Cultural Diversity in Neuropsychological Assessment
Developing Understanding through Global Case Studies
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Culturally Aware Neuropsychological Assessment with Greek Immigrants

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Section I: Background Information

Terminology and Perspective

Individuals from Greece are generally referred to as Greeks. First, second, or third generations living in foreign nations often refer to themselves as Greek Australian/American/Canadian. This chapter will use the term Greek to refer to individuals originating from the geographical area of Greece, unless otherwise specified.

I was born in Australia to Greek migrant parents, who arrived and settled in Melbourne during the early 1970s. Melbourne is home to the largest Greek population in Australia. It also has the largest Greek population of any city in the world outside Greece and Cyprus. I attended a bilingual Greek Australian school; I speak Greek fluently and have provided clinical services to the aging Greek Australian community for approximately ten years. Thus, this chapter is based on my clinical experience of working with this group.

Geography

Greece (Ελλάδα), officially the Hellenic Republic, known also as Hellas, is a country located in Southeast Europe. Its population is approximately 10.7 million as of 2018; Athens, the nation’s capital, is its largest city, followed by Thessaloniki. The country consists of nine geographic regions, including Macedonia, Central Greece, the Peloponnese, Thessaly, Epirus, Thrace, Crete, the Aegean Islands, and the Ionian Islands.1

History

Greece is considered as the cradle of Western civilization, as the birthplace of democracy, Western philosophy and literature, historiography, political science, scientific and mathematical principles, Western drama, and the Olympic Games. The Greek Orthodox Church, which emerged in the 1st century A.D., helped shape modern Greek identity and transmitted Greek traditions to the wider Orthodox World. After falling under Ottoman control in the mid-15th century, Greece emerged as a modern nation-state in 1830 following a war of independence. Throughout the 20th century, Greece was engulfed in political turmoil and economic instability due to World War I (1914–1918), the Greco-Turkish War (1919–1922), World War II (WWII; 1939–1945), the Greek Civil War (1946–1949), and a military junta (1967–1974).

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Immigration and Relocation

Throughout the 20th century, millions of Greeks migrated to the United States, Australia, Canada, and Germany, creating a large Greek diaspora. Smaller pockets of Greek migrants also exist in South Africa and South America. While the focus of the chapter will be on Greek Australians, it is worth noting that Greek migrants share similar demographic features and reasons for leaving their country of origin. Therefore, the information provided in this chapter may, to some extent, assist clinical neuropsychologists with broadly understanding and preparing for assessment of this cultural group.

The Greek diaspora is largely concentrated in four nations, namely Australia, the United States, Canada, and Germany. Migration to some of the nations started as early as 1850; however, large waves of immigration started after WWII and the Greek Civil War. The 2016 Australian census recorded 397,431 people of Greek ancestry and 93,740 born in Greece. Between 1945 and 1985, approximately 211,000 Greeks migrated to the United States, 100,000 entered Canada, and 274,060 entered Germany.

Assessment of Migration Journey

A large majority of Greek migrants fled during or shortly after WWII or the Greek Civil War. These individuals were subjected to a range of traumatic experiences during both of these wars, including famine, malnutrition, physical and psychological torture by foreign and local captors for several years. Following migration to host nations, a number of Greeks were met with xenophobic attitudes, which served to exacerbate underlying trauma and resulted in marginalization.

Gathering information regarding pre- and postmigration history is an important part of clinical assessment and history taking. Factors that warrant consideration can include reasons for relocation, the migration journey, history of trauma, stereotype threat, mistrust in authority figures/government agencies, age at time of migration, visa status, socioeconomic status pre- and poststatus migration, impact of racism, changes in cultural identity. Assessing and understanding these factors can assist with conducting a sensitive and culturally informed interview, leading to accurate interpretation of culturally bound behaviors and attitudes.

Acculturation

Upon migrating to Australia, Greek migrants were faced with the undesirable reality of marginalization and exposure to prejudice. This resulted in Greeks helping other Greeks to find work and accommodation, and in turn, pushed them into ethnic enclaves, residually, occupationally, and economically. Rosenthal and colleagues noted that Greek Australians retained the collectivistic values while Anglo-Australians demonstrated a more individualistic orientation. Furthermore, Greek Australians displayed only minimal integration of Anglo-Australian cultural values. Research suggests that acculturation to the dominant culture is facilitated by access to knowledge and exposure to mass media. However, given that older Greek Australians had limited English proficiency, they likely did not benefit from such exposures to mainstream Anglo-Australian culture, thus retained Greek values.
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Language

Greece is today relatively homogeneous in linguistic terms, with a large majority of the native population using Greek as their first or only language. Among the Greek-speaking population, speakers of the distinctive Pontic dialect came to Greece from Asia Minor after the Greek genocide and constituted a sizable group. Near the northern Greek borders, there are also some Slavic-speaking groups, locally known as Slavomacedonian-speaking, most of whose members identify ethnically as Greeks. It is estimated that after the population exchanges of 1923, Macedonia had 200,000–400,000 Slavic speakers.

Religious Practices

The Greek Constitution recognizes Eastern Orthodoxy as the nation’s dominant faith. The Greek government does not keep statistics on religious groups and censuses do not ask for religious affiliation. According to the US State Department, an estimated 97% of Greek citizens identify as Eastern Orthodox. In a 2010 Eurostat–Eurobarometer poll, 79% of Greek citizens responded that they “believe there is a God.”

People

While Greeks tend to broadly identify as a homogenous cultural and ethnic group, subtle differences are observed between and within the Nation’s nine geographic regions. These differences are due to a combination of factors, including remnants of ancient cultural practices and identity, and the cultural influence of invading forces that have been incorporated into modern Greek identity. Individuals in larger cities tend to share liberal political and worldviews, while those residing in smaller towns or villages tend to be more conservative. In the context of Greek Australian migrants, it has been my experience that attitudes and cultural practices can differ based on educational experience (city or village), spoken language(s), socioeconomic status, values, and customs. For example, individuals from Athens tend to speak only Greek (in addition to a second language, generally English), while some from certain regions in Central Macedonia speak both Greek and Slavic dialects, and thus see themselves as culturally distinct and identify as Macedonian.

Children born to Greek migrants and raised in other nations tend to incorporate customs passed down from their elders, alongside new and sometimes conflicting customs reflected in new cultures, thus resulting in a unique fusion of intergenerational perspectives. These factors often influence a range of psychological processes and warrant careful consideration in the context of a culturally informed clinical evaluation.

Communication

Greeks tend to be indirect communicators. To avoid conflict or confrontation, they often conveying their messages in a tactful manner. In instances where they need to communicate negative information, exchanges are generally conveyed in a noncommittal manner to minimize offence. Verbal communication tends to be quite verbose, expressive, and intense. At times, communication style can be perceived as exaggerated and emotional in tone and expression. They often speak with impassioned, loud voices when talking to each other. This culturally appropriate expression of excitement can often be misinterpreted as a sign of anger by other cultural groups.
Nonverbal communication, greetings, and interpersonal exchanges are equally as important in Greek culture. Greeks tend to be very tactile and openly display signs of affection, such as hugging and kissing. Hand gestures are often used during communication and Greeks tend to be very expressive with overall body language. While Greeks are generally considered to be animated communicators, this varies from person to person. Some may be more reserved upon the first meeting.

Age, seniority, and individuals working as professionals (medical doctor, lawyer) are highly respected in Greek culture. Addressing elders by their appropriate title, for example, “Keerios” (Mr.) and “Keeria” (Mrs.) is expected and seen as a sign of respect. Younger individuals often address elders they are not related to as “Theia” (Aunty) and “Theios” (Uncle). The use of titles, including Dr. or Mr./Mrs., are often used when addressing individuals in professional fields, particularly by older generations. Professionals such as medical doctors are highly respected, leading elderly individuals to not challenge or disagree with opinions, despite having different or conflicting views. This may impact on adherence to an agreed upon medical, therapeutic, or rehabilitation program. Furthermore, details about gender-specific or sexual health history may not be willingly shared with a professional of the opposite sex.

Education and Literacy

Both level and quality of education warrant consideration in neuropsychological assessments, particularly with elderly Greeks. The impact of three consecutive wars had a significant impact on time spent in school and the quality of education attained. Research has also noted gender differences with regard to the level of education, with elderly Greek women not having attended school or only attending for very few years. These differences reflect socioeconomic and gender norms, since they grew up in a poverty-stricken agrarian society during and after World War II when going to school interfered with agrarian responsibilities and household duties, and education was often considered superfluous for girls.

Teaching methods employed in Greece during the aforementioned period were largely didactic in nature, emphasizing rote learning and note-taking methods, thus limiting student participation and capacity for reflection. These methods are in contrast to models and standards of education in English-speaking industrialized nations, which placed an emphasis on problem-solving based learning, mental abstraction, as well as test-taking skills, which are heavily drawn on in traditional IQ tests. In the context of clinical assessment, a proportion of elderly Greek migrants are at a significant disadvantage due to the lack of familiarity with testing concepts, limited levels of education, and no prior formal testing experience.

Research exploring the utility of brief cognitive screens, normed in countries of origin, for assessment of migrant peer groups have indicated that they are not appropriate for diagnostic purposes. Plitas and colleagues found that if Greek national cut-off score for the Cambridge Cognitive Examination of the Elderly (CAMCOG) and the Mini-Mental Status Examination (MMSE) were applied to Greek Australians, approximately 66%–72% of the sample would be classified as impaired. Overall, Greek national norms are not applicable to Greek Australians because of high probability of false-positive findings and misdiagnoses. This finding indicates that even when a tool is normed in the country of origin, following the migration process, same language-speaking groups may display disproportionate performances.

Values and Customs

Greeks are a collectivist group who display a strong loyalty to familial and social groups. The cornerstones of Greek values are centered on family, interdependence and collectivism, religiosity,
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respect, and hospitality. These values also hold true with younger generations, where family loyalty, obligations, and honor are fundamental cultural hallmarks.

Respecting parents and elders are fundamental components of Greek culture, with family often weighing in on significant life decisions, such as choice of career or life partner. Arranged marriages were common practice within Greek culture. In instances where children of migrants married outside of their cultural groups, they often married individuals from other European backgrounds. The custom of arranged marriage is now an outdated cultural practice for younger generations, with younger Greek Australians marrying outside of their ethnic group.

The central societal principles underlying Greek culture, namely interdependence and collectivism, often result in children providing care to an elderly family member. This act is associated with the concept of “philotimo,” meaning “sense of honor.” With this governing cultural concept in mind, it is not surprising that Greek Australian children take on the role of caregivers to elderly parents. In clinical practice, I have provided support to both patients with dementia and their caregivers, who over time present with symptoms of burnout. While options are available to support their loved one, including Greek nursing homes, this option is seldom considered due to cultural expectations and themes of guilt, failure, and shame. These culturally bound concepts are important factors to consider in the context of providing clinical recommendations and advanced care planning.

It is now well established that speed of processing and a variety of other cognitive constructs are dependent on and vary between cultural groups. The concept of processing speed has been argued to reflect a Western individualist concept, where faster is better. However, for many other cultural groups, this notion is considered contradictory, underlying the assumption that a good outcome is achieved as a result of exercising care and taking as much time as needed. For example, Messinis and colleagues showed that if US normative data were used in Greek nationals (aged 45–59, education level of 9–11 years), a raw score time of 55 seconds for CTT-1 and 122 seconds for CTT-2 would place their performance in the 34th percentile. In contrast, the same raw scores using culturally appropriate normative data would place this performance in the 50th percentile. In other words, the use of US norms would unfairly penalize Greek nationals and possibly other dissimilar groups.

Gender Roles

Traditionally, Greek society has been male dominated. There has been quite a masculine ideal of men cast as the provider. Today, most Greek women receive a high level of education and work to contribute to the household income; however, they are still expected to be responsible for the majority of the household duties.

Mental Health Views and Help-Seeking Behaviors

A number of studies have reported that limited help seeking is related to factors such as previous experiences of racism and prejudice, leading to mistrust in the healthcare system, and a perceived imbalance of power between healthcare professionals and minority groups. Thus, it is not surprising that non-English-speaking groups are reluctant to engage with mainstream healthcare services due to a lack of previous experience with cognitive assessment, language barriers, cultural differences, a fear of being misdiagnosed, and culturally stereotyped. Poor engagement, high anxiety, and mistrust in examiners are well-known to negatively influence cognitive assessment performances.

LoGiudice and colleagues retrospectively examined the demographic and clinical features of patients from non-English-speaking backgrounds (Greek, Italian, Middle Eastern, and Asian) to those from English-speaking backgrounds who attended a memory clinic in Melbourne, Australia.
Results from this study uncovered that those who were non-English-speaking were more likely to present with a functional psychiatric disorder and showed a greater degree of cognitive impairment compared to their English-speaking counterparts. Differences in health status, lifestyles, and the perception of diseases between ethnic groups can have important implications regarding the use of preventive, curative, and rehabilitative healthcare services.\textsuperscript{32–34}

Having worked with a number of aging Greek Australians for several years in both clinical and research settings, I have found that their understanding of mental health and medical conditions is limited. Attitudes toward mental illness and degenerative diseases tend to be met with themes of fear and inferiority, while displaying empathy for those affected. Limited engagement with mental health and medical providers is further impacted by stigmatizing attitudes and fears of personal failure.

\textit{Medical Conditions}

Data indicates that first-generation Greek-born Australians are the second longest living group in the world, after Japanese-born Hawaiians.\textsuperscript{35} Interestingly, elderly Greek migrants were noted to be living longer than their Greek national counterparts.\textsuperscript{36} In 2011, they continued to have one of the lowest levels of all-cause mortality, with 35\% lower mortality rates arising from cardiovascular disease and cancer, relative to the Australian-born population. However, research indicates a 2–3-fold higher prevalence of obesity, diabetes, hyperlipidemia, hypertension, inactivity, and smoking.\textsuperscript{37–39}

\textit{Approaches to Neuropsychological Evaluation}

In my practice, I see a number of individuals from a wide range of cultural backgrounds. Elderly Greeks make up a large proportion of my referral base, where I provide diagnostic, behavioral support, and rehabilitation services. A large majority of elderly Greeks have not had any previous experience with psychological testing. When they present for neuropsychological assessment, they are often uncertain as to why they have been referred, what to expect, and are unfamiliar with testing procedures. Therefore, I begin by explaining my role and the reason for referral in very simple terms, specifically assessing memory and thinking skills to determine if something is wrong with the brain. I give them examples of what types of tests that I am likely to administer, give them ample opportunity to learn and ask questions, and provide encouragement throughout the session. A large majority of elderly Greeks are not test-wise and therefore guided learning is necessary to ensure that they understand what is required of them during the assessment.

Prior to testing, I often engage in casual conversation as a means of alleviating anxiety and establishing rapport. This seemingly casual conversation allows me to gather information regarding personal history and assess memory at a functional/qualitative level. After rapport has been established, I then delve into subject matter that might be considered more sensitive matters, including medical and psychological history.

Neuropsychological assessment requires the examiner to follow standardized instructions as set out in test manuals, however, this approach has proven to be problematic for some groups. Many Greek Australians tend to be at a disadvantage due to the lack of familiarity with testing concepts, limited levels of education and no prior formal testing experience. In my experience, testing is a foreign concept, and elderly Greeks can be resistant and display anxiety. In instances where they are instructed to complete a timed task without interruption, they tend to start speaking or become easily distracted. For example, I have observed that when completing verbal fluency
tasks (supermarket items), a number of elder Greeks tend to engage in conversation about recently named items in reference to what they had for dinner and require redirecting.

Prior to commencing testing, I examine whether commonly used tests and norms are appropriate. At present, domain-specific cognitive tests and normative data do not exist for use in any culturally and linguistically diverse group in Australia. It is now widely acknowledged that the use of Western norms and test content for assessment of cultural minorities is inappropriate. In light of these findings, when assessing elderly Greek Australians, I employ a number of tests that have been standardized in Greece, which are arguably more valid than those from Australia or the United States. For example, I have compared the raw and scaled scores of the US normed WAIS-IV to that of the Greek WAIS-IV adaptation and found a 1 to 1.5 standard deviation difference on a majority of the subtests between the two normative samples, particularly in the elderly groups.

Section II: Case Study — “When You Know the Person Is Your Own, It Is Different, You Feel More Comfortable. I Feel Like I Can Speak to You and You Will Understand What I Am Saying”

NA (pseudonym) was referred for neuropsychological review in August 2017 to provide a second opinion regarding her cognitive status and lifestyle decision-making capacity. This assessment was requested by NA's family following disagreement with medical and neuropsychological services who found that she met criteria for a dementia.

As a result of disagreement among NA's children and medical professionals regarding her diagnosis and required level of care, the case was referred to the Victorian Civil and Administrative Tribunal (VCAT). The main role of VCAT is to provide affordable, timely, and quality access to justice for civil matters. In cases where disagreement is noted among family member with regard to management of medical, financial, or lifestyle capacity in the context of a cognitively impaired family member, an independent guardian may be appointed to make these decisions.

Family Background and Personal History

NA is an 84-year-old woman of Greek background, born in a village near Thessaloniki, Northern Greece. She has an older sister. She stated that both of her parents worked as farmers and believes that they only attended school for two years.

NA migrated to Melbourne, Australia in 1958 at the age of 25. She reported primarily socializing and living with other Greeks due to her limited English. Approximately one year after her arrival, she met her husband and they were married. Shortly after their union, the couple had three children. Since migrating to Australia, she has not worked and was a stay-at-home mother/homemaker. She has five grandchildren and four great grandchildren. NA and her husband live in their own home, where they have resided for more than 50 years.

Educational and Employment History

NA reported completing five years of primary education in her village in Greece. Time spent in school was inconsistent due to war and economic hardships. She attended school for brief periods during the day/week (between one to three days per week, or none at all). After completing primary school, NA worked as a seamstress in her village until migrating to Australia. Due to caring for her children, she has not engaged in formal employment since migration and stated that her primary role was that of a homemaker. Upon arrival to Australia, she did not attend school or English language classes.
Language Proficiency

NA’s dominant language was Greek. Greek was the primary language spoken at home during her childhood and following her migration to Australia.

Emotional Functioning

NA reported a history of anxiety dating back to early childhood, which she believed was related to exposure to war and stresses associated with her migration. She contended with symptoms of anxiety throughout adulthood, however, has not engaged in therapy to address these issues. She stated that services were not available in her language when she arrived to Australia and seeking out the services of a psychologist may have led to individuals within her community perceiving her as “crazy.” Overall, NA stated that she managed her anxiety relatively well.

Medical and Health History

NA’s medical history consisted of total left and right knee replacement surgery, rheumatoid arthritis, hypertension, and restless leg syndrome. She was admitted to hospital four years prior after a mechanical fall due to cervical myelopathy, and underwent cervical discectomy. During her current admission, she underwent a cognitive screen, using the Rowland Universal Dementia Assessment Scale (RUDAS) and scored a 21/27. Recall was 6/8. Visuoconstructional abilities were not assessed. Following this assessment, she was approved for a bed-based transitional care program. Correspondence provided by her community physician, who has been responsible for her care over the last two years, noted no change in cognition or evidence of impending dementia.

Previous Neuropsychological Assessment

NA was seen for neuropsychological assessment as an inpatient two months prior to my review. It was unclear as to why she was referred for assessment while in hospital. The assessment was conducted with the aid of a Greek interpreter. Results indicated that her neuropsychological profile was notable for impaired executive skills and planning along with significantly impaired insight regarding her cognitive deficits. Furthermore, she responded in a manner to indicate a poor understanding about her ability to manage her household, emergency situations, or adapt her behavior to changing events. The conclusion was that cognitive decline has been longstanding and permanent.

Daily Functioning

During her marriage, NA stated that all financial dealings were generally handled by her husband, including paying bills and managing general financial expenses. NA and her husband have received government assistance for personal care (twice weekly) and domestic care (fortnightly) for a period of five years. These services came into effect following her husband’s heart valve replacement surgery. In addition to these services, NA’s children support her with personal care, preparing meals, cleaning the house, tending to the washing, and grocery shopping once a week. Prior to their mother’s surgery, their parents were managing well with the aforementioned supports in place and did not note any significant barriers or safety concerns.
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Corroborative History

NA’s youngest son noted that while she presented with moderate/high care needs, and that her mobility had been impacted over the last two years, she is well supported at home. Her home was modified to assist with mobility issues, including ramps and rails. From a functional perspective, she requires support in domestic and personal care due to her noted medical conditions, which has led to progressive muscle weakness. Asides from the mechanical fall that she sustained four years prior, he stated that NA has resided in the community without incident. NA’s family stated that her cognitive function is intact. They denied any history of cognitive or behavioral changes.

Preliminary Formulation

Following a review of relevant medical documents, obtaining corroborative history, and interviewing NA, I questioned whether she met criteria for a dementia. It is worth noting that NA’s previous assessment was conducted using tests that were not necessarily culturally appropriate, and normative data used for comparisons came from samples in the United States and Australia. These limitations were not noted in the previous report.

Mental State and Presentation

NA was seen for neuropsychological review at her home in Melbourne. She was assessed and interviewed in Greek language by myself. She presented as a polite woman of thin build. Gait was not observed as she was sitting. She was socially appropriate and maintained eye contact throughout the session. She described her mood as “sad” and reported feeling anxious, however, settled as time progressed. Speech output and language content were unremarkable. No word finding difficulties were noted. No cognitive or perceptual disturbance was noted.

Functional memory was intact for personal and autobiographical details. She was able to accurately recall the names of her children, their spouses, her grandchildren, and her great grandchildren. Furthermore, she was able to recall all of her children’s home telephone numbers, her own telephone number, and her current address. She was also able to state her date of birth, the year that she migrated to Australia, and the years of her previous knee operations. Functional memory for recent events was also intact. For example, during testing NA recalled the dates of recent surgeries and undergoing cognitive testing.

Test and Norm Selection

A number of standardized neuropsychological tests were administered in Greek to explore NA’s cognitive functioning, including:

- Wechsler Adult Intelligence Scale, Greek Adaptation—Fourth Edition (WAIS-IV GR)
Based on NA’s educational background, level of acculturation and Greek-speaking dominance, neuropsychological tests were administered using standardized Greek instructions. The scoring of tests was interpreted using normative data derived from age and education matched Greek national peers.

NA's premorbid level of intellectual functioning was conservatively estimated to fall within the Low Average to Average range.

Summary of Results, Feedback, and Follow-Up

NA's neuropsychological profile was consistent with premorbid expectations, falling within the Low Average to Average range. She displayed intact reasoning skills, visuospatial skills, general knowledge, processing speed, attention and working memory, and her ability to encode and recall new verbal/visual information intact. Qualitatively, her ability to shift across mental sets was also intact. Furthermore, no language difficulties or apraxia were noted. Based on the outcome of the assessment, using culturally appropriate neuropsychological measures and normative data, NA did not meet the criteria for a dementia.

NA displayed a good degree of insight into her functional limitations, provided adequate responses to potential emergency situations, demonstrated help-seeking behavior, and practical problem-solving skills.

The outcome of the assessment was presented to VCAT and hospital staff, including the heads of psychology and geriatric medicine. Following a review, it was the opinion of VACT that she did not meet criteria for dementia and was capable of making decisions regarding medical and life-style decisions.

As a result of this incident, NA remained hospitalized for a period of approximately 90 days before her case was heard. During this period, she experienced anxiety and feared that she would be placed into a nursing home against her will. She was subsequently released into the care of her husband and her children.

Section III: Lessons Learned

- Assessment of pre- and postmigration history, psychological trauma, age of immigration, changes in cultural identity, socioeconomic status, acculturation, and prejudice are factors that warrant attention in the Greek community.
- Elderly Greek migrants bring a different set of expectations and knowledge to neuropsychological assessments sessions; thus, may perform more poorly on standardized testing.
- Differences in test-taking are attributed, at least in part, to exposure to Western-style school curricula that foster abstract problem solving and test-taking skills, factors which are heavily imbedded within IQ tests. Given the formal and artificial environments that clients are placed in during assessment, this is a factor that may result in anxiety and underperformance.
• The need to clearly express what is required during the testing processes in essential. Additional guided learning to ensure understanding is recommended.
• The use of norms derived from educated English-speaking groups may not be appropriate for use within a range of Australian ethnic minority groups.
• In an ideal situation, referring clients to a culturally similar neuropsychologist for evaluation of cognitive disorders may assist with errors in communication-related to culturally specific concepts.
• Use of interpreters to assist with conducting neuropsychological assessment does not necessarily result in reducing error. Working with interpreters is a skill that needs to be developed and mastered over time.
• Engaging with neuropsychological or psychological services can be impacted due to limited culture-specific services, stigma, prejudice, shame, and limited information available in target languages regarding healthcare issues.

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