

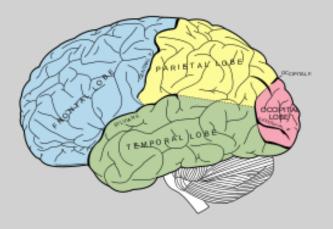
Peter A. Lichtenberg, Ph.D, ABPP

Director IOG and Professor of Psychology Wayne State University Institute of Gerontology p.lichtenberg@wayne.edu





Peter A. Lichtenberg, Ph.D., ABPP p.lichtenberg@wayne.edu

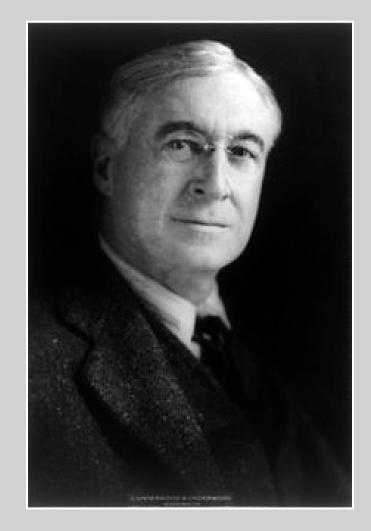


"The human brain starts working the moment you are born and never stops until you stand up to speak in public." ~George Jessel





"Old age is always 15 years older than I am.» ~Bernard Baruch, **Age 84 United Nations Diplomat**







Objectives

- **1**. Review Definition and Detection of Dementia
 - 2. Examine different aspects of financial decision making
- 3. Discuss the research on how cognitive decline impacts decision making
 - 4. Review Types of Financial Exploitation
 - 5. Examine new methods of Assessment for decision making capacity





Step 1: Establish Syndrome of Dementia

Cognitive or Neuropsychiatric Symptoms that:

- **1**. Interfere with ability to function in usual activities
- 2. Represent a decline from previous functioning
- 3. Not due to delirium or major psychiatric disorder
- 4. Cognitive impairment detected through history and objective assessment
- 5. At least problems in 2 domains (memory, reasoning, visuospatial, language, personality change)





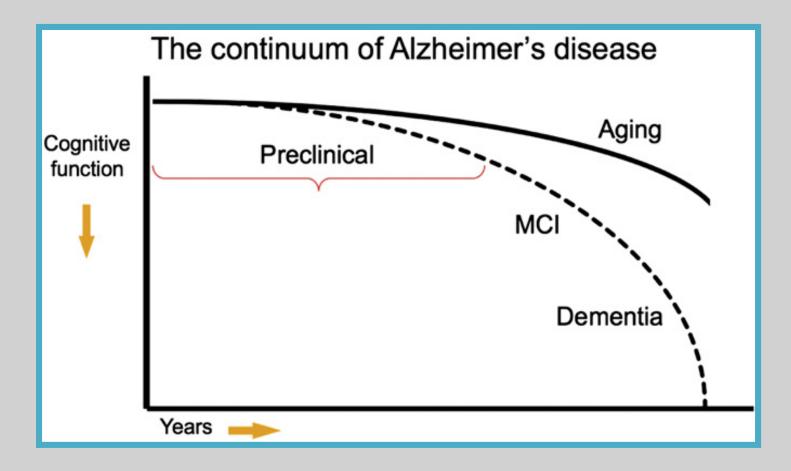
Criteria for Probable AD

- 1. Meet criteria for dementia
- 2. Insidious onset
- 3. Clear-cut history of worsening cognition
- 4. Variety of presentations; amnestic most common, language (word finding), executive dysfunction
- 5. AD does not include **extensive WMHs**, **LBD**, **or PPA**

Note: WMHs may meet criteria for Possible AD WAYNE STATE







Sperling et al. 2011, Alz. & Dementia

WAYNE STATE

UNIVERSITY



Number of People with AD, by Age Group (in millions)

Year	Age 65-74	Age 75-84	Age 85+	Total
2000	0.3	2.4	1.8	4.5
2010	0.3	2.4	2.4	5.1
2020	0.3	2.6	2.8	5.7
2030	0.5	3.8	3.5	7.7
2040	0.4	5.0	5.6	11.0
2050	0.4	4.8	8.0	13.2

Hebert et al., Arch Neurol (2003), 60, 1119

Plassman Prevalence Estimates of Minor and Major Neurocognitive Impairment

CIND (n=241)		AD (n=98)	
Age 71-79	16%	Age 71-79	3.5%
Age 80-89	29%	Age 80-89	10.2%
Age 90+	39%	Age 90+	22.4%
Total	22%	Total	8%

50% of persons with mild AD and 93% of those with moderate AD had impaired financial capacity





Early Detection of Dementia: A Strategy the MI Dementia Coalition Developed



- 2. Informant Report
- 3. Triggers

Perceived Cognitive Impairment

• The Healthy Brain Initiative: A National Public Health Road Map to Maintaining Cognitive Health in 2007.

PCI via BRFSS:

(Behavioral Risk Factor Surveillance Survey)

 Among adults aged 50+, Perceived Cognitive Impairment endorsements varied: 6.0% in Florida to 14.9% in Michigan. The numbers were even higher among the African American population in Michigan (21.9%).

Questions to Ask

- 1. Are your memory, thinking skills, or ability to reason worse than a year ago?
- 2. If yes, has this interfered with your everyday activities (e.g., shopping, paying bills, driving)?
- 3. Has a physician or other health care professional evaluated your memory or thinking change?

PCI yes

- Worse health,
- Poorer social support
- Less mobility

Early Detection of Dementia: Lay Person Based Screening

- N=272 caregivers for creation
- Validated on 103 new patients: 61 diagnosed with dementia
- Age 74 years
- Education 12.6 years
- Duration 4.3 years

Mundt et al., 2000

Early Detection Screening Items 1-6 Yes/No Items

- 1. Repeat themselves
- 2. More forgetful
- 3. Need reminders for chores, shopping, etc.
- 4. Seem sad, may cry more often
- 5. Trouble with calculations and managing finances
- 6. Lost interest in usual hobbies or activities

Early Detection Screening Items Cont'd

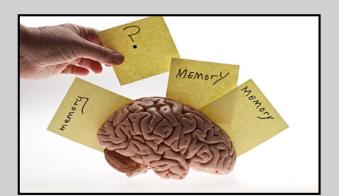
7-10 Yes/No Items

- 7. Needing help with ADLs
- 8. Irritable, agitated or suspicious
- 9. Concerns about driving (safety or lost)
- 10. Trouble finding words

Cutoff score of 4: 82% PPV, 93.5% NPV

Four Best Items for Early Detection

- Repeated Questions (Item 1)
- Psychiatric Symptoms (Item 8)
- Difficulty Driving (Item 10)
- Short term Memory Problems (Item 2)



Dementia Triggers

What Are Triggers?

Triggers are patterns of behavior exhibited by client that are recognizable by Professionals and their staff and may indicate memory loss. They are intended to assist in earlier recognition of individuals with cognitive decline to prompt appropriate assessment.





Dementia Trigger

Communication

- Missed Office Appointments
- Confusion about Medical Conditions/Treatment Instructions
- Calling Office
 Frequently
 WAYNE STATE
 LINIVERSITY

- Repetitive Speech
- Missed Paying Bills
- Difficulty Following Directions
- Trouble with Handling Paperwork



Financial Competency

- Cornerstone assessment in most FE cases
- Competency=Autonomy
- Incapacity= Need for Protection

• BALANCING ACT: OVER-PROTECTION AS HARMFUL AS UNDER-PROTECTION



Aging, Neuropsychology, and Cognition 2001, Vol. 8, No. 3, pp. 164–181

1382-5585/01/0803-164\$16.00 © Swets & Zeitlinger

Loss of Financial Competency in Dementia: Conceptual and Empirical Approaches

Daniel C. Marson

Department of Neurology, Alzheimer's Disease Research Center, and Center for Aging, University of Alabama at Birmingham, AL, USA







Basic Monetary Skills 1. **2.** Financial Conceptual Knowledge 3. Cash Transactions 4. Checkbook Management 5. Bank Statement Management 6. Financial Judgment 7. Bill Payment

8. Knowledge of Assets/Estate Arrangements WAYNE STATE UNIVERSITY 174

Wayne StatE University

DANIEL C. MARSON

	Capable	Marginally capable	Incapable	p^*
Domain 1: Basic monetary skills				.0002
Mild AD patients	53% (16/30)	17% (5/30)	30% (9/30)	
Moderate AD patients	10% (2/20)	0% (0/20)	90% (18/20)	
Domain 2: Financial concepts				.002
Mild AD patients	47% (14/30)	13% (4/30)	40% (12/30)	
Moderate AD patients	5% (1/20)	5% (1/20)	90% (18/20)	
Domain 3: Cash transactions				.0002
Mild AD patients	47% (14/30)	10% (3/30)	43% (13/30)	
Moderate AD patients	0% (0/20)	0% (0/20)	100% (20/20)	
Domain 4: Checkbook / register				.02
Mild AD patients	27% (8/30)	13% (4/30)	60% (18/30)	
Moderate AD patients	0% (0/20)	5% (1/20)	95% (19/20)	
Domain 5: Bank statement				.003
Mild AD patients	27% (8/30)	16% (5/30)	57% (17/30)	
Moderate AD patients	0% (0/20)	0% (0/20)	100% (20/20)	
Domain 6: Financial judgment				.007
Mild AD patients	13% (4/30)	37% (11/30)	50% (15/30)	
Moderate AD patients	0% (0/18)	6% (1/18)	94% (17/18)	

* Significance of difference between dementia subgroup outcomes using Chi square. From Marson et al. (2000). Copyrighted 2000, American Medical Association. Re-printed by permission.





1. Executional

2. Decision-Making







Random samples help us understand the range of individual differences

Hsu and Willis: 10 year study of couples where one person had cognitive decline:

- Money management problems preceded giving up control of finances
- 33% of persons with dementia remained the primary financial decision maker







25% of sample where one partner was cognitively in the range of dementia retained decision making capacity despite loss of executional skills





Dangerous Combination



Vulnerability to Financial Exploitation





Elder Abuse

- Viewed in similar fashion to domestic violence
- Physical abuse cases can be extreme and upsetting
- Until recently financial exploitation seen as lower priority as the harm was not perceived to be as great.
- Alzheimer's Disease research pays little attention to elder abuse

Wayne StatE

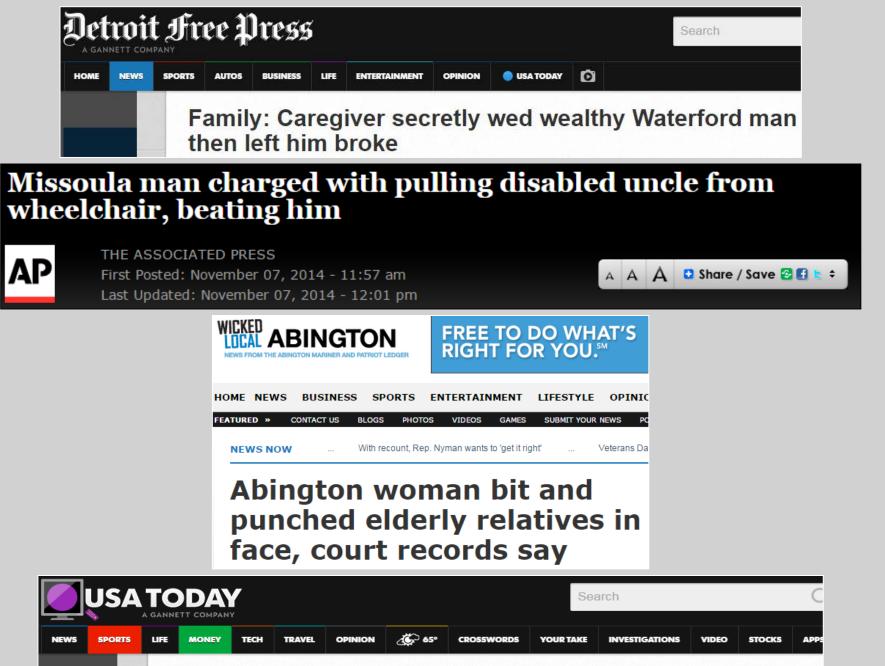


Financial Exploitation Focus Recently Re-Emerged

- **MetLife Study** impact estimated at 2.9 Billion dollars per year, and 10% increase between 2008-2010.
- Study measured media coverage not incidence





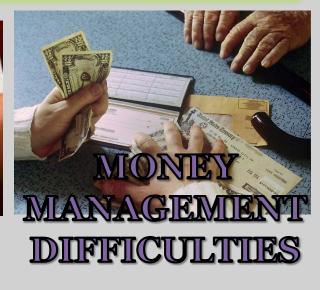


Retirement: Financial abuse costs victims avg. \$30,000

Six Domains of Financial Exploitation

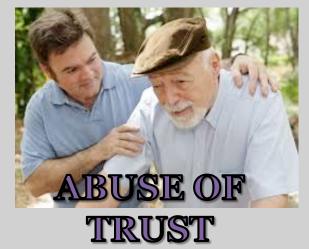








Conrad et al. (2010)







Types of Financial Exploitation Cases

- Hybrid FE: More likely to co-habitate and suffer from dementia; Lost an average of \$185,574; also suffered physical abuse and/or neglect
 - **Pure FE**: Lost an average of \$79,422; theft most common form (47%); fraud (32%)

Jackson and Hafemeister (2012)







Both under and over-protection of older adults can lead to damaging consequences.





Model: Financial Decisional Abilities

• Formed 2 New Scales:

Lichtenberg Financial Decision Making Rating Scale (LFDRS)

Lichtenberg Financial Decision Screening Scale (LFDSS)





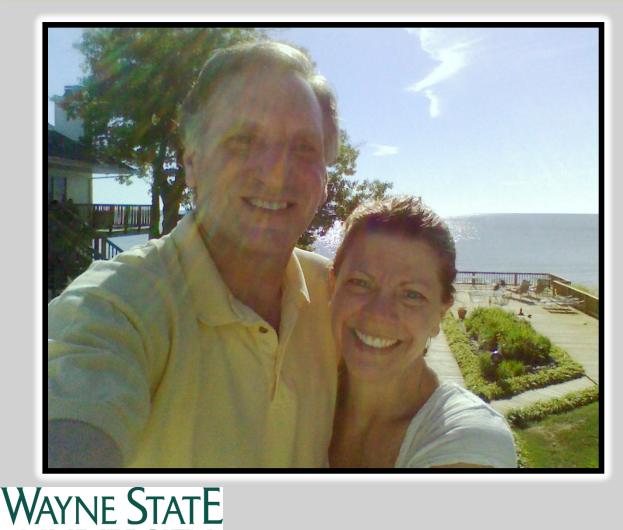


Overall Goal: Assessment at Point of Decision





Susan MacNeill Lichtenberg Ph.D., ABPP (1963-2014)



This work is very personal to me— Lichtenberg **Scales:** The last collaboration with my late wife and colleague



Using Person-Centered Principles for Financial Capacity

- People are more than the sum of their cognitive abilities
- Traditional approaches overemphasize deficits and under-emphasize strengths
- Subjective experience of PWD remains important





Groundbreaking Work of Appelbaum and Grisso 1988

- Originally for capacity for psychiatric treatment and guardianship, then health decisions
- ID 4 aspects of decision making: *Communicating*
 - 1. Choice
 - 2. Understanding
 - 3. Appreciation
 - 4. Reasoning

WAYNF STATF





- **Capacity to enter into a contract** (e.g. real estate)-- Estate of Erickson 202 Mich APP 329, 331, 508 NW2d 181 (1993) indicates that person executing a real estate contract such as a home equity loan must possess sufficient mind to *understand*, in a reasonable manner the *nature and effect* of the act in which he is engaged.
- **Testamentary capacity in Michigan** requires (per MCLA 700.2501, 700.7601) that the person making a will
 - 1. Understand the purpose of the document;
 - 2. Has the ability to know the nature and extent of his or her property;
 - 3. Knows the natural objects of his of her bounty; and
 - 4. Has the ability to understand in a reasonable manner the general nature and effect of his or her in signing the will (or trust per 700.7601).
- **Rationale/Reasoning**—implicit to these, but so important to consider





Expert Panelists

- Using the Concept Mapping Model (Conrad et al., 2010) we then assembled two groups of experts:
 - 6 were engaged in financial-capacity work across the nation and
 - 14 were local and worked directly, on a daily basis,
 with older adults making sentinel financial decisions
 and transactions
- 4 phone conferences held total (2 per group)





Conceptual Model for LFDRS

Contextual

Factors

- Financial Situational Awareness
- Psychological Vulnerability
- Undue Influence

Past Financial Exploitation

Wayne StatE

I INIVERSITY

Factors **Express:** Choice Rationale Understanding **Appreciation** Consistency with Values

Intellectual

Integrity of Financial Decisional Ability





• Sample of 69 Urban African Americans





Current Financial Decision or Transaction

Investment/Estate Planning: 18%

Major Purchase: 64%

Financial difficulty (e.g. bankruptcy): 18%





Results

 $\chi^2 = 12.2, p = .002$

WAYNE STATE UNIVERSITY

Overall, how satisfied are you with				
your finances?**	Financial	No Financial		
Satisfied	Exploitation 23.1 (3)	Exploitation 41.1 (23)		
Neither satisfied nor dissatisfied	15.4 (2)	46.4 (26)		
Dissatisfied	61.5 (8)	12.5 (7)		
$\chi^2 = 13.5, p = .001$ How confident are you in making big financial decisions?**	Financial Exploitation	No Financial Exploitation		
Confident	23.1 (3)	76.8 (43)		



Results Continued

	$\chi^2 = 14.1, p = .001$			
	How worried are you about having			
	enough money to pay for things?**	Financial Exploitation	No Financial Exploitation	
	Not at all worried	7.7 (1)	41.1 (23)	
	Somewhat worried	46.2 (6)	50.0 (28)	
	Very worried	46.2 (6)	8.9 (5)	
	$\chi^2 = 5.7, p = .017$			
	Do you regret or worry about financial	Financial	No Financial Exploitation	
	decisions you've recently made?**	Exploitation		
	No	30.8 (4)	71.4 (40)	
WAYNE STATE	Yes	69.2 (9)	28.6 (16)	
UNIVERSITY	105		~0.0 (10)	





• 13 participants or 18% experienced FE

• Total rating and all subscales differentiated groups whereas traditional financial measure did not





Lichtenberg Financial Decision Screening Scale (LFDSS)

- 10 items: To be administered in an interview format
- Multiple choice

Wayne StatE

- Focuses on the 4 intellectual factors and potential for undue influence
- Professional does the rating on each item and does not just record older adult's responses.
- Overall judgment score based in part on don't know or inaccurate responses.



What Our Approach Is and What It Is Not

It Is:

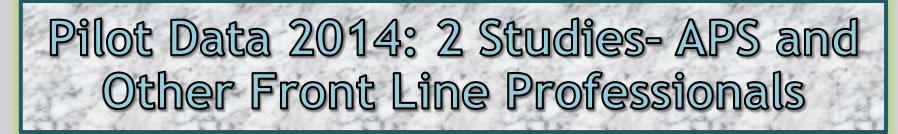
- A way to understand the older adult's perspective on the situation
- Part of an assessment, just as observation, record reviews and other interviews are
- A novel way to assess informed decision making

WAYNE STATE

It Is Not:

- A check the box and look at the score test
- A complete interview: it often raises more questions
- Something that takes the place of the interviewer's skills





APS

- 28 cases 64% cases substantiated
- 18 substantiated; 11 women, 7 men
- No differences between groups in age, education

Other Front Line Professionals

- 78 cases attorneys, FP, Health Care
- 12% base rate of concerns (13 of 78)
- No differences between groups in age, education





Independent Samples t-Tests for the LFDSS Total Risk Score for Current Financial Decision

		M (SD)	t	df	р
	Some or Major	15.00			
	Concerns	(6.6)			
	Decisional Ability				
LFDSS Total for Current	No Concerns	8.56			
Decision		(2.1)	5.47	106	.0001
	APS Case	14.50			
	Substantiated	(6.3)			
LFDSS Total for Current	APS Case Not	8.20			
Decision	Substantiated	(2.0)	3.06	26	.005
	Professional Case:	17.42			
	Do not move	(6.8)			
	forward				
	Professional Case:	8.63			
LFDSS Total for Current	Move forward w/	(2.1)			
Decision	decision	(~~~)	-4.41	77	.001

LFDSS Item comparisons: FE v non FE

- Impact on Finances: 33% negative; 23% inaccurate vs. 1% negative and 3% inaccurate
- Risk Level: 24% high risk; 33% inaccurate about risk level vs. 4% high risk and 1% inaccurate
- Decision itself: 42% inaccurate about decision in question vs 2%

LFDSS Instructions

• The LFDSS is a structured, multiple choice interview that should be administered in a standardized fashion. In introducing the LFDSS to the older adult, read out loud the following one-sentence explanation:

"I am going to ask you a set of questions to better understand the financial transaction/decision you are making or have already made. Please answer these as best you can and feel free to elaborate on any of your answers."





_FDSS Questions 1-5 Lichtenberg, 2013©

c)

a)

Decisional Ability Questions 1-2

- 1. What is the financial decision you are making?
 - a) Investment planning (retirement, insurance, portfolio balancing)
 - b) Estate planning (will, beneficiary, gifts)
 - c) Major purchase (home, car, renovations)
 - d) Don't know/inaccurate
- 2. Was this your idea or did someone suggest it or accompany you?
 - a) My idea
 - b) Someone else suggested/drove me here
 - c) Don't know/inaccurate

Wayne StatE University

Scale cannot be used without permission of Dr. Lichtenberg

Questions 3-5

- 3. What is the purpose of you decision?
 - a) Benefit self, plan, peace of mind
 - b) Benefit family (whom?)
 - Benefit charity (which?)
 - d) Benefit someone else (whom?)
 - e) Don't know/inaccurate
- 4. What is the primary financial goal?
 - a) Earn money through investment
 - b) Share wealth
 - c) Give someone access to my money
 - d) Gift someone or a charity (Which?)
 - e) Don't know/inaccurate
- 5. How will this decision impact you now and over time?
 - Improve financial position
 - b) No impact
 - c) Negative impact/debt
 - d) Don't know/inaccurate



LFDSS Questions 6-10 Lichtenberg, 2013©

Questions 6-7

- 6. How much risk is involved?
 - a) Low risk or none
 - b) Moderate risk
 - c) High risk

WAYNE STATE

I JNIVERSIT

- d) Don't know/inaccurate
- 7. How may someone else be negatively affected?
 - a) No one will be negatively affected
 - b) Family members (who and why?)
 - c) Someone else (who and why?)
 - d) Charity (which and why?)
 - e) Don't know/inaccurate

Questions 8-10

- 8. Who benefits most from this financial decision?
 - a) I do
 - b) Family
 - c) Friend
 - d) Caregiver
 - e) Charity/organization
 - f) Don't know/inaccurate
- 9. Does this decision change previous planned gifts or bequests to family, friends, or organizations?
 - a) No
 - b) Yes (who and why?)
 - c) Don't know/inaccurate
- 10. To what extent did you talk with anyone regarding this decision?
 - a) Not at all
 - b) Mentioned it (to whom?)
 - c) Discussed in depth (with whom?)
 - d) Don't know/inaccurate



Scale cannot be used without permission of Dr. Lichtenberg

Case Example #1

Case #1: A 68-year-old high school graduate is considering buying a new home for her grandson.

- She has relatively few resources herself and this purchase would put her at risk for financial hardship
- She will lack access to the cash she will spend and that she will be responsible for the mortgage payments
- She would be financially responsible should her grandson decide to no longer pay the monthly bills.
- Grandson is marginally employed and has no financial resources; making an investment in him a significant risk.





LFDSS and Case Example #1

LFDSS Questions and Answers:

- #2 Your idea or did someone else suggest this? "My grandson's idea but I like it."
- #4 Primary financial goal? *She is unsure.*
- #5 How will decision impact you now and over time? *She says it will improve her position but Rater said that is inaccurate.*
- **#6** How much risk to your financial well-being? *She says none; Rater says that there is moderate to high risk and therefore response is inaccurate.*
- **#8** Who benefits most from this decision? *She reports "I do" but clearly grandson would be major beneficiary.*





Case Outcome #1

The Rater marks this a **0** for Decisional Abilities, "Major Concerns," and Substantiates case

Let's Review:

- The woman in question *communicates*:
 - Choice (buy a home for her grandson)
 - Rationale (he will have a nice place to live)
- But the woman *lacks*:
 - Understanding (goal, who benefits)
 - Appreciation (financial impact, risk to financial well-being)





Case #2: 77 year old high school educated woman.

• #1 Decision: To name daughter POA and add daughter to her bank account

Case Example #2

- **#2** Daughter suggested it
- #5 Daughter is going to use money but promises to pay back
- #6 No risk
- #8 States she benefits most







• Woman has clear dementia

• Outcome: Restitution in process, no criminal charges





Case Example #3

Case #3: 86 year old man; master's degree

- #1 Financially support his daughter
- #2 His idea
- **#3** Purpose: *Benefit family—love her*
- **#4** Impact on finances: *None/slight*
- **#6** Risk to financial well being: Small
- **#8** Who benefits most: *Family*
- **#10 Discuss with?** *No one* WAYNE STATE UNIVERSITY





No Decisional Ability Concerns

• Case not substantiated for FE





When to Use the LFDSS

- When you want to better understand an older adult's financial decision(s) or transaction(s)
- Build Rapport first— then ask some of the easy questions about finances—
 - **1**. How confident with financial decisions,?
 - 2. How anxious about money decisions?
 - 3. Any financial decisions you regret or worry about?
- When administering the scale: Make it conversational and not robotic/don't rapid fire questions
- Ask for clarification and elaboration on items after scale has been administered





What To Do When You Have Concerns

- Use a counseling/education approach with your clients
- Find ways to bring a third party in to discuss matter also
- Slow process down—do not execute documents that day and make older person return
- Call Adult Protective Services if Financial Exploitation is discovered and cannot be resolved.





Contact Information: Join Me in Work on This Scale

Peter Lichtenberg, Ph.D. Email: <u>p.lichtenberg@wayne.edu</u> Phone: *Office* 313-664-2633 *Cell* 248-497-3088 Fax: 313-664-2667



