# SPOKANE PSYCHOLOGY AND NEUROPSYCHOLOGY, P.S.

**TODD G. SWANSON, M.S.**
**ASHLEE BRADSHAW, M.A.**
**WINIFRED DAISLEY, PH.D.**
**ALAN DAVIDHIZAR, M.A.**
**MELISSA ROCKWELL, M.S.**
**BRYCE BOYCE, B.S.**

**BRIAN R. CAMPBELL, PH.D.**
**BETH KILLIAN, M.A.**
**KIEL R. ENGELSON, M.S.W.**
**HARPER KANE, M.A.**
**JOCELYN CHRISTIANSON, M.A.**
**KYLIE HEINTZELMAN**

Monday, April 17, 2017

Mr. Ken Kato
1020 North Washington St.
Spokane, WA 99201

Re: Keith Holbrook
DOB: 11/18/1947
DOE: 12/12/16 (intake), 12/13/16 (assessment), 12/13/16 (update and review of findings)

Dear Mr. Kato:

Thank you very much for the referral of Keith Holbrook, a 67-year-old, right handed, male for neuropsychological assessment. The questions concerned current neurocognitive and psychological status. Test results and recommendations were interpreted to Keith and Monty Kim Cockrill, a friend.

## CONCLUSIONS.

The results of our neuropsychological assessment reveal profound loss of neurocognitive function consistent with the documentation of his medical history found in multiple sources. Using the Repeatable Battery for Assessment of Neuropsychological Status (RBANS), his total score of 57 was extremely low at less than the 1st percentile. His immediate memory index of 81 was low average the 10th percentile, his language index of 78 was borderline at the 7th percentile, the visuospatial/constructional index of 60 was extremely low at less than the 1st percentile (0.4), the attention index of 64 was extremely low at the 1st percentile, and his delayed memory index of 48 was extremely low at less than the 1st percentile (0.1). He had substantial difficulties on a measure of aphasia screening consistent with serious decrements in language function involving receptive and expressive language (34 T). He had substantial difficulties on all memory tests as well as deficits in executive function. There was evidence of severe depression, anxiety, and irritability.

There was no identifiable motivation for burning his own house and losing all of his possessions. His home was underinsured. He never intended to destroy a home that he built from scratch on

land that he loved. Long-standing progressive dementia initially interfered with routine mechanical abilities and certainly with a long-standing documented history of dementia he would be unable to create and manufacture his own incendiary device. Furthermore, his dementing condition would certainly interfere with his ability to form an intent of burning down his house. His substantial physical limitations would interfere with his ability to move incendiary devices even if he were capable of producing them. The likelihood approaches zero that he was able to develop an incendiary device, ignite the device, and burn his house down. Finally, he provided evidence that he was away from his own home in Wenatchee when his house caught fire.

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**Patient Report of legal circumstances.** Understanding of the referral to us. He stated he is here for some kind of evaluation.

He is charged with arson. He also was charged with using an incendiary device. Keith has no idea what this device might be. He said, "I would never jeopardize the home where I lived. This was my ideal place to live." On 12/13/2016, Keith brought in the Okanogan County sheriff's report. He disagrees with the accuracy of the report. Country Financial claimed that Keith never called in the loss. There were three parcels of land labeled 193 A, B, C. On the 17th the phone and power lines burned and they had no computer for email. Mr. Sloan assembled an arson kit and came on the property on July 22nd without a search warrant. He examined the wood shed where he thought the incendiary device was located. They examined the woodshed and found no evidence of an incendiary device or evidence of arson. Mr. Holbrook claimed the they stuck with a lie that he committed arson.

Mr. Scribner could find no evidence of this device. Furthermore, Mr. Scribner stated that the Okanogan County (Mr. Sloan) brother was unqualified to form opinions about the fact situation surrounding the fire. He feels persecuted for something he never did.

Mr. Holbrook recalled that Dr. Travers stated that Mr. Sloan hired him to complete the evaluation and said that Mr. Sloan "hires me all the time." He informed Dr. Travers that he was afraid of fire, but did not include this in the report, "he cherry picked what he wanted to include in the report." He yelled at Mr. Holbrook, "this was stressful to me and totally blew my mind." Although he requested the presence of his attorney, Travers said "You don't need your lawyer, we'll go on with the test." I encouraged him to document what happened in this evaluation, how he was treated, and how stressed her felt during the evaluation.

Documentation of symptoms. On the Neurobehavioral Functioning Inventory Mr. Holbrook documented that he always has difficulty lifting heavy objects, moves slowly, experiences ringing in the years, difficulty falling asleep, and trouble hearing. Frequent symptoms include dropping things, headaches, muscle aches, numbness and tingling sensations, nightmares, fatigue, weakness, poor concentration, confusion, distractibility, forgetfulness, slow learning reading, writing, and thinking, loss of track of time, day or date, misplacing objects, trouble making decisions, loss of train of thought, word finding difficulties, impatience, irritability,

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feeling misunderstood, boredom, worthlessness, frustration, loneliness, nervousness, restlessness, sadness, difficulty initiating activities, difficulty pronouncing words, difficulty understanding conversations, and illegible handwriting. He had considerable difficulty completing our Adult Neuropsychological History form. Nevertheless, he endorsed symptoms in the domains of executive function, speech, language, mathematics, difficulties with drawing and dressing, distractibility, loss of train of thought, forgetfulness, problems with left-sided motor control, weakness, and difficulty holding onto things, tremulousness, imbalance, muscular fatigue, loss of feeling or numbness, tingling and strange sensation, loss of hearing, tinnitus. Physical symptoms included headaches, urinary incontinence, loss of bowel control, excessive fatigue, sensitivity to light and noise. He reported difficulties with sadness, depression, anxiety, stress, sleep, motivation, energy, and nightmares, anhedonia, and irritability. His handwriting was difficult to translate and there was clear tremulousness in all of his hand-written responses. He denied consuming alcohol, nicotine, caffeine, cannabis, or illicit drugs.

**History of Present Condition.** Mr. Holbrook charged with arson by starting his home on fire (prior to the initiation of the Carlton Complex fire). He reported a history of 5 forest fires back to back. In 2014, their house burnt which had been occupied by Keith and his wife, Theta. The couple was evacuated. They were told by firefighters to leave because a fire was heading directly toward them. He had his granddaughter with him. They drove to his mother-in-law's house, 20 miles away in the Methow Valley. The fire flew down the valley. The fire came over the hill and started her barn on fire. They had to leave and the fire beat them to the next town. They then drove to Wenatchee.

Their house burned down. They lost their collectables, antique furniture, and an extensive gun collection. Anything of value was gone when they returned to the house. His house was paid for, "I had no incentive to burn my house down." They purchased the house and land in 1998 for $175K on a VA loan which he paid off. He and his wife decided to remodel the house and remain there for the rest of their life, leaving for Yuma in the winter. They rejuvenated the kitchen ($15K), the bathroom ($7K tiling, Washer/Dryer for several thousand dollars). "I loved it there, I had fish ponds, I had wildlife come all the time." Ironically, he was (under) insured for $146K. One of the neighbors told others that "we arsoned our house… they arrested me for arson." Motivation by the neighbor to file a false report? "They didn't like me… they accused us of things we never did." They accused his wife of maliciously assaulting their daughters. The police investigated and no charges were filed although his wife almost lost her job. He had been living in this area for 16 years, trying to be a good neighbor, "I was up there trying to get away from most people." The house was intact when he left the house. They were in Wenatchee when the house burned down. As evidence, he has receipts for purchases made in Wenatchee at Wendy's, gasoline, and a coin shop, dinner at Olive Garden, Wendy's at 10 pm, on the day the house burned. They had just remodeled the house and he spent thousands of dollars; they were almost completely finished. The fire hit the house from 3 different directions. They had 25 cords of wood on each side of the 3500 square foot house. They were underinsured.

His insurance company was Country Financial. Country Financial filed a civil suit against the family. Country Financial insured hundreds of homes affected by the fire and Mr. Holbrook stated this insurance company refused to pay for losses. The case was dismissed recently due to lack of evidence. Keith hired a federal investigator, Mr. Scribner, and a forest ranger.

In Okanogan County, the prosecuting attorney and his brother worked on this case. They have not dropped the criminal charges.

They have lost everything, their home and their money. The only thing he has left is his freedom.

For years, he has been he has been on oxygen, due to lung damage suffered during the war, and he estimated needing oxygen in 1985. He cannot be around smoke due to fire.

In 2015, the fire came to the house area again. Everything was burnt to the ground.

**Collateral Information.** A long-term friend, Mr. Monty Kim Cockrill provided collateral input. He reported that Mr. Holbrook requires assistance in 6 of 10 complex, instrumental activities of daily living. He has difficulty in 3/10 activities. His overall score of 15 on the Functional Activities Questionnaire would indicate considerable interference in maintaining independence with activities of daily living. This score is consistent with individuals identified with major neurocognitive disorders (dementia).

**Relevant Background History.**

**Childhood.** He was born in Tonasket, Washington. His twin died at birth. When he was 5-6, he was in a motor vehicle accident, he hit his head, was knocked unconscious, and suffered from visual defects. He thinks he recovered from this concussion completely. He had leg problems and had to wear braces until he was 7. When he was 6 his house burned down and they had to leave suddenly in their pajamas. His family had to live in a car for months. This developed a fear of fire. He never deliberately set fires. He would keep himself as far away as possible from fire when they went camping.

**Educational History.** High school graduate with 12 years of education. He estimated that is average grades were good (B). Denied special education or grade retention.

**Vocational History.** Mr. Holbrook stated that he couldn't get work and nobody would hire him after Vietnam. In 1988, he was awarded 100% social security disability because of permanent brain damage secondary to injuries sustained while in the Vietnam era.

**Family and Marital History.** His great great grandfather was a Chippewa Indian. He has a native American heritage, "We were all warriors." Many family members served in war. His grandson was wounded in Afghanistan, returned home, and eventually shot himself. His

grandson had PTSD like Keith. He had to fight the government for years to try to prove he was a combatant because he was on a classified mission to Laos. Mr. Holbrook went years without any assistance. With the loss of his house, he had to buy another house and they are underwater financially. His daughters don't talk to him anymore. His oldest daughter, lost her son to suicide.

**Military Experience.** He entered the Air Force in 1967. Following basic training he attended crew chief school and was recognized as 1st in his class of 150 and became an Airman 1st Class. He attended NCO school were again he was recognized this person is class of 150, achieving the rank of sergeant. Served in Vietnam beginning in March 1968. Multiple traumatic injuries were documented in a military history letter that I reviewed. He submitted decorations and awards along with photographs of his military experience. He submitted his VA medical records from 1968 through 1990. Records document that he suffered brain damage as a result of his military service. He was shot in the head in 1968 while serving in Vietnam and flying a C130. While there, everyone around him died. He was lucky to survive despite 12 crashes during his tour of duty. He felt his whole life was over with. He lost his ability to work. A tumor grew around a piece of shrapnel that was lodged in his head. He had neurosurgery to remove the tumor. Friends died fiery deaths. In 1996, he was finally recognized for his injuries and PTSD stemming from this service. He received medals for his service. He originally filed in 1971. He was exposed to Agent Orange which has led to tumor proliferation in his tongue and throat. He has a 100% service connected disability rating. He was honorably discharged at a rank of E-5. He was trained as a crew chief in guerilla warfare and insurgency warfare. He was trained in SC and FL. He graduated top of his class after going to NCO Academy. The CIA recruited him out of boot camp and he received special orders. His unit was in Laos, Cambodia, and Vietnam. He was erroneously listed as killed in action when he was transferred to Saigon (because the plane he was supposed to be on was shot down in route to Laos). He was listed as "dead" for 12 weeks after he returned to CONUS. He was honorably discharged on 8 February 1973.

**Religious History**. "I go to church and I don't lie." He attends the Assembly of God. Kim met Keith at the House of Prayer. They share time together in a monthly breakfast. He is not afraid to die because he knows where he will go when he dies.

**Substance Use.** Alcohol: Never. Alcohol rehabilitation treatment. Denied. Nicotine use: Never smoked. Caffeine consumption: He may drink tea. Illicit drug use: Denied. IV drug use: Denied. Drug rehabilitation treatment. Denied.

**Legal and Criminal History.** Mr. Holbrook was charged with arson by starting his home on fire (prior to the initiation of the Carlton Complex fire). His attorney has evidence documenting frontotemporal dementia (FTD) and wonders if Mr. Holbrook could form intent. Prior to these charges, there were no prior arrests and he had no prior issues with law enforcement.

I explored, *why would he put in 60K for remodeling, be underinsured, and start his home on fire?* There is no discernible rationale for burning his house down. His home was underinsured. He loved his house and land. He stood to gain nothing by setting his house on fire. There was

no evidence of psychosis, delusions, or hallucinations. Therefore, there was no evidence that distorted thinking would contribute to such an event.
*Could he form an intent to complete an act of arson?* Theoretically yes, but there was nothing to motivate this behavior nor was he psychotic. There was no evidence of command hallucinations or delusions that might have driven this behavior. Kim has never seen any evidence of psychosis either.
*Would he be capable of creating an incendiary device?* He was not trained as a bomb maker or trained to create an incendiary device. Mr. Holbrook stated that, "I hate fire, why would I build an incendiary device?" If anything, he developed a phobia of fire stemming from his early experiences.

Okanogan County Sheriff's Office, investigative report for incident S14 – 04607. Mr. Holbrook highlighted portions of this report and made handwritten comments.

**Affidavit of Jon Scribner, CFEI, 10 March 2016.** Mr. Scribner indicated that inclusion of Detective Sloan that the fire was incendiary "is not supported by the evidence… As to the point of origin of the fire. They also lack evidence of the causation of the fire. The erroneously conclude because they have no evidence of other accidental causes, the fire must be caused by arson… Detective Sloan is not qualified as a fire investigator under NFPA 1033, and may not testify as an expert witness. He is expressly prohibited from determining cause and origin of this fire pursuant to an NFPA 1033." There was insufficient evidence that the fire was person caused. Continuing, "photos and video has been taken by others (not fire investigators) which show a main wildland fire arm burning up the Holbrook property through the canyon, up close to his house contradicting Sloan's conclusion that no wildland fire conditions were a factor in causing the Holbrook fire." Mr. Holbrook also submitted emails from Mr. Scribner and Ms. Minden that I reviewed. Mr. Scribner's professional work experience was submitted and reviewed.

Declaration of Anne Minden. In paragraph 5, "it is my opinion that the findings of the OCSO Detective Sloan are not in any way supported by documented and reliable data to a degree that a determination of the fire origin or the cause can be reliably established… It is my opinion that the methodology used by Detective Sloan to determine the origin and cause of the fire at the Holbrook residence deviates to such a degree from the accepted practices… As to make Detective Sloan's conclusions wholly unreliable and subject to both expectation bias and confirmation bias…" Ms. Minden documented that on-July 14, 2014 a weather system moved through the Methow Valley in Okanogan County causing 4 separate lightning caused fires. Sustained 30 mile-per-hour winds contributed to the spread of all 4 fires that eventually merged into what was named the Carlton Complex. The Carlton Complex fire continued to grow in size through August 2014 and ultimately burned over 300 homes and 256,108 acres of private, state, and federal lands. Ms. Minden states that Detective Sloan failed to adequately support claims he made about both the origin and cause of fire. There was no evidence of an ignition source. Ms. Minden stated that the Detective Sloan failed to adequately consider other obvious potential causes of the fire.

I reviewed statements by Mr. and Mrs. Vaughan, Rebecca Ketcher, Mr. and Mrs. Anderson regarding their observations. Mr. Cuevas, general manager, Super 8 Motel, Wenatchee stated that Mr. Holbrook was a guest of the establishment from 21 to 24 July. Mr. Holbrook also submitted receipts from purchases made on July 21, 2014. A letter from Mr. Victor Wisdom of Wisdom Earthworks and Metal Recycling on 10/3/14 stated they were the contractor employed to clean up debris from the wildfire damage at the Holbrook residence. There was no evidence of any gas or fuel barrels anywhere near the home.

**Psychiatric History. Self:** Dr. Frese is his treating psychiatrist in Wenatchee, who he has seen beginning in the 1980's. He has chronic PTSD and trauma related nightmares. He denied current suicidal ideation or plan. He recalled the evaluation at ESH. Although his wife accompanied him to provide collateral information, Mr. Holbrook stated that Dr. Travers refused to have her accompany him. Dr. Travers was late by an hour and then yelled at Mr. Holbrook. This was a stressful interrogation. Keith developed chest pain during the evaluation. After Keith stood up, he collapsed and hit his head. He was transferred to Brewster and then Wenatchee where he was placed in the ICU for 1 week. Dr. Travers stated his own father was a Vietnam vet and was a malingerer. Keith asked what this had to do with his evaluation. He later read the report and stated Keith was a malingerer, something he didn't know the meaning of. **Family psychiatric history:** His grandson committed suicide after serving in Afghanistan.

**Medical and Neurological History.** Around 2009-2010 he remembered getting tested for FTD and apparently, the results were positive in Phoenix, AZ. In 2014, he had a heart attack and stroke. He was encouraged to start walking and fell in 2015, hit his head on a concrete curb on his right frontal area, caved in his skull, and suffered a brain hemorrhage. He was transported to Harborview Med Center. Head CT scan also demonstrated a massive brain tumor and he had to wait for stabilization due atrial fibrillation. After his discharge, he was arrested in the middle of the night for arson. **Family medical history:** His sister, mother, grandmother, and two aunts suffered from frontotemporal dementia, and all are deceased. His mother was diagnosed in her late 50's to early 60's. Her sister also was symptomatic in her late 50's and symptoms worsened in her sixties. He recalled a doctor visit in which he stated FTD could be hereditary. These medical reports were destroyed in the house fire. His father suffered from dementia.

**Operations/Procedures**. Resection of frontal brain tumor.

**Current Medications**. Listed in packet of material delivered on 12/12/16.

**Document review.** I have imbedded comments in some sections below.

**Theta Holbrook, spouse of Mr. Holbrook, letter of 12/18/1986.**

Written after 19 years of marriage, Mrs. Holbrook indicated that Keith "has virtually isolated himself in the community. He doesn't like people or being around them. He distrusts everyone.

He has no friends and doesn't socialize at all with the people in our community. Recently Keith is become very forgetful." His forgetfulness causes anger and frustration. He has trouble sleeping. He has been treated for anxiety with tranxene, Xanax, antidepressants etc. he also was taking theophylline for his lung disorder and has in-home oxygen for his lung condition. He has been treated for heart problems and was recently prescribed nitroglycerin. "Keith has a real problem trying to relax and cope with the most simplest things in life. If things are not going quite his way he can become very angry and out of control." She also added, "he is also very irritable and impatient with children. He cannot deal with any stressful or pressure condition of any kind." She described his return from Vietnam with a very different personality. "He went from a very gentle man to a very aggressive angry person. Because of all Keith's stress-related problems we were separated for a period of about 3 months… I feel I am one of the few things in life to Keith has left to hold onto any type of reality."

**Department of Health and Human Services, Social Security Administration, Decision of Appeals Council, 12/20/1988.**

Mr. Holbrook met criteria for disability which commenced on 6/6/1997 and continues which identified organic mental disorders, affect the disorders, anxiety related disorders, personality disorders, substance addiction disorders, psychological or behavioral abnormalities associated with a dysfunction of the brain to include this orientation to time and place, memory impairment, change in personality, disturbance and mood, emotional lability and impairment in impulse control, loss of measured intellectual ability of at least 15 IQ points from people premorbid levels and brain damage from war in 1968. Under affect the disorders there was evidence of anhedonia, appetite disturbance, sleep disturbance, decreased energy, feelings of guilt and worthlessness, difficulty concentrating or thinking, thoughts of suicide, hallucinations, delusions, or paranoid thinking. There is evidence of decreased need for sleep, distractibility, and hyperactivity. Under anxiety related disorders, there was evidence of generalized anxiety, motor tension, autonomic hyperactivity, vigilance and scanning, irrational fears, recurrent severe panic attacks, and recurrent in and intrusive recollections of traumatic experiences. Under reading of impairment severity, extreme degrees of limitation were identified for restriction of activities of daily living, difficulties in maintaining social functioning, and deficiencies of concentration, persistence or place resulting in failure to complete tasks in a timely manner "in the work settings or elsewhere). There were continual episodes of deterioration or decompensation and worker work like settings.

Photos of Mr. Holbrook's craniotomy sutures were reviewed.

**Cresap Orthotics & Prosthetics, Inc. Sean Cresap, CPT, 1/1/2016.**

In a letter of 1/1/2016, Mr. Cresap indicated that Mr. Holbrook suffered from bilateral lower extremity weakness and concurrent balance issues. He falls frequently due to instability and foot drop. He was fitted with orthotics.

**MacLennan & Peirson Psychological Services. Catherine A. MacLennan, PhD.**
**Psychological Evaluation of Competency under RCW 10.70 7.060, report 7/6/2016.**

Page 1. Keith had been charged with felony arson in the first-degree and unlawful possession of an incendiary device. Interviews totaled 6.5 hours on 6/13/2016 and 7/1/2016 they comprised semi structured clinical and forensic interview, social history, mental status, and assessment of adaptive functioning. His competency to stand trial was evaluated.
Page 2. Psychological instruments and records were documented.
Page 3. Under "Diagnosis of Patient's Mental Condition" the examiner stated, "Keith Holbrook suffers from a mental disease or defect and as a result, he is not competent." He was diagnosed with major cognitive disorder secondary to multiple traumatic brain injuries (1968 Vietnam, stroke, aneurysm 2014, and brain surgery. A 2nd diagnosis included PTSD. The examiner documented that he suffered brain injury while serving in Vietnam in 1968 and was later discharged from the military because of his inability to function cognitively. He did not recover his premorbid abilities or cognitive strengths. He was not able to work regularly. He receives military disability benefits and Social Security disability. In recent years, he had "additional assaults to his neurocognitive functioning with a stroke, seizures, tumor in the frontal lobes, and surgery to remove the tumor. His mental status exam and interview indicate significant neurocognitive impairment. The trauma to his brain affects his neurocognitive abilities, memory, personality, executive functioning abilities, communication abilities, and affect regulation abilities. He has very limited reasoning ability, he lacks judgment and lacks impulse control, and lacks the ability to regulate his emotions and what he says. He has poor to fair insight into his own condition. He said he cannot manage money and said he lost $80,000 because he signed papers not knowing what he was doing. He has speech difficulty secondary to the neurocognitive disorder, his speech is reduced to words rather than sentences, and even the words require effort. He focuses obsessively on his Vietnam experiences and has significant ongoing distress about those traumatic events. He needs very close supervision at home and he needs help with his daily activities; he needs to have a care provider in the home." He had been a patient of Dr. Glenn Frese, psychologist in Wenatchee, since the 1980s through the veterans' program. Dr. Frese opined that Keith has significant dementia that permeates almost all aspects of his life.
Page 4. Dr. Frese indicated that Keith suffered from significant dementia due to the many assaults on his brain, especially the frontal lobes, which manage the executive functioning. "The dementia impairs his ability to learn new things, to remember, and to regulate his behavior in a socially appropriate manner… He cannot remember what to others are simple things, he cannot sequence of events in a logical manner from start to finish. He cannot regulate his emotions and occasionally he sobs, cries, and is helpless." Sarah Diann Hansen, LMHC, stated that Keith suffers from memory loss, does not understand what he reads, and has difficulty remembering what he reads or what is said to him. She stated it would be easy for others to take advantage of him and recommended that his wife retain power of attorney. He suffered significant traumatic brain injury in Vietnam in 1968. In 2014, he experienced a stroke resulting in further brain damage. He started to have seizures and an MRI founds a significant tumor growing in the middle of the frontal area of his brain. On 4/10/2015 he suffered a subdural hematoma. At

Harborview Hospital, a new MRI showed the brain tumor was large and had invaded the frontal region of his brain. On 9/22/2015 the brain tumor was surgically removed. In a conversation with his wife, she stated she had known him since he was 15 and "he was completely different before Vietnam. He has had problems and been unable to work since he came back from Vietnam. But his condition physically and mentally has much worsened in the last few years." His mental status examination stated that he dragged both feet while walking and he actually tripped and fell in the office. He uses a cane and wore hard plastic orthotic braces on both ankles.

Page 5. He stated he could not read. "There was episodic psychomotor agitation, tearfulness, and sobbing." Continuing, "Keith's affect was incongruent with his stated mood and it is clear that he has difficulty with expressive communication. Also, there was marked perseveration, demonstrated throughout the interview… He reported suicidal ideation without intent." The examiner observed unusual speech qualities including perseveration, repetition of entire stories, prosody difficulties, delayed responses, and occasional loud volume. His presentation was tangential. "He was unable to think in a linear, clear, and or goal directed manner and was unable to organize his thoughts. There are significant concerns about a short-term memory, and less about his remote memory. There is some confabulation, not apparent lying, but history is changed in his mind." His performance on a mental status examination was extremely poor. He had difficulty listening or attending. He cannot calculate his age. He remembered 1 digit forward and 0 backwards. His fund of knowledge was poor as he could not name the current or former President of the United States or the next major holiday. His geographic orientation was poor. Basic arithmetic was poor. His score on the Folstein MMSE was only 3/30 which was in the extremely low range. He obtained no correct answers on questions about orientation to time, place, person, and situation. Registration of words was only 1/3 and words were repeated 4 times before he registered them. At 1 minute his recall was 0 and his recognition from multiple choice was 0. Attention and calculation was poor with 0 serial sevens and serial threes. He could not spell the word "world" forward and backward. He had difficulty with naming and repetition.

Page 6. He had difficulty following a 3-step simple verbal command. He had difficulty drawing an adequate copy of intersecting pentagons.

C. Opinion as to competency. "Mr. Keith Holbrook is incompetent to proceed because of major cognitive disorder (dementia), which is a mental disease or defect. He is unable to understand the proceedings and to assist in his own defense. He is incompetent to proceed." Continuing, "because of the pervasive and insidious nature of the neurocognitive impairment, there is probably no intervention that would render him competent. There is no psychotropic medication that would be likely to improve his neurocognitive dysfunction. He would be unlikely to benefit from any form of restorative services because of his neurocognitive dysfunction because he cannot remember from moment to moment. Because of the major neurocognitive disorder, Keith Holbrook is not capable of making decisions about his finances or his health, he is not capable of managing money and he should be appointed a guardian do this for him."

Page 8. He was observed to be an extremely poor reporter and not credible in regard to his history. There is no history of illegal drug or alcohol use. When interviewed about his medical

history he did not report problems other than his brain injury. Yet, medical problems revealed an extensive problem list as of 6/18/16 to include the following:

1. chest pain
2. dyspnea and respiratory abnormality
3. elevated PSA
4. hypertrophy of prostate
5. essential hypertension
6. asthma
7. osteoarthrosis
8. hypercholesterolemia
9. post inflammatory pulmonary fibrosis
10. swelling, mass or lump in chest
11. atrial flutter
12. hepatic hemangioma
13. bilirubinemia
14. cellulitis left foot
15. history of Agent Orange exposure
16. atrial fibrillation (beginning page 9)
17. stroke
18. headache
19. meningioma
20. cough
21. congestive heart failure
22. reactive airway disease
23. nocturnal hypoxemia
24. pulmonary hypertension
25. PTSD
26. adjustment disorder with mixed anxiety and depression
27. personal history of subdermal hematoma
28. seizure
29. coronary atherosclerosis of native coronary artery
30. hypertension associated with diabetes
31. type II diabetes with diabetic dyslipidemia
32. status post craniotomy
33. memory loss to the medical condition
34. vertigo
35. diarrhea
36. long-term use of anticoagulant therapy
37. fecal incontinence
38. dementia with behavioral disturbance
39. therapeutic drug monitoring
40. At risk for falls

Page 9 continued. his medication list was documented. Severe dysfunction continued when family history was reviewed. He did not know his age or remember where he was born or where he grew up.
Page 10. He had difficulty describing his legal and work history. He said he graduated from high school but did not know the school name. He reported he was a veteran who served in the Air Force in Vietnam in 1968 until 1969. He was wounded in 1968, hit in the face with shattered bones which caused brain damage. He was in the hospital for about 4 weeks. He had several severe injuries to his head. He had difficulty describing a typical day. He cannot do household chores. He cannot cook for himself. He cannot read effectively. He cannot dress himself. He does not drive. He is unable to exercise.
Prognosis. "Keith is not credible… I do not think Keith is malingering, rather he tries to be "normal" and to respond in a manner he thinks the evaluator wants. But he is very poor and reading others, and he is unsuccessful. Keith is quite limited in what he can do. He lacks reasoning abilities, lacks judgment, is unable to make informed decisions, and is unable to pay his own bills or manages money."
Page 11. He lacks awareness regarding the effect of his behavior on others. He has difficulty following conversations. He is unable to find words. He has difficulties interacting with other people. He does not understand or comprehend what is going on around him much of the time. "He has significant memory impairment, has difficulty with sustained concentration, pace and persistence, difficulty with all executive functioning tasks. He cannot sustain focused attention long enough to ensure the timely completion of daily tasks. At home and so he needs constant care."
Page 12. FIT-R results indicated that "Keith Holbrook has legal impairment in all major areas including: (A) understand the nature or object of the proceedings, factual knowledge of criminal procedure; (B) understand the possible consequences of the proceedings, appreciation of personal involvement in an importance of the proceedings; and (C) communicate with counsel, ability to participate in defense." On the MacArthur Competence Assessment Tool – Criminal Adjudication, "Keith Holbrook had clinically significant impairment in all competence related abilities including: understanding, reasoning, and appreciation."

**Central Washington Veterans Counseling and Consultation, Sue Dickinson, MA, LMFT. Letter of 6/6/2016.**

Ms. Dickinson documented that Mr. Holbrook began services on 1/6/2016 after symptoms of PTSD were triggered when his only grandson, gave, committed suicide following his military service. Many PTSD symptoms increased as a result of this loss. "Mr. Holbrook has difficulty with remembering the correct words when reciting things and often repeats things he has said over and over. He is often confused and also has difficulty tracking conversation. Reports having difficulty with daily functions, including finances, and has asked that his wife handle the finances." She summarized that he sustained a brain injury and severe PTSD from his service in Vietnam. She documented his numerous health issues including a stroke in recent brain surgery to remove the tumor. These combined events "have made it difficult for Keith to cope with daily living. He may also have a compromise sense of reality." In a letter of 11/10/2016 she stated

that he has difficulty remembering things due to head injury received while in Vietnam. Since his grandson's death many of his PTSD symptoms increased.

**State of Washington, Department of Social and Health Services. Letter of August 29, 2016. Trevor Travers, PhD, licensed psychologist.**

Page 1. Dr. Travers concluded that he was malingering. An opinion regarding competency was deferred.
Page 2. The testing process and records reviewed were documented. Diagnoses included the following:

1. Malingering
2. status post traumatic brain injury
3. status post cerebrovascular accident
4. rule out unspecified cognitive disorder
5. posttraumatic stress disorder
6. diabetes
7. meningioma
8. sleep apnea

Page 3. He was interviewed without the presence of his care provider. He stated he flew search and rescue missions in Vietnam and was a member of the special operations group. He reported trauma and described these experiences. He reported a history of head injury with loss of consciousness and described this injury by stating he was struck in the front of the head and in the back of the head by a shell or mortar in one incident. He woke up in the field hospital. He also stated he had a cerebrovascular accident or stroke more recently and fell and hit his head after the incident, sustaining another head injury. He stated he fell because he had poor balance after the stroke. He reported symptoms of posttraumatic stress disorder since his traumatic events in Vietnam. He reported nightmares of traumatic events. He stated he received disability after his service in the military. He accomplished some jobs cutting firewood but has generally supported himself with his disability payments. When asked about his family history he stated his brother, mother, sister, and maternal aunts and uncles all have frontotemporal dementia (last paragraph).
Page 4. He denied prior legal involvement or arrests other than the current charges. He denied alcohol related difficulties or other use of substances. In the report by McClellan and Pearson psychological services of July 2016 was reviewed. The inventory of legal knowledge was included with the raw test data. The author indicated the ILK is an instrument used to detect feigning lack of knowledge of information pertaining to court or feigning incompetency. The results that were obtained indicated that Mr. Holbrook was malingering. He performed significantly below chance. Dr. Travers also pointed to the mental status exam in which he did not know his own name, "this is an extremely suspicious result which is what prompted me to administer tests of malingering." Dr. Travers believed that the prior evaluation was invalid due to Mr. Holbrook's malingering.
Page 5. Letters from Dr. Jason Grosdidier were summarized in paragraph 3 to include an opinion on April 21, 2016 that his medical conditions may be exacerbated by stress. "Increased stressor

may endanger his life. I would recommend that he avoid as many stressors as possible at this time and until further notice." A letter from Veteran's Affairs stated he was 100% disabled due to PTSD. A letter from Shipowick-Smith Counseling and Positive Living Center of May 12, 2016 indicated a history of head injury and memory loss.
Page 6 (continued). He was diagnosed with PTSD, unspecified acute stress reaction, and dementia and other disease with behavior disturbance. Dr. Glenn Frese, Psy.D, indicated his brain dysfunction contributed to difficulty adjusting to PTSD. Dr. Frese indicated that he experienced brain trauma in Vietnam, a CVA in 2014 leading to seizures. An MRI was reported with a significant tumor growing in the frontal region of his brain. Dr. Frese reported on April 10, 2015 that Mr. Holbrook fell and suffered a subdural hematoma. MRI after the incident revealed a large tumor in the frontal area of his brain. Dr. Frese diagnosed him with dementia. Dr. William Cagle diagnosed Mr. Holbrook with dementia and stated he was not competent to manage his finances or legal decisions (paragraph 3). Central Washington Hospital documented admission on August 3, 2016 to August 8, 2016. He was transported to Three Rivers Hospital via ambulance at "the conclusion of my evaluation." Multiple diagnoses included prolonged QT syndrome, atrial dysrhythmia, chronic diastolic right and left hear failure, hypertension, probable mild cognitive impairment, paroxysmal atrial fibrillation, coronary artery disease, status post coronary bypass graft, type 2 diabetes, hepatic hemangioma, and hyperlipidemia. Harborview Medical Center documented a history of CVA. CT revealed a subdural hematoma deep in the temporal lobe on the right side extending over the tentorium ipsilaterally. He was admitted on April 11, 2015 to April 17, 2015 and diagnosed with subdural hematoma and hyponatremia. A CT scan on April 15, 2015 revealed a right temporal hemorrhagic contusion and frontotemporal subdural hematoma. Paragraph 6 indicated Three Rivers Hospital was the site where Mr. Holbrook was transported after his evaluation with Dr. Travers on August 3, 2016. He complained of chest pain.
Page 7 (continued). EKG revealed atrial fibrillation or flutter. He was recommended for transfer to Central Washington Hospital by ambulance. He declined and his wife drove him and he was admitted. He had no prior criminal history. After completing his interview, Mr. Holbrook complained of chest pain. Dr. Travers went to get his wife and when he returned he was on the floor. An ambulance was summoned and was taken to Three Rivers Hospital.
Page 8. Tests results discussed. The TOMM was administered and rather than report the actual data, the report documents that his "performance was far below chance… and was malingering." His performance on the Inventory of Legal Knowledge "was again far below chance and … was malingering." The raw data and suggested cutoff scores were not reported for the ILK, weakening the validity of claims of malingering for this and the TOMM.
3. Competency. Although Dr. Travers stated that he may have an unspecified cognitive disorder (despite multiple practitioners identifying dementia), he was unable to offer an opinion about competency due to "his extreme malingering." He also stated that his behavior must have been intentional and "He then had to choose to provide the incorrect response. This involved and demonstrated intact executive or frontal lobe function." This preposterous conclusion of intact executive function based on psychometric testing and assumed willful malingering stands in contrast to his documented medical history involving multiple insults to the brain to include

blunt force trauma, projectile wounds, CVA, space occupying frontal tumor as well as seizure activity.

**Shipowick-Smith Counseling & Positive Living Center, Wenatchee. Sarah Dianne Hansen, LMHC.**

Ms. Hansen completed a structured interview on 5/12/2016 along with self-administered diagnostic questionnaires. He reported memory loss and difficulties understandingly read. He recently lost considerable money due to not understanding what he was signing. He was assessed with posttraumatic stress disorder (F43.10), acute stress reaction (F43.0), dementia with behavioral disturbance (F02.81), and other specified mental disorders due to known physiological condition (F 6.8).

**Treating Psychologist, Dr. Glen Frese, Psy.D.**

Letter from Dr. Glen Frese, Psy.D. to Mr. Skip Dreps, Paralyzed Veterans of America, April 19, 1989. Mr. Holbrook "has significant brain dysfunction from an injury to his forehead. This dysfunction continues to be manifest. It is most likely that his brain dysfunction contributes to his difficulty in adjusting to his PTSD. In a letter of 2/21/1990, Dr. Frese wrote to Mr. Jon Coyle of the Veterans Service Office in Wenatchee. Dr. Frese began seeing Mr. Holbrook steadily on 8/26/1988. In addition to PTSD, an organic brain injury is fully documented by neuropsychological testing to include screening with the Trail Making Test, Category Test, symbol digit modality test, Wisconsin Card Sorting Test, and direct observations. "This brain dysfunction is probably related 20 injury that he received to the area of his forehead while on active duty. This type of dysfunction would cause impaired mental ability that is consistent with his poor performance in the military after his return from Vietnam. This man's PTSD is largely result of his inability to adjust following his time in Vietnam. His inability to adjust is probably a direct result of his organic brain damage and the resulting intellectual deficits." In a letter of May 20, 2016, Dr. Frese wrote "Mr. Holbrook experienced a significant head injury while he was serving in Vietnam. That injury resulted in him going from a high-performing individual to someone who could not remember basic mechanical procedures and was released from the military because of that. In 2014, he experienced a stroke which caused some additional damage to his brain. He started to have seizures, and when they did an MRI they found a significant tumor growing in the middle of the frontal area of his brain… On 4/10/15, he fell and suffered a subdural hematoma." He was transferred from Wenatchee to Harborview hospital in Seattle intensive care and a subsequent MRI confirmed a large tumor in the frontal region of his brain. On 9/22/15 the tumor was surgically resected. "When you combine all of these insults to his brain together the cumulative effect is dramatic. Mr. Holbrook is currently experiencing a significant dementia that impairs his ability to learn new things, to remember, and to regulate his behavior in a normal social manner… It is my clinical opinion that on a more probable than not basis Mr. Holbrook suffers from a significant dementia. This dementia has wide-ranging effects of permeated almost all areas of his life."

In a letter of 1/28/1991 to Mr. Jeffrey Finer, Dr. Frese indicated that "Mr. Holbrook is cognitively impaired in the areas of reasoning and judgment." On 12/8/2014 Dr. Frese indicated that Mr. Holbrook's memory was significantly limited and, "it would be unreasonable to expect that he could remember the answers that he gave the 1st time and consistently give the same answers now. This is because of a series and the type of insult and injury that he has had to his brain." In a letter of May 20, 2016 Dr. Frese stated that "Mr. Holbrook is currently experiencing a significant dementia that impairs his ability to learn new things, to remember, and to regulate his behavior in the normal social manner."

**William D. Cagle, M.D. Lake Chelan Community and Hospital Clinics.**

On 7/7/16 Dr. Cagle reported that following his evaluation Mr. Holbrook "does have a dementia and further that he is not competent to manage his finances or his legal decisions." Dr. Cagle documented, "had a MI in 2014 followed by a stroke. Spent time doing rehab for stroke. Brain hemorrhage from fall. Spent one month in ICU at Harborview. Brain tumor discovered – surgery to remove. Shrapnel hit during Vietnam War. Shrapnel was not removed. Hit again in the back of the head. 2nd piece was removed. Major brain damage from 1st piece of shrapnel not being removed for 2 years. Currently on disability through the VA. Signed papers that led to a loss of $80,000. Unable to feed/stress self. Needs ongoing caregiving from wife." His 1st significant head trauma occurred in 1968 while flying in Vietnam with shrapnel impacting the 4 head and back of his head. He spent months recovering in the hospital. He was wounded again in 1969 and had memory problems. He could no longer work as a flight engineer and shrapnel was discovered to still remain in his brain. He was retired on medical disability. In 2014, he experienced a heart attack followed by a stroke after which he went to rehab. In 2015, he fell due to problems ambulating related to the stroke and hit his forehead, suffering subdural hematoma. At this time, he was found to have a brain tumor. Over the years, he gradually became more dependent on his wife due to poor memory and difficulties with judgment. He stated he could no longer fix things that he used to be able to take part. He has trouble cooking and may burn food or leave pots on the stove. He cannot figure out how to accomplish yardwork. He has difficulty managing his medications so his wife has taken over that responsibility. He had trouble inputting numbers into his cell phone. He is loaned money to others and forgotten that they owed him back. He has trouble using the TV remote. He became lost in the mall multiple times. He has difficulty reading. He watches television and forgets what he has watched. There's a strong family history of frontotemporal dementia. "He reportedly has a diagnosis of frontotemporal lobar degeneration by his neurologist. He was seen by my colleague Jon Arnold, PhD, a few weeks ago and had severe short-term memory problems on testing, had trouble saying the months of the year, and had trouble vocalizing… Dr. Arnold returned a diagnosis of frontotemporal dementia." A recent evaluation by Sarah Diane Hansen, LMHC, rendered the diagnosis of dementia due to short-term memory loss, difficulty understanding what he reads, losing money as a result of him not understanding what he was signing. Letter from Dr. Glenn Frese, PS why. D., his therapist indicated that he was suffering from dementia. There is no history of substance abuse or addictive disorders. There is a strong

family history of dementia (sister, brother, mother, maternal grandmother). This assessment yielded 2 primary diagnoses: frontotemporal dementia (G31.09) and PTSD (F43.10).

**Hospital and Clinics, Chelan, WA. Dr. John Arnold, LCCH Behavioral Health, 6/16/2016.**

In a letter of 7/7/2016 Dr. Arnold stated that Mr. Holbrook presented for an evaluation due to difficulties functioning in response to "progressive cognitive changes." He was accompanied by his wife and together they describe worsening problems with confusion, memory, and judgment over the last 5 years. Some of these changes have resulted in the loss of ability to comprehend what he has read, to accomplish complex tasks such as using a cell phone, and declining cognitive ability due to stroke, subdermal hematoma, and diagnosis of meningioma all in the last 3 years. "He has been diagnosis is having frontotemporal lobar degeneration by his neurologist, Jason Grosdidier, M.D. at Confluence Health in Wenatchee. Mr. Holbrook has difficulty with ambulation and limited control over his hands and legs. His hands were tremulous during the interview. He has severe hearing limitations. PTSD and trauma related nightmares were documented. His wife described frequent irritability and anger. There was no history of substance related disorders. Mr. Holbrook was disabled because of his injuries sustained during the Vietnam War. He sustained to penetrating head once. Dr. Arnold documented multiple neurological insults to include to penetrating head injuries during Vietnam, stroke, subdural hematoma, and a diagnosis of meningioma. "There is also a strong family history of frontotemporal lobar degeneration with which Keith has been diagnosed." Cognitive screening tests were administered and Mr. Holbrook was unable to give the day of the week, date and year. He was unable to identify the name of this hospital, town or state. He was able to give his name, age and birthdate with difficulty. He was unable to recite the months of the year. He was able to recall more than 2 digits forward. He was able to recall 3/15 words by the 5$^{th}$ presentation of a word list. "This indicates severe problems with short-term verbal memory based on age – grated norms for the test." Under the impression section, "Keith presents as profoundly impaired with respect to speech, memory, judgment and movement. He is unable to perform many tasks in the home, especially those that might require more complex cognition or movement. As such, he is unable to use a telephone without assistance, prepare food are managed correspondence. He also struggles emotionally, experience chronic posttraumatic symptoms and often manifesting irritability and anger. He is highly dependent on his wife for basic needs, managing his medical care in making important decisions." And under the plan, "Keith appears to have severe cognitive, century and physical limitations… Keith is likely to need the same or heightened level of care at home from this point on.

**Beverly La Mar, ARNP. Wenatchee Anticoagulation**, 9/28/2016. His problem list was documented along with his medications. On the problem list included history of Agent Orange exposure, stroke, meningioma, congestive heart failure, posttraumatic stress disorder, adjustment disorder with mixed anxiety and depressed mood, history of subdural hematoma, type II diabetes, status post craniotomy, memory loss due to medical condition, dementia with behavioral disturbance, at risk for falls, convulsions, coronary atherosclerotic of is a native coronary artery, and dementia of frontal lobe type.

**William R. Loomis, D.O**

In a letter to the American Legion on 4/27/1987, Dr. Loomis stated that his delayed stress syndrome has evolved into numerous anxieties, phobias, and occasional depression with the more recent development of bruxism leading to breaking of teeth during sleep. He was recommended for ongoing services through the Veterans Administration. Dental injuries were independently validated by another provider on 2/23/1987 due to severe bruxism and these difficulties were linked to his previous trauma experiences (signed letter is illegible for signature except for DDS, PS). In a letter of January 29, 1985 Dr. Loomis indicated that Mr. Holbrook may have diffuse interstitial lung disease which leads to significant discomfort, including shortness of breath, especially on minimal physical exertion. He was recommended for further evaluation.

**East Wenatchee Family Medicine, Jason Grosdidier, MD.**

On 10/17/2014, his physician indicated that" Mr. Holbrook is unable to appear in court due to his multiple medical problems including stroke, atrial fibrillation, meningioma, and sleep apnea. His medical conditions have affected his decision-making and memory." On 1/2/2015, his doctor wrote "Mr. Holbrook has multiple medical problems which may affect his ability to remember recent events. He has suffered from a stroke and may have seizures. He has a brain tumor which may affect his memory. He also suffers and is managed for PTSD that he suffers from his Vietnam experience. He is on new medications related to his seizures, heart disease, headaches that may affect his memory as well. It will be difficult for this patient to testify in the near future until these medical problems have been stabilized." On 10/8/2015, Dr. Grosdidier indicated that Mr. Holbrook had significant limitations in his ability to take care of himself due to having a stroke affecting his left side, recent brain surgery, and congestive heart failure. He was relying on his wife for his care. On 4/21/2016 he was advised to reduce stress due to the possibility that "increase stressors may endanger his life. I would recommend that you avoid as many stressors as possible at this time and until further notice." His medication and problem list were summarized when seen on 8/23/2016. His problem list included chest pain, dyspnea and respiratory abnormality, hypertrophy of the prostate, benign essential hypertension, generalized osteoarthrosis, pure hypercholesterolemia, post inflammatory pulmonary fibrosis, atrial flutter, hepatic hemangioma, bilirubinemia, left-footed cellulitis, history of Agent Orange exposure, atrial fibrillation, stroke, meningioma, congestive heart failure, reactive airway disease, nocturnal hypoxemia, pulmonary hypertension, posttraumatic stress disorder, adjustment disorder with mixed anxiety and depressed mood, history of subdural hematoma, type II diabetes, status post craniotomy, memory loss to medical condition, vertigo, hearing loss due to old head injury, dementia with behavioral disturbance, at risk for falls, asthma, headaches, convulsions, coronary atherosclerosis of native coronary artery. When seen on 9/28/2016 his problem list was updated to include dementia of frontal lobe type.

**Harborview Medical Center, Farhad Vahdani, MSW, LICSW, Social Work Dept.**

In a letter of 17 September 2015, the social worker confirmed that Mr. Holbrook was admitted on 4/11/15 with subdural hematoma to the intensive care unit. He was discharged on 4/17/2015 to the Wenatchee Valley Hospital for rehabilitation.

**National Memory Screening Program. Rhonda Bellinger.**

On 11/4/2015 Mr. Holbrook participated in a memory screening assessment as part of the Alzheimer's Foundation of America's National Memory Screening Program. His score of 1/9 on the GPOC screening test reflected cognitive impairment.

**M. Brent Biggar, D.C., Wenatchee Chiropractic Clinic.**

On 8/23/16, Dr. Biggar diagnosed a cervical spine/subluxation complex secondary to fall on 8/2/16 "when he fell backward and struck his head."

## NEUROPSYCHOLOGICAL ASSESSMENT.

### MENTAL STATUS EXAMINATION:

Orientation: Keith Edward Holbrook, 11/18/1947. Date is 12th or 13th of December 2016 (actual date was 12/13/16). Day is Tuesday or Wednesday, most likely Tuesday. President is Donald Trump, corrected to Obama and before him Bush. Season of the year is winter (still fall technically incorrect). Location is "I don't know" it is a hospital building, Sacred Heart. Time estimate is close to 10 (0958 actual). He appeared to be well kept, well nourished, and in no acute distress. Hygiene and grooming are managed independently, effectively, and appropriately. He was casually dressed. There was no evidence of delusions, hallucinations, obsessions, ideas of reference, phobias, suicidal or homicidal ideation. Mood was depressed and affect was restricted. There was evidence of neurovegetative signs of depression. Speech was fluent and articulate without abnormalities. Voice quality was unremarkable. Language functions were intact. Thoughts were goal oriented, logical, and linear. Associations were intact. Fund of knowledge was intact. Questions were addressed appropriately. The client was able to give an account of life events in chronological order. Recitation of personal history appeared normal. Personal insight was intact. Judgment was intact. Recent and working memories have been problematic; remote memories were intact. There was no evidence of impaired attention or concentration. His gait was abnormal as he dragged his left foot and nearly tripped over our sectional carpets. There was no evidence of apraxia. The client established a positive relationship with our staff and was cooperative.

**INSTRUMENTS EMPLOYED:**

Adult Neuropsychological Questionnaire (he had extensive difficulty completing this lengthy form), Aphasia Screening, Beck Anxiety Inventory (BAI), Delis-Kaplan Executive Function System (D-KEFS), Functional Activities Questionnaire, Geriatric Depression Scale, Green's Word Memory Test (WMT), Grooved Pegboard, Minnesota Multiphasic Personality Inventory (MMPI-2), Neurobehavioral Functioning Inventory, Outcome Questionnaire (OQ 45.2), Repeatable Battery for the Assessment of Neuropsychological Status, Spreen Sentence Repetition Test, TOMM, Wechsler Test of Adult Reading (WTAR).

**MOTIVATION, RELEVANT TEST TAKING FACTORS AND BEHAVIORS:**

Kiel Engelson, MSW, LICSW, administered the test battery under standard conditions. His examiner documented the following: Keith Holbrook is a 69-year-old, right-handed male. Mr. Holbrook came in for one day of testing, which included an MMPI. The examiner administered as many tests from the battery as time would allow. The tests were also prioritized on the battery by Dr. Campbell. Keith reported 12 years of education. He had never been held back or skipped grades. He was retired. He took his medications as prescribed. He had hearing aids, but one of the batteries had went out. He mentioned a disease in his ears. He has cataracts in his eyes; he said the VA was working on one of them. He used a magnifying glass at one point. When asked if there were any other significant medical issues, he said, "Head injuries, explosions, I was in a blast, and I have had headaches ever since." He reported 8 hours of sleep the night before the examination. He said, "I wasn't comfortable; the bed was hard." The last time he ate was the night before. He commented that he didn't have any control over his bowels, and he didn't want this problem to be any issue during testing. He did not drink any caffeinated beverages. He reported a constant headache of 8/10. Prior to the start of the testing, the examiner emphasized providing his best effort on all tests. Mr. Holbrook acknowledged that Dr. Campbell spoke to him about this as well. He said, "All I can do is my best." He repeated this phrase throughout the day. Overall, his motivation and effort seemed sincere.

The TOMM is used to assess exaggeration or feigning of memory complaints. The TOMM is most commonly used by neuropsychologists who assess personal injury cases and it involves recognition of pictorial stimuli. Literature suggests that recognition memory for pictures is robust in older adults. The TOMM is comprised of two learning trials and a retention interval. On each learning trial, the individuals is show 50 line drawings (target pictures) of common objects, each for three seconds, and at one second intervals. The individual is shown 50 recognition panels one at a time. Each panel contains one of the previously presented target items, as well as a new picture. Feedback on each response correctness is given on every item. The same 50 pictures are used on every trial, although they are presented in a different order. The test was developed using a sample of community dwelling individuals ranging in age from 16 to 84 years, as well as on a sample referred for neuropsychological evaluation. The author, Tombaugh (1996, 1997), indicated the performance on trial two was very high for non-malingers regardless of neurological dysfunction **except** in cases of dementia. The author found more than

95% of adults living in the community obtaining a score of 49 or 50 on the second trial. Most non-demented individuals obtained a perfect score on trial 2. Simulators tended to score below 45 on trial two or the retention trial. Therefore, Tombaugh recommended that a score below 45 on trial two on retention should raise concern. Others have suggested different cutoff scores to include five or more errors on trial two or retention. Current evidence suggests that the TOMM is capable of detecting malingering memory deficits and is also sensitive to deception, but insensitive to genuine memory impairment. Using a cutoff score of 45, Tombaugh revealed specificity rates greater than 90%. Yet, **correct classification of demented patients as not malingering was poor**. Patients diagnosed with dementia obtained scores lower than 45 on trial two. As a result, Colby (2001) suggested a cutoff score of more than 14 errors on trial two and retention combined or greater than 13 errors if only trial two was administered. Validity studies have indicated that scores lower than 45 on the TOMM were highly specific and correctly identified suboptimal effort in almost 100% of the cases (Gervais et. al., 2004). Financial compensation seeking and prior psychiatric history increases the risk of invalid test performance. Yet, depression and anxiety do not adversely affect results on the TOMM. In reviewing the TOMM, Strauss et. al. (2006) indicated "The TOMM possesses sufficient validity to meet the Daubert criteria for admissibility of scientific evidence in the courtroom (p. 1175)." On trial 1 Mr. Holbrook obtained 33 correct, 40 correct on trial 2, and 45 correct on retention. During the first trial, there were a few times where he said, "I'm just going to have to guess on this one." He also asked at one point, "Can we skip this one and come back to it." During the second trial, he made comments like "not sure" or "stumped." He commented once that he remembered the clothespin from the RBANS, so he was tempted to pick it. He indicated that he guessed a few times on the Retention Trial, but he posted his best score of 45. His well-documented dementia more likely than not contributed to his performance along with headache pain.

The intensity of his headache pain clearly presented suboptimal conditions for maximizing his neurocognitive performance.

## NEUROPSYCHOLOGICAL FUNCTIONING:

Individual test performance was compared to a sample of age matched peers. When appropriate and available, performance was compared to peers with similar age and education. Scores are reported using commonly accepted classification of ability levels using conventions endorsed by Drs. Joe Matarazzo (1972), David Wechsler (1981), and Muriel Lezak (2004). Standard deviations (SD) and T scores (mean = 50, SD = 10) are adjusted so that negative standard deviations reflect less than average performance. T scores less than 50 represent less than average achievement. Based on his performance on WTAR, Mr. Holbrook is functioning in the low average range of verbal intelligence overall (83, 13$^{th}$ percentile, mean = 100, SD = 15). After Item 12, he pulled out a magnifying glass to view the words. He labored on the last 25 words. Although this may be a premorbid estimate of verbal capacity, a diagnosis of frontotemporal dementia may erode his reading accuracy.

The RBANS is a brief test of cognitive function in adults with neurological disturbances such as dementia, head injury, and stroke. There are 12 subtests similar to measures in widespread clinical use. There are 5 indices: Immediate Memory (comprised of List Learning and Story Memory), Visuospatial/Constructional (Figure Copy, Line Orientation), language (Picture Naming, Semantic Fluency – fruits and vegetables), Attention (Digit Span, Coding) and Delayed Memory (List Recall, List Recognition, Story Memory, Figure Recall). A Total Score is calculated from combining the 5 domain scores. His RBANS total index score of 57 was extremely low at less than the 1st percentile when compared to his age and education matched peers.

**ATTENTIONAL PROCESSING:**

RBANS Coding requires the patient to code numbers associated with symbols in 90 seconds. Relative to his age and education matched peers, results were extremely low at less than the 1st percentile (scaled score = 2). RBANS Digit Span measures forward digit span with results low average at the 16th percentile.

**LANGUAGE FUNCTIONS:**

Mr. Holbrook was asked to follow a series of verbal instructions. The Reitan-Indiana Aphasia Screening Test is a rudimentary assessment of receptive and expressive aphasia. Relative to his age and education matched peers, he scored in the borderline range (15 errors, 34 T). He stated that he could not spell *square* and *triangle*. He mumbled his response when repeating *Methodist Episcopal*, laughing after he did it. He did not adequately explain the meaning of a sentence. He also substituted an "a" for "the" when writing that sentence. He also got both math questions wrong.

On a test of confrontational naming, Mr. Holbrook was asked to provide the name of line drawings. He obtained a perfect score (RBANS Picture Naming = 10/10 correct, 63rd percentile). On a test of semantic fluency, Mr. Holbrook was asked to generate as many fruit and vegetable names as possible within a 1-minute time limit. Results were extremely low at less than the 1st percentile relative to his age and education matched peers (RBANS, scale score = 2). He gave 7 responses. Then he hit his head with his hand before given the intrusion *rice*. Frontal imagery studies of the brain suggest that semantic fluency in general, tends to tap the midrange of the brain and the temporal zones. This domain would be clearly impacted by frontotemporal dementia.

**VISUAL SPATIAL PROCESSING:**

He was asked to match 2 line angles to a pattern of 13 equal lines radiating from a single point (RBANS Line Orientation). He had difficulty with this task scoring at less than the 1st percentile relative to his age and education matched peers (scaled score = 2). While performing this task, cerebral blood flow increases in the temporo-occipital areas bilaterally with the most significant

increases on the right. The examiner observed that he turned the book at times while viewing the lines. He commented, "This is not easy." During Item 5, he said, "Is there a right and wrong." He took longer than 20 seconds on these items. More time was permitted to keep rapport.

On the RBANS Figure copy trial, he was asked to draw a complex figure. His accuracy score of 15 was low average the 9th percentile relative to his age and education matched peers. His hand was shaky as he drew. This was considered when grading his drawing, but he did lose points for not having a distinct point on his triangle and his small circles touching. The examiner felt those errors were not a result of the shakiness.

**MEMORY FUNCTIONS:**

RBANS auditory Digit Span was low average at the 16th percentile. He made a sequencing error on the first 6-digit string. He asked if he was correct after giving it. He made another sequencing error on the second 6-digit string. Digit Span subtest is considered a test of auditory attention and *working memory*. Digit Span forward is considered a measure of efficiency of attention.

On a test of immediate sentence memory, results were in the borderline to impaired range (Spreen, 12 correct, -1.99 SD). On the first two items, he made mistakes on, he only missed one word. After that, he made more than one error on each item.

The Word Memory Test is used to assess exaggeration or feigning of memory complaints. The WMT is suitable for individuals 7 and older. The WMT evaluates immediate and delayed recognition of 20 semantically linked word pairs (e.g., pig-bacon). The list is presented twice and then followed by immediate recognition test (IR) where the client must select each of the original words from 40 new pairs (e.g., "pig" from the combination, cow-pig). Feedback is given for each response regarding correctness. Without warning, a second similar recognition test is administered after a 30 minute delay (DR) where the client selects each of the 40 words on the original list from pairs that incorporate new words (e.g., feed-pig). IR and DR scores as well as consistency (CNS) between the two trials are the primary measures. After the DR trial, the client is presented with a multiple choice test (MC) where the first word of each pair is presented and the client selects the matching word from a list of 8 options. A paired-associate test (PA) involves the examiner saying the first word from each pair and the client supplies the word paired with it. This is followed by delayed free recall (DFR) in which the client recalls all the words from the list in any order. After a further 20 minute delay, free recall of the word list can be tested again (LDFR). Primary effort scores are derived from IR, DR, and CNS. Green recommended cutoff scores of 91% correct for individuals 7 and older unless suffering from dementia. A clear failure would be <82.5% correct. The primary memory scores are MC, PA, DFR, and LDFR). Scores <70% correct on MC and <60% correct on PA may raise suspicions (unless in **patients suffering from dementia** or amnesia). Mr. Holbrook had difficulty learning these word pairs with an immediate recall score of 47.5% correct, delayed recall of 35.0%, and consistency at 62.5%. Using best fit analysis 2 of the relevant comparison groups included those

with major depression and another group with advanced dementia (confirmed in medical record review and supported by our neuropsychological test results). On multiple-choice testing his score was 15 and on paired associate learning it was 10. Using best fit analysis, he again appeared similar to those with early dementia and another group with advanced dementia. His free recall score of 20 and long delay free raw recall score of 37.5 were also subjected to best fit analysis and for comparison groups surface to include probable early dementia (age 60, 875), early dementia (age 74), and PTSD.

A short story was presented orally and he was asked to retell the story RBANS Story Recall). There were 2 learning trials. Immediate recall of was low average at the 9th percentile (RBANS Story Memory). He received full credit on both stories for the same 5 elements. He also gave the same 2 incorrect elements on both trials. Delayed memory was low average the 16th percentile. He gave 3 correct elements out of 12.

Mr. Holbrook was asked to master a 10-item word list of semantically unrelated items across 4 learning trials (RBANS). His list learning score was intact at the 50th percentile. His correct responses were 4, 6, 7, and 9 respectively on these trials. He repeated one response on Trial 1, 4 responses on Trial 2, and one response on Trial 3. He did not repeat any responses on Trial 4. He joked that he was an elephant during the last trial, implying that he never forgets. Delayed recall was average at the 37th percentile. He gave 4 correct answers and no repetitions. He was 12/20 on List Recognition, grabbing his head at one point (1st percentile).

Immediate incidental recall for RBANS Figure was borderline at the 5th percentile. When the instructions were given, he said, "You didn't tell me I had to…give me a second to clear my mind."

**MOTOR FUNCTIONS:**

On a speeded test of fine motor control and attention, results were extremely low at less than the 1st percentile relative to his age and education matched peers (scaled score = 2; RBANS Coding). The task involves psychomotor performance, copy speed, persistence, sustained attention, response speed, and visuomotor coordination. Coding is one of the most sensitive tests to neuropathological changes in brain functioning. His hand was very shaky when writing these numbers. It shook the entire card table he was working on. He made two errors.

On the Grooved Pegboard Examination, a test of fine motor control, he placed 25 pegs and 238 seconds and scored in the extremely low range (18 T). The pegs were hard for him to pick up. He also had to look closely at the tip of the peg, before attempting to place it. He used the table at times to assist in turning the peg, or setting it down and picking it back up. He was unable to complete the left-hand trial. He said, "I've had a stroke, so my left hand doesn't work. I will do my best." He labored to fill in the first row, which took 90 secs. The examiner stopped him at this point.

**EXECUTIVE FUNCTIONS, CONCEPT FORMATION, ABSTRACT REASONING, AND MENTAL FLEXIBILITY:**

Executive functions involve cognitive abilities that assist in planning, initiating, programming, sequencing, and maintaining goal-oriented behavior. Executive functions allow an individual to track whether ongoing behavior is in accordance with that which is intended. Executive control further allows for course corrections when merited, to adapt to changing contingencies, or to correct inappropriate behavior. His planning and organization abilities were noted during his execution of the complex figure. His copy of the RBANS Figure, demanding intact planning and organizational skills, was low average the 9th percentile. In addition to being a constructional copying test, it also measures visual organizational skills, general planning abilities, and memory for complex visual information. Test interpretation is complicated because it requires different functional regions of the brain for effective performance including attention, executive, function, visuomotor, visuoperceptual, and visuospatial abilities as well as learning and memory.

The D-KEFS Color-Word Interference Test follows Stroop's procedure (1935) with modification. The primary executive function measured by the Stroop is the inhibition of more automatic verbal responses (reading) in order to generate a conflicting response of naming dissonant colors. Two baseline conditions are presented to the examinee: Basic naming of color patches (Condition 1) and basic reading of words that denote colors printed in black ink (Condition 2). Combined naming and reading completion times were extremely slow at less than the 1st percentile. He made one color naming error (low average, 18th percentile) but no word reading errors. On the traditional interference task (Condition 3), the examinee must inhibit reading the words denoting colors in order to name the dissonant ink color in which those words are printed. Although he finished in 92 seconds (9th percentile) and he made 7 errors (2nd percentile). The D-KEFS includes a fourth condition that requires the examinee to switch back and forth between naming the dissonant ink colors and reading the conflicting words. This condition measures both inhibition and cognitive flexibility. His completion time was low average (hundred and 1 seconds, 16th percentile) and he made 4 errors (37th percentile). The examiner observed that Mr. Holbrook joked during the first condition, "Is this to make you crazy?" He gave the answers in pairs during Condition 1. He made one uncorrected error. He laughed when he saw Condition 2 as well.

The D-KEFS Design Fluency Test is composed of three conditions. For each, the examinee is presented rows of boxes each containing an array of dots that the examinee must connect, with four lines only, to make a different design. In Condition 1 (Filled Dot) each response box contains five filled dots and the examinee is asked to draw as many designs as possible in 60 seconds by connecting those dots. In Condition 2 (Empty Dots Only) each response box contains five filled dots and five unfilled dots. The examinee is required to inhibit connecting the filled dots and connect only the unfilled dots within a 60 second time limit. In Condition 3 (Switching) the examinee is presented with response boxes that contain both filled and unfilled

dots. The examinee is asked to draw the design by alternating connections between filled and unfilled dots. Condition 1 provides a basic test of design fluency, and his performance was low average at the 16th percentile. Condition 2 measures both design fluency and response inhibition, and his performance remained low average the 16th percentile. Condition 3 taps both design fluency and cognitive flexibility. Results were average at the 25th percentile. When comparing switching to combined filled an empty dots his performance was intact at the 63rd percentile. His 93% drawing accuracy was intact at the 63rd percentile. Mr. Holbrook managed to draw 5 designs in the time allowed for each condition (borderline, 5th percentile). One of these was a set-loss error on the Switching Condition. He counted aloud as he drew his line as to not go over.

**MENTAL PROCESSING SPEED:**

There was evidence of mental slowing, a common finding in individuals suffering from dementia, stroke events, depression, and chronic pain. Reading Speed was estimated to be extremely slow at less than the 1st percentile (DKEFS Color-Word Interference Test). Completion times on the D-KEFS Color-Word Interference Test ranged from less than the 1st percentile to the 16th percentile. Productivity on the timed D-KEFS Design Fluency Test borderline at the 5th percentile. The timed Semantic Fluency subtest was extremely low at less than the 1st percentile. The Coding subtest was extremely low at less than the 1st percentile.

**PERSONALITY AND EMOTIONAL FACTORS:**

On a standardized test of depression, Mr. Holbrook indicated severe levels of dysphoria (Geriatric Depression Scale, raw = 27). Suicidal ideation was absent. Self-report of anxiety suggested severe symptoms (Beck Anxiety Inventory, raw = 41). On the Outcome Questionnaire (OQ 45.2) his score of 90 was moderately high. He denied critical items associated with suicide, violence, substance abuse, and alcoholism. He reported difficulties in his interpersonal relationships.

The MMPI-2 was considered valid and interpretable. He endorsed items consistently. He may be overwhelmed by problems confronting him. Similar individuals develop physical problems under stressful circumstances. He reported numerous physical symptoms and may feel psychologically frail as well as vulnerable. He endorsed items suggesting low morale and depressed mood. There is a possibility that he may have contemplated suicide. He may be plagued by anxiety and worry. He may be prone to irritability. He endorsed items reflecting low self-esteem. He tends to view the world as a threatening place and feels blamed unjustly. His cognitive style may be pessimistic. A high score on the Marital Distress Scale indicates that he views his marriage as problematic. He may approach interpersonal relationships with caution and skepticism. He is introverted and socially withdrawn. He feels persecuted by the current charges against him. He has concluded that it is safer to trust no one. His high score on the PK scale is associated with individuals identified with PTSD.

**DIAGNOSES AND RISK ASSESSMENT.**

**Suicide Risk:** Minimal-Mild Elevated depression and anxiety. Stressed by accusations.
**Violence Risk:** Minimal.

Mr. Holbrook appears to meet the following criteria as listed in the *Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition* (DSM-5 ICD-10-CM):

**DSM-5 / ICD-10-CM Diagnoses** (using multiaxial system. I = acute conditions, II = personality disorders, intellectual disabilities, III = medical conditions, IV = psychosocial stressors, V = Global Assessment of Functioning):

Axis I: F02.81 Major neurocognitive disorder due to multiple factors, with behavioral disturbance (likely with medical entries of "dementia" noted, and contributions from diagnoses of frontotemporal dementia, stroke, head trauma, meningioma, nocturnal hypoxemia, chronic pain, severe depression, and PTSD)

F43.12 Posttraumatic stress disorder from his combat experience

F43.23 Adjustment disorder with mixed anxiety and depressed mood (severe stress associated with accusation of arson and financial losses associated with this protracted legal case)

Axis II: No evidence of intellectual disability or personality disorder

Axis III: Memory disturbance, lack or loss (R41.3) and accelerated forgetfulness. Attention and concentration deficit (R41.840). Sleep disturbance (G47.9) with traumatic nightmares. Jason Grosdidier, MD documented a history of chest pain, dyspnea and respiratory abnormality, hypertrophy of the prostate, benign essential hypertension, generalized osteoarthrosis, pure hypercholesterolemia, post inflammatory pulmonary fibrosis, atrial flutter, hepatic hemangioma, bilirubinemia, left-footed cellulitis, history of Agent Orange exposure, atrial fibrillation, stroke, meningioma, congestive heart failure, reactive airway disease, nocturnal hypoxemia, pulmonary hypertension, posttraumatic stress disorder, adjustment disorder with mixed anxiety and depressed mood, history of subdural hematoma, type II diabetes, status post craniotomy, memory loss to medical condition, vertigo, hearing loss due to old head injury, dementia with behavioral disturbance, at risk for falls, asthma, headaches, convulsions, coronary atherosclerosis of native coronary artery. When seen on 9/28/2016 his problem list was updated to include dementia of frontal lobe type (G31.09). Dr. MacLennan documented chest pain, dyspnea and respiratory abnormality, elevated PSA, hypertrophy of prostate, essential hypertension, asthma,

osteoarthrosis, hypercholesterolemia, post inflammatory pulmonary fibrosis, swelling, mass or lump in chest, atrial flutter, hepatic hemangioma, bilirubinemia, cellulitis left foot, history of Agent Orange exposure, atrial fibrillation (beginning page 9), stroke, headache, meningioma, cough, congestive heart failure, reactive airway disease, nocturnal hypoxemia, pulmonary hypertension, PTSD, adjustment disorder with mixed anxiety and depression, personal history of subdural hematoma, seizure, coronary atherosclerosis of native coronary artery, hypertension associated with diabetes, type II diabetes with diabetic dyslipidemia, status post craniotomy, memory loss to the medical condition, vertigo, diarrhea, long-term use of anticoagulant therapy, fecal incontinence, dementia with behavioral disturbance, at risk for falls. Beverly La Mar, ARNP. Wenatchee Anticoagulation documented a history of Agent Orange exposure, stroke, meningioma, congestive heart failure, posttraumatic stress disorder, adjustment disorder with mixed anxiety and depressed mood, history of subdural hematoma, type II diabetes, status post craniotomy, memory loss due to medical condition, dementia with behavioral disturbance, at risk for falls, convulsions, coronary atherosclerotic of in a native coronary artery, and dementia of frontal lobe type.

Axis IV: ☒ Problems with primary support group; ☒ Economic problems;
☒ Problems with health and/or access to health care services;
☒ Problems related to interaction with the legal system.

Axis V: Current GAF = 45, 50-41 Serious symptoms.

**RECOMMENDATIONS.**

1. His medical team is concerned about the impact of trial on his mental and physical wellbeing. I would hope that the evidence points clearly to the inability to form the intent, plan, and motivation to burn his residence as well as his inability to develop and place an incendiary device.

2. Mr. Holbrook will most likely require increasing medical, social, and legal support with his progressive dementing condition. Powers of attorney and POLST forms should be completed. An updated will, if not already completed, is advised.

3. Given the state of his dementia, I am concerned that Mr. Holbrook will be unable to understand the court proceedings and participate effectively in his own defense. Competency to stand trial is in question and I recommend this be carefully evaluated since the court should not assume, based on his complex injury and medical history, that he is competent to stand trial .

4. There is no evidence that Mr. Holbrook is malingering neurocognitive, emotional, or personality symptoms. His documented inability to provide consistent history is a manifestation of serious neurodegeneration.

5. Periodic reassessment of activities of daily living, neurocognitive status, emotional status, and daily needs is advised. DTI may be helpful in documenting extensive and recurring brain trauma. Volumetric MRI of the mesial temporal structures may be helpful in determining the nature and extend of degeneration across time.

6. Mr. Holbrook may have paradoxical and untoward reactions to medications, particularly psychotropic medications. Careful follow-up is advised to ensure that he is having the predicted therapeutic response to prescribed medications.

7. Ongoing counseling and support for war related injuries, to include PTSD, is vital for Mr. Holbrook. Connection to the VA medical system and other healthcare facilities will be necessary to optimize his function and minimize suffering.

We very much appreciate the opportunity to assist with clients who may require psychological, forensic, or neuropsychological services. **This report contains sensitive medical information covered by the Privacy Act. The utmost discretion is required in the handling and disclosure of its contents.** If I might be of further assistance, please do not hesitate to contact me at 509-838-7400.

Sincerely,

Lt Col Brian R. Campbell, Ph.D. (USAF Retired)
Clinical, Forensic and Neuropsychology
Spokane Psychology and Neuropsychology
509-838-7400

cc: SPAN

Attached: Results of Neuropsychological Evaluation, abbreviated.

This report was completed with the aid of voice recognition software. Although every effort was made to ensure accuracy, inadvertent errors may be contained in this document. When identified, we will promptly address any inaccuracies

# Results of Neuropsychological Examination
## Battery: Adult Battery "D"

Patient: Keith Holbrook

Date(s) of Testing: 12-13-16

Handedness: Right

DOB: 11-18-47 Age: 69

Sex: Male

Referred By: Ken Kato (attorney), Dr. Glen Frese

Education Completed: 12

Examiner: Kiel R. Engelson, LICSW

### *Intellectual Abilities*

*Wechsler Test of Adult Reading*

| | |
|---|---|
| Raw Score | 21 |
| Scaled Score | 83 |
| %tile | 13 |

*RBANS*

| | Index Scores | Percentiles | Age/Educ. Corrected Index Scores | Percentiles |
|---|---|---|---|---|
| Immediate Memory: | 81 | 10 | 86 | 18 |
| Visuospatial/Construction: | 60 | 0.4 | <62 | <1 |
| Language: | 78 | 7 | 71 | 3 |
| Attention: | 64 | 1 | <62 | <1 |
| Delayed Memory: | 48 | <0.1 | 71 | 3 |
| Total Scale: | 57 | 0.2 | <62 | <1 |

| | Total Score | Midpoint Age Corrected Scaled Score | Age/Educ. Corrected Scaled Score |
|---|---|---|---|
| List Learning: | 26 | 10 | 10 |
| Story Memory: | 10 | 6 | 6 |
| Figure Copy: | 15 | 6 | 6 |
| Line Orientation: | 4 | 3 | 2 |
| Picture Naming: | 10 | 10 | 11 |
| Semantic Fluency: | 7 | 3 | 2 |
| Digit Span: | 8 | 7 | 7 |
| Coding: | 12 | 3 | 2 |
| List Recall: | 4 | 9 | 9 |
| List Recognition: | 12 | 3 | 3 |
| Story Recall: | 3 | 6 | 7 |
| Figure Recall: | 5 | 5 | 5 |

### *Language Abilities*

*Aphasia Screening Test*

| | Standard Score | T Score |
|---|---|---|
| 15 errors | 5 | 34 |

## ***Memory***

| *Spreen Sentence Repetition* | Raw Score | Z Score |
|---|---|---|
| | 12 | -1.99 |

## ***Sensory & Motor Functions***

*Grooved Pegboard Test*

| | Dominant hand | Non-Dominant Hand |
|---|---|---|
| Time for 25 pegs | 238 secs | D/C at 90 secs |
| No. pegs | 25 | 5 |
| No. drops | 0 | 0 |
| Scaled Score | 0 | N/A |
| T Score | 18 | N/A |

## ***Executive Functions***

*D-KEFS (see attached)*
*Design Fluency*
*Color-Word Interference*

## ***Validity***

*Green's Word Memory Test* (see attached)

| *TOMM* | Trial 1 Correct | Trial 2 Correct | Trial 3 Correct |
|---|---|---|---|
| | 33 | 40 | 45 |

## ***Personality & Emotional Factors***

*Geriatric Depression Scale* — Qualitative Description: Severe
Total 27
Normal (0-9)
Mild (10-19)
Severe (20-30)

*BAI* — Qualitative Description: Severe
Total 41
Minimal (0-7)
Mild (8-15)
Moderate (16-25)
Severe (26-63)

*OQ*

Score 90
Current Distress Level Moderately High
Critical Items endorsed ☒ NONE vs. ☐ SI ☐ Morning ☐ Trouble ☐ Anger