the younger ones) as opposed to being due to negligence by the life care planner. When vocational information does not exist, however, it should be clearly noted in the client information report. The employees' own professional backgrounds may give them the authority to address vocational recommendations in the life care plans, which would explain why vocational services were sometimes provided even when there was no vocational information provided in the client information report. If a qualified and credentialed life care planner made recommendations for vocational services, or consulted with someone with the authority to make these recommendations, this should also be noted in the client information report or in the life care plan.

Regarding the recommendation of one of the attorneys to taper down the frequency of some of the services provided in the life care plans, it should be clearly understood by staff of the agency that it is the agency's policy that there are only two instances when an attorney could become involved in what is or is not included in the plans: 1) after consultation with and the approval of the client's evaluating physician or primary healthcare provider as related to life care planning issues, or 2) if the attorney has a legal reason for including/excluding a particular element. No further consultation is needed in order to make modifications to the life care plans if the life care planner's own licensures or certifications allow him/her to make those decisions independently.

This evaluation may have the ability to reveal some areas of the agency's work which could be modified and would be useful to the development of life care plans, especially for abuse clients. These alterations could result in life care plans that display a better awareness and implementation of the IALCP standards of practice and their significance. However, the limitations of this evaluation could also render this study less valuable to this agency, especially given that the small sample size may not be representative of all of its work with abuse victims. Further evaluative activities should take place in this setting, to improve the data collection methods, to improve the internal reliability, and to attempt to provide more generalizable results.

Performing evaluative activities provides invaluable information and should be practiced by all agencies. The ability of an agency to function efficiently hinges on its ability to successfully maintain compliance with accepted standards of practice while constantly pursuing ways to improve its knowledge, skills, and methods. Continuous monitoring and evaluation can ensure quality work, rectify errors, or identify areas that need improvement, as is evident by this evaluation of a private agency with respect to its work on cases involving abuse victims.

About the Authors

Zarahi Nunez, M.P.H., recently attained her Master's in Public Health from Nova Southeastern University, has assisted rehabilitation counselors in the preparation of life care plans for several years, and is currently working on an a book about life care planning in abuse cases.

Darlene Carruthers, M.E.d., C.R.C., C.C.M., C.D.M.S., Q.R.P., F.I.A.L.C.P., President, Comprehensive Rehabilitation Consultants. Retained nationally from all sources, Ms. Carruthers has drafted over 1800 life care plans and has 38 years of experience. She is currently working on a book about life care planning in abuse cases.

Editor's Note: The current article represents a rare and laudatory attempt by a private agency to evaluate their own practices according to the IALCP Standards of Practice for Life Care Planners (2006). While the article may not meet rigorous research protocol standards, the editors have chosen to support the submission, which was substantially revised based on peer review, as an encouragement to others in the field to evaluate and publish. Readers are reminded that the Foundation for Life Care Planning Research (FLCPR) offers research design support for prospective authors.

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Appendix A:

Questionnaire on the Development of Life Care Plans (LCP) for Abuse Cases

1. What are your objectives when developing the LCP?
2. Can you explain your overall approach to completing the LCP? (Step by step explanation of how the LCP is developed)
3. What works well about your approach?
4. What areas do you think you could approach differently?
5. What if anything, most enhanced your ability to complete the LCP to your satisfaction?
6. What, if any, barriers hinder your ability to complete the LCP to your satisfaction?
7. How do you address these barriers?
8. What type of support or resources, if any, would you have liked on hand to help you address these barriers?
9. What would you suggest is an integral component to success in developing the LCP?

Appendix B:

Checklist for Observations of Completion of Activities Recommended by the IALCP

IALCP guidelines to be followed by Life Care Planner	**Practices which can be used to identify activity completion** **Answer YES or NO. Provide explanation if necessary**
1) Did the employee communicate with a variety of health care professionals regarding a case?	a) Is there any correspondence to health professionals in the client's file? b) Are there any health professionals listed in the CIR that could have been contacted? c) Are there any assessments from physicians in the client's file? d) Is there any contact documentation in the client's file? e) Does the life care plan include a professional(s) by whom report was reviewed?
2) Did the employee determine current standards of care and clinical practice guidelines from reliable sources, such as current literature or other published sources, collaboration with other professionals, education programs, and personal clinical practice?	a) Did the report or the client's file include any articles, publications, or resources used for development of the LCP? b) Was there evidence of collaboration?
3) Did the employee research options and costs for care, using sources that are reasonably available to the client?	a) Look at vendors listed in the LCP. Can I find their information doing a simple internet or phone book search, or is there other documentation available?
4) Did the employee develop options for care that may be necessary for alternative situations?	a) Does the LCP have different support care models? b) Did the report have options to modify items?
5) Did the employee collect data about medical, health, biopsychosocial, financial, educational, and vocational status and needs?	a) Look at CIR. Does it include: i. Medical data? ii. Health Data? iii. Biopsychosocial? iv. Financial? v. Educational vi. Vocational status and needs?
6) Did the employee obtain information from medical records, client/family/significant others (when available or appropriate), and relevant treating or consulting health care professionals?	a) Look at CIR, client's files, and LCP. Do they include: i. Medical records (CIR, LCP) ii. Client/family/significant others (when available or appropriate) (CIR) iii. Treating or consulting health care professionals (CIR, file)

Appendix C:

Attorney Questionnaire on the Use of Life Care Plans (LCPs) in Abuse Cases

1. How do you make the decision about whether or not an LCP will be utilized in an abuse case?
2. When you request an LCP for an abuse case, what expectations do you have of the agency?
3. What do you hope to accomplish when utilizing an LCP during an abuse case?
4. How do you utilize the LCP? How has your work been impacted by its use?
5. What do you see as the immediate impacts of the LCP on the abuse cases?
6. What do see as more long term impacts of the LCP on the abuse cases?
7. What do you see as positive impacts of the LCP on abuse cases?
8. What do you see as negative impacts of the LCP on abuse cases?
9. What outcomes have you experienced that were expected from using an LCP, and what outcomes have you experienced that were not expected?
10. According to your experiences, were the recommendations provided in the LCP regarded as soundly based and necessary by those to which it was presented? If so, to what extent were they viewed this way? If not, why?
11. Are there any ways in which the LCP did not fulfill or meet your expectations and how?
12. If you could make any modifications to the LCP, what recommendations would you make?
13. What aspects of the LCP do you find essential to the document? (These are items you would not change)
14. What aspects of the LCP do you find non-essential to the document? (These are items you believe could change)
15. Is the LCP presented in a format that is easy to read? Yes_____ No_____
16. Did you understand why specific items or services were included, how to interpret their frequencies and durations, and how the sources were documented?
    Yes_____ No_____
17. If not, did you address any questions or concerns to someone at the agency?
    Yes_____ No_____
18. If so, were all of your questions or concerns addressed to your satisfaction?
    Yes_____ No_____
19. Is the agency given deadlines by which to complete the LCP? Yes_____ No_____
20. If so, does the agency meet these deadlines? Yes_____ No_____
21. If not, does the agency deliver the LCP to you in an acceptable amount of time?
    Yes_____ No_____