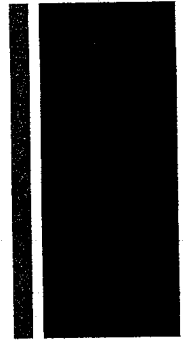


Issues of Cultural Diversity and Sensitivity in Continuity of Care

Carolyn Ortega Psy.D.

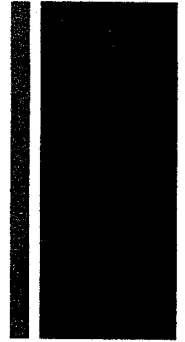
April 27, 2017

+ Assessments and Culture



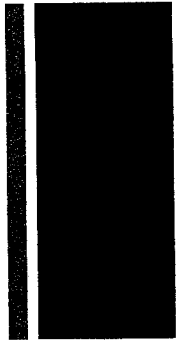
- Due to the use of assessments in neuropsychology, it is vital to develop assessments that are culturally and linguistically unbiased (Testing Standards, 1999; in revision).
- Tests have been developed in the English language with the majority culture as the norm groups

+ Hispanics and Neuropsychology: Overview



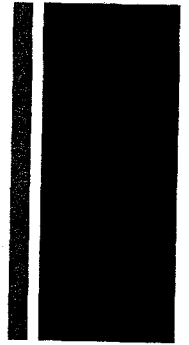
- According to the 2010 census, Hispanics are now the largest minority group within the United States (Census Bureau, 2010)
- Hispanic can be defined in many ways, typically including language, culture, and ethnicity

+ Hispanic Defined

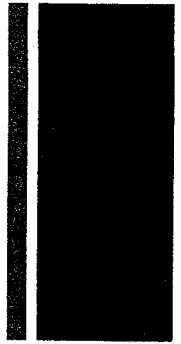


- This term is used to denote the culture and people of countries formerly ruled by the Spanish Empire, usually with a majority of the population speaking the Spanish language.
- Collectively known as Hispanic America, this definition includes Mexico, the majority of the Central and South American countries, and most of the Greater Antilles..
- It has been used in the U.S. Census since 1980.

+ Latino Defined



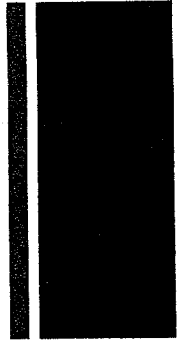
- Latino refers specifically to people living in the U.S. who are of Latin American nationality; the term also refers to their U.S.-born descendants. Latin America refers to countries in South America and North America (including Central America and the islands of the Caribbean)
- In the U.S., the term was brought into use because the Nixon administration could not fit the racially mixed North, Central, and South Americans into an established racial group since they are mostly mestizo and multiracial
- *Latino* is used more often on the West Coast and especially California.
- Over 70% of Mexicans are mestizo, while Argentina has the lowest percentage of multiracial people.



- The American Psychological Association Ethics Code (“Ethical Principles of Psychologists and Code of Conduct,” 2002) states that it is unethical to use inappropriate measures among culturally different individuals.
- Refusing to assess a large and growing segment of the population, many of whom may potentially benefit from neuropsychological services, would also violate the ethics of our field (Brickman et al., 2006; Harris et al., 2002).

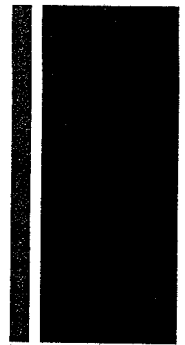


- <https://www.youtube.com/watch?v=uRbCvyxMeNI>
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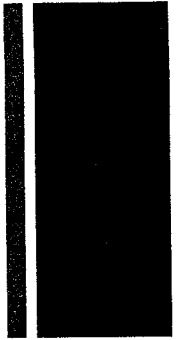
- The current status of neuropsychological practice among culturally and linguistically diverse people raises ethical questions.
- Useful to improve health outcomes among culturally diverse people depends on our understanding of diagnostic validity, causation, and employing correct statistical methods in analyzing data.

+ Unique Considerations in Assessment



- Epidemiologic approaches to understanding the health effects of racial, economic, cultural, and educational experiences over the life course can help advance our understanding of affect cognitive aging and performance on neuropsychological tests among ethnic minorities.
- Cognition and cognitive test performance among bilinguals

+ Issues with Non-Native English Speakers (Judd et al.)

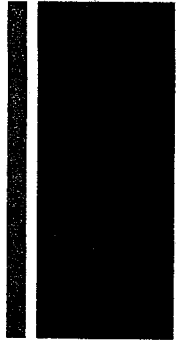


- **Non-native English speakers are more likely to:**
 - Experience neuropsychological disorders but seek out alternative treatment approaches (family, religious, healers)

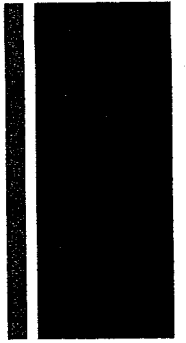


Non-native English speakers are less likely to (Judd et al.):

1. Be aware of neuropsychological problems
2. Have access to professionals who would refer them to our services
3. Seek out professionals for such problems
4. Complain to professionals of neuropsychological problems when they have them
5. Understand that such problems may be treatable
6. Ask and push for evaluation and treatment of those problems
7. Know about our services
8. Get referred
9. Be referred in a timely manner
10. Have an administratively smooth referral and funding process
11. Follow through on the referral
12. Get accepted for services
13. Have payment for our services
14. Have transportation and childcare for the appointment
15. Feel comfortable with the process
16. Feel satisfied with the result
17. Follow through on recommendations

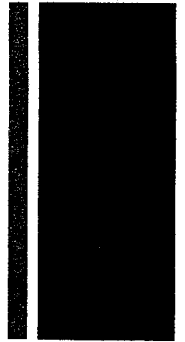


+ Common Pre-existing Issues with Non-Native English Speakers



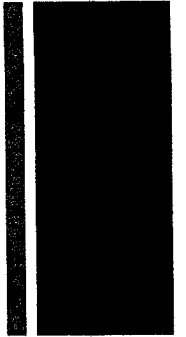
- Impact of illiteracy
- Educational quality
- Access to health over the lifespan
- Trauma
- Nutrition

+ Process of Cultural Assessment



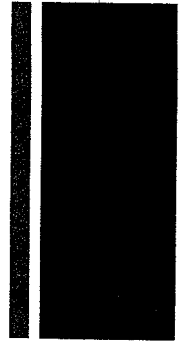
- Researching client's ethnic, linguistic, migration, acculturation background
- Interpreter use
- Taking an ethnic, linguistic, migration, acculturation history
- Diagnostic history
- Adaptive behavior
- Correct Cross-cultural testing norms
- Culture and language in conclusions and recommendations

+ Ethical Competencies



- Cultural self-awareness and awareness of power dynamics
- Interpreter use skills
- Ethics awareness
- Cultural background research skills

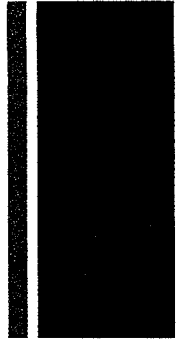
+ **Cultural Dimensions of the Testing Situation (Ardila, 2005)**



- One-to-one relationship
- Background authority
- Best performance

- Isolated environment
- Special type of communication
- Speed
- Privacy
- Familiarity of test materials
- Standardized instructions vs. Understanding the test expectations

+ Cultural Context Consultation



- **Situation #1: Monolingual, not culturally competent**

With culturally competent consultant

working with both; using interpreters

- **Situation #2: Monolingual, culturally competent**

With interpreters and sometimes cultural

consultants

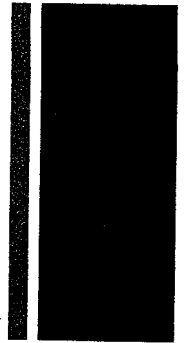
- **Situation #3: Bilingual, culturally competent**

With interpreters and sometimes cultural

consultants

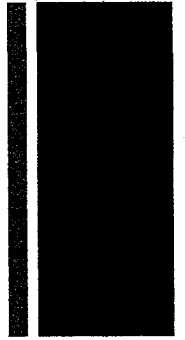


Cultural Values and Rapport Building



- More time must be spent establishing trust and rapport
- Lack of familiarity and understating of medical process Distrust of the medical establishment
- *Personalismo*: Many Latinos have a distaste for situations which are impersonal, (Echemendia 1997)
- Cultural Difference in Perspective of Time
- Cultural Values: Best performance does not mean fastest performance (qualitative)
- Opportunity to communicate their health concerns to a provider that understands them
- Opportunity to voice their previous negative experiences or insensitivity of previous providers to their needs

+ Cultural Competency vs. Humility



- Cultural Competency vs. Cultural Humility
- Aim to be “culturally responsive” by considering the impact of of cultural factors on patients
- Key is Research and Learning
- Advocate for your patient’s rights and access to services
- Educate patients, peers, co-workers, trainees
- Stay ethical “**The Patient’s needs come first**”

CULTURAL RESOURCES

Hispanic Neuropsychological Society Test Database

Handbook of Normative Data for Neuropsychological Assessment (Mitrushina, Boone, Razani, D'Elia, 2005)

A Compendium of Neuropsychological Tests: Administration, Norms, and Commentary (Strauss, Sherman, & Spreen, 2006)

Spanish Multicenter Normative Studies The NEURONORMA Project (Pend-Casanova et al., 2009-2014)

www.oxfordjournals.org/our_journals/acn/neuronorma_collection.html

