

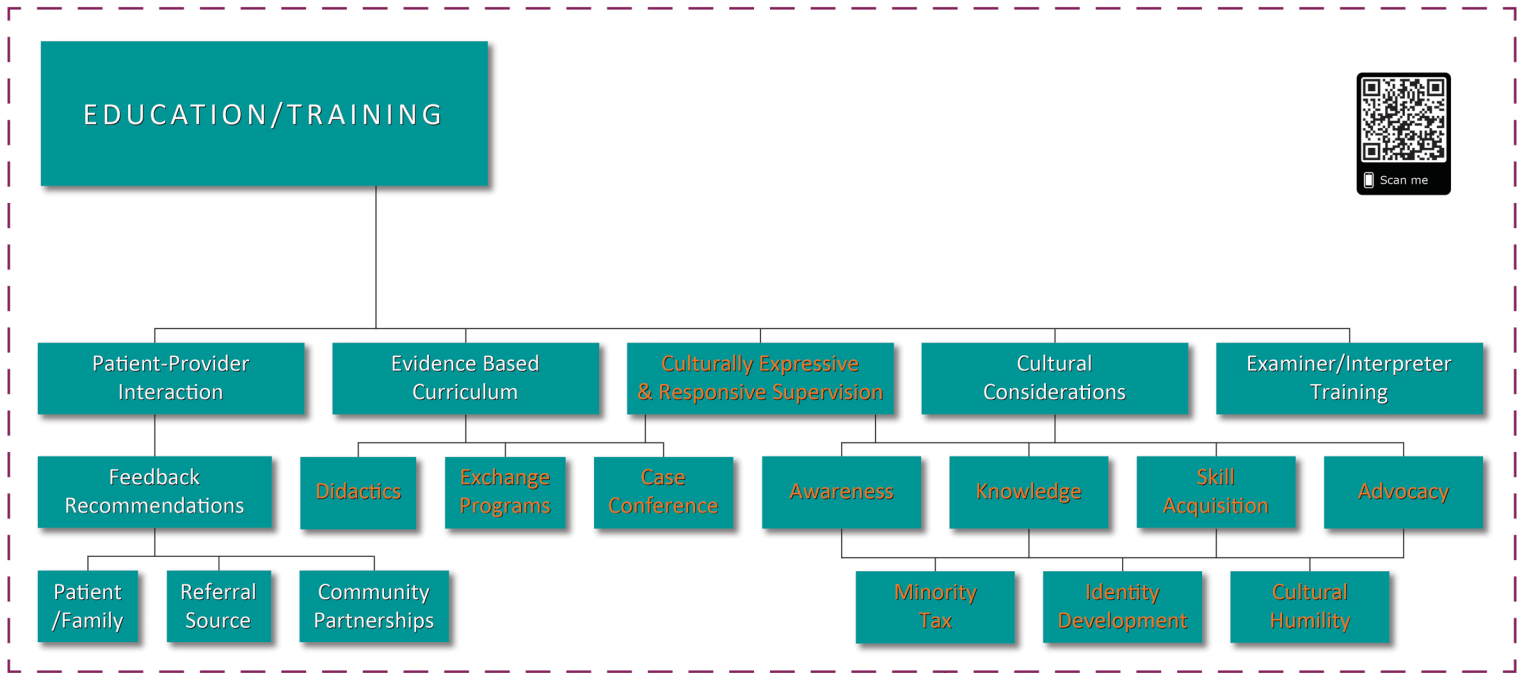
The Culturally Expressive and Responsive (CER) Supervision Model in Neuropsychology

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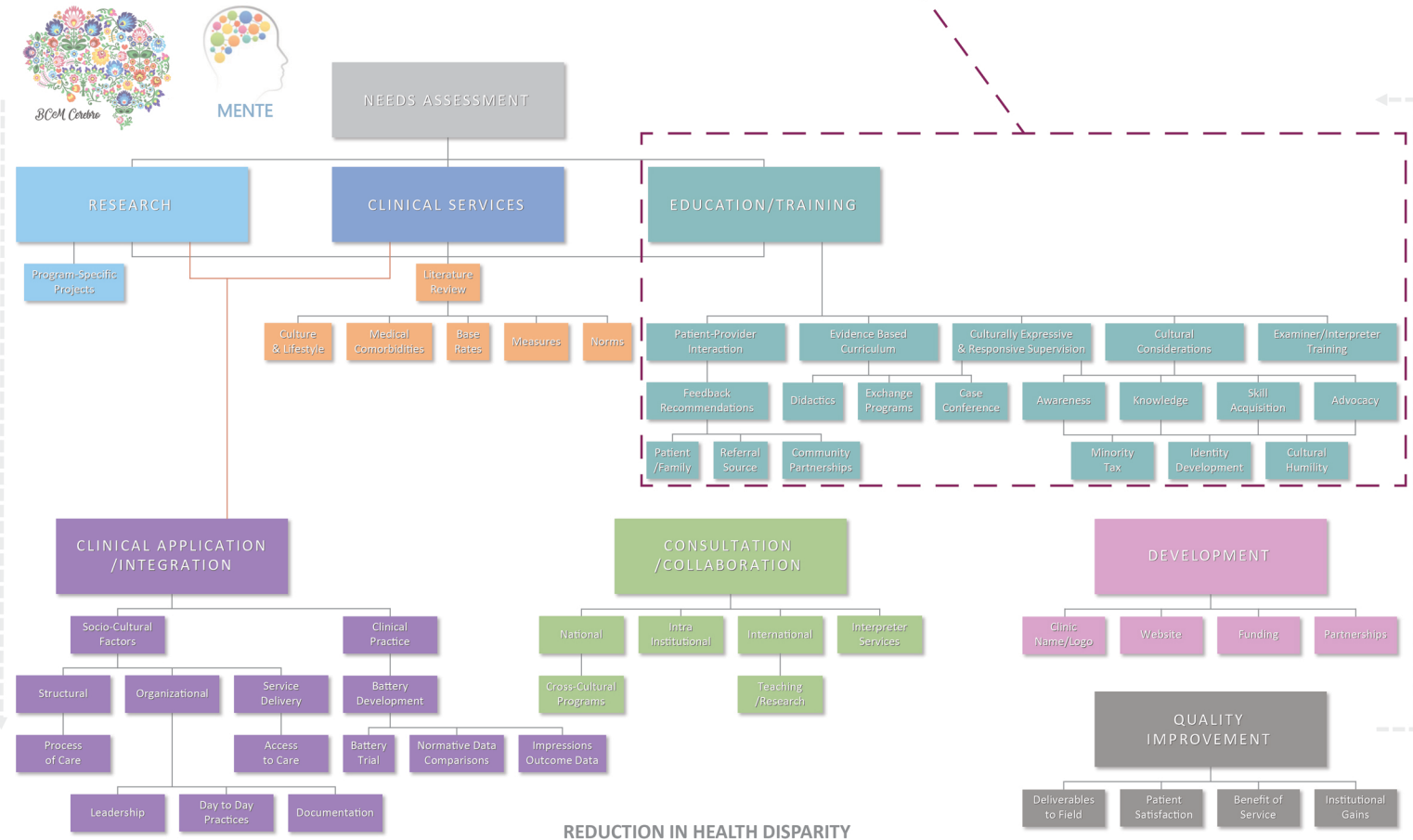


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CULTURALLY INFORMED NEUROPSYCHOLOGY SERVICE MODEL



The Culturally Expressive and Responsive (CER) Supervision Model in Neuropsychology

The *Culturally Informed Neuropsychology Service Model* was developed following the creation and implementation of Cultural Neuropsychology Services to provide practitioners with a framework of the components needed when developing a cultural neuropsychology program. The model highlights the components of Research, Clinical Services, Education/Training, Clinical Application/Integration, Consultation/Collaboration, Development, and Quality Improvement with the goal of reducing the health disparity in the field. The *Culturally Expressive and Responsive (CER) Supervision Model in Neuropsychology* is an element within the Education/Training component and the focus of the materials provided. The following provides a brief explanation of the facets of the supervision model, which should be interpreted as a dynamic and evolving process for practitioners and learners of all levels.

CER Evidence-Based Curriculum

The competency-based training model within neuropsychology has advanced the discussion surrounding standards of training; however, there continues to be a strong need for a culturally informed supervision model that includes recommendations for both the supervisor and supervisee and the development of the relationship. The following presents specific guidance regarding how to intentionally integrate culture within various facets of neuropsychology training.

Didactic Seminars:

- Design seminars discussing the intersection of neuropsychology/clinical care and topics of diversity.
- Introduce topics regarding normative data and its importance in the interpretation of test results between and within various cultural groups.
- Expose learners to the evidenced-based approaches of working with patients of varying cultural and linguistic backgrounds.
- Intentionally create and implement appropriate supervisory interventions to better facilitate learning.

Case Conferences:

- Create a culture wherein integrating current literature and clinical cases is the norm.
- Challenge learners to recognize health disparities within their own clinical practice and provide tools for correcting this imbalance.
- Ensure that aspects of diversity are appropriately introduced and discussed within case conceptualization and case studies.

Exchange Programs:

- Partner with programs who provide clinical care to diverse populations to share ideas and collaborations.
- Promote a culture of consultation and ongoing supervision when working with cultural groups with which you may be unfamiliar.
- Seek out experiences that may be unavailable at your clinic in an effort to expand your cross-cultural competency with different cultural and linguistic groups.

CER Cultural Considerations

Awareness: Nurture ongoing self-awareness and reflection regarding the intrinsic relation of culture (e.g., trainee, supervisor, patient, systems, and organization) and clinical practice. Supervision may serve as an opportunity in how to support awareness development given the influence that sociocultural factors may have on supervisory relationships.

Knowledge: Case conceptualization of clinical cases applies normative data and information aligned with the patient's educational background, vocational attainment, acculturation, linguistic proficiency, cultural/socio-economic identity, and other relevant sociocultural factors.

Skill Acquisition: Ongoing trainee-faculty meetings throughout the clinical evaluation process to discuss the socio-cultural undertones and factors related to each specific case. Supplement discussions with pertinent evidence-based materials.

Advocacy: Initiatives within the organization and in collaboration with other educational organizations to not only increase awareness of the broken *student pipeline*, but also improve the recruitment and retention of underrepresented minorities in the field of neuropsychology.

Minority Tax: Encumbrance of additional responsibilities placed on underrepresented minorities in the name of diversity. Referred to as the faculty responsibility disparity and a major source of inequity. Disparities can be appreciated in many areas including diversity efforts, mentorship, clinical responsibilities, and promotion processes.

Identity Development: A complex process which may involve cognitive reorganization, by which individuals come to develop a sense and understanding of themselves within the context of cultural demands, social norms, expectations, and biases.

Cultural Humility: Focus is on self-humility rather than achieving a state of knowledge or awareness. Defined as the ability to maintain an interpersonal stance that is other-oriented in relation to aspects of cultural identity with the goal of increasing the quality of interactions.

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