Cultural Diversity Issues in Neuropsychology: Considerations for Working with Multicultural and Multilingual Families

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Objectives

- To work toward obtaining competence in cross-cultural practice
  - Discuss issues surrounding multilingual/multicultural evaluations
  - Learn strategies for addressing multicultural/multilingual issues in assessment
  - Learn ways to meaningfully interpret results from multicultural/multilingual assessments
Why is this important?

- Changing population
  - Minorities are 1/3 of population in 2008
  - Will be majority in 2042
  - But will be earlier in children: 2023
- Need for further study highlighted by the National Academies Institute of Medicine (2003)
- Evaluate child within their context
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”
Practitioner Cultural Competence

- Awareness of your own cultural heritage
- Awareness of cross cultural biases.
- Working from an ecological and family centered vs. individualistic approach.
- Continuing education to understand the interface of health and mental health beliefs and practices from multiple perspectives.
Arizona

- 14% Foreign born
- 4% Multigenerational households
- 31% Hispanic/Latino
- 4.6% African American/Black
- 2.5% Asian
- 27.7% Speak a language other than English at home

U.S. Census 2009 American Community Survey
### Arizona Children 5-17 years old

<table>
<thead>
<tr>
<th>Language Description</th>
<th>Total</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1,215,277</td>
<td></td>
</tr>
<tr>
<td>Only English</td>
<td>842,835</td>
<td>69.4%</td>
</tr>
<tr>
<td>Speak Spanish</td>
<td>316,407</td>
<td>26%</td>
</tr>
<tr>
<td>Speak other Indo-European languages</td>
<td>13,864</td>
<td>1.1%</td>
</tr>
<tr>
<td>Speak Asian and Pacific Island languages</td>
<td>15,335</td>
<td>1.3%</td>
</tr>
<tr>
<td>Speak other languages</td>
<td>26,836</td>
<td>2.2%</td>
</tr>
</tbody>
</table>
Concerns with testing

- Problems with Measures
- Problems with Test Administration
Problems with Measures

- Test bias and suitability
- Norms
- Representative of Population
  - Educational background
  - Immigration
  - Sensitivity to cultural differences
- Follow standards of translation and adaptation
Problems with Test Administration

• Cultural Norms and Expectations
  – Belief about psychologists or physicians
  – Eye contact
  – Gender roles and expectations
  – Perception and belief regarding time
  – Acculturation and cultural identity

• Language Preference/Proficiency
  – Translation
  – Qualifications of Individuals
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Rapport Building

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

1. Determine the best language for patient
   - Proficiency and competencies you are trying to evaluate (academic level vs. emotional functioning)
   - Conceptual Scoring to assess knowledge of concepts
   - Document your choices and reasons why
Assessing Language Preference/Dominance

• Ask parent and child separately what language the 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
• CALP - Cognitive Academic Language Proficiency
• 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

Cummins, J. (1999)
Language Learning

- 3 types of bilinguals – simultaneous, sequential/successive, circumstantial

- Simultaneous Acquisition
  - Does not differ from single language development, but typically 4-5 months behind in early years until reach school

- Sequential/Successive Acquisition
  - Children with formal schooling in native language and then English immersion took 5-7 years to gain proficiency
  - Children with no formal schooling in native language take 7-10 years to gain proficiency
Language Learning Cont.

- The literature on bilingual education for children with language impairments suggests that “the individual’s proficiency in their first language will significantly determine the extent to which they can become proficient in the second language.”

- Conclusions:
  - Best: Strong foundation in one language
  - Speaking native language at home will not destroy child’s language development or second language acquisition
  - Normal process: Language is lost if not used

(French & Llorente, 2008, Principles of Neuropsychological Assessment with Hispanics)
Assessment Problems - Language

- Lack of English proficiency affects learning or leads to misdiagnosis (LD vs. Language Learning)
- Assess opportunity to learn English
- Research on testing bilingual populations has shown a discrepancy on:
  1. verbal and nonverbal cognitive abilities,
  2. achievement and nonverbal IQ
  3. material learned in an English-only classroom and fluid intelligence.

(Figueroa, 2005; Valdes & Figueroa, 1994)
Steps for Evaluation

2. Assess need for interpreters and translators
   - Preferable to have someone who speaks the same language and from the same culture.
   - Ensure training in cross-cultural and cross-language work
Use of Interpreters

- Use professionals
- Ascertain limits of confidentiality
- Identify them by name in the report along with their qualifications
- Discuss quality of interaction with the patient via the interpreter
- Identify sources of error
- Pros and Cons
Translation Issues

- Caution with informal translations – level of difficulty, meaning vs. direct translation
- Ideally use professionals
- Back translation
- Compare original English to back translation
- International Test Commission’s Test Adaptation Guidelines
Steps for Evaluation

3. Evaluate Acculturation
   – Formally through measures
   – Informally through interview
   – Assess first and second generation immigrants, and other racial minorities
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
Steps for Evaluation

4. Assess availability of tests and norms
   - Adapted and translated according to guidelines by International Test Commission

5. Take language and culture into account when making recommendations

6. Provide feedback accessible to patients
   - Interpreter
   - Qualified translator to produce summary and handout
Other things to consider

• Assessment takes longer
  – rapport,
  – assess acculturation/language,
  – conduct in two languages,
  – integrate report,
  – translate report,
  – debrief interpreter

• Subsequently more expensive – may result in issues of access
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So what do our results mean?
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
What can we do?

• Look beyond the numbers – you are a clinician

• Identify patterns and areas of strengths and weaknesses

• Look for convergent and divergent validity
  – Are there discrepancies among tests
  – What do parents and teachers say
Questions?


**Additional Resource**

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