Psych CE

Working with Older Adults Living with Dementia in Clinical Practice

1. According to DSM-5-TR as described in the course, what most clearly distinguishes major neurocognitive disorder (dementia) from mild neurocognitive disorder?

A. Whether memory is among the affected cognitive domains
B. Whether the cognitive decline interferes with independence in everyday activities
C. Whether the decline is confirmed by a cognitive screening score
D. Whether more than one cognitive domain is affected

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2. How does the course distinguish dementia with Lewy bodies (DLB) from Parkinson's disease dementia?

A. DLB is diagnosed when visual hallucinations begin before motor symptoms
B. DLB is diagnosed when dementia begins more than one year after parkinsonism
C. DLB is diagnosed only when REM sleep behavior disorder is present
D. DLB is diagnosed when dementia begins before or within one year of parkinsonism

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3. A 58-year-old previously tactful man has begun making inappropriate comments, overeating sweets, and showing little concern for his wife's feelings. His memory testing is relatively intact. Which consideration is most consistent with the course?

A. Behavioral variant frontotemporal dementia, which is often misdiagnosed early as a psychiatric disorder
B. Typical Alzheimer's disease, because personality change is its most common early feature
C. Normal cognitive aging, because his memory testing is relatively intact
D. Vascular cognitive impairment, because it typically begins with social disinhibition

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4. Two patients obtain identical total scores on a brief cognitive screen. Which conclusion is best supported by the course?

A. Both patients have the same degree of cognitive impairment
B. Both patients should receive the same diagnosis if the score falls below the cutoff
C. The scores may reflect different causes, such as memory impairment, language mismatch, hearing loss, or limited education
D. The scores are interchangeable if both patients have similar years of education

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5. An 84-year-old with documented Alzheimer's disease becomes markedly confused and drowsy over two days, with alertness that varies across the day. What is the most appropriate response?

A. Treat it as possible delirium requiring prompt medical evaluation
B. Attribute it to the expected progression of Alzheimer's disease
C. Schedule repeat cognitive testing in three months to document decline
D. Treat it as depression and begin behavioral activation

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6. Which observation best suggests apathy rather than depression in a person with dementia?

A. The person reports feeling hopeless about the future
B. The person rarely initiates activities but appears to enjoy them once engaged
C. The person expresses guilt about being a burden to the family
D. The person no longer enjoys activities even when prompted to participate

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7. When formal cognitive testing must be conducted through an interpreter, which practice is most consistent with the course?

A. Ask a family member to interpret because they know the patient's usual communication
B. Apply standard norms because a qualified interpreter preserves standardization
C. Translate items informally during testing and report the scores as fully standardized
D. Use a trained interpreter and document how interpretation may affect standardization

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8. A person with dementia strikes caregivers only during showers. According to the course, where should intervention focus first?

A. On reducing aggression across all settings, because the behavior reflects global aggressiveness
B. On a medication consultation, because aggression in dementia is primarily neurological
C. On the bathing routine, including water temperature, privacy, timing, caregiver approach, and pain
D. On teaching the person to remember why bathing is necessary

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9. Which statement about antipsychotic medication for behavioral symptoms of dementia is consistent with the course?

A. Brexpiprazole is exempt from the boxed warning because it is approved for Alzheimer's agitation
B. Antipsychotics are the recommended first-line response to agitation in dementia
C. Severe antipsychotic sensitivity is a recognized feature mainly of frontotemporal dementia
D. Antipsychotics carry an FDA boxed warning for increased mortality in older adults with dementia-related psychosis

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10. A woman with dementia insists that her daughter has stolen her missing purse. Which response best reflects the course's guidance?

A. Assess whether the belief causes distress or risk and avoid extended arguments about it
B. Correct the belief each time it occurs so that her confusion does not increase
C. Treat the belief as a primary psychotic disorder requiring a separate diagnosis
D. Ignore the statement, because delusions in dementia rarely cause distress

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11. Which adaptation of CBT is most consistent with the course for a person with mild dementia?

A. Assigning daily written thought records to strengthen memory between sessions
B. Working on one recurring fear in session and developing a brief coping statement
C. Completing abstract cognitive restructuring before introducing behavioral strategies
D. Avoiding caregiver involvement, because it undermines the patient's autonomy

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12. A patient with dementia cannot recall the content of last week's session. How should the psychologist interpret this, according to the course?

A. As evidence that psychotherapy is no longer appropriate for the patient
B. As evidence of poor motivation for treatment
C. As a cue to adapt the session format, such as brief reviews and written summaries
D. As a reason to transfer treatment decisions to the caregiver

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13. Which statement about suicide risk in dementia is consistent with the course?

A. Risk may be highest in the months shortly after diagnosis, particularly for people diagnosed at younger ages
B. Risk assessment can be omitted when cognitive impairment is present
C. Risk is concentrated in advanced dementia, when insight is most limited
D. A dementia diagnosis substantially reduces suicide risk

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14. A patient with early dementia can explain a proposed treatment in her own words, describe how it applies to her, compare options, and state a consistent choice, but needs extra time and simplified explanations. What is the most appropriate conclusion?

A. She lacks capacity, because needing simplified explanations shows impaired understanding
B. Her capacity should be determined by her most recent cognitive screening score
C. She has capacity for all decisions, because she has capacity for this one
D. She may retain capacity for this decision, and the clinician should support her participation

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15. A patient's ability to discuss a major decision appears poor during an acute infection. What does the course recommend when circumstances permit?

A. Document permanent incapacity for that type of decision

B. Ask the family to decide, because capacity cannot be reassessed once it is impaired
C. Revisit the decision when the patient is functioning near their best baseline
D. Proceed with the patient's current stated choice

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16. When an authorized surrogate makes a decision and the patient's prior wishes are known, which standard does the course describe?

A. Best interests, as judged by the surrogate's own values
B. Substituted judgment, based on what the patient would likely have chosen
C. The treating clinician's recommendation
D. The majority view of involved family members

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17. A spouse caring for a person with dementia reports exhaustion, irritability, and resentment. How does the course recommend framing this caregiver burnout?

A. As evidence that the caregiver lacks commitment to the person
B. As an expected phase that resolves once routines become familiar
C. As proof that residential placement is now required
D. As a sign that the current care arrangement needs to be reassessed

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18. A caregiver tells the psychologist, "I'm at the end of my rope." What is the most appropriate response?

A. Clarify whether it reflects frustration, depression, suicidal thinking, or fear of harming the care recipient
B. Accept it as a common expression of exhaustion and move on
C. Recommend residential placement for the person with dementia
D. Begin extended psychotherapy for the caregiver within the patient's sessions

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19. According to the course, how should differences in dementia incidence across racial and ethnic groups be interpreted?

A. As evidence of genetic differences in dementia risk between racial groups
B. As testing artifacts that disappear once education is corrected for
C. As reflecting social, economic, environmental, and healthcare conditions rather than biological destiny
D. As unrelated to cardiovascular risk or healthcare access

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20. Which statement about anti-amyloid therapies such as lecanemab and donanemab is consistent with the course?

A. They restore lost cognitive function in people with moderate dementia
B. They slowed decline in selected people with early symptomatic Alzheimer's disease but carry risks such as amyloid-related imaging abnormalities
C. Their trial results apply to all people living with dementia

D. They eliminate the need for psychological and caregiver support

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