Improving Diagnostic Precision & Health Outcomes within the U.S. Latinx Population through Evidence-Based Neuropsychological Evaluation

Monica Rivera Mindt, Ph.D., A.B.P.P.
Fordham University
Icahn School of Medicine at Mount Sinai

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- Senior Associate Editor, Annals of LGBTQ Public and Population Health
- Department Editor, The Clinical Neuropsychologist Journal: Culture & Gender in Neuropsychology Department

No Conflicts of Interest

The Problem: How Do We Improve Diagnostic Precision & Health Outcomes within the U.S. Latinx Population?

- Challenges
  - Understanding & Integrating Culture
  - U.S. Demographics
  - Health Disparities
  - Sociohistorical Considerations
  - Risk for Misdiagnosis

- Focus of this Session:
  - Consider These Challenges
  - Effects of cultural/linguistic diversity on the brain & cognition
  - Approaches for cultivating evidence-based, culturally/linguistically responsive neuropsychology to improve diagnostic precision and health outcomes for Latinx (and all) examinees.
Overview
1) Challenges to Diagnostic Precision & Optimal Health Outcomes in the U.S. Latinx Population

2) Effects of Cultural/Linguistic Diversity on the Brain & Cognition

3) Cultivating Evidence-Based, Culturally/Linguistically Responsive Neuropsychology

Part I: Challenges
a) Understanding & Integrating Culture
b) U.S. Demographic Shifts
c) Health Disparities
d) Sociohistorical Considerations
e) Risk for Misdiagnosis

On Culture.....
On Culture.....

Culture Defined

Culture ≠ Race

Culture: The lens through which we experience & see the world

*We are all cultural beings*

Race: Culturally constructed to divide groups.

Ethnicity: Group identity; (e.g., history, geography, language, shared values)

Diversity: Exists everywhere; May be obvious (age, race) or subtle (sexual identity)

Intersectionality of Health & Culture

Health

- Encompasses physical, mental, social, and spiritual well-being
- Health is "not merely the absence of disease or infirmity."


Culture

1) Integrated patterns of thought, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups, as well as with religious, spiritual, geographical, or sociological characteristics.
2) Dynamic in nature.
3) Individuals may identify with multiple cultures over their lifetimes.

Gilbert et al., 2007; HHS OMH, 2005
Dimensions of Identity & Intersectionality

Part I: Challenges

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Why Focus on Latinx Population?

- Largest Ethnoracial Minority Group
- Fastest Growing
- Diverse Diaspora
- Underserved/Underserved
Linguistic Diversity in the U.S.

Top 10 Languages spoken in U.S.

1. English only – 230 million
2. Spanish – 41 million
3. Chinese (including Mandarin and Cantonese) – 3.5 million
4. Tagalog (including Filipino) – 1.7 million
5. Vietnamese – 1.5 million
6. Arabic – 1.2 million
7. French – 1.2 million
8. Korean – 1.1 million
9. Russian – 844,000
10. German – 822,000

~21% of the US population speaks a language other than English

American Community Survey (ACS); US Census Bureau, 2015
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All U.S. Residents Are Not Equal in Health

Among culturally/linguistically diverse populations:

- Life expectancy is not equal
- Death rates are unequal
- Disease burdens are unequal
- Access to health care services
- Quality of services rendered is unequal
- Health outcomes are unequal

Health Disparities

Definition

A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.

Adversely affect groups of people who have systematically experienced greater obstacles to health based on characteristics historically linked to discrimination or exclusion (e.g., race, ethnicity, SES, gender, age, mental health, cognitive, sensory, or physical disability, sexual orientation).

Exemps

- *Environmental Stress* risk for childhood asthma, hypertension, substance use, diabetes, obesity, & depression (Crompton et al, 2015; Russell et al, 2019; Need et al, 2019; Lee et al, 2009). (Braveman, 2009; LaVeist et al, 2007)


- *Acculturation Stress* related to substance dependence & anxiety disorders (Chavez et al, 2019).


References

- Morgello et al, 2002; Rivera Mindt et al, 2014; Marquine, 2018; Rivera Mindt et al, 2018; Richardson, 2008

Brain Health Disparities

U.S. Latinx population disproportionately suffers from:

- HIV/AIDS
- Vascular ‘Dementia’
- Alzheimer’s Disease

Increased need for brain health & neuropsychological research and services in the Latinx population


HIV Health Disparities in the US

NOTES OF CAUTION
Asian/NH/OPi:
- 2011 to 2015: 35% in HIV for gay/lesbian Asian men
- 2011 to 2015: 54% in HIV in persons w/ Two-Spirit identity
- Poor epidemiological data

HIV & Latinx Health Disparities

- 3x HIV risk for Latinx
- mortality rate
- likely to die at younger age
- lower levels of care & viral suppression
- prevalence & severity of cognitive impairment

1. Morgello et al., 2002; 2. MMWR, 2017; 3. Wojna et al., 2006; 4. Rivera Mindt et al., 2014; 5. Marquine et al., 2018
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AD & Latinx Health Disparities

- Younger age of onset
- Greater severity of initial AD symptoms

AD = Alzheimer’s Disease

AD & Latinx Health Disparities

- Projection of Latinos with AD through 2050, by age (in millions)

Wu et al., 2016

3/5/20
Costs Brain Health Disparities & Benefits of Addressing Them?

1) Personal Costs to Individuals, Families, Communities
2) Public Health Costs
3) Benefits: Advance Science & Treatment; Ethics Issues; & Improve Public Health

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Sociohistorical Considerations:
The Legacy of Racism in (Neuro)Psychology

Zeitgeist: Early 20th Century

- 1905: First practical intelligence scale published in France by Binet and Simon
- 1916: Lewis Terman published modified Binet & Simon, later called the Stanford-Binet Scale

"High-grade or border-line deficiency… is very, very common among Spanish Indian and Mexican families of the Southwest and also among negroes. Their dullness seems to be racial, or at least inherent in the family stocks from which they come… Children of this group should be segregated into separate classes… They cannot master abstractions but they can often be made into efficient workers…the whole question of racial differences in mental traits will have to be taken up anew and by experimental methods… from a eugenic point of view they constitute a grave problem because of their unusually prolific breeding" - Terman, The Measurement of Intelligence, 1916, p. 91-92.
Sociohistorical Considerations:
The Legacy of Racism in (Neuro)Psychology

Zeitgeist: Early - Mid 20th Century

- WWI: Spurred testing for U.S. Army classification purposes; “Army Alpha” and “Army Beta” developed
- Ellis Island: Results of testing of immigrants misused:
  - provided justification for congressional act that limited immigration
  - ignored cultural bias of tests
- Eugenics Movement → WWII

Persistence of Racism in Science, Teaching, & Society

Part I: Challenges

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Diagnostic Challenges in Latinx Populations

- Cultural & Linguistic Biases in NP Tests
- Inadequate Implementation of Available NP Tests & Norms
- Lack of Bilingual/Culturally Competent Workforce

INCREASED RISK OF MISDIAGNOSIS

*NK* Neuropsychological Tests Listed in 2008 Rivera Mindt, Byrd, Saez, & Manly; Babulal et al., 2018

ALL NP Tests are Culturally-Loaded*

- Language measures aren’t the only measures significantly impacted by language!
  - BVFD
  - DIGIT SPAN
  - TRAILS VS COLOR TRAILS

Slide modified from Dr. M. Arce Renteria

meh.

So What?
Demographics and Maintaining Our Relevance & Viability As a Field

Pragmatics
Evidence-Based Practice
Ethics & Ethos

APA General Ethical Principles

<table>
<thead>
<tr>
<th>Principle A: Beneficence &amp; Nonmaleficence</th>
<th>Corresponding Ethical Awareness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principle B: Fidelity &amp; Responsibility</td>
<td></td>
</tr>
<tr>
<td>Principle C: Integrity</td>
<td></td>
</tr>
<tr>
<td>Principle D: Justice</td>
<td>Psychologists should be able to identify individual or group vulnerabilities that can lead to exploitation &amp; recognize when a course of action would result in or has resulted in unfair or unjust practices.</td>
</tr>
<tr>
<td>Principle E: Respect for People’s Rights &amp; Dignity</td>
<td>Psychologists must be aware of special safeguards necessary to protect the autonomy, privacy, and dignity of members from the diverse populations with whom psychologists work.</td>
</tr>
</tbody>
</table>

From C. Fisher, 2012

Part I: Challenges Summary

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Overview

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On Theory...

A Traditional Universalist View

- Cognition
- Behavior
- Emotions

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Critique of Universalist Approach

- Can result in:
  - Inaccurate and harmful racial/ethnic generalizations
  - Inappropriate use of NP instruments with REM populations
  - Inadequate science by not examining construct validity.

- Gould, 1981; Nell (2000); Rivera Medr; Byrd, Saez, & Manly, 2010

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Cultural Neuropsychology

- The systematic study of brain-behavior relationships within the context of human beings recursively engaging in specific cultural practices that organize the development, maintenance, and revision of their cognition and behaviors. (Cagigas, and Manly 2014)

Slide courtesy of Dr. M. Arce-Rentería

Biopsychosociocultural Framework

- Biological
- Cultural
- Social
- Behavior
- Emotion
- Cognition

Rivera-Martí et al., 2008
Differential Biomarkers & Risk Factors?

- Genetic Factors
  - APOE ε4
    - Caribbean
    - Mexican

O'Bryant et al., 2013a; O'Bryant et al., 2013b; Reitz et al., 2014; Rivera Mindt et al., 2014; Vega et al., 2017

**Discrimination**

Greater Discrimination Associated with Greater Amygdala rsFC with Several Brain Regions in SN*

Analyses controlled for current levels of stress, depression, anxiety, and PTSD-related symptoms.

*Salient Network, FWE-family wise error

Slide Courtesy Dr. U. Clark

Analyses controlled for current levels of stress, depression, anxiety, and PTSD-related symptoms.

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Slide Courtesy Dr. U. Clark
Perceived Discrimination & Stereotype Threat

Sociocultural Factors Affecting Cognitive Test Performance

QUALITY OF EDUCATION
(Reading Literacy)
- Worse Global NC + Most NC Domains

LANGUAGE & ACCULTURATION
- Majority Culture: Worse Global NC, PS, AltvVM
- Culture of Origin: Better Exec. Fx

COUNTRY OF ORIGIN
Caribbean Latinx in NYC & Puerto Rico
- Worse Global Cognition, Learning, Memory

HIV-RELATED NC IMPAIRMENT
- Worse PS, AltvVM, Learning, Memory, Exec. Fx, Verbal

SOCIODEMOGRAPHIC STATUS

Differential Cognitive Aging in Older Latinx People w/ HIV

Hypothesis 1
Hypothesis 2

<table>
<thead>
<tr>
<th>Variable</th>
<th>Group</th>
<th>p-value</th>
<th>p-value</th>
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<tbody>
<tr>
<td>Age</td>
<td></td>
<td>0.23</td>
<td>0.34</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td>0.12</td>
<td>0.15</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td>0.08</td>
<td>0.09</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td>0.11</td>
<td>0.12</td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td>0.07</td>
<td>0.08</td>
</tr>
<tr>
<td>HIV</td>
<td></td>
<td>0.03</td>
<td>0.04</td>
</tr>
</tbody>
</table>

*Rivera Mindt et al. 2008, 2008; Manly 50*
CHARTER Longitudinal Findings

\[ N = 436; \text{Decliners} \ n = 99; \text{Stable} \ n = 265; \text{Improvers} \ n = 72 \]

### Table 1: Resilience Factors of Nondemographic Change, Decline, or Improvement

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factor 1</td>
<td>Value 1</td>
<td>Value 2</td>
<td>Value 3</td>
</tr>
<tr>
<td>Factor 2</td>
<td>Value 4</td>
<td>Value 5</td>
<td>Value 6</td>
</tr>
</tbody>
</table>

Between-Group Differences in NHW & Latinx Adults

Within-Group Differences in Latinx Subgroups

Resilience Factors?

- Bilingualism+
- Familismo?
- ???
Why Bilingualism?

- Engagement in cognitive enriching activities associated with reduced risk of dementia
- "Bilingual advantage" on cognition
  - Aspects of executive functioning, episodic memory, and visuospatial abilities
  - Children, young adults, and older adults
  - Some inconsistent findings
- Proposed mechanisms
  - Inhibition and switching between languages
  - Strengthening of attentional and executive control neural networks

Bilinguals May Be Able to Retain Similar Levels of Cognitive Functioning in the Face of Age &/Or AD-related Neurodegeneration, Compared To Monolinguals

Or Maybe Not…
Part II: Effects of Culture & Language Summary

a) Brain-behavior relationships are not “one size fits all”

b) Numerous sociocultural factors impact brain function, cognition, & test performance

c) Critical to incorporate sociocultural factors to better understand brain-behavior relationships & reduce risk of misdiagnosis

Overview

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3) Cultivating Evidence-Based (E-B), Culturally Responsive Neuropsychology (NP) Through:
   a) Culturally Competent & Responsive Clinical Scientists
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    - Approaches for cultivating evidence-based, culturally/linguistically responsive neuropsychology to improve diagnostic precision and health outcomes for Latinx (and all) examinees.
Given the complexity of multiculturalism, it is beneficial to understand cultural competency as a process rather than an end product. 

CCN: Step 2 Examples

Cultural Competence in Research & Practice

*ABD Approach: Always Developing Your Cultural Competence & Humility*
### Norms & Instruments

<table>
<thead>
<tr>
<th>Title</th>
<th>Authors</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
<td>None</td>
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</table>
Sociocultural Instruments

Table 1. Overview of sociocultural instruments for use with Latinx Americans (AA), Asian Pacific Americans (APA), and Latinx Transwomen

<table>
<thead>
<tr>
<th>Instrument</th>
<th>APA</th>
<th>AA</th>
<th>Latinx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socioeconomic Rating Scale for Mexican Americans (SHS-M)</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Socioeconomic Rating Scale for Asian Americans (SHS-AA)</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Asian American Multicultural Attitudes Scale (AA-ACS)</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Hispanic Self-Identity Scale (HSIS)</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Asian American Self-Identity Scale (AISIS)</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>The Aligned Multicultural Attitudes Scale (AMAS)</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>The Multigroup Multicultural Identity Measure (MMI)</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Rivera Mindt et al., 2019

CCN: Step 3 Examples

- Get supervised experience w/ Latinx examinees (and/or other diverse populations)
- Consult with experts when you need guidance or assistance
- Practice

Note. Refer out to avoid conducting research or practicing outside your scope of competence
Multicultural Ethical Competence in Neuropsychology

- Multicultural Ethical Commitment
- Multicultural Ethical Awareness
- Goodness-of-Fit Ethics & Multicultural Ethical Decision Making

C. Fisher, 2012

<table>
<thead>
<tr>
<th>MC Ethical Commitment</th>
<th>Multicultural (MC) Ethical Competence in Neuropsychology (NP): Factors &amp; Questions for Consideration</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Critically examine moral premises in NP that may largely affect Eurocentric conceptions of the good.</td>
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<tr>
<td></td>
<td>Question “deficit” and “REM group comparative” approaches to understanding cultural differences.</td>
</tr>
<tr>
<td></td>
<td>How might institutional racism in NP influence each neuropsychologist’s role, status, and motivation to develop professional identities free from these influences?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Multicultural Awareness</th>
<th>Need for knowledge &amp; skills in constructing &amp; implementing culturally valid &amp; language-appropriate assessments, treatments, and research procedures.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goodness-of-Fit &amp; MC Ethical Decision Making</td>
<td>What are the cultural circumstances that might render indiv’s more susceptible to the benefits or risks of the NP assessment, treatment or research? Are traditional approaches to informed consent &amp; confidentiality protections compatible with the values of spirit, collectivity, and harmony characteristics of different ethnocultural populations?</td>
</tr>
</tbody>
</table>

Adapted from C. Fisher, 2012

Participant/Patient Advocacy

- Is treatment for the individual meeting standards of care?
- Is this individual receiving the same considerations as someone of the majority culture?
- What should you do if you notice things are not quite right?
  - Advocate for your patient by speaking with your supervisor or consulting
  - If a colleague/peer is not mindful of how culture is (negatively) informing care, (respectfully) discuss what you’re thinking about

Slide modified from Dr. M. Arce/Rentería
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Specific Needs & Interventions for Increasing E-B, Cultural/Linguistic NP, Diversity & Inclusion

• Outdated Paradigms
• Evidence Base & Implementation

*Note: We are in this together.*

Outdated Paradigm #1:
We Only Need to Consider the Individual

*Note: We are in this together.*

Slide Courtesy C. Rey-Cassedy
Intervention: Need to Consider People in Context, Layered Ecological Systems

1) **Microsystem**: immediate family, friends, teachers, & institutions
2) **Mesosystem**: interrelations of various entities found in the microsystem (e.g., home, school, community)
3) **Exosystem**: societal and cultural forces acting upon the individual w/o necessarily having a direct link to individual experience
4) **Macrosystem**: cultural values and norms, as well as laws and governmental influences
5) **Chronosystem**: influence of the passage of time, historical trends and transitions

Outdated Paradigm #2: (Neuro)Psychology’s Legacy of Racism (& Societal Hegemony) Doesn’t Impact our Field Now

Persistence of Racism in Science, Teaching, & Society and What To Do About it It
Specific Needs & Interventions for Increasing E-B, Cultural/Linguistic NP, Diversity & Inclusion

- Outdated Paradigms
- Evidence Base & Implementation

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Evidence Base & Implementation

- Evidence Base
  - ‘Conquistador’ Approach
  - Under-Representation & Poor Characterization of Diverse Individuals
  - Instrumentation

- Implementation = Workforce & Policy
  - Leaky Pipeline
  - Lack of training/capacity to implement EVIDENCE-BASED, culturally responsive research & practice

Intervention:
Move Beyond Conquistador Research & Training

Community + Academia = Community Academic Partnership

Sweat Equity, Time, Credibility & Trust
Meaningful URM Representation & Characterization
Instrumentation
Institutional Support of Faculty/Investigators
Moving Forward
Intervention: Increase Training/Capacity to Implement Evidence-Based Culturally Responsive Research & Practice

---

YES, We Can Assure the Vital Future of Neuropsychology Through Diversity & Inclusion!

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Intervention: Keep at the Leaky Pipeline!

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Power Sharing
Transparency

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Training Advocacy and Awareness

- Trainees
  - Be proactive about learning
- Supervisors & Future Supervisors
  - Understanding and appreciation of heterogeneity of trainees
  - Microaggressions
- (Respectfully) push field toward inclusivity and awareness

---

Intervention: Work Towards Understanding Health Disparities & Advance Health Equity

Health Equity
- Attainment of the highest level of health for all people.
- Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address:
  - Avoidable inequalities,
  - Historical contemporary injustices
- Elimination of health and health care disparities

---

APA's Advice on Developing Culturally Conscious Programs

- Form a strategic planning process that's consistent w/ both departmental and larger institutional goals.
- Steps for strategic planning process:
  1) Know your program. Inventory all diversity-related policies, including admissions, financial aid, outreach, recruitment, and employment policies.
  2) Assemble your team. Establish an interdisciplinary strategic planning team and a process to evaluate the relevant policies, now and over time.
  3) Understand your objective(s). Identify the diversity-related educational goals and supporting evidence that justify each of the relevant policies.

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Suin et al., 2005
APA’s Advice on Developing Culturally Conscious Programs

3) Take necessary action steps. Ensure that any consideration of race is as limited as possible, consistent with institutional diversity goals.

4) Monitor results.

5) Review outcomes of diversity efforts and make appropriate adjustments over time.

6) Establish a process (that is likely to become less onerous and resource intensive over time) by which a periodic review of programs, policies, goals, and results is conducted—all in the context of educational, research, and legal developments.

Suinn et al., 2005

Part III: Summary of Cultivating Evidence-Based, Culturally Responsive NP, Diversity, & Inclusion

a) Culturally Competent/Responsive Clinical Scientists

b) Cultures of E-B, C/L Responsive NP, Diversity, & Inclusion

c) Moving Beyond Outdated Paradigms

d) Advancing our Evidence Base & Implementation

*Note: We are in this together.*

Resources

<table>
<thead>
<tr>
<th>Psychology Training Program Diversity Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional Resources for Diversity Inclusion</td>
</tr>
<tr>
<td>APA’s Guidelines on Voluntary use of Race to Achieve Diversity in Graduate Education</td>
</tr>
<tr>
<td>APA Program Diversity and Accreditation Recommendations</td>
</tr>
<tr>
<td>Diversity Resources for Students</td>
</tr>
<tr>
<td>APA Resource Guide for LGBT Students</td>
</tr>
<tr>
<td>APA/PS Resource Guide for Ethnic-Minority Students</td>
</tr>
<tr>
<td>Diversity Resources for Faculty</td>
</tr>
<tr>
<td>APA Guidelines for Multicultural Education Valuing Diversity in Faculty</td>
</tr>
<tr>
<td>State and Federal Institutional Diversity Resources</td>
</tr>
<tr>
<td>Diversity in Higher Education Manual Federal Policies Included</td>
</tr>
<tr>
<td>Professional Resources for Issues of Diversity in Psychology and Clinical Practice</td>
</tr>
<tr>
<td>APA Diversity Training Presentation for Psychologists</td>
</tr>
<tr>
<td>NIMH Cultural &amp; Linguistic Appropriate Services Standards in Psychology</td>
</tr>
</tbody>
</table>
Additional Resources

Hispanic Neuropsychological Society

*Great diversity assessment & training resources!

www.hnps.org

¡Muchas Gracias!

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CFR: F. Torres
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CPDP Crew: M. Aghvinian, C. Crook, V. Guzman, M. Savin, J. Stiver, A. Summers
CRM: K. Fidaleo
UG RA: A. Breen (FCLC) & A. Slaughter (FCRH)

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