Expanding Cultural Competence: Biopsychosocial Considerations in Pediatric Assessment

Presented by
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ABPP 2017
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Disclosures

- None

Prior to the Course

If you are able to do this, please take an Implicit Association Test located in the following link:

- https://implicit.harvard.edu/implicit/selectatest.html

Warm Up Activity
Objectives
Attendees will be able to:
1. Summarize biopsychosocial diversity issues in assessment.
2. Be able to describe bilingual language concerns in assessment for individuals with and without language impairment.
3. Be able to list ways to address multicultural issues beyond language in assessment and interpretation.
4. Be able to create culturally-sensitive treatment recommendations.
5. Be able to discuss issues in inclusion and advocacy facing the assessment psychologist.

Background

- **Culture**
  - “The integrated pattern of human knowledge, beliefs, and behavior, that depends upon the capacity for learning and transmitting knowledge to succeeding generations” (Merriam-Webster)

- **Race**
  - Physical, biological characteristics and VERY hard to define

- **Ethnicity**
  - Groupings based on shared cultural underpinnings

- **Interpreter**
  - Spoken language

- **Translator**
  - Written language

Let's Review the Basics

- **Sight translation**
  - Reading aloud in a language other than the written language

- **Bilingual assessment (Grosjean, 1989)**
  - Bilingual individual assessed by bilingual examiner with dual-language methods
  - Not monolingual individual assessing bilingual individual in one language

- **Cross-cultural assessment**
  - Significant cultural or language differences exist between examiner, examinee, informants, tests, and/or social context (Judd, et al, 2009)
**Terminology Cont.**

- **Stereotype**
  - Generalizations about members of a group
  - Cognitive component of categorization
- **Prejudice**
  - Prejudgment about a group or its members based on their categorization
  - Evaluative component of categorization
- **Discrimination**
  - Negative behavior toward a group of its members on the basis of their categorization
  - Behavioral component of categorization

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**Why is cultural competence important?**

- **Ethics and Professional Guidelines**
  - Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and consider these factors when working with members of such groups

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**APA Ethics Considerations**

**Boundaries of Competence** (Standard 2.01)

- Psychologist provide services for which they are adequately trained
- Where factors associated with:
  - Age
  - Gender
  - Gender Identity
  - Race
  - Ethnicity
  - Culture
  - National origin
  - Religion
  - Sexual orientation
  - Disability
  - Language
  - Socioeconomic status

are essential for effective implementation of services, psychologists have/obtain training, experience, consultation/supervision necessary to ensure competence or they make appropriate referrals.
APA Ethics Considerations

- **Standard 2.01 Boundaries of Competence** Continued
  - Can still provide services if more competent psychologist not available if make reasonable effort for competence through research, consultation, or study

- **Standard 2.02 Providing Services in Emergencies**
  - Without training, can provide services in emergencies then refer

- **Standard 2.03 Maintaining Competence**
  - Psychologists undertake ongoing efforts to develop and maintain their competence

APA Ethics Considerations

- **9.02 Use of Assessments**
  a) Psychologists administer, adapt, score, interpret or use assessment techniques, interviews, tests or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques

  b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation

  c) Psychologists use assessment methods that are appropriate to an individual’s language preference and competence, unless the use of an alternative language is relevant to the assessment issues

APA Ethics Considerations

- **Limitations (Standard 9.03, Informed Consent in Assessments)**
  - Communicate to patient
  - Concerns noted in consent and results

- **Interpreter (Standard 9.07, Assessment by Unqualified Persons)**
  - Do NOT rely on interpreter for clinical data
  - Presence of third party introduces error into testing
    - Standardization assumptions violated

- **Discussion (Standard 9.06, Interpreting Assessment Results)**
  - Areas of concern and/or reliability provided in appropriate language to client(s)

Multicultural Guidelines for Practice

- Approved as APA Policy by the APA Council of Representatives, August 2002

- Guideline 5: Psychologists are encouraged to apply culturally appropriate skills in clinical and other applied psychological practices.

  - “multiculturally sensitive practitioners are encouraged to be aware of:
    - the limitations of assessment practices, from intakes to the use of standardized assessment instruments…
    - know and consider the validity of a given instrument …
    - interpreting resulting data appropriately…
    - cultural/linguistic characteristics of the patient…
    - test’s reference population…
    - issues related to test bias, test fairness, and cultural equivalence”
More on Ethics

• Neuropsychology-Related Ethics References by Dr. Shane Bush, February 2014
  – Section specifically focused on diversity
• What we don’t want to end up doing
  – https://youtu.be/f5mAMDZYElE

NAN Education Paper (2009)

Professional Considerations for Improving the Neuropsychological Evaluation of Hispanics: A National Academy of Neuropsychology (NAN) Education Paper

• Competency requirements of APA Ethics Code
• Provides guidance on:
  – Language considerations and Interpreter Use
  – Acculturation
  – Qualifications for psychologists engaging in cross-cultural assessment
  – Qualifications for Interpreters/Translators
  – Qualifications for Psychometrists and Others
  – Informed consent
  – Test and Norm selection
  – Feedback


NAN Education Paper (cont.)

• Qualifications for psychologists engaging in cross-cultural assessment
  1. Have adequate knowledge of examinee’s culture
  2. Understand own perspective/cultural biases on services
  3. Understand cross-cultural communication issues
  4. Awareness of ethical issues as well as requisite qualifications of interpreters and translators before using

Assessing our own bias

• Ted Bundy
  • Serial killer and rapist

• John Fetterman
  • Mayor of Braddock, PA
  • Master’s degree in Public Policy from Harvard
  • Served in AmeriCorps
  • Received international media attention for economic revitalization he began
Perception Bias Broke the Internet

Stereotyping Challenges

- Automatic aspects (group aspect applied to individual)
  - Cognitive shortcuts to save resources
- Primal
  - Race, gender, age
  - Activated most when
    - Stressed
    - Under time constraints
    - Multitasking
- 2016 Medscape Lifestyle Report, 48% of Psychiatry and Mental Health reported biases towards patients. Third only to Emergency Medicine (62%) and Orthopedics (50%).

****Key is to challenge your stereotypes

Cognitive Accommodation

Rapid Shifts in US Demographics

- Currently, 23% of the US population is under 18
- Minorities:
  - Approximately 38% of US population
  - 48% of children under 18
  - Will be majority in 2042;
  - But will be earlier in children: 2023

Demographics

- Poverty (2014 Census)
  - 14.8% of population, but 21% of children under 18
  - Ranges from 10% WNH to 26% Black
  - When children live in unrelated families – it more than doubles to 47%!!!

- Education (2015 Census) – Individuals 25 and older
  - 3% have 6th grade education or lower (2% Blk, 14% H, 4% Asian, 3% W)
  - 29% have high school education (34% Blk, 30% H, 19% Asian, 30% W)
  - 21% have Bachelor's degree (14% Blk, 11% H, 33% Asian, 21% W)
  - 2% have Doctoral degree (1% Blk, 1% H, 4% Asian, 2% W)

US Census 2014
**Hispanic Demographics**

- **Language in Hispanic U.S. population**
  - 68% of Hispanic adults endorse communicating in and reading English “very well”
  - Up from 59% in 1980
  - Driven largely by U.S. born Hispanics, who make up >60% of Hispanic population growth from births and immigration combined
  - English proficiency among foreign-born Hispanics has changed very little
  - Only ~34% of foreign-born Hispanics speak only English at home or speak English “very well”
  - Minimal change from ~31% in 1980
  - By the second generation, only 8% identify as preferring Spanish, while 53% identify as bilingual

(Pew Hispanic Center, 2013)
Where are the young school children enrolled in nursery/kindergarten to 4th grade with language needs?

Legend
- 0.0 – 1.9 percent
- 2.0 – 3.9 percent
- 4.0 – 5.9 percent
- 6.0 percent or more

Nationally, 6.5 percent of young school children spoke English less than "very well." 11 states had 6.0 percent or more of its children speaking English less than "very well" – AZ, CA, CO, FL*, IL, NV, NM, NY, OR, TX, and WA*.
14 states had 2.0 percent or less of its children speaking English less than "very well" – AL, KY, LA, ME*, MS, MT*, ND, NH, OH, SC, SD, VT*, WV, and WY*.

Robert A. Kominski and Hyon E. Shin, U.S. Census Bureau
Karen Marotz, SUNY Albany

Who is going to test these folks?

- There are not enough Latino psychologists to test all of the Latinos who need testing – within and between group differences
- AACN Relevance 2050
  - By 2050, 60% of the American population will be "untestable" with the current toolkit
  - Goals: "to support new assessment methods, training models, mid career supervision models, and clinical strategies that every Academy member can access in order to begin to substantially increase the percentage of patients we, and the generation of neuropsychologists who follow us, are able to competently serve."

It Depends on Culture

What if this were a 40 year-old Harvard professor?

What if this were a 10-year old Caucasian child?
- If parents both have advanced degrees?
- If parents have a 6th grade education?

What if this were a 15-year old recent immigrant who is just learning the language?

What does it mean to have a 100 IQ?

It depends.....
A discussion of cultural worldviews requires qualifications.
- Individuals range from immigrants to others from inter-ethnic marriages, to others who do not identify as (for example) Latina/o despite their visibility as such.
- Moves from the traditional to bicultural with other indicators related to individuals’ multidimensionality, on the continuum of “more or less”.
- Takes into consideration context and circumstances

--Dimensions of Family and Personal Identity

We have extensive information on how culture, language, gender, and disability/ability impact neuropsychological assessment, interpretation, and recommendations

We also have limited information on the impact of other factors such as Acculturation, Education and Poverty/SES

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**Biopsychosocial Approach**

**Continuum of Cultural Identity**

**Pediatric Biopsychosocial Diversity Issues**
Measurement Issues

Quick Review – Problems with Measures

- Test bias and suitability
- Norms – language, country, age
- Representative of Population
  - Educational background
  - Immigration
  - Sensitivity to cultural differences
- Follow standards of translation and adaptation
- Effort/engagement in testing

Standards of Translation and Adaptation

- International Test Commission’s Test (ITC) Adaptation Guidelines (2002 [updated in 2010])
  - ITC is an: “Association of national psychological associations, test commissions, publishers and other organizations committed to promoting effective testing and assessment policies and to the proper development, evaluation and uses of educational and psychological instruments” (ITC Directory, 2001)
  - Note in report when no appropriate norms

- Approximately 3500 tests available in English.
- Approximately 555 of these are available in Spanish.
- Of those, 216 or 39% are used by neuropsychologists to assess Spanish speakers.
- Of these, 25 are frequently used.
- Only 5 meet the Standards for Educational and Psychological tests (e.g., Bateria III Woodcock Muñoz; Color Trails Test; WAIS-III; WISC-IV; Peabody Picture Vocabulary Test).
Difficulty Achieving English-Spanish Equivalence
Example from the translation and adaptation of WISC-IV

- Highly cultural items had to be avoided if they could not be understood across all Latino subgroups (e.g., picture of snow).
- Single syllable Digits in English compared to multi-syllable in Spanish
- Impossible to develop proverbs that each subgroup could agree would not be biased
- Monetary differences across countries were hard to rectify
- Even with simple drawings of children, the types of clothing, skin color and hair type and color were difficult items to make generic
- Significant expense - certain age, sex, parental educational attainment and of a specific Hispanic subgroup living in certain regions of the United States.

Clinical Issues

Quick Review - Problems with Test Administration

- Rapport

- Stereotyping Challenges

- Cultural Factors Impacting Effort and Engagement

- Language Preference/Proficiency
  - This will be impacted by parent’s acculturation and exposure to languages at home

Interview and Rapport

- Impact of sociocultural factors:
  - Belief about psychologists or physicians (mistrust)
  - Variation in symptom presentation
  - Expectations of care
  - Ability to maneuver within systems
  - Diagnostic and treatment choices

- Eye contact
- Gender roles and expectations
- Acculturation and cultural identity
Acculturation

- Cultural change – melding of cultures
- Formally through measures
  - Acculturation Rating Scale for Mexican Americans-II
  - The Bidimensional Acculturation Scale for Hispanics
  - Short Acculturation Scale for Hispanics
- Informally through interview
- Assess first and second generation immigrants, and other racial minorities
- Boone et al. (2007) found acculturation (# years in U.S.) significantly related to test performance (e.g., Digit Span)

Informal Assessment of Acculturation

- Name changes
- Language preference across settings
- Contacts/visits with native country
- Network, rituals, celebrations
- Surface cues of intent to acculturate
- Degree of support with traditional family values
- Interpersonal and lifestyle balance

Enculturation

- This is the process of learning one’s own culture
- A focus on enculturation demonstrates value and respect to the patient of their own culture
  - May assist in building rapport and trust

Case Examples – Gender Roles

- Case of Maria: Gender differences in the interview between trainee, interpreter and supervisor
- Case of Iman: Perception of Muslim wife based on sitting arrangement on couch
Improving Rapport Building

- Child’s language preference
- Child’s name preference
- Connect via cultural small talk (plática)
- “Mirror” language (non-English/Spanish speakers)
- Search for bicultural interests (e.g., novelas, TV programs, sports)
- Avoid idioms

Factors Impacting Effort/Engagement

- Eye Contact (often less EC as a sign of respect)
- Touch
- Speed/time
- Cultural Identity
- Head Nodding and Agreement (as a sign of respect)
- Mastery of the language
- Personalismo - value of personal relationships
- Familismo - value and loyalty for the family
- Respeto - respect is fundamental in relationships, particularly for age, gender, gender role, and status

Language Issues

- Level 1: Ability to understand a second language – passive bilingualism
- Level 2: Ability to speak a second language fluently
- Level 3: Ability to read and write in two languages – biliteracy
Assessing Language Preference/Dominance

- Ask parent and child separately what language child prefers
- What are languages spoken at home?
- What does patient speak with siblings, friends, parents, other relatives?
- If parents asks question in home language, what language does patient respond?

Assessing Language Preference/Dominance Cont.

- What language do they watch TV?
- What language do they listen to music?
- How well do they speak the home language? How is their vocabulary and grammar usage?
- Do they read/write home language and how well?

BICS/CALP

- BICS - Basic Interpersonal Communicative Skills
  - Surface fluency
  - Informal assessment
- CALP - Cognitive Academic Language Proficiency
  - Formal assessment
- Immigrant children often acquire peer-appropriate conversation within 2 years, but take 5-10 years to catch up academically
- In mainstream classes – minimal support for academic language development – assumed you have it at the expected level

Camrasso, J (1999)
Cognitive and Language Development of Young Bilinguals

- May be different than monolinguals
- 3 types of bilinguals – simultaneous, sequential/successive, circumstantial
- Influenced by:
  - Exposure and opportunities to learn at home
  - SES and Parent education

Simultaneous Acquisition

- Does not differ from single language development
- Starts even AT BIRTH
  - 26-28 weeks gestation: sensitive to sound
  - Newborns recognize sound patterns heard in the womb
  - Newborn preference and discrimination of language - found similar mechanisms for language acquisition (Byers-Heinlein, Burns, Werker, 2010).
- Between 6 and 12 months, babies can hear sounds of all languages spoken, but only develop prototypes for the ones they hear frequently.
- Infants exposed to two languages from birth can process each language in a native manner phonetically – but this requires a live person with social interaction

Simultaneous Acquisition Cont.

- Bilingual children pass through the same stage sequence at approximately the same age as their monolingual peers (Genesee, et al, 2004; Paradis & Genesee, 1997; Meisel, 1994).
  - Similarities in acquisition of initial language milestones (i.e. babbling and first words) and the development of grammar after the age of 2 (Genesee, Paradis & Crago, 2004).
- Previously thought young children may be 4-5 months behind in terms of expressive language development until they enter school (Hamayan & Damico, 1991); this no longer seems to be the case.
- No differences in size of vocabulary were found when total language acquired as opposed to a single language was examined (Hoff et al., 2011; Pearson, 1998).
Sequential/Successive Acquisition

Typically those who acquire L1 during infancy, and then L2 after age 3 when they transition to preschool.

Age and extent of L2 exposure will impact the child’s ability to fully acquire that language.

For some, L2 will become L1 and may have L1 attrition.

Dependent on formal schooling in native language prior to immersion, parent knowledge of English, older siblings, community exposure.

Research has shown that most children are capable of learning L2 after L1 has been established (typically age 3).

Bilingual Language Learning

Unitary Language System Hypothesis (Volterra & Taeschner, 1978) which postulated that children develop a single language with grammatical rules first but then differentiates into two vocabularies. This theory would therefore assume that bilinguals acquire language differently than monolingual individuals.

Dual Language System Hypothesis (Genesee, 1989) assumes two linguistic systems are established.

More supported by the scientific evidence, especially that of simultaneous bilingual acquisition.

Most agree that language functions of both languages are more intertwined than previously thought.

Bilingual Language Learning Conclusions

Brain is primed to learn more than one language.

Speaking one language at home and another language outside of the home, will not destroy child’s language development or L2 acquisition.

Normal process: Language is lost if not used.

Bilingualism is considered a natural ability – all typically developing children have the capacity.

No scientific evidence that bilingualism leads to language delay, but bilingual children can also present with a delay.

What Affects Proficiency?

Priority placed on raising a bilingual child.

Consistency and amount of exposure.

Child’s attitude towards learning and speaking another language.

Temperament.

Child’s natural ability towards learning different languages.
Markers of Bilingualism in School-Age Children

- Expect that a child will have a dominant language
  - Balanced bilingualism is the exception to the rule
- This may change over time
- Theory of transfer – concepts in one language can be transferred directly towards another language without having to be re-learned
- Theory of suppression – constantly suppressing one language to speak another
- Children will mix both languages as they learn them
- "Silent Period"

Cognitive Consequences Of Bilingualism

- Language co-activation: bilinguals consider words in both languages even without overt similarity
- Can cause speakers to name pictures more slowly
- Increase tip-of-the-tongue states
- Lower scores on receptive language, but both languages in normal range
- Slower picture naming, word generation/fluency (may have smaller vocab per language and competition slows access)

Research Findings - Bilingual

- Young bilinguals show advanced skills in non-verbal executive control skills….detectable at 7 months!
  - Inhibitory control, working memory or updating & cognitive flexibility
- Constant practice attending and inhibiting strengthens the control mechanism required for conflict management (ability to ignore irrelevant information and switch between two tasks)
  - Bilinguals solved nonverbal conflict (Stroop, Simon) tasks more efficiently, had better executive control, and improved MMSE
- Some evidence for different organization of cortical areas used to solve EF tasks (DLFC – monolinguals, Broca – bilinguals)

Barac, Bialystok, Castro, & Sanchez, 2014
Bilingual Brain Research – Mixed Findings

- Cortical stimulation (Lucas, McKhann, & Ojemann, 2004)
  - Posterior temporal and parietal regions being more associated with L2-specific sites
  - Anterior regions tended to show shared sites
- fMRI
  - Reports support overlapping fMRI activation patterns for Spanish-English bilinguals (Iles et al., 1999; Hernandez, Dapretto, Mazziota, et al., 2001)
  - Simos et al. (2001) found differential cortical representation for receptive language across Spanish and English
  - Hull & Vaid’s meta-analysis in (2007) revealed that early bilinguals exhibit bilateral hemisphere involvement in language processing, whereas late bilinguals showed greater left lateralization.

Summary of Language Considerations

1. Lack of English proficiency affects learning or leads to misdiagnosis (LD vs. Language Learning)
2. Assess opportunity to learn English
3. Evaluate in examinee’s most proficient language
   - Do test materials or norms exist?
4. Bilingual children with language impairment are similar in deficit patterns and acquisition of language as monolingual children with language impairment (Genesee, Paradis & Crago, 2004)
5. Proficiency and competencies you are trying to evaluate
   - Sometimes English-only testing is appropriate (academic level vs. emotional functioning)
6. Conceptual Scoring to assess knowledge of concepts
7. Document your choices and reasons why
8. Provide information to all involved in preferred language
   - Is feedback with interpreter assistance enough?
   - Should all reports be translated?
Case Examples

- Case of 3 year, 1-month old Benjamin: ASD rule out – testing in English versus Spanish
  - Very limited knowledge and use of language in either Spanish or English.
  - Cognitive scores in 60s to 70s (same as adaptive)
  - He had significant social relatedness and social skills
  - Neither history nor parent questionnaires supported ASD diagnosis

Case Example 2 – Case of Jose: 12 year old with Leukemia, primary language at home is Spanish.

<table>
<thead>
<tr>
<th>WISC-IV</th>
<th>Index</th>
<th>Standard Score</th>
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<td>Verbal Comprehension</td>
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<tr>
<td>Perceptual Reasoning</td>
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<td>Working Memory</td>
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<td>Processing Speed</td>
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<td>Reading-Writing</td>
<td>107</td>
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<td>Broad Ability</td>
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<td>Writing</td>
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<th>English CALP Level/Label</th>
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<td>3/Limited</td>
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<td>107</td>
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<td>87</td>
<td>3/Limited</td>
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<td>101</td>
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<td>86</td>
<td>3/Limited</td>
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<tr>
<td>Writing</td>
<td>97</td>
<td>4/Fluent</td>
<td>89</td>
<td>3/Limited</td>
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Case Example 3 – Case of Ramon: 16yo boy following a mild TBI

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<td>76</td>
<td>3/Limited</td>
<td>53</td>
<td>1/Negligible</td>
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Use of Interpreters

- Use professionals
- Ascertain limits of confidentiality
- Identify them by name in the report along with qualifications
- Discuss quality of interaction with the patient via the interpreter
- Identify sources of error
- Prepare them for what to expect
- Use them as a cultural resource
- Debrief
Interpreters: Beyond A Problem of Language

- Case Examples:
  - Difficulty with electronics - Case of Dillon: Telephonic interpretation
  - Error in missing information - Return to the case of Maria (gender differences with interpreter)
  - Error in dual relationships & source of cultural information - Case of Cristian: 5-year old child from Spain in US to complete medical treatment
  - Need for preparation and direction - Case of Coleman: 2 year-old Hmong child with limited language
  - Importance of Debriefing – Case of Lorenzo: Giving difficult feedback

- https://youtu.be/ABn0sE1aiGo

What About Bilingual Psychometrists?

- Area of controversy and increased discussion
  - Ensure psychometrist competent in both languages.
    - What if the clinician is not able to evaluate this?
  - Inform examinee if psychometrist is also serving as an interpreter

Translation Issues

- Return to the issue of: Should all reports or entire report be translated?
  - Caution with informal translations – level of difficulty, meaning vs. direct translation
  - Ideally use professionals
  - Back translation
  - Compare original English to back translation

- Recommended Strategy:
  - Have a cover letter explaining that you are including the Impressions and Recommendations
  - Translate the I/R within 2 weeks of completing the English version
  - Translate entire report only upon request with timeline disclosure

Sample Cover Letter

DATE
Parent Address
RE:

Dear Parents of:

Attached are the impressions and recommendations from the neuropsychological evaluation. If you would like the entire report which was provided to you in English to be translated, we would be happy to do so. Simply contact us at 214-648-0102 to request this. Please note that the complete report will take approximately 2 months to be translated.

Please feel free to contact me if there are additional questions.

Sincerely,
Translated Cover Letter

DATE (number of day) de (month, year)

Parent Address

Ref: Patient FIRST AND LAST NAME

Estimados Padres de [Patient first name]:

Adjuntamos las impresiones y recomendaciones de la evaluación neuropsicológica. Si quisieran recibir la traducción en español del informe completo que les hemos dado en inglés, sólo tienen que solicitarlo llamando al 214-648-0102. Por favor, tengan en cuenta que para completar la traducción tendrán que esperar al menos dos meses.

Si tienen otras preguntas, será un placer hablar con ustedes.

Cordialmente,

Gender Fluidity

• What does this mean?

Other Multicultural Factors

“Once I learn how to use Google, isn’t that all the education I really need?”

Traditional Binary Gender Model

• Biological Sex: Hormones, genitalia, secondary sex characteristics
  Male     Female

• Gender Expression: Dress, posture, roles, identity
  Masculine Feminine

• Sexual Orientation: Attracted to Women, Attracted to Men
Education

- Parental Education – illiteracy/low education
- Quality of Education can impact problem solving strategies, knowledge, familiarity and practice with the type of tasks
- Research on Adults - Lack of educational attainment is highly correlated with impaired functioning in both verbal and non-verbal neuropsychological tests
- What is the exposure of language at home?

Education Cont.

- Old Order Anabaptists tend to finish after 8th grade
- For American Indians – quality of education is variable
  - Tend to have fewer resources
  - HS completion for those living in tribal lands is 67% compared to 73% off tribal lands
  - In 2010, Bureau of Indian Ed graduation rate was 58% vs 78% nationally

Poverty/SES

- Contribution of neighborhood poverty to problem solving
- Differential Impact of SES factors
- Children from low income and dual language families are at greater risk for academic underachievement (state achievement data, K entry data, HS completion, college enrollment)
- Also contributes to health disparities
- Gather multiple indicators: Income, neighborhood (and resources), use of public assistance, parental education
**Technology**

- Age-related differences
  - Younger children have greater exposure than ever before
  - Is this impacting their ability for attention and imagination?
  - What about ability for social relatedness?
- Cultural (income) variability – at what point are some patients at a disadvantage?
- Familiarity with tasks similar to our tests (or use of iPad)
- Internet access or parental familiarity – impact on questionnaires and collection of background information

**Impact of Culture on Data**

- Accuracy and construct validity
  - Demographics
  - Common etiologies of neurological disorders
  - Interview/History (e.g. head nodding)
  - Living situation
  - Observations
  - Test data
  - Goals

**Interpretation**

"I'm sorry, the doctor no longer makes diagnoses."

**Impact of Culture on Data**

- Western culture is the context in which we conceptualize data
- Need to understand the individual within their culture
- Apendonle et al. (2012) approximately 50% of cases diagnosed with psychotic disorder were re-diagnosed with a non-psychotic disorder after consultation with cultural broker (only 5% were re-diagnosed as having psychotic disorder)
Research Findings

- NEPSY: Bilingual children better on Imitating Hands and Design Copy, but worse on Visual Attention and Language tests
- Attention Network Test – variability across Hispanic, African-American and White children
- PPVT and EVT – African-American children did worse than White children with greater differences on PPVT (24% vs. 4% impaired)
- African-American children also had more difficulty on tests of vocabulary and speed of information processing (EVT and CTOPP Color Naming)

Research Findings Cont.

- American Indian children demonstrate a Performance > Verbal split across studies
  - This is thought to suggest a strong cultural component unfamiliar to AI children and limited educational quality as opposed to language impairment or learning disability

Interpretation Questions

- So what do our results mean?
- Even for English-dominant bilinguals, Rivera-Mindt et al (2008) recommends cautious interpretation as individuals are often disadvantaged relative to monolinguals
- What is the goal of the assessment?
  - Clinical services
  - Diagnosis
- Assessing progress

Case Example

- Case of the Ansari brothers – 6 year old Indian-American twin boys where familial expectations and gender roles in their family impacted adaptive functioning
  - Cognitive scores and adaptive functioning ratings were inconsistent
  - Culturally parents noted that they are not expected to feed themselves or participate in domestic living skills (cleaning, dressing, etc); drinking from a baby bottle or sippy cup is appropriate at this age
  - Differences in cultural expectations for discipline
What can we do?
- Think about why you want to give a specific test
  - Why chose one over another?
- Exercise caution
  - Do not over-interpret
  - Look at scores with better stability such as indices versus individual subtests
  - Use multiple tests of similar concepts
  - Don’t be afraid to refer or defer
- Look for convergent and divergent validity
  - Are there discrepancies among tests
  - What do parents and teachers say

Providing Feedback
- Review concerns and ask if there are any questions before beginning
- Use visuals like the bell curve to understand the different level of performance. Some do not understand the whole concept.
  - Age-equivalents can often be helpful
- If you are tracking progress, a visual explanation of their child’s relationship to typically developing peers (such as on a growth curve) is often helpful in discussing changing scores
Providing Feedback Cont.

- Avoid idioms
  - Case of the snake reward
  - Aside from this case, Navajo have 27 different taboos/rules regarding snakes
- Use caution in your language and know any cultural taboos
  - Case example of Josh

Impact on Inclusion and Advocacy

- Transform our approach to recommendations and interventions starting by identifying what factors are problematic or are weaknesses in the individual’s overall context
- Recommendations related to how much parents can help their children at home with academic assignments, especially if there is a language barrier
- Types of home-based interventions will change secondary to technology at home

Treatment Recommendations/Interventions

- Acculturation plays a role in responsiveness to interventions
- Language should be simple and concise
- No more than 8-10 recommendations
- Recommendations should be culturally sensitive (e.g. family hierarchy – paternalistic/maternalistic, religion, role of extended family)
- Provide resources that are realistic. There are websites/pamphlets that are translated in different languages - this might help - for example: http://www.pacer.org/translations/

Treatment Recommendations/Interventions Cont.

- For some, accepting spiritual and alternative healthcare as complementary is important (e.g. American Indian, Latino, Old Order Anabaptists, Chinese)
- Accepting that advanced formal education may not be in line with cultural expectations (e.g. college for many, OOA stop in 8th grade)
- Incorporation of technology in recommendations when families have access, while also balancing “non-screen time” interventions
- Families may prefer to go to clinicians from the same ethnicity (Therapy matching research by Sue and Sue)
Treatment Recommendations/Interventions Cont.

- Learning English is important, but should not come at the expense of L1 development – there are no studies showing monolingual intervention to be superior to bilingual intervention
- Even in a preschool intervention, children benefit from L2 support in speech therapy and L1 support at home
  - Therapists should be native or near-native in language proficiency
- Labeling in both languages assists in development of bilingualism

Bilingual Academic Best Practices

- Anchor book, intentional message, vocab. Imprinting, songs, chants, visual cues/gestures
- Skilled Story Book Reading (specific strategies that build vocab and narrative)
- Bring home language into classroom
- Opportunities to Practice Across Contexts
- Screening and Continuous Assessment
- Strong Parent-Family Partnerships (home visiting, parent-school collaborations, parent education, family support programs)

Tips for Supporting Bilingual Language at Home

- Especially important for monolingual parents...
- The earlier the better (younger brain requires less input), but there is no critical period (you may not have native accent, but can learn at any age)
- More input = faster acquisition and greater proficiency
  - Need ongoing input in both languages
  - Provide a language-rich environment including books/toys
Tips for Supporting Bilingual Language at Home

- Consistency of input should be the goal
  - One Parent One Language approach
- Learn the language along with your child, but speak in the language you are fluent
  - Avoid mixing languages or using broken language
- Exposure to fluent speakers in different contexts (church, concerts, plays, travel, music, radio, T.V.)

Checklist for Evaluation

1. Determine the best language for patient
2. Assess need for interpreters and translators
3. Evaluate Acculturation
4. Assess availability of tests and norms
5. Take language and culture into account when making recommendations
6. Provide feedback (oral and written) accessible to patients

In Closing

In Closing

Other things to consider

- Assessment takes longer - rapport, assess acculturation/language, conduct in two languages, integrate/translate report, debrief interpreter
- Subsequently more expensive – may result in issues of access
- Are we the patient's advocate?
  - Who is the patient? Child or caregiver
  - What if parent disagrees with diagnosis or treatment plan?
How Can We Become More Effective Advocates?

- Teach patients and their care-partners (e.g. parent/guardian/friend) how to (self) advocate
- Advocate for organizational supports in healthcare organizations to ensure culturally and linguistically appropriate services
- Lobby for appropriate patient paperwork, institutional signage, community outreach, etc.
- Provide sample letters for requesting an IEP meeting or Section 504 Plan
- Attend IEP meetings, if possible, via telephone
- Provide additional advocacy resources

References

Attached
References


Kroll, J. F. (2012, November). Bilingual languages and cognition: Juggling two languages in one mind and brain. NAN Presentation


**Additional Resources**

Committee for the Advancement of Racial and Ethnic Diversity (CARED) of APAGS has put together multicultural teaching resources - the multicultural database.


http://www.apa.org/science/neuropsych Minority cit.pdf - Includes books and chapters pertaining to neuropsychological assessment cross-culturally, with minorities, and with non-English speaking individuals