
Introduction to Forensic Immigration Neuropsychological Evaluations: Focus on US Citizenship Exam Disability Exemptions
AACN
American Academy of Clinical Neuropsychology
THE UNENVIABLE
Stories of Psychological Trauma and Hardship among Immigrants and their Families
David G. Mirich Ph.D
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Tedd Judd, PhD ABPP
Diplomate in Clinical Neuropsychology
Certified Hispanic Mental Health Specialist
teddjudd@gmail.com
(360) 543 8333
Seattle Pacific University
Justice in Criminal Neuropsych. UCLA
Universidad del Valle de Guatemala
University of Zimbabwe

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Countries I've seen clients from

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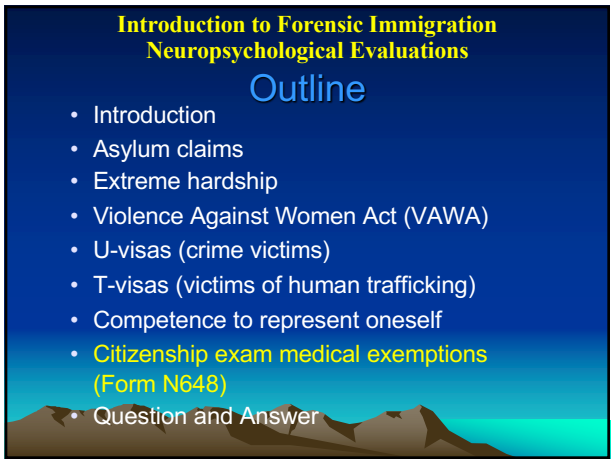
Introduction to Forensic Immigration Neuropsychological Evaluations
Outline
Introduction
Asylum claims
Extreme hardship
Violence Against Women Act (VAWA)
U-visas (crime victims)
T-visas (victims of human trafficking)
Competence to represent oneself
Citizenship exam medical exemptions (Form N648)
Question and Answer

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## I had help from:

- Asylum claims—Claudia Antuña, David Mirich
- Extreme Hardship, Violence Against Women Act (VAWA) and U-visas (crime victims)—Mónica Oganes
- Competence for Self-Represent in Immigration Court—María Aparcero-Suero
- Citizenship Exam Medical Exemptions--Katrina Belen

HNS Hispanic Neuropsychological Society

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## Just an Overview of:

- Asylum claims
- Extreme hardship
- Violence Against Women Act (VAWA)
- U-visas (crime victims)
- T-visas (victims of human trafficking)
- Competence to represent oneself

Because:

- They are usually psychological and occasionally neuropsychological (except Competence)
- They require more training than I can give today

Goal:

That you are able to choose if you want to do them and know what preparation and training you will need.

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## Citizenship Exam Medical Exemptions (Form N648) In detail because:

- They are usually neuropsychological.
- If you have cross-cultural skills, you can learn enough in this workshop to begin doing these, provided that you also have consultation available with someone experienced in them.
- There is a great need.
- Only psychologists and physicians are permitted to do them.
- They are a good vehicle for teaching cultural skills.

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## Current Immigration Policies in the US


- Implementation is changing almost daily.
- US Customs and Immigration Service (USCIS) officers and immigration judges have significant leeway in how they interpret the law and policy.
- They often go beyond existing law and policy.
- Institutional culture in USCIS shifts with administrations: E.g. different versions of the N648 form.

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## Current Immigration Policies in the US

- I am recording the video version of this in April and things may have changed by the time it is posted.
- Some clients are in a hurry to stabilize their status.
- Some potential clients are avoiding proceedings for fear of calling attention to themselves.

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## Evaluation types I will not be covering: 1

Because they are less common and mostly psychological, not neuropsychological

1. Assessments of dangerousness and recidivism
2. Suspension of deportation for crimes of moral turpitude
3. Dangerousness and recidivism for parole from indefinite detention, custody, and bond
4. Adjustment of status

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## Evaluation types I will not be covering: 2

5. Adam Walsh Child Protection and Safety Act (2006) (applicant convicted of offense against a minor does not pose a risk)
6. Special Immigrant Juvenile Status (SIJS)
7. Unaccompanied immigrant minors in governmental custody
8. Pre-refugee evaluations
9. Criminal assessments

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## Introduction


- Overview, not training
- Social justice advocacy
- Payment
- Referral sources
- Common features of immigration evaluations
- Types of immigration evaluations

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This webinar:

## Overview, not training

- Purpose: So you can understand what is required and choose the types of evaluations that you would like to prepare yourself for and then attend the corresponding webinars and trainings.
- Assumption: You have cultural NP skills.
- Rationale: To encourage cultural NPs to deploy their skills where they are most needed and can be most effective.
- Not covered: You can also do immigration evaluations as clinical psychologists but that's not our focus.

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## Laws and Regulations

- INA: Immigration and Naturalization Act of 1952
- IIRAIRA : Illegal Immigration Reform and Immigrant Responsibility Act of 1996
- Policies and regulations that are passed and posted by various agencies

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## Agencies

- DHS: Department of Homeland Security
  - USCIS: US Customs and Immigration Services: administration, investigation, adjudication
  - ICE: Immigration and Customs Enforcement: investigation, enforcement, deportations
  - CBP: U.S. Customs and Border Protection: Enforcement
- DOJ: Department of Justice
  - EOIR: Executive Office for Immigration Review: Adjudication of immigration decisions—appeals from USCIS

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## Social Justice Advocacy


Can neuropsychologists engage in social justice advocacy through immigration work and still maintain scientific objectivity, neutrality, and credibility as experts?

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## Social Justice Advocacy


Can neuropsychologists engage in social justice advocacy through immigration work and still maintain scientific objectivity, neutrality, and credibility as experts?

Yes!!

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## Social Justice Advocacy


- My colleagues and I got together on this work under the Social Justice and Advocacy Committee of HNS.
- This is (or at least can be) social justice work: gratifying, difficult (especially trauma evaluations), frustrating.
- Clients will have a full range of self-presentation from honest to confused to reticent to distorting to lying and malingering; we need to be prepared to deal with that.
- We nevertheless maintain our scientific objectivity
- We need to maintain self-monitoring and consultation so that our own immigration experiences, advocacy, and empathy do not overwhelm our objectivity.

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## Social Justice Advocacy


- We may consider this work to be social justice work by our choice to engage in it and to serve a population that is underserved or unserved.
- We have opportunities to advocate both for our own profession and professional work and for disabled rights without compromising our objectivity.
  - Examples:
    - Advocating for disability accommodations (procedural safeguards) in immigration proceedings
    - Revision of the N648 form.

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## Political Climate Impacting the Review of N648 Forms by Immigration (USCIS) Officers

- 2019 memo tightened the review process
- https://www.aila.org/infonet/uscis-issued-policy-memo-sufficiency-of-medical
- Requiring written referral and reason from PCP
- Form only good for 6 months
- When an N648 is rejected, they require a new form that then requires a new exam
- Closer scrutiny to comprehension of the Oath of Allegiance (oath of citizenship)

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## Political Climate Impacting the Review of N648 Forms by Immigration (USCIS) Officers

- N648 form revised from 6 to 9 pages, 2.5 hours to complete
- Rejecting for "discrepancies":
  - My psychology license number was too low
  - I explained that he had fallen 3 meters onto concrete landing on his head, but I had not described the cause of his disability
  - Client could not recall where they had seen me
  - TBI was not mentioned in refugee immigration exam
  - I didn't say when the TBI had occurred
  - I said he performed normally on the Test of Memory Malingering. The officer said, "You said he performed normally on a memory test, therefore he can learn English."
  - I didn't say if he had been hospitalized for his TBI (I had; they missed it)
  - She is "employed" (watches her grandchildren for a few hours/day after school), therefore she can learn English
  - I said that he had no PCP, he said he did (got one after I saw him). Therefore, that is a "discrepancy." N648 rejected. Need a new one.
  - The applicant could not say how he was referred to me.
  - I said she had a learning disorder, but someone else did an N648 saying she had a cognitive disorder, PTSD, and depression
  - I did not explain how it is that she is unable to learn English but is able to take

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## Political Climate Impacting the Review of N648 Forms by Immigration (USCIS) Officers

2022

In 2021 USCIS posted a request for comments concerning revising the N648 form.

I wrote to our network of 20 N648 providers recommending comments. We submitted about 1/3 of the publicly posted comments.

In 2022 the N648 form was revised from 9 to 5 pages

- Redundancy and unnecessary information eliminated
- Substantive clinical questions reduced from 7 to 2
- In large part followed our recommendations and those of many immigrant services agencies

Interviews seemed to become more empathetic, less stressful, especially among newer officers

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## Social Justice Advocacy


Yes!! neuropsychologists can engage in social justice advocacy through immigration work and still maintain scientific objectivity, neutrality, and credibility as experts.

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## Referral sources:

- Immigration attorneys
- Immigration and refugee service agencies
- Self or family or community
- Primary care or other medical providers
- Psychotherapists and mental health evaluators
- The government and court are very rarely referral sources

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## Referral sources:

Ukrainian Community Center of Washington

Sea Mar Community Health Centers
Clínica de la Comunidad
Excepcional service. Every person. Every time.

Northwest IMMIGRANT RIGHTS Project

IMPACT™
Immigration Psychology Access Team

Lutheran Immigration and Refugee Service

REFUGEE & IMMIGRANT SERVICES NORTHWEST
Serving refugees and immigrants since 1977.

CHC Community Health Center
OF SNOHOMISH COUNTY

Congolese Community of Washington State

CATHOLIC COMMUNITY SERVICES
OF WESTERN WASHINGTON

Yakima Valley Farm Workers Clinic

HealthPoint

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## Payment

- Forensic evaluations.
- Generally not medically necessary, not paid by health insurance.
  - Occasionally it may be incidental to a health insurance evaluation or in addition to.
- Pro bono, sliding scale, to paying well.
- May be paid by client, referral source, grants, houses of worship or community or cultural organizations

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## Payment Policies

- Pay in advance is preferable. They are paying for the evaluation, not the result.
- Screen cases well to make it likely that you can be helpful in supporting their case.
  - It is frustrating to everyone to do evaluations that do not help the case.
  - Some attorneys either:
    - Don't understand the criteria well
    - Believe clients who are not credible
    - Set clients up to embellish their stories or
    - Go on "fishing trips" hoping that they can find something

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## Keeping Costs Down

A. Virtual evals: no office or transportation costs.
B. Do the evals at the referring agency.
C. Paperless. email consent forms, oral consent
D. Focused exams that address only the questions at hand.
E. Direct payment. No invoicing. Or the agency collects for me.
F. Referring agencies gather the medical records and provide the interpreter.

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## Keeping Costs Down

A. Family supplies a community paraprofessional interpreter who is not a family member.
B. Students who speak the client's language with clinical competence work under me and serve as my interpreter when needed.
C. Other dual professional role interpreters: psychotherapist, paralegal, citizenship agent, religious affiliate, community interpreter. Each has distinctive potential role conflict and confidentiality issues that can usually be worked through.
D. Behavioral Health in Community Clinics or Community Mental Health Centers do the work and bill to insurance as incidental to other care. As neuropsychologists we can support their work with consultation.

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Each type of immigration evaluation has its own background and skillset.
Most professionals do only a few types.

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## Common features of immigration evaluations

For most NP immigration evals it is important to:

- Describe your own qualifications, including your cultural NP skills
- Address the credibility of the claimant (typically including use of PVTs/SVTs)
- Focus on the immigration question
- Consider linguistic, cognitive, and emotional disability accommodations (procedural safeguards) in deportation hearings and related legal proceedings

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## Common Features of Immigration Evaluations

- Much of the time diagnosis isn't very important even when it is required.
- What is important is the immigration issue and describing the person and their circumstances and explaining their behavior and potential

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## Common Features of Immigration Evaluations

- Immigration claimants have fewer rights in court than criminal defendants, plaintiffs, civil defendants, etc.
- Formally, the standard of proof is usually more-probable-than-not. Informally, it may depend or which USCIS officer or judge they get, or whether you are in Texas or Massachusetts, or who's in the White House.

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## Common Features of Immigration Evaluations

- NP testing plays a modest, limited role directed at answering the immigration question. Not a complete NP evaluation.
- Rarely an opposing expert

- The neurodisabilities in question are usually moderate to severe, so niceties such as pinpoint precision norms and psychometrics are generally irrelevant.

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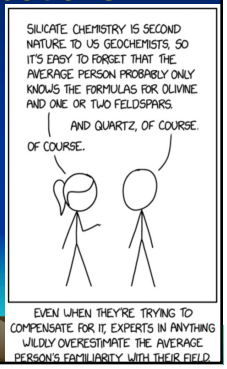
## Common Features of Immigration Evaluations

- Likewise, with respect to mental health and medicine the audience is entirely lay, so our communications need to be understandable to them.
- Professional jargon should be reserved for when we need to establish credibility or intimidate the prosecutor.

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## Common Features of Immigration Evaluations

Use clear, affirmative language:

- "It will be very difficult for him to learn English" REJECTED!
- "He is unable to learn English." ACCEPTED

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## Common Features of Immigration Evaluations

Use descriptive and graphic but non-judgmental language:

"He underwent horrific tortures and suffered terribly." Undermines your objectivity and deprives the court of the information they need.

"He reported extreme pain and persisting fears and nightmares from his captives burning him with cigarettes on his face, hands, and genitals while laughing at him and threatening to kill him with knives." Descriptive, graphic, non-judgmental, professional, leaves the judgment to the judge.

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## Immigration Evaluation Types that are Less Common For Neuropsychologists that I Will Not be Covering

1. Assessments of dangerousness and recidivism
2. Suspension of deportation for crimes of moral turpitude
3. Dangerousness and recidivism for parole from indefinite detention, custody, and bond
4. Adjustment of status
5. Adam Walsh Child Protection and Safety Act (2006) (applicant convicted of offense against a minor does not pose a risk)
6. Special Immigrant Juvenile Status (SIJS)
7. Unaccompanied immigrant minors in governmental custody
8. Pre-refugee evaluations
9. Criminal assessments

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## What to do about Immigration Evaluation Types that are less Common for NPs

- Ask the attorney (if there is one) for guidance
- Research the issue on the USCIS website
- Research the issue on both the legal and the mental health sides
- Is this case a neuropsych case?
- Anyone I should consult or collaborate with?

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## Steps Before Accepting a Referral

- Who is the referral source?
- Clarify the referral question
- Am I competent to take this case? Do I need any additional training/consultation?
- Ask the attorney (if there is one) for guidance
- Research the issue on the USCIS website
- Research the issue on both the legal and the mental health sides
- Anyone I should consult or collaborate with?
- Fee Arrangements/Pro Bono Services

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- Introduction
- Asylum claims
- Extreme hardship
- Violence Against Women Act (VAWA)
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- T-visas (victims of human trafficking)
- Competence to represent oneself
- Citizenship exam medical exemptions (Form N648)
- Question and Answer

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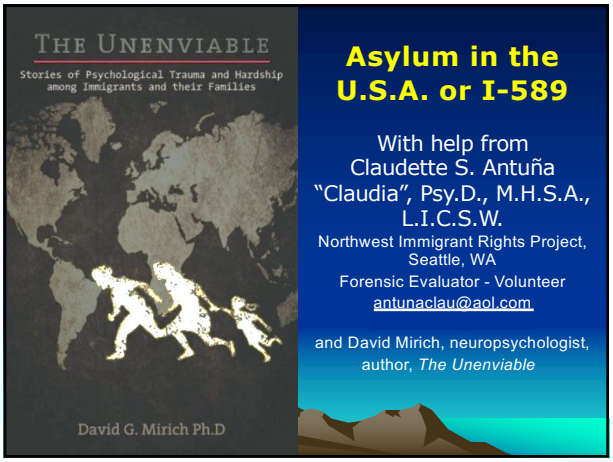


## Asylum in the U.S.A. or I-589

With help from
Claudette S. Antuña
"Claudia", Psy.D., M.H.S.A., L.I.C.S.W.
Northwest Immigrant Rights Project, Seattle, WA
Forensic Evaluator - Volunteer
antunaclau@aol.com

and David Mirich, neuropsychologist, author, *The Unenviable*

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## What is Asylum?

Asylum is a protection granted to foreign nationals already in the United States or arriving at the border who meet the international law definition of a "refugee."

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## Asylum in the U.S.

The United Nations 1951 Convention and 1967 Protocol define a refugee as a person who is unable or unwilling to return to his or her home country, and cannot obtain protection in that country, due to past persecution or a well-founded fear of being persecuted in the future "on account of race, religion, nationality, membership in a particular social group, or political opinion."

Congress incorporated this definition into U.S. immigration law in the Refugee Act of 1980.

- https://www.refworld.org/cgi-bin/texis/vtx/rwmain?docid=3ae6b3ae4

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## Definitions:

- **Refugees** and **asylees** are individuals who are unable or unwilling to return to their country of origin or nationality because of persecution or a well-founded fear of persecution.
- Refugees and asylees are eligible for protection **based on race, religion, nationality, membership in a particular social group, or political opinion.**
- Once granted U.S. protection, refugees and asylees are authorized to work and may also qualify for assistance, including cash, medical, housing, educational, and vocational services to facilitate their economic and social integration

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## Differences

- In the United States, the major difference between **refugees and asylees** is the location of the person at the time of application.
  - Refugees are outside of the United States when they are screened for resettlement
  - Asylum seekers submit their applications while they are physically present in the United States or at a U.S. port of entry.
  - Refugees and asylees also differ in admissions process used and agencies responsible for reviewing their application.

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## U.S. Immigration

- As a signatory to the 1967 Protocol, and through U.S. immigration law, the United States has legal obligations to provide protection to those who qualify as refugees.
- The Refugee Act established two paths to obtain refugee status—either from abroad as a resettled refugee or in the United States as an asylum seeker

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## Istanbul Protocol

***Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment***

(known as the "Istanbul Protocol") is the first set of international guidelines set forth for the documentation of torture and its consequences.
The *Istanbul Protocol* provides a set of guidelines for the assessment of persons who allege torture and ill treatment, for investigating cases of alleged torture, and for reporting such findings to the judiciary and any other investigative body.

It became an official United Nations document in 1999 and is available in a number of languages on the United Nations web site.

http://physiciansforhumanrights.org/library/istanbul-protocol.html

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## Refugees: Initial Assessment

- UN High Commission on Refugees refers
- US Refugee Support Center interview and investigation (often carried out in refugee camps):
  - Identity
  - Security
  - Vulnerability
  - Medical
  - Receiving agency

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## Refugees: Initial Assessment

- The medical screening is limited with respect to mental health and neuropsychologists are not involved.
- Refugee medical records may be available in the US if seen by neuropsychologist for other purposes.
- Neuropsychologists may see refugees for exemption from work/study requirements, disability, N648s

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## Types of Asylum

- Affirmative
- Defensive

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## Affirmative Asylum:

A person who is not in removal proceedings may affirmatively apply for asylum through U.S. Citizenship and Immigration Services (USCIS), a division of the Department of Homeland Security (DHS).

If the USCIS asylum officer does not grant the asylum application and the applicant does not have a lawful immigration status, he or she is referred to the immigration court for removal proceedings, where he/she may renew the request for asylum through the defensive process and appear before an immigration judge.

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## Defensive Asylum:

- A person who is in removal proceedings may apply for asylum defensively by filing the application with an immigration judge at the Executive Office for Immigration Review (EOIR) in the Department of Justice.
- Asylum is applied for as a defense against removal from the U.S. Unlike the criminal court system, EOIR does not provide appointed counsel for individuals in immigration court, even if they are unable to retain an attorney on their own.

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## Missed Deadlines

- Some asylum seekers in the affirmative and defensive processes are unable to meet the one-year deadline. Some individuals have faced traumatic repercussions from their time in detention or journeying to the United States and may never know that a deadline even exists.
- Others are unable to meet the deadline due to systemic barriers, such as lengthy backlogs. In other cases, missing the one-year deadline is the sole reason the government denies an asylum application.
- Mental health assessments may document reasons (including cognitive impairment and severe emotional barriers) why they missed deadlines, allowing them to get an exception.

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## Credible Fear

- Individuals who are placed in expedited removal proceedings and who tell a Customs and Border Protection (CBP) official that they fear persecution, torture, in returning to their country or that they wish to apply for asylum should be referred for a credible fear screening interview conducted by an asylum officer.
- If the asylum officer determines that the asylum seeker has a credible fear of persecution or torture and can prove that he/she has a "significant possibility" of establishing eligibility for asylum or other protection under the **Convention Against Torture**. The individual will then be referred to immigration court and proceed with a defensive asylum application process.

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## Asylum Mental Health Evaluations

- The core point of an asylum evaluation is to demonstrate if the candidate has a well-founded fear of persecution based on a protected category if they were to return to their home country.
- Many candidates are not skilled at articulating their experiences in testimony.

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## Asylum Mental Health Evaluations

- The evaluator extracts, organizes, and tells their story and evaluates their credibility.
- Most candidates have had very traumatic experiences. Their stories are hard to tell and to hear.
- A diagnosis is not required but can assist the case. Past or current PTSD is common.

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## Asylum Mental Health Evaluations

- Physicians may be involved in evaluating the medical impact of torture, wounds, or other signs of persecution.
- Often, an attorney, investigator, or other assistant supplements the evaluation with country research and other information.

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## Asylum Mental Health Evaluations

- Not every asylum seeker needs a forensic mental health evaluation.
- The outcomes of these evaluations contribute to important decisions for the lives of these individuals as well as their families. These evaluations double or triple the chances of getting asylum.

Lustig, S.L., Kureshi, S., Delucchi, K.L. *et al.* Asylum Grant Rates Following Medical Evaluations of Maltreatment among Political Asylum Applicants in the United States. *J Immigrant Minority Health* **10**, 7–15 (2008). https://doi.org/10.1007/s10903-007-9056-8

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## When is a Neuropsychological Evaluation Needed in an Asylum Case?

- When there is neurological damage that is evidence of torture or other persecution.
- To explain cognitive impact of physical and emotional trauma and PTSD
- To explain impact of neuropsychological status (regardless of source) on ability to credibly and accurately recall and describe (in a written declaration and in oral testimony) the experiences of persecution and the fears

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## Neuropsychological Asylum Assessment in Cases of Torture

"Forms of torture that may affect the nervous system include beatings, gunshot wounds, stab wounds, asphyxiation, prolonged suspension and electrocution. Victims of torture commonly experience neurological symptoms such as headaches, vertigo, loss of consciousness and dizziness during and after torture. A successful and meaningful clinical interaction with a survivor of torture includes avoiding retraumatization, building trust, spelling out any limits on confidentiality, and above anything else, establishing empathy with the patient."

Moreno, A., & Grodin, M. A. (2002). Torture and its neurological sequelae. *Spinal cord*, *40*(5), 213–223. https://doi.org/10.1038/sj.sc.3101284

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## Asylum Evaluation Training

- Specialized training and ongoing professional network support is highly recommended for asylum work
- Initial training takes about 8 hours.
- Available free, live or virtual, from:
  - Physicians for Human Rights
  - Asylum Evaluation Training Initiative
- These and private trainers are listed in handout materials

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## Introductory Curriculum

CHA Cambridge Health Alliance | CHEEA Center for Health Equity Education and Advocacy | Health and Human Rights Initiative | PHR Physicians for Human Rights | Society of Asylum Medicine | UCSF

**Core Components**
(Estimated time 5-7 hours)

Pre-Assessment
Introduction
Module 1 Legal Background
Module 2 Trauma-Informed Interview
Module 3 Mental Health Evaluation
Module 4 Physical Evaluation
Module 5 Affidavit Writing & Testifying
Post-Assessment with Certificate

**Focused Components**

Module 6 Pediatrics
Module 7 Sexual & Gender-Based Violence
Module 8 Traumatic Brain Injury
Module 9 SOGI/LGBTQIA+ and Asylum
Module 10 Evaluations in Detention
Module 11 Vicarious Trauma
Supplemental Materials

ASYLUM MEDICINE TRAINING INITIATIVE

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## Mongolian Asylum Case

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teddjudd@gmail.com

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HNS
Hispanic Neuropsychological Society

**Hardship Waiver, VAWA, U-Visa Evaluations**

**Monica Oganes, Ph.D.**
Miami, Florida

MONICA OGANES & ASSOCIATES
NEUROPSYCHOLOGY & SCHOOL PSYCHOLOGY

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Waiver of Deportation on the Grounds that it would Cause an Extreme Hardship to a Qualifying Relative who is a US Citizen or Legal Resident (green card holder)

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## What are Deportation Waivers?

- There are 4 categories of deportation waivers:
  - Unlawful Presence
  - Crimes of Moral Turpitude
  - Fraud or Willful Misrepresentation
  - Violence Against Women Act
- Each waiver specified in the Immigration and Nationality Act (INA) is for a specific inadmissibility ground and each requires different categories of qualifying relatives.
- Generally, the lawyer or immigration agent making the referral will determine if these criteria are met.

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## What are Deportation Waivers?

- The evaluation is of the qualifying relative, not of the person in risk of deportation
- Waivers are reviewed by USCIS officers, and sometimes by EOIR.

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## What Is Extreme Hardship?

- Not defined either in the Immigration Regulations or Immigration and Nationality Act (INA) but case law has contributed to the meaning of extreme hardship
- Dependent upon the facts and circumstances of each case

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## Emotional and Psychological Hardship

Emotional and psychological impact considered in hardship waiver applications

- Sufficient hardship, as experienced by the person being evaluated, may be:
  - Exceptional (unusual in terms of probability of occurrence) and/or
  - Extreme (unusual in terms of gravity of harm)
- Must rise above the level normally caused by severing family and community ties
- Severe mental illness may be enough

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## Evidence of Extreme Hardship

- Medical records
- School records
- Financial records
- Employment or business ties
- Monthly expenditures
- Court documents
- Membership in community organizations
- Country condition reports
- Notarized affidavits

Ask attorney if they have this information. Not all need to be included in report. However, evidence helps to make a solid argument.

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## Factors Considered In Extreme Hardship

- The "common consequence" of the following is *not* extreme hardship:
  - Family separation
  - Economic detriment
  - Difficulties of readjusting to life in the new country
  - The quality and availability of educational opportunities abroad
  - Inferior quality of medical services and facilities
  - Ability to pursue a chosen employment abroad
- Factors that may be encountered must all be considered in their totality and in the aggregate.

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## Hardship Comprehensive, Multi-Method Assessment

- "Investigative" clinical interview
- Substantiate claims
  - Obtain collateral materials to support or challenge claims
- Appropriate test battery to address psycholegal questions
  - Cultural and linguistic validity
  - Neuropsych testing to evidence skill deficits underlying functional deficit and dependency on the applicant/immigrant
  - Adaptive Behavior
  - Children: Psychoeducational
- Credibility
  - Formal and systematic assessment of deception, feigning, malingering

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## Spouse or Parent as Qualifying Relative

- Conditions
  - Mental disorder (depression, anxiety) or mental deficiency (intellectual disability, cognitive decline)

Extreme hardship due to loss of help with:

- Physical Support at Home
  - Cooking, cleaning, laundry, lawnmowing
  - Childcare, drop off/pick up from school
  - Transportation
- Finances
  - Rent, utilities, phone, insurance, groceries
- Family Life
  - Attending children's sports games/practice, recitals, teacher meetings
  - Helping children with homework
  - Social activities with family & friends; leisure activities; dates
- Faith
  - Worship services, religious studies, ministries, religious gatherings

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## Children as Qualifying Relatives

Children with a deported parent more likely to have psychological and behavioral problems long term

- Child developmental hx and family hx / Clinical interview
  - Use various methods (open-ended, semi-structured, structured)
  - Developmental milestones, school performance, activities, socialization, family relations, parent/teacher reports
- Observation of parent-child relationship: Attachment
- Psych testing
  - Self-reports, formal assessment of attachment if needed (Child Attachment Interview), projective testing. Psychoeducational.
- Neuropsych eval if neuropsych disabilities contribute to hardship
- Collateral information
  - Educational (IEP, report cards) and relevant medical records, psych hx/records
  - Extracurricular activities

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## When Are Neuropsychology Skills Needed?

- Qualifying Relative has a neuropsychological disability (ID, stroke, dementia, ASD, ADHD, LD, etc.)
- Neuropsychologist does not need to make a diagnosis or establish a cause but establish a functional skill deficit and dependency on the applicant/immigrant.
- Neuropsychology is relevant when their disability (or language/culture/education) may impact their perceived credibility.
- Neuropsychology is relevant when the petitioner has a brain injury as a result of abuse (VAWA) or crime (U-Visa)

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- U-visas (crime victims)
- T-visas (victims of human trafficking)
- Competence to represent oneself
- Citizenship exam medical exemptions (Form N648)
- Question and Answer

teddjudd@gmail.com

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## Violence Against Women Act (VAWA) (1994)

**With help from**

**Monica Oganes, Ph.D.**
Miami, Florida

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# VAWA Eligibility

Immigrants may obtain a stay of deportation or apply for a green card or citizenship if they are, or were, the abused spouse or other qualifying family member of a U.S. citizen or permanent resident.

There are many details of eligibility best handled by an immigration attorney.

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# VAWA Eligibility

- **Spouse:** Individual may file for themself if they are, or were, the abused spouse of a U.S. citizen or permanent resident. They may also file as an abused spouse if their child has been abused by a U.S. citizen or permanent resident spouse. They may also include on their petition their unmarried children who are under 21 if they have not filed for themselves.
- **Parent:** Individual may file if they are the parent of a U.S. citizen, and they have been abused by their U.S. citizen son or daughter.
- **Child:** Individual may file for themself if they are an abused child under 21, unmarried, and have been abused by their U.S. citizen or permanent resident parent. Their children may also be included on the petition. They may also file for themself as a child after age 21 but before age 25 if they can demonstrate that the abuse was the main reason for the delay in filing.

Applicant is the victim (self-petition) *without the abuser's knowledge*

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# VAWA Assessment

A mental health assessment is often needed to document qualifying abuse such as:

- Violence
- forceful detention
- threatens that result in physical or mental injury
- psychological or sexual abuse or exploitation, including rape, molestation, incest if the victim was a minor, or forced prostitution
- extreme cruelty
- economic control
- isolation
- threats to take children away
- threats to get the victim deported if they were to report the abuse to law enforcement

This evaluation may be neuropsychological if there was neurological damage from the abuse (e.g., TBI from violence; anoxia from strangulation) or if the victim has neurologic impairment impacting their ability to give evidence.

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## VAWA Comprehensive, Multi-Method Assessment

- "Investigative" clinical interview
  - The relationship to the abuser
  - Residence with the abuser
  - Detailed description of the abuse
  - Good moral character
- Substantiate claims
  - Obtain collateral materials to support or challenge claims
- Appropriate test battery to address psycholegal questions
  - Cultural and linguistic validity
  - BDI-II, BAI, personality (MMPI-2, PAI), clinician-administered PTSD scale & self-rating symptom scale
  - Neuropsych testing to evidence brain injury as a result of abuse or limitations in ability to testify
- Credibility
  - Formal and systematic assessment of deception, feigning, malingering

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## GOOD MORAL CHARACTER

- Absence/presence of criminal history
- Employment history
- Family ties
- Education
- Law-abiding behavior (paying taxes)
- Community involvement (religious community, volunteer)
- Parenting responsibilities (attends school meetings)
- Compliance with legal requirements (probation)
- Credibility

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## Introduction to Forensic Immigration Neuropsychological Evaluations

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- Introduction
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teddjudd@gmail.com

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# U Visa: Crime Victims U Nonimmigrant Status
and
# T Visa: Victims of Trafficking T Nonimmigrant Status

**With help from**
**Monica Oganes, Ph.D.**
Miami, Florida

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## U Visa and T Visa
## Victims of Trafficking and Violence Protection Act of 2000
## Federal Rule, DHS, 2007

https://www.federalregister.gov/documents/2007/09/17/E7-17807/new-classification-for-victims-of-criminal-activity-eligibility-for-u-nonimmigrant-status

- Administered by Department of Homeland Security, with some delegation to other agencies.
- 4-year work visa on the condition of collaboration with law enforcement.
- Sometimes eligible for some federal benefits and for green card.

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## U Visa

The purpose of the U visa is to encourage victims of crime to help law enforcement investigate and prosecute crimes without the fear of being deported.

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# U Visa

Available to victims of certain crimes who have suffered substantial mental or physical abuse and are helpful to law enforcement or government officials in the investigation or prosecution of criminal activity occurred in the U.S.

- Abduction
- Abusive Sexual Contact
- Blackmail
- Domestic Violence
- Extortion
- False Imprisonment
- Female Genital Mutilation
- Felonious Assault
- Fraud in Foreign Labor Contracting
- Hostage
- Incest
- Involuntary Servitude
- Kidnapping
- Manslaughter
- Murder
- Obstruction of Justice
- Peonage
- Perjury
- Prostitution
- Rape
- Sexual Assault
- Sexual Exploitation
- Slave Trade
- Stalking
- Torture
- Trafficking
- Witness Tampering
- Unlawful Criminal Restraint
- Other Related Crimes*†

*Includes any similar activity where the elements of the crime are substantially similar. †Also includes attempt, conspiracy, or solicitation to commit any of the above and other related crimes.

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# T Visa

Human trafficking is defined as "the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purposes of subjection to involuntary servitude, peonage, debt bondage, or slavery" or "sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age."

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# U Visa, T Visa Comprehensive, Multi-Method Assessment

- "Investigative" clinical interview
  - Detailed description of the crime or trafficking
- Substantiate claims
  - Obtain collateral materials to support or challenge claims
- Appropriate tests to address psycholegal questions
  - Cultural and linguistic validity
  - BDI-II, BAI, personality (MMPI-2, PAI), clinician-administered PTSD scale & self-rating
  - Neuropsych testing to evidence brain injury as a result of crime, ability to testify, and disability accommodations (procedural safeguards)
- Credibility
  - Formal and systematic assessment of deception, feigning, malingering

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## Trainings

https://www.psychevalcoach.com

Hardship Waivers

VAWA - U VISA - T VISA

**Cancellation of Removal** (Evaluating Children)

Asylum Evaluations

Certification for Disability Exceptions (N-648)

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## Concluding Comments

- All evaluations are different
- Work with attorney to understand case law and approach
- Use a comprehensive, multi-method modality
- Use different instruments to confirm hypotheses/symptoms
- Use PVTs/SVTs/ethical practice
- Evaluate qualifying relative or petitioner accordingly and write about them
- Write report for adjudicator or immigration court judge; non-technical language

Immigration work can be very rewarding. Families are going through a difficult time and your work can make a difference.

Monica Oganes, Ph.D.
monica@monicaoganes.com

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## Introduction to Forensic Immigration Neuropsychological Evaluations

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teddjudd@gmail.com

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## Competence to Represent Oneself in Immigration Court

With help from

María Aparcero-Suaro, PhD
Forensic Psychologist
Patton State Hospital
Patton, CA


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## Competence to Represent Oneself in Immigration Court

Most immigrant detainees held in ICE facilities do not have legal representation, because immigration proceedings are under civil, not criminal, law. In 2005, Mr. Franco, an immigrant from Mexico with an IQ between 35 and 55, was found incompetent to stand trial, but was not appointed an attorney for his immigration proceedings. There resulted the Franco class action lawsuit. In 2013 a 9th Circuit federal judge ordered the U. S. government to provide legal representation for immigrant detainees in California, Arizona, and Washington who are incompetent to represent themselves due to a mental disorder or defect. Korngold, et al, 2015, J Am Acad Psychiatry Law 43:277–81

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Executive Office for Immigration Review ("EOIR")

Phase I of Plan to Provide Enhanced Procedural Protections to Unrepresented Detained Respondents with Mental Disorders

- This is Phase 1, 2013. Phase 2 has not been issued.
- Intended to be applied nationally
- Referral is by the judge, but the judge may hear evidence from any reasonable source (DHS evaluation or detention, agencies, attorneys, family, friends, employers)
- Criteria are laid out for judges to suspect incompetence and make a referral
- If found incompetent the judge must assign a "qualified representative" (not necessarily an attorney)

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Executive Office for Immigration Review ("EOIR")

Phase I of Plan to Provide Enhanced Procedural Protections to Unrepresented Detained Respondents with Mental Disorders

The following aspects of the evaluation are specified:

- Documentation that the court is to provide to the examiner
- Court to provide a qualified interpreter
- Qualifications of the examining professional
- Required duties of the professional
- Format and scope of the evaluation
- Payment
- Report standards
- Interview and exam template

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Executive Office for Immigration Review ("EOIR")

Phase I of Plan to Provide Enhanced Procedural Protections to Unrepresented Detained Respondents with Mental Disorders

A respondent is competent to represent him- or herself in a removal or custody redetermination proceeding if he or she has a:

1. rational and factual understanding of:
   a. the nature and object of the proceeding;
   b. the privilege of representation, including but not limited to, the ability to consult with a representative if one is present;
   c. the right to present, examine, and object to evidence;
   d. the right to cross-examine witnesses; and
   e. the right to appeal.

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Executive Office for Immigration Review ("EOIR")

Phase I of Plan to Provide Enhanced Procedural Protections to Unrepresented Detained Respondents with Mental Disorders

A respondent is competent to represent him- or herself in a removal or custody redetermination proceeding if he or she has a:

2. reasonable ability to:
   a. make decisions about asserting and waiving rights;
   b. respond to the allegations and charges in the proceeding; and
   c. present information and respond to questions relevant to eligibility for relief.

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## Competence to Participance And Represent Oneself in Immigration Court

- **ELIGIBILITY:** Immigration court respondents w/ significant impairment of the cognitive, emotional, or behavioral functioning who cannot meaningfully participate in their defense
- **LEGAL STANDARD**: *Matter of M-A-M* (2011): "Rational and factual understanding of the nature and object of the proceedings, can consult with the attorney or representative if there is one, and has a reasonable opportunity to examine and present evidence and cross-examine witnesses" (p. 474)
- **APPLICATION:** Indicia of incompetence brought by any reasonable source to the judge
- **BURDEN OF PROOF**: Competency determinations are fact-finding and non-adversarial proceedings (*Matter of J-S-S*, 2015) - if a preponderance of the evidence establishes that the respondent is competent
- **EVALUATION:** The evaluator must identify the functional psycholegal impairments and symptoms of mental disorder that are the cause of the incompetence. Referral may come from the judge, but often from defense attorneys

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## EOIR GUIDELINES (2013)

- If incompetent, judge provides procedural safeguards to protect right to proceeding (e.g., court-appointed legal representative; *Franco-Gonzalez v. Holder*, 2010, 2013)
- Judges rely on mental health professionals to assess competency and help them decide the need for safeguards

1. Rational and factual understanding of:
   a) The nature and object of the proceeding.
   b) The privilege of representation, including but not limited to, the ability to consult with a representative if one is present.
   c) The right to present, examine, and object to evidence.
   d) The right to cross-examine witnesses.
   e) The right to appeal.

2. Reasonable ability to:
   a) Make decisions about asserting and waiving rights.
   b) Respond to the allegations and charges in the proceeding.
   c) Present information and respond to questions relevant to eligibility for relief.

https://immigrationreports.files.wordpress.com/2014/01/eoir-phase-i-guidance.pdf

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## Fitness Interview Test - Immigration Court (FIT-IC; Aparcero Suero, 2023)

**Section I: Understand the Nature and Object of Proceedings**

1. Understanding of **key participants**
2. Understanding of **legal process**
3. Understanding of **court procedure**
4. Understanding of **arrest process**
5. Understanding of **current charges**
6. Understanding of **admitting or denying charges**

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## Fitness Interview Test – Immigration Court (FIT-IC; Aparcero Suero, 2023)

**Section II: Understand the Possible Consequences & Legal Rights**

7. Appraisal of **available defenses**
8. Appreciation of **possible outcomes**
9. Appraisal of **likely outcome**
10. Understanding and appreciation of **general procedural legal rights**
11. Understanding and appreciation of **privilege of representation**
12. Understanding and appreciation of **right to appeal**
13. Understanding right to **present/examine/object to evidence, cross-examine witnesses**

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## Fitness Interview Test – Immigration Court (FIT-IC; Aparcero Suero, 2023)

**Section III: Communication & Decision Making**

14. Capacity to **plan strategy**
15. Capacity to **communicate facts, present/examine/object to evidence**
16. Capacity to **testify relevantly**
17. Capacity to **challenge witnesses**
18. Capacity to **manage courtroom behavior**

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## Fitness Interview Test – Immigration Court (FIT-IC; Aparcero Suero, 2023)

**Section IV: Communicate with Counsel**

19. Capacity to **relate/work with lawyer/legal representative**
20. Capacity to **make rational decisions regarding handling of their case**

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## Fitness Interview Test – Immigration Court (FIT-IC)

**Section I: Understand the Nature and Object of Proceedings**

1. Understanding of key participants
2. Understanding of legal process
3. Understanding of court procedure
4. Understanding of arrest process
5. Understanding of current charges
6. Understanding of admitting or denying charges

**Section II: Understand the Possible Consequences & Legal Rights**

7. Appraisal of available defenses
8. Appreciation of possible outcomes
9. Appraisal of likely outcome
10. Understanding and appreciation of general procedural legal rights
11. Understanding and appreciation of privilege of representation
12. Understanding and appreciation of right to appeal
13. Understanding right to present/examine/object to evidence, cross-examine witnesses

**Section III: Communication & Decision Making**

14. Capacity to plan strategy
15. Capacity to communicate facts, present/examine/object to evidence
16. Capacity to testify relevantly
17. Capacity to challenge witnesses
18. Capacity to manage courtroom behavior

**Section IV: Communicate with Counsel**

19. Capacity to relate/work with lawyer/legal representative
20. Capacity to make rational decisions regarding handling of their case

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## Related Issue: Ability to Testify on One's Own Behalf


- This type of referral may come from attorneys or immigration agents
- Is the respondent impaired in their ability to tell their story coherently and answer questions accurately?
- Are there aspects of their presentation that might give an inaccurate impression of deception, lying, or withholding information?
- Are there disability accommodations that could allow them to testify more accurately?

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## Considerations for Franco Competency Evaluations

(Aparcero Suero, 2023)

- Some overlap w/ *Dusky* criteria in criminal court, but unique elements, including those related to self-representation (i.e., examining and presenting evidence and cross-examining witnesses)
  - A more active involvement is expected in immigration court, burden of proof on the respondent
- Proceedings will continue even when respondent is incompetent as long as safeguards are put in place "to warrant a fair proceeding"
- Legal impairments arise as a result of psychopathology or poor cognitive abilities, evaluators should routinely assess examinee's mental health and cognitive functioning to inform opinions about competency

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## Considerations for Franco Competency Evaluations

(Aparcero Suero, 2023)

- Distinguishing lack of knowledge of legal information versus impaired functional abilities
  - Many immigrants lacked a basic understanding of the immigration court system
  - Important to provide education as part of the evaluation to differentiate incompetence from lack of familiarity
- Most Latin American immigrants lacked an understanding of the adversarial nature of the IC proceedings
  - At risk of sharing potentially damaging information with the gov´s attorney
  - Worrisome given the high rates of self-representation in immigration court (EOIR, 2022)
- Respondents may hold misconceptions regarding the immigration legal system based on their knowledge of the criminal justice system

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## Related Issue: Ability to Testify on one's Own Behalf

This type of referral may come from attorneys or immigration agents

Is the claimant impaired in their ability to tell their story coherently and answer questions accurately?

Are there aspects of their presentation that might give an inaccurate impression of deception, lying, or withholding information?

Are there disability accommodations (procedural safeguards) that could allow them to testify more accurately?

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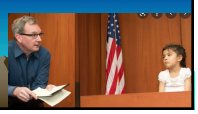
## Summary: Evaluations for Competence to Represent Oneself in Immigration Court

Similar to Competence to Stand Trial Evaluations, but with important differences:

- There is little literature and precedent in this area because it is relatively new
- Related to the question of ability to testify on one's own behalf
- May help to set precedent regarding the expectation that children can represent themselves
- María Aparcero-Suero's FIT-IC in English and Spanish is the only current instrument for this process.



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**Medical Certification for Disability Exceptions**

**Department of Homeland Security**
U.S. Citizenship and Immigration Services

**USCIS**
**Form N-648**
OMB No. 1615-0060
Expires 09/30/2027

# US Citizenship Test Medical Exclusion Exam

(Form N648)

With help from

Katrina Belen, PsyD
Private Practice,
Dallas, TX

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## US Citizenship Test Medical Exclusion Exam Outline

1. Administrative guidelines.
2. Common diagnoses and interview techniques.
3. Multilingual diagnostic testing strategies.
4. Functional testing aligned with citizenship requirements.
5. Completion of Immigration Form N648.
6. Incidental findings and clinical reports.
7. Teleneuropsychology.
8. N648 evaluations for teaching cultural neuropsychology.

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## US Naturalized Citizenship Requirements

- Usually 5 years of legal residency (Green card)
- Lengthy application: Form N-400—14 pages
- $710 fee
- Interview with USCIS officer
- Exam of English and US history and civics
- Oath of Allegiance (oath of citizenship)

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## US Naturalized Citizenship Exam Exceptions

- >50 years old + >20 years residency or
- >55 years old + >15 years residency
  English is not required
- >65 years old + >20 years residency:
  easier civics and history questions
- Medical exemption due to disability (Form N-648)

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## Citizenship Exam Components:

- Oral English
- Reading English
- Writing English
- US History and Civics
  - 100 Questions
  - If >65 years old + >20 years residency: 20 Easy Questions

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## The N648 Medical Exception to the Citizenship Exam Evaluation

"An applicant is eligible for this exception if they are unable to learn and/or demonstrate knowledge of English and/ or U.S. history and civics because of a physical or developmental disability, or mental impairment (or a combination of impairments). The disability and/or impairment must result from anatomical, physiological, or psychological abnormalities, which can be shown by medically acceptable clinical and laboratory diagnostic techniques. The disability and/or impairment must result in functioning so impaired that the applicant is unable to demonstrate the required knowledge."

Instructions for Form N-648

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## The N648 Medical Exception to the Citizenship Exam Evaluation

- The form may be completed only by MDs, DOs, and licensed psychologists.
- Most evaluators:
  - Don't know much about how to do it
  - Do a MoCA and call it done
  - Don't use PVTs/SVTs
  - Don't discriminate among the components of the citizenship exam

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## The N648 Medical Exception to the Citizenship Exam Evaluation

- The form may be completed only by MDs, DOs, and licensed psychologists.
- Most evaluators:
  - Don't know much about how to do it
  - Do a MoCA and call it done
  - Don't use PVTs/SVTs
  - Don't discriminate among the components of the citizenship exam

Neuropsychologists can do much better than that!!

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## Medical Exemption Components:

- Diagnosis with nexus (causal connection) to
- Disability that prevents demonstrating knowledge of English and/or US history and civics

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## Exemption Exam Components:

- **Diagnosis is *usually* determined *mostly* by history and medical exam and *sometimes* by psychological testing**
- **Disability is *usually* determined *mostly* by history of adaptive functioning and *also* by psychological testing**

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## The Population

- Primarily elderly immigrants, brought by their children.
- Often limited education and acculturation.
- Also some younger clients with disorders acquired earlier in life.
- Often these conditions have not been previously professionally identified.

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## Most Common Diagnoses 1

- Vascular dementia (risk factors: diabetes, high blood pressure, high cholesterol, obesity, stress, smoking)
- Other dementias (Alzheimer's disease and others)
- Strokes
- Traumatic brain injuries (TBI)

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## Most Common Diagnoses 2

- Post-traumatic stress disorder (PTSD)
- Depression
- Toxicities (Pesticides, heavy metals)
- Encephalitis (brain infection: malaria falciprum, cysticercosis, meningitis)
- Intellectual disability
- Learning disability

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## Special Considerations in Diagnostic History: Dementias

- Often considered "normal aging"
- Some cultures have low expectations for elder participation
- Some are reluctant to say anything bad about elders
- Metabolic syndrome and mild vascular dementia are common, even without obesity. It may be "hidden" if they are not getting medical care.

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## Special Considerations in Diagnostic History: TBI-1

- It helps to ask about specific causes: falls, assaults, traffic collisions, work injuries
- Specific mechanisms may differ from US expectations: falls from trees, encounters with animals, pedestrian and cyclist injuries, unsafe workplaces
- Common that they may not receive medical attention, even for severe injuries

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## Special Considerations in Diagnostic History: TBI-2

- Use collateral historians when possible
- Bracket the PTA: last thing remembered before, first thing afterwards
- For non-quantitative thinkers, relate it to time of day or events or places
- Ask about changes

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## Special Considerations in Diagnostic History: PTSD, Depression

- Familiarize yourself with idioms of distress, such as “too much thinking”
- Normalize it, “Some people, after bad experiences, carry it heavy on their hearts for a long time. They may dream about it. Does that happen for you?”
- It is not psychotherapy or an asylum eval; you don’t need to get the story of the trauma, just the impact.

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## Special Considerations in Diagnostic History: Toxicities

- Organophosphate pesticides: Backpack sprayers without protection; overflights. acute symptoms: headache, dizziness, nausea, vomiting, sweating. Chronic symptoms: anxiety, depression, attention, memory.
- Heavy metals
- Glues, paints

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## Special Considerations in Diagnostic History: Malaria

- Currently mostly Africa, but historically most tropical areas
- Chills and fever cycling over several days
- If comatose or amnestic and changes noted then cerebral malaria is more likely

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## Special Considerations in Diagnostic History: Intellectual Disability

- Often unrecognized, even if schooled
- Compare to siblings and other peers in schooling and adaptive behavior
- If unschooled, ask about religious schooling memorizing prayers, etc.
- Ask about malnutrition, early childhood illnesses and injuries, etc.

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## Special Considerations in Diagnostic History: Learning Disabilities

- Difficulty learning literacy relative to peers.
- Slow, labored reading in native language.
- Difficulty with reading and repeating non-words and foreign words.
- May be "hidden" with transparent orthographies (Spanish, Korean) or ideographic systems (Chinese, Japanese Kanji), but emerge in trying to learn the opaque orthography of English.

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## Skills for Completing an N648 Exam

- Knowledge of or access to neuroepidemiology and cultural profile of the country/community of origin of the evaluee.
- Cross-cultural skill in taking neuropsychological history to discover brain insults and recognize their neuropsychological manifestations.
- Skill in evaluating adaptive behavior in different cultural contexts.
- Knowledge of adult learning including second language acquisition.
- Second language clinical competence and/or interpreter use clinical competence.

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## Interview

- Know your client's background in advance (epidemiology of the population, circumstances of refuge, etc.)
- Use a collateral source of information (e.g., family).
- Cultural, linguistic, educational, and immigration background.
- Search for a probable diagnosis, preferably from medical records, but may require detective work in the interview.

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## Interview

- Adaptive behavior, particularly with respect to attempts to learn English, everyday memory, and abilities pertinent to the diagnosis and disability.
- Determine that the disability is not due to the illegal use of drugs.
- Much of a typical medical or mental health interview may not be pertinent.

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## Testing for Disability:
Focus on the Issues: Memory, Language components

Generally not necessary to test:

- Orientation
- Attention
- Visual-spatial skills
- Executive functions
- Reasoning
- Emotional status, unless that is your primary diagnosis (e.g., PTSD, depression)

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## Testing for Disability:
Focus on the Issues: Memory, Language components

Cognitive screeners are often culturally problematic and often include irrelevant skills:

MMSE

MoCA

SLUMS

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**Testing for Disability:**
Focus on the Issues: Memory, Language components

- A robust, cross-cultural memory test:
  - –Fuld Object Memory Evaluation
  - –Common Objects Memory Test
  - –Recall of Pictures Test

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**Testing for Disability:**
Focus on the Issues: Memory, Language components

- An intelligence estimate (*only* if the qualifying diagnosis is intellectual disability)
  - –Test of Nonverbal Intelligence-4 (TONI-4)
  - –Raven's Coloured Matrices

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**Testing for Disability:**
Focus on the Issues: Memory, Language components

- An adaptive behavior measure (optional)
  - –Informant Questionnaire for Cognitive Decline in the Elderly
  - –World Health Organization Disability Assessment Scale II (WHODAS II)

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## Testing for Disability: Focus on the Issues

- A focused emotional status measure when pertinent to the qualifying diagnosis (optional)
  - Refugee Health Screening-15 (RHS-15)
  - Harvard Trauma Questionnaire
  - Patient Health Questionnaire-9 (PHQ-9)
  - Generalized Anxiety Disorder-7 (GAD-7)

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## Testing for Disability: Focus on the Issues: Memory, Language components

- Native language (or language of education) literacy
- English literacy components of citizenship exam
- Civics questions (in English or, more often, in preferred language)

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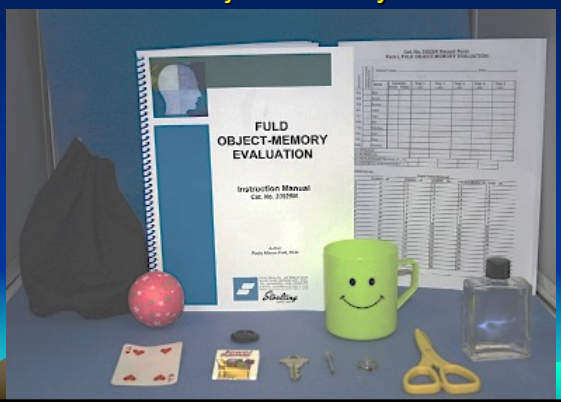
## Tests: Fuld Object Memory Evaluation

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## Fuld Object Memory Evaluation

- *Ball*
- *Bottle*
- *Button*
- *Card*
- *Cup*
- *Key*
- *Matches*
- *Nail*
- *Ring*
- *Scissors*

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## Fuld Object Memory Evaluation

- The person reaches into a bag containing 10 common objects and identifies each object by touch (a tactile integration and object-naming task). The objects are returned to the bag and the person is asked to recall them. Reminders are given of the items missed, with interference tasks between the 5 learning trials. 5 minute delayed recall.

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## Fuld Object Memory Evaluation

- Circumvents sensory deficits which often hamper assessment of geriatric patients
- Circumvents translation issues because the person gives their own words for the objects
- Very sensitive to changes in verbal learning and memory as a result of dementia (Fuld, Masur, Blau, Crystal, & Aronson, 1990).
- Empirically validated with non-English speaking elders in Austria (Jungwirth, Fischer, Weissgram, Kirchmyr, Bauer, & Tragl, 2004), China (Zhou, Hong, Zeng, Huang, & Wang, 2003), Finland (Ylikoski, Ylikoski, Erkinjuntti, Sulkava et al., 1993) Japan (Fuld, Muramoto, Blau, Westbrook et al., 1988). Norms are by age.

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## Fuld Object Memory Evaluation

- My unnormed 2-alternative forced choice recognition memory task for the 10 items of the Fuld is a screening test for inadequate test effort. It follows the design of 2-alternative forced choice recognition memory common to many malingering tests.

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## Fuld Object Memory Evaluation

2-alternative forced choice recognition memory

- *Telephone—Ball*
- *Bottle—Flower*
- *Coin—Button*
- *Card—Stamp*
- *Spoon—Cup*
- *Key—Stone*
- *Stick—Matches*
- *Nail—Pencil*
- *Watch—Ring*
- *Scissors—Knife*

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## Alternative Tests

- Common Objects Memory Test
- Recall of Pictures Test
- Foto Test
- Rowland Universal Dementia Assessment Scale (RUDAS)
- Brief Community Screening for Dementia
- European Cross-Cultural Neuropsychological Battery
- World Health Organization Disability Assessment Scale II (WHODAS II)
- Harvard Trauma Questionnaire
- Refugee Health Screening-15 (RHS-15)

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What were the pictures I just showed you?

153

Now I am going to show you the same pictures again.

You will have 30 seconds to look at them.

Afterwards, I will ask you to remember them again.

154

155

What were the pictures I just showed you?

156

## Recall of Pictures Test (RPT) Sequence of Administration

1. Presentation and picture naming
2. Incidental learning recall
3. Second presentation for 30 seconds
4. Second recall
5. Third presentation for 30 seconds
6. Third recall
7. 5-minute delay
8. Delayed recall
9. Recognition

157

## Recall of Pictures Test (RPT) Quick Review

Advantages:

- Fairly fast
- Reasonable data
- Insensitive to language, culture, level of education
- Sensitive to dementia (and to age)
- Part of European Cross-Cultural Neuropsychological Test Battery (ECNTB)
- Free, public domain

Disadvantages

- Can be difficult visually for some (telepsych with small screen, visual acuity, familiarity)
- No data yet for younger adults

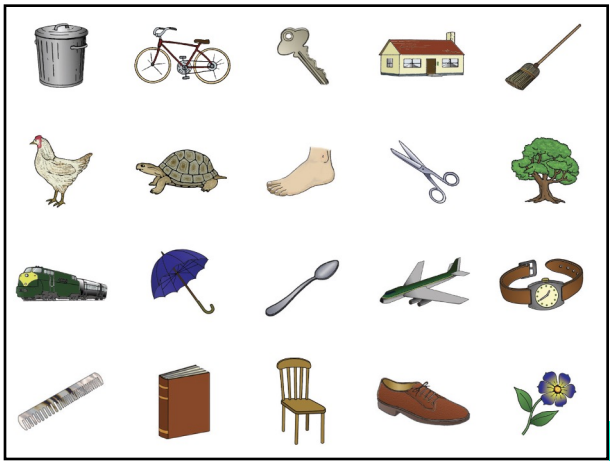
158

## What were the pictures I showed you before?

159

- Now I am going to show you some more pictures.
- Some of these are the pictures I showed you before.
- Some of them are new pictures.
- Please tell me which ones I showed you before.

160



161

## Informant Questionnaire on Cognitive Decline in the Elderly

- 27 or 16 items regarding everyday memory, attention, and executive functions.
- The informant rates the person compared to 10 years ago:
  1. Much improved
  2. A bit improved
  3. Not much change
  4. A bit worse
  5. Much worse
- An average change score of 3 indicates no change, > 3 indicates decline, > 3.31 is consistent with dementia.
- The IQCODE is sensitive to dementia and insensitive to levels of education and acculturation. It is free in 15 languages at http://www.anu.edu.au/iqcode/.

162

## Informant Questionnaire on Cognitive Decline in the Elderly

- Remembering things about family and friends e.g. occupations, birthdays, addresses
- Recalling conversations a few days later
- Remembering where things are usually kept
- Handling money for shopping
- Making decisions on everyday matters
- Learning to use a new gadget or machine around the house
- Remembering what day and month it is

163

## Literacy and Naming Tests

- Formal or informal tests of native language literacy and confrontation naming may be used to help document learning disabilities or language impairments.
- Example: reading in their native language from a newspaper or from material downloaded from the Internet. Writing a short sentence in their language. Accuracy confirmed by interpreter.
- Boston Naming Test, qualitative interpretation
- Woodcock Johnson—IV Language Proficiency

164

## Reading in Their Literate Language: Omniglot

http://www.omniglot.com/writing/russian.htm

- **Sample text in Russian**
- Все люди рождаются свободными и равными в своем достоинстве и правах. Они наделены разумом и совестью и должны поступать в отношении друг друга в духе братства.
- **Transliteration**
- Vse lyudi rozhdayutsya svobodnymi i ravnymi v svoyem dostoinstve i pravakh. Oni nadeleny razumom i sovest'yu i dolzhny postupat' v otnoshenii drug druga v dukhe bratstva.
- A recording of this text by Yuri from Belarus

165

## Reading in Their Literate Language: Omniglot

https://www.omniglot.com/writing/armenian.htm

**Sample text in Western Armenian (by Nareg Seferian)**

Բոլոր մարդիկ կը ծնուին ազատ եւ հաւասար իրենց արժանապատուութեամբ եւ իրաւունքներով: Իրենք օժտուած են բանականութեամբ ու խիղճով, եւ պարտաւորուած են միմեանց հանդէպ եղբայրութեան ոգիով վարուիլ:

**Transliteration**

Polor martig gy' dz'nowin azad ew hawasar irenc arjhanabadowowt'eamp ew irawownqnerov. Irenq o'jhtowadz' en panaganowt'eamp ow xightwov, ew bardaworowadz' en mimeanc hante'b eghpayrowt'ean oqiov varowil.

**Translation**

All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

*(Article 1 of the Universal Declaration of Human Rights)*

166

## The Citizenship Reading Test

- Presented with 3 sentences composed from the designated vocabulary.
- If the candidate can read one of them aloud accurately, they pass.
- Accents are allowed. The officer has to be able to understand what they were saying.
- Comprehension is not tested.

167

(rev. 08/08)

U.S. Citizenship and Immigration Services

**Reading Vocabulary for the Naturalization Test**

| PEOPLE | CIVICS | PLACES | HOLIDAYS | QUESTION WORDS | VERBS | OTHER (FUNCTION) | OTHER (CONTENT) |
|---|---|---|---|---|---|---|---|
| Abraham Lincoln | American flag | America | Presidents' Day | How | can | a | colors |
| George Washington | Bill of Rights | United States | Memorial Day | What | come | for | dollar bill |
| | capital | U.S. | Flag Day | When | do/does | here | first |
| | citizen | | Independence Day | Where | elects | in | largest |
| | city | | Labor Day | Who | have/has | of | many |
| | Congress | | Columbus Day | Why | is/are/was/be | on | most |
| | country | | Thanksgiving | | lives/lived | the | north |
| | Father of Our Country | | | | meet | to | one |
| | government | | | | name | we | people |
| | President | | | | pay | | second |
| | right | | | | vote | | south |
| | Senators | | | | want | | |
| | state/states | | | | | | |
| | White House | | | | | | |

168

## The Citizenship Writing Test

- 3 sentences composed from the designated vocabulary are dictated.
- If the candidate can write one of them accurately, they pass.
- Spelling errors are allowed. The officer has to be able to understand what they have written.

169

(rev. 08/08)

U.S. Citizenship and Immigration Services

**Writing Vocabulary for the Naturalization Test**

| PEOPLE | CIVICS | PLACES | MONTHS | HOLIDAYS | VERBS | OTHER (FUNCTION) | OTHER (CONTENT) |
|---|---|---|---|---|---|---|---|
| Adams | American Indians | Alaska | February | Presidents' Day | can | and | blue |
| Lincoln | capital | California | May | Memorial Day | come | during | dollar bill |
| Washington | citizens | Canada | June | Flag Day | elect | for | fifty/50 |
| | Civil War | Delaware | July | Independence Day | have/has | here | first |
| | Congress | Mexico | September | Labor Day | is/was/be | in | largest |
| | Father of Our Country | New York City | October | Columbus Day | lives/lived | of | most |
| | flag | United States | November | Thanksgiving | meets | on | north |
| | free | Washington | | | pay | the | one |
| | freedom of speech | Washington, D.C. | | | vote | to | one hundred/100 |
| | President | | | | want | we | people |
| | right | | | | | | red |
| | Senators | | | | | | second |
| | state/states | | | | | | south |
| | White House | | | | | | taxes |
| | | | | | | | white |

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## Simulation of the Citizenship Reading and Writing Tests

(available in the handouts)

- George Washington was the first President of the United States of America.
- He was the Father of our Country.
- He is on the dollar bill.
- Citizens elect Senators by voting in the state they live in.
- Abraham Lincoln was the President of the north.
- The American flag is red, white, and blue.

171

## Simulation of the Citizenship Reading and Writing Tests

A can the come do dollar who meet

pay vote flag for right name state city

C s R o L t p b r

u F q E w B H

2 5 3 7 1 9 8 6 4

172

## Simulation of the Citizenship Reading and Writing Tests

Have them read a few sentences.

Judge their abilities.

If they can't read the sentences, try primer words, letters, digits.

If they can't read, most likely they can't write.

If they can read, test writing by dictating one or more sentences.

174

## Citizenship Reading and Writing Tests: Outcomes

Separately for reading and writing:

They can pass

They can't pass but they can learn

They can't pass or learn

175

## Citizenship Test of US Civics and History

E = one of the 20 easy questions

- Why does the US flag have 50 stars? E
- What is the capital city of the United States?
- Who makes the laws in the United States?
- What are the two parts of the U.S. Congress? E
- What are the two major political parties in the United States? E
- How old do citizens have to be to vote for President? E
- When do we celebrate Independence Day? E
- What does the Constitution do?
- How many justices are on the Supreme Court?

176

## Inferring Disability

- Whether or not a disability is sufficient to make someone unable to learn English, civics, and history, is a clinical judgment based upon the physician or psychologist's knowledge of disability, cognition, education, culture, and the Citizenship Examination.
- There are no absolute test scores, specific tests, or cut-offs specified by regulation.
- It is critical that the responses on the N-648 form explicitly state the connection between the disability and the inability to learn (the Nexus).

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## Inferring Disability

- "Illiteracy and advanced age alone are not valid reasons to seek an exception from the English and/or civics requirements."
- Personal opinion: These can be taken into account as relevant if the combination of a medical condition impairing learning ability, illiteracy, age, and/or lack of access to competent instruction or materials in their totality mean that the person will be unable to learn, then you can qualify them, because there is a medical condition that contributes critically to the causality.

178

## Inferring Disability

Personal opinion: You can also take into account the relative difficulty of learning English from their language. I have no firm data on this, but the Foreign Service Institute (FSI) has created a list to show the approximate time you need to learn a specific language as an English speaker. http://www.effectivelanguagelearning.com/language-guide/language-difficulty.

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## Relative Language Difficulty

http://www.effectivelanguagelearning.com/language-guide/language-difficulty

1. 575-600 hours to learn: French, Spanish, Norwegian
2. 750 hours: German
3. 900 hours: Swahili, Indonesian
4. 1100 hours: Amharic, Bosnian, Burmese, Hindi, Khmer, Lao, Nepali, Persian, Russian, Turkish, Vietnamese
5. 2200 hours: Arabic, Chinese, Japanese, Korean

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## Oath of Allegiance

(oath of citizenship)

I hereby declare, on oath, that I absolutely and entirely renounce and abjure all allegiance and fidelity to any foreign prince, potentate, state, or sovereignty, of whom or which I have heretofore been a subject or citizen; that I will support and defend the Constitution and laws of the United States of America against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I will bear arms on behalf of the United States when required by the law; that I will perform noncombatant service in the Armed Forces of the United States when required by the law; that I will perform work of national importance under civilian direction when required by the law; and that I take this obligation freely, without any mental reservation or purpose of evasion; so help me God.

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## Oath of Allegiance

(plain language)

- I promise to completely give up all loyalty to leaders and governments of other countries where I was a subject or citizen before.
- I promise that I will protect the Constitution and all laws from all enemies, from other countries, or from inside the United States.
- I promise that my loyalty is to the United States only.
- I promise I will use a weapon if the U.S. government asks me to.
- I promise to serve in the military performing duties other than combat if the U.S. government asks me.
- I promise to do other non-military work that is important to the country if the U.S. government asks me.
- I promise, before God, all this without influence from anyone or hesitation.

182

## Oath of Allegiance

- Waiver for "inability to understand or communicate the meaning of the oath due to a physical or developmental disability or mental impairment."
- There is little clear guidance on these criteria.
- There is great variability in how officers examine candidates on their comprehension of the Oath.
- We can anticipate that this will generally become more difficult.

183

## Oath of Allegiance

- There is a check box on the N648 form.
- If someone is disabled from the oath, a legal guardian, surrogate, or an eligible designated representative completes the naturalization process for the applicant. This may be a documented first-degree relative US citizen with primary custodial care.

184

## Oath of Allegiance

- The USCIS website has educational materials to prepare the candidate for the oath. We can recommend that they study them.
- There are religious oath waivers available (pacifists, those who do not believe in swearing "under God.") The waiver letter is usually from a religious leader, not a psychologist.

185

## Incidental Findings

Your evaluation may reveal symptoms, diagnoses, or needs not identified by the evaluee's physician. You may feel obliged to:

- Report findings and recommendations to the primary care provider.
- Refer on to social service agencies.
- Educate or counsel evaluees and/or their families.

186

## The Result

The new citizen! This proud Somali I had evaluated eagerly sought me out to show me his citizenship certificate and to thank me. He was pleased that I would use his photo for this purpose.

187

## The N648 Form

188

## The N648 Form Clinical Questions

**Question 1.** DSM or ICD diagnoses of all disabilities and describe how they affect applicant's ability to meet English and civics requirements.

189

## Question 1

290.40 (F01.5) Major Vascular Neurocognitive Disorder
According to DSM-5, a Major Vascular Neurocognitive Disorder is a significant decline from a previous cognitive level based on concern of the individual, an informant, or clinician and a substantial impairment in cognitive test performance. The cognitive deficits interfere with independent activities. The decline is related to cerebrovascular disease (insufficient blood flow to the brain, tiny strokes). Testing found that this disorder has impaired her memory and learning so severely that Ms. Immigrant is unable to learn English or U.S. history and government even in Punjabi.

190

## The N648 Form Clinical Questions

**Question 2.** What clinical or lab techniques did you use to diagnose the disabilities?

- Medical records, labs, images
- Interviews
- Tests (list)

192

## The N648 form Question 2: Sample Language

Standard professional diagnostic methods: Review of medical records. Clinical interviews of Mr. Mohammed and his son. Standard cognitive and functional tests: the Recall of Pictures Test, semantic verbal fluency testing, the Montreal Cognitive Assessment, the Informant Questionnaire for Cognitive Decline in the Elderly, reading and writing abilities in English and in Mr. Mohammed's native language of Arabic, and the citizenship U.S. history and civics questions.

193

## Disability Accommodations Letter

This letter accompanies the N648 form for Jane Immigrant and explains her need for disability accommodations in her citizenship interview and testing. Ms. Immigrant has vascular dementia that is a disability that requires accommodation as specified in the USCIS Policy Manual (https://www.uscis.gov/policymanual/HTML/PolicyManual-Volume1-PartA-Chapter11.html). Ms. Immigrant's disability requires the following accommodations:

194

## Disability Accommodations Letter

**INTERVIEW DISABILITY ACCOMMODATIONS:** Ms. Immigrant will need disability accommodations in interview. Her memory loss is so severe that she is likely to make errors of time and place in recalling details of her life. These errors are to be regarded as symptoms of her disease and disability and not as discrepancies from available records.

195

## Disability Accommodations Letter

Also, Ms. Immigrant's disability is so severe that she is dependent upon family members for arrangements regarding health care appointments and legal matters such as the citizenship application. She may not be aware of the referral process that resulted in this evaluation. Such a lack of awareness should be regarded as a consequence of her disability that should be accommodated as a disability accommodation. It should not be regarded as a discrepancy that would be cause for rejecting this N648 form.

196

## Disability Accommodations Letter

Ms. Immigrant is not a quantitative thinker, and any communication involving numbers beyond single digits is likely to produce only approximate answers and understanding. For example, it is quite likely that there will be only a very approximate correspondence in any attempt to get her to identify when various events occurred. She will not be likely to do accurate math to make her age and the year of an event correspond. She probably does not think much about what year and what age various events occurred. For example, she may not recognize it as a discrepancy if, in 2025, she is asked, "When did that occur?" and she answers, "In 2015" and then if she is asked, "How long ago was that?" and she answers, "7 years ago."

197

## Disability Accommodations Letter

Also, because she has memory loss for her traumatic brain injury, she will not be able to report on details of that injury very well.

198

## Disability Accommodations Letter

- Ms. Immigrant has posttraumatic stress disorder (PTSD) that is a disability that requires the following accommodations:
- An off-site examination at a location that Ms. Immigrant finds less intimidating (home, her psychotherapist's office, or her place of worship).
- The presence of a support person (family member, friend, psychotherapist, or other professional) during the entire exam who may offer comfort but not answers.
- Minimal waiting time.
- A quiet setting.
- An officer who makes extra effort to be non-intimidating, relaxed, and without time-pressure on the exam.
- The opportunity to take breaks during the exam in order to practice relaxation and to get reassurance from her support person. These may be initiated by Ms. Immigrant, the support person, or the officer.
- Because of her PTSD, the following panic triggers should be avoided:

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## Telepsych Recommendations

Better to have the interpreter on a separate screen

List as “phone interpreter” on the N648 (that way the interpreter doesn’t have to sign)

Location of exam is where the client is located

Have client use a headset if hard of hearing or for better privacy

Gallery Mode works best

Common Objects Memory Test works best

200

## Using N648 Evaluations for Teaching Multicultural Skills

- All evaluees are non-English speaking
- They are motivated
- The evaluation is brief but thorough
- The student gets the chance to practice all major components of cross-cultural work
- The student gets exposed to a wide variety of evaluees with many backgrounds
- The evaluee and referring agency get a valued and needed service
- The work is intrinsically rewarding, although it can be challenging with respect to clinical skills, cultural skills, ethics, countertransference, and logistics.

201

## Bonus Tests!: Specialized Procedures
(Judd, not normed or validated)

English Pronunciation “Test”

Name Memory “Test”

202

## English Pronunciation “Test”

These two sentences contain all of the phonemes of English

In this “test” you say each word one at a time and ask the candidate to repeat it. This gives you an impression of their capacity for English phonology.

That quick beige fox jumped in the air over each thin dog. Look out, I shout, for he's foiled you again, creating chaos.

203

## Name Memory “Test”

Relst Eltai Garthin Ardula

Teach the names through:

1. Repetition
2. Recognition with written names present
3. Recognition with written names absent
4. Recall of 2 names, then add in 3rd and 4th as these are learned
5. Delayed recall of names
6. Delayed recognition of names
7. 2-alternative forced choice recognition of names as informal validity probe

204

# Name Memory "Test"

Teach the names through:
1. Repetition
2. Recognition with written names present
3. Recognition with written names absent
4. Recall of 2 names, then add in 3rd and 4th as these are learned
5. Delayed recall of names
6. Delayed recognition of names
7. 2-alternative forced choice recognition of names as informal validity probe

205

# Name Memory "Test"

Relst Fred Eltai Jane Joe Garthin Sara Ardula

Teach the names through:
1. Repetition
2. Recognition with written names present
3. Recognition with written names absent
4. Recall of 2 names, then add in 3rd and 4th as these are learned
5. Delayed recall of names
6. Delayed recognition of names
7. 2-alternative forced choice recognition of names as informal validity probe

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# Conclusions

- Forensic immigration neuropsychological evaluations are a field of great importance, high stakes, high need, underserved, and underdeveloped.
- We are particularly suited to N648 evaluations and these are skills that are within our grasp.
- Our field has great potential to contribute to improved disability rights and social justice through vigorous application of our professional skills.

207

What questions do you have?

(there are no dumb questions)

Any question you ask will not be held against you.

teddjudd@gmail.com

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KIITOS! Dankn! Toda!

TAKK! KOPUN KAP

Merci! GRACIAS! Mahalo!

Xiè xiè! Obrigado!

Arigato!

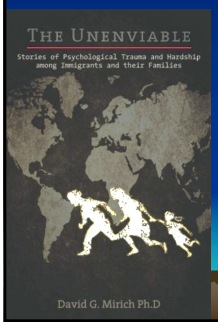
Danke! Grazie!

Thank you! Mèsí!

209

**Introduction to Forensic Immigration Neuropsychological Evaluations: Focus on US Citizenship Exam Disability Exemptions**

AACN American Academy of Clinical Neuropsychology




Video Recording April, 2025

Live presentation AACN conference, 6/13/25, Chicago

Tedd Judd, PhD ABPP
Diplomate in Clinical Neuropsychology
Certified Hispanic Mental Health Specialist
teddjudd@gmail.com
(360) 543 8333
Seattle Pacific University
Justice in Criminal Neuropsych. UCLA
Universidad del Valle de Guatemala
University of Zimbabwe

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**Neuropsychological and Psychoeducational Services**
**Tedd Judd, PhD, ABPP**
Diplomate in Clinical Neuropsychology
Certified Hispanic Mental Health Specialist
Cross-Cultural Specialist

PO Box 2983
Bellingham, WA 98227-2983

Phone (360) 543 8333 X1
Fax (360) 543 8332
Email drjudd@teddjudd.hush.com

X/X/21

**FORENSIC NEUROPSYCHOLOGY LETTER**
[details have been changed to deidentify]

**IDENTIFICATION AND REFERRAL:** MB is a 67–year-old, widowed, Mongolian, university educated, former [redacted] and current [redacted] who was referred by her attorney for a neuropsychological assessment of memory loss relative to her ability to testify in her asylum hearing and the possible need for disability accommodations.

**MY QUALIFICATIONS:** I am a board-certified neuropsychologist with 40 years of experience. I specialize in cross-cultural work and have been recognized for my work in cultural neuropsychology by many national and international neuropsychology organizations, including as a Fellow of the National Academy of Neuropsychology and of the Hispanic Neuropsychological Society. Further details are available in my curriculum vita.

**EVALUATION:** I saw Ms. B for an evaluation on X/X/21. I reviewed her medical and mental health records and asylum declarations and supporting letters. I interviewed her and conducted brief neuropsychological testing.

She reported that, in the course of her work in Mongolia, she encountered government corruption. She confronted the perpetrator but had not yet revealed the corruption publicly when, a week later, police came to her home, arrested her, and took her to a psychiatric hospital.

I found that she had a psychiatric hospitalization in Mongolia in August, 2006. The [very brief, verified] hospital records indicate the August, 2006 dates of her hospitalization and that she was hospitalized for depression. Her account to me, her declaration, and letters from her daughter and her son indicate that she was involuntarily hospitalized and forcibly injected with medications that made her sleep excessively and gave her headaches, dry mouth, nausea, weakness, body swelling, shaking, memory loss, and confusion. In general, depression is not treated with injectable medications.

At that time, psychiatric hospitals in Mongolia had only first-generation psychiatric medications available (Byambasuren, & Tsetsegdary, 2005). While the available antidepressant, amitriptyline, is sometimes used by injection, the phenothiazine antipsychotics that were available (chlorpromazine, haloperidol and fluphenazine) are more commonly used by injection, and her reported side effect profile is more consistent with these. The use of injectable antipsychotics for depression on a first psychiatric admission is highly unusual and quite suggestive of psychiatric abuse.

The Mongolian psychiatrists of that era were mostly trained in the 1970s and 1980s (Byambasuren, & Tsetsegdary, (2005)), at a time when Mongolia was a satellite of the Soviet Union, which had a widespread practice of abuse of psychiatry for political dissidents (van Voren, 2010). While this evidence is circumstantial, it makes it appear plausible, on a more-probable-than-not basis, that Ms. B was subject to psychiatric abuse and persecution, with overdose injections of phenothiazine antipsychotics.

Ms. B reported symptoms indicating that she had a posttraumatic stress disorder (PTSD) in the months to years following this hospitalization. This has included nightmares, intrusive memories, hallucinations, anxiety, sleep disturbance, confusion, memory loss, avoidances, and fears of people in police or military uniforms. This reaction was further exacerbated by the other persecutions she experienced around that time and by the effects of the injected medications. Escaping from the persecution that provoked these symptoms is her stated primary reason for coming to the US. This escape offered substantial but not full relief.

Four years after her arrival in the US she was able to overcome her understandable fear of psychiatry enough to seek treatment for her condition. Since that time, she has received appropriate medications, limited psychotherapy (her providers found it difficult to provide culturally and linguistically appropriate therapy), and culturally-appropriate and helpful meditation training. Her PTSD is currently mostly in remission. She has residual symptoms of anxiety, fear of uniforms, mild confusion, and being easily overwhelmed. At my current testing her memory abilities were in the low normal range on the Common Objects Memory Test (described below). Due to the severe manifestations of her PTSD during the last 2/3rds of 2006, her memory for that period of time remains spotty and inexact.

**DISABILITY ACCOMMODATIONS:** Due to her history of PTSD and her current psychiatric residuals of that disorder, Ms. B requires the following disability accommodations during immigration court testimony and related proceedings:

1. Access to her antidepressant medications.
2. The use of a qualified Mongolian interpreter.
3. Recognition that the Mongolian language is very far removed from English, and questions and answers may not have good and precise interpretations available.
4. Questions that are relatively simple in their format so as to avoid confusion and

overwhelming her.

5. Recognition that her memory for 2006 will be fragmentary and inexact, and this is a consequence of her disability. This is not to be taken as any indication that she is attempting to be deceptive or conceal the truth.
6. A recognition that any slowness to respond is a consequence of her disability. This is not to be taken as any indication that she is attempting to be deceptive or conceal the truth.
7. Forewarning her of anyone who may be at the event in a police or military uniform and keeping that person more than 10 feet away from her.
8. An atmosphere that is relaxed and accepting, with tranquil questioning.
9. The opportunity to take breaks and rest in an appropriate quiet space where she can practice relaxation and meditation for short periods, if needed.

Please feel free to call me with any questions.

Tedd Judd, PhD, ABPP-CN
Board Certified in Clinical Neuropsychology
Washington State Psychologist License #736

**REFERENCES:**

Byambasuren, S., & Tsetsegdary, G. (2005). Mental health in Mongolia. *International psychiatry: Bulletin of the Board of International Affairs of the Royal College of Psychiatrists*, *2*(8), 9–12.

van Voren R. (2010). Political abuse of psychiatry--an historical overview. *Schizophrenia bulletin*, *36*(1), 33–35. https://doi.org/10.1093/schbul/sbp119

**Common Objects Memory Test:**

*The COMT involves 3 learning and recall trials for photographs of 10 common objects. There are also delayed recalls and recognition memory. Norms are by age and were found not to be significantly different across English speaking White and African-American groups and native language-speaking Vietnamese-American, Chinese-American, and Latino groups. Norms were not different across a wide range of education. While not normed on Mongolians, this cross-cultural equivalence suggests that this test and norms can be plausibly extrapolated to Mongolians.*

| Subtest | Raw Score | Approximate Percentile | Interpretation |
|---|---|---|---|
| **Common Objects Memory Test** | | | |
| **Trial 1** | 5 | 10 | low normal |
| **Trial 2** | 7 | 20 | low normal |
| **Trial 3** | 7 | 10 | low normal |
| **3-5 min. Recall** | 8 | 20 | low normal |

| | | | |
|---|---|---|---|
| **30 min. Recall** | 8 | 30 | low normal |
| **3-5 min. Recog.** | 20 | | normal |
| **Animal Fluency** | 12 | 20 | low normal |

**Rey Complex Figure**

*The Rey is a complicated and meaningless drawing which the person first copies, later reproduces from memory, and finally tries to pick out its parts from a collection of drawings. It is sensitive to visual-perceptual skills, planning abilities, and visual memory. It is normed by age.*

| **Condition** | **Raw Score** | **Age-Adjusted Percentile** |
|---|---|---|
| Copy | 36 | high normal |
| 3 Minute Delayed Recall | 24 | 98 |
| 30 Minute Delayed Recall | 20 | 88 |

**From the Attorney:**

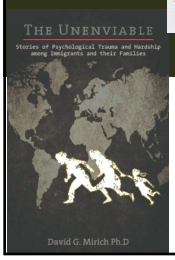
I just got back from court. Ms. MB was granted asylum.

I wanted to let you know and thank you again for the time you spent meeting with her and thinking about her case. One key issue was whether there was a good reason for her delayed filing of her asylum application, and your letter came into play on that issue. In addition, both the judge and the government attorney accepted your accommodations letter for the proposition that Ms. MB would need to be given certain safeguards while testifying. So having your letter was very significant on both fronts.

Thank you, and take care.

# Introduction to Forensic Immigration Neuropsychological Evaluations: Focus on US Citizenship Exam Disability Exemptions

AACN American Academy of Clinical Neuropsychology




Video Recording April, 2025

Live presentation AACN conference, 6/13/25, Chicago

Tedd Judd, PhD ABPP
Diplomate in Clinical Neuropsychology
Certified Hispanic Mental Health Specialist
teddjudd@gmail.com
(360) 543 8333
Seattle Pacific University
Justice in Criminal Neuropsych. UCLA
Universidad del Valle de Guatemala
University of Zimbabwe

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## Case illustration of teaching multicultural neuropsychology clinical skills using N648s

**(amalgam of multiple cases at the same refugee services agency)**

Everything in this narrative occurred with evaluations of Somalis at Lutheran Refugee Services in SeaTac, WA with students in the context of my multicultural psychology practicum.

I have included them in one case narrative to illustrate how cultural knowledge and skill and ongoing community relationships facilitate:

- Understanding records (or lack thereof)
- Rapport
- Interview questions and interpretation
- Testing
- Conclusions
- Recommendations
- Teaching
- Growth of provider, student, collaborator, referral source, client, and family knowledge and skills

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## Case illustration of teaching multicultural neuropsychology clinical skills in a context of developing institutional cultural competence

**(amalgam of multiple cases at the same refugee services agency)**

Kahlid ~35-year-old, Somali refugee, married female homemaker

No formal secular education

Referred by her primary care provider for assessment concerning her failure to learn English for US citizenship test

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Participants
Omar (Khalid's Husband)
-English
Dr. Judd
Rahmed
• Interpreter
• Somali
• Trilingual
Olga
• 3rd year student
• Belarusian
• Trilingual
Mohamed
• 3rd year student
• Saudi Arabian
• Bilingual
Omar & Khalid's baby

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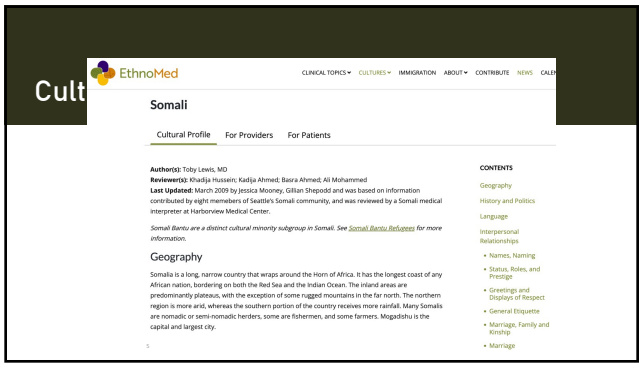
Cult
EthnoMed
CLINICAL TOPICS
CULTURES
IMMIGRATION
ABOUT
CONTRIBUTE
NEWS
Somali
Cultural Profile
For Providers
For Patients
Author(s): Toby Lewis, MD
Reviewer(s): Khadija Hussein; Kadija Ahmed; Basra Ahmed; Ali Mohammed
Last Updated: March 2009 by Jessica Mooney, Gillian Shepodd and was based on information contributed by eight memebers of Seattle's Somali community, and was reviewed by a Somali medical interpreter at Harborview Medical Center.
Somali Bantu are a distinct cultural minority subgroup in Somali. See Somali Bantu Refugees for more information.
Geography
Somalia is a long, narrow country that wraps around the Horn of Africa. It has the longest coast of any African nation, bordering on both the Red Sea and the Indian Ocean. The inland areas are predominantly plateaus, with the exception of some rugged mountains in the far north. The northern region is more arid, whereas the southern portion of the country receives more rainfall. Many Somalis are nomadic or semi-nomadic herders, some are fishermen, and some farmers. Mogadishu is the capital and largest city.
CONTENTS
Geography
History and Politics
Language
Interpersonal Relationships
• Names, Naming
• Status, Roles, and Prestige
• Greetings and Displays of Respect
• General Etiquette
• Marriage, Family and Kinship
• Marriage

5


• Gender Roles
• Family and Kinship Structure
• Extended Families
Reproduction
• Pregnancy
• Child Birth
• Post-Partum Practices
Infancy, Childhood, and Socialization
• Infant Feeding and Care
• Child Rearing Practices
Adolescence, Adulthood, and Old Age
• Education
• Old Age
Nutrition and Food
Drinks, Drugs, and Indulgence
Religious Beliefs and Practices
Death and End of Life
Bereavement and Grief
Traditional Medical Practices
• Circumcision
Experience with Western Medicine
Seattle Community Life
• Community Organizations
• Neighborhoods
Common Acculturation Issues
Resources
References

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## Language


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## Planning

- Rapport
- Logistics (i.e., confidentiality, consent, etc.)
- Interviews


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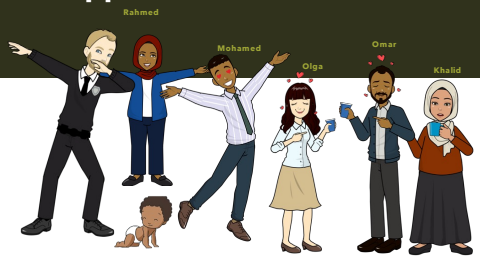
## Rapport

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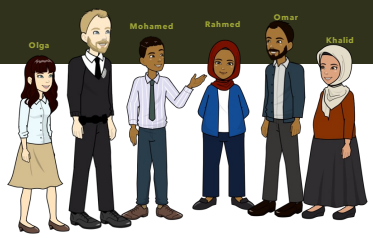
## Logistics




- **Evaluation process**
- **Apologized for our limited knowledge about Somalis**
- **Explained an exam**
- **Confidentiality and the roles of those present.**
- **Consent forms – first to Omar, then to Kahlid to mark her Xs**

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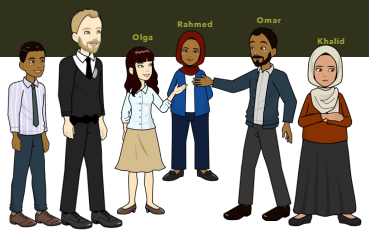
## Joint Interview 1.1




- Olga asked Kahlid, but Omar answered, Kahlid deferred.
- Olga, "For this next question I would like to know what Kahlid knows about this."
- Age? She didn't know.
- D.O.B: (January 1)
- She spoke Somali with some MaiMai and some Swahili

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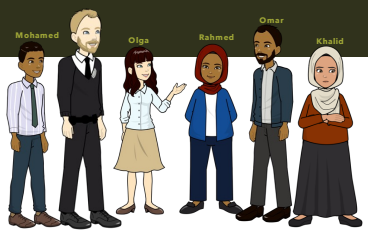
## Joint Interview 1.2




- **War in Somalia–when she was 5 soldiers killed their parents in front of them.**
- **She and her sister fled on foot to Dadaab Refugee Camp in Kenya**
- **Did not attend "government school"**
- **Attended Quranic school.**
  - **~3 years to recite the first book**
  - **Never learned to read Arabic**
  - **Worked and attended part-time (ages 5 through 8)**

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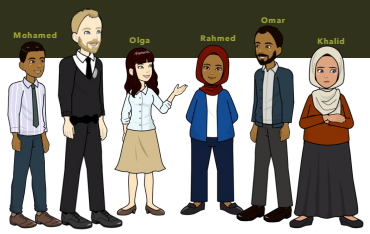
## Joint Interview 1.3




- **Work:**
  - **Selling water for ablutions for prayers**
  - **Basket and mat weaving**
  - **Housekeeping and childcare**
- **Arranged marriage at ~age 13**
- **First of 6 children at age 14**
- **U.S. as refugees 5 years prior to this interview**
  - **Stayed home except for English classes with Omar**
  - **She never made it past Level 1 over the course of 3 years**

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## Break

Researched:

- Dadaab Refugee Camp
- MaiMai language
- Ethnomed Somali Bantu profile

Mohammed explained Quranic school to the team:

- Memorize Quran in classic Arabic.
- First book is short. Taking 3 years to learn it is very long.

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## Home in Dadaab


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## Joint Interview 2.1

- Dr. Judd shared photos of basket weaving seen as a tourist in the Bolivian Amazon. Khalid appreciated
- Photos of Dadaab:
  - Omar, Kahlid, and Rahmed shared camp experiences
  - Kahlid looked away from some photos

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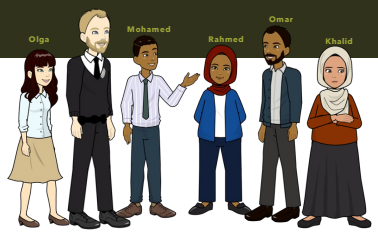
## Joint Interview 2.2

- English class regularly
  - Studied diligently
  - Had some friendships with Somali women
  - Could not remember what she studied
- Memory difficulties for conversations and everyday family events
- Does not go out alone; afraid of getting lost
- Omar and their older children manage:
  - Finances
  - Shopping
  - Appointments
  - Medications

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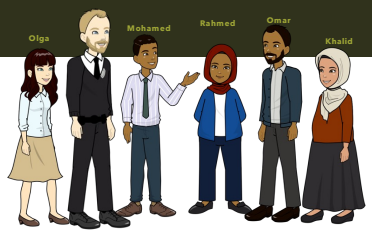
## Joint Interview 2.3

- **Mosque**
  - **Somali women friends**
- **Video calls to her sister in Dadaab (autodial with photo)**
- **Supervised cooking (because she forgets)**
- **Dr. Judd to Omar: "Is she a good cook?"**
  - **Omar: "Yes, very good."**
  - **Dr. Judd: "When are you inviting us all over to dinner?" (everyone laughed).**
  - **Omar: "Well, you can come if you want. You would love to meet our children."**
  - **We used this as an opening to request permission to speak with their oldest son as a collateral (by phone, he speaks English)**

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## Joint Interview 2.4

**Kicked in the head by a camel as a child**

- **No medical attention**
- **Scar and dent (left side of her head)**

**Permission to examine**

- **Olga was permitted to see Kahlid without her head scarf**
- **Olga confirmed**

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## Joint Interview 2.4

**Mohamed: "Have you had any major illnesses?"**

**Omar: "No, she hasn't."**

**Mohamed: "Have you had malaria?"**

**Omar: "Well, everyone gets malaria!"**

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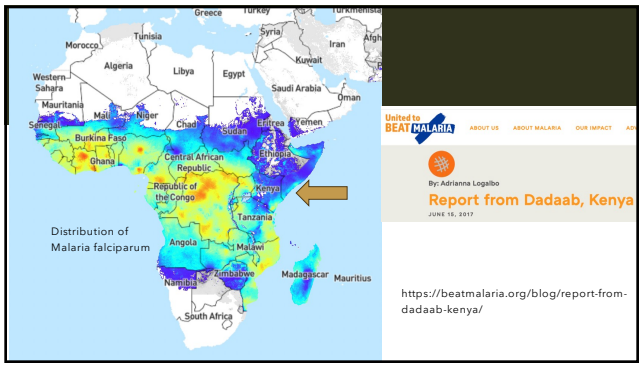


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## Collateral Interviews 1.1

- "She never had a good memory."
- Severe malaria a year before they left Kenya
  - Hospitalized (2 weeks)
  - Delirious (1week)
  - Doctor thought she might die
  - Slow recovery
  - Memory worsened
- Attacked in the refugee camp
  - Awakened at night screaming
  - Avoids news from Kenya or Somalia
  - Afraid to go outside.
- Housekeeping and parenting
  - Good
  - Wished she would connect with the community and someday be employed


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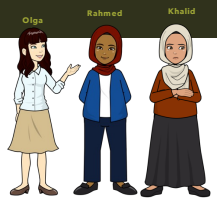
## Client interview 1

- Sick before coming to the US but did not remember much
- Did not know what her illness was
  - Did not recognize the word for malaria
- On directed inquiry (remembered having):
  - High fever
  - Chills
  - Very bitter medicine
- Screened for and ruled out domestic violence

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## Fuld Object Memory Evaluation

Fuld, P. A. (1982). *Fuld object memory evaluation.* Stoelting

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## Fuld Object Memory Evaluation

Tactile naming 10 items

5 learning trials, selective reminding

Delayed recall

2-alternative, forced choice recognition memory validity probe (Judd)

Sensitive to age and dementia but insensitive to education and culture

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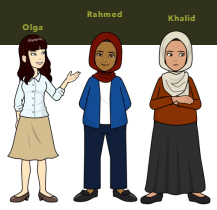
## Testing 1

- **Able to name objects but used MaiMai for two and Swahili for one.**
- **Learning curve moderately impaired**
- **Delayed recall, moderately impaired, out of proportion to initial learning.**
- **Two-alternative, forced-choice recognition memory 10/10, rapid, accurate, suggesting good test effort and valid results**

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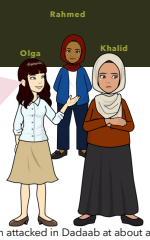
## Client interview 2

*"I noticed that you got tearful when Omar was talking about your leaving Somalia. I know that this can be a difficult thing to talk about and I am sorry to ask you about such a difficult thing, but I really would like to understand what has happened to you so that we can help you to adjust to life in America."*

*"Some people who have such experiences still carry it heavily in their hearts. Is that true for you?"*




- Kahlid had been attacked in Dadaab at about age 11.
- She confirmed nightmares, flashbacks, and avoidances.
- Olga judged that she had enough information for our purposes.
- She thanked Kahlid for her trust, changed the subject to children, and took a break.
- The team consolidated its findings.

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## Testing 2: Informal testing

A D g f r n S m k d 3 5 9

Cat ball bread tree fly

Somali words:

Biyo bariis miro ilmo

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## Feedback 1

- Dr. Judd introduced feedback
- We would complete the immigration form for medical exemption from learning English and U.S. history and civics for U.S. citizenship
- Kahlid's slow learning was likely due to being kicked in the head by the camel and brain malaria in Dadaab


Medical Certification for Disability Exceptions

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form N-648
OMB No. 1615-0069
Expires 12/31/2021

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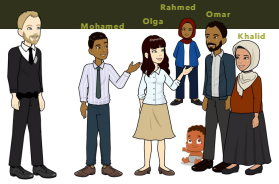
## Feedback 2

- Olga thanked Kahlid for her trust
  - Explained that she carried a heavy burden on her heart from the war and her attack in Dadaab
  - Difficulty adjusting to American life
- Psychotherapy (Rahmed)
  - Mohamed repeated the offer
    - Islamic worldview
- Omar and Kahlid agreed
- Rahmed switched roles from interpreter to therapist and explained treatment
  - Kahlid was delighted by Rahmed's invitation to join the clinic's Somali women's basket weaving and support group

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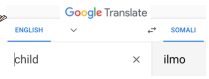
## Feedback 3

- Potential to learn literacy in Somali, more realistic than learning English
- Her older children might teach her:
  - More Internet access using Somali
  - Translation app
  - Rahmed added this to her treatment plan
- The feedback was repetitive on all points
  - With questions answered
- We thanked them for their trust and honesty, and for the joy of bringing their baby along

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## Debriefing 1

Rahmed explained Kahlid's MaiMai accent, Bantu appearance, and Somali discrimination against MaiMai.

We fine-tuned Olga and Mohamed's interpreter-use skills and our rapport- and trust-building strategies.

Mohamed and Rahmed discussed dynamics of arranged marriages, Islamic worldviews, and impact on Rahmed's therapy with Kahlid.

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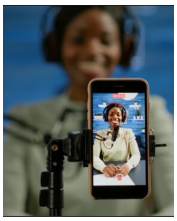
## Debriefing 2

Rahmed explained prayer and family involvement to work on anxiety and phobia desensitization and how she would pace therapy to unpack Kahlid's traumas

Discussed diagnoses of PTSD and depression and cultural limitations of DSM-5.

Rahmed explained that there is no Somali word for depression and little cultural conception of depression.

Recommended that Rahmed record audio or video summaries of session recommendations on Kahlid's cell phone and collaborate with her family in training her in accessing them to accommodate for Kahlid's memory impairment.



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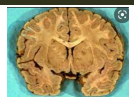
## Debriefing 3

Reviewed the cyclical fever and chills of malaria, the bitter taste of the treatment of quinine, and the impact of cerebral malaria falciparum.

The transparent orthography of Somali contrasted with the opaque orthography of English as seen in the informal reading testing. This factored in our recommendation that Kahlid learn to read Somali.

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## Debriefing 4

When discussing children, Olga had referred to her own wife as her husband. This suppression of her own identity was an appropriate and valid professional ethics decision in the interests of building rapport and trust with the clients.

We all had to suppress our feminist urges in order meet this couple where they were and serve them appropriately.

We reviewed the timing of Olga asking Omar to allow Khalid to speak for herself, how and when to request to speak to their eldest son, how to ask and when to proceed to separate interviews, and the choice of having just Olga examine Kahlid's scar. Rahmed affirmed the cultural sensitivity of our choices.

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## Debriefing 5

We reviewed our process in our incidental discovery of her emotional trauma, Olga's decisions in getting necessary information while minimizing retraumatizing, and our process of referral for treatment.

We reviewed Rahmed's dual role as interpreter and therapist, the necessity of such roles in small language communities, and how familiarity made the therapy decision easier.

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## Report

The above plus:

Precautions in choice of Somali interpreters to avoid possible discrimination against her as a MaiMai.

Family involvement in her medical care because of her memory impairment.

Consideration of prazosin, a beta blocker, and/or a selective serotonin reuptake inhibitor for trauma symptoms.

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## Follow-Up

On our next clinic visit we enjoyed the Somali dessert that Khalid sent to us via Rahmed.

We ran into her at the clinic 6 months later and she proudly displayed her citizenship certificate. She said via Rahmed, "*Now I can talk with Rahmed about what happened, because now I know they can't send me back.*"

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## Case lessons Summary: institutional structures

Part of an on-going multicultural practicum

On-going relationship with the refugee mental health services agency

On-going relationship with the interpreter

Took place at the agency

Built on a knowledge, skill, and resource base regarding Somalis

Facilitated by cultural openness of all of the professional participants

Made use of the knowledge and skills of all participants within their limits

Addressed distinctive needs (citizenship, malaria, Somali literacy)

Informal cultural consultation and collaboration within the team

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**Testing Diagnostic Hypotheses in Exams for Medical Exemption from the US Citizenship (Form N648)**

Draft 2/4/25
Tedd Judd

**Standard of Proof**

The legal standard of clinical judgment for N648s is that the condition is more-probably-than-not present and preventing the applicant from learning/demonstrating knowledge. This standard applies to the disability, not to the diagnosis or the cause. So, for example, suppose your clinical judgment assigns 25% probability to each of Major Vascular Neurocognitive Disorder, Minor Vascular Neurocognitive Disorder, Major Neurocognitive Disorder (some other cause such as Alzheimer's disease), and Minor Neurocognitive Disorder**.** If your clinical judgment is that there is a 51% chance that this condition, whatever its medical cause or DSM or ICD diagnosis, prevents them from learning English and US history and civics, then you can ethically and legally complete the N648 form giving them the exemption. The bottom line question is, do you believe that it is more probable than not that they have a disability that will last more than a year and that prevents them from learning or demonstrating knowledge of oral English, reading, writing, and/or US history and civics?

**Vascular Dementia**

The most common. Suspect when over 60, progressive memory loss, metabolic syndrome (diabetes, high blood pressure (hypertension), high cholesterol (hypercholesterolemia, hyperlipidemia), obesity). You can suspect those from their medications if they don't know: Diabetes: insulin, metformin, glycophage. Hypertension: lisinopril, the beta blockers ("olol" drugs like propranolol). Cholesterol: the statins (simvastatin, atorvastatin, etc.). The research indicates that metabolic syndrome impairs memory even when there is not strong evidence of stroke.

Ask about history of metabolic syndrome and components, obesity, smoking, note signs of stress, history of stroke, heart disease, family history of the same, progressive memory loss. Ask about specific examples of memory loss, word-finding difficulties. Ask about adaptive behaviors, especially passing on messages, tracking family and world news, can they be left alone or travel or walk alone? Can they manage shopping and money, medications, appointments? Similar history about them from collateral (family).

Testing: One of: Fuld, COMT, or RPT (preferred); or Rowland Universal Dementia Assessment Scale (RUDAS); Brief Community Screening for Dementia; MoCA or MoCA Basic.

Also consider: Market Item Naming, Animal Naming; San Diego Odor Identification Test

If you suspect a focal stroke (history of stroke or of hemiplegia): sensory-perceptual testing, coin rotation test

Also informant rating: IQCODE, WHODAS-II, consider Previous Cognitive Ability Scale (PCAS), if needed.

**Other dementias:**

Same as above, but look for specific markers of those other dementias: Alzheimer's disease: word-finding difficulties; getting lost; easy confusion; loss of ability to do accustomed activities such as cooking, crafts, childcare; family history of memory loss in later life, especially with early onset.

Parkinson's disease: History of gradually progressive movement disorder. Use a movement disorder rating scale.

Lewy body dementia: Same as Parkinson's disease but add Lewy body dementia rating scale for sleep disorder and inquire about visual hallucinations.

**Traumatic Brain Injury:**

Always screen for TBI in history. Have you ever hit your head or been hit in your head? (Fall, traffic crash, being attacked or assaulted, sports, work injury)? When? Loss of consciousness? Do you remember it? What is the last thing before the injury that you remember? First thing after? See a doctor or hospitalized? Surgery? Brain scan? Results? Any medical records? Did it change you? Any symptoms that you still have from it? Any scars? Can I see them? Similar history about them from collateral (family).

Testing: One of: Fuld, COMT, or RPT (preferred); or RUDAS; MoCA or MoCA Basic. If memory tests OK but you think that they might qualify based on attention impairment you can use the 5 Digit Test.

Also consider: Market Item Naming, Animal Naming; San Diego Odor Identification Test (if severe TBI)

If you suspect a focal injury (history of hemiplegia or sensory loss): sensory-perceptual testing, coin rotation test

Also collateral rating: WHODAS-II.

**Other Acquired Brain Disability:**

Screen for toxicities: pesticides in agriculture—did they spray using a backpack? Did they use protection? Often seen in Latin America, Vietnam. Did they get oversprayed by cropduster airplanes? Heavy metals from industry. Solvents, paint fumes, etc. Ask about any acute illnesses from the toxicity. Get their spontaneous symptom complaints and compare them to the symptoms for that toxin (too many to list here—look it up). You can also probe for specific symptoms once you know them, but be careful not to lead them too much with the questioning. Did they get medical attention? Did it change them? Testing as for TBI.

Encephalitis: Check for history of any severe acute illness. Most common would be cerebral malaria (2 forms of malaria, only malaria falciparum is cerebral, common in Africa, signs of encephalitis would be extended delirium. Many will not think malaria is significant or won't know it by name—fever and chills alternating a couple of days apart, treated with chloroquine—very bitter medicine, during mosquito season. Google malaria prevalence where they were when they had it). Other acute illness with extended delirium and changed abilities afterwards may be encephalitis of other types. Did they get medical attention? Cysticercosis is a brain worm that comes from undercooked pork and most often presents as epilepsy.

Testing: One of: Fuld COMT, or RPT (preferred); or RUDAS; MoCA or MoCA Basic. If memory tests OK but you think that they might qualify based on attention impairment you can use the 5 Digit Test.
Also informant rating: WHODAS-II.

**Intellectual Developmental Disorder, IDD** (formerly called mentally retarded, MR; Intellectual disability, ID)

Collateral who know of their childhood are especially important. Very careful schooling history, not just how many years, how did they do? Any special services or consideration? Repeat any grades? How did this compare to siblings? Learn literacy? Did they get any religious schooling/training? How did they do at memorizing the prayers, etc.? Childhood chores; going out alone and finding the way at an appropriate age; playing games and following rules; learning crafts, arts, music, dance; playing mostly with younger children.

Any childhood illnesses/injuries? What do they know about them? What family members would know more? Did this change them?

Was there always enough to eat? If not, how young and how bad? Signs of kwashiorkor (pull up Google images to show them)? Were there entire days with nothing to eat? Was there enough protein (meat, dairy, eggs, adjust questions according to locale and culture)?

Careful adaptive behavior history, looking to see if they were always behind others since childhood. Work history. Learn to ride a bike? driver's license? If they have demonstrated the requisite failure to develop adaptive abilities requiring cognitive skills, can this be attributed to lack of opportunity (a particularly difficult judgment with very conservative Muslim women and some very rural people)? Did they adapt when finally given opportunities (migration, schooling, employment)? Cell phone use, including which functions (phone, videos and music, social media, shopping, maps, GPS, camera) and how they use it (speed dial only, dictation vs texting, in what language?). Were they regarded as less able than their peers? Compare adaptive abilities to how they compared to peers as children or to how they were before their childhood illness/injury.

Once you have satisfied yourself by history that they have IDD, give a non-verbal intelligence test to meet the final criterion. Raven's, UNIT, TONI, etc. Psychometrically,

these usually don't have the norms or validity you would really need for this purpose, but nothing does, and it is a requirement of the diagnosis and of the US mentality. Also, you can take some comfort in the thought that if someone that you thought had IDD did well on the test then you would have to rethink your diagnosis, so there is at least some marginal utility to its use. But personally I cannot feel ethical about the diagnosis based primarily on such a test in our usual low-school, unschooled populations. That is why you need to be fairly confident of your diagnosis based on history.

You may also test memory with Fuld COMT, or RPT, but intact memory on such tests does not rule out IDD. You may want to check literacy in their language of education, written math

**Posttraumatic Stress Disorder (PTSD):**

Most psychologists know how to evaluate for this. Be careful to get their cultural history first and any independent documentation of their traumas, so as to minimize retraumatization through interview. Consider testing before interviewing about that part so as not to contaminate testing with retraumatization.

Testing: One of: Fuld COMT, or RPT (preferred); or RUDAS; Scenery Picture Memory Test; MoCA or MoCA Basic. If memory tests OK but you think that they might qualify based on attention impairment you can use the 5 Digit Test.

PTSD: Interview is probably sufficient, but if you need an instrument you can use: RHS-15; Harvard Trauma Questionnaire, Hopkins Symptom Checklist-25, Patient Health Questionnaire-9, and/or Generalized Anxiety Disorder-7. These instruments are also useful for informing your interview. Use the "some people . . ." construction: "Some people who have been through the experiences you have carry this heavy on their hearts. They may have (dreams, memories, other symptoms you suspect). Has that happened with you?"

Also collateral rating: WHODAS-II.

**Multiple medical problems:**

It is harder to make a case based on the person having multiple medical problems that do not leave them enough time, energy, and focus to be able to study and learn if there is no actual clear compromise of cognitive functioning with a plausible medical reason for that compromise. For such a situation you need medical records of their multiple conditions. You need to take a very careful history that documents how much time and energy they have in a day to show that it is all taken up with medically necessary activities and fatigue and there is no time left for studying. Cognitive testing may be less useful in such a situation (although if you found impairment then perhaps you could look deeper for a cause). But you should test for the possibility of learning or knowing some components of the exam, as below.

**Depression:**

The case for depression is like a combination of the techniques for PTSD and multiple medical problems. Recall that your client may not have a concept of or word for depression so you may need to be creative in interviewing. It is necessary to document why you think that the depression is so severe that it prevents learning and that it will last at least 12 months. Your case is stronger if you can demonstrate that the depression is resistant to treatment, both medications and psychotherapy. A few people may be so depressed that they would actually demonstrate deficits on memory testing, but that is not highly likely and may not be worth doing.

Testing: Patient Health Questionnaire-9, and/or Generalized Anxiety Disorder-7.

**Evaluating ability to learn to read English:**

Have them read aloud in their native language. Even if they deny literacy, they may show some when actually tested. A good source is www.omniglot.org because they have the same text in every language, with a transliteration into the English alphabet so you can follow along on the reading. Note their speed, fluency, accuracy (with the help of the interpreter). Ask them what it means.

Test their current reading in English with my page (or make your own) of sentences constructed of the reading vocabulary for the literacy test, isolated words, letters, and numbers.

Use these results along with your evaluation of the effort they have put into learning so far and their current memory abilities to make a judgment about whether or not they are likely to be able to learn enough to pass. Remember, they only have to read from the specified vocabulary, and they only have to get one sentence correct out of 3 to pass. This is a clinical judgment based on their performance, your knowledge of how much effort they have put in so far, and their memory and learning abilities.

**Evaluating ability to learn to write English:**

Writing is harder than reading. If they won't be able to read, then they won't be able to write. If they will be able to read, then dictate a sentence or two to them and use similar clinical judgment to determine if they will be able to learn to write. If you determine that they can learn to read and/or write, give them the specified vocabulary to study from the USCIS website.

**Evaluating ability to learn U.S. history and civics:**

Taking into account how much they have studied, ask a sampling of the citizenship questions. Take into account the quality of their answers and errors. Do they have the basic concepts but lack the detail? Or do they not understand the difference between a city and a state, or a chamber of Congress and a political party? In marginal cases it can be helpful to ask questions about the history and government of the country of origin to determine if they have some of the underlying concepts upon which to construct a knowledge of U.S. history and civics. If you determine that they can learn the questions in their own language, help them with access to the questions in their own language if they don't have them (some are on the USCIS website, other languages can be Googled).

The standard at the exam is 12 correct of 20 random questions from the USCIS list of 100 questions.

Note that if they are over 65 and have 20 years of legal residence (check the dates on their Green card) then they only have to learn the 20 easy questions. The easy ones are marked on the list and you can sample from those.

**Specific Language Learning Disability:**

This is one of the most difficult, but also infrequent. It takes preparation in knowledge of specific language learning disorders and looking up what literature there may be on such disorders in the client's native language. The manifestations may differ from language to language and there may be tests available.

This history is usually one of school failure or failure to learn literacy, but there may be excuses to cover up failure. It may be necessary to ask about school performance relative to peers (siblings, neighbor children). If there was no schooling, you can ask about other language skills, such as learning prayers, songs, poems, hymns, or stories from religious training or children's play. Some will have learned literacy in their own language after much effort but are still non-fluent readers out of proportion to their level of education (tested with Omniglot or other material in their own language). They tend to struggle, sound words out slowly, make mistakes, and have low comprehension because much of their effort is focused on decoding the sounds. For me to make such a diagnosis with confidence I also want to see that they have made a genuine and substantial effort to learn English with little progress.

Occasionally there may be an individual who has recovered from aphasia (language loss due to stroke or other focal brain injury in the language areas) but who has residual impairment in verbal, phonemic learning.

Such individuals may have normal memory on the COMT, RPT, Fuld, or other object memory tests but show impairment on tests involving phonemic memory and phonemic awareness. These can be seen on phonetic reading of non-words in their own language and difficulty with learning non-words. My students and I have devised the Name Memory Test (a procedure, really, not truly a test because we have no norms or validity data) to test phonemic learning. We developed this because there are no such tests that I know of for this purpose. Let me know if you find some. I have also developed the English Pronunciation Test to look at their ability to hear and accurately reproduce English phonemes.

A relatively robust finding across languages is that those with a specific language learning disability or dyslexia are impaired at Rapid Picture Naming (on the Woodcock Johnson Academic Battery and other versions are also available). This, however, is a timed test and calls for language-specific norms by age, and these may be hard to come by. You might add such a test to enhance your impressions qualitatively if you have no norms.

**Effort/Validity/Malingering:** The N648 has no requirement for evaluating test effort, honesty, or malingering, but our professional standards and ethics do call for it. Research generally shows that clinical judgment of test effort and honesty is pretty poor, even among trained professionals, although most of that research is on the WEIRD population, so generalization to other populations is unclear. Most of us have the impression that we're good at it because we can remember the obvious cases, but we often don't know that we've been fooled. At the same time, many people with limited education aren't very good at faking it. There is high motivation to exaggerate symptomatology and even completely fake it. The most common is exaggerating a condition that is present. The most common situation with N648s is that we formulate our opinions based primarily upon history obtained from medical records, interviews, behavioral observations, and research, and we confirm and further specify and justify our opinions through testing. At times the history alone is strong enough for confident more-probable-than-not conclusions.

I have taken to orienting people to the evaluation by saying, "I know that some well-meaning but poorly informed people in the community give people bad advice, to go to the doctor and say that they can't remember anything. When people do that on testing, I am not able to tell what is wrong and so I am not able to help them with their citizenship." If I get obvious malingering in an interview, I will confront it early. If it is subtler and later, I will still confront it and try to get family to help, often taking a break or suggesting that we do it another day because they clearly can't do their best today.

I have developed unnormed and unvalidated effort probes for the Fuld and the Name Memory Test following 2-alternative forced choice recognition memory procedures. The same can be done for the MoCA and RUDAS. The COMT and RPT have recognition trials of 10 targets and 10 foils and the norms ceiling out—everyone gets everything right. So if you see more than 2 errors on recognition and/or a lot of strain you can begin to suspect symptom exaggeration. Extreme scores (19, 20, or below chance, 6 or fewer correct) on these procedures can be taken as evidence relevant to test effort. Exaggerated slowness or inability to decide is also pertinent, although initial difficulty understanding the task is within the range of normal. If you have time and doubts you can use more elaborated measures such as the TOMM (check literature by ethnicity, age, and education—don't go with strict interpretation of the US cut scores).

If you get symptom exaggeration or malingering or suspect it, you have to decide how much you can trust the history you got and whether or not you can qualify them in spite of the poor test effort. Remember, the bottom-line question is, do you believe that it is more probable than not that they have a disability that will last more than a year and that prevents them from learning or demonstrating knowledge of oral English, reading, writing, and/or US history and civics?

**Multiple conditions:**

Most people applying for N648s have multiple conditions that may contribute to their inability to learn and/or demonstrate knowledge of English and US history and civics. In our clinical report to the primary care provider and/or psychotherapist we

should identify as accurately as we can each of these conditions, their likely contribution, and further evaluation and/or treatment, if any.

My preference is to simplify this story for the N648 form. I prefer to present only one diagnosis. This is because USCIS immigration officers often try to find fault with the N648. They often look at it as if all of the diagnoses are necessary in order to render the applicant disabled, and so if they can find fault with one diagnosis, they reject the entire form. I try to pick the diagnosis that is most likely to make the largest contribution to their cognitive disability and that can be most easily described and convincingly presented. When the person has both a medical and a mental health diagnosis, I prefer to present only the medical diagnosis, since the officers are more likely to accept that and to see it as permanent and not subject to improvement or treatment. (The structure of the DSM5 is such that sometimes it is necessary to give 2 diagnoses for the same condition, usually a cognitive diagnosis as caused by a medical diagnosis, such as a Mild Neurocognitive Disorder caused by a Traumatic Brain Injury).

One limitation to this approach is that officers will ask the applicant about the cause of their disability and if the answer is discrepant with the N648 form they may reject it. So if I have asked the client why they can't learn and they tell me that it is because they are old then they are likely to say that to the officer, too. The N648 instructions specifically say that age is not a sufficient reason. But the client is very unlikely to tell me, "I have a Mild Vascular Neurocognitive Disorder." I take two precautions in this regard. I provide a Disability Accommodations cover letter that explains that, because of their disability, the applicant may not know the name of their diagnosis or may not even be aware that they have it or what it is. Second, I recommend to the applicant and their helpers that they study and practice answers based on the diagnosis I have given (not that they memorize "Mild Vascular Neurocognitive Disorder," but that they learn to say, "the doctor said I've had small strokes.").

**Interpreting the results:**

Remember the 15/55, 20/50, and 20/65 rules. (If they are over 55 with 15 years of legal residency (consult their green card) or over 50 with 20 years of legal residency they don't have to learn English. If they are over 65 with 20 years of legal residency they get to learn the 20 easy civics questions instead of 100.)

The ultimate decision relies upon your clinical judgment. Be sure to go back to the original questions. Does this person have a medical disorder that prevents them from being able to demonstrate knowledge of English and U.S. history and civics? Is it expected to last more than 12 months? You can also ask yourself, "Would I want to teach this person English?" Think of each of the components separately. Remember that illiteracy and age and lack of access to competent instruction or materials are not counted as adequate reasons. However, my interpretation of the situation is that they can be taken into account as relevant. So that if the combination of a medical condition impairing learning ability, illiteracy, age, and/or lack of access to competent instruction or materials in their totality mean that the person will be unable to learn, then you can qualify them, because there is a medical condition that contributes critically to the causality.

You can also take into account the relative difficulty of learning English from their language. I have no firm data on this, but the Foreign Service Institute (FSI) has created a list to show the approximate time you need to learn a specific language as an English speaker. http://www.effectivelanguagelearning.com/language-guide/language-difficulty. Presumably this works in reverse, at least roughly; that is, this ranking indicates how hard it is to learn English from that language.

One of the tough calls is avoiding buying into someone's learned helplessness, especially young people. If someone has major difficulties in their lives (almost everyone we see does) but they do well on cognitive testing or they malinger, it can be hard to turn them down, but it may also be important to force them to make the effort to learn in order to give them more access to the society at large. It can be emotionally difficult to turn someone down, but if we qualify people who are not qualified, we undermine our own credibility and the entire process, and make it more likely that the community will send us more unqualified people.

There are "N648 mills" in the community that attempt to qualify almost anyone who applies (for a price, of course). USCIS rightly attempts to shut these down. They may reject everything coming from these mills. They tried to do this to me once and I saw multiple rejections with exactly the same wording from multiple officers, so I could tell that some kind of word had gone out. I responded with detailed explanations of my methodology and the cut-and-paste rejections stopped.

For those who do not qualify, if we are lucky enough to have access to their psychotherapist and/or to a collaborative family member, friend, or community helper, we may be able to assist them by reframing the situation into learning as a rehabilitative and therapeutic endeavor that enhances feelings of self-efficacy. With even more luck we may be able to turn around a situation of overprotection.

**Oath of Allegiance**

Note that the ability to take the Oath of Allegiance (Oath of Citizenship) is another clinical judgment that we are asked to make and is described in a separate document.

Tedd Judd, PhD, ABPP
Diplomate in Clinical Neuropsychology
Cross-Cultural Specialist
teddjudd@gmail.com

# [Letterhead]

**Search-and-replace guide:**
~ date of exam
` client's full name
* client's form of address (Mr. Xxxxx or Ms. Xxxxxx)
h^ "is for "his" or "er" for "her" (if they use "they" you need to go through individually to distinguish "they" from "their")
| referral source
{ interpreter
} country of origin
\ native language

~

## NEUROPSYCHOLOGICAL REPORT

*This is a CONFIDENTIAL report that is intended to be used by professionals. It is not to be passed on to others without the permission of the author and the client. The results are not to be released to the client without the permission of the author or other professional trained in the interpretation of neuropsychological test data.*

**IDENTIFICATION AND REFERRAL:** ` is a –year-old who was referred by , |, for a neuropsychological assessment of _____ with respect to h^ ability to learn English and U.S. civics for the U.S. citizenship test.

**SUMMARY: ***

**RECORDS REVIEW:** *' primary care problem list indicates that * has

**INTERVIEWS:** * and _____ were interviewed together and separately on ~ by _____, neuropsychologist, and , _____ doctoral student in psychology, with the assistance of {, certified medical interpreter. *The interviews were via video Zoom calls while * was at home. * reported feeling comfortable with this method of communication and felt h^ confidentiality would be maintained. Confidentiality and consent forms had been emailed in advance * had reviewed them, and these were reviewed again orally at the beginning of the evaluation and * gave h^ oral consent to the evaluation and for records release as indicated in the cc at the bottom of this report.*
*Confidentiality and were reviewed orally at the beginning of the evaluation and * gave h^ oral consent to the evaluation and for records release as indicated in the cc at the bottom of this report.*

**Ethnic/Cultural/Language/Migration Background:** * was born and raised in speaks \ completed years of education came to the US in was last employed in

**Spontaneous Concerns:** * reported that

**History of the Present Illness:** * said that

**Previous Medical History:**
**Pregnancy, birth, and childhood development:** * was not aware of any problems with h^ birth, with the pregnancy, or with h^ childhood development.
**Injuries (collisions, falls, assaults):**
**Major illnesses:**
**Surgeries:**
**Hospitalizations:** None other than as noted above.
**Toxic exposures:** None known.

**Current Medications**:

**Mental Health History:**

**History of Traumatic Experiences:** * denied any history of physical, emotional, or sexual abuse or other major traumatic experiences. On inquiry, * specifically denied major traumatic experiences resulting from immigration experiences.

**Alcohol and Drug Use:**

**Psychosocial Situation and Support:** * lives with h^

**Family Medical/Neurologic/Mental Health History:**

**Review of Neuropsychological Systems:**
**Sensory:**
**Vision:** *
**Hearing:** *

**Motor:** *

**Language:**
**Speech:** *
**Word finding:** *
**Comprehension:** *
**Reading:** *
**Writing:** *

**Attention:** *

**Memory:** *

**Emotional Status:**

**Mood:** *
**Sleep:** *
**Appetite:** *
**Interest:** *
**Libido**: *
**Fears, anxieties, phobias, panic obsessions/compulsions:** *
**Anger, Frustration:** *
**Hallucinations, delusions:** *

**Review of Functions:**
**Transportation:** *

**Housekeeping:** *

**Finances and Money Management:** *

**Medication and Health Care Management:** *

**Family Relations:** *

**Socializing:** *

**Computer/Cell phone:** *

**Recreation/Exercise:** *

**Spirituality:** *

**Informant's perspective:** *'s reported separately that

**BEHAVIORAL OBSERVATIONS:**
**Attitude:** * was attentive, cooperative, and
**Speech, Language:** H^ speech was normal in articulation, tone, rate, word finding, and coherence, as best as could be determined through the interpreter. H^ comprehension of test instructions was normal. H^ handwriting was legible, coherent, and organized on the page, and correct in spelling, grammar, and punctuation consistent with h^ education.
**Affect:** * had a normal range of affect.
**Self-Awareness:** * was aware of the quality of h^ test performance.
**Effort, Validity:** * gave a good effort on the tests and tolerated frustration well. This was a valid testing in the sense that it reflects h^ abilities at this time, but no directly applicable norms or validations are available, and test interpretation requires considerable inference.

**TESTING***: The remote testing environment appeared free of distractions, adequate rapport was established with the examinee via video/audio, and the examinee appeared appropriately engaged in the task throughout the session. No significant technological problems or distractions were noted during administration. Similar tasks have received initial validation in several samples for remote telepractice and digital format administration, and the results are considered a valid description of the examinee's skills and abilities.*

*Testing was carried out in accordance with the 1990 "Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations" of the American Psychological Association, the International Test Commission's 2000 Test Adaptation Guidelines The Department of Health and Human Services 2002 Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition against National Origin Discrimination Affecting Limited English Proficient Persons, and related guidelines and literature.*

*Impairment is indicated by low percentile scores relative to peers on cognitive tests (or high error scores., On personality tests, problematic symptoms are indicated by high scores relative to peers. Interpretation of results may be further modulated by test-taking behavior (such as emotional events) and circumstances (such as distractions), by the presence of other medical conditions (such as pain or sensory impairments), by consideration of culture and background, and by the nature of the test norms (such as age norms vs. age/education norms).*

* was given the following tests on ~ by _____, neuropsychologist, and _____, doctoral student in psychology, with the assistance of {, certified medical interpreter:

**RESULTS:**

**General Measures:**

**Orientation:**

* gave the date as and the location as , which was partially correct. * was not able to state h^ address or phone number.

**History and Civics:**

* gave the following answers to civics and history questions about }, h^ country of origin:

Who is the leader of }?
Who was the previous leader? And before her/him?
How are leaders chosen in }?
What is the capital of }?
What countries border on or are neighbors to }?
Who makes the laws in }?
How many houses does the legislature have? How are representatives selected?
How long has } had a legislature?
When and how did } gain independence? From whom? Who were the heroes of that independence?
What countries are allies or friends of }?
Where do you personally get news from?
How often do you read, listen to, watch, or talk with those news sources?
How do you get news from }?

* gave the following answers to civics and history questions about the United States. The questions marked by E are based on the 20 easy questions for those over 65 with 20 years of residence and the rest come from the full 100 questions:

Who is the President of the United States? E
Who is the Vice-President of the United States? E
Why does the US flag have 50 stars? E
What is the capital city of the United States?
What are the 3 branches of government of the United States? E
Who makes the laws in the United States?
What are the two parts of the U.S. Congress? E
Who is one of your state's U.S. Senators now? E
What state are we in?
What is the capital of Washington State? E
What are the two major political parties in the United States? E
What is one responsibility that is only for United States citizens? E
How old do citizens have to be to vote for President? E
In what month do we vote for President? E
What was one important thing that Abraham Lincoln did? E
When do we celebrate Independence Day? E
What does the Constitution do?
Name one state that borders Canada.
How many justices are on the US Supreme Court?

## Oath of Allegiance Competency

*Applicants must be able to comprehend the Oath of Allegiance in order to become a US citizen. If they cannot comprehend it, a family member can be appointed to take it on their behalf. The following questions may be used to assist the examiner in judging oath competence.*

1. *Do you want to become a US citizen?*

2. *What does it mean to be a citizen? (What does a citizen have to do?)*

3. *What does a person have to do to become a citizen?*

4. *Have client read the translated section of Oath ceremony or read it to them. Ask "What does this mean?"*

- *I promise to completely give up all loyalty to leaders and governments of other countries where I was a subject or citizen before.*
- *I promise that I will protect the Constitution and all laws from all enemies, from other countries, or from inside the United States.*
- *I promise that my loyalty is to the United States only.*
- *I promise I will use a weapon if the U.S. government asks me to.*
- *I promise to serve in the military performing duties other than combat if the U.S. government asks me.*
- *I promise to do other non-military work that is important to the country if the U.S. government asks me.*

- *I promise, before God, all this without influence from anyone or hesitation.*

5. *If you take the Oath, what are you promising to do for the US?*

* is competent to take the oath.
* can comprehend and explain the oath with a written simplified version in \.
* is not competent to take the oath.

**Previous Cognitive Abilities Scale**

*The PCAS is a 21-item questionnaire, mostly yes/no items, for family members to describe the cognitive abilities of the client prior to the onset of a neurological condition such as a traumatic brain injury or dementia. It is designed for describing individuals with little or no education who may nevertheless have learned literacy, numeracy, and other abilities. The questions address everyday use of reading, writing, money use, information technologies, and finding information.*

*'s _____ indicated that * was able to

**Raven's Colored Matrices:**

*The Raven's Matrices are a non-verbal test in which the client must select which drawing will complete a pattern. The items become increasingly difficult in their visual complexity and logic. It is used to obtain an estimate of intelligence.*

* achieved an estimated IQ of ____, in the intellectual developmental disorder range.

**Test of Non-verbal Intelligence-4**

*The TONI-4 is an individually-administered, 60-item non-verbal matrix reasoning test in which the test taker selects the drawing or drawing sequence that best completes an abstract array of black-and-white, non-representative line drawings. The test taker must infer and implement logical rules to complete the items correctly. It is similar to the Matrix Reasoning subtest of the Wechsler Intelligence Scales, but with more items to increase its range and reliability. It gives an estimate of intelligence, but measures only one cluster of reasoning skills, rather than the wider range of abilities more typically measured by comprehensive intelligence scales. Norms are based on a US sample. The Toni-4 has not been validated across cultures.*

* achieved an index (IQ estimate) of ____.

**Rowland Universal Dementia Assessment Scale**

*The RUDAS is a dementia screening scale designed for cross-cultural use through interpreters with low-education populations. It includes recall for 4 words, visual-spatial orientation (self and examiner body parts), praxis (imitation of alternating hand movements), 3-dimensional cube drawing copy, judgment (crossing a busy street), and verbal fluency (animals in 1 minute; cut-off score 8). The RUDAS shows good sensitivity and specificity with a cut-off score of 23/30, but there is some evidence of an education effect.*

| **Subtest** | **Score** |
|---|---|
| Memory | /8 |

| | |
|---|---|
| Body orientation | /5 |
| Praxis | /2 |
| Cube drawing | /3 |
| Judgment | /4 |
| Animals | /8 |

* had a score of /30, suggestive of dementia.

**Brief Community Screening Instrument For Dementia**

*The CSI-D consists of seven cognitive items and six informant questions for dementia. It was developed by an international consortium to screen for dementia in rural and low education populations including illiterates. It has been field-tested around the world and has excellent discrimination of dementia.*

* had a cognitive score of /9, including recalling /3 words after one minute, indicating a [possible probable dementia normal performance]. * endorsed /6 cognitive problems indicating a [possible probable dementia normal rating].

**Memory:**

**Common Objects Memory Test:**

*The COMT involves 3 learning and recall trials for photographs of 10 common objects. There is also a delayed recall and recognition memory. Norms are by age and are similar across ethnic/language groups.*

* had a learning curve of ___. H^ delayed recall was ____. Recognition memory was 20, normal, suggesting good test effort.

**Recall of Pictures Test**

*The RPT involves 3 learning and recall trials for color drawings of 10 common objects. There is also a delayed recall and recognition memory. Norms are by age and are similar across ethnic/language groups.*

* had an incidental learning score of ___, an immediate recall score of ___, and a delayed recall of ___. Recognition memory was 20, normal, suggesting good test effort.

**Fuld Object Memory Evaluation:**

*On the Fuld the person reaches into a bag containing 10 common objects and identifies each object by touch (a tactile integration and object-naming task). The objects are returned to the bag and the person is asked to recall them. Reminders are given of the items missed, with interference tasks between the learning trials Norms are by age. This test has been found to be valid in individuals from a variety of cultures and in those with visual and auditory impairments.*

*'s learning curve was____ which is in the____ range. H^ delayed recall was ___ which is in the ___ range. Two-alternative forced choice recognition memory was 10/10, suggesting good test effort.

**Name Memory Test:**

*The NMT is an informal measure of the ability to learn English as a second language as an adult. It*

*consists of teaching the person to learn names for four people shown in photographs. The names are actually nonsense words with English phonology and contain 1,2,2, and 3 syllables. The names are taught through direct repetition, reading, and repeated drilling, in a manner typical of language teaching. They are taught in an individually-adapted procedure until all four can be named reliably. There is then a 3-minute recall and recognition memory testing. There is an optional probe of testing effort. Research indicates that phonemic memory is the most important skill for second language learning.*

* learned the names in___ trials and was able to recall ___ names after 3 minutes which suggests a ___aptitude for learning English.

* was unable to learn the names successfully after 20 trials, suggesting a very poor aptitude for learning English.

* was unable to learn even 3 of the names successfully after 15 trials, suggesting a very poor aptitude for learning English.

* was unable to learn even 2 of the names successfully after 10 trials, suggesting a very poor aptitude for learning English.

* was unable to repeat the names successfully even after 8 repetitions with explicit corrections, suggesting a very poor aptitude for learning English.

**Photo Test:**

*The Photo Test is a 3-minute dementia screening test that involves naming and memory for photos of 6 objects and verbal fluency for names.*

* had a score of __ in the __range.

**Attention:**

**The Five Digit Test**

*The FDT is an analog to the Stroop test designed for people with little or no education. The person first reads a series of the first 5 digits as rapidly as possible, each printed in a box. On the next page the person counts the number of asterisks in each box, always a quantity between one and five. On the next page, the person counts the number of digits in each box, always a quantity between one and five. In this interference condition the person must suppress the tendency to read the digits in order to count them. The final condition is like the interference condition, except that some boxes have a thick border, and for those the person must read the digits rather than count them. This task is sensitive to processing speed, resistance to distraction, and mental flexibility. Norms are by age from Spain, although other norm groups are also available and may be applied, as appropriate.*

| **Subtest** | **Time** | **Percentile** |
|---|---|---|
| Reading | | |
| Counting | | |
| Choosing | | |
| Switching | | |

*

**Executive Functions:**

**Animal Naming Test**

*On the ANT the person is asked to say all the animals s/he can think of in particular category in one minute. Norms are by age, gender, race, and education (Heaton norms), or by language, age and education for non-English speakers (various norming studies).*

* was able to name ___animals in one minute. * was able to name ___market items in one minute. No norms are available for h^ group, but this is probably a performance.

**Language:**

**Citizenship Reading and Writing Tests**

*The US Citizenship Reading Test consists of reading three sentences aloud in English from a pre-specified, limited vocabulary. The candidate must read one of the sentences accurately enough to be understood in order to pass. Comprehension is not required. At this testing, the candidate was administered sentences, words, and letters from the specified vocabulary to help determine if they are likely to pass the test or are likely to be able to develop the ability to pass the test.*

*The US Citizenship Writing Test consists of writing three sentences in English to dictation from a pre-specified, limited vocabulary. The candidate must write one of the sentences accurately enough to be understood in order to pass. Comprehension is not required. At this testing, the candidate was administered sentences, words, and letters from the specified vocabulary to help determine if they are likely to pass the test or are likely to be able to develop the ability to pass the test.*

*'s reading in h^ native language of \ was fluent and accurate, with good comprehension.

* was able to read English aloud well enough to be likely to be able to pass the reading test.

* was not able to read aloud well enough to be likely to be able to pass the reading test but showed enough phonetic knowledge of English to be likely to be able to learn enough to pass the test by studying the specified vocabulary.

* was not able to read English aloud well enough to be likely to be able to pass the reading test and did not show enough phonetic knowledge of English to be likely to be able to learn enough to pass the test.

* was able to write well enough to be likely to be able to pass the writing test.

* was not able to write well enough to be likely to be able to pass the writing test but showed enough phonetic knowledge of English to be likely to be able to learn enough to pass the test by studying the specified vocabulary.

* was not able to write well enough to be likely to be able to pass the writing test and did not show enough phonetic knowledge of English or writing skill to be likely to be able to learn enough to pass the test.

**English Pronunciation Test:**

*The EPT is an informal measure of English pronunciation designed to understand difficulties encountered by English language learners. The words of two English sentences are presented one word at a time and the person is asked to repeat each word. These sentences contain all 40 of the sounds of English. One word is 3 syllables, 5 of the words are two syllables, and the other 17 words are one syllable, for a total of 30 syllables and 78 phonemes.*

* made errors on__ of the 23 words, but was able to correct __ of those errors with focused instruction. This suggests that pronunciation will be a ____ challenge to learning English.

That quick beige fox jumped in the air over each thin dog.

Look out, I shout, for he's foiled you again, creating chaos.

**Boston Naming Test**

*On the BNT the person must name 60 drawings of common and uncommon objects. If the person misperceives the drawing, a stimulus cue is given. If the person cannot find the word, a phonemic cue (first sounds) is given. This test is sensitive to word-finding difficulties. It is normed by age and education.*

Norms are not available, but the BNT was administered to * for qualitative observations. * had a performance suggesting

**<u>Sensory-Perceptual and Motor Skills:</u>**

**Sensory-Perceptual Screening**

*On the Sensory-Perceptual Screening Examination the person is stimulated on one side of personal space or on both sides (double simultaneous stimulation) and has to indicate where the stimulation was. This is carried out in the tactile (touch to the back of the hand or the cheek), visual (fingers wiggling in the peripheral visual fields) and auditory (sound of fingers rubbing together) modalities. This test is sensitive to sensory losses and unilateral inattention.*

* 's performance on the Sensory Perceptual Screening was

**Coin Rotation Test**

*In the Coin Rotation Test the person is asked to rotate a quarter for 10 seconds in each hand. The speed of rotation is a sensitive measure of fine motor dexterity. 13 or fewer rotations is considered abnormal.*

* completed___ rotations with h^ preferred right hand and___ rotations with h^ left hand,

**Neurological Examination**

*I am not a neurologist or physician and do not conduct a complete or authoritative neurological examination. However, I have been trained in administering a neurological examination, and I do administer portions of that examination when pertinent to the evaluation. I report here those portions of the examination that I have done. Functions not reported on were not examined. The presence of this section in this report should NOT be taken as an indication that the client has had a complete neurological examination.*

## Adaptive Functioning:

### Informant Questionnaire on Cognitive Decline in the Elderly

*The IQCODE consists of 16 items regarding everyday memory, attention, and executive functions. The informant rates the person as much improved, a bit improved, not much change, a bit worse, or much worse compared to 10 years ago. An average change score is calculated ranging from 1-5, with 3 indicating no change, greater than 3 indicating a decline, and results over 3.31 being consistent with dementia. The IQCODE is sensitive to the changes of dementia and insensitive to levels of education and acculturation.*

___ rated * with an overall change score of __, consistent with dementia.

### World Health Organization Disability Assessment Schedule II

*The WHODAS-II is a rating scale of abilities in many domains of daily functioning that has been developed and validated in many countries and cultures around the world and is available is many languages. Disability for each activity is rated as 0. None. 1. Mild. 2. Moderate. 3. Severe. 4. Extreme/Cannot do. Each domain contains 4-8 items, with a total of 34 items. The rating covers the previous 30 days. There is also rating of global health, and of how many days there were difficulties, reduced abilities, and inability. The WHODAS-II is available as a questionnaire and as a structured interview, and in self-report and informant-report formats.*

| **Domain** | **Average Rating** |
|---|---|
| Understanding and Communication | |
| Getting Around | |
| Self-Care | |
| Getting Along with People | |
| Life Activities | |
| Participation in Society | |

*

### Clinical Dementia Rating

*The CDR consists of an Informant Questionnaire and a Questionnaire and Mental Status Exam for the person examined. The Informant Questionnaire can be administered as a written questionnaire or semi-structured interview. It covers background information and changes in cognitive abilities and everyday activities. The CDR results in a rating of the severity of dementia in 6 domains and overall as follows: 0 = normal; 0.5 = very mild; 1 = mild; 2 = moderate; 3 = severe. The CDR is available in many languages and has been validated in many cultures.*

| **Domain** | **Rating** |
|---|---|
| Memory | |
| Orientation | |
| Judgment and Problem Solving | |
| Community Affairs | |
| Home and Hobbies | |
| Personal Care | |

**TOTAL** Clinical Dementia Rating

*

**Personality and Emotions:**

**Patient Health Questionnaire-9**

*The PHQ-9 is a 9-item self-rating questionnaire with items on a 4-point Likert scale. It measures diagnostic criterion symptoms for Major Depressive Disorder. It is available in many languages via careful translation procedures and has been revalidated in many languages.*

* had a score of __ on the PHQ-9 indicating a__ level of depression.

**Generalized Anxiety Disorder-7**

*The GAD-7 is a 7-item self-rating questionnaire with items on a 4-point Likert scale. It measures symptoms for Generalized Anxiety Disorder. It is available in many languages via careful translation procedures and has been revalidated in many languages.*

* had a score of __ on the GAD-7 indicating a __ level of general anxiety.

**Harvard Trauma Questionnaire**

*The HTQ is a cross-cultural instrument for the assessment of trauma and torture. In Part I, 46 traumatic events ranging from "lack of food and water" to "rape" to "torture" are rated as: "Experienced," "Witnessed," "Heard about it," or "No." The HTQ has been developed, adapted, and translated for refugee populations from Bosnia, Croatia, Cambodia, Laos, Vietnam, and Japan and in Arabic and Farsi versions.*

* acknowledged experiencing ; witnessing ; and hearing about .

**Hopkins Symptom Checklist-25**

*The HSC measures symptoms of anxiety (10 items) and depression (15 items). Symptoms are rated as "Not at all," "A little," "Quite a bit," and "Extremely." It has been developed, adapted, and translated for Bosnian, Croatian, Cambodian, Laotian, and Vietnamese populations and research supports its use in these populations.*

*

**CONCLUSIONS:**

*Neuropsychological evaluation in cases such as this one can be helpful in ruling out major neuropsychological deficits, but it is more difficult to evaluation subtle symptoms with confidence because of limitations of appropriate tests and norms and other limitations of cross-cultural communication.*

*

In my opinion, * will be unable to learn English or U.S. history and government and I have completed h^ citizenship form accordingly.

**Cultural/Linguistic Considerations:**

*Neuropsychological evaluation in cases such as this one can be helpful in ruling out major neuropsychological deficits, but it is more difficult to evaluate subtle symptoms with confidence because of*

*limitations of appropriate tests and norms and other limitations of cross-cultural communication. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition of the American Psychiatric Association (DSM—5) specifies that the cultural formulation of a diagnosis in a multicultural setting should take into account the following:*

- *Cultural identity of the individual*
- *Cultural explanations of the individual's illness*
- *Cultural factors related to psychosocial environment and levels of functioning*
- *Cultural elements of the relationship between the individual and the clinician*
- *Overall cultural assessment for diagnosis and caregiver*

*

**RECOMMENDATIONS:**

**Cultural/Linguistic Considerations:** I recommend that, whenever possible, professionals working with * work directly in \, use a professional interpreter, or, if necessary, a telephone Language Line. It is generally best not to use family members as interpreters, except for minor matters.

Female

If it is necessary to deal with * directly in English it is very important to check if she has understood, not just by asking her if she has understood, but by asking her to explain back.

Male

If it is necessary to deal with * directly in English it is very important to check if he has understood, not just by asking him if he has understood, but by asking him to explain back.

Because of h^ memory impairment, * is unlikely to be a reliable historian and will have difficulty remembering and adhering to medical education and treatments. I recommend that a responsible family member always be present for *'s medical visits to assist, but that * also have private time to express any concerns.

**Medical:**

**Medications:** ***Note:*** *As a psychologist I am not authorized to prescribe medications, nor do I have full knowledge of medication side effects, interactions, appropriate dosage levels, impact on non-neurological/psychiatric conditions, cost, etc. My recommendations are based upon specialized knowledge of neuropsychological disorders but may be superseded by medical or other considerations. Final authority and responsibility for medication decisions remains with the prescriber.*

**Consultation/Referral:** I recommend dementia education and support for this family. Educational materials regarding dementia are available in \ at www.dementia.org.au/resources/

Information on Living with Memory Loss is also available in Arabic Chinese Korean Russian Spanish Vietnamese at http://depts.washington.edu/mbwc/resources/living-with-memory-loss

**Psychotherapy:**

**Brain Health Maintenance:**

I recommend that * stay active physically, cognitively, and socially, with familiar and enjoyable activities that can be incorporated into a schedule or routine. These should be at the level of challenge and success, perhaps requiring minimal assistance, not at the level of frustration and discouragement. Easy activities are also appropriate, but not to the point of boredom. There should be a priority on exercising and maintaining valued skills and knowledge. Outside cuing and reminders to maintain these activities are appropriate.

Changes with age also bring about changes in life perspective. I encourage * to reflect upon h^ purpose in life, taking into account changes with age, family circumstances, health, and abilities (https://www.rush.edu/news/press-releases/purpose-life-may-help-aging-brain). Such reflections may take place alone, through writing or other means of expression, in talking with family and/or close friends, in a religious or spiritual context, and/or with a counselor or psychotherapist.

There are many theories and varied advice regarding diet and cognitive abilities. I recommend first and foremost that you followed your doctors' dietary advice regarding your particular medical conditions. Beyond that, I recommend the MIND diet, (the Mediterranean-DASH Diet Intervention for Neurodegenerative Delay. As the name suggests, the MIND diet is a hybrid of the Mediterranean and DASH (Dietary Approaches to Stop Hypertension) https://www.rush.edu/news/press-releases/new-mind-diet-may-significantly-protect-against-alzheimers-disease). This is a prudent, sustainable, and comprehensive approach that integrates the most reliable recent research. Briefly, You eat things from these 10 food groups:

- Green leafy vegetables (spinach, salad greens): At least six servings a week
- Other vegetables: At least one a day
- Nuts: Five servings a week
- Berries: Two or more servings a week
- Beans: At least three servings a week
- Whole grains: Three or more servings a day
- Fish: Once a week
- Poultry (like chicken or turkey): Two times a week
- Olive oil: Use it as your main cooking oil.

You avoid:

- Red meat: Less than four servings a week
- Butter and margarine: Less than a tablespoon daily
- Cheese: Less than one serving a week
- Pastries and sweets: Less than five servings a week
- Fried or fast food: Less than one serving a week

(http://www.webmd.com/alzheimers/features/mind-diet-alzheimers-disease).

Finally, good sleep is important. If you are not sleeping well, check your sleep hygiene (http://www.cci.health.wa.gov.au/docs/Info-sleep%20hygiene.pdf), such as avoiding caffeine, nicotine, and alcohol before bedtime; having a regular bedtime and sleep rituals; have a dark, quiet place to sleep (eye shade and earplugs, if needed); a somewhat cool room with adequate blankets; and exercise earlier in the day. Check with your doctor if this doesn't work, or if you have medical conditions that interfere with your sleep (such as pain, sleep apnea, bladder problems, digestive problems, nightmares).

**Family:**

**Follow-up:**

I have no plans for follow-up, but I am available for consultation and follow-up testing, if needed.

I appreciate this opportunity to work with * and h^ family. Please feel free to call me with any questions.

Tedd Judd, PhD, ABPP
Board Certified in Clinical Neuropsychology

Copies sent to:
|;
*; encl. Original copy of Immigration form N-648 and instructions and accommodations letters
[attorney or citizenship agency] no report, but encl. Original copy of Immigration form N-648 and accommodations letter
efile, including efile copy of Immigration form N-648 and copy of accommodations letter

# [Letterhead]

[Consider translating the letter and/or report into the client's language. If machine translated, consider adding a disclaimer: "This letter/report was translated by [Google translate, ChatGPT, etc.]. There may be errors of translation. It has not been checked for accuracy. The original English version is included and is the intended version. Please excuse any errors."]

[Adapt this letter to the client's specific circumstances and your specific conclusions.]

~

`

Dear *:

It was a pleasure to meet with you and with _____ for your neuropsychological evaluation. I hope that, in spite of the stress of testing, the experience was helpful to you in understanding your condition and learning to cope with it, and that it will be helpful to you for your citizenship.

Enclosed is the N648 form for your citizenship application along with a letter about accommodations for your disability. Remember to sign the N648 form at the bottom of page 4 under Part 6, Number 2. You should present these to US Citizenship and Immigration Services (USCIS) together. It is best if these are filed together with your N400 citizenship application, but they can also be presented later. It is best to ask the person helping you with your citizenship application about the best way to do this.

I have mailed the N648 form for your citizenship application along with a letter about accommodations for your disability to _____ who is helping you with your citizenship application. They will have you sign the N648 form. They will then present all of these to US Citizenship and Immigration Services (USCIS) together.

The N648 form explains that I found that you have the disability of ˆ, that is,_____ that prevents you from learning spoken English, reading English, writing English, and U.S. history and civics, even in \. But I did find that you are able to learn spoken English, reading English, writing English, and that you can learn U.S. history and civics in \. So you will need to be sure that you have studied spoken English, reading English, writing English, and U.S. history and civics in \ to be ready for the exam.

The disability accommodations letter explains that the immigration officer who gives you your citizenship interview and exam needs to do things differently because of the things that you are unable to do. Please make sure that the person who helps you with your citizenship and the person who takes you to your citizenship interview has read this

letter and is ready to make sure that the officer does what it says as they are required to do.

When you go for your citizenship interview the officer will ask you questions about the US Oath of Allegiance (Oath of Citizenship). You should study this oath to be ready to answer questions. I am sending you information to help you study. You should study this oath to be ready to answer questions. Information to help you study is at: https://www.uscis.gov/sites/default/files/document/n-400-topic-exercises/The-Oath-Of-Allegiance.pdf

I have written that you will not be able to understand the US Oath of Allegiance (Oath of Citizenship). Your family member will need to represent you for your citizenship application. They will need to show documents that they are a US citizen, they are your family member, and they are responsible for you. Information about that process is here: https://www.uscis.gov/citizenship/learn-about-citizenship/the-naturalization-interview-and-test/naturalization-oath-of-allegiance-to-the-united-states-of-america. You should talk with the person helping you with citizenship about how to do this.

Enclosed is my neuropsychological report, that I also hope will help you to understand your condition and learn to cope with it. I think you will find the Conclusions and Recommendations sections at the end to be the most interesting and useful to you. Much of the Results section is technical and may not be of much interest to you. I do hope that you will review the Interview section for accuracy and let me know if I have made any significant mistakes that need to be corrected. I do my best to take careful notes and to summarize what you have said as accurately as possible, but I want you to have the opportunity to correct any errors that may have crept in.

I have also included a copy of the most important parts of the conclusions and recommendations translated into \ by computer. Computers do not always get the translation right, so if anything seems wrong or does not make sense it is the English version that is what I really meant.

With your permission, I have sent the report to your doctor and to the people listed at the bottom of the report. I hope their use of it is helpful to you. You can feel free to share the report with anyone that you see fit.

Let me look ahead to the day when you become a citizen so that I can say, "Welcome to the United States of America! Welcome to citizenship! Welcome to equal rights and responsibilities with your fellow citizens." I know that citizenship has been very important to you. When you become a citizen, please continue to take it seriously and participate in our democracy. Please vote. And please be involved in our

communities.

Once again, it was a pleasure to serve you. Please feel free to call on me if you have any questions, to correct errors, or if I can be of help in any way.

Sincerely,

[Neuropsychologist's signature and photo]

# [Letterhead]

[Adapt this letter to the client's specific circumstances and your specific conclusions. Individualize and change the wording so that USCIS officers do not identify you as an "N648 mill."]

~

**DISABILITY ACCOMMODATIONS**

USCIS Officer

This letter accompanies the N648 form for ` and explains h^ need for disability accommodations in h^ citizenship interview and testing. * has ˆ that is a disability that requires accommodation as specified in the USCIS Policy Manual (https://www.uscis.gov/policy-manual/volume-1part-a-chapter-6) *'s disability requires the following accommodations:

Female version
**INTERVIEW DISABILITY ACCOMMODATIONS:** * will need disability accommodations in interview. Her memory loss is so severe that she is likely to make errors of time and place in recalling details of her life. These errors are to be regarded as symptoms of her disease and disability and not as discrepancies from available records. Also, *'s disability is so severe that she is dependent upon family members for arrangements regarding health care appointments and legal matters such as the citizenship application. She may not be aware of the referral process that resulted in this evaluation and may not recall when and where it took place and who was present. Furthermore, she may think that she is independent in some functions of daily life even though she actually needs family help for these functions. Such a lack of awareness should be regarded as a consequence of her disability that should be accommodated as a disability accommodation. It should not be regarded as a discrepancy that would be cause for rejecting this N648 form.

* is not a quantitative thinker, and any communication involving numbers beyond single digits is likely to produce only approximate answers and understanding. For example, it is quite likely that there will be only a very approximate correspondence in any attempt to get her to identify when various events occurred. She will not be likely to do accurate math to make her age and the year of an event correspond. She probably does not think much about what year and what age various events occurred. For example, she may not recognize it as a discrepancy if, in 2025, she is asked, "When did that occur?" and she answers, "In 2015" and then if she is asked, "How long ago was that?" and she answers, "7 years ago." She is likely to be able to identify if events that she participated

in occurred in } or the U.S. However, she may not have fully formed concepts of the differences between a country, a state, a city, a municipality, a village, etc. For example, if she is asked "Did that happen in the United States?" she might answer, "No, it happened in California," not realizing that California is in the United States.

Also, because she has memory loss for her traumatic brain injury, she will not be able to report on details of that injury very well.

Male version

**INTERVIEW DISABILITY ACCOMMODATIONS:** * will need disability accommodations in interview. His memory loss is so severe that he is likely to make errors of time and place in recalling details of his life. These errors are to be regarded as symptoms of his disease and disability and not as discrepancies from available records. Also, *'s disability is so severe that he is dependent upon family members for arrangements regarding health care appointments and legal matters such as the citizenship application. He may not be aware of the referral process that resulted in this evaluation and may not recall when and where it took place and who was present. Furthermore, he may think that he is independent in some functions of daily life even though he actually needs family help for these functions. Such a lack of awareness should be regarded as a consequence of his disability that should be accommodated as a disability accommodation. It should not be regarded as a discrepancy that would be cause for rejecting this N648 form.

As per coronavirus pandemic restrictions, the evaluation took place in *'s home via Zoom, with an interpreter by Zoom (categorized as "phone" interpreter on the N648 form, therefore not requiring the interpreter's signature).

* is not a quantitative thinker, and any communication involving numbers beyond single digits is likely to produce only approximate answers and understanding. For example, it is quite likely that there will be only a very approximate correspondence in any attempt to get him to identify when various events occurred. He will not be likely to do accurate math to make his age and the year of an event correspond. For example, he may not recognize it as a discrepancy if, in 2025, he is asked, "When did that occur?" and he answers, "In 2015" and then if he is asked, "How long ago was that?" and he answers, "7 years ago." He probably does not think much about what year and what age various events occurred. He is likely to be able to identify if events that he participated in occurred in } or the U.S. However, he may not have fully formed concepts of the differences between a country, a state, a city, a municipality, a village, etc. For example, if he is asked "Did that happen in the United States?" he might answer, "No, it happened in California," not realizing that California is in the United States.

Also, because he has memory loss for his traumatic brain injury, he will not be able to report on details of that injury very well.

* has an anxiety disorder posttraumatic stress disorder (PTSD) that is a disability that requires accommodation as specified in the USCIS Policy Manual (https://www.uscis.gov/policy-manual/volume-1part-a-chapter-6). This disorder is not the cause of h^ inability to learn English and US history and civics and so is not listed on the N648 but it nevertheless *'s disability requires the following accommodations:
An off-site examination at a location that * finds less intimidating (home, h^ psychotherapist's office, or h^ place of worship).
The presence of a support person (family member, friend, psychotherapist, or other professional) during the entire exam who may offer comfort but not answers.
Minimal waiting time.
A quiet setting.
An officer who makes extra effort to be non-intimidating, relaxed, and without time-pressure on the exam.
The opportunity to take breaks during the exam in order to practice relaxation and to get reassurance from h^ support person. These may be initiated by *, the support person, or the officer.
Because of h^ PTSD, the following panic triggers should be avoided:

**TESTING DISABILITY ACCOMMODATIONS:** * will need accommodations in testing.
* has a memory impairment resulting from h^ ^, which is a disability that requires accommodation as specified in the USCIS Policy Manual. On the writing test the officer will need to say each word in the sentences to be written one at a time, and wait for * to write that word. This is to be sure that this is a writing test and not a memory test. The officer should not read the entire sentence at once and expect that * will be able to remember it in order to write it.

Please feel free to call me with any questions.

[Neuropsychologist’s signature]

**Possible wording for N648 questions. Please individualize and read through carefully to be certain that the wording actually applies to this specific client. USCIS rejects "boilerplate" language, so please *individualize* each answer!**

**Note that if the client is able to learn or perform some components such as reading then the last sentence of the answer should be modified and the appropriate wording at the end of this section should be added.**

1.
*Note: after selecting a diagnosis, do a search for this symbol: ˆ (Option i) and replace with the diagnosis to make the subsequent verbiage easier to use.*

*With probable or certain vascular disease and criteria for a Major Neurocognitive Disorder, list the following only:*
290.40 (F01.5) Major Vascular Neurocognitive Disorder
According to DSM-5, a Major Vascular Neurocognitive Disorder is a significant decline from a previous cognitive level based on concern of the individual, an informant, or clinician and a substantial impairment in cognitive test performance. The cognitive deficits interfere with independent activities. The decline is related to cerebrovascular disease (insufficient blood flow to the brain). Testing found that this disorder has impaired h^ memory and learning so severely that * is unable to learn English or U.S. history and government even in \.

*With probable or certain vascular disease and criteria for a Mild Neurocognitive Disorder, list the following only:*
331.83 (G31.84) Mild Vascular Neurocognitive Disorder
According to DSM-5, a Mild Vascular Neurocognitive Disorder is a significant decline from a previous cognitive level based on concern of the individual, an informant, or clinician and a substantial impairment in cognitive test performance. The cognitive deficits interfere with independence in everyday activities requiring extra effort or assistance. The decline is related to cerebrovascular disease (insufficient blood flow to the brain). Testing found that this disorder has impaired h^ memory and learning so severely that * is unable to learn English or U.S. history and government even in \.

*When any of the following are probable or certain and progressed to the level of a Major Neurocognitive Disorder then use the following diagnosis*
331.0 (G30.9) Alzheimer's disease
Alzheimer's disease is a progressive degeneration of the brain that affects memory first and most severely.

331.19 (G31.09) frontotemporal lobar degeneration
frontotemporal lobar degeneration is a progressive degeneration of the brain that affects personality and memory.

331.82 (G31.83) Lewy body disease
Lewy body disease is a progressive degeneration of the brain that affects memory and movement.

907.0 (S06.2X9S) Traumatic brain injury
A traumatic brain injury is a mechanical injury to the brain caused by impact such as a motor vehicle accident, a fall, a sports injury, or an assault. There is usually some recovery within the first year after a traumatic brain injury, but the remaining impairment is permanent.

348.1 (G93.1) Anoxic brain damage
Anoxic brain damage is damage caused by lack of oxygen to the brain. It tends to affect memory most severely because it damages the largest cells of the brain first which are in the hippocampus, a brain structure critical to new learning. Anoxic brain damage is permanent.

349.82 (G92) toxic encephalopathy
A toxic encephalopathy is a poisoning of the brain from toxic (poisonous) substances.

332.0 (G20) Parkinson's disease
Parkinson's disease is a progressive condition characterized by hand tremors; difficulty initiating movement; impaired walking with slow, short steps; memory loss; and several other symptoms. The symptoms are caused by the death of brain cells especially in an area called the substantia nigra, but the cause of the brain cell death is unknown. The movement disorder can be temporarily improved with medications so that the disease may not appear as severe as it actually is in someone who is well-medicated, but the memory loss cannot be treated.

348.30 Encephalopathy Not Otherwise Specified (NOS)
An encephalopathy is a disorder of the brain. When it is Not Otherwise Specified that means that further details cannot be reliably determined.

*Major Neurocognitive Disorders: List the medical condition first, followed by:*
*Probable:*
294.11 (F02.81) Major Neurocognitive Disorder With Behavioral Disturbance
294.10 (F02.80) Major Neurocognitive Disorder Without Behavioral Disturbance
*Possible:*
331.9 (G31.9) Major Neurocognitive Disorder

*("Possible" is used when we know they have a Major Neurocognitive Disorder, but we're not sure if it's due to Alzheimer's disease, Frontotemporal lobar degeneration, Parkinson's disease, or Lewy body disease. In such a circumstance, use this code, but don't use the word "possible" in the description. It will only confuse the officers into thinking that it is the Major Neurocognitive Disorder that is only possible, not the etiology.)*

*Use the following diagnosis alone for any dementia where the medical cause is not known or is only possible, not probable.*

331.9 (G31.9) Major Neurocognitive Disorder
According to DSM-5, a Major Neurocognitive Disorder is a significant decline from a previous cognitive level based on concern of the individual, an informant, or clinician and a substantial impairment in cognitive test performance. The cognitive deficits interfere with independent activities. Testing found that this disorder has impaired h^ memory and learning so severely that * is unable to learn English or U.S. history and government even in \.

*Mild Neurocognitive Disorder: Use the following diagnosis alone for all Mild Neurocognitive Disorder, regardless of whether or not you know the cause. It is permissible but not necessary to state a known cause.*

331.83 (G31.84) Mild Neurocognitive Disorder
According to DSM-5, a Mild Neurocognitive Disorder is a significant decline from a previous cognitive level based on concern of the individual, an informant, or clinician and a substantial impairment in cognitive test performance. The cognitive deficits interfere with independence in everyday activities requiring extra effort or assistance. Testing found that this disorder has impaired h^ memory and learning so severely that * is unable to learn English or U.S. history and government even in \.

*for chemobrain:*
292.89 (F19.988) Medication-Induced Mild Neurocognitive Disorder Without Use Disorder, Persistent
Medication-Induced Mild Neurocognitive Disorder Without Use Disorder, Persistent is a significant decline from a previous cognitive level based on concern of the individual, an informant, or clinician and a substantial impairment in cognitive test performance. The cognitive deficits interfere with independence in everyday activities requiring extra effort or assistance. The decline is related to a treatment with a medication that causes impairment in brain functioning such as chemotherapy for cancer ("chemobrain"). Testing found that this disorder has impaired h^ memory and learning so severely that * is unable to learn English or U.S. history and government even in \.

315.00 (F81.0) Specific Learning Disorder
According to DSM-5, a Specific Learning Disorder is an impairment in learning and using academic skills. The learning difficulties must begin during school-age years; last at least 6 months; result in academic achievement below expectation for age and background; and not be due to sensory or motor impairments, intellectual disability, or contextual factors. Specific Learning Disorders can involve reading (dyslexia), writing, or math. Specific Learning Disorders affecting literacy skills are characterized by impairment in learning to distinguish and remember speech sounds and their sequences. It affects all of language functioning, but has its greatest impact on reading, writing, and learning a foreign language. Testing found that this disorder has impaired h^ language learning so severely that * is unable to learn English or U.S. history and government even in \.

315.9 (F81.9) Learning Disorder Not Otherwise Specified
A Learning Disorder is a developmental disorder for learning certain kinds of materials or information. When it is Not Otherwise Specified that means that cause or specificity of the disorder cannot be reliably determined. Testing found that this disorder has impaired h^ language learning so severely that * is unable to learn English or U.S. history and government even in \.

317 (F70) Intellectual Disability(formerly called mental retardation), mild
318.0 (F71) Intellectual Disability(formerly called mental retardation), moderate
318.1 (F72) Intellectual Disability(formerly called mental retardation), severe
318.2 (F73) Intellectual Disability(formerly called mental retardation), profound
Intellectual disability is a general low level of intellectual functioning first appearing in childhood. Such individuals perform poorly on intelligence tests, make limited progress in school, and are limited in their ability to handle everyday activities requiring complex thought. They are slow to learn. They are impaired in activities of daily life, such as communication, social participation, and independent living. The onset is before age 18. Testing found that this disorder has impaired h^ intelligence so severely that * is unable to learn English or U.S. history and government even in \.

DSM5: 296.2 Major depressive disorder single episode. 3 recurrent 1 mild 3 severe 4 severe/psychotic 5partial remission 6 full remission 0 unspecified

ICD 10: F33 Major depressive disorder, recurrent

- F33.0 Major depressive disorder, recurrent, mild
- F33.1 Major depressive disorder, recurrent, moderate

- F33.2 Major depressive disorder, recurrent severe without psychotic features
- F33.3 Major depressive disorder, recurrent, severe with psychotic symptoms
- F33.4 Major depressive disorder, recurrent, in remission
  - F33.40 …… unspecified
  - F33.41 Major depressive disorder, recurrent, in partial remission
  - F33.42 Major depressive disorder, recurrent, in full remission
- F33.8 Other recurrent depressive disorders
- F33.9 Major depressive disorder, recurrent, unspecified

Depression is a pervasive low mood with poor concentration, lack of pleasure in life, lack of initiative to participate, pessimism, and sleep disturbance. * attempted to learn English but was overwhelmed by depression and was unable to focus and learn, even to learn US history and civics in\.

309.81 (F43.1) Posttraumatic Stress Disorder (PTSD) PTSD results from a severe emotional trauma such as fearing for one's life from an assault, war, or accident. Symptoms may include re-experiencing the event through nightmares or flashbacks, avoiding reminders of the trauma, emotional numbing, startling easily, rapid heartbeat, rapid breathing, sleep difficulty, irritability, poor concentration, and memory impairment. * remembers experiences and information learned prior to h^ PTSD, but is unable to retain new information adequate to English or US history and civics even in \. * has attempted to learn English but found that h^ intrusive memories, that is, horrible images of _____ continued to enter h^ mind producing fear and panic so that * was unable to focus and learn, even to learn US history and civics in\.

300.02 (F41.1) Generalized Anxiety Disorder
According to the DSM5 a Generalized Anxiety Disorder is an excessive anxiety and worry about a variety of topics, events, or activities including restlessness, excess fatigue, impaired concentration, irritability, muscle aches, and difficulty sleeping. The symptoms make it hard to carry out day-to-day activities and responsibilities. * attempted to learn English but was overwhelmed by anxiety and was unable to focus and learn, even to learn US history and civics in\.

295.90 (F20.9) schizophrenia
According to DSM-5, schizophrenia is a psychiatric disorder that is usually lifelong and usually begins in late adolescence or early adulthood. Symptoms may include delusions, hallucinations, disorganized speech and behavior, and diminished emotional expression. * attempted to learn English but h^ thought processes were too disorganized and confused to be able to focus and learn, even to learn US history and civics in\.

*Reading only*

* is not able to learn to speak, understand or write, English or learn US history and civics but is able to read English sufficient for the exam because of prior learning.

*Reading and civics*
* is not able to learn to speak, understand or write, English but is able to read English and answer US history and civics in \ because of prior learning.

*Reading and writing*
* is not able to learn to speak or understand English or learn US history and civics but is able to read and write English sufficient for the exam because of prior learning.

*Reading, writing, and civics*
* is not able to learn to speak or understand English but is able to read and write English and answer US history and civics in \ because of prior learning.

2. *Note that you need to fill in the name of the informant, if any, in the second line*

Standard professional diagnostic methods: Review of medical records. Clinical interviews of * and . Standard cognitive and functional tests: Raven's Colored Matrices, the Test of Non-Verbal Intelligence-4, the Recall of Pictures Test, the Common Objects Memory Test, the Fuld Object Memory Evaluation, semantic verbal fluency testing, the Montreal Cognitive Assessment, the Rowland Universal Dementia Assessment Scale, the Community Screening Instrument for Dementia, the Photo Test, the Informant Questionnaire for Cognitive Decline in the Elderly, the Clinical Dementia Rating, the World Health Organization Disability Assessment Schedule II, the Adaptive Behavior Assessment System. reading and writing abilities in English and in *'s native language of \ and the citizenship U.S. history and civics questions.

This packet of information about the Evaluation for an N648 Waiver from Citizenship tests includes the following:

pages 1&2 - a Letter to you re: How to Help your Family Member

page 3 - Evaluation Agreement (this describes what I will do.) *(No appointment time is given yet; see below.)*

page 4 - Client Agreement (tells what the person being tested will need to do and to have ready for the Zoom call)

page 5 - Consent for Participation in Telehealth Sessions

page 6 - Sample letter to Medical Doctor requesting records

page 7 - Release of Information form (to send along with the records request form)

pages 8&9 - Privacy Practices - (HIPAA forms that we are required to give you regarding how we will protect your information)

page 10 - My biography

Here are the things **you** need to do so that we can make an appointment:

---Have your Family Member sign page 7 and give pages 6 and 7 to their doctor to get their medical records sent to me (if this has not already been done).

---Send the $___ payment (check or money order) to me at _____

---Sign and return pages 3, 4, & 5 to us in some way. They can be sent via US mail, e-mail, fax, or you can simply show them to me during the Zoom call (I can take a screen shot). We apologize for not having these forms in other languages... but we serve folks who speak many different languages!! We trust that you will explain the content to your relative in a way that they can understand and feel okay about signing the forms.

Here is what **we** will do: Once we have gathered all of the information, we will contact you to set an appointment time. This appointment with me will be via a Zoom call and usually takes about 2 hours. I will send you an email with the Zoom link before the appointment; (it is important that the connection be made on a computer screen or tablet, not a phone, as some of the material needs to be larger.) I will also need for you (or someone who knows the client well) to be present at the beginning and then again for the feedback at the end of the session. If I find that an N648 is merited, I will complete the form and mail it to the address you provide. This usually takes about 2 weeks. I may also send a report to the client's primary care doctor.

If you have any questions or have trouble opening the attachment, please feel free to contact us. If you call our office (_____), please leave a message and we will return your call. Or you may email us at our secure email address: **<_____>** Either way, please be sure to give us the name of the client that you are helping.

We look forward to serving you and your . Please let know that I have a graduate student who will be assisting me. We feel strongly that this country benefits from the richness that citizens from all around the world bring to us. Thanks for contacting us.
_____ (office assistant)

Also, here are links to some websites from the US Customs & Immigration website that may be useful for both of you:

- https://www.uscis.gov/file-online/how-to-file-your-application-for-naturalization-online-video

- https://www.uscis.gov/citizenship/learn-about-citizenship/the-naturalization-interview-and-test ; and

- https://www.youtube.com/watch?v=sCae96Zbt74

## PROGRESS NOTES

*These are CONFIDENTIAL notes that are intended to be used by professionals. They are not to be passed on to others without the permission of the author and the client. These notes are not to be released to the client without the permission of the author or other mental health professional.*

**Citizenship Reading and Writing Tests**

Tedd Judd, 4/8/25

The US citizenship test has reading and writing components, described in the USCIS website, http://www.uscis.gov/policymanual/HTML/PolicyManual-Volume12-PartE-Chapter2.html#S-D.

**Reading Test**

To sufficiently demonstrate the ability to read in English, applicants must read one sentence out of three sentences. The reading test is administered by the officer using standardized reading test forms. Once the applicant reads one of the three sentences correctly, the officer stops the reading test.

*Passing the Reading Test*

An applicant passes the reading test if the applicant reads one of the three sentences without extended pauses in a manner that the applicant is able to convey the meaning of the sentence and the officer is able to understand the sentence. In general, the applicant must read all content words but may omit short words or make pronunciation or intonation errors that do not interfere with the meaning.

*Failing the Reading Test*

An applicant fails the reading test if he or she does not successfully read at least one of the three sentences. An applicant fails to read a sentence successfully when he or she:

- Omits a content word or substitutes another word for a content word;
- Pauses for extended periods of time while reading the sentence; or
- Makes pronunciation or intonation errors to the extent that the applicant is not able to convey the meaning of the sentence and the officer is not able to understand the sentence.

**Writing Test**

To sufficiently demonstrate the ability to write in English, the applicant must write one sentence out of three sentences in a manner that the officer understands. The officer dictates the sentence to the applicant using standardized writing test forms. An applicant must not abbreviate any of the words. Once the applicant writes one of the three sentences in a manner that the officer understands, the officer stops the writing test.

An applicant does not fail the writing test because of spelling, capitalization, or punctuation errors, unless the errors interfere with the meaning of the sentence and the officer is unable to understand the sentence.

*Passing the Writing Test*

The applicant passes the writing test if the applicant is able to convey the meaning of one of the three sentences to the officer. The applicant's writing sample may have the following:

- Some grammatical, spelling, or capitalization errors
- Omitted short words that do not interfere with meaning
- Numbers spelled out or written as digits

*Failing the Writing Test*

An applicant fails the writing test if he or she makes errors to a degree that the applicant does not convey the meaning of the sentence and the officer is not able to understand the sentence.

An applicant fails the writing test if he or she writes the following:

- A different sentence or words;
- An abbreviation for a dictated word;[9]
- Nothing or only one or two isolated words; or
- A sentence that is completely illegible.

The reading vocabulary is listed here:
http://www.uscis.gov/portal/site/uscis/menuitem.749cabd81f5ffc8fba713d10526e0aa0/?vgnextoid=b51777f48e73a210VgnVCM100000b92ca60aRCRD&vgnextchannel=4982df6bdd42a210VgnVCM100000b92ca60aRCRD

**Testing N-648 Applicants**

Many N648 applicants have learned phonetic skills and the English alphabet and may be able to pass the reading and/or writing tests even if they do not understand what they have read or written. I have constructed an informal reading and writing test to help us determine if an applicant is able or likely to become able to pass the reading and/or writing tests. The sentences on this test are constructed from the designated vocabulary.

Reading

Ask the applicant to read some of the sentences. Evaluate their performance according to the criteria above.
If the applicant cannot read the sentences adequately, ask them to read the listed words from that vocabulary list.
If that is failed, ask them to read the letters and digits.
Digits are non-phonetic (they are ideographs) and are the same in almost all of the world. They are known to all but the most illiterate of individuals. If the applicant cannot read them even in their own language, then consider if this is plausible given their history. If they fail to read letters but succeed in reading digits then this weighs towards performance validity.
If the applicant shows severe reading difficulties that are implausible for their history, you may consider administering an optional validity probe of two-alternative forced choice reading recognition for words, letters, and numbers. Cut these items into individual cards. Present one card at a time and say, "Show me the ___." You can ask them to show either item. Keep track of responses. The cards can be repeated. This test is to be rarely used and is completely unresearched but may contribute to our subjective opinions by comparing responses to your expectations based on their literacy learning history.

Writing

If the applicant cannot read English words, it is highly unlikely that they will be able to write adequately for the citizenship exam. In such a situation, you may opt not to test writing.
Read one of the sentences to the applicant and ask them to write it. Often, applicants have memory impairments, so you may read the entire sentence and then repeat it word by word as they write it. If you use this procedure and they pass writing, you should specify this procedure to the USCIS officer in a disability accommodations letter. Evaluate their writing performance according to the criteria above. One sentence is usually sufficient to form a judgment, but if in doubt you may give a second and third sentence.

Interpretation

The interpretation of these procedures is qualitative and is integrated with your knowledge of their memory abilities, their background language skills, and the amount of effort they have put into learning English reading and writing.

The applicant was able to read English aloud well enough to be likely to be able to pass the reading test.

The applicant was not able to read aloud well enough to be likely to be able to pass the reading test but showed enough phonetic knowledge of English to be likely to be able to learn enough to pass the test by studying the specified vocabulary.

The applicant was not able to read English aloud well enough to be likely to be able to pass the reading test and did not show enough phonetic knowledge of English to be likely to be able to learn enough to pass the test.

The applicant was able to write well enough to be likely to be able to pass the writing test.

The applicant was not able to write well enough to be likely to be able to pass the writing test but showed enough phonetic knowledge of English to be likely to be able to learn enough to pass the test by studying the specified vocabulary.

The applicant was not able to write well enough to be likely to be able to pass the writing test and did not show enough phonetic knowledge of English or writing skill to be likely to be able to learn enough to pass the test.

George Washington was the first President of the United States of America.

He was the Father of our Country.

He is on the dollar bill.

Citizens elect Senators by voting in the state they live in.

Abraham Lincoln was the President of the north.

The American flag is red, white, and blue.

We live in Washington State.

Alaska is the largest state in the United States.

The President lives in the White House.

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**Introduction to Forensic Immigration Neuropsychological Evaluations:**
**Focus on US Citizenship Exam Disability Exemptions**
**AACN workshop, June 13, 2025, Chicago, IL**

**Tedd Judd, PhD, ABPP-CN**
Certified Hispanic Mental Health Specialist
teddjudd@gmail.com

**Supplementary Materials**

With thanks to Claudia Antuña, David Mirich, Mónica Oganes, María Aparcero-Suero, Katrina Belen, and the Hispanic Neuropsychological Society

**Contents**



## Multicultural Forensic Neuropsychology Skillset

Tedd Judd, PhD, ABPP-CN

1. Know and follow the major professional ethics, laws, and guidance concerning cross-cultural psychological work.
2. Be skilled at researching a client's culture, language, and background, especially with respect to (neuro)psychological dimensions.
3. Be skilled at working with an interpreter.
4. Be skilled at establishing rapport across cultures.
5. Be skilled at taking a cultural, language, acculturation, and migration history.
6. Be skilled at taking a diagnostic history with few or no pertinent medical records available, and from evaluees and their family members with limited or no education and knowledge of medicine.
7. Understand and be able to take into account cultural and educational considerations in testing, including how to test individuals who are test-naive.
8. Understand international diversity in legal and justice systems and its impact on immigrants' understanding and expectations of the US legal and justice system.
9. Be able to evaluate test translation/adaptation according to ITC guidelines.
10. Understand and be able to take into account cultural considerations in mental health, symptoms, perceptions, and presentation, including culturally distinct mental health disorders, idioms of distress, and cultural limitations of the DSM-5.
11. Be able to take culture into account in recommending interventions.
12. Be aware of your own cultural perspectives and background in approaching cross-cultural work and its impact on the encounter and on your judgment and be able to take

steps to adjust for that to achieve an ethical and responsible outcome.

13. Be skilled at communicating cultural considerations to other professionals in written and oral formats.
14. Understand international neuroepidemiology and public health pertinent to immigrant neuropsychological populations.

**For neuropsychologists working in their own non-English language:**

15. Professional language skills adequate for the tasks at hand.

## Cross-Cultural Neuropsychological Evaluation Checklist

Tedd Judd, PhD, ABPP-CN

**Should I take the case?**

What is the referral question?_____
Other likely questions/issues:_____
Language(s) of evaluation:
Interpreter available
Do I know what I need to know about this culture?
Possible cultural consultation available from:_____
Is the funding feasible/acceptable?
Is there anyone more appropriate to refer to?
Do I have the clinical skills for these questions?
Should I take the case?

**Pre-Appointment**

Records
Cultural consultant (if used) contacted
Do I have the cultural knowledge I need regarding:
Worldview; Values; Religion and Beliefs; Family Structures; Social Roles; Recent History; Epidemiology; Communication and Interpersonal Style; Attitudes towards Health, Mental Health, Disease, and Disability; Traditional Healing; Educational System; Legal System
Professional literature on this population
Tests available in this language and their appropriateness
Do I have the tests I need?
Certified or otherwise qualified interpreter secured
Consent and other forms adapted and/or translated as needed?
Evaluee and informant(s) well-informed about the appointment, directions, duration, expectations, etc?
Ancillary staff (psychometrist, receptionist, student) prepared as needed?

**Appointment**

Prep the interpreter for interview
Write down the interpreter's name and qualifications
Attend to evaluee and informant(s) orientation, comfort, needs, expectations,
Attend to cultural expectations regarding disclosure, talking with different family members, etc
Focus on rapport

Consent, including interpreter role and instruction in interpreter use, if needed
History:

Languages (when began, current preferences and use)
Education: years, quality, problems, language(s), specializations
Culture: identity, affiliations, aspirations
Migration: who, why, when, where, how, stressors, past and future return trips and other travels

Attend to cultural idioms of distress
Inquire non-judgmentally about alternative, traditional, spiritual beliefs about health, illness, and healing, and about use of traditional healing
Note unusual behaviors and possible cultural or other explanations
Review with cultural consultant (if needed)

**Testing**

Refine plans for language(s) of interviews and testing
Review original and emergent questions and hypotheses along with time and test availability to refine test selection
Consideration of needed adaptations and cultural/linguistic accommodations of testing framing, motivations, pre-instructions, instructions, content, etc.
Prep the interpreter for testing
Rough review of test results for any further testing, probing limits, confirmation, etc.
Debriefing with interpreter to clarify and confirm/disconfirm hypotheses about cultural aspects of interview responses and behavior

**After the appointment**

Need to research any cultural features?
Need to consult?
Need any more records or interviews?
Address the referral and ancillary questions

**Writing the Report**

<u>General</u>

Language(s) of evaluation
Interpreter name, qualifications, quality of interpretation
Document cultural consultation, if used
General cultural information that readers of the report will need
Special considerations regarding consent that were used if these need to be documented in the report.

<u>Interviews</u>

History:

Languages (when began, current preferences and use)
Education: years, quality, problems, language(s), specializations
Culture: identity, affiliations, aspirations
Migration: who, why, when, where, how, stressors, past and future return trips and other travels

Cultural idioms of distress

Alternative, traditional, spiritual beliefs about health, illness, and healing, and about use of traditional healing
Unusual behaviors and possible cultural or other explanations.
Testing
Testing adaptations that were used.
Specify and justify which versions (and translations) of which tests and norms were used.
Conclusions
Cautions and limits of interpretation
Summary of the evaluee's linguistic, cultural, and acculturation status and aspirations. Also family and community contexts.
DSM-5 Cultural analysis, if needed
The perspective of the evaluee (and family and others from their social context, when relevant) regarding the nature of the problems and possible solutions
Recommendations:
Language needs (in own language, interpreter, English, etc.) in health care, social services, court, education, etc.
Ways to frame the problems, diagnoses, and recommended interventions to the evaluee and their social network
Cultural considerations in professional services (rapport, gender, goals, etc.)
Cultural appropriateness of professional services (referral to named local providers and agencies with the specified cultural competence, when known)
Coordination with cultural resources (respected family members, community and spiritual leaders and healers, complementary medicine, etc.)
The evaluee's cultural aspirations are taken into account (intentions to return to their country of origin vs learn better English and acculturate into the mainstream workforce, etc.)

**Web Resources For Researching Cultural Background**

www.ethnomed.org Harborview Medical Center, Seattle, profiles of groups most common in US
www.xculture.org Cross-Cultural Health Care Project, Univ. of Washington
http://www.cal.org/co/publications/profiles.html Cultural Orientation Resource Center
www.xcultCIA World Fact Book www.cia.gov/cia/publications/factbook
www.omniglot.com writing systems of all languages
Wikipedia
http://www.culturecrossing.net/index.php Culture crossing: etiquette & understanding

**Free Tests!**

**Bilingual Aphasia Test** http://www.mcgill.ca/linguistics/research/bat/ Available in over 100 language pairs, comprehensive.

**Informant Questionnaire on Cognitive Decline in the Elderly**:
http://ageing.anu.edu.au/Iqcode/
19 languages, sensitive to dementia, insensitive to culture/language/education, other screening tests and data on the same website

**Montreal Cognitive Assessment**: http://www.mocatest.org/default.asp Many languages, but translations are of variable quality and not always renormed or revalidated. Somewhat unsatisfactory culturally, especially for low levels of education. MoCA Basic, for low education, not yet well-researched.

**PHQ, GAD-7** http://www.phqscreeners.com/overview.aspx Many languages, but not always renormed or revalidated.

**WHODAS-2.0** Available in 11 languages **World Health Organization Disability Assessment Schedule** http://www.who.int/classifications/icf/form_whodas_downloads/en/ self and informant and interview versions, 12 and 36 item versions. The replacement for GAF in DSM5. Well-researched globally.

## Asylum and other Immigration Evaluation Training

This is informational, not necessarily endorsements

Asylum Medical Training Initiative: comprehensive, virtual, free, 7 hours https://asylummedtraining.org/

Physicians for Human Rights: free, day-long live twice a year, also virtual https://phr.org/issues/asylum-and-persecution/asylum-network-trainings/ Network of 2000+ volunteer providers. Involved in broader human rights issues.

Georgia King, LCSW: private, commercial https://www.therapistimmigrationtraining.com/

Mariela Shibley, PsyD: private, commercial https://www.psychevalcoach.com/ She also has a free podcast https://podcasts.apple.com/us/podcast/beyond-borders-the-immigration-evaluation-podcast/id1797903494

There is a Facebook networking group: https://www.facebook.com/groups/NetworkofImmigrationEvalClinicians

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