Relevance Today, 2050 & Beyond: Suggestions for Preparing Trainees to Meet the Clinical Demands in a Changing US Culture

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¡Gracias!



SOCIET

Demographics

Houston Conference~2000







The American Dream: Embracing Diversity

FIGURE 5

Asians Projected to Become the Largest Immigrant Group, Surpassing Hispanics

% of immigrant population



Note: Whites, blacks and Asians include only single-race non-Hispanics. Asians include Pacific Islanders. Hispanics are of any race. Other races shown but not labeled.

Source: Pew Research Center estimates for 1965-2015 based on adjusted census data; Pew Research Center projections for 2025-2065

PEW RESEARCH CENTER

FIGURE 1

U.S. Foreign-Born Share Projected to Hit Record Milestone by 2065



Note: Data labels are for 1850, 1890, 1970, 2015 and 2065.

Source: Gibson and Jung (2006) for 1850 to 1890. Edmonston and Passel (1994) estimates for 1900-1955; Pew Research Center estimates for 1960-2015 based on adjusted census data; Pew Research Center projections for 2015-2065

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Heterogeneity of Subgroups

Hispanics/Latinos

economics

education ethnicity language race nationality COUNTRY culture acculturation immigration insurance

literacy politics

religion





Adapted from Pew Research Center, 2010 (Salinas, in preparation for presentation)

Language Use Among Hispanics

- $\sim 50\%$ of the world are bilinguals
- ~20% of US citizens are bilinguals/Spanish is 2nd most common language (38M)
- 82% of Latino adults speak Spanish*
 - 76% Spanish "dominant" or bilingual
 - 24% English "dominant"
 - Importance of indigenous languages
- Dialect differences
 - ("tutear"; grammar use; vocabulary)
- Cultural influences on L1 maintenance

US Census, 2010

Implications For Neuropsychology & Community

Relevance Today!!!

Current Guideline Recommendations



Slide Courtesy of Monica Rivera Mindt

Healthcare Disparities for Hispanics



Adapted from NAN, HNS, AACN Directories; Salinas, Bordes-Edgar, & Puente, 2015; Romero et al., 2009; Judd, 2010



Echemendia et al, 1997; Renteria et al, 2010; Renteria, Saez, Salinas, & Pliskin, in preparation

Lack of Postdocs with multicultural NP training/bilingual NPs

- Review of HNS Training database and <u>Pediatric</u> Programs that are Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN) Members with Spanish speaking supervisors
 - Boston Children's Hospital (1);
 - Children's Hospital Colorado (3);
 - Kennedy Krieger Institute (1 + 1 Affiliated);
 - St. Louis Children's Hospital (1)
 - Children's National Medical Center (1)
 - Other non-match sites such as UCLA Cultural Neuropsychology Initiative, MGH MUNDOS, University of New Mexico, Baylor

Salinas, in preparation for presentation

Challenges in Clinical Practice

- $\sim 15\%$ of 3500 tests are in Spanish
 - Only 5 meet Standards for Educational & Psychological tests
- Use and selection of appropriate interpreters
 - 25% of neuropsychologists still use family members
- Verbatim translations are used more than adaptations
 - Up to 1/3 of time!!
- Clinicians are NOT using normative data for Spanish tests when available
 - Only 1/3 of time!
- Lack of supervision for bilingual and diverse psychometrists and trainees
- Minorities are judged as cognitively impaired more often
- Recommendations may be based on myths, not evidence (e.g., English only ST)

Renteria et al, 2010; Ojeda & Puente, 2010; Echemendia & Harris, 2004; Manly et al, 1998

Challenges in Cultural NP Research

- >600 abstracts reviewed (PubMed):
 - Keywords: Epilepsy+ language, memory, cognition, behavior, QOL, neuropsych, fMRI
 - Important Keywords: culture, Hispanic, Spanish
 - Only **15** articles identified for inclusion in review:
 - Peer reviewed
 - Use of at least one standardized or experimental neuropsychological test
 - Sample size greater than 5

Salinas, in preparation for presentation

How can training programs prepare trainees to meet the clinical demands in a changing US culture?

Read/Teach Historical Antecedents

- anthropology (Boas)
- genetics (Belyaev)
- Vygotsky
- Luria

Promote Cultural Neuroscience Models



Falk et al., 2013; Chiao et al, 2013

Conceptualize Whole Child/Person

4. The brain does not operate in isolation. Both the structure of the brain and its development depend on the context in which it operates. How brain function is manifested in behavior at any given moment is determined as much by contextual variables as by brain structures. Observed behavior is the product of transactions between the organism and its environment. Assessment of behavior must therefore be based on close scrutiny of the *context* in which the brain operates and behavior is observed.

5. The theoretical matrix within which developmental neuropsychological assessment takes place is therefore conceptualized as one whose interacting variables are BRAIN, CONTEXT, and DEVELOPMENT. All behaviors are scrutinized within this matrix. No behavioral outcome can be understood in terms of only one of the variables in the matrix.

Re-Evaluate Whether Nonverbal Tests are Culture "Free"



Some Examples:

Do you think that things should be done...?

As faster as possible, no matter if you make mistakes





Slowly and without making mistakes

Agranovich et al. (2011). The culture of time in neuropsychological assessment: exploring the effects of culture-specific time attitudes on time test performance in Russian and American samples. JINS

Slide Courtesy of Tony Puente

Promote Cultural Competence Framework for NP

AWARENESS

- Assumptions/va lues/biases @ cultural minorities
- Impact provision of NP services
- Positive stance towards multiculturalism

KNOWLEDGE & UNDERSTANDING

- Own world view
- Clients' culture &
 world view
 impacts NP
 performance &
 intervention
- Understanding of sociopolitical influences

ACQUISITION

Specific, culturally appropriate *assessment*, *intervention*, & *communication* skills

+

 Necessary to effectively work with cultural minority groups

INDIVIDUALS & ORGANIAZATIONS

Development of core cultural competencies Based on new theories, practices, policies Organizational structures that are more responsive to all groups.

Slide Courtesy of Monica Rivera Mindt

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D.W. Sue, 2001; Rivera Mindt et al., 2010

Engage in Socially Responsible Neuropsychology

Ethical framework which suggests that an entity, be it an **organization** or individual, has an obligation to act for the benefit of society at large

Equality

- Individual
- Patients are most vulnerable
- Trainees are
 vulnerable
- No specific guidelines
- Left to individual interpretation
- No accountability

Equity Competencies are acquired at the individual level Patients are served adequately Burdensome for a few Trainees are still vulnerable

SRN

Collective
Culture at the core of competencies
Equitable care for ALL patients
Broader impact on the Health Care

System

Social Justice

Slide Courtesy of Paola Suarez

Promote Paradigm Shift in NP

- Move from Universalism to Relativism
- Avoid having conversations about cultural issues in silos
- Integrate Culture into all that you do/teach
- Create + Implement Multicultural NP Training Standards/Benchmarks
- Foster Evidence Based Approach to Cultural NP
- Implement Reflective Research Practices
- Know/Teach that cultural experiences not only modulate but determine pre-existing patterns of neural activity (Han and Northoff, 2008)
- Know/Teach that cultural differences can be expressed in actual brain structural changes (e.g., graymatter volume; Park and Gutchess, 2002; Draganski et al., 2004; Mechelli et al., 2004; Turner and Whitehead, 2008).

Promote Paradigm Shift in NP (continued)

- Acknowledge test limitations & problems of equivalence with use of interpreters/translations
- Know/Teach literature regarding NP in bilinguals (Bialystock literature; delayed dementia; EF "advantage"; lexical access)
- Understand Role and Influence of Education, Acculturation, Stereotyped Threat, Institutional Racism, Locus of Control, Communication Preferences, Sociopolitics, Health Disparities on behavioral presentation + NP evaluations/response to interventions
- Promote Lifespan Model to Learning/Achieving Cultural Competence
- Encourage Ethnographic/Anthropological Approach (Read Paul Farmer's Work!)
- Be a Model Advocate, especially in interdisciplinary teams!

Additional Solutions & Next Steps? Ideas from Houston to Austin: HNS Brainstorming Session (11/2015, >60 attendees)



Improving Access to Cultural NP Knowledge

Google-scholar CNP Cultural NP Summer Train the Centralize Wiki institutes trainers Nationation within US to not reinvent the wheel fave all bet to know Open Cultural the national Sowce. (rand whit other NP orgs create download Fairnes source contrice are a watosite ~/ of tests CnP training doing negurces on materials adminutors training

Pool ine

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Didactics/Training Continued

Cultural

humility#

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Training in Public Policy t how to influence legislation

Training in Supervision & CLASS @ Immigree tion Training in SOLID- POLITICAL how to use Status + PACTOLS THAT Law CONTRIBUTE TO HEALTH DISPARTTIES Read book Engage in

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multicultural

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Case conference

Teach culturally competit Research course

Allgroups More concrete Mandatory in PAque cylanation of CES in multicutional competence E withral Promote Cultural Competence That This is Sr'licensure Competencies Paunty INFUSE Commit CULIVRE Oarsevort Consultation BASIC VARIABLE Taskforce. Thus kenning on such AS network to guide HAGE IN ALL +RAINING altural 2 notional Competerce level training International inviale Bigger emphasis development of Caltural Incentivize on outrul issues NP winhula CC I.e. - dicramotion Conferences Imguage/diversit on Board Certification Exit Criterias of approad as standard training -For different Exams for An revels

Suggested Readings

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Free access to articles

- <u>http://antonioepuente.com</u>
- <u>https://aalfredoardila.wordpress.com/articles-papers/</u>

Resources

- Hispanic Neuropsychological Society <u>http://hnps.org/</u>
- SCN Ethnic Minority Affairs (<u>http://www.scn40.org/ethnic-minority-affairs-subcommittee.html</u>)
- Office of Minority Health at the Department of Health and Human Services <u>http://minorityhealth.hhs.gov/</u>
- National Culturally and Linguistically Appropriate Services (CLAS) Standards <u>https://www.thinkculturalhealth.hhs.gov/content/clas.asp</u>
- APA Multicultural Guidelines (APA, 2002) http://www.apa.org/pi/oema/resources/policy/multicultural-guidelines.aspx
- NIH Office of Equity, Diversity, and Inclusion (EDI) <u>http://edi.nih.gov/</u>
- National Institute on Minority Health & Health Disparities <u>http://www.nimhd.nih.gov/</u>