Sierra R Post to week 3 discussion 1

**Background**

Mr. Cullman is a 71-year-old man that has been referred to me for a second psychological evaluation. Before his medical condition, Mr. Cullman graduated from college with a business degree and retired as a corporate manager at 67. He has been married for 45 years with three children and four grandchildren. Mr. Cullman has had a gradual decline in his social life over the last three years. Mr. Cullman's medical history of hypertension, hyperlipidemia, and type 2 diabetes mellitus has a family history of depression. He has two failed long trials of antidepressant medications sertraline did not reach the max dose, and venlafaxine reached a moderate dose amount (Barnhill, 2014). Mr. Cullman denies any self-blame. Mr. Cullman is experiencing a decline in concern for his dysphoric mood while showing impairments to memory, concentration, and math. Mr. Cullman's mother had dementia and depression, along with his brother battling depression.

**Evaluate and ethical and professional interpretation**

The mental status examination shows that he has a slow, steady gait, slowing his psychomotor, limited range of emotional expression, and his wife states that he is less energetic and active than he has been prior. On the cognitive examination, Mr. Cullman is oriented on all but the date. He remembered one of three objects in 2 minutes, performed three of five serial seven subtractions correctly, named four everyday objects correctly, and repeated a complex sentence accurately. Still, when he drew his clock, he could not place the hand correctly 10 minutes after 2(Barnhill, 2014). Mr. Cullman's physical exam was noncontributory, while a neurological exam of intact cranial nerves and one plus symmetric deep tendon reflexes. Mr. Cullman is diagnosed with major neurocognitive disorder due to Alzheimer's disease. Cross-cutting measures symptoms that assess the mental status by drawing the importance across diagnoses with a level two in-depth assessment (APA, 2013). Criteria are looked at and evaluated to determine the assessment that needs to be used based on the present disorder symptoms. The assessment instruments that have validity and reliability are established for a psychologist to assess individuals (APA, 2010). A psychologist can choose from a range of assessments that meet the individual's competence.

**Clinical Interview**

Mr. Cullman came into the office for his visit today. Upon arrival, I greeted him and explained that I would be giving him an evaluation. He became a little agitated in the repeating agenda and stated that he has already completed an assessment. I explained to him that as an intern, I need practice going over his assessments. I informed him that it was a Behavioral Assessment of Neuropathology. He was understanding and allowed me to proceed. I asked about the diet he followed and the use of alcohol. Mr. Cullman informed me that he and his wife follow a low sugar diet due to him having diabetes and not consuming alcohol. I asked him to explain his family's medical history. He stated that his mom had dementia and depression, and his brother has depression.

**Mental Status**

The mental status exam is an interview that is both psychological and medical. The purpose of the exam is to gain an accurate description of the functions of Mr. Cullman in the realms of orientation, memory, thought, feelings, and judgments (Gregory, 2014). Mr. Cullman is nicely dressed and groomed. He makes eye contact when we speak to one another. I noticed that his psychomotor skills are slower than other individuals at the age of 71. His speech is steady and clear when he spoke with me. He denied any forms of depression and suicidal thoughts. He assured me that he was aware of his wife's concerns about his energy and activity declining over the last few months. Mr. Cullman explained the changes that retirement has brought to his life and explaining his satisfaction with life.

**Cognitive Status**

Mr. Cullman did not know the year or day when speaking with him; however, he is oriented on the month, the year he was born, president, and location. I performed a test that used the calculating ability, immediate recall, recent and remote memory, fund of information, and abstracting ability. He recalled only one object, performed three addition correctly, and could repeat the complex sentence to me. Mr. Cullman had trouble telling me the correct time as he looked at the clock and drew it on a piece of paper.

**Two Psychological Test**

Although the assessments can be completed in a short screening, as seen above, two other evaluations can be used to evaluate the behavioral scales within someone that is showing declines. The Behavioral and Psychological Assessment of Dementia (BPAD) is a rating scale that dementia-related behavior is assessed within adults over the age of 30 (Gregory, 2014). The BPAD assessment rates the individual on 78 different items over the last five years of their life. The assessment reflects the changes in mood and behavior that signal early dementia giving the scores of current, past, and change (Gregory, 2014). The test was validated on a group of individuals from the age 30-90 years old, testing seven domains in the cluster.

The second assessment is the Frontal Systems Behavior Scale (FrSBe). The FrSBe is a behaviorally oriented assessment of apathy, disinhibition, and executive dysfunction (Gregory, 2014). The assessment uses a 5 point Likert scale with 46 items written at a sixth-grade level. The assessment can be taken by the family member or the patient and is reliable and valid; however, it is more reliable and valid when a family member completes the assessment. The assessment takes roughly 25 minutes to take and score. The validity of the FrSBe is upheld in the results of 324 neurological patients and research participants that revealed that 83 percent of the items corresponded with factors Apathy, Disinhibition, and Executive Dysfunction scales loaded prominently (Gregory, 2014). Different disorders use these assessments.

Disorders

* Frontotemporal Dementia (FTD)
* Alzheimer's Disease (AD)
* Vascular Dementia (VaD)

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