

11:45am - 12:45pm
Friday, 3rd February, 2023
Pacific Ballroom A

Abstract & Learning Objectives:

This presentation discusses six patients with different problems, referred for rehabilitation, who challenged my views on how to apply neuropsychological principles to their treatment. We begin with Derek, who had sustained a traumatic brain injury from a gunshot wound. I was asked to reduce his weight, but he could not read or write because of the brain injury so I had to find another way to achieve the weight loss. This made me realize that neuropsychologists have to “think on their feet” and be flexible. The second patient is Kate, who developed brain stem encephalitis. Expected to die, and unable to speak, she convinced me that, however severe the injury, we should not give up and recovery can continue for many years. Kate, managed to speak intelligibly fourteen years after her illness! The next patient, Claire, a school nurse, had herpes simplex encephalitis which left her with prosopagnosia and extreme anxiety. Her story made me realize the personal consequences of prosopagnosia that is typically overlooked by most neuropsychologists. The fourth patient, Gary, was attacked by a gang while saving his father. He remained in a state of unconsciousness for 19 months and, thus, had a very poor prognosis. Nevertheless, he defied the predictions of all medical staff, woke up and did very well. The penultimate patient is Natasha, who, as far as we know is the only person in the world to have two syndromes, “Sheehans Syndrome” which is very rare in developed countries and “Sickle cell disease” which is not rare. As a result of the Sheehan’s she developed Balint’s Syndrome. Her case made me learn about Sheehan’s Syndrome and accept that Natasha’s main goal in life, was not what I expected it to be. The final patient is Paul, an opera singer, who was diagnosed with “Locked-in Syndrome” following a brain stem stroke. Not only was he a good communicator once a good system was found, but he felt he had a good quality of life by “living within his head”. Although many of us feel that to be fully conscious but totally dependent on others, is a very cruel situation to be in, Paul did not feel this. All these patients taught me a great deal and I thank them for this.

Upon conclusion of this course, learners will be able to:

1. Describe the main purposes of neuropsychological rehabilitation
2. Discuss about six patients who challenged typical concepts about neuropsychological rehabilitation
3. Gain some knowledge about Sheehan’s syndrome
4. Explain the three components of Balint’s syndrome
5. Summarize the difference between Locked-in syndrome and the minimally conscious state
6. Recognize some of the anatomy associated with these syndromes

Lunch (on own)

12:45 - 1:45pm
Friday, 3rd February, 2023

**INS Student Liaison Committee Panel
02: Navigating Professional
Transitions in Neuropsychology: The
Journey from Student to Professional**

**Presenters: Cady Block, Christine
DiBlasio, Jason Soble and Talia
Robinson**

1:45 - 3:15pm
Friday, 3rd February, 2023
Pacific Ballroom A

**Symposium 09: Neuropsychological
Test Translation, Adaptation, and
Development Part 2: Lessons learned
from Vietnam, India, Australia, and
the INS Cultural SIG**

1:45 - 3:15pm
Friday, 3rd February, 2023
Town & Country Ballroom B

Chair

Tedd Judd
 Universidad del Valle de Guatemala, Guatemala
 City, Guatemala

Discussant

María J. Marquine
 Departments of Medicine and Psychiatry
 Director of Disparities Research, Division of
 Geriatrics, Gerontology and Palliative Care
 University of California, San Diego, USA

Summary Abstract:

The history of psychological test translation includes problems of inaccuracy and unintentional or intentional racial, ethnic, and linguistic discrimination. Methods for accurate and fair psychological test translation, adaptation, and development have advanced, but neuropsychology has been slow to implement these methods. Inadequate translations and adaptations of neuropsychological tests may substantially impact their psychometric properties for target populations, increasing risk of clinical errors and other harms.

The International Test Commission's (ITC) 2017 Guidelines for Tests Translation and Adaptation summarize current technologies for tests whose constructs depend upon the semantic content of the items. This is helpful, but insufficient because many neuropsychological tests focus on cognitive, linguistic, and emotional constructs that are measured by processes other than semantic content. Neuropsychological tests may depend on word length, familiarity, written form, visual stimuli, culture-dependent behavioral expectations, or other features apart from meaning. Furthermore, the ITC Guidelines were developed primarily from experiences of translation and adaptation among European languages, with populations with a restricted range of education and cultures, hindering their generalization to more diverse populations.

To make the guidelines practical for neuropsychological users, the Assessment Workgroup of the INS Cultural Neuropsychology Special Interest Group has developed neuropsychological commentary on the ITC Guidelines. The Workgroup has also sponsored a discussion group among members involved in neuropsychological test translation, adaptation,

and development projects around the world. Our objectives in this symposium are to present an overview of our neuropsychological commentary on the ITC Guidelines and illustrate the relevance of these guidelines and commentaries through presentations of projects from around the world. At the 2022 INS New Orleans meeting our group presented lessons learned from Africa, Australia, Europe, South America, and South Asia. In the current Part 2 presentation we will present projects from Australia, India, and Vietnam and lessons derived from comparisons among many projects. Our panel will discuss lessons learned from these projects and outline potential future diversity strategies, including the following:

- The concept of universal or culture-fair tests is unrealistic, naïve, and potentially harmful.
- The concept of culture-broad tests and test paradigms is viable but requires empirical verification in all applications.
- Even with viable culture-broad tests, multicultural neuropsychology requires specific cultural and linguistic knowledge, skill, and sensitivity.
- Drawing is a learned skill that is viable for neuropsychological testing only when baseline abilities are well-understood.
- Verbal fluency is a cognitive task that varies in its nature depending upon characteristics of specific languages and their writing systems as well as the nature of education.
- One pragmatic possible strategy for better serving speakers of relatively rare languages is to develop ways of doing neuropsychology designed for those who speak popular languages moderately well as their second language.

Keyword 1: cross-cultural issues

1 Adaptation of the Addenbrooke's Cognitive Examination III for the Bengali speaking population in India: A systematic approach to reducing cultural and linguistic bias