CLINICAL PSYCHOLOGY REPORT

Ann Clarke
09.08.1940

31 Cherry Tree Road
Blackpool
FY4 4NS

PREPARED BY

DR. DONNA SCHELEWA
BSc(Hons), D.Clin. Psy.

CHARTERED CONSULTANT CLINICAL PSYCHOLOGIST

SECTION 1

INTRODUCTION

INSTRUCTIONS

NATURE OF INVESTIGATION

SOURCES OF INFORMATION

[1] INTRODUCTION

[1.1] Dr. Donna Schelewa

I am Dr. Donna Schelewa, the principal Consultant Clinical Psychologist in HXI Consulting, a private Chartered Clinical Psychology Practice. HXI Consulting provides research, assessment and therapeutic services across health and legal contexts.

I am a member of the British Psychological Society and the Division of Clinical Psychology. I am a Chartered Clinical Psychologist and I am also regulated by the Health Professions Council. My qualifications include a BSc (Hons) degree in Applied Psychology, a Doctorate in Clinical Psychology and Post Graduate Diploma in Consultative Supervision. I am qualified to use a broad portfolio of psychometric tests and clinical procedures assessing cognitive capacity, personality, and symptomatology and psychopathology in adults. I have twenty years experience in the field of clinical psychology and my current NHS post is as Head of Psychology Services for Carmarthenshire.

[1.2] INSTRUCTIONS

[1.2.1] I have been instructed to prepare a report in respect of Mrs. Ann Clarke. The specific instructions are as follows:

[1.2.2] Please undertake a generalised/global neuropsychological assessment of Ann Clarke.

[1.2.3] Please produce a report and consider:

1. Her capacity to decide on where and with whom to live.
2. Her capacity to manage a small income of £500 weekly.
3. Her capacity to loan, lend or spend her income weekly as she see's fit.
4. Her capacity to make a will.

[1.3] NATURE OF INVESTIGATION

[1.3.1] The Investigation involved the following:

- Neuropsychological assessment of Ann Clarke
- Capacity Assessments of Ann Clarke

[1.4] SOURCES OF INFORMATION

[1.4.1] No documents were received with the letter of Instruction. The findings in this report are based solely upon a neuropsychological and capacity assessment of Ann Clarke. Mrs. Clarke's medical records were requested but not supplied.

SECTION 2

ASSESSMENT OF

Ann Clarke

Client Details

CLIENT 1:

NAME: ANN CLARKE

ADDRESS: 31 CHERRY TREE ROAD
BLACKPOOL
FY4 4NS

DATE OF BIRTH: 09.08.1940

AGE: 70 YEARS 4 MONTHS

DATE OF ASSESSMENT: 27.11.2010

REPORT DATE: 20.12.2010

[2.0] ANN CLARKE - OVERVIEW & BACKGROUND

[2.0.1] Personal and Social History: Mrs. Clarke's son Michael provided a brief social history for his mother. He reported that he was one of three children and that his mother Mrs. Clarke has lived predominantly with him since 1995. He stated that his mother had attempted suicide in 1995 following a prolonged period of depression. Mrs. Clarke was reportedly hit by a wagon and sustained severe left hemisphere brain damage. Since this time, it was reported that she has lived predominantly with her son Michael who has assumed the main carer role.

[2.0.2] Description of Current Circumstances: It was reported that Mrs. Clarke had become concerned that she may be forced to live elsewhere other than with her son Michael. This reportedly was causing her significant concern. Therefore it was arranged for her to engage in a neuropsychological and capacity assessment to consider her ability to make her own decisions regarding her future.

[2.1.0] ASSESSMENT OF PSYCHOLOGICAL WELLBEING

[2.1.1.] *The Beck Depression Inventory (BDI-II).*

This is a 21-question multiple-choice self-report inventory that is one of the most widely used instruments for measuring the severity of depression. The most current version of the questionnaire is designed for individuals aged 13 and over and is composed of items relating to depression symptoms such as hopelessness and irritability, cognitions such as guilt, or feelings of being punished, as well as physical symptoms such as fatigue, weight loss, and lack of interest in sex. There are three versions of the BDI—the original BDI, first published in 1961 and later revised in 1978 as the BDI-1A, and the BDI-II, published in 1996. The BDI is widely used as an assessment tool by healthcare professionals and researchers in a variety of settings.

Mrs. Clarke's score = 14 - this places her within the non clinical range and suggests that she does not present with symptoms consistent with a diagnosis of depression.

[2.1.2] *The Beck Anxiety Inventory (BAI).*

The Beck Anxiety Inventory (BAI), created by Dr. Aaron T. Beck, is a 21-question multiple-choice self-report inventory that is used for measuring the severity of an individual's anxiety or levels of stress. It has been used in a variety of different patient groups, including adolescents and elderly patients.

Mrs. Clarke's score = 11 - This places her within the non-clinical range and suggests that she does not present with symptoms consistent with a diagnosis of anxiety.

[2.1.3] *The Beck Hopelessness Scale (BHS)*

The Beck Hopelessness Scale (BHS) is a 20-item scale for measuring negative attitudes about the future. Beck originally developed this scale in order to predict who would commit suicide and who would not. The BHS is recommended for measuring extent of negative attitudes in clinical and research settings.

Mrs. Clarke's score = 4 - This places her within the non clinical range and suggests that she does not perceive her situation to be hopeless. High scores on this scale correlate with self harming behaviour.

[2.2.0] NEUROPSYCHOLOGICAL ASSESSMENT

[2.2.1] A neuropsychological assessment is traditionally carried out to assess the extent of impairment to a particular cognitive skill and to attempt to locate an area of the brain which may have been damaged after brain injury or neurological illness. A comprehensive neuropsychological assessment was completed with Mrs. Clarke.

[2.3.0] TEST ADMINISTERED

[2.3.1] *Kaplan Baycrest Neurocognitive Assessment (KBNA)*

This comprehensive screening tool combines behavioural neurology and traditional neuropsychological approaches to assessment. The KBNA provides important information that can be used for a general overview, in-depth diagnosis, or treatment planning and monitoring. The battery comprises subtests that focus on these major areas of cognition:

- Attention/Concentration
- Reasoning/Conceptual Shift
- Verbal Fluency
- Language
- Praxis
- Spatial Processing
- Immediate Memory Recall
- Delayed Memory Recall
- Delayed Memory Recognition
- Expression of Emotion

[2.3.2] Organisation of the KBNA: Each of the KBNA subtests were constructed to measure specific aspects of neurocognitive functioning. The purpose of these subtests is to determine whether an individual's neurocognitive performance is in the average, equivocal or below average range. Mrs. Clarke attained the following results on the KBNA subtests:

1. *Orientation:* The orientation subtest is composed of a series of questions that tap the examiner's knowledge of the current date and time, geographic location and personal information. The domain of cognitive functioning is the individual's declarative memory for personally relevant information.

2. *Sequences:* The sequences subtest is a collection of mental-control tasks that tap selective attention. For one task, the examinee is required to recite the months of the year in the normal sequence and then to recite the months in reverse sequence. For individuals with expressive dysphasia, they are asked to point to cards with the months of the year written on them in the correct sequence and then in reverse order.

3. *Numbers:* This is a measure of primary memory. The examinee is asked to recall a set of telephone numbers in two oral response trials and one written-response trial.

4. *Word Lists 1 and 2:* The Word Lists subtests tap into the examinee's ability to learn and remember a list of twelve words. Word List 1 is the immediate free recall

5. *Complex Figure 1 and 2:* This subtest consists of two components: copy and immediate free recall. This task is a measure of spatial appreciation and spatial memory.

6. *Motor programming:* For this subtest the examinee is asked to open and close each hand simultaneously and oppositionally. This subtest is a means of assessing the examinee's praxis and the production of simultaneous, co-ordinated movements.

7. *Auditory Signal detection:* For this subtest that examinee listens to a tape recording of alphabet letters in random order, and signals, by tapping the table, each time he or she hears the letter A. The letters are read at the rate of one per second. This subtest is a measure of selective attention and sustained attention.

8. *Symbol Cancellation*: For Symbol Cancellation, the examinee is presented a page with over 200 geometric figures and is asked to circle the figures that match a designated target. The task is a measure of selective and sustained attention.

9. *Clocks:* The Clocks subtest consists of five components: free drawing, predrawn copy, reading without numbers and reading with numbers. The subtest measures semantic memory and visuospatial memory.

10. *Picture naming:* Picture naming requires the examinee to name objects depicted in black and white line drawings. If the examinee does not recognise an object, he/she is given a semantic cue. If the examinee recognises the object but cannot spontaneously name it he/she is given a phonetic cue. The principal domain of focus is language naming, but the subtest also taps into visuoperceptual memory.

11. *Sentence Reading-Arithmetic:* This subtest serves a dual purpose. The first task requires the examinee to read aloud two math problems and is therefore a measure of reading ability. The second part of the subtest consists of nine math problems requiring addition, subtraction or multiplication.

12. *Reading Single Words:* This subtest requires the examinee to read aloud a set of ten words and five nonsense words. This allows the clinician to evaluate the examinee's ability to use phonetic decoding instead of visuospatial memory.

13. *Spatial Location:* For this subtest, the examinee is presented with a series of figures, and is then required to place circular chips on a matrix to replicate the array of dots in the stimulus figure. This subtest taps into the examinee's spatial memory.

14. *Verbal Fluency:* This subtest has three components. The first is a task of language expression, the second is considered to be a measure of language naming and verbal semantic memory and the third task taps in to language naming.

15. *Praxis:* This subtest is divided in to tests of ideomotor praxis for intransitive movements, transitive movements and buccofacial movements. These tasks are a means of assessing praxis control and are accepted as tasks of ideomotor apraxia. Ideomotor apraxia often occurs after damage to the language dominant hemisphere. Limb apraxia is far more common than buccofacial apraxia, but successful performance on the buccofacial movements demonstrates the examinee's ability to follow instructions.

16. *Picture Recognition:* For this subtest the examinee is shown a series of black and white line drawings, twenty of which are identical to those presented in the Picture naming subtest and twenty that are new pictures. The domains involved in this subtest are episodic memory-consolidation and visuospatial memory. It is very useful with aphasics for whom the results of verbal memory tests are often contaminated by the effects of impaired verbal encoding or retrieval.

17. *Expression of Emotion:* This subtest requires the examinee to demonstrate four facial expressions that represent anger, sadness, happiness and surprise. The targeted domain is emotive expression.

18. *Conceptual Shifting:* This consists of a series of cards, each with a set of line drawings that share similar attributes. The examinee is asked to indicate, by pointing the number corresponding to each design, which three designs are alike. This task is a means of assessing functioning or generalisability and cognitive flexibility.

19. *Picture description – Oral:* The examinee is required to describe a scene using complete sentences. This task measures descriptive discourse, verbal fluency and language naming.

20. *Auditory Comprehension:* For this subtest the examinee is read five questions that require yes or no responses. The test is a measure of language comprehension.

21. *Repetition:* This subtest requires the examinee to repeat verbatim five items read aloud by the examiner. The task is a measure of language comprehension.

[2.4.0] ASSESSMENT OUTCOME

Mrs. Clarke's performance on the KBNA was scored and her results are as follows:

[2.4.1] Results: Raw and Scaled Scores

Subtest	**Raw Score**	**Scaled Score (Where provided)**
Orientation	8/13	
Sequences	28	3
Numbers	3/9	
Word Lists	4/48	1
Complex Figure 1	11	9
Motor Programming	3/4	
Auditory Signal detection	19/22	
Symbol Cancellation	47/60	
Clocks	21/37	
Word Lists 2 Free recall Recognition	 1 22	 1 3
Complex Figure 2 Recognition	6	8
Picture Naming Phonemic Cues	2/20 11/20	
Sentence Reading-Arithmetic Reading Accuracy Arithmetic Score	 0/4 3/11	
Reading Single Words	0/15	
Spatial Location	28	5
Verbal Fluency Semantic Score Phonemic Score	 2 18	 2 14
Praxis Intransitive Movements Transitive Movements Buccofacial Movements	 9/16 4/16 7/8	
Picture Recognition	28/40	
Expression of Emotion Spontaneous Imitation	6/8 4/4 2/2	
Conceptual Shifting	14/20	
Picture Description- Oral	0/4	
Auditory Comprehension	7/10	
Repetition	0/5	

[2.4.1] Results: Index Scores

Index	Index Score	Percentile
Attention/Concentration	23	<1
Memory – Immediate recall	31	3
Memory – Delayed Recall	27	1
Memory - Delayed Recognition	33	4
Spatial Processing	3	27
Verbal Fluency	17	<1
Reasoning/Conceptual Shift	0	0

[2.4.2] Summary of Results: Mrs Clarke attained a range of scores on the KBNA that are now discussed in more detail:

Subtest: Orientation - This subtest measures an individual's declarative memory for personally relevant information. Mrs. Clarke attained a score of 8/13. However, due to her evident expressive dysphasia, she required assistance in the form of a range of written and verbally presented answers that she could select from. These were read aloud to her and she selected the answer that she perceived was the correct one. The domain of cognitive functioning assessed by this subtest is the individual's declarative memory for personally relevant information. Mrs. Clarke appears to attain a score in the average range.

Subtest: Sequences - Mrs. Clarke was asked to undertake tasks that required her to arrange items in set sequences. Due to her expressive dysphasia she was required to point to cards in the correct sequence and then in reverse order. The sequences subtest is a collection of mental-control tasks that tap selective attention. Mrs Clarke attained a score of 28/57, which places her in the low average range.

Subtest: *Numbers* - This is a measure of primary memory and Mrs. Clarke attained a score of 3/9. This suggests a reduced memory score, however given that some of the results were dependent upon her being able to express a correct answer verbally to attain a score, her reduced expressive verbal communication skills may be the reason why her score is so low on this subtest.

Subtest: Word Lists 1 and 2 - The Word Lists subtests tap into the examinee's ability to learn and remember a list of twelve words. Mrs. Clarke attained a score of 4/48. However it is very likely that her poor expressive verbal skills are the cause of this low score.

Subtest: Complex Figure 1 and 2 - This task is a measure of spatial appreciation and spatial memory. Mrs. Clarke attained a reasonable score on this subtest suggesting that she has reasonable spatial awareness.

Subtest: Motor Programming - Mrs. Clarke's scores on this subtest suggest that she has the ability to produce some simultaneous, co-ordinated movements. However, her highest score was on the buccofacial subtest this suggests she has a good ability to follow verbal instructions.

Subtest: Auditory Signal Detection – Mrs. Clarke's scores on this subtest suggests that she has a reasonably good selective attention and sustained attention.

Subtest: Symbol Cancellation – Mrs. Clarke attained a score of 47/60 suggesting reasonably good selective and sustained attention abilities.

Subtest: Clocks - The subtest measures semantic memory and visuospatial memory. Mrs. Clarke attained a score of 21/37, suggesting a reasonable ability in these domains.

Subtest: Picture Naming - The principal domain of focus in this subtest is language naming. Mrs. Clarke attained a score of 2/20, however with phonemic cueing this score increased to 11/20. This suggests that her naming ability is undermined by problems with her expressive verbal skills.

Subtest: Sentence Reading-Arithmetic - Mrs. Clarke attained a very poor score for reading aloud (0/4), this appears to be affected by her poor verbal expression abilities.

Subtest: Reading Single Words - This allows the clinician to evaluate the examinee's ability to use phonetic decoding instead of visuospatial memory. Mrs. Clarke attained a score of 0/15 suggesting poor verbal expression skills and poor phonemic decoding.

Subtest: *Spatial Location* – Mrs. Clarke's score on this subtest was 28/46 suggesting that she has a reasonable spatial memory ability.

Subtest: Verbal Fluency – Mrs. Clarke's verbal fluency skills were very poor, however her overall score improved when assisted with phonemic cues.

Subtest: Praxis - Mrs. Clarke's performance on this subtest suggests that she is able to assimilate and comprehend verbal instructions.

Subtest: Picture Recognition - This subtest is very useful with aphasics for whom the results of verbal memory tests are often contaminated by the effects of impaired verbal encoding or retrieval. Mrs. Clarke attained a score of 28/40 demonstrating a good ability for episodic and visuospatial memory.

Subtest: Expression of Emotion – Mrs. Clarke's ability for emotive expression was very good.

Conceptual Shifting: Mrs. Clarke's score of 14/20 suggests reasonable cognitive flexibility.

Subtest: Picture description – Oral: Mrs. Clarke's aphasia appears to have contaminated this result since she was unable to verbally express the correct response, she was however able to a select the correct response when given a range of answers to select from.

Subtest: Auditory Comprehension – Mrs. Clarke's language comprehension appears good with a score of 7/10.

Subtest: Repetition – Mrs. Clarke did not attain any scores on this subtest. Given that it requires her to verbally repeat words it is possible that her aphasia may be the reason for the poor score. Since her language comprehension skills as measured by the Auditory Comprehension Subtest appears satisfactory.

[2.4.3] Index Scores: These represent broad cognitive domains and Mrs Clarke attained the following outcomes:

Index: Attention/Concentration: Mrs. Clarke attained a percentile of <1 suggesting a very poor level of attention, however it is important to note that this score is comprised of some very high and some very low subtest scores. The low subtest scores are reflective of her reduced verbal expression skills. Therefore, this Index score may not accurately reflect her true attention/concentration skills.

Index: Memory – Immediate: Mrs. Clarke attained a percentile rank of 3, which suggests poor immediate memory skills, however her scores once again fall down on a subtest that requires good verbal expression skills.

Index: Memory – Delayed Recall: Mrs. Clarke attained a percentile of 1 on this Index. However, again her percentile is reduced by her score on a subtest that depends upon good verbal expression skills.

Index: Memory - Delayed Recognition: Mrs. Clarke attained a percentile of 4. This suggests that her recognition memory is relatively poor, however again one needs to take into account her poor verbal expression skills.

Index: Spatial Processing: Mrs. Clarke attained a percentile of 27 suggesting that her spatial processing skills are a particular strength of hers.

Index: Verbal Fluency: Mrs. Clarke's verbal fluency skills are very poor, which is to be expected given the left hemisphere damage. Her percentile rank is less than one.

Index: Reasoning Conceptual Shift: Due to the fact that Mrs. Clarke's verbal expression skills are so poor, her responses reflect this. Her verbatim scores are very poor, however when assessed qualitatively with the provision of written responses to select from, her responses were much better. This once again suggests that her poor verbal expression skills undermine her overall capacity to communicate her responses accurately.

[2.4.4] In conclusion, Mrs. Clarke presents with neuropsychological deficits that are predominantly characterised by very poor verbal expression skills. These appear to undermine broader cognitive domains due to the nature of the way the assessment is structured. However, qualitatively, when explored in more detail her responses demonstrate that her capacity to attend, concentrate and reason appears to be within the low average range.

[2.5.0] CAPACITY ASSESSMENT – MRS. ANN CLARKE

[2.5.1] *The Mental Capacity Act (2005) defines capacity as follows:*

A person lacks capacity in relation to a matter if at the material time he/she is unable to make a decision for him/herself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain (whether permanent or temporary). The Act states that a person should be considered unable to make a decision if he is unable to do any of the following steps in decision making:

- Understand the information relevant to the decision;
- Retain that information;
- Use or weigh that information as part of the process of making the decision;
- Communicate his decision (whether by talking, sign language or other means).

[2.5.2] Judging a person's capacity to make decisions is a complex issue. There are no agreed standardised tests. There have been a variety of approaches to this in the past. In this particular case, a functional approach (which now has most informed support - Grisso,1986; Law Commission, 1995; Grisso & Appelbaum, 1998;) was adopted. This functional assessment considered (i) Mrs. Clarke's 'functional abilities, behaviours or capacities' (Grisso, 1986, p.15), that is, what she understands, knows, believes, or can do that is directly relevant to the legal context at issue and (ii) the extent to which these functional abilities meet the demands of a particular situation within a given legal context.

[2.5.3] *Assessing and maximising the capacity to make financial decisions*

The framework used with Mrs, Clarke to assess her capacity to make financial decisions was a semi-structured clinical interview for financial capacity, which has been designed to elicit competence based abilities which it appears, are necessary for decision-making.

[2.5.4] The Semi-Structured Clinical Interview for Financial Capacity (SCIFC)

Mrs. Clarke engaged in the Semi-Structured Clinical Interview for Financial Capacity. Due to her expressive communication difficulties, she was offered the opportunity to select her responses from a number of written options. This involved her selecting the response from a selection of three written alternatives that were read out to her. The interview questions and results are as follows:

Schematic of the Semi-Structured Clinical Interview for Financial Capacity (SCIFC)

	Item Description
Domain 1 Basic Monetary Skills	
Core Questions:	
1. Naming coins/currency	Able to Identify specific coins and currency
2. Coin/currency relationships	Able to Identify relative worth of coins/currency
3. Counting coins/currency	Able to Accurately count coins and currency
Domain 2 Financial Conceptual Knowledge	
Core Questions	
1. Define term money	Able to define a variety of financial concepts
2. Define ways people obtain money	
3. Define term loan	
Domain 3 Cash Transactions	
Core Questions	
1. Identify item cost	Able to Identify cost of single item from price tag
2. one item grocery purchase	Able to identify one item transaction; verify change
Domain 4 Cheque book Management	
Core Questions	
1. Understand cheque book	Define cheque
2. Use cheque book	Simulated transaction; able to pay by cheque
Domain 5 Bank Statement Management	
Core Questions	
1. Identify bank statement	Understood purpose of bank statement
2. Identify bank statement balance	Able to calculate bank statement balance
3. Identify deposit	Able to Identify cheque book deposit
Domain 6 Financial Judgment	
Core Questions	
1. Investment risk	Unable to detect and explain risk
Domain 7 Bill Payment	
Core Questions	
1. Understand bills	Understood meaning and purpose of bills
2. Identify bill amount	
4. Unpaid bills	Understood consequence of unpaid bills
Domain 8 Knowledge of Personal Assets and Estate Arrangements	
Core Questions	
1. Income	Identify source of income
2. Assets and will/trust	Able to Identify valuables/ unclear about Will/trust
Overall Financial Capacity	Functioning across all skills and domains

[2.5.5] In responding to the presented questions, Mrs. Clarke required phonemic prompting and also benefitted from being able to select answers from options read from written cards. This enabled her to provide a response despite her poor verbal expression skills. Her results were as follows:

- Mrs. Clarke demonstrated that she was able to identify specific coins, notes and currency. She clearly identified the relative worth of coins and currency and was able to count the same.
- Mrs. Clarke was able to define the term money, she was able to select ways that people were able to obtain money. She was also able to correctly select the summary that defined the meaning of the term loan. Therefore, she has been able to define some financial concepts.
- Mrs. Clarke was able to select the cost of a single item form a price tag, she was also able to select the correct amount of change from a number of financial transactions.
- Mrs. Clarke correctly identified a cheque book and also recognised a bank card and selected the correct definition of what a bank card is.
- On reviewing an example bank statement, Mrs. Clarke correctly identified the balance, a deposit payment and a withdrawal.
- With regard to financial judgements, Mrs. Clarke was not able to select the correct explanation of financial risk associated with investments.

- Mrs. Clarke was able to select the correct explanation of meaning and purpose of bills, she was able to identify the amount owed on a bill, however she did not appear to be able to demonstrate how to question the amount on the bill. However, when asked to point to different parts of a bill i.e., How much is owed? Who is it owed to? What are you paying for? Mrs. Clarke attained correct answers on all the questions. Finally, she was able to select the correct answer outlining the consequences of unpaid bills.
- Mrs. Clarke was able to correctly select a number of different ways that one can earn an income. She was able to identify objects of high value when compared to objects of low value.
- When asked questions about the reasons for making a Will, Mrs. Clarke demonstrated that she understood the reasons for making decisions about a Will.

In conclusion, Mrs. Clarke was noted to have adaptive functioning across most financial skills and domains.

[2.5.6] *Assessing capacity to decide where and with whom she lives:* Mrs. Clarke presents with obvious expressive dysphasia, which means that she encounters difficulty in putting words together to make meaning. However, her receptive skills appear reasonable as do her attention and concentration skills. When offered an opportunity to present her responses by selecting from a number of verbally presented and written options, she appears to be able to express her self quite well. Furthermore, it was noted that when considering a subject that appeared to quite emotive for her, she made her intentions clear despite some verbally expressive problems.

[2.5.7] Mrs. Clarke was asked a number of questions regarding where and with whom she would like to live. These questions were asked in different ways to ensure that she comprehended the meaning of the questions. She clearly stated that she wished to live with her son Michael. When asked why, she stated "*because he looks after me*". When asked whether she would like to live with anyone else, she again emphatically stated "*No!".* When asked again whether she was sure that she would like to live with Michael, she stated "*it's good for now, I'll always live with Michael."* She was then asked if she would like to live with her daughter Angie. Mrs. Clarke stated "*Would not like that, I don't agree with Angie*"…."*Angie would leave me at home."* Mrs. Clarke went on to state "*I don't agree with Angie."* Mrs. Clarke was then asked if it was a good idea to live in Spain. Mrs. Clarke was again emphatic in her response and she stated "*Michael looks after me….. I like being with Michael."* When asked what she does in Spain, Mrs. Clarke smiled broadly and stated "*I like sunshine,….I go by the pool."*

[2.5.8] Mrs. Clarke's responses were emphatic, she made it clear that she wished to live with and stay with her son Michael. She left me in no doubt that she lives with her son Michael through her own choice.

[3.0] CONCLUSIONS

The conclusions are considered with reference to the Instructions. These are as follows:

[3.1] Please undertake a generalised/global neuropsychological assessment of Ann Clarke.

[3.1.1] Mrs. Clarke presents with neuropsychological deficits that are predominantly characterised by very poor verbal expression skills. These appear to undermine broader cognitive domains due to the nature of the way the assessment is structured. However, qualitatively, when explored in more detail her responses demonstrate that her capacity to attend, concentrate and reason is fair. Additionally, she has a good ability to follow verbal instructions. Her non-verbal reasoning skills appear reasonably good but it is difficult to provide a detailed conclusion about her verbal reasoning due to her poor verbal expression skills caused by her dysphasia.

[3.2] Please produce a report and consider:

[3.2.1] Her capacity to decide on where and with whom to live: Mrs. Clarke appears to fulfil the defined criteria regarding her capacity to make decisions for herself in that during the functional assessment, she understood the information relevant to the decision; she retained the information; she appeared to be able to weigh the information as part of the process of making the decision, she then communicated her decision clearly. She responded emphatically to questions that aimed to appraise her preferences when considering where and with whom she lives. Her responses were insistent in quality. Mrs. Clarke left me in no doubt that she wished to live with her son Michael.

[3.2.2] *Her capacity to manage a small income of £500 weekly:* In a functional assessment of her financial skills and abilities, Mrs. Clarke was noted to have adaptive functioning across most financial skills and domains. However, she was unable to fully address issues associated with financial risk. Additionally, her expressive verbal difficulties may make it difficult for her to express these skills and abilities. That said, on balance it appears that Mrs. Clarke has sufficient capacity to manage a small income. However, it remains unclear as to whether she has capacity to manage and engage in decisions regarding investments that might provide her with a small income.

[3.2.3] *Her capacity to loan, lend or spend her income weekly as she see's fit:* The functional assessment of her financial skills and abilities suggests that Mrs. Clarke has a certain level of capacity to decide what she does with her money. However, Mrs. Clarke's capacity to make decisions regarding long term financial planning and/or investments is less clear.

[3.2.4] *Her capacity to make a Will:* Mrs. Clarke appears to fulfil the defined criteria regarding her capacity to make decisions for herself in that during the functional assessment, she understood the information relevant to the decision; she retained the information; she appeared to be able to weigh the information as part of the process of making the decision, she then communicated her decision clearly. This, together with her results from the neuropsychological assessment, suggests that Mrs. Clarke, at time of this assessment, has the capacity to make a Will. It will be important that she is given sufficient time and assistance to express her wishes given her dysphasia.

[4] DECLARATION

I understand that my duty as an expert witness is to be independent, I have complied with this duty. This report includes all matters relevant to the issues on which my expert evidence is given. I believe that the facts I have stated in this Report are true and that the opinions I have expressed are correct.

Dr. Donna Schelewa **December 20th 2010**

B.Sc. (Hons), D.Clin.Psy

Consultant Clinical Psychologist

REFERENCES

Grisso, T. (1986). *Evaluating competencies: Forensic assessments and instruments.* New York: Plenum Press.

Law Commission, 1995; Law Commission (England & Wales) (1995). *Mental incapacity.* Report No. 231. London: H.M.S.O.

Grisso, T. & Appelbaum, P. (1998). *Assessing competence to consent to treatment: A guide for physicians and other health professionals.* Oxford: Oxford University Press.