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SAMPLE: Redacted Assessment Report

Client assessed: [Client Name Redacted], DOB [Redacted]
Date/time of visit: [Date Redacted], from 10:10am to 12:30pm
Assessed by: Karin Taifour, MA LMHC GMHS

Background

Reason for visit: At the request of Adult Protective Services, I visited [Client Name Redacted] at his home, at [redacted], to perform a comprehensive evaluation and assessment of decisional capacity. (I will refer to him as [client] to avoid any confusion with his sons.)

Note, while this service is to be paid for by [client]'s son [redacted], my work as a licensed mental health counselor is performed in an independent manner under Washington State laws and regulations and adhering to the code of ethics of the professional associations to which I belong (per Counselor Disclosure Statement). A copy of my disclosure statement, fee schedule, and privacy practices was provided via APS to [son] in advance of the visit, and he left me a phone message on Friday, July 26, 2019, confirming he was agreeing to services.

Client consent: At the visit, [client] was provided with my Counselor Disclosure Statement and Notice of Privacy Practices. He was agreeable to my visit and cooperative with questions. However, I did not ask [client] to sign a consent or release of information form, as there are questions as to his decisional capacity; after this visit, I do not believe [client] has capacity to manage his financial or legal affairs.

Prior to visit: On July 24, 2019, I was contacted by Adult Protective Services staff member [redacted] who provided limited information about the situation and coordinated with family for payment. Information below from APS is identified as such; aside from that, this report is based on my conversation with [client], my direct observation, and my analysis.

Reported APS concerns leading to assessment visit:

Abuse / neglect by multiple parties: Concerns of past financial exploitation by caregiver [redacted] and her daughter [redacted] in taking assets and having client sign POA appointing [redacted] as agent. Concerns of past personal exploitation and sexual abuse by caregiver [redacted]. Concerns that this abuse/exploitation has occurred at least in part by [redacted] and [redacted] exercising undue influence over [client]'s decision making.

Visit details

Note on arrival: When I arrived, I met daughter [redacted] in the driveway and she told me that [caregiver] had called on Saturday and said she needed to pick up some things she left there. [Daughter] reported the new caregiver told [daughter] that she (caregiver) did not feel safe if [redacted] was coming to the house, as [redacted] had threatened the new caregiver and said she would call ICE (Immigration and Customs Enforcement) on the new caregiver. [Daughter] reported that [redacted] had taken all her things from the house already and some of [client]’s late wife’s things, but [redacted] said she needed some pots and pans. [Daughter] said [redacted] came and gave [client] a hug and kiss and then left. Reportedly law enforcement was alerted to the possibility of [redacted] visiting. When [APS] arrived, she confirmed that [redacted] had been told to stay away from [client] and the property and that [redacted] and the caregiver were made aware of this.

Also note, after the visit, [client]’s son provided additional information which is captured below and identified as such.

Also present at visit: [client]’s daughter [redacted] let us in and was present at the start of the visit, helped us arrange seating, and then went downstairs. [APS] was present for about half the visit and then went to talk to [redacted]. Agency caregiver (I did not get her name) was present at the start of the visit but went outside or elsewhere in the house.

Interpreter needed: no, [client] is a nearly-native English speaker, having come to the US from Russia as a toddler.

Presentation: [client] is a [demographics redacted], living in his own home in [city redacted]. He was seated on the couch near the kitchen when we entered. It appeared he did not remember [APS] at first, although he had met her previously, but after she initiated a “fist bump” which they had shared at their last visit, he then seemed to recognize her. He asked multiple times if I was “the interrogator” but he was agreeable to visit and willing to answer questions.

[Client] was dressed in sweatpants and a placket collared shirt which appeared clean and appropriate. He was also wearing an orthopedic brace/sandal on his left foot, which he said was his “polio leg.” His hair and eyebrows were a bit unkempt. He wore reading glasses occasionally during the visit but no hearing aids or jewelry. He frequently had trouble hearing and often needed questions repeated, but after clarifying if he understood, it appeared he was able to hear sufficiently when I used a loud enough voice with clear enunciation, focused directly at his face from about a foot away.

[Client] had significant difficulty getting up off the couch to stand up with his walker – he succeeded after about 20 seconds on his third attempt to rise. He walked slowly and very stooped over the walker but navigated to another room successfully. He wanted to enter the sunken living room, where the steps did not have a handrail, and when he remarked that he never went in there, we encouraged him to not attempt this and instead sit in another room. [Daughter] pulled out chairs for us and [client] put his walker to the side some distance from the chair and nearly fell when reaching for it, but caught himself with the chair arms. Later in the visit he stood with less difficulty but walking appeared the same.

Environment: Based on the concerns leading to the visit, I did not perform a review of the home environment; I only saw the entry area, part of the kitchen visible from the entry, the sunken living room beside the kitchen, and on the other side of that, the former dining room that now has [client]’s bed and desk in it. There were some throw rugs on the floor which could present fall hazards.

Summary of relevant discussion: At the start of the visit, [client] asked why we were there, and I said [APS] had asked me to visit with her as there were concerns about his finances. I asked him what the situation was, and he said he didn’t know, then “you tell me” and later “my family took my money.” Then he said he was joking and he knew that “it’s about the money that I gave, I mean I loaned, I loaned

[redacted] money. She’s under police surveillance.” When asked why the police were looking at [redacted], [client] said “They think she stole the money from me.” [Client] insisted he loaned the money to her as she had a successful business.

When asked how he knew [redacted], he said she was the daughter of [redacted], who had been a caregiver for his wife before she died, and since then [redacted] had helped him around the house. He said “She got mad at me” – when asked why [redacted] was mad, [client] said “When you don’t get money from the bank, you get mad.” When asked what that meant, he said “My account was shut down and [redacted] couldn’t get anymore money.”

When asked about his relationship with [redacted], [client] said “We got along famously, like brother and sister.” He said he knew [redacted] for 14 years. I asked if their relationship had been more than just friends or her being his caregiver, and he said no; when I clarified and asked if their relationship had ever been romantic or physical or sexual, he said no.

Later he said [redacted] had gotten mad because “I told her, the trouble is you lie about things, and she got really upset. The only thing I can think of is that I should have given [redacted] the money in steps so she didn’t spend it all at once.” See more discussion under financial section below.

After the visit, [son] reported that he was discussing with a different caregiver (name begins with a D) that it seemed as if [redacted] had a spell over [client], like maybe she was having sex with [client]. [son] reported the caregiver said “Well not anymore, she used to be his girlfriend and she’s told that to many other caregivers.”

Additional discussion captured in topic areas below.

Medical Information

Primary care provider: [Doctor redacted], per [daughter]. [Client] could not remember his doctor’s name but said “it’s a woman at [clinic redacted]. Well it’s not [clinic] anymore” but couldn’t remember what the clinic was called.

Last known medical care: [Client] reported he went to his doctor a month or two ago. When asked what the appointment was for, he said “I went to see her to get a piece of paper that I’m a human and I’m okay and she did that. I have the paper somewhere.” When asked what prompted him to ask for this, he said “There were too many people asking questions, looking at me.”

After the visit, [APS] reported the doctor’s visit occurred on [date]. [Doctor] did the Mini Mental Status Exam (MMSE) and [client] had scored 22 out of 30. See further discussion of this under cognitive testing, below. Also note that this occurred after, per [APS]’s report, [redacted] took [client] to her ([redacted]’s) own attorney where he signed a POA appointing [redacted] as his agent.

Medications prescribed: [client] denied taking any medications.

Functional Abilities/Needs

I=Independent in task

AA= Has Adequate Assistance

AI= Has Assistance, but Inadequate

NA=Needs Assistance

NR=Needs, but refuses help

	I	AA	AI	NA	NR	Comments / source(s) of assistance
Personal Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caregiver assists with most ADLs

	I	AA	AI	NA	NR	Comments / source(s) of assistance
Toileting/Continence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At time of visit, [client] was wearing disposable undergarments that appeared to be full and more so as time went on during the visit. [APS] noticed a strong smell of urine in the home and around [client]. Caregivers should be advised to monitor continence care closely.
Shopping for Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caregiver assists with most ADLs
Meal Preparation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caregiver assists with most ADLs
Mobility/Transfers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can transfer and ambulate with walker and with great difficulty; caregiver assists with standby support.
Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caregiver assists with most ADLs
Home Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caregiver assists with most ADLs
Financial Mgmt.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Son is in POA role, would benefit from additional support and monitoring
Paperwork/Forms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was able to read and see where to sign forms.
Medical Care Access	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Would likely benefit from geriatric care manager to monitor and support medical care and compliance.
Use of Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed – has caregiver in home
Emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed – has caregiver in home

Fall risk: Due to throw rugs in various areas, it appears there is a significant risk for falls.

Family and other support: [daughter] lives in [local city], [son2] lives in [other state], and [son] lives in [other state]. [Client] said he had a good relationship with all his children but got upset when they raised concerns about his finances.

When asked if any of his children were power of attorney for him, he said “[redacted] was that, then after my kids got involved, I went to an attorney and made myself in charge.” When asked if he signed a new power of attorney appointing someone else, or just signed paperwork to revoke [redacted]’s POA, he was unable to answer (see below). When asked how he found the attorney, he couldn’t remember. When asked if the attorney came to his house or if he went to their office, he said “I went to her office.” When asked how, he looked at me a minute and then said “In a car.” I asked if he was driving and he said “No, I don’t drive anymore.” I asked who drove him and he said “I got a ride.” Later in the visit he remembered the attorney’s name was [name] or something similar.

[Client] said “I don’t want them to take away from me the right to make my own decisions... if I make mistakes, they’re mine.” When asked if he would be comfortable with his children monitoring his finances for any concerning activity, he said that would be fine.

After the visit, [APS] reported that [redacted] took [client] to her own attorney where he signed a POA appointing [redacted] as his agent on June 14, 2019. This occurred before the [date] visit with [Doctor]. [Attorney] was the attorney who did (both drew up and notarized) a new POA document naming [redacted], and that [attorney] was [redacted]’s lawyer previously. APS and [son] are working to have that POA invalidated.

[APS] also reported that [redacted] said she didn’t leave [client] alone with his attorney or friends or family, saying “I need to be there to protect him.”

Also after the visit, [son] confirmed that [client]'s original power of attorney document listed first [daughter], then [son2], then [son]. When the financial concerns were raised, [redacted] and [son2] signed and notarized paperwork to decline their role and turn the power of attorney over to [son], who is now more involved. [Son] also expressed concerns that [daughter] may more deferential and less able to assert herself or take a strong proactive position in regards to her father and the exploiters.

Financial Information

Income and resources: [Client] could not remember, or was unwilling to provide, any details about his income or assets. He said he has "plenty of money" and owns his home. [Client] said the house will go to his three children and he talked to them about not selling it but having it leased or rented so they get the income – he talked about a warehouse he and his brother built that they had designated to never be sold but for it to be kept in the family, and [client] wanted the same for the house as he had built it himself.

Comments from interview: When asked about giving the money to [redacted], he said "In business, sometimes you do something wrong and you lose the investment. I gave [redacted] too much money. She made the mistake of paying the money to gain customers."

When asked how he decided to give the money to [redacted], he said "She's a successful business lady. Her husband is a CPA. I didn't get into the details, but it was done in 3 payments." [client] said that [redacted] was going to use the money to expand her business and then would pay him back with 15 percent "commission" – when asked if [redacted] had made payments, [client] said "She can't because the money got shut down."

Notably, [client] said repeatedly and consistently throughout the visit that he gave or loaned [redacted] a total of \$90,000. As the information from APS has been that \$900,000 was taken, I asked [client] multiple times throughout the visit about the amount. He could never recall what the three amounts were, but he consistently said the total was \$90,000.

When asked if [redacted] had access to [client]'s money or funds, he said no. When asked if she was able to get money out of his account or use his credit card, he said "No, she never had access to my credit card, she had her own credit card. She never had my credit card." Yet a minute later he said "Every once in a while, I gave her my credit card to buy groceries," and then shortly after that said "She usually had my credit card for whatever she needed to get."

When asked if [client] paid [redacted] beyond what she was supposed to receive for providing caregiving support, he said no; when asked if he gave her any gifts or loans, she said no. However, [APS] reported that [client] recently gave [redacted] \$10,000 cash and a \$10,000 cashier's check.

When asked about if he would loan anyone else any money, he said "I would, I'd think about it." When asked how he would make sure that a similar situation didn't happen, he said "I don't know, I'd think about it I guess." When asked how he wanted to manage his assets, he said "I don't think about it. It's only money, it don't mean nothing."

Additional information: After the visit, [APS] reported that [redacted] had said that [client] was giving her the house. Also as noted above, [client] recently gave [redacted] \$10,000 cash and a \$10,000 cashier's check.

Also after the visit, [son] reported that [client] is worth about \$3 million; the bulk of [client]'s finances are held in [banks], and he works with a stockbroker. [client] has a long-time attorney, [name], who has helped him with his business and financial transactions for many years, and [son] has an attorney, [name], who is assisting him with issues related to [client]'s situation.

[Son] reported that he learned about financial irregularities in [3 months prior] when \$450,000. [son] said he asked [client] if he could check it out and [client] said yes. After learning more, [son] asked the bank to lock up the accounts to prevent further loss and [client] got angry with him. [Son] said when he came to visit, [client] said "I don't want to talk to you, get out" and [son] said "Well I want to talk to you" and asked [redacted] to leave, which she refused to do. [Son] said he laid out the information for

[client] about [redacted] and [redacted] lying to [client], e.g. spending tens of thousands of dollars at [store], which [redacted] said were business expenses. [son] said he asked [redacted] multiple times that she and [redacted] to provide [client] and [son] with information and documentation for the business, which they never did.

[Son] said he talked to [client's attorney] recently and reported that [attorney] said [client] talked to him (Jim) about a year ago about loaning [redacted] \$25,000, then later said she wanted \$50,000, but then [client] said he was thinking about not loaning her the money.

[Son] also reported that the other day [client] called [son] and said he needed to access money to pay [redacted]'s bills. [Son] said he asked what bills, and that [client] said Burger King, Fred Meyer, other things; [son] said he told [client] that [redacted] could pay her own bills, and [client] said "But I need the money to pay the bills." [Son] reported that multiple times he has had the same conversation with [client] 5-6 times in a row, as [client] doesn't retain the information.

Mental health assessment

Psychosocial history: As focus was on decision-making capacity, not a lot of background history was gathered. [Client] said he was born in [country] and came to [city] "when the ship took people to come to the US." He said he had polio when he was 4 years old and the doctor told his mother to move west where the weather might help his leg heal – "I think the doctor was sick of dealing with my mother bothering her and wanted to get her away from there." The family moved to Seattle, where his mother had sisters living, when [client] was 12 years old, "but my leg didn't get any better." He was the oldest of 4 boys. High school education level.

[Client] reported his work was that he built warehouses – "Thrifty [company]" that sold to plumbers. He said he had 4 companies with his [brother] and "now the family group is running it." He said his brother died in his sleep "I think last year. He was a smoker. No, he didn't smoke. He was at Mount Rainier, on a little slope, he felt dizzy then went to the doctor and they put in a pacemaker." When asked at what age he had retired from running their business, [client] could not recall.

[Client] said he was married to his first wife for 40 years before she died; they had two sons and one daughter, and another daughter who died in infancy because her lungs didn't develop properly. [client] said he built the house in [city] where he lives but could not say when or what year that was.

When asked about his second wife, he said "My second wife, we lived together for 3 years then she wanted to get married. I told her, I said at the beginning, I don't get married, we can live together. So we did." When asked what led them to get married, he said "She got irritating, hard to live with, so I thought, what the hell, it couldn't hurt. Three years I was married to her and then she died. No, it's the other way around. I don't remember. Three years we lived together, then we were married." He said his second wife was a smoker which he didn't like, "I made her move rooms, so she was on one floor of the house and I was on another – I didn't want to be in a room that had had a cigarette in it." He said she developed COPD and was sick for a while at the end. When asked how long they were married, he said "I don't know, 6 years, 7 years, 10 years, something like that. Her children were awful, her former children. Her daughter always used to come up from Chicago and say 'I want to come and visit you but I don't have money for the plane ticket.' So I had to give my wife extra money so she could send her kids here. I put up with it."

[Client] pointed out pictures of his family, including one of himself with family at synagogue in [state], so I asked if he went to temple here. He said "No, I stopped believing in all that stuff when I was 18. I read some books and I thought this is it, we should just live our lives – animals don't have gods telling them what to do. People don't need gods either."

Mental health issues / treatment history: None known/reported. [client] said "I've never been depressed or sad, or worried, I just live my life."

Drug and alcohol use/history: None known/reported.

Mental status assessment items: Appeared to be impaired in multiple dimensions of mentality.

- Behavior: largely cooperative, at times somewhat resistant but then would say he was joking. At times indifferent, would dismiss concerns at “not a problem” or “no big deal.” Frequently said “Money’s not real.”
- Level of consciousness: alert and oriented to person, place, day, year.
- Attention: largely distractable, at times had difficulty following conversation or line of what he was saying.
- Language: Speech somewhat slower, normal volume, frequent word finding deficits, frequently tangential, a few instances circumstantial. Appeared to comprehend words but not always understand the phrase or sentence. Some difficulties with naming, no apparent trouble with reading, slow and difficult writing.
- Memory:
 - Immediate (registering new information): very impaired; see testing section.
 - Short-term (recall of recently given information): very impaired; see testing section.
 - Long-term: as focus was on assessing capacity, did not assess long-term memory; however, it appeared moderately impaired, as noted throughout discussion comments captured in this report.
- Visual-spatial: somewhat impaired, very slow to do task.
- Abstraction: somewhat impaired.
- Insight / judgment: moderately to severely impaired; see discussion of finances.
- Calculations: addition impaired, subtraction intact; unable or unwilling to calculate or estimate income or expenses; see testing section.
- Thought content: largely unremarkable, no apparent delusions (although he wonders if his brother’s children have usurped his business assets), no apparent hallucinations or obsessions; apparent frequent confabulation as he often could not recall information and details were different when topic came up at a later time.
- Thought processes: at times organized/intact, majority of time tangential, at times circumstantial, frequently confused, not easily redirectable. Variable depending on content of conversation.
- Affect: unremarkable / appropriate to content although somewhat restricted in range
- Mood: appeared somewhat down at times but denied any feelings of depression, sadness, worries, or anxiety.
- Depressive or manic signs/symptoms: none reported; observed psychomotor slowing and difficulty concentrating.
- Anxiety or panic-related signs/symptoms: none reported; none observed.

Risk Assessment: Appears to be at very high risk of exploitation and perhaps vulnerably to personal physical violence.

- Lethality: none known or reported.
- Weapons: none known or reported.
- Suicidal ideation / risk: none known or reported.
- Verbal abuse: son reported [client] yelled at him to get out and never speak to him again after son found out about financial exploitation.
- Assaultive ideation: none known or reported.
- Assaultive behavior: none known or reported.
- Vulnerability: physically vulnerable due to frailty and impaired mobility; personally vulnerable due to dependence on caregivers for help with many activities of daily living; vulnerable to financial exploitation as he does not understand or remember financial information and details.

Cognitive Testing and Other Assessment Tools

St Louis University Mental Status (SLUMS) exam score: 8 out of 30, score indicates very significant cognitive impairment; a score below 20 indicates dementia.

- **Orientation:** knew day of the week, said 1919 for year, knew state.
- **Registration:** when asked to repeat back 5 items, was unable to do so even after 5 trials.
- **Recall:** after prompting with one item, was able to recall one more of 5 items. Story exercise score zero.
- **Calculation:** when read the shopping question, addition was not correct; when asked how much he had left, he said nothing; when prompted if he started with 100 and spent 20, he was able to say 80.
- **Naming:** when asked to identify as many animals as she could in one minute, was able to name 10.
- **Visual:** able to identify shapes; clock numbers okay but hands for time incorrect.

Additional cognitive performance tasks:

- **Visuospatial:** able to copy intersecting pentagons design – got intersecting angles but drawing very poorly and was done with great difficulty and very slowly.
- **Language:** when asked to write a sentence: “the dog jump over the fence” without any punctuation.

Note regarding cognitive testing: As noted above, [APS] reported that on [date], [client] had seen [Doctor], who did the Mini Mental Status Exam (MMSE) and that [client] had scored 22 out of 30. Per [APS], the note said “mild memory loss” and “I have no concerns.”

However, by the MMSE scoring guidelines, a score of 20 to 24 out of 30 indicates mild dementia, which most doctors would identify as something concerning. (See information about the MMSE and scores at https://www.alz.org/alzheimers-dementia/diagnosis/medical_tests)

Even so, the MMSE is problematic as it a very old testing tool and is poorly regarded in comparison with other testing tools. The MMSE lacks sensitivity to detect mild cognitive impairment and does not measure many executive functioning related tasks. The SLUMS, Montreal Cognitive Assessment (MOCA), and Rowlands Universal Dementia Assessment Scale (RUDAS) are more robust cognitive tests that are widely regarded as superior to the MMSE. The SLUMS, MOCA, and RUDAS are also backed by more clinical research, particularly with the geriatric population.

It should be noted that any cognitive testing tool by itself is not a definitive diagnostic measure and should not be viewed as such. However, the combination of [client]’s relatively poor MMSE score of 22 out of 30, and his very poor SLUMS score of 8 out of 30, can be considered with the observations from this interview and other corroborating information to show that [client]’s cognition and memory are very significantly impaired and have an impact on his functioning and decision-making.

Assessment of Capacity in Everyday Decision-making (ACED interview, Lai & Karlawish 2007):

Unable to complete structured interview due to client’s denial that there were any problems. Attempted to ask client questions to gauge understanding, reasoning, and judgment throughout the visit. See discussion of assessment below.

Assessing for Undue Influence: Several tools look at factors involved in undue influence, which is not a crime in and of itself, but rather a method to commit theft. According to multiple tools that measure undue influence, this is certainly an issue in [client]’s situation.

- **The IDEAL Model** – isolation, dependency, emotional manipulation and/or exploitation of a vulnerability, acquiescence, and loss (Blum)
 - Per reports of APS, family, and other caregivers, [redacted] isolated [client] from his family, controlled his access to information and denied him privacy, emotionally manipulated him (e.g. telling him that she was looking out for him and he was “signing [his] life away”). [client] accepted what [redacted] said, he said that he was responsible for the financial loss because he shouldn’t have given [redacted] all the money at once. [client] repeatedly stated the loss as \$90,000 when it was over \$900,000.

- The SCAM Model – susceptibility of victims, confidential relationships between victims and abusers, active procurement of assets, and monetary loss (Bernatz)
 - [Client] was clearly susceptible and vulnerable due to his dependency on caregivers and his lack of ability to understand and remember information and details. [redacted] controlled others' access to [client] and told multiple caregivers that she was his girlfriend. [redacted] and [redacted] were getting cash and checks, and [redacted] was using [client]'s credit cards, and got over \$900,000 out of [client].
- The Undue Influence Wheel – tactics include keep the victim unaware, isolate from others and information, create fear, prey on vulnerabilities, create dependencies, create lack of faith in own abilities, induce shame and secrecy, perform intermittent acts of kindness (Brandl, Heisler, & Stiegel).
 - [redacted] isolated [client] and controlled his access to family and information; she preyed on vulnerabilities and created dependencies by becoming his “girlfriend” and saying that she was looking out for him, she created a lack of [client]'s faith in his own abilities by telling him that he was “signing [his] life away,” etc.
- California Undue Influence Screening Tool (CUIST) – client's vulnerability, influencer authority or position of power, actions or tactics, unfair or improper outcomes (Quinn, Nerenberg et al 2017).
 - [Client]'s vulnerability: poor or declining health or physical disability; depends on others for help or care; problems with hearing; problems with memory; problems communicating and understanding; does not understand consequences of decisions; isolated from others; influencer knew or should have known of person's vulnerability.
 - Influencer/[redacted]'s Authority/Position of Power: stands in a position of trust, authority, or confidence resulting from having an intimate relationship with him and from being his caregiver; took legal authority by having him sign a power of attorney naming [redacted]; had access to client's home/possessions, finances, documents, and bank cards.
 - Actions or Tactics: [redacted] controlled his access to food, sleep, medication or personal care; was a paid caregiver and involved [client] in her personal life and asked for gifts/loans; controlled access to information; isolated him from visitors and denied his privacy; instilled distrust and fear; used affection and sex to influence him; moved into [client]'s home (although timing relative to actual exploitation and sexual abuse are unclear); and took [client] to a new attorney. [redacted] made promises to help him make money by investing in her business. [redacted] and [redacted] made false claims as to business expenses; made frequent/repeated requests that benefitted themselves; and solicited or encouraged gifts, loans, bequests, or cash
 - Unfair or Improper Outcomes: [client] suffered economic losses of more than \$900,000; daughter [redacted] mentioned that [redacted] took items that belonged to [client]'s late wife. [client] made changes to his legal documents. [client] made excessive gifts to [redacted] and [redacted]. [redacted] used [client]'s credit cards and other property.

Under all of these frameworks, the criteria are certainly met for undue influence to be a factor in [client]'s situation.

Discussion

The four basic criteria examined in assessing decision-making capacity include understanding the problem, appreciating the situation and options, reasoning about options, and choosing an option / expressing a choice.

- Understanding – [Client] demonstrated significant cognitive deficits in several areas essential to his being able to understand his situation and relevant information: attention and concentration, orientation, short-term memory, math, etc.
- Appreciating – Because [client] was not able to understand, process, or retain information, he was unable to use this information and logic to see possible consequences of different options or likely outcomes of different actions.
- Reasoning – Because [client] was able to understand relevant information or to appreciate the situation and options, he was unable to evaluate and weigh options for action.
- Choosing – Because [client] was able to understand relevant information, appreciate the situation and options, or reason through options for action, he is unable to express or communicate a logical choice and carry out action. He still insists that he wants to make his own decisions and handle his own finances, but he was unable to say how he would prevent exploitation from occurring in the future: “I would think about it.”

In examining decision-making capacity, it is also important to consider:

- Does the person’s decision in this situation represent a change from previous decisions? Yes, [client] said that he was conservative and thrifty in his business dealings (“Thrifty was the name of my business even”). He was not extravagant and did not give even his wives or children extravagant gifts or loans.
- Does it affect everyday safety and functioning? Yes, [client]’s finances and his relationship with his caregiver(s) are central to his safety and functioning.
- What is the complexity and substance of the documents, situation, or action? Very significant in that over \$900,000 was taken and legal documents were changed.

While decisional capacity is time-specific, the fact that these difficulties have been present for at least the last few months, if not years, indicates that [client]’s abilities to manage his financial and legal affairs are unlikely to improve; as he continues to age, his abilities will likely worsen over time.

This unfortunate situation of [client]’s personal and financial exploitation resulted from the combination of [client]’s vulnerability and impaired decision-making capacity along with the undue influence exercised by [redacted] and [redacted] to commit theft.

Summary

Diagnostic Impression: The information gathered by report, by observation and interview, and by cognitive testing supports a clinical diagnosis of unspecified neurocognitive disorder (DSM-V: 799.59; ICD-10: R41.9).

Findings of decision-making capacity: This visit and related information from APS and family contributed to both a psychological assessment of [client]’s attention, concentration, memory, abstraction, judgment/insight, executive function, as well as a decision-specific assessment of [client]’s knowledge, skills, abilities related to his situation and challenges. [Client] also appears very vulnerable to undue influence as he is unable to recall the details or magnitude of the financial exploitation, nor can he recognize the risks or impact this has had on his financial security.

At the time of this visit, based on the evidence presented in this report, it is my assessment that **[client] does not have the decision-making capacity to fully manage his financial and legal affairs.**

Recommendations:

APS and law enforcement should seek a Vulnerable Adult Protection Order against the caregiver [redacted] and her daughter [redacted] to keep them off the property and out of contact with [client]. I would support the prosecution of [redacted] for theft with undue influence. It is my understanding from [APS] that APS will conduct a thorough forensic accounting of [client]’s finances to determine the full extent of financial exploitation.

APS should support the invalidation or suspension of the POA naming [redacted] and ensure that all banks and financial institutions are notified as to the fraudulent document and the rightful POA role of his son [son].

APS should discuss with family and [client] as to what steps may be taken and/or what systems may be put in place to ensure that assets are protected from further loss, and that [client]’s current and future needs can be met.

In my visit, [client] insisted that he wanted to manage his own affairs, but said at one point that he would be okay with his children monitoring his finances and having access to information so that they can alert him if they see anything questionable.

A fiduciary or money manager may be an appropriate professional whose involvement [client] may accept.

APS should advocate for the involvement of a geriatric care manager to support [client], and to provide oversight of caregivers, as it appears [client] will likely continue to be highly vulnerable. As [son] is in the POA role but lives out of the area, and [redacted] is local but may not be able to stand up to her father and his exploiters, a local geriatric care manager can be the person on the ground to provide support and monitoring. Upon request, I can provide referrals to local professionals, or the caregiver agency may provide this as a service.

It has been a pleasure to provide this assessment service. I am happy to discuss further and answer additional questions at any time.

Clinician Signature: _____
Karin Taifour, MA LMHC GMHS dba Aging Care Consultation Services PLLC

[electronic signature]

[time]

[date]
Date signed