



THE LAW OFFICES OF  
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*Providing mindful legal direction*

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Volume 5 / Issue 4

**Upcoming Monthly Virtual  
Seminars from 12:00 p.m.  
until 1:00 p.m.:**

**November 14, 2024-  
Interview with the Intern**

**December 12, 2024-  
Guidebook to Gifting**

### **Extra, Extra, Read All About It: News and Updates from our Office**

Our office always strives to make sure we are offering the best for our clients, while keeping up with changing times, so starting January 1, 2025, we will no longer be sending out hard copies of our quarterly newsletter automatically. We will still be posting the newsletter on our website and across our social media platforms for your viewing pleasure. Additionally, hard copies of the newsletter will be available to pick up at our office. We would love to send you the newsletter via email. Simply submit your email address to Amy at [meek@skwlawoffice.com](mailto:meek@skwlawoffice.com). If you do not have email or would prefer to receive a hard copy, please call the office and we can send

a hard copy of the newsletter to you upon request.

Another Update: We are hosting a student from Dickinson Law, Connor Burns. Next month we hope you join us for our virtual seminar to hear Attorney Wolfe talking to Connor about his experience at the office. It will be a fun way to see his perspective about estate planning documents and answer questions about the estate planning documents. Contact Amy at [meek@skwlawoffice.com](mailto:meek@skwlawoffice.com) or call (717) 655-2676 if you would like to attend this virtual seminar.

### **What is the Mental Health Power of Attorney?**



A Mental health Power of Attorney is used in 2 situations:

- (1) When an individual has a mental illness/concern; or
- (2) When an individual is planning for the second half of life and wants to address treatment for dementia or Alzheimer's Disease.

An agent under your Health Care Power of Attorney cannot consent to experimental treatment. If there is a new drug on the market treating dementia or Alzheimer's Disease that is labeled experimental for federal funding purposes, in order for your agent to have the authority to consent to that treatment, you need a Mental Health Power of Attorney. Your agent under the Mental Health Power of Attorney has the authority to consent to experimental treatment or drug trials after consulting with your treating physician and determining that treatment is in your best interest. Importantly, your agent under your Mental Health Power of Attorney does not have to consent to experimental treatment or a drug trial, but the document gives your agent the authority to consent to that treatment. With a power of attorney in place, you can have peace of mind that your medical preferences will be honored, even if you can't tend to them yourself. Please note that under Pennsylvania law, your Mental Health Power of Attorney automatically expires every two (2) years. If you have capacity at the end of two (2) years, we recommend that you execute an updated Mental Health Power of Attorney.



## **Partnering with the Pros: Dr. Timothy Davis, PsyD, Clinical Neuropsychologist with Franklin Neuropsychological Services.**

Dr. Davis is a Clinical Neuropsychologist and a native of Chambersburg. He completed his doctoral degree in Clinical Psychology at the Philadelphia College of Osteopathic Medicine in 2008. Later, in 2014, he completed a two-year postdoctoral fellowship in Neuropsychology at the University of California, Davis Medical Center. He greatly appreciated the opportunity to train in their Alzheimer's Disease Center, where he gained valuable experience evaluating different forms of dementia. Dr. Davis also served on active-duty status in the USAF for ten years with one deployment to Afghanistan. After leaving the service, he completed neuropsychological evaluations at a Veterans Administration Medical Center. Presently, however, Dr. Davis is happy to be back home and serving the local community in which he grew up.

**Sam** – I am excited to talk with Dr. Tim Davis. I met Tim a couple of months ago. At the time I was acting as the agent for a client. We spoke about cognitive concerns as people age, and he mentioned that he does cognitive assessments for people. Tim, tell me a little bit about what you do in your own words.

**Tim** – Sure, well, with neuropsychology you are basically measuring thinking. There are various kinds of thinking in terms of memory, attention, language abilities, and problem-solving abilities. All these different things we think in our head, we find ways to measure them. We employ several different tests. It could be just asking questions back and forth. It could be pencil and paper type thing, or sometimes on computers. We have several different ways to measure several different cognitive abilities.

**Sam** – Are you trying to measure someone's cognitive ability?

**Tim** – Correct. For example, an MRI could pinpoint wherever the location of the stroke may be and can give you some information about what someone might expect after a stroke. What an MRI can't do is tell you how much that has impacted somebody. For example, if somebody has a stroke in the language center, we would be able to measure how much of a change there has been because of that stroke.

**Sam** – Is there anything we do to improve any type of decline that people have?

**Tim** – Certainly there are some conditions that respond well to treatment interventions, and there are some that don't respond as well. For Alzheimer's Disease and cerebral vascular disease, there is not much that can be done to improve those conditions. There are things that can be done to slow the progression of the decline, but there is not much at present to improve those conditions. In the situation with someone has experienced a stroke or traumatic brain injury, or something along those kinds of presentations, there are things that we can do to help improve those functions after those kinds of events.

**Sam** – From a legal standpoint, capacity is something that is very fluid. A client may be more alert in the morning and then have a cognitive decline as the day progresses. I think that is important for caregivers to realize that capacity is not linear as far as cognitive function. It can go up and down depending on what the environment is, is that true?

**Tim** – Yes, depending on the supports we can get in place for people, that is certainly one thing that can be helpful. Yes, capacity can change with medical conditions, changes with environmental conditions, things going on in the home. There are several different things that affect how we think so capacity is something that can be changing over time in either direction.

**Sam** – In our office we noticed sometimes that the largest decline we see is when one's spouse passes away. Sometimes we can see a huge cognitive decline in the surviving spouse. I have always wondered if that was directly tied to that emotional and traumatic event. What triggers it?

**Tim** – It is certainly a big adjustment in and of itself. Losing somebody that close to you can affect cognition. The process of grieving, which is natural, does have some effects. You can see some signs of cognitive difficulties just from the mourning process. Oftentimes when we age with our spouses, we tend to take on responsibility for others. I am not the best at paying bills, so my wife does that. You wouldn't see me having problems paying bills unless she were to pass. That is when that kind of thing might show up that I do have a

problem with this, I haven't been able to do this for a while. I know I am going to have that support. It is about finding ways to provide that support or finding ways to address whatever is causing those cognitive difficulties and finding ways to mitigate that.

**Sam** – Is stress something that can cause cognitive issues?

**Tim** – Yes, certainly. Thinking and emotion are tied so tightly together that it is an important function to have. If you see a tiger, you want to have an emotional response, so you pay attention to it. Emotion and cognition go hand in hand a lot and emotions can affect cognition. Things like depression, insomnia, and anxiety can cause issues just by the emotional component, but over time there can also be an additive effect. For example, with anxiety, cortisol levels increase and prolonged exposure to increased cortisol levels can have a long-term impact on cognition as well. There is an emotional response to it but there is also a physiological component to it too.

**Sam** – If you were able to remove that stressor would cognitive function rebound?

**Tim** – Yes, you would expect to see some cognitive improvement with improvement of mood whether it be depression or anxiety. That is one of the things that we evaluate for as part of the evaluation is to see some of the factors that might be contributing to cognitive difficulties whether it would be mood or medication or sleep or pain. There are several things that cause a problem with cognition that we don't think of, and they are not things like dementia or stroke but they have the same kind of impact so it is about identifying what is contributing to those cognitive difficulties and figuring out what can be done for that.

**Sam** – Is that one of the things you can do? Can you identify where there might be or reasons why there might be a cognitive decline like depression, anxiety and all of that?

**Tim** – Sure. We look for certain profiles. We measure different areas, and some will be high, and some will be low. Different conditions have different profiles. We are looking for a certain profile we would expect for a given condition and if that is the profile that we get during the evaluation, then that reinforces the idea that depression might be contributing to this. If it doesn't fit with the profile, then we go back and dig a little deeper to figure out what is causing this profile. It is an interesting process. It is like being a detective in some ways; trying to figure out what is contributing to it, how did we get here. We look at the profile of scores and that helps differentiate what might be contributing to the cognitive difficulties they are experiencing.

**Sam** – Is the thought that if you have something like anxiety and you can treat the anxiety, it may improve cognitive function?

**Tim** – Yes, if someone presents with significant anxiety you would expect to see some cognitive improvement just by treating the anxiety.

**Sam** – Is it true that events like menopause and hormone changes can affect cognitive function?

**Tim** – Yes, it is one of those things that one condition can affect another condition. Menopause is certainly one of those. Just by going through the process of menopause can cause some problems with cognition. You would not expect that when the menopause has run its course that cognition would return to its original baseline.

**Sam** – Clients will sometimes say that they have noticed mom has been forgetting things. She can't remember what she is doing sometimes, she gets overwhelmed easily. I always encourage children to recognize that there could always be these other medical influences that could be affecting someone that may have previously not had an issue in that area.

**Tim** – Exactly. That is a good time to have that kind of conversation with a primary care doctor who would be able to navigate that because what is going on in your life right now? Looking at things medically but also looking at things socially and environmentally.

**Sam** – Clients will come in, and I ask how they are doing, and they will say something like, "Well I am really good for 87." Is there some truth to that?

**Tim** – Yes, exactly. As soon as we hit thirty, we start to slide in some areas. We wouldn't expect someone who is 30 to have the same cognition as someone who is 16. We also wouldn't expect someone who is 76 to have the same cognition as someone who is 30. We have different norms for different age groups, and we look to identify what is normal for aging. Are we seeing a score that is outside of that range or are all those scores hanging nicely together where we would expect them to be for somebody who is 76? We look at age as being a big factor in that.

**Sam** – When should we rely on someone like you? When are you needed?

**Tim** – There are generally two ways that people will present for a neuropsychological evaluation. One would be medically, and one would be legally. For the legal aspect, it is being able to establish that

somebody has the cognitive ability to understand information that is being presented to them, being able to critically think through these kinds of things and being able to express a choice. The American Bar Association and the American Psychological Association have gotten together and put together some pretty good guidelines on this. If somebody needs to participate in some legal activity, whether it be doing a Will or doing a Power of Attorney, the question is whether there is there anything that would interfere with their ability to make good sound decisions like that. When somebody comes to that life point where they need a Will or need to draw up a Power of Attorney, that would be a good time to call in a neuropsychologist if there are concerns that age has progressed or something else has happened that maybe drawing cognitive abilities into question. That would be a good time to engage a neuropsychologist on the legal end. For the medical end, it generally comes through primary care physicians and neurologists. That is generally where people will start if they notice problems with themselves. I know myself my memory isn't as sharp as it used to be, or it takes me longer to work on things than it used to. Those are the kinds of things that are good to present to your primary care doctor, who then would send out for any testing that needs to be performed and that is how people arrive with a Neuropsychologist on the medical side. Cognitive testing looks at all areas of cognition: memory retention, problem solving issues, and spatial abilities. It also looks at personality and mood, depression, and anxiety. We will be employing some tests that measure all those areas. Some of the things are easy and some of the things are hard, but that is the idea of the game. If everything was easy it wouldn't tell us anything. We must take somebody to the point of failure to find out where that point is. Just because they get to that point where they are not doing well anymore doesn't mean they are not doing well. It could very well be what to expect from somebody that of age. Cognitive testing is the clinical interview, and medical records are the main components to a neuropsychological evaluation.

**Sam** –Is there anything you would like to say to close us out?

**Tim** – Some things that are helpful to maintain cognitive function as we age: First, cardiovascular exercise three times a week. Anything that is going to get your heart rate up. That doesn't have to be running a marathon, it can be doing your yardwork just to get your heart rate up. Second, diet can impact cognitive function. The Mediterranean diet has been found to have a protective function for cognition. There is plenty of information on the internet about that. Third, the more socially engaged we are, that has a preservative function for cognition as well. Finally, challenge yourself. You want to get those brain cells talking to each other so doing something new, doing something different really gets those brain cells talking together. The more they talk together, the stronger those connections remain. Taking up a new hobby, learning an instrument, doing something that is new and different is helpful for cognition as we age.

For more information or to view this video in its entirety, please go to our YouTube channel.

For additional information you can contact Timothy Davis PsyD at:  
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