Developing Culturally Competent Foreign Language Neuropsychological Assessments: Vietnamese-speaking Patients with Suspected Dementia

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BACKGROUND

Houston has become the most ethnically diverse metropolis in the U.S. with over 145 different languages spoken in the Houston area, with a large Vietnamese community. The greatest diversity is found in the Houston metropolitan area which is the 3rd largest in the U.S. with 120,000 individuals representing a 16% increase from 2010-2015. Additionally, the number of Vietnamese Americans increased 10% in the Asian American population in 2015. Cognitive declines are not always recognized by family members. When they become evident in daily life, they are often considered part of normal aging in the Vietnamese culture and not as a neurocognitive disorder or possible dementia.

CULTURALLY DIFFERENT CLIENTS

Guidelines from the American Psychological Association (APA) Ethics Code (2010) and Multicultural Guidelines for Assessments (2003) prescribe principles for psychologists to competently evaluate culturally different clients (CDC) including, but not limited to:

1. Test in the patient’s preferred language
2. Use tests validated in the patient’s primary language/culture
3. Be aware of limitations from test bias, test fairness, and cultural equivalence
4. Avoid using family members as interpreters to avoid potential exploitation or loss of objectivity
5. Provide an informed consent understandable to the client and include a consent to use a professional interpreter
6. Justify findings with sufficient clinical data
7. Document limitations of clinical data, especially when using an interpreter

Following these ethical principles can be a challenge as a recent survey showed that 91% of responding neuropsychologists in the U.S. and Canada identify as Caucasian and the vast majority are English monolingual (see Fig. 1).

ADDRESSING THE CHALLENGES

The challenge to provide culturally competent neuropsychological services is complicated by a lack of culturally appropriate measures and normative data which varies depending on the language and country of origin.

To address this issue and improve neuropsychological services to the underserved, a Vietnamese-speaking community in Houston, the BCM Neuropsychology Section conducted a thorough literature review and consulted with colleagues working in the Vietnamese community to assemble a neuropsychological battery that assesses all major cognitive domains and mood/anxiety status in the most culturally sensitive manner possible.

The selected measures can be used to assess Vietnamese-speaking patients with suspected dementia through certified interpreters under the direct supervision of a neuropsychologist to ensure valid test administration and scoring.

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The core battery includes the Cross-Cultural Neuropsychological Test Battery (CCNB) which provides normative data on Vietnamese-speaking population living in the U.S. These measures are denoted in blue.

This core battery has been augmented with other validated translations of U.S.-based tests with appropriate normative data, and measures developed specifically for the Vietnamese culture with appropriate normative data. These measures are denoted with **.

Additional measures are administered that attempt to minimize cultural bias and have only U.S.-English normative data. These are interpreted cautiously with respect to the patient’s level of acculturation and other factors. These measures are denoted with **.

REFERENCES