**Use only these resources**

**Reading/media:**

* Section on Neuro-Cognitive Disorders in American Psychiatric Association.  (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).  Arlington, VA: American Psychiatric Publishing. ISBN-13: 978-0890425558
* Janssen, J. S. (2018). Trauma-Informed Dementia Care. *Social Work Today*. Great Valley Publishing Co. Inc. Spring City, PA.
* World Health Organization (2016). mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings: mental health Gap Action Programme (mhGAP) – version 2.0. Retrieved from: [f https://www.who.int/publications-detail/mhgap-intervention-guide---version-2.0](javascript://)   **Read page 93-104.**
* Cohen, L. J., & Brody, D. (2015). Frontotemporal dementia-like syndrome following recall of childhood sexual abuse. Journal of Traumatic Stress, 28(3), 240-246.
* When patients suddenly become confused. Harvard Health Watch. Retrieved from:    <https://www.health.harvard.edu/staying-healthy/when-patients-suddenly-become-confused>

Use the questions as a heading

1. Describe why interdisciplinary work is particularly important for working with neurocognitive disorders. What tips would you offer to make this successful? List at least three.

2. Have you ever heard of hospital delirium? Why is this important in working with older adults? Another important 'rule out' when diagnosis dementia is understanding the role of underlying medical causes, like UTI and dehydration. [*https://www.alzheimers.org.uk/get-support/daily-living/delirium*](https://www.alzheimers.org.uk/get-support/daily-living/delirium)

3. How can social workers support families who are experiencing a loved one living with a neurocognitive disorder? What needs, resources, and referrals may be addressed through our work?