**Luz Perez post to week 6 discussion 1**

**Begin your post with a one-paragraph summary of the test data you deem most significant.**

The patient is a 90-year-old male admitted for a psychiatric evaluation due to some of his family members being concerned that he might have Alzheimer’s disease or something of the like. They have shown concern that Mr. W. has expressed concern that a “boogie man” has been appearing in his home.

The current examination was done on Mr. W: the review of records, clinical interview, cognitive assessment, Wechsler Test of Adult Reading, Wechsler Adult Intelligence Scale-IV (partial), attention tests, WAIS-IV Digit Span, Trail Making Tests, RBANS Coding, RBANS Semantic Fluency, Language Tests, RBANS Naming Test, Visuospatial Tests, RBANS Figure Copy and Line Orientation, Target cancellation, Learning/memory tests, RBANS word list, story and figure recall, reasoning/abstraction and the WAIS-IV similarities.

Based on his performance on the WTAR, Mr. W. had a low average to borderline average range of premorbid functioning. Mr. W. was fully functional, there were no findings or evidence of signs of dementia or decision-making capacity. No loss of information was found through attention tests, and Mr. W. was able and capable to fully recall memories from the recent past as well as memories from long ago with detail. He was able to recall autobiographical history and specific dates with no issues.

Mr. W’s neurocognitive profile shows only mild weaknesses in some aspects of complex attention and working memory and executive functions within the context of an overall low average to borderline level of general intellectual functioning.  The etiology of his syncopal episode and confusion is impossible to determine in the absence of medical records from that time, but his hallucinations during that time are consistent with his religious and spiritual beliefs. There have been no further instances or evidence of hallucinations or other psychoses to suggest this is an ongoing/active problem. Although the possibility can never be fully excluded in this age group, the absence of retentive memory impairment argues strongly against the likelihood that Alzheimer’s disease is the primary, or a significant cause of, his current cognitive symptoms.

**Utilize assigned readings and any additional scholarly and/or peer-reviewed sources needed to develop a list of assessment instruments and evaluation procedures to administer to the client in addition to those used in the current evaluation.**

The first additional test that I would recommend due to the concern over Alzheimer’s in Mr. W. is the Fuld Object-Memory Evaluation.  It is a test of memory impairment in the elderly. It is not described as a memory test. The first loss through Alzheimer’s is memory. This test focuses on memory and it is often used to help confirm a diagnosis of Alzheimer’s.

The second test would be the RBMT. It is a measure of everyday memory such as route finding, remembering names, and recalling information. The RBMT is highly popular in geriatric and rehabilitation settings because of its robust ecological validity—the subtests parallel the tasks and activities of everyday life.  Another strong point of the instrument is that it assesses many elements of memory. For example, the test evaluates all the following aspects: a short-term, long-term, verbal, spatial, retrospective, and prospective memory. The focus on prospective memory—remembering to do something in the future—is a rare but welcome addition to the appraisal of memory.

**Justify your assessment choices by providing an evaluation of the ethical and professional practice standards and an analysis of the reliability and validity of the instruments.**

The following ethical principles should be kept in mind when assessing patients with certain criteria. 9.02, use of assessments, psychologists shall administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate considering the research on or evidence of the usefulness and proper application of the techniques. (b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

(c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence unless the use of an alternative language is relevant to the assessment issues.

9.03 informed consent should also be put into practice. b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

9.06, interpreting assessment results, 9.09, test scoring and interpretation services, and 9.10, explaining assessment results.

The validity of the Fuld Object-memory evaluation is very favorable. In a sample of 192 community-dwelling individuals, 57 with confirmed dementia, the optimal cut-off on the total retrieval score yielded an amazing 93 percent sensitivity and 90 percent specificity. In other words, 93 percent of the individuals with dementia were correctly spotted, and 90 percent of the normal individuals were appropriately classified. These are impressive findings for a simple screening test. (Gregory, 2014).

References:

Gregory, R. J. (2014). [*Psychological testing: History, principles, and applications*](https://ashford.instructure.com/courses/80024/external_tools/retrieve?display=borderless&url=https%3A%2F%2Fcontent.ashford.edu%2Flti%3Fbookcode%3DGregory.8055.17.1) (7th ed.). Boston, MA: Pearson

American Psychological Association. (2017). Ethical principles of psychologists and code of conduct (2002, amended effective June 1, 2010, and January 1, 2017). <http://www.apa.org/ethics/code/index.html>