ECHO Idaho: Alzheimer's Disease and Related Dementias
CASE RECOMMENDATION FORM

ECHO Session Date: 5/27/25 **Presenter Credential**: PsyD, LP

Thank you for presenting your patient at ECHO Idaho –Alzheimer's Disease and Related Dementias session.

Summary:
The client, a woman with early-onset Parkinson's, expressed anxiety and sadness over her declining ability to focus and remember, feeling her concerns were often dismissed. While her husband sought therapy to improve her self-confidence and reduce anxiety, he resisted exploring potential cognitive issues, despite her increasing withdrawal and loss of initiative. No formal dementia diagnosis or cognitive assessment was completed, though symptoms emerged during the interview. The situation reflects broader challenges in recognizing early cognitive decline, complicated by caregiver dynamics, and lack of screening. , highlighting the need for improved diagnostic pathways and communication.

After reviewing the case presentation and discussion of this patient's case among the ECHO Community of Practice, the following suggestions have been made (recognizing that you will likely not engage with this client again, but may have similar situations in the future or may end up seeing this individual again):

Use gentle, collaborative language with a hopeful, future-oriented approach:

- Consider framing conversations around "brain health" rather than "cognitive decline" or "dementia" to reduce resistance.
- Ask permission before addressing memory or cognitive concerns and start by exploring what the patient and caregiver understand about the referral.
- Emphasize that while Parkinson's is a neurodegenerative condition, good planning and supportive strategies can help maintain quality of life.
- Introduce preventive strategies and coping tools that offer the family a sense of agency and direction.

Explore goals and safety without forcing diagnosis:

- When a patient or caregiver resists diagnostic discussions, it can help to shift the focus to safety, functional concerns (e.g., driving, cooking), and quality of life.
- Discuss what a good life and future look like, which can naturally lead to conversations about planning and care needs.

Address family dynamics and psychological readiness and support the caregiver:

- Recognize that deep-seated family or relational dynamics may shape responses to illness and caregiving, making therapeutic progress more complex.
- Consider exploring marital roles and psychological impacts of shifting identities within the couple.
- Provide education to the husband about the role of cognition in therapy, particularly how impairments can affect session outcomes and daily functioning.
- Acknowledge his denial and help reframe the conversation around maintaining quality of life rather than focusing solely on decline.

Improve collaboration with referring providers:

- Establish upfront communication with physicians when clients are referred to clarify goals and allow more seamless collaboration.
- Mental health providers should feel empowered to contact physicians when significant cognitive or safety concerns emerge.

Referral consideration:

- Consider a neurology and/or psychiatry referral to assess utility of an acetylcholinesterase inhibitor to slow cognitive decline plus/minus a medication for anxiety symptoms if needed, especially since there was thought that she may not have the cognitive capacity to benefit from therapy.