Cultural Diversity in Neuropsychological Assessment
Developing Understanding through Global Case Studies
Farzin Irani, Desiree Byrd

Cultural Sensitivity in Neuropsychological Assessment of Filipinos and Filipino Americans

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Kristina A. Agbayani, Mario F. Dulay, Regilda Anne A. Romero, Cherry Ordoñez
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Section I: Background Information

Terminology and Perspective

People from the Philippines are referred to as Filipinos, Pinoys, and/or Asians. The preferred terminology of the authors of this chapter is Filipino, which is used throughout the chapter.

The authors’ perspectives are that of a (1) Filipino American neuropsychologist (she/her/hers) who was born and raised in the San Francisco Bay Area in California and completed her training in Houston, Boston, and the San Francisco Bay Area, and is currently employed at the VA Palo Alto Healthcare System (Dr. Agbayani); (2) a Filipino American neuropsychologist (he/him/his) born at the United States (US) Balboa Naval Hospital and raised in San Diego, California, who completed graduate school at the University of Cincinnati with post-grad school and employment in Houston, Texas at the Baylor College of Medicine and Houston Methodist Hospital (Dr. Dulay); (3) a Filipino American neuropsychologist (she/her/hers) who was born and raised in Quezon City, Philippines, migrated to California as a young adult, completed her training in Palo Alto, San Francisco, Virginia Beach, and Minneapolis, and is currently employed as a Clinical Assistant Professor at the UF Department of Psychiatry, College of Medicine (Dr. Romero); and (4) a clinical psychology doctoral student (she/her/hers) born in the Philippines and raised in Hawai’i and California with prior training and work in urban planning and finance before returning to school to become a psychologist (Ms. Ordoñez).

Geography

The Philippines is an archipelago consisting of 7,641 islands encompassing almost 300,000 square kilometers in Southeast Asia in the Western Pacific Ocean. It is bordered by the South China Sea in the west and the Philippine Sea in the east. The 2019 population was approximately 108.1 million. The country is divided into three main regions: Luzon (northern), Visayas (central), and Mindanao (southern). The capital city, Manila, is in the Luzon region.

History

The Philippines has a unique historical and cultural background that combines Asian, Spanish, and Western influences. The indigenous peoples were descended from Malaysia. Trade routes with neighboring countries brought Chinese and Indonesian influences. Following the arrival of Ferdinand Magellan, the Philippines became a Spanish colony for over 300 years (1521–1898). The lasting Spanish influence is evident in aspects of language (i.e., many Tagalog words are the same or similar to Spanish).
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similar in Spanish), cultural traditions, and the prevalence of Catholicism in the country. Filipino history and culture are also quite similar to those of Latin American countries with Spanish colonial histories. The Philippines was ceded by Spain to the United States with the Treaty of Paris in 1898 and remained a US colony until 1946. American influence is made evident by English being one of the country’s national languages, as well as its educational and political system. Currently, the government of the Philippines is a presidential, democratic republic, with power equally divided among the executive, legislative, and judicial branches.

Immigration

Like many immigrants, Filipinos leave their homes in search of freedom, work, and education. Top places of immigration for Filipinos have largely been the United States, followed by Saudi Arabia, Canada, United Arab Emirates, Australia, and Japan. Filipinos arrived in the United States as early as 1587 as indentured servants and slaves on Spanish galleon ships. Early 1900s immigration to the United States consisted of Filipino students on American government scholarships, called pensionados, to laborers, called sakadas, who worked on plantations and canaries.

Post-World War II immigration of Filipinos largely included spouses and children of US military soldiers, healthcare workers, and those seeking refuge from economic turmoil. Political repression and human rights violations during the Ferdinand Marcos era (1965–1986) pushed many Filipinos to emigrate. After 1965, Filipino immigration to the United States largely consisted of the “brain drain” generation of professionals such as nurses and engineers. Although the post-1965 wave of Filipino immigrants is considered the last official wave of Filipinos immigrating to the United States, there are an invisible group of Filipino undocumented immigrants known as TNTs (tago ng tago/always hiding). Attention to immigration history can shed light on possible pre-immigration traumas, culture shock and acculturation, socio-economic status, and visa documentation stressors that in turn can impact emotional well-being, test performance, and test-taking approach.

Language

Over 170 languages and dialects are spoken in the Philippines that are region-specific. Filipino and English are the national languages of the Philippines. Consequently, many Filipinos are able to speak, write, and understand Filipino, English, and their respective regional language/dialect, with varying levels of comfort and fluency among them. Therefore, it is essential for clinicians to obtain detailed information about language education background and preferences as part of a clinical interview to help determine what tests and norms are most appropriate. The effect of testing a patient in their less proficient language can have a detrimental impact on interpretation of neuropsychological test results. English language proficiency can initially be estimated during the clinical interview by gathering information such as age immigrated to the United States, education level, years of education in the United States, language spoken in the home, and language spoken most often. If the person speaks minimal English, an interpreter who speaks the specific Filipino language or dialect may be warranted rather than not completing an evaluation. However, test interpretation when using US tests and norms can reduce validity and require a more qualitative descriptive assessment of the patient’s strengths and weaknesses from non-language-based tests and collateral reports.

Education and Literacy

Having a good understanding of a client’s literacy, education level, and quality of education is essential to neuropsychological test data interpretation. Asking detailed questions about number
of years, quality of and access to education is crucial, as there can be significant variability based on region, socio-economic status, and other factors. The Philippines has high literacy rates, upwards of 94% in adults and 98% in young adults as of 2015. Regional dialects are primarily used for instruction during the initial elementary school years, with English and Filipino instruction starting from grades 4 to 6. Both of the national languages are used exclusively in secondary and higher education. Previously, the basic elementary and secondary education cycle consisted of ten years. The 2011 Kindergarten Education Act and the 2013 Basic Education Act resulted in a mandatory year of kindergarten and extended the elementary and secondary education cycle to 12 years, respectively. Overall, higher education has expanded since the late 1990s. Nevertheless, there continue to be significant disparities in education based on region and socio-economic status. Poverty remains a significant issue in the Philippines compared to other Southeast Asian countries. For example, I (KAA) evaluated an elderly Filipino patient who had minimal formal education. He grew up in a rural area and attended up to the first grade. His attendance in school was very intermittent due to having to help his family in their rice fields. He stated that this practice was typical for children in his community, where many did not complete school because there were more important priorities, such as tending to and harvesting their crops on which families relied for income.

Values and Customs

Cultural perspective regarding values and customs of Filipinos can help establish rapport, provide insightful questions to better conceptualize problems and answer the referral question, and understand what treatment recommendations may or may not be followed to completion. Generally, traditional Filipino values can be affected by several factors including collectivism, social acceptance and conformity, and Christianity (particularly Catholicism).

Collectivism, or the value of prioritizing the well-being of the greater community over individual needs, is a common Filipino value. Filipinos often feel uniquely interconnected and desire to do activities with other Filipinos to provide emotional support and promote personal identity. Familism is a type of collectivism emphasizing family obligation including putting ones’ family first, caring for ones’ elders as they age, and respecting elders including older siblings and parents. Respect for elders, or paggalang sa nakatatanda, is commonly shown in Filipino families by calling older siblings or elders by endearing terms or respectful titles, allocating significant weight or deference to parents’ opinions, and caring for aging parents by having them move into a family member’s home. Often a strong Filipino work ethic will interact with a desire to help family and often lead to sacrifice (e.g., family members in the United States working hard to send money back to the Philippines).

Filipino value for social acceptance and conformity leads to interconnectedness within families and communities. Pakikisama, often means maintaining relationships within and outside of the family dynamic to avoid confrontation, going along with group opinions, or behaving in socially acceptable ways to not show opposition or anger in order to maintain harmony. In a healthcare setting, this may produce a deference to authority figures (e.g., medical providers) and avoidance of asking questions. For example, Filipino patients may say yes and indicate understanding during the feedback session even if they do not fully grasp a diagnosis or other information discussed. This may also lead a patient to not ask particular questions to clarify uncertainty. Further, if a patient does not feel connected to the clinician (e.g., culturally) there may be less trust, and the patient may not share important information. In addition, negative comments made by the evaluator during testing may have undesirable consequences since many Filipinos are generally sensitive to criticism because of a high pride or amor propio and the notion of “saving face.” Therefore, it can be helpful for providers to attempt to gauge the patient’s understanding during the feedback session.
Spirituality and Religion

About 82%–85% of Filipinos are Christian and mostly Roman Catholic, followed by followers of Islam and tribal religions. My (MFD) grandmother in the Philippines had a large Mother Mary statue in her front yard that also served as her physician's clinic in the countryside. This symbolized the interaction and importance of Catholicism in her home and work life. Since many Filipinos are spiritual, their approach to managing medical issues may often be faith-based. A Christian values-based system would include goodwill toward others (helping people), indebtedness (e.g., a child feeling obligated to their parents for their upbringing), specific types of help-seeking behavior (e.g., seeking pastoral counseling), and faith-based healing (e.g., attending a healing mass, prayer). One faith-based coping mechanism is the expression “bahala na” or “Leave it in God's or fate's hands.” While this can help reduce anxiety and rumination, it may also lead to not seeking medical help for serious problems.

Health Status

Cardiovascular disease (e.g., heart disease and stroke) and vascular risk factors, including diabetes mellitus, hypertension, and hyperlipidemia, are among the most common medical conditions impacting Filipinos. Other common conditions include cancers and chronic pulmonary conditions. A common thread among these conditions is that they are noncommunicable diseases with a number of preventable causes, including poor/unhealthy diet, limited exercise, and tobacco and other substance use. Dietary habit may be one area of focus, as Filipino gatherings typically consist of sharing meals that can contribute to overeating foods high in sodium and fat. Additionally, Filipinos have higher rates of smoking compared to other Asian groups. Increasing health literacy, education, and prevention or reversal opportunities (e.g., prediabetes) is important starting at an early age. Discussing these important issues and providing practical information and recommendations about relevant lifestyle changes becomes an integral part of the neuropsychological feedback session.

Mental Health Views

Compared to other Asian groups, Filipinos are least likely to utilize mental health services. There are a number of possible reasons for this including limited access to mental health resources in the Philippines; stigma related to mental health issues; and lack of identification with and perceived inaccessibility of mental health providers. In the Philippines, a majority of mental health providers and treatment facilities are in Manila or other major urban areas. Along with high costs for services, accessibility to individuals living in more rural areas and from lower socio-economic backgrounds is limited. Beliefs about the root causes of mental illness also significantly impact from whom Filipinos seek care. For example, spiritual causes, like the belief that hardship or illness is a punishment from God for something they had done in the past, may lead to seeking care from traditional healers or clergy. In one study, highly religious Filipino Americans sought help from religious clergy more often than mental health professionals due to perceived accessibility, concerns about loss of face, and difficulty understanding English. Help-seeking behaviors are also impacted by stigma related to mental health issues, which may stem from the aforementioned concern about loss of saving face and hiya, or embarrassment. Additionally, the concept of ibang tao, or outsider, may be another barrier to seeking help from or being completely forthcoming with mental health professionals. The perception of a mental health provider as an outsider or not “one of us,” has been shown to impact rapport, trust, and feelings of
acceptance.\textsuperscript{18,21} For example, my (KAA) patient’s wife stated that they first sought help from a Filipino deacon in their church for the patient’s behavioral changes due to frontotemporal dementia. They expressed feeling most comfortable and trusting in this deacon because they got to know him at weekly masses over the course of many years; he was of a similar age to the patient and his wife was originally from the same region in the Philippines, and he spoke the same language.

**Assessment Needs**

Careful assessment of the multifaceted nature of a patient’s medical and psychosocial history discussed in the previous sections is vital to establishing rapport, test interpretation, norms selection, and provision of feedback and recommendations. One model for ensuring a thorough and valid clinical interview and neuropsychological assessment proposed by Dr. Daryl Fujii involves attempting to collect information regarding education, culture and acculturation, languages spoken and English proficiency, economic issues, communication style, testing situation involving level of patient comfort and motivation, intelligence value, and context of immigration (ECLECTIC framework).\textsuperscript{20} It is important during the clinical interview and with questionnaires to ascertain the patient’s level of acculturation including how long the person has lived in the United States, age when immigrated, community integration level, and level of assimilation to mainstream US culture. There are a number of predominantly Filipino communities in various US cities where many Filipino patients interact in their native language in stores, restaurants, and churches and watch Filipino channels on television. This allows maintaining customs and culture and leads to less familiarity and acculturation to mainstream American customs and culture.

Few neuropsychological tests have been normed for Filipino and Filipino Americans. There are some exceptions of tests and questionnaires created and normed in the Philippines\textsuperscript{21–24} and several Western-based instruments that have been translated into Tagalog.\textsuperscript{25–30} A full listing of these instruments can be found in Appendix.

**Section II: Case Study — “This Might Be God’s Punishment”**

**Presenting Problems**

I (Dr. Romero) evaluated “Cecil,” a 6-year-old second-generation Filipino American boy who was referred by his principal due to having significant receptive and expressive language deficits. Instructions needed to be repeated several times, but Cecil often still did not understand the instructions or expectations. Expressively, while he was able to speak in simple sentences, he mostly used instrumental/conventional gestures and one- to two-word utterances. Additionally, he had notable articulation difficulties impacting intelligibility. Given his communication deficits, his teacher reported difficulty in gauging Cecil’s learning acquisition due to his limited speech and comprehension.

**Cultural and Language History**

Cecil currently lives with his paternal grandparents, his aunt, and his older sibling. His parents are both second-generation Filipino Americans. Both Cecil and his sibling had been living with his grandparents shortly after his parents separated but only received legal guardianship recently. Delays were due to limited resources and not knowing how to navigate the system. Cecil’s grandparents moved to the United States in the 70s. Both his grandparents graduated college in the
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Philippines but are currently unemployed and receive social security and veteran supports. Their family struggles to make ends meet. His aunt contributes financially but supports her own college education. Neither parents provide child support. Cecil had not seen his mother since she left three years ago and intermittently sees his father, who lives with his new family in a neighboring city.

The family lives in the city, within a big Filipino community. They attend Catholic services weekly. Cecil listens to English music and watches both American and Filipino television shows. However, his grandparents predominantly watch Filipino shows. His biological parents, sibling, and aunt speak predominantly English but understand Tagalog. At home, his grandparents mostly speak Tagalog (dialect from their province). His grandparents have conversational skills in English but admitted to not being proficient. While they communicate better in Tagalog, they try to speak in both languages to Cecil inside and outside of the home. He reportedly responds in English. Aside from his grandparents, no one else speaks with him in Tagalog.

Cecil reportedly has many friends in school. Given the composition of his school’s population, his friends are from different races/ethnicities.

Health and Developmental History

Cecil was born full-term via normal delivery and weighed eight pounds. I was also informed of possible exposure to substances prenatally. His grandfather reported that Cecil’s parents used drugs in the past, so exposure to drugs in utero was very likely. At three months old, he was brought to the hospital due to seizures and was in and out of the hospital for four months. Initial seizure episode was thought to be due to an accidental hit on the head by his older sibling. Details of the accident were unknown as Cecil’s grandfather was vacationing in the Philippines at that time. Cecil has not had any seizure episodes since then. Early developmental milestones for gross motor and speech/language were reportedly delayed. His grandfather believed that Cecil started walking at age 2 and started talking at age 4. His family thought he was deaf and mute because he was very quiet and did not speak. Cecil’s first language is English since both of his parents only spoke English. His grandfather stated Cecil understands both English and Tagalog but has very limited expressive communication in both. Other developmental issues were denied. He was otherwise physically healthy with occasional viral colds and fevers. Hearing and vision were normal based on school physical exam at the beginning of the school year. He does not take any prescribed medication.

Educational History

At the time of the evaluation, Cecil started first grade at a private school, where he and his older sibling receive educational funding. According to his teacher, Cecil previously received some 1:1 intervention and peer tutoring for language arts and pre-academic math classes. His grandfather reported that Cecil benefited from the tutoring but was unsure why it was discontinued as they are unable to pay for a private tutor. While he was unable to read and had poor phonological awareness, he could recite his letters and numbers and write numerals up to 100. His grandfather reported that it had been very difficult to teach Cecil at home because he could be “stubborn” and often claimed to be “tired.”

Social, Emotional, and Behavioral Functioning

Cecil is quite shy, which was attributed to his communication difficulties. Cecil was described by his grandfather as friendly, loving, cheerful, and obedient. Cecil’s teacher described him as a sweet and playful boy who was well liked by his peers. Behaviorally, he could be inattentive during school, but there were no other concerns at home and in school.
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Daily Functioning

Cecil enjoys spending time with his family. Due to his young age, they do not expect him to do chores; therefore, they do everything for him. At home, he can perform daily living activities independently; however, his grandmother checks on him to ensure he does things correctly. He can feed and dress himself.

Previous Test Findings

Last year, Cecil underwent a pre-academic screening, which resulted in below-age performance across the board. Specifically, his expressive language skills were very low, while his receptive skills were slightly better but still well below average. Letter knowledge was well below average, while his number sense was below average. Poor vocabulary and mild articulation difficulty were noted. His fine motor skills were significantly low. A comprehensive developmental evaluation was recommended, including medical (i.e., immediate dental care), speech, and occupational therapy evaluation. Tutoring was also recommended for basic phonics and word decoding.

Classroom Observation

Cecil was observed on three separate occasions at his school in order: during recess, independent class work, and small group. Cecil was noted to reference his seatmate's work almost always to ensure he was correct and also copied his seatmate's answers. Cecil used gestures when communicating and needed prompting to use his words. Throughout my observations, he was very quiet and rarely talked to his peers. He watched and listened but hardly interacted with them. He gazed at me a few times but never engaged.

Testing Behavioral Observations

I evaluated Cecil on two different occasions at his school. Cecil was polite, enthusiastic, and cheerful; he easily developed and maintained rapport. While he was quiet and never initiated any conversations with me, he responded to my questions, which was expected in the Filipino culture (i.e., respond when spoken to). His eye contact was good. The evaluation was completed in English as his spontaneous speech/expressive language was only in English. Even when questions were asked in Tagalog, his responses were in English. He needed prompts and directions repeated. When items were easy, he was confident and responded quickly. In contrast, when items were difficult, he looked up, pretended to think but did not respond. On a few verbal tasks, he responded with “Don’t know” without really thinking about the questions. During these times, I tested limits by translating words in Tagalog or allowed him to respond in Tagalog to see if it would make a difference, which it did not. He seemed to know fewer words in Tagalog based on informal assessments and observation. When provided with multiple-choice answers in both English and Tagalog, he provided correct answers based on recognition and process of elimination. To note, he did relatively better in English than in Tagalog. Overall, he put forth sufficient effort; thus, the results of this evaluation were thought to be accurate.

Test and Norm Selection

Expressive/Receptive One-Word Picture Vocabulary Test, Bender-Gestalt Test, Beery Buktenica Visual-Motor Integration, Behavior Assessment System for Children—Third Edition. While none of the following tests have been culturally validated with Filipino or Filipino American children, results were interpreted with these considerations in mind and thought to still adequately represent his current functioning based on his use of English more than Tagalog and familiarity with US-based testing systems.

**Test Results and Impressions**

Neuropsychological evaluation revealed significant variability in his performance/skills. Cecil’s cognitive functioning was variable; he had better developed nonverbal reasoning abilities (low average) than his verbal/language skills (very low). Relative strengths were noted in recreation of block designs, identification of missing details of a picture, and transcription of symbols. Significant weaknesses were noted in nonverbal abstract reasoning, as well as in expressive (picture naming and oral-motor sequencing) and receptive (picture naming and comprehension of instructions) language. While Cecil made progress in the past year, his language skills remained deficient, falling significantly below his peers.

Language-based academic skills were generally below expectations. This includes rapid automatic naming, word reading, reading comprehension, and spelling. Regarding memory, sentence repetition and list-learning were borderline, while memory for faces was above expected levels. These were consistent with his performance on the cognitive test. Results of the rating scales indicated average adaptive and emotional/behavioral functioning.

Overall, this neuropsychological profile revealed a pattern of weakness with verbal/language skills. Considering the above, Cecil met diagnostic criteria for Language Disorder (mixed receptive and expressive). While testing was done in English, his Tagalog proficiency was also poor. In fact, he knew less words in Tagalog based on informal assessments/observation. As such, I recommended Speech and Language therapy to address his deficits in this area. I gave him an additional diagnosis of Academic Problems, given his language-based academic weaknesses. While he currently did not meet full criteria for a Specific Learning Disability, he is experiencing significant difficulties and would need to be followed. I encouraged his grandfather to request classroom accommodations, instruction modifications, and resume one-to-one tutoring at his school. He also demonstrated vulnerabilities in graphomotor skills. He was not given an additional diagnosis at this time based on variability in fine-motor and visual-spatial tasks; however, it is important that this is monitored. Occupational therapy evaluation was also suggested. Additionally, I recommended a neurological evaluation given his history of seizures and prenatal exposures to drugs.

**Feedback and Follow-Up**

I discussed the results of this evaluation and Cecil’s strengths and weaknesses and explained the pattern of deficits in verbal/language skills with his grandfather, who was confused about the diagnosis of Language Disorder as Cecil can be quite talkative at home. After explaining the concepts and differences between basic interpersonal communication skills and cognitive academic language proficiency, he appeared to understand Cecil’s vulnerabilities and how these affected his functioning. I further explained how Cecil’s language disorder was impacting his learning at school. I provided examples of his academic difficulties and how he is at-risk for further lagging behind his peers if not addressed.

Cecil’s grandfather inquired about possible causes of Cecil’s problems, specifically asking about his mother’s drug use or his seizures during infancy. He also stated that this might be God’s
punishment due to the patient’s parents’ drug use. While being affirming, I provided psycho-education on brain development and neuropsychology. His grandfather also expressed feeling ashamed for not being aware of these deficits. They did not think something was “wrong” with Cecil as he understands both English and Tagalog. I described the different measures and testing of limits that I used to determine whether his performance would improve with Tagalog. However, I found the opposite. He also asked why he had never heard of this diagnosis before. I normalized his concerns and further explained that neurodevelopmental disorders affect individuals from different backgrounds. I explained that it may be less diagnosed in Filipinos as we tend to focus on physical illness rather than developmental delays or may view language difficulties as benign when learning two languages and believing that children will eventually catch up.

Cecil’s grandfather brought up many valid concerns such as financial issues and “cures” for Cecil’s challenges. This exemplified how Filipinos tend to search for the “cure” and have a mindset that developmental delays will be overcome/resolve on their own. This thinking sometimes prevents families from seeking services in the hopes and belief that the child will somehow “grow” out of the delays. He and his wife supported their grandchildren using minimal income, and he was very concerned about the costs of these interventions. We discussed different options such as transferring to a public school and utilizing the free services through the public-school system and insurance. I also provided them with specific interventions they could do at home to help improve his language and reading skills, as well as activities to improve fine-motor/visuospatial skills.

The feedback session was conducted in both English and Tagalog as some concepts do not have direct Tagalog translations. For example, the direct translation for Language Disorder is karamdaman ng wika, which can be back translated to “illness of language.” This translation does not fully capture the concept of a child having speech and communication problems. Similarly, sensorimotor and visual-spatial skills have no direct translations. Hence, English terms were used with a Tagalog explanation of the concepts. His grandfather expressed his gratitude to me for speaking in Tagalog.

Neurodevelopmental disorders are not likely to be discussed or familiar to Filipinos. While they may know of or may have heard of intellectual disability, attention deficit hyperactivity disorder, or autism, language disorders and learning disability are less “popular” constructs, and deficits in these areas may be thought to be related to intellectual or general cognitive slowness. Having a Tagalog-speaking neuropsychologist explain these less “popular” constructs, which may not necessarily have a direct Tagalog translation, contributed to a meaningful feedback session with Cecil’s grandfather. It may have also facilitated the grandfather’s willingness to pose clarifying statements and questions to the neuropsychologist in light of the above discussion about values of ibang tao or outsider, and pakikisama or smooth interpersonal relationships to maintain group harmony.

Section III: Lessons Learned

- The Philippines is a diverse country with influences from Asian, Spanish, and American cultures as a result of trade routes and colonization. Filipino history and culture may be more similar to those of Latin countries that were also under Spanish rule compared to other Asian countries.
- There are distinct regions with specific languages and dialects spoken. Tagalog and English are the two national languages. Therefore, assessment of language proficiency in the clinical interview is an essential component of the clinical interview to determine appropriate test and norms selection, interpretability of data, and overall assessment of cognitive ability.
- There is likely to be significant variability in education level influenced by socio-economic status, region, and education reforms. Questions surrounding number of years of formal
education, quality of education, and education/school resources, and accessibility are also essential.

- The ECLECTIC model established by Dr. Daryl Fujii provides an excellent framework for assessing important cultural components when working with diverse patients.
- Translating psychological terms and concepts into Tagalog, or other Filipino languages or dialects, can be difficult as some terms do not have direct translations. Alternatively, one may explain the concept rather than translate word for word. Providing a report summary in the patient’s native language can be helpful for patients and family.
- Few neuropsychological tests have been normed for Filipino and Filipino Americans, and these tests are usually adapted from US-based tests, with a few exceptions. There are no appropriate measures available for Filipino children.
- Negative comments made by the examiner during testing may have undesirable consequences since many Filipinos are generally sensitive to criticism because of high self-esteem.
- Filipinos are known to be religious/spiritual. Thus, when it comes to locus of control, patients and family members may believe that a patient’s vulnerabilities are punishment by God because of some past wrongdoing rather than biological or medical reasons and may therefore seek religious means to resolve problems. Others may adopt a bahala na attitude in which they leave it to fate or the hands of God.
- The concept of ibang tao, or outsider, may be a barrier to seeking help from or being completely forthcoming with mental health professionals. The perception of a mental health provider as an outsider, or not “one of us,” can impact rapport, trust, and feelings of acceptance. Filipinos may be more comfortable or forthcoming with providers that are Filipino or Filipino American or with the use of an interpreter that speaks Filipino.
- Filipinos tend to show a deference to authority figures or shy away from disrupting group harmony and may therefore say yes or indicate understanding toward medical professionals despite not fully understanding the information presented.

Glossary

Amor propio. Self-pride leading to sensitivity to criticism.

Bahala na. Leaving one’s future to fate or to God.

Economic turmoil. Post WWII national development struggles included peasant unrest, communist rebellions, and Moro liberationists amidst land reforms and trade restructure.30

Ferdinand Magellan. A Portuguese explorer who organized the Spanish expedition from 1519 to 1522.

Ferdinand Marcos. Philippines head of state from 1965 to 1986, initially as president but then established martial law.

Filipino (language). One of the national languages of the Philippines, declared in the Philippine Constitution of 1987, that is generally based on and evolved from Tagalog.31

Ibang tao. Outsider.

Karamdaman ng wika. The direct translation for Language Disorder, which can be back translated to “illness of language.”

Paggalang sa nakatatanda. Respect for elders.

Pakikisama. Going along with group opinions and behaving in a way to maintain harmony within the group or family.

Pensionados. Children of prominent Filipino families.

Sakadas. Filipino laborers.

Tago ng tago. Always hiding; a term used for undocumented Filipino immigrants.
References

12. Tuliao AP. Mental help seeking among Filipinos: a review of the literature [Internet]. Faculty Publications, Department of Psychology: 2014. Available from: http://digitalcommons.unl.edu/psychfacpub/792