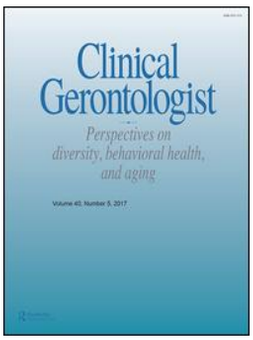

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Providing Assistance for Older Adult Financial Exploitation Victims: Implications for Clinical Gerontologists

Peter A Lichtenberg Ph.D., ABPP[a], Latoya Hall MSW[a], Evan Gross[b], and Rebecca Campbell[b]

[a]Institute of Gerontology, Wayne State University, Detroit, MI, USA; [b]Institute of Gerontology and Department of Psychology, Wayne State University, Detroit, MI, USA

ABSTRACT

Background and Objective: Despite the growth of financial exploitation research in the past decade, almost none has focused on older urban adults, and especially urban African Americans. The Success After Financial Exploitation (SAFE) program provides individual financial coaching to older urban adults.

Methods: We use community education, delivered separately to older adults and to the professionals who serve them, to raise awareness about financial exploitation (FE) and to motivate referrals for financial coaching. This paper describes the program and methodology, and uses case examples and preliminary research to investigate the intersection of FE and physical and mental health functioning.

Results: SAFE participants were able to repair their credit scores, reduce new financial burdens, and even recover monies they had lost due to FE. Case examples illustrate how financial scams and identity theft impacts urban older adults. Participants were assessed prior to the provision of services, and SAFE participants performed poorer on executive functioning tasks than participants in the control group. They also reported more physical health problems and anxiety and depressive symptoms. SAFE participants also had significantly higher risk scores on a financial decision-making scale.

Conclusion: Study findings advance our understanding of the impacts of FE on cognitive functioning, mental health, and financial decision-making.

Clinical Implications: Clinicians need to be more attuned to the financial health of their older clients, who, if they are struggling with financial exploitation, may also be suffering from problems with cognitive functioning and physical and mental health.

KEYWORDS

Financial exploitation; scams; cognition; mental health; financial literacy; financial decision-making

Introduction

Financial exploitation (FE) of older adults in the United States is a prevalent form of elder abuse with all cause FE having a prevalence rate of 5.1% annually (Arcierno et al., 2010). Professionals who serve older adults commonly refer to FE as the crime of the 21st century. FE, which the National Adult Protective Services Association defines as misusing or taking the assets of a vulnerable adult for one's own benefit, occurs in many different forms, with scams and identity theft being all too common (MetLife, 2011). Using data from the Leave Behind Questionnaire completed by a subset of older adults who participated in the Health and Retirement Survey, Lichtenberg, Sugarman, Paulson, Ficker, and Rahaman-Filipiak (2016a) found that the prevalence of fraud across a four-year window in this sample of older adults rose from 5% to 6.1% in just 4 years. Despite the increased focus on FE (e.g. increases in research, increases in funding to add Adult Protective Service workers, state laws designed to curb FE and federal laws encouraging increased training to spot FE), we know little about the phenomenon and its impacts on older urban adults and African Americans. Even less is known about the immediate effects of FE on older urban adults – and specifically, about the immediate impact of FE on older adults who cannot ameliorate their own situation (Beach et al., 2010; Lichtenberg, Ficker, & Rahman-Filipiak, 2016b). Beach et al. (2010) in a randomized survey found that African Americans were more likely than non- African Americans to be victims of FE. Their prevalence rate of 23% was similar to that reported by Lichtenberg et al.

CONTACT Peter A Lichtenberg, Ph.D., ABPP p.lichtenberg@wayne.edu Institute of Gerontology, Wayne State University, 87 E. Ferry Street, Detroit, MI 48202

(2016b) in a non-randomized African American sample. Depression was a significant risk factor for FE for all participants of the Beach study. Lichtenberg et al. (2016b) found that FE was related to reduced financial management abilities and poorer cognitive functioning as compared to those who had not experienced FE. The program we describe in this paper was created to assist exploited urban older adults who need financial coaching and credit services (among other supports) to recover from FE due to a scam or identity theft. As part of the program, we also compared physical health, mental health, and financial decision-making among Success After Financial Exploitation (SAFE) participants, and in a preliminary investigation compared these characteristics to a control group.

The success after financial exploitation (SAFE) program

The Success After Financial Exploitation (SAFE) program was created in early 2017 to bring evidence-based services from the Lifespan Fraud and Scams Prevention program in Rochester, NY, to older adults in Detroit, MI. The SAFE program, which is modeled on the Lifespan program, provides extensive community education for two primary audiences: (1) older adults and their friends and/or families and (2) professionals who work with older adults and their families. The educational program's goals are to prevent financial exploitation of urban older adults where possible and to solicit referrals from any audience members who know an older adult who has been the victim of a scam or identity theft and will need assistance to recover from the financial problems caused by the FE. In Table 1, the logic model that guided the activities of SAFE is presented. In 2017, the SAFE program provided 64 fraud and identity theft presentations, which reached 2,800 older adults and professionals. The program also provided one-on-one services to 21 individuals who had been victims of financial crimes and needed assistance with their finances.

Table 1. SAFE – scams and identity theft logic model.

			Outcomes		
Inputs	Activities	Outputs	*Short Term*	*Intermediate*	*Long Term*
Full-time program coordinator Part-time community outreach assistant to promote program Program promotional materials Partnerships with area agencies to connect community with services Funding: PREVNT, Mary Thompson Foundation, Foundation for Financial Planning, Michigan Health Endowment Fund	Senior presentations on scams and identity theft and how to recognize and avoid them Presentations for professionals Four-part financial literacy series Free one-on-one services to address financial impacts of scams and identity theft Heavy community resource fair presence Collection of pre- and post-assessment information for one-on-one services to assess impact Creation of booklet on steps used to address identity theft in cases of victimization.	1,500 or more seniors receiving information on scams and identity theft each year through community presentations 500 or more professionals reached and receiving information on scams, identity theft, and SAFE program assistance 100 or more seniors receiving financial literacy each year 10 or more resource fairs attended yearly to enhance recognition of program name and services in the Metro Detroit Senior Services community 30 or more individuals per year receiving free one-on-one assistance	Assistance to victims of identity theft to recover their financial footing Improved knowledge of scams and ID theft within older adult population Improved knowledge of how to recognize senior financial exploitation and where to send seniors for assistance from professionals Improved knowledge of general financial capabilities in Metro Detroit older adult population Increased awareness of where to get one-on-one assistance with scams and identity theft	Thousands of dollars saved by older adults victimized by scams and ID theft Improved credit report activity of older adults using one-on-one services for scams and identity theft Reduced daily financial stress Improved mental health Reduction of cognitive health deficits resulting from FE	Protection of the financial, cognitive, and emotional health of older adults Maintainance of improved mental health Maintainance of cognitive functioning Maintainance of reduced financial stress

The **SAFE** program has four major goals in its work with older urban adults many of whom are African American:

(1) To educate older adults on finances and financial management.
(2) To disseminate information on fraud and identity theft to older adults and professionals who serve older adults.
(3) To provide one-on-one services to older adults who have been the victims of frauds and identity theft.
(4) To determine whether those who seek services are more psychologically or cognitively vulnerable than those who **are not victims of FE**.

Financial exploitation literature

Financial exploitation can have devastating effects on older adults. While several studies have identified risk factors for FE (see below) few have followed FE victims longitudinally. Two exceptions are Wong and Waite (2017) and Acierno et al. (2017). Wong and Waite (2017) found that financial mistreatment resulted in higher scores on loneliness symptoms. There is some disagreement about Wong and Waite's findings (see Acierno et al. 2017). Acierno et al. (2017), however, dispute the Wong and Waite findings, and found in a prospective longitudinal study that social support mediated all negative outcomes of FE.

The FE literature has attempted to identify the risk factors that render older adults more vulnerable to victimization. These include younger-old age (Arcierno et al., 2010; Boyle et al., 2012; Garre-Olmo et al., 2009); poor physical health (Wood, Lui, Hanoch, & Estevez-Cores, 2015); and less fulfillment of social needs or limited social support networks (Choi & Mayer, 2000; Lichtenberg, Stickney, & Paulson, 2013). Other risk factors include low performance on measures of financial skills and numeracy (Wood et al., 2014); less financial satisfaction (Lichtenberg et al., 2013); lower levels of education (Boyle et al., 2012); and lower literacy (James, Boyle, & Bennett, 2014).

Cognitive decline and executive functioning deficits were also identified as risk factors that increase susceptibility to victimization (Boyle et al., 2012; Choi & Mayer, 2000; Garre-Olmo et al., 2009; Judges, Gallant, Yang, & Kang, 2017; Wood et al., 2014). Wood et al. (2014) compared a sample of older adults referred to the Los Angeles County Elder Abuse Forensic Center for possible FE to a sample of community-dwelling older adults with no evidence of FE to examine the neuropsychological correlates of financial elder abuse. The authors found that the FE group performed worse on the Mini Mental Health Status Exam and measures of executive functioning and processing speed.

In addition, several studies have identified psychological variables as risk factors. Lichtenberg et al. (2013) found more reported depression symptoms among FE victims who had experienced financial fraud. Wood et al. (2015) found worse mental health among older adults with higher Older Adult Financial Exploitation Measure (OAFEM) scores, and James et al. (2014) identified decreased psychological well-being as a significant predictor of older adults' susceptibility to scams. None of the above-mentioned studies used a sample that was more than 5% African American, and thus little from these studies is generalizable to older urban African Americans.

Purpose of the paper

This paper aims to accomplish three things:

(1) Describe the SAFE program and its rollout.
(2) Present case examples of older urban African American FE victims who need financial coaching.
(3) Examine, in a preliminary study, whether SAFE urban older adults are more vulnerable regarding physical and mental health and financial decision-making abilities than peers who have not experienced FE.

Methods

Participants

Forty-two community-dwelling older urban dwelling adults participated in the preliminary

Table 2. Comparison of LFDRS controls vs. SAFE participants (N = 42).

	Control Mean (SD) or % (*n* = 21)	SAFE Mean (SD) or % (*n* = 21)	*t*
Age	69.57 (6.4)	69.19 (7.0)	−.19
Years of Education	15.33 (2.1)	13.35 (2.2)	−2.98**
Health Problems	2.04 (1.1)	3.71 (2.0)	3.30**
Self-rated Health	3.48 (0.7)	2.67 (1.3)	−2.56**
IADLS	38.76 (1.7)	34.62 (6.4)	−2.88**
WRAT TOTAL	54.90 (8.1)	49.56 (13.2)	−1.50
MMSE	28.86 (1.3)	26.86 (2.3)	3.53***
Trails B	99.75 (34.8)	184.75 (77.6)	4.49***
Stroop CW	31.19 (10.6)	24.45 (10.0)	−2.09*
Geriatric Depression Scale (GDS)	.90 (1.1)	4.19 (3.4)	4.17***
Geriatric Anxiety Inventory (GAI)	.52 (1.4)	4.76 (4.9)	3.84***
Perceived Stress Scale (PSS)	6.16 (3.8)	16.40 (7.2)	5.61***
Lichtenberg Financial Decision Rating Scale (LFDRS) Risk Scores			
Situational Awareness Risk	5.00 (1.9)	6.62 (3.6)	1.81
Psych. Vulnerability Risk	2.38 (1.9)	4.19 (2.2)	2.64**
Intellectual Factor-Current Decision	2.48 (1.6)	4.33 (3.3)	2.33*
Susceptibility Risk	1.19 (.98)	2.67 (27)	2.34*
LFDRS Total Risk	10.19 (6.6)	17.48 (8.7)	3.40**

*<.05
**<.01
***<.001

empirical study. The treatment group consisted of 21 older adults who had received SAFE program services for assistance with recovery from FE. These participants were referred by area professionals who provide services to older adults and/or by self-referral after attending a SAFE community education program, and had experienced FE in the following forms: real or suspected identity theft (n = 8), compromised personal accounts (n = 3), sweetheart scams (n = 2), sweepstakes scams (n = 2), disputes about business practices (n = 2), contractor fraud (n = 2), stolen personal documents (n = 1) and an IRS scam (n = 1). Case studies for four of these participants are presented in the Results sections to illustrate the impact of FE on older adults' lives.

The control group consisted of 21 community-dwelling urban older adults with no history of FE who had participated in the Lichtenberg Financial Decision Making Rating Scale (LFDRS) validation study (see Lichtenberg et al., 2017). The 21 members of the control group were consecutively recruited individuals and were recruited during the same period as the SAFE participants. The mean age of SAFE participants and the control group was 69 years (SD = 6.61). SAFE and control group participants were mostly female (78.6%) and African American (76.2%). The majority of participants had some college education (M = 14.37, SD = 2.33), although the control group had a significantly higher mean educational level (see Table 2).

Measures used for empirical data collection

Lichtenberg financial decision making rating scale (LFDRS)

This scale quantifies financial decision-making risk in older adults (Lichtenberg et al., 2015, 2017; Lichtenberg, Gross $ Ficker, 2018). The scale examines informed decision-making abilities for actual significant financial decisions the individual has already made or is considering. The 68-item scale and instructions can be found in Lichtenberg et al. (2017). In addition to the total risk score for the instrument, the LFDRS contains four subscales: Financial Situational Awareness, Psychological Vulnerability, Susceptibility to Undue Influence, and Intellectual Factors; all of which were collected and utilized.

Neurocognitive functioning

Four standard measures were used to assess participants' neurocognitive functioning. The Mini Mental Status Exam (MMSE) consists of 11 questions that assess cognitive functioning. The maximum total score is 30, and lower scores indicate lower cognitive

function (Folstein, Folstein, & McHugh, 1975). The Trail Making Test Part B is an executive functioning measure that evaluates attention and task-switching skills. Participants are scored on the number of seconds it takes to complete the task, in which circles are connected in order while switching from numbers to letters. Higher scores indicate poorer functioning. The Stroop Color Word test was used to measure executive functioning through reaction time and the ability to differentiate from typical response patterns. Higher scores indicate higher levels of executive functioning. The Wide Range Achievement Test-Reading (IV) was used to measure reading abilities, and is often used as a quality of education measure.

Physical health

Researchers assessed physical health using a medical problems questionnaire and a self-rated health measure. The questionnaire contained a list of possible medical problems, and participants were asked to indicate whether they were currently experiencing or had ever experienced any of them. Each medical condition the participant reported experiencing was assigned a value of 1, and responses were summed to calculate a total score. For the self-rated health measure, participants were asked, "Would you say your general health is … ?" and given answer options of *Excellent, Very good, Good, Fair*, and *Poor*. Responses were coded on a 5-point Likert scale (1 = *Poor* to 5 = *Excellent*). Higher scores indicate better self-rated health.

Emotional health

Three scales were used to gauge participants' emotional health. The Geriatric Anxiety Inventory was designed to assess general anxiety symptom endorsement (Pachana et al., 2007). The range of scores for this measure is 0–20, and higher scores indicate higher levels of anxiety. The Geriatric Depression Scale (GDS) Short Form measures depressive symptoms (Burke, Roccaforte, & Wengel, 1991). The maximum score for the GDS is 15, and higher scores indicate higher levels of depression. The Perceived Stress Scale measures the participant's level of stress (Cohen, Karmark, & Mermelstein, 1983), and higher scores indicate higher levels of stress.

Functional status

The Instrumental Activities of Daily Living Scale (IADLS), which was used to assess the functional status of all participants, is a 10-item scale designed to measure independent living skills. Scores for this instrument can range from 10–40, with lower scores indicating impaired ability to perform the tasks associated with living independently.

Results

Case study summaries

Four case studies are provided below

The case studies are provided to demonstrate the variety of problems caused by FE and the concurrent psychological, cognitive, disability etc. challenges faced by some FE victims and not by others.

Case #1: tax-related identity theft. Ms. J contacted the SAFE program because she had been the victim of tax-related identity theft. Ms. J said she was concerned because there were two IRS liens on her credit report for back taxes. Ms. J said she knew she was responsible for one of the liens, but the other was the result of identity theft. Ms. J said she had been working on clearing things up with the IRS, but wasn't sure the second tax lien had been removed from her credit report. Her intake indicated that she had intact cognitive functioning as determined by normative data, low anxiety and stress, was independent in all IADL functioning, and had no depression. Ms. J and the SAFE coach requested her credit report, and found that the lien had been removed. Ms. J also wanted to consolidate her loans and asked for an appointment to help with that onthe loan website. In a follow-up appointment, Ms. J reported that her loans had been consolidated and her monthly payment amount lowered by $200 a month, which was more affordable.

Case #2: sweepstakes scam. Ms. S stated that in September of the previous year, she was notified by phone that she had won a National Sweepstakes Company prize of $375,000. She was told that she would have to deposit $1,200 in a bank account to pay the taxes on the prize before she would be able to collect it. Ms. S used Western Union to deposit the

money, but never heard anything further about the prize after she notified the caller of her deposit. Ms. S says she notified the bank of the transaction and was informed that since she was not the owner of the account, she had deposited the money into, they would not be able to help her get the money refunded. On intake, Ms. S reported several significant health conditions: diabetes, a past heart attack, and seizures. She scored poorly on the Trail Making Part B Test (275 seconds), had very low social support, and reported moderate depression. Ms. S and the SAFE coach filed a complaint with the Better Business Bureau against the National Sweepstakes Company and learned that company had filed a report saying that someone was using its name to defraud people. SAFE also filed a scam complaint with the FTC and a complaint with the Consumer Financial Protection Bureau. . A few months later, the Federal Trade Commission issued an alert that Western Union would be issuing remittances for the money individuals had lost using its services to pay scammers. Ms. S sent her Western Union receipts to the SAFE coach, and received a refund of $974.

Case #3: social security fraud. Ms. B called a SAFE coach to report that she had been the victim of identity theft in 2012. She filed a police report and said that she had gone to the Social Security Administration to put a block on changes to her Social Security account (after finding out that her check had been rerouted to another account). Intake results revealed that Ms. B had lung cancer, diabetes, and hypertension, and her scores were in the impaired range on the cognitive tests administered (and described later) Trail Making Part B Test, and Stroop Color/Word Interference. She also reported severe depression and anxiety. Ms. B reported that she was issued a second check that month, since the identity thieves had taken the first one. Ms. B then received a letter stating that she would not get a check in August because Social Security was requiring her to pay back the stolen check ($765). Ms. B says she went to the Social Security Administration and filed an appeal at that point. Since then, she has received two more letters, one stating that she would receive $63 for her August check and one stating that she would receive the full amount of her check minus $10. Ms. B was confused about which notice actually reflected the amount of her upcoming check, so the SAFE coach called the Social Security Administration and was informed that due to the fraud associated with the account, no information could be accessed over the phone.

Ms. B and the SAFE coach went to the Social Security Administration, and were able to speak with the agent handling Ms. B's case. The caseworker said that she would get the check minus $10 in August and would pay $10 a month until the date of her appeal of the original decision. She said that if the judge ruled that Ms. B was responsible for paying the funds back, the Social Security Administration would keep the money, but if she was found not responsible, the money would be returned to her as back pay. Four months later, Ms. B reported that Social Security was dropping the case against her and would refund the $90 total they had withheld from previous Social Security checks.

Case #4: contractor fraud. Ms. C called a SAFE coach and stated that she was the victim of a fraud perpetrated by a contractor she had met at her workplace. Ms. C says that the contractor came to her house and did a survey of the project. He gave her a quote of $1,150, and she gave him a $750 down payment in May of 2017. Ms. C says the contractor never returned to complete the work and that she had tried to contact the contractor many times, but he had not responded. Ms. C says the contractor did send her a text stating that he would refund her money in June, but did not do so. On intake, she was found her to have severe problems with walking, diabetes, and hypertension; low social support; and moderate depression. Her Trail Making Part B score was also in the impaired range (225 seconds).

The SAFE coach contacted the contractor, who claimed that he would build the fence, but needed two weeks to do so. When asked about the refund, he said he needed a couple of weeks to come up with the money. The SAFE coach called Ms. C to see if she was still interested in having the fence built. She said she just wanted a refund. One month later, with no refund forthcoming, a police report was filed on the contractor, who had several outstanding warrants.

Summary of SAFE coaching role

The SAFE coaching is designed to assist with the immediate effects of the fraud or identity theft. While many of the steps taken by the SAFE coach may appear basic, the SAFE coach is needed precisely because the older adult cannot carry out these basic steps alone. In the examples above the SAFE coach performed checks on credit, made reports to the police, contacted the Social Security administration, the FTC and Better Business Bureau. In two-thirds of the 21 cases seen the SAFE coach was able to retrieve or save the older adult money in addition to making sure their accounts were now secure.

Preliminary empirical study

The preliminary study described below is part of a 3-year longitudinal study in which SAFE and Control participants will be followed six months after the SAFE coaching is completed. As can be seen in Table 2, there were no age differences between the groups; however, SAFE participants were significantly less educated than control group participants. SAFE and control group participants displayed significant differences across each area measured. With regard to financial decision-making, LFDRS scores show that informed financial decision-making ability was reduced in the SAFE group; total risk scores for financial decisional impairment were significantly higher for the SAFE group ($t = 3.40$, $p < .01$.)

Analysis of neurocognitive functioning measures revealed that SAFE participants had lower cognitive and executive functioning skills than control group participants, with three of the four neurocognitive measures showing significant mean differences between SAFE and control group participants (Table 2).

Individuals who received services in the SAFE program reported worse physical health than control group participants, both in numbers of health conditions reported ($t = 3.30$, $p < .01$) and self-reported health ($t = -2.56$, $p < .01$). SAFE participants also scored lower on the IADLS inventory ($t = -2.88$, $p < .01$).

SAFE participants reported worse emotional health than participants in the control group in both areas of emotional health assessed (Table 2), as follows: higher levels of depression ($t = 4.19$, $p < .001$); and more anxiety ($t = 3.84$, $p < .001$);

Discussion

The SAFE program appears to be filling an important need. Not everyone who is the victim of a scam or identity theft needs or wants services, but for those who do, these services are vital. The major finding of this study is that SAFE participants not only suffered FE, but also were more likely to suffer from physical, functional, and mental health problems as well as decision-making impairment. SAFE participants were significantly more vulnerable across multiple domains than those in the control group. The case studies highlight the intersection of FE and other physical and mental health vulnerabilities.

These results demonstrate that SAFE older urban program participants are among the most vulnerable of the older adult population. Overall, those urban older adults who seek services for FE, such as SAFE participants, are much more psychologically, physically, and cognitively vulnerable than their counterparts with no history of FE. SAFE participants not only demonstrated poorer mental, physical, and cognitive health than the control group, but their lower levels of education also heighten their vulnerability. There are several implications for future research. First, expanding this study to a larger sample can help determine the reliability of the present findings. Secondly, longitudinal research can help determine if a coaching intervention can help protect cognitive and emotional health in older urban FE victims. Third, investigators studying geriatric syndromes such as dementia, frailty, depression or anxiety are encouraged to consider measuring FE as well. Finally, there is a dearth of research on older urban African Americans and FE. There is some evidence that African American older adults are at higher risk for FE than the general population and the need for research and services continues to be pressing.

Challenges and barriers

Helping older adults overcome hardship due to FE is rewarding, but it typically entails overcoming

barriers. For instance, a major challenge is implementing an effective referral process. To at least partially address this, the SAFE program facilitates the referral of older adults by other professionals working with this population and the self-referral of older adults who receive information about the program and seek services for themselves. In the early stages of the program, many professionals seeking to refer older adults simply gave clients the contact information and suggested that they contact the program and make an appointment. Without being told that the SAFE program offers free one-on-one assistance to older adults, however, many potential clients undoubtedly assumed that they would simply retell their stories, receive some advice, and be given yet another number to call for help. As a result, they would be unlikely to reach out for services. We learned that the best way to overcome this obstacle was to ask the referring professional to call program staff with the older adult's name and contact information, so that a staff member could contact the person, explain the program's services, and reassure the potential client that he or she would receive the one-on-one assistance necessary to address the issue.

Connecting with banks and other financial service providers has also been a challenge during program implementation. As many FE victims may initially report the fraud to banks because their personal financial accounts have been compromised, it is critical that a program of this nature build strong relationships with these institutions due to their referral power. Specifically, it is highly beneficial to ensure that financial institutions operating within the program's service area are aware of the free, one-on-one assistance SAFE offers. Building relationships with these institutions has been difficult, and program staff members are investigating strategies for improvement in this area.

For instance, program staff members have contacted state and local banking associations to inform them of SAFE's services. Efforts along this line are more effective, however, when staff members personally connect with bank employees and managers in the course of accompanying clients to banking locations to undertake the tasks necessary to prevent further damage from FE. This creates an opportunity to interact with and explain SAFE to individuals who work with older adult FE victims. It is also helpful to take flyers, business cards, and other informational materials to leave with front-line staff at the bank.

Limitations

The sample of SAFE participants used was a non-random sample, which represents a major limitation. Also, the sample consisted of individuals who self-referred or were referred by a professional to the program for services. For these reasons, the results may not be generalizable to a larger population of older adults. Nevertheless, because the sample consisted of consecutive cases it can be considered representative of the types of cases coming to the attention of the SAFE program.

Clinical implications

- Clinicians need to be mindful of the interconnections of financial health and mental and physical health.
- Older clients who cannot resolve their credit or other financial issues demonstrated reduced cognitive and mental health functioning.
- Assessment and intervention in basic financial matters will likely emerge as an important skill for clinical gerontologists.

Disclosure statement

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