

# Community Based Capacity Assessments: Lessons Learned.



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# Introductions and Acknowledgements

- Dr. Stacey Wood, Professor and Clinical neuropsychologist.
- Mr. Ricardo Escobedo, SSP
- Thanks to Roxanne Young Deputy Director Adult and Aging Services, San Bernardino County for her support of the program!!



# Goals of Lecture

- We will provide a model for the capacity assessment of complex client
- Identify red flags for referral for capacity assessment.
- We will provide examples of obstacles and potential solutions with complex clients
- Present case studies illustrating the model to help with application



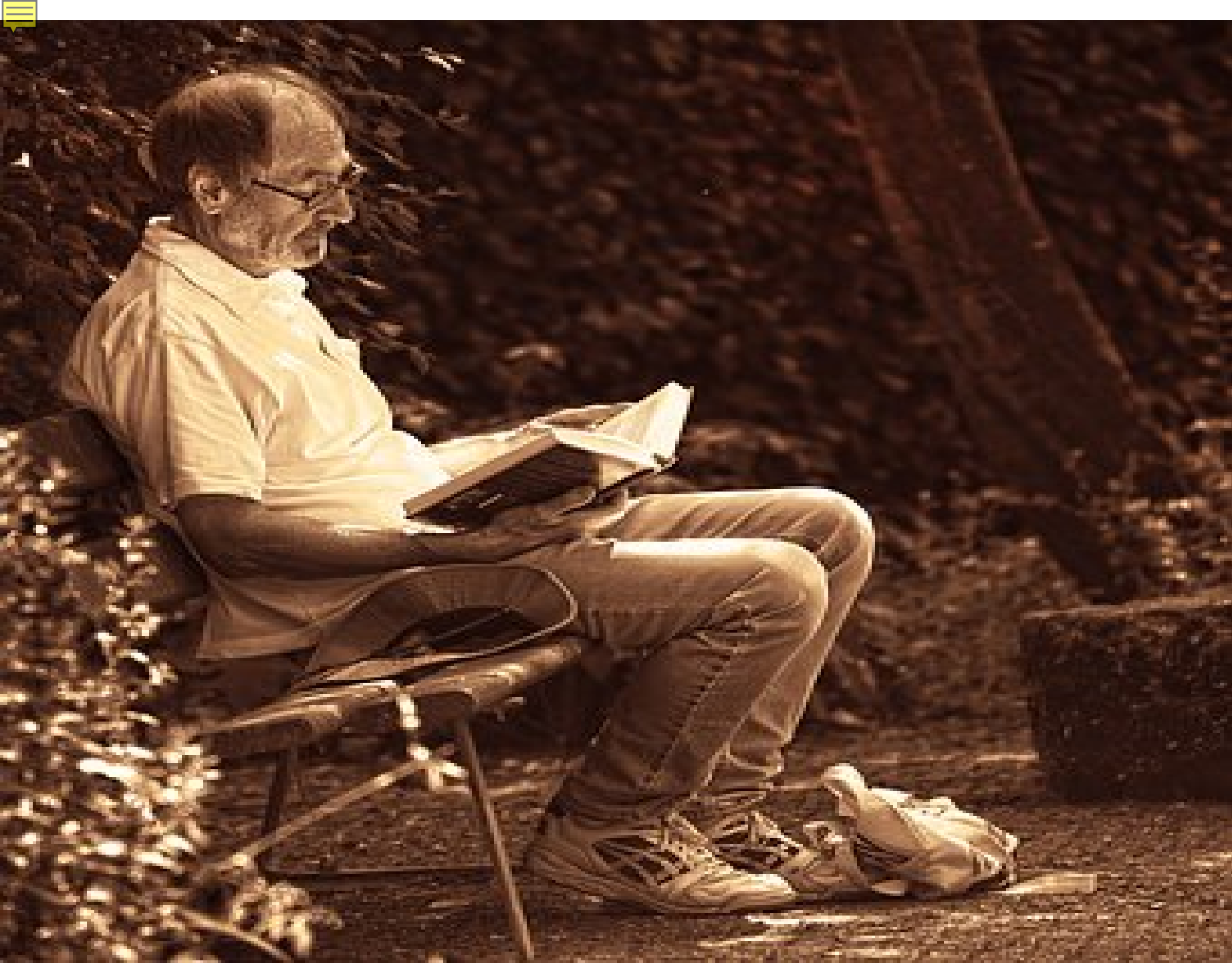
# Initial Goals of Program

- Client making poor decisions, refuses services, refuses to see physician.
- Have Psychologist make “house calls” to complete geriatric assessment, make recommendations to the team, and if applicable, complete capacity paperwork.



# Model for Capacity Assessments SB

1. Initial Referral (how to prioritize).
2. Consultation with CAM, Supervisor and PG MDT
3. Preparation of Referral: request medical/psychiatric records and/or consult with PCP
4. Contact Dr. Stacey Wood for geriatric assessment / capacity assessment.
5. Initial consultation / Preparation for visit (phone)
6. In person assessment
7. Report writing / Capacity paperwork
8. Presentation to PG





# Case Example 1: Initial Investigation

- Mr. C. is an 82 year old senior currently living on his own in Rancho Cucamonga CA. His neighbors have reported concerns that he wanders in the evenings and that he appears confused at times, but other times appears lucid. There has also been a report from Chase Bank that he has some unusual activity including multiple \$500 atm withdrawals and liquidation of some investment accounts. Mr. C is a diabetic. He is a widow and has 2 adult children who live out of the area. He was hospitalized last March for UTI.
- When you meet with him you find that he is partially oriented, able to walk and complete some basic ADLs. The home is cluttered and disorganized. His personal care appears to be ok. You ask him specifically about his recent suspicious transactions and he denies awareness of these claiming he doesn't even have an ATM card. He no longer drives so you ask him how he is getting groceries, etc. He reported that his lovely neighbor, Janice has been helping him out, helping him run errands to the store, the doctor, and the bank.



# Case Example 1

- Discussion
  - What risks are identified in this initial vignette?
  - What would you like to know about this client?
  - What would be next steps you would take in this case?
  - Are there any red flags for capacity issues?
  - Would you consider referring for a capacity assessment?





# Red Flags for capacity Issues in APS Clients: When to refer or NOT

- Client is partially or inconsistently oriented.
- Client is behaving in manner that it not in best interest and has difficulty with problem solving.
- Serious risks are present, even though client may appear essentially oriented.
- Complex presentation of psychiatric and cognitive symptoms make it hard to assess decision making.



# Red Flags for capacity Issues in APS Clients: When to refer or NOT

- Client is a nuisance to others (calls 911, or hassles neighbors). But won't stop problem behavior.
- Client has evidence of scam involvement like piles of mail, phone calls, and suspicious bank activity.
- Client is missing health care appointments, poor planning, poor self care.



# In Person Assessment of Capacity

- Initial Assessment / Interview
- Standardized testing of key domains
- Functional, in home assessment
- Special tools
- Collateral Interview
- Record review : Financial / Medical
- Additional Consultation



# Assessment: Financial Capacity

- Financial Knowledge

Is client aware of basic financial information? Income, expenses, bank accounts, debts, terms of loans...

- Skills

Does client retain basic skills related to managing their finances- on-line access, balancing checkbook, ability to pay bills on time.

- Judgment:

Does client retain ability to manage their finances in a manner consistent with their preferences and best interests?



# In-Person Capacity Assessment

- Case Example: Mr. C.
  - Medical
  - Cognitive
  - Functional
  - Legal Standards- Civil and Criminal, Undue Influence
  - Financial Capacity
  - Final Opinions



# Case Discussion and Outcome

# Lessons Learned and Wrap up.

- Better understanding of underlying causes of poor problem solving.
- Provide an expert who can testify in court to protect safety and well being of our clients.
- Allows for more “big picture” solutions or ultimate resolution in revolving cases.
- Working in the field has informed my (Stacey’s) clinical practice and research on financial elder abuse.

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