Chapter 10 Case Study

The Case of Helen Lee: Part 1

Psychological Assessment

Date: February 5, 2012

Client: Helen Lee; DOB: January 4, 1975

Tests Administered:

Mini Mental Status Examination-2 (MMSE-2) Wechsler Memory Scale-Fourth Edition (WMS-IV) Wechsler Adult Intelligence Scale Fourth Edition (WAIS-IV) Halstead-Reitan Neuropsychological Battery

Psychologist: Dr. Stuart Berg

Reason for Referral: The client, Helen Lee, was referred for psychological assessment. Helen has been increasingly forgetful and seems to have lost some cognitive skills. For example, she could previously count to at least 20, whereas now she has trouble counting at all. She has had to quit her job and now even seems to be losing self-help skills that she formerly had. When left unsupervised, she often wanders off.

Behavioral Observations: Helen's blouse half hung out of her skirt, her hair was disheveled, and she was unsteady on her feet. During the testing session, her hand had a slight tremor, and she struggled to find the right words to express herself. In response to a general enquiry ("How are you feeling?"), Helen said that she was "sad." Her parents, who accompanied her, denied ever having heard her say she was sad before. During assessment, Helen referred to me several times as "father."

Assessment: Helen was not able to answer correctly any of the questions on the MMSE-2. When questioned about the date, she was off by two years. She was unable to write a sentence, or to name "pencil" and "watch." It also proved impossible to administer the intelligence test and most of the memory scale because Helen was unable to concentrate long enough to respond. She could not learn new associations, nor could she perform the digit–symbol subtest. She had trouble even copying symbols. Helen had difficulty naming common objects and, at one point, referred to a radio as an oven. She could write only a few letters and could not perform any planning task. In a separate task, when given a clock face and asked to fill in the numbers, she omitted most, and those she included she put in the wrong place.

Diagnostic Considerations: The client seems to meet the *DSM–5* diagnostic criteria for major neurocognitive disorder due to Alzheimer's disease. There are no signs of hallucinations or delusions nor of the confusion that is characteristic of delirium. Her cognitive ability seems

to have deteriorated gradually from previous levels, to the extent that her social adaptation is now impaired. She has clumsy movements, misrecognizes common objects, and is unable to learn new material. She also seems to be depressed, a common finding in people with Alzheimer's.

Diagnosis

Major neurocognitive disorder due to Alzheimer's disease, probable Alzheimer's disease

The Case of Helen Lee: Part 2

Letter From Debbie Lee (Helen's Sister) to Their Mother

Dear Mom,

I'm coping better now. I think I have finally gotten my mind around the idea that Helen is never going to get better. A few years ago, I would not accept it. Michael has still not accepted it. He sometimes thinks that Helen is being difficult and that she could be more alert and responsive if she tried. I explain that it is the dementia, that she can't help it, and that she still loves him.

Of course, it's been hard, especially in the beginning. She used to say, "I don't know what is happening to me." I'd try to reassure her: "You're only tired, dear. I forget things, too." But I knew the truth. I knew she would eventually not know me. I knew she would become a stranger. And it broke my heart.

I know it was my choice, but sometimes I get angry that I have been stuck with her. I attend a group in which caregivers share ideas and give each other emotional support. I have also learned to think of the good times we had together. Still, sometimes I worry about who will take care of her if something happens to Michael and me. When that happens, I put some old music on. Sometimes, I think I see her smile. I think, maybe some part of the old Helen is still there after all.