Final Paper

Case Study attached

For this assignment, students will investigate and propose a psychiatric diagnosis based on the case study from the Gorenstein and Comer (2015) textbook *Case Studies in Abnormal Psychology*, chosen in the Week One "Initial Call" discussion. This paper will include an in-depth overview of the disorder(s) within the diagnosis, treatment options for the diagnosis, and a sound rationale that explains why this diagnosis was made. Note that the diagnosis may include more than one psychiatric disorder.

The paper must present a thorough overview of each disorder within the diagnosis. Assume the audience has no prior knowledge of the disorder(s) within the diagnosis, and provide relevant and easy to understand explanations of each for the readers. When writing the paper, it is critical to convey all the necessary information in a straightforward manner using non-technical language. (Reference the Professional Voice and Writing (Links to an external site.) resource provided by the Ashford Writing Center for assistance.) Support the analysis with at least five peer-reviewed sources published within the last ten years in addition to the course text.

The Psychiatric Diagnosis topical paper must include the following:

- Explain psychological concepts in the patient's presentation using professional terminology. Identify symptoms and behaviors exhibited by the patient in the chosen case study.
- Match the identified symptoms to potential disorders in a diagnostic manual.
- Propose a diagnosis based on the patient's symptoms and the criteria listed for the disorder(s) in the diagnostic manual.
- Analyze and explain how the patient meets criteria for the disorder(s) according to the patient's symptoms and the criteria outlined in the diagnostic manual.
- Justify the use of the chosen diagnostic manual (i.e., Why was this manual chosen over others?).
- Summarize general views of the diagnosis from multiple theoretical orientations and historical perspectives. Include a discussion on comorbidity if the diagnosis includes more than one disorder.
- Evaluate symptoms within the context of an appropriate theoretical orientation for this diagnosis.
- Use at least two peer-reviewed articles to assess the validity of this diagnosis, and describe who is most likely to have the diagnosis with regard to age, gender, socioeconomic status, sexual orientation, and ethnicity. Provide a brief evaluation of the scientific merit of these peer-reviewed sources in the validity assessment.
- Summarize the risk factors (i.e., biological, psychological, and/or social) for the diagnosis. If one of the categories is not relevant, address this within the summary.
- Compare evidence-based and non-evidence-based treatment options for the diagnosis.
- Evaluate well-established treatments for the diagnosis, and describe the likelihood of success or possible outcomes for each treatment.
- Create an annotated bibliography of five peer-reviewed references published within the last ten years to inform the diagnosis and treatment recommendations. In the annotated bibliography, write a two- to three-sentence evaluation of the scientific

merit of each of these references. For additional assistance with this portion of the assignment, access the Ashford Writing Center's Sample Annotated Bibliography

CASE 19

You Decide: The Case of Fred

This case is presented in the voices of Fred and his wife, Margaret. Throughout the case, you are asked to consider a number of issues and to arrive at various decisions, including diagnostic and treatment decisions. You can find Fred's probable diagnosis, the DSM-5 criteria, clinical information, and possible treatment directions in Appendix B.

Margaret "My Husband's Brain Stopped Working Properly"

About 8 years ago, my life changed completely. The reason? My husband's brain stopped working properly. We had been married 34 years and Fred was 67 years old. He had worked for the same construction company in New Jersey for 32 years, first as a laborer, then as a security supervisor and union leader. He was a big strong man, a good husband, and a good father to our son, Mark. Together, we had managed to make a decent living with him in construction and me an actress in television commercials—the original Odd Couple, our friends would call us. Life was good. And then Fred's brain went downhill, taking the whole family down with it.

The problems seemed small at first, hardly noticeable really. Sometimes, when telling me about his day at work, Fred would talk about the foreman, Jimmy, driving a "tractor" when he meant "bulldozer," or he'd say that he had made a "revision" instead of "decision." Little stuff. And he'd catch himself. I didn't worry too much about it, but it was odd. It doesn't sound like much, but it wasn't like him. I even thought, "Oh, well, the old boy's slipping," and would laugh to myself. But when he forgot the anniversary of our first date, well. . . I knew something was wrong. I gave him all kinds of hell for that—I accused him of having an affair, I cried, I really let him have it. But I was also scared. I mean, maybe an anniversary like that doesn't mean much to other people, but for us—well, over the years, he'd taken me to Atlantic City for shows and to dinners in expensive restaurants. Once, after Mark was grown, he even got us a hotel room in the Catskills for a weekend. There was always some sort of surprise. So, 8 years ago, in anticipation of a special evening, I got all dressed up. When he got home from work that night and sat down on the sofa, I knew he'd forgotten; and when he saw the disappointment in my eyes, he realized the same thing pretty quickly. In fact, he felt terrible about it, and took me out to a very fancy Italian restaurant after I calmed down. But it was a bad sign. That year turned out to be a rough one.

> Forgetfulness is universal, and increases in forgetfulness are a normal part of aging. How might we distinguish normal forgetting or normal aging from the symptoms of a clinical disorder?

It wasn't as if he suddenly forgot everything, but it seemed like he was forgetting a bunch of things that he'd never forgotten before. I had always been the one with my head in the clouds, forgetting dates and losing car keys. Fred would be the one telling me, "Maggie, you've got to stay more on the ball. If you forget to pay the bills, they're gonna shut off our electricity." Or he'd chew me out about forgetting to make a doctor's appointment for Mark. Of course, I'd joke, "Why don't we switch jobs and you'll see who's got it tougher," but he definitely had a sharper head, no denying that. Now, suddenly, he was losing his wallet and we'd find it later in the study, where he'd sworn he hadn't been in days. Or he would leave half full glasses

of juice on the floor of the living room, and when I'd chide him about it he'd say, "Oh, I'm sorry," and change the subject. This was Mr. Neat Freak who, in the past, couldn't stand it if a dirty dish sat on the kitchen table more than a half hour after dinner.

What might be the most difficult aspects of observing a spouse, parent, or other close relative gradually lose their memory or other cognitive faculties?

He also had little accidents, spilling food on himself, or knocking over a pile of papers or the jar of pencils from the counter. Then he started asking me to drive him to work all the time. He said that he'd caught himself veering off the road a few times and had just barely avoided an accident. "It's all the stress," he'd tell me. "We've got a new contract coming up and I don't think it's gonna go our way. I've just got too much on my mind."

As the forgetfulness and unusual behavior mounted, it couldn't be ignored any more. Yet somehow I found a way to do just that. I wanted to believe that he was fine. Then, one day, he missed a meeting with an important contractor—just didn't show up. Instead, he went to his office like it was any other day. The company lost the contract and a lot of money, and it also was bad for their image. Actually, by that point in time, I wasn't all that surprised by his error. This strong and organized man, who had taken care of everything for so many years, was by then becoming a different person, and I was now taking care of him. That's when I told him that he must see a doctor. And Fred did something I'd never seen him do: He burst into tears.

Despite his emotional outpouring that evening, Fred managed to put off medical treatment for nearly a year. Eventually, however, the incidents caught up with him—for example, leaving his glasses in the mailbox or mowing only half the lawn—and he went for a neuropsychological exam. The results of a battery of tests revealed some significant problems, and the neuropsychologist, Dr. Schoenfeld, broke the news to us that he was suffering from a neurocognitive disorder. He explained to us that we would be facing a very difficult battle—that Fred would become less and less able to take care of himself. He also told us that very little could be done to stem the progress of Fred's condition. Fred was going to have to rely on the support of his loved ones, particularly me, to see him through this.

Neurocognitive disorders include a group of organic syndromes, marked by major problems in cognitive functioning, such as memory and learning, attention, visual perception, planning and decision making, language ability, or social awareness. Based on your reading of either the DSM-5 or your textbook, what form of neurocognitive disorder might Fred be displaying? Which of his symptoms suggest this diagnosis?

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Fred had already planned to retire, as his position in the company had been scaled down drastically after the contract debacle. The doctor's diagnosis simply made it official in our minds. Within 3 months, he was thrown a retirement party by his coworkers, many of whom he had mentored. By then he was having trouble remembering people's names, but that party meant a lot to him. He knew just how lucky he was to have so many caring friends and colleagues. He was still embarrassed about having lost that contract, but everybody tried their best to show him that they had nothing but gratitude for his years of service. He wasn't walking too well by then, either, so I helped him to a chair, where he sat for most of the party, sometimes crying quietly to himself because he no longer had full control of his emotions. I think that was really his last great experience, the last time he had a really special night out.

At the party, Fred gave a short talk to his coworkers, thanking them for the event. He had been worried about this speech for days. He feared attempting to reminisce or trying to be too specific, because he'd been having so much trouble remembering things. But he didn't want to read a written speech, so he just kept it short. It broke my heart when I heard him say, "This is really a special night. I want to thank you all for this and for helping me out the way you've done the last few months. I'm not the kinda guy who talks a lot and makes big speeches to his friends. And that's what you are—my friends. That's why I've had a great time all these years. That's why I've loved my job, and going to work in the morning. We've had a lot of good times, and I'll miss you, my friends."

In 2012, more than 15 million family members and friends volunteered 17.5 billion hours to care for individuals with dementia, which can lead to a range of psychological problems for caregivers. What kinds of problems would you expect caregivers to develop?

It was more than a retirement speech; it was a farewell speech. But, as painful as that was, the impromptu speech that he gave to me alone just 2 days later hurt even more. He was lucid that day. He was clear and organized and sharp as a tack, just like the old Fred. And he was hurting.

Fred "Preparing for a Trip to Nowhere"

I'm mad, I'm frustrated, I'm everything in between. It sure is embarrassing, Maggie, it sure is. Can you imagine what it's like to have to think for 2 whole minutes before remembering our own grandchild's name? A child I held in my arms when he was born, and said, "This boy is a perfect child." I watched him grow and played ball with him, and I can see his face in front of me as if he was in the room with me, but when I reach for his name, there's nothing there. Blank. How do I convince an 8-year-old child that his grandpa loves him and cares about him when I can't even be bothered to know his name?

I spend my whole life trying to be sharp, but I end up a failure. I'm a 69-year-old man who needs a woman to take care of him like he's 90. What use am I? I provided for my family. I earned money. I did my job to help keep Wellstone Construction running. And now that's all gone. All gone. I can't do any of it anymore. Lying in bed or sitting in a chair all day. My wife and son provide for me. The company takes care of me. I'm a drain. No one will ever again think of trusting me with anything. Anything. "No, it would be too taxing for the poor guy." That's what they'll say, but what they'll mean is, "He'll just screw it up, like he screws everything up."

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Consider Case 5, Major Depressive Disorder. Did Fred show any symptoms of clinical depression as his disorder unfolded? Did Margaret? Would any of the treatment techniques described in Case 5 be helpful to either of them?

Sometimes, all of a sudden, I don't know what time of day it is, or even what day of the week it is. I don't even know what I had for breakfast this morning. If I want to go over there to pick up that book off that table, I have to ask you if you can help me walk. I can't walk without leaning on someone. Otherwise, I'll fall or have to stop and sit down.

Why should I even want to get up in the morning? Being up isn't all that different from being asleep, only a bit more confusing. Nothing in the world is more infuriating than knowing that you know the thing you can't remember. Knowing that you're not stupid, but that everything you once knew is being stripped away from you, little by little. God knows how long I'll even know who you are, Maggie. How long will it be before it's all just shapes and colors? How long before everyone else is making plans for me. Putting me in a home, putting me out to pasture, putting me to sleep. I feel like I'm preparing for a trip to nowhere.

If you were to lose your memory and cognitive faculties, bit by bit, how would you feel? What fears and worries do you think you would experience?

I don't even know if I'll mind that so much. When I don't remember anything, it won't be so hard. Probably then I won't feel so stupid. I won't realize how much I am forgetting. That's what gets me—the forgetting. It gets me mad, but it gets me scared, too. I reach for a pen that I thought I was just writing with and I realize that it's not there. I look for it and then I realize that I'm not writing anything. Now I can't find the pen, and I don't even remember why I'm looking for it, and nothing makes any damned sense. It's like this dream that's real upsetting because I don't know what's going on, but I know I should know. Oh, God!

When this all started, you know, I didn't believe it. A man can get used to a lot if he can convince himself that nothing is wrong. Every time I'd forget something, or lose something, or drive off the road, it bothered me for exactly 5 minutes. I'd be scared for 5 minutes and I'd admit to myself for those 5 minutes that there was a serious problem—that these things were happening more and more and that something was very wrong and that I should get this taken care of somehow. But after those 5 minutes, I would laugh it off and decide that everything was fine—everyone forgets things, everyone loses concentration driving, everyone misplaces things—and I'd be fine. I'd come home, and I wouldn't think about it until the next thing happened. Then I'd be upset for another 5 minutes.

Why would Fred and Margaret have tried to overlook his symptoms, even as they were worsening?

I want you to put me away, Maggie—you know what I mean—let me go, if I ever don't remember who

you are. I don't want to forget my beautiful wife, and if I don't know who you are anymore, have them just inject me or give me whatever is necessary in order to get this life over with. Don't worry about whether it's the right thing, because it is. I'm afraid that you won't do this, that you'll let me go on when I'm not myself anymore. I don't want you to have to see me and not know that I love you and need you with me. I don't want you to doubt my love for you because of this damned disease. Please, Maggie, don't let that happen. Please promise me.

Margaret "A Long Goodbye"

Unlike most of the other disorders in this casebook, Fred's problem was organic, progressive, and largely irreversible. What role might psychological treatments play in disorders of this kind?

I heard that speech from Fred several other times during the next 2 years. But of course I couldn't make that promise. Eventually, he became less clear and less interested, and less able, and he stopped saying those things. The last 4 years really have been a long goodbye for us. As the years have passed, Fred has been less and less able to do for himself. He has been increasingly unsteady on his feet. Furthermore, he lost control of his motor functions and is now unable to feed or clothe himself, or to use the bathroom on his own. At first, this was very upsetting to Fred; he was still aware enough to feel that his incapacitation made him ridiculous in some way, and he often lashed out at me in anger—even accusing me at times of trying to drug him so that he couldn't take care of himself. Later, he would tearfully apologize after these outbursts.

About 4 years ago, I bought him a walker to make it easier for him to get around. But a year later, he fell while trying to walk across the hall to take a bath. He broke his hip and couldn't leave his bed for 4 months. Fred became more and more depressed and began spending days staring at the wall or the bed sheets, refusing to talk even when I tried to speak to him. After his hip had healed, he still remained in bed, refusing to try to walk. He even began hearing voices and seeing people who weren't really in the room. Sometimes he would believe that long-gone relatives were in front of him and talking to him. Eventually, it seemed like it was just too taxing for him to try to distinguish the real from the imagined, and Fred began to treat everyone and everything around him with indifference or doubt. He treated real people who were talking to him as though they might be figments of his imagination and just turned away.

What role might psychotherapists play in helping close relatives cope with the deterioration of a loved one? What therapy approaches described throughout this casebook might be particularly helpful to such relatives?

Our son, Mark, visited regularly, at least once every other weekend, from his New Hampshire home. Even so, Mark was always surprised by the speed of his deterioration. After breaking his hip, Fred, who had always looked so forward to Mark's visits, often failed to get out of bed to greet our son, sometimes sleeping through the entire visit. Mark noticed that his father appeared to get less pleasure from the visits. He tried to prepare himself for the ravages of Fred's condition, but as his father deteriorated more and more, he became very shaken.

During one visit, Fred looked Mark in the eye, then turned to me and asked, "Who is this, Maggie? Who's he? Is that your brother Jimmy? What's he doin' here?" Mark faced his father and said in a quiet voice, "Dad, it's me. Your son, Mark. And I love you." As he said this, however, Fred fell asleep, and Mark left the room feeling dejected. Later, after Mark and I ate lunch, Fred awoke again, and called out. When Mark entered the room and stood over his father's bed, Fred touched his hand to Mark's face and after a minute said, quietly and hoarsely, "Son . . ." And they held hands without saying a word for an hour. I almost couldn't bear it.

Also, about 3 years ago, Fred started having violent nightmares, and he would sometimes wake me with his screaming. During and after some of the nightmares, he seemed like a completely different person, with a crazed passion behind his frightened eyes. He was growing more and more convinced that I was plotting against him. During one of our visits to the neuropsychologist, he complained, "She's stealing things from me. She steals my clothes so that she can make me feel foolish when I can't find them. I was eating a banana, and she wanted the banana. I put it down and turned my back for a minute, and that banana was gone. She's taking my food. This is all her fault. I know it is."

People with a disorder such as Fred's often become angry, suspicious, and accusatory. What are some of the potential

reasons for such reactions and personality changes?

It's now been 8 years of taking care of him. At this point, I have to feed him and help him use the bathroom. I bathe him and I take him to the doctor. Thanks to his retirement package, we're okay financially. Still, I need to spend every penny we have on Fred's care. I can't work myself, since I have to be with him. The worst part is when he looks at me and I know he doesn't know who I am, yells at me as if I'm an enemy, and accuses me of stealing his things. At other times, however, he looks at me and his eyes say, "Thanks, Maggie," and I know he hasn't forgotten—even if he's remembering for only a moment.

Fred's decline seemed to reach a new level beginning around 6 months ago. Since then, he has been completely incontinent and barely able to speak. He has also been unable to leave our bedroom. He hasn't shown any recognition of Mark during his visits, and has barely even acknowledged me. About 3 weeks ago, he developed a cold that would not go away, and last week I took him to the hospital. He's still there, with a respiratory infection, using a ventilator to breathe. He is in such a weakened condition that doctors are not sure that he will live out the week.

I suspect that Mark and I each privately hope that the doctors' prognoses are accurate and Fred will die within the week. Neither of us has dared express this to the other, but I think we will both be relieved when Fred is gone—that is, the bedridden Fred whose true spirit has already left us. When he is gone, we will all finally be delivered from this long ordeal. And Mark and I will be able to remember our beloved Fred again as he once was—strong of mind and body.

After a long ordeal such as Fred's, it is common for close relatives to find themselves almost wishing for or looking forward to the person's death. What factors might explain such feelings and reactions?

Appendix B
You Decide: The Case of Fred

The individual in *Case 19: The Case of Fred* would receive a diagnosis of major neurocognitive disorder, probable Alzheimer disease.

Dx Checklist

Major Neurocognitive Disorder Due to Alzheimer Disease

1. Individual displays substantial and gradual decline and impairment in memory and learning and at least 1 other area of cognitive function as well, such as attention, planning and decision-making, perceptual-motor skills, language ability, and social awareness.
2. Cognitive deficits interfere with individual's everyday independence.
3. Genetic indications or family history of Alzheimer disease underscore diagnosis, but are not essential to diagnosis.
4. Symptoms are not due to other types of disorders or medical problems.

(Based on APA, 2013.)

Clinical Information

1. Alzheimer disease is the most common form of dementia, accounting for approximately two-thirds of all cases of dementia (Burke, 2011).
2. The disease sometimes appears in middle age, but most often occurs after the age of 65, particularly among people in their late 70s and early 80s.
3. After its onset, the disease progresses gradually, ranging in duration from 2 years to as many as 20 years with most people surviving only 10 years after diagnosis (APA, 2013; Soukup, 2006).
4. Patients with Alzheimer disease may at first deny that they have a problem, but may soon become anxious or depressed; many also become agitated.
5. Approximately 1 percent to 2 percent of the world's adult population suffer from some form of dementia, including up to 80 percent of all people older than 85 (APA, 2013).
6. Structural changes in the brains of people with Alzheimer disease include an excessive number of neurofibrillary tangles (twisted protein fibers found within the cells of the hippocampus and certain other brain areas) and of senile plaques (deposits of a small molecule known as the beta-amyloid protein that form between cells in the hippocampus, cerebral cortex, and certain other brain regions) (Fandrich, Schmidt, & Grigorieff, 2011; Selkoe, 2011).
7. The disease often has a genetic basis (Hollingsworth, Harold, Jones, Owen, & Williams, 2011).
8. Victims of the disorder usually remain in fairly good health until the later stages of the disease when they may become less active. With less activity, they may become prone to illnesses such as pneumonia, which can result in death (Ames, Chiu, Lindesay, & Schulman, 2010).
9. According to the Alzheimer's Association, Alzheimer disease is the sixth leading cause of death in the United States overall, and deaths from Alzheimer disease increased 68 percent between 2000 and 2010.

Common Treatments

1. No single approach or set of approaches is highly effective in all cases of Alzheimer disease.
2. Two types of medications have been approved to treat patients with memory loss and confusion: cholinesterase inhibitors (Aricept, Exelon, Razadyne, and Cognex) and *memantine* (Namenda). Such drugs prevent the breakdown of acetylcholine in the brain, a neurotransmitter essential to memory (Alzheimer's Association, 2013).
3. Behavioral interventions may help change everyday patient behaviors that are stressful for the family, such as wandering at night or urinary incontinence.
4. The needs of the caregivers must also be met via psychoeducation, psychotherapy, support groups, and regular time-outs.
5. Alzheimer disease day-care facilities (providing outpatient treatment programs and activities during the day) are becoming common. In addition, many assisted-living facilities are being built—apartments that provide supervision and are tailored to the needs and limitations of people with diseases such as Alzheimer disease.