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*New Horizons in Neuropsychology Research and Practice*

November 12 - 15, 2014 | El Conquistador Resort | Fajardo, Puerto Rico

## **Cultural Neuropsychology Round Table: Training Issues and Methods for Gaining Competence in Working with Diverse Individuals**

Christine M. Salinas, Psy.D., Florida Hospital for Children

Monica Rivera Mindt, Ph.D., ABPP-CN, Fordham University/Mount Sinai Medical Center

Clemente Vega, Psy.D., Children's Hospital Boston

Heidi A. Bender, Ph.D., Mount Sinai Medical Center

Antolin Llorente, Ph.D., Penn State

Octavio Santos, M.S., University of Wisconsin

Antonio Puente, Ph.D., University of North Carolina Wilmington



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## Financial Disclosure

We **have no** financial relationships to disclose



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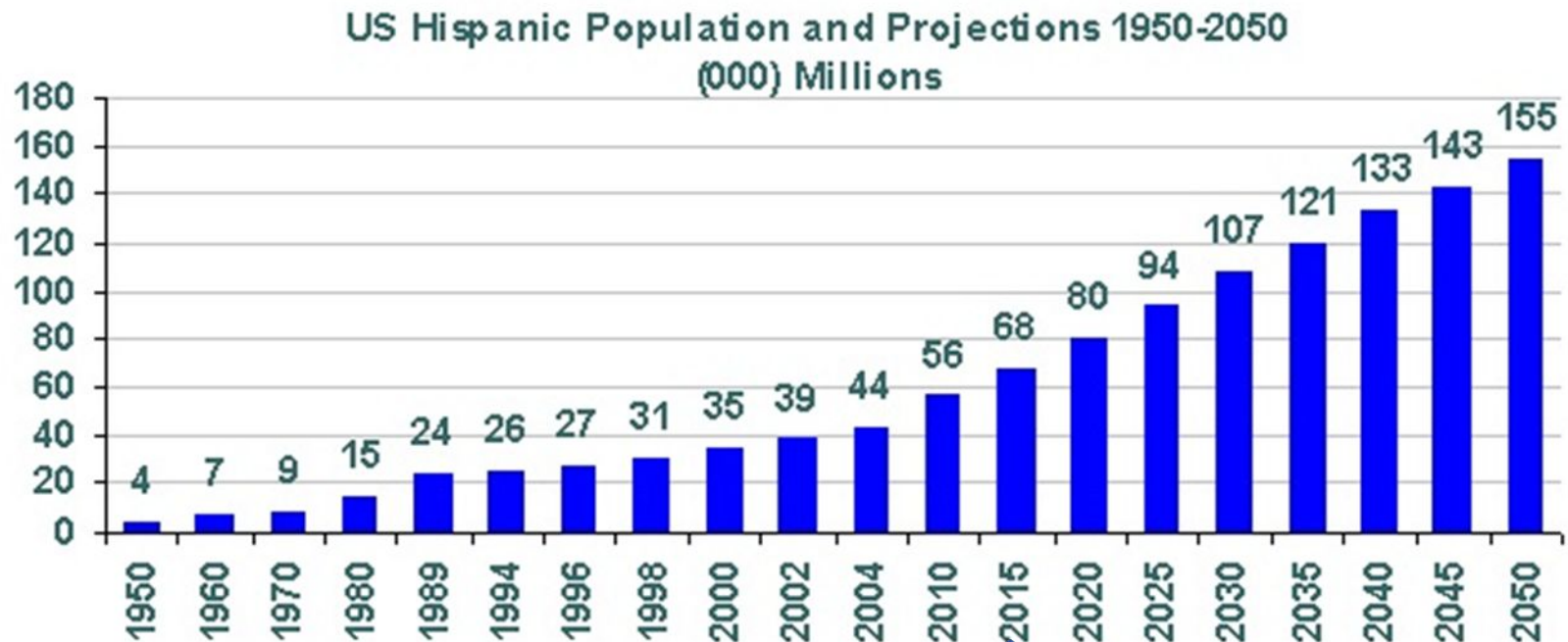
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## Recognition of Health Disparities: A Growing Crisis



Source: Synovate, U.S. Census Bureau





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## **Health Disparities: Hispanics/Latinos**

- = \$1.24 trillion annually (LaVeist, Gaskin, & Richard, 2009)
- Hispanics and Blacks Qualified for Epilepsy Surgery Significantly Less Likely to Undergo Surgery (Begley, 2011)
  - Lower QOL, More Frequent Seizures, More Stigma
- Health Disparities for Hispanics may be attributed to
  - Financial Barriers (insurance, transportation)
  - Non-Financial Barriers (e.g., Cultural Beliefs, Stereotypes)



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## Healthcare Disparities in NP

- Specific clinical populations
- Access to neuropsychology
- Majority of professionals report inadequate preparation to work with Hispanics-Latinos (Echemendia & Harris, 2004)
- Majority of professionals are unable to provide clinical care in Spanish or another language of origin than English
- Lack of well normed, appropriately translated tools
- Major disparities exist particularly within the sub-specialty of pediatric neuropsychology



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## Testing Considerations & Psychometric Limitations

**Dr. Heidi Bender**



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## Testing Considerations: Limitations & Suggestions

- Test reliability and validity are not only adversely impacted by psychometric limitations, but can vary based on patient comfort with the clinician, testing environment and the patient's own self-perception of their place in 'majority' society.
  - Acculturative Stress
  - Stereotype Threat
  - Degree of bilinguality
  - The neuropsychologist's world view





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## Testing Considerations: Limitations & Suggestions

- The clinical interview sets the tone
  - Think flexibly about the patient's ethnic identity
  - Do research to better understand your patient's own particular needs and shared cultural experiences
  - Ask the patient how they wish to be addressed



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## Psychometric Limitations

- A large body of literature has been dedicated to identifying the limitations of current neuropsychological test measures, particularly in neurological populations
  - However, few studies provide practical solutions beyond “future study is needed”
- Improve test translation practices
- Careful, thoughtful use of interpreter



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## Psychometric Limitations

- Make case-by-case judgments regarding the applicability and appropriateness of each test for your particular patient and their life experiences
- Work with colleagues on a local level in order to develop demographically-applicable norms (“local norms”)



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## Psychometric Limitations

- While very few measures on the NIH Common Data Elements battery are appropriate for non-native English speakers, use this website for ideas and a reasonable starting point for data sharing: <http://www.nlm.nih.gov/cde/>
  - Collect quantitative measures of potential performance moderators (i.e., acculturation and bilinguality)





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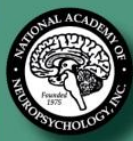
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## **Solutions: How to Deal With These Test Limitations in Your Practice?**

- **With Patients:**

- Think about the patient holistically, rather than simply as a set of data points. What life events brought them to where they are today *beyond* their medical illness?
- Provide feedback in a culturally-sensitive way. Recognize that speaking very directly about illness or deficiencies may be stigmatizing or taboo
- Be an advocate! It is not enough to simply send the patient back to the referring physician, particularly if that clinician does not speak the patient's native language. Doing so makes you part of the problem, not the solution!
- Get involved! If you feel that a patient is not receiving the care that they need, want or deserve due to limited access to healthcare, ESL issues or because of the "broken pipeline," don't be afraid to speak *for* your patient. Navigate the system by their side!



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## **Solutions: How to Deal With These Test Limitations in Your Practice?**

- **With Trainees:**

- Modeling is key – be the type of clinician that you want your students to be.
- Ensure that all clinical reports (by both trainees and colleagues) explicitly state that caution is needed when interpreting data due to linguistic and cultural limitations
- Encourage students to learn new tests and to propose changes to your own status quo. Don't be afraid to continually improve your policies/procedures and test batteries. Be humble – it is never too late to teach old dogs new tricks.



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## **The Broken Pipeline & Graduate Training**

**Dr. Monica Rivera Mindt**



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## Recruitment and Retention Issues

- Lack of funding mechanisms
- Lack of mentorship/support from professionals who represent diverse groups
- Limited to no diverse faculty; only 4% of college faculty are Hispanic-Latino (National Center for Education Statistics, 2011) and even fewer in graduate programs with neuropsychology tracks
- Limited neuropsychological research focusing on ethnic/diversity issues





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## Undergraduate

- College-completion rates in 2000 (U.S. Census Bureau, 2001) for individuals between 25–29 years of age:
  - White/Caucasians-29.6%
  - African Americans-17.8%
  - Asian/Pacific Islander Americans- 53.9%
  - **Hispanics- 9.7%**
- Bachelor's Degrees in Psychology by Ethnic/Racial Background
  - White/Caucasian-72%
  - African American-10%
  - **Hispanics-10%**
  - Asian/Pacific Islanders-6%
  - American Indians- <1%

National Center for Education Statistics (NCES), 2012



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## Graduate

- Master's/Doctoral Degrees in Psychology by Ethnicity
  - Whites/Caucasians-72/77%
  - African Americans-10/5%
  - **Hispanics-5%**
  - Asian/Pacific Islanders-3/4%
  - American Indians- < 1%

National Center for Education Statistics (NCES), 2012



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## Internship

- 2010 APPIC Match Statistics (N=2650)

African-American / Black	152	6 %
American Indian / Alaskan Native	24	1 %
Asian / Pacific Islander	191	7 %
Hispanic / Latino	179	7 %
White (Non-Hispanic)	1981	77 %
Biracial / Multiracial	82	3 %
Other	79	3 %

GLBT individuals comprised 7% of applicants. 8% reported having some type of disability.

Salinas, Edgar, & Puente, In Press



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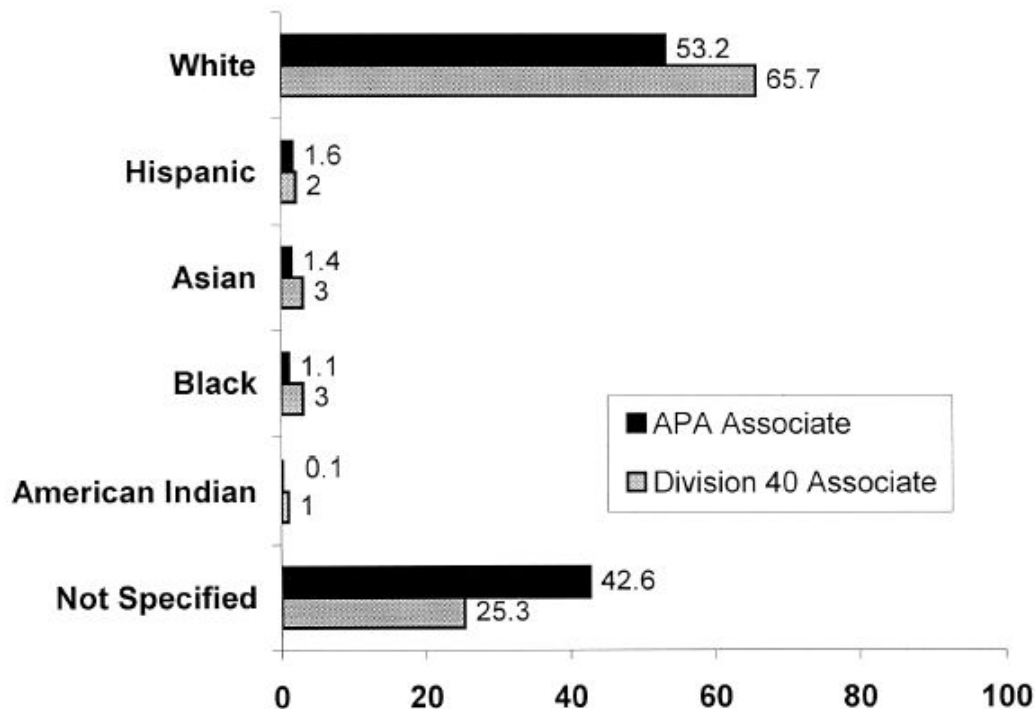


Figure 3. Race/ethnicity of APA members and Division 40 Clinical Neuropsychology members holding associate membership status in 2002. APA associate  $N = 8,108$ ; Division 40 associate  $N = 99$ . Source is 2002 APA Directory Survey (APA Research Office, 2002).





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## Multicultural Doctoral Students in Psychology

- Compared with European Americans, African Americans, Latinas/os and Asian Americans report significantly more:
  - stereotypical representation
  - greater non-representation, than fair and accurate representation
- Perceived cultural diversity was related to satisfaction in graduate psychology programs especially for African American students
  - African American students perceived more academic barriers than European Americans
  - All three ethnic minority groups were more likely to report a link between the academic barriers they encountered and their racial and ethnic status than European Americans

(Maton et al., 2011)



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## Multicultural Doctoral Students in Psychology

- Access to mentoring was related to satisfaction *regardless* of the student's ethnic background.



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## **Solutions: Mending the Broken Pipeline & Training Issues**

- Formal vs. informal recruitment/retention methods
- Avoiding the “ghetto-ization” of multicultural training
- Expectations & culture



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## **Clinical Internship & Postdoctoral Fellowship Training**

**Dr. Clemente Vega**





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## BCH Experience

- Training Seminars: Two part series on bilingual child development and assessment practices
- Workshops with Interpreters
- Direct Supervision and Consultation
- Internship Position for Sp-Eng bilingual applicants to provide services for Spanish speaking families



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## **Solutions: Path to Gaining Cultural Competence after Training**

- Formal vs. informal methods
- Peer Consultation:
  - Hispanic Neuropsychological Society
  - APA Division 40 APA Ethnic Minority Affairs
- Continuing Education (workshops/webinars/fellowships)
- Recommended readings
- Cultural Immersion



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## A Trainee's Perspective

**Octavio Santos, MA**



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## Experience & Issues

1. Journey: from Colombia to UWM
2. Leadership: APAGS-CARED & -DSRN, ANST, SCN-PIAC Ethics, AACN-SAC & -DC, APA Div 52, NAN, HNS & Dr. Puente's campaign
3. Research: Mentored 20 undergrad RAs
4. Clinical: UWM & MCW

How many of you figured out all those acronyms?

Now let's prove my point!





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## Solutions

- Taking full advantage of free technological resources
- Exposing undergrads to NP early & providing key info
- Building an NP community for mentors & trainees
- Consolidating NP student leadership efforts
- Developing NP cultural competency guidelines
- Creating & sharing databases
- Increasing student recruitment & funding opportunities
- Creating a paradigm shift: “culturally responsive”



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## Leadership & Training Issues

**Dr. Zara Melikyan**



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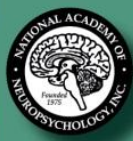
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## Clinical Neuropsychology & Power?

- **Are We Measuring Construct or Are We Measuring Culture?**
- **Is Neuropsychological Testing Nothing More than Measuring Power Constructs?**
- **Are These Power Constructs Developed by a Cross-Sample of the Population We Seek to Understand and Serve?**
- **Or by Those Who Seek to Preserve the Intellectual Status Quo?**
- **Is Testing, as it Stands, Nothing More than Intellectual Imperialism?**



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## Resolving the Issues by Example: Sample of 30 years of “si se puede”

### -Research

[www.antonioepuente.com](http://www.antonioepuente.com) & cultural neuropsychology

### -Policy

Standards for Educational & Psychological Standards (2014; only clinician on committee)

### -Leadership

First “official” president of HNS

First Spanish-speaking psychologist to run for APA president

### -Example

[www.capefearclinic.org](http://www.capefearclinic.org)

Post-doctoral fellows (who are presenting this talk while I am at the Puerto Rico Psychological Association)





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## Discussion

**Dr. Antolin Llorente**



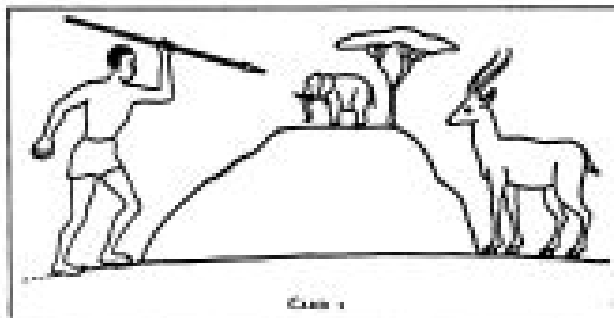
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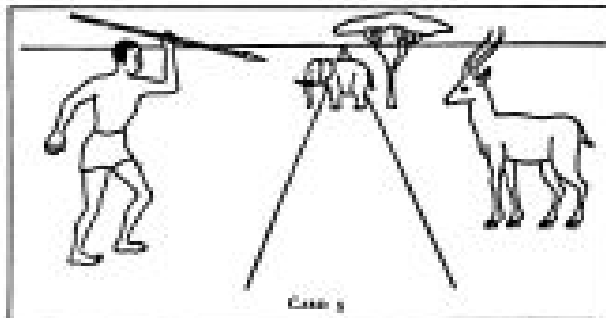
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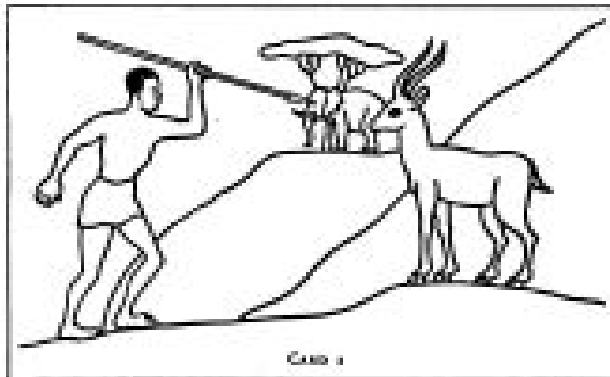
## Culture and Perception Testing



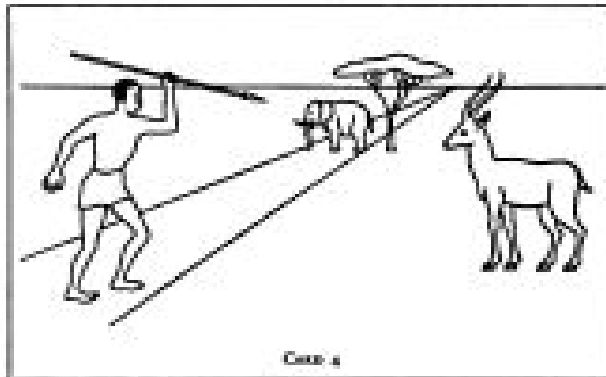
Case 1



Case 5



Case 2



Case 4



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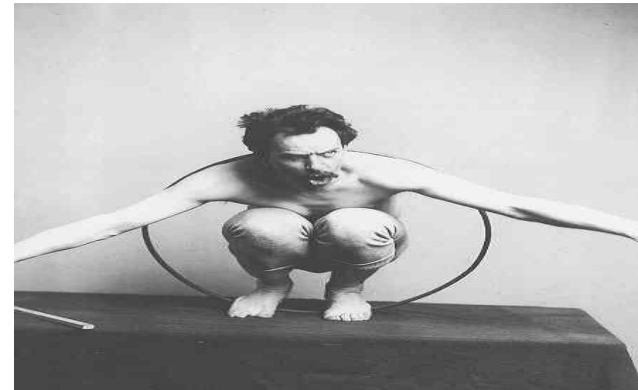
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## Historical Antecedents

Kulture (Culture)  
anthropology (Boas)  
genetics (Belyaev)  
Vygotsky  
Luria-Wartofski  
Murray-Allport





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## **Group Discussion: Thoughts on Additional Solutions & Next Steps?**





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## Improving Access: **Solutions**

- Accepting a wide range of insurance options, including Medicaid HMO
- Working with internal grant/foundation department and local agencies
- Employing Spanish speaking front desk personnel
- Purchasing Spanish neuropsychological measures
- Gaining Cultural Awareness/Competence & Spanish language proficiency
- Seeking out Spanish/bilingual speaking personnel (psychometrist, trainees)
- Prepare documentation and signage in Spanish (background forms, consents, handouts)



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**Monica Rivera Mindt, Desiree Byrd, Pedro Saez, and  
Jennifer Manly**

**INCREASING CULTURALLY COMPETENT NEUROPSYCHOLOGICAL SERVICES FOR ETHNIC  
MINORITY POPULATIONS: A CALL TO ACTION**

[Clin Neuropsychol. 2010 April; 24\(3\): 429–453.](#)



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## Developing Standards for Cultural Competence: **Solutions**

- What is the minimum type of curricula, didactics and/or training needed for cultural competence to be achieved?
- What is the minimum level of bilingual proficiency needed?
- How would this be evaluated?
- Who would be appropriate to teach and/or supervise these courses or students? Would they be available?
- Are broad courses on cultural diversity sufficient?
- Who would provide oversight? (Houston Conference has little detail; APA has criteria for psych but not NP)



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## NP lifespan mentoring model

- Undergraduate
- Graduate
- Fellowship
- Early Career
- MidCareer
- Late Career



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## Ethics and Commitment

- Clinical practice
- Research
- Creating Paradigm Shift in NP