

## Chapter 2

# Ethical Considerations in Neuropsychological Assessment of Asian Heritage Clients

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**Abstract** This chapter discusses some of the main ethical aspects of providing clinical neuropsychological services to clients who are culturally different than the clinician. These issues include the relationship between values and ethics, the imperfect correlation between ethics and actual behavior, moral principles which constitute the basis of ethical standards for most health professions (and differences in relative importance of the principles in different cultures), use of interpreters in assessment (including documentation of the credentials of any interpreters used), and competency as regards knowledge of cultural factors relevant to the client receiving services.

## 2.1 Introduction

You learn a lot about your own culture by learning about someone else's. 'The world has shrunk!' is a euphemism one often hears these days. But for some clinical neuropsychologists, however, this statement may spark apprehension because it evokes a sense of dread about the challenges involved in providing competent neuropsychological services to the culturally different. While our collective sensitivities seem to be getting ever more delicate for matters of professional ethics in clinical neuropsychology, the same cannot be said for cross-cultural applications of neuropsychology. Few neuropsychologists would disagree that ethics is an important subject matter in our field. And yet, little systematic attention is paid in the published research and clinical literature to ethical issues in cross-cultural

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neuropsychological practice. The effect of the increasing rates of immigration to the United States in the past few decades (U.S. Census Bureau, 2000) is believed to have an impact on the country's health care systems (Saha & Fernandez, 2007; Saha, Fernandez, & Perez-Stable, 2007), and neuropsychology is no exception. This effect is particularly noticeable among culturally diverse population groups with limited proficiency in English. The objectives of this chapter are quite modest, and include an exploration of some topical ethical issues involved in the professional practice of neuropsychology with Asian Americans.

It is perhaps worth starting with two general principles. First, ethical knowledge does not necessarily result in ethically appropriate conduct and behavior (Smith, McGuire, Abbott, & Blau, 1991). And second, not all ethical issues can be fully resolved by relying exclusively on our current ethical codes.

## 2.2 The Importance of Values in Cross-Cultural Neuropsychology Practice

Despite the rapid growth of clinical neuropsychology in the past few decades, there continues to be a disquieting dearth of information regarding challenges and innovative solutions associated with the provision of cross-cultural neuropsychological services. A quick review of the published articles in some of the major neuropsychology journals (i.e., *Applied Neuropsychology*, *Archives of Clinical Neuropsychology*, *Journal of the International Neuropsychological Society*, and *Neuropsychology*) shows that a mere 5 % of the articles which were published in all of these journals in 2011 were devoted specifically to cross-cultural neuropsychological issues. Does this paucity of published articles reflect the values of mainstream clinical neuropsychology? And what are values anyway?

In general vernacular, values reflect what a person cherishes. The seeds of ethically appropriate conduct are sown in values. This is because values are the crucible in which those beliefs and attitudes which provide direction to our daily lives are nurtured. The values we hold and espouse signify what is important to us, and so these values may be reflected in the contemporary themes, for instance, of the kinds of articles which appear in our major neuropsychology journals described above. One of the best descriptions of values was offered by Rokeach, who defined it as "an enduring belief that a specific mode of conduct or end-state of existence is personally or socially preferable to an opposite or converse mode of conduct or end-state" (Rokeach, 1973, p. 5). So then, it is fair to assert that our professional codes of conduct; quite like the kinds of research endeavors which are suffused in our professional journals, reflect our values as psychologists.

Another way of considering the fundamental importance of values may be illustrated in the following aphorism: for every rule (or standard in the code of conduct for psychologists) there is a reason; and behind every reason there is a value. Oftentimes, those underlying reasons and values are not explicitly stated but they exist nevertheless. Take for example the development and application of

neuropsychological tests of information processing speed. In spite of empirical research indicating that tests of information processing speed are a useful measure of white matter cerebral integrity, we also know that all societies do not place equal value on rapid pace of life as an attribute with inherent value (Levine & Norenzayan, 1999). As such, when the neuropsychologist assesses a person from a cultural background which values accuracy over speed, timed tests may not reflect cultural equivalence in the cognitive construct being assessed. Another illustration of the importance of values was explicated by Brandt (2007), who argued that simply ascribing low neuropsychological test scores to brain impairment without considering the underlying reasons for the low test scores, including different cultural values, is inappropriate and that this reflects our unfortunate tendency to equate measurement with interpretation. Of course, this latter practice continues to be quite a deeply entrenched activity (and hence reflects our values) in clinical neuropsychology.

### 2.3 Culturally Invariant Ethical and Moral Principles

Ethics are moral principles which provide rules for right and proper conduct. Broadly speaking, there are six moral principles which constitute the basis of ethical standards for most health professions: autonomy, non-maleficence, beneficence, social justice, dignity, and truthfulness (honesty). While these six principles may be universally accepted, it is their ranking order of importance that varies across cultures. For instance, autonomy may be the most valued principle among many individualistic Western societies, while social justice may assume higher ranking over autonomy in certain non-Western pluralistic societies. One often hears about the stereotype that individuals from Asian societies tend to value the worldview of collectivism over rugged individualism which, if valid, would have implications for cross-cultural neuropsychology practice. How, for example, would a well meaning clinical neuropsychologist respond to the request by a Pakistani immigrant with early stage Parkinson's disease that each of her seven adult children review and sign the consent form for neuropsychology assessment before she agrees to proceed?

### 2.4 Internationalization of Psychological Ethics

Leach and Leong (2010) strongly argue that although most psychologists in the United States are largely oblivious to this, there has been a growing movement toward internalization of psychological ethics. This heartening trend has already yielded very fruitful results. In particular, the Universal Declaration of Ethical Principles for Psychologists (Gauthier, Pettifor, & Ferrero, 2010) provides a very compelling framework to assist neuropsychologists in reflecting on the degree to which their professional practices may be consonant with various Asian-American subpopulations. The six steps to ethical decision making which is explicated by

Gauthier and his colleagues (2010) is a very helpful guide. These steps (taken word-for-word from Gauthier et al., p. 185) are:

1. Identify the individuals and groups potentially affected by the decision.
2. Identify the ethically relevant issues and practices, and the nature of the dilemma, including whether there is conflict between principles, values, or the interests of those involved in the situation.
3. Analyze how your personal biases, stresses, self-interests might influence your choice of a course of action.
4. Develop alternative courses of action and analyze the potential benefits or harm associated with each one of them.
5. Choose a course of action, act, evaluate the results, and if necessary, re-engage in further decision making.
6. Consider if any actions on your part might prevent this kind of problem from occurring in the future.

A question which often bedevils cross-cultural psychologists is the extent to which psychological constructs are equivalent when they are transplanted from one socio-cultural milieu to another. While it may be tempting for skeptics to consider the internationalization of psychological ethics as a movement that is already dead before it even takes root, any such consideration may be premature. In fact, the internationalization movement is not an attempt at unifying, or somehow exerting an imperial domination of some dominant cultural national values on others. Quite the contrary. An interesting study by Leach and Harbin (1997) demonstrated that while there are areas of dissimilarity between the American Psychological Association's (APA) prevailing Code of Conduct for psychologists relative to the codes of ethics of other countries, there was near universal agreement in the ethical principles of beneficence and nonmaleficence, as well as the individual ethical standards for privacy and confidentiality. Among the 24 countries included in this study were China, which had the least similarity with the APA code of conduct, Hong Kong (the survey was conducted prior to Chinese reunification), and Singapore.

## 2.5 Neuropsychology and the Interpreter

While the use of interpreters has only recently become a focus of scientific inquiry, this practice goes back to antiquity (Hermann, 1956/2002) and the use of interpreters in medical settings is also not new (Angelelli, 2004). Asian Americans are an ethnically heterogeneous group of individuals from different countries with a wide variety of linguistic backgrounds. The neuropsychologist whose language of proficiency does not match that of the client faces an initial and vital ethical challenge: what should be the best language to use for the evaluation? Even when there is a language match between neuropsychologist and client, differences in dialect may impose significant challenges to the professional encounter. Judd and colleagues (2009) make an important distinction between the functions of the interpreter (as one who interprets spoken language), translator (one who translates written language),

and sight translation (the process of reading a document aloud in a language other than the language in which it is written). Many polyglots have varying levels of proficiency in the various languages they speak and write. This imposes an additional level of complexity for the neuropsychologist who may have oral fluency in one language in which the client is fluent, but not a second in which that same client may have better written language proficiency. Not all Asian Americans are native English speakers. Furthermore, an important ethical question may arise because of the intrinsic difference when the language of the administration of a neuropsychological test is different from the language on which the neuropsychological test employed was standardized and normed.

### ***2.5.1 Use of Interpreters***

The decision to rely upon an interpreter is fraught with ethical challenges. The first potential predicament is whether to enlist the assistance of the client's family member who is proficient in the examining neuropsychologist's primary language, or whether to enlist the services of a professional interpreter. And in small communities, the professional language interpreter may have a social acquaintanceship or other pre-existing relationship with the client or the client's kin. When the neuropsychologist decides to use the services of a language interpreter, the most ethically defensible course of action would be to use the services of a professional interpreter over the client's family member, because of the potential for bias involved in asking about sensitive personal and family relationship matters. Of course, when there is no professional interpreter service available, it may be prudent for the neuropsychologist to weigh the potential costs and benefits of relying on family members (and which specific family member at that) to conduct the interpretation. With the increased availability of videoconferencing, teleconferencing, and other technologically sophisticated tools for accessing professional interpreter services in telepsychology, it may not be appropriate to use family members as the first option when one decides to conduct neuropsychological services via an interpreter.

Not all professional language interpreters are created equal. Some have excellent skills in medical and mental health settings, and others may not. Some professional interpreters are locally certified and others are not. The ethically astute neuropsychologist would consider interpreter credentials as paramount evidence of their basic professional competency. Neuropsychologists who decide to utilize language interpreters when working with Asian Americans may wish to consider using an appropriately certified interpreter. The International Medical Interpreters Association (IMIA) has a very cogent code of ethics by which its members are required to abide. Of course, the IMIA is not the only recognizable body, but I use this as an example to illustrate that the neuropsychologists who utilize language interpreters must assure themselves that the interpreter is appropriately credentialed to perform that professional service. The use of qualified interpreters not only makes good sense in clinical practice, but also can be considered a cost-effective procedure when one considers the potential costs associated with depriving the client from

receiving the neuropsychological service because of a language barrier in the first place, or inadequate diagnosis and sub optimal treatment recommendations as a result of improper interpretation. One may, in fact, argue that to deprive the client of needed neuropsychological service because of a language barrier may be a potential infringement on the client's right to appropriate health care services.

### **2.5.2 *Ethical Duties of the Interpreter***

It is the ethical duty of the neuropsychologist to inform the interpreter of the expected ethical parameters of the neuropsychological interface involving the interpreter. Searight and Searight (2009) have provided excellent recommendations which neuropsychologists who use the services of interpreters must consider. They recommend that the psychologist clarify the duty of confidentiality with the interpreter even before the session with the client starts. This, of course, would extend to requiring the interpreter to keep strictly confidential any neuropsychological test items and related protected material which the interpreter becomes aware of during the course of the professional encounter. I would suggest that the neuropsychologist follow up this discussion with a requirement that the interpreter attest to adhering with these conditions in writing via a duly signed informed consent form. As Judd and colleagues (2009) have suggested, it is a good idea that neuropsychologists identify the interpreter and his/her qualifications in the clinical records. In fact, because the validity of the entire neuropsychological enterprise depends quite heavily on the adequacy of the interpretation, it is ethically indefensible to desist from stating very clearly the fact that the professional service was an interpreter-mediated activity.

The neuropsychologist who relies on the services of a language interpreter must consider that he or she is basically delegating this professional activity to the interpreter, and as such must exercise care in ensuring that the interpreter is only able to perform those activities that are within the interpreter's professional competence. It would, therefore, be ethically quite inappropriate to ask or expect the language interpreter to perform a neuropsychological interpretation of the test findings, unless of course the interpreter is both a professionally qualified interpreter and neuropsychologist. In such an event, it would nevertheless be curious why the case is not referred to that neuropsychologist/interpreter in the first place!

## **2.6 Some Issues Pertaining to Specific Ethical Standards**

The limitations of the APA code of conduct (American Psychological Association [APA], 2002, 2010) as it pertains to the practice of neuropsychology has been extensively discussed (see Bush & Drexler, 2002), but there are added ethical issues that must be considered when the neuropsychologist works with Asian-American clientele.

### **2.6.1 Competency**

While the general standards for competency certainly do come into force when the neuropsychologist embarks upon the task of assessing or providing treatment intervention service, there must be an added level of cultural competency that comes into play as well. In other words, it is simply not enough to maintain neuropsychological competency: the neuropsychologist who works with the Asian American client must also possess a good knowledge of the unique cultural values and mores of the particular ethnic group of the client with whom he or she has the professional relationship. In addition to having such cultural knowledge and skills, the neuropsychologist must also be sensitive to his or her own personal values and biases and how these may influence perceptions of the client. A willingness to consult with other knowledgeable social, clinical, and cognitive psychologists who are intimately familiar with the client's ethnocultural background is another step that the neuropsychologist can take to enhance his or her cultural competency skills.

### **2.6.2 Informed Consent and Confidentiality**

It is the duty of the neuropsychologist to provide the client with appropriate informed consent about any neuropsychological services the prospective client may receive, as well as protect client privacy and confidentiality. As mentioned above, this confidentiality requirement extends to the interpreter, if one is utilized. As well, the neuropsychologist must bear the burden of advising the client about parameters of disclosure of privileged information to unauthorized persons without duly executed informed consent. Clearly articulating such limitations to the client and any other parties involved at the outset of the professional encounter often helps avoid miscommunication.

### **2.6.3 Assessment Procedures**

As Wong (2006) wisely observed, the lack of agreement about such basic aspects of neuropsychological assessment as test selection preferences of neuropsychologists, administration modalities (e.g., testing limits and other departures from standardized protocol), and test interpretation approaches, all have ethical ramifications. Furthermore, there is even less agreement about what constitutes minimal competency for competent neuropsychological assessment of individuals with cultural backgrounds that are dissimilar to those for whom the tests were originally developed. As well, one cannot assume that tests developed for the native Singaporean may be transported and administered without modification to an Asian-American of Singaporean descent.

Note that Riccio, Yoon, and McCormick in Chapter 9 discuss the *Standards for educational and psychological testing* American Educational Research Association, American Psychological Association, and National Council on Measurement in Education (1999), as they relate to selection of tests for assessment of Asian Americans, in detail. That discussion will not be repeated here. However, I do want to emphasize that it is essential to be familiar with those *Standards* when making decisions about whether to assess an individual and what measures to use if an assessment is to be pursued.

## 2.7 Some Summary Considerations

It is perhaps worth concluding by repeating the following sage admonishment by Wong (2000) to the Westerner who provides neuropsychological services to Asian Americans: be aware of, and show respect for cultural nuances; know and be sensitive to cultural taboos; pay close attention to establishing rapport with the patient; be respectful of, and facilitate cultural preferences that are not harmful; reassure (and safeguard) confidentiality; and remember the central importance of the family unit in Asian culture. It is hoped that the information provided in this book helps neuropsychologists heed Wong's admonishments.

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