

# 21| Cultural Neuropsychology: Embracing the Mosaic – With Dr. Monica Rivera Mindt

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**Speakers:** Monica Rivera Mindt, Ryan Van Patten, John Bellone



**Intro Music** 00:00



**Ryan Van Patten** 00:17

Welcome, everyone, to Navigating Neuropsychology: A voyage into the depths of the brain and behavior. I'm Ryan Van Patten...



**John Bellone** 00:24

...and I'm John Bellone. And today we are talking with Dr. Monica Rivera Mindt. She is a board certified neuropsychologist. She is also a tenured professor at Fordham

University in New York City. She has an affiliation with Mount Sinai as well. And we're talking with her about cultural neuropsychology. And, obviously, we've all heard the term "culture" before, but it can mean different things to different people. Ryan, what do you think of when you hear the term culture?

**Ryan Van Patten** 00:50



Yeah, that's a great point. This is one of these terms that we use frequently. We hear it a lot and we all have a general idea about what it means, but it can be hard to pin down if we're asked for a definition. But what I think about culture is simply a set of values, beliefs, attitudes, behaviors, customs that is shared by a particular group of people. Because of the importance of this topic, cultural neuropsychology, today will certainly not be the last time that we discuss it on NavNeuro.

**John Bellone** 01:22



Yeah. One other thing we should quickly mention is that Dr. Rivera Mindt refers to Latinx, that term, quite a few times. And that, for anyone who is not familiar, is the gender neutral term sometimes used instead of Latino or Latina.

**Ryan Van Patten** 01:37



Yeah, that's helpful. Glad you mentioned that, John. So, in many of our episodes in the past we have provided intro, justification, arguments for the importance of the topic we're going to discuss and these have varied in length. Today, I think that we should just say we will talk to Monica about cultural neuropsychology and let the gravity and importance of that topic speak for itself. So, with that in mind, as always, we hope you enjoy this conversation as much as we did. And now we give you Monica Rivera Mindt.



**Transition Music** 02:11



**Ryan Van Patten** 02:20

Okay, we're here today with Monica. Thanks so much for coming on NavNeuro.



**Monica Rivera Mindt** 02:24

Hi there. Thank you very much.

**Ryan Van Patten** 02:27



So the general format of our conversation today will follow a clinical neuropsych evaluation. We're actually going to start with a few big picture questions about cultural neuropsychology. Then we're going to move into our patients' initial experiences in our office - what it looks like when we first meet them, when they first meet us, things like the clinical interview. Then we'll move on to test selection, administration, report writing, and feedback. And during each of these steps we'll be talking about, obviously, culturally-relevant topics.



**John Bellone** 02:59

We've got a lot to cover today. [laughs]

**Ryan Van Patten** 03:01



Yeah, we'll be touching on many different things. So, to start, the APA Ethics Code highlights the importance of cultural competency for clinicians, but it doesn't define exactly how we can assess this construct of cultural competency. Monica, you had proposed a cultural competence in neuropsychology model to provide guidance for neuropsychologists as they evaluate their own cultural awareness. If you don't mind, tell us a little bit about your model.



**Monica Rivera Mindt** 03:31

Sure. So I believe that you're referring to my 2010 paper that I co-authored with Jen Manly, Desiree Byrd, and Pedro Saez, is that right?



**Ryan Van Patten** 03:43

That's right. Yep.

**Monica Rivera Mindt** 03:44



Right. Okay. Wonderful. In that paper, what we argue is that we really need to benefit from the great progress that other areas of psychology have advanced in terms of working with diverse populations of all kinds. We looked at some of the best available literature and evidence, particularly coming out of counseling psychology, which has been really ahead of the game in this regard in terms of working with diverse populations. We adapted Sue and Sue's model for cultural competency to apply to neuropsychology. In a nutshell, what that is, is three fundamental steps for developing one's cultural competence and examining and assessing one's own cultural competence. The first step is cultural awareness. So awareness of your own biases, attitudes, and the like. All of us, every single one of

us - I don't care what your gender, gender identity, sexual orientation, race, ethnicity, background, language, all of it - all of us have culture, and all of us see the world through a certain sociocultural lens. It is imperative that when we work with other people, especially as neuropsychologists, that we take stock of our own biases, implicit attitudes as best we can. Stereotypes, assumptions, all of those things, in order to be aware of that lens that we're seeing through, in order to more effectively work with everyone, with all people who we might be evaluating or working with in any kind of context.

The second step in our cultural neuropsychology competence model is the development of cultural knowledge. So, here, what we focus on is that maybe you can't know everything about every single culturally or linguistically diverse group in the world. That's impossible, to be an expert in all things. However, in your day-to-day practice, or research, or consultation service, whatever milieu in which you, as a neuropsychologist or any allied health professional, is working in, you are likely to have a pretty good sense of the type of people who tend to come into your office or into wherever you work. So, for instance, maybe you're working in Southern California and you work with lots of Latinx people of Mexican, Mexican American, Chicano background. Or perhaps you're working in New York City where I am, and we have much more of a, in terms of Latinx individuals, maybe more of a Caribbean population, what have you. So perhaps you're in Northern California and you're working with a specific set of different subpopulations in the Asian diaspora. Then, to develop your cultural competency knowledge, you can do work to develop your knowledge in that area. So you can crack books, you can read information online. So there's that kind of didactic knowledge that you can gain, but also you can immerse yourself in those cultures to become more aware of the culture in other ways - you know, fun things like going to different types of restaurants, or going to theater, or musical events, art events, festivals. There are lots of ways to gain cultural knowledge that can help inform your understanding of the populations that you're working with.

Then the third step is acquisition of skills essentially. There what we're talking about is actually working with individuals from these different groups in a deliberate way where you're hopefully gaining mentorship, or at least turning to the literature, to get the best available instrumentation, norms, evidence-based approaches to work with those individuals. And then gaining the skills to actually work with them in a more competent and ethical manner. Sometimes it's not always possible to have people around you who have necessarily competence in certain subpopulations. But, in those cases, we recommend that you consult with people maybe not immediately in your milieu if you don't have somebody there that you can consult with.

So, again, there are three steps to this model. The first is gaining cultural awareness. The second is gaining cultural knowledge about the groups that you're working with. And then the third is skill acquisition.



**John Bellone** 08:31

I like that framework a lot. Any tips on how to become more aware of our own biases?



**Monica Rivera Mindt** 08:38

Right, so that's digging in and doing the work.



**John Bellone** 08:40

Yeah.



**Monica Rivera Mindt** 08:41

Good question. I think that it's not easy work to do for any of us, but it really has to do with mindfulness and reflection. So taking the time to take stock of our assumptions and worldviews and, you know, what is it that we automatically think about people who we encounter who might not be similar to us. It's almost like thought-stopping. So let me put it in a little bit of a CBT framework. [laughs]



**John Bellone** 09:12

Great.



**Monica Rivera Mindt** 09:12

Right. So kind of doing this thought-stopping where you're really looking at your automatic thoughts, right? Taking a moment to really assess where, maybe, some of your reactions and assumptions are coming from and how you deal with them. I'm so glad you asked this because I want to highlight again that all of us, no matter what our background is, we come into the work that we do with certain assumptions and attitudes and we have to be compassionate with ourselves and others as we go through this work. Because it's okay. We, and let me just be frank, you know, we live in a highly racialized, patriarchal society. We all get a number of negative messages through society, in overt and covert ways, that can influence the way that we think. Again, myself included. It's really important to take that time to really constantly question those assumptions and attitudes in order to be more aware. Because then you can create change. Once you become more aware, then you can

create change. And, again, by taking a compassionate approach to yourself and others. I think it's also really helpful to ask questions, to engage in dialogue with the people around you - you know, your loved ones, friends, colleagues - and to open up conversations. I think that's such a great way to do this work. You know, you don't have to do it all alone.

**John Bellone** 10:44



Yeah, I think those conversations are so important. And just exposure to other cultures, like you mentioned - even going to restaurants or meeting people who you're maybe not around on a daily basis or you didn't grow up with. I think that, maybe, the isolation is a big part of fear or stereotypes. I hear very often that we can never really obtain competence and I think that speaks to your point that there are just so many different - you know, there's a different culture for every single person on the planet and you can never really obtain a full competence with a certain population. I've heard the term "cultural responsiveness" in lieu of competence. I don't know what terminology you prefer here.

**Monica Rivera Mindt** 11:34



Oh, thank you for bringing that up. I think - so a couple things. So, cultural competence is the accepted rubric or framework that we talk about these issues in and it's incorporated into our training guidelines for doctoral programs and beyond. But when I, personally, think about it, and since writing that article now a few years back, I really do think about it more in terms of cultural responsiveness. I think that makes a lot of sense because it puts us in a framework of thinking not just about competence. Those competencies, in some ways, they're aspirational. We're always - all of us are always needing to be evolving and working towards our competence. It's never complete, right? You know, even for myself. You're asking me questions as an expert in this area, but I think that I'm always growing and learning to become more culturally competent as well. It's really about being culturally responsive to the individuals that you're working with and acknowledging their diversity and their intersectionality in so many different ways. That requires a little bit of nimbleness and knowing enough to hopefully ask the right questions and incorporating what Xavier Cagigas and Paola Suarez and others have written so eloquently about - this whole idea about cultural humility. If we go in with this perspective of cultural humility, I think it opens the door to ask lots more questions, right? You know, we don't have to be an expert in all things at all times. It's okay to ask questions. I think that can really help us. And, again, working with our colleagues as well as working with our participants or clients or examinees.

**Ryan Van Patten** 13:24



Yeah, an issue with the word competence here is that we might interpret that to mean. That, at a certain point in time, I will become competent, and then I reached the goalpost, and now I'm good, like, I know all that I need to know about this issue. I can check the box and stop potentially learning more about this. But responsiveness and as you're describing it, Monica, is like this is a lifelong process and the humility piece is helpful. You know, if we come from that position, every single person can always learn more and grow in this area.

**Monica Rivera Mindt** 13:56



Absolutely.

**John Bellone** 13:56



Yeah, I like that concept of cultural humility a lot. I like that.

**Monica Rivera Mindt** 14:00



Thank you. I think it's a really great way to think about things and frame it, and for all of us as well.

**John Bellone** 14:07



And so to part three, the acquisition of skills for neuropsychologists, other than reading your papers, which we will link to because they're incredible, any other resources for us to acquire some of those skills?

**Monica Rivera Mindt** 14:24



Right. Sure. So, actually, before I answer that question, I just want to highlight the fact that as a neuropsychologist and allied health professional committed to conducting evidence-based work - so we all want to engage in evidence-based practice and work - we should all be lifelong learners because the evidence is always growing in cultural neuropsychology as well as other disciplines. So I think it's really this idea of always growing your skills because the science is always evolving. So we need to all stay abreast of what's going on.

**John Bellone** 15:02



Absolutely.

**Ryan Van Patten** 15:02



Could not agree more.

**Monica Rivera Mindt** 15:03



Yes. And so, that said, in terms of skill acquisition, what can we do? Right. So certainly reviewing the literature is helpful, but that can be overwhelming, right? And once you're in the trenches working - so, let's say you've read some seminal articles, I think that's a good way to go. You've read seminal articles. Hopefully you've talked to your colleagues about them, and, you know, kick the tires a little bit on that information. And then, after that, I think that oftentimes people need more than just that. And so where do you go? I think you can go to organizations in neuropsychology that have focused on these issues for a number of years. So for instance, well, I...



**John Bellone** 15:54

You can plug it. [laughs]



**Monica Rivera Mindt** 15:55

Yeah, I will. I feel a little bit self-promoting, which I don't want to do...



**Ryan Van Patten** 16:00

It's allowed. [laughs]

**Monica Rivera Mindt** 16:01



But, in all transparency, let me just note that I'm the very proud President of the Hispanic Neuropsychological Society, or HNS as it's termed. And HNS is a great resource for getting more information and resources when working with the Latinx population or subpopulations. We actually have a database of tests and norms that are available to our members. More than that, we provide essentially a directory of where people can find Spanish speaking neuropsychologists. We have a listserv that is very active and people can ask questions. There are people from all backgrounds who are there asking questions, again, with a sense of cultural humility and people are always very helpful and chime in. For more junior level, or early career excuse me, folks, we have a mentoring program as well.

So I've just highlighted some of the resources available through HNS, but I also want to note that there are several other organizations in neuropsychology who are also providing useful resources and information and doing great work, including APA's Division 40. The Society for Clinical Neuropsychology, SCN, they have an Ethnic Minority Affairs Committee that is doing a great deal of wonderful work to promote early career psychologists to get involved in this area and other resources and mentoring. The National Academy of Neuropsychology has a Diversity

Committee that is doing excellent work. Actually just this year in February, the International Neuropsychological Society, INS, just started a Cultural Neuropsychology Special Interest Group, or SIG, that is being chaired by Dr. April Thames. So those are really wonderful committees and organizations within these broader guild organizations where people can get more information.

I'll also suggest that people reach out if you're working with Asian subpopulations or all kinds of Asian populations, we do have a new organization in the field called the Asian Neuropsychological Association, or ANA, and I want to give them a big shout out. They're new and we're very excited that they have joined the field because they're already quite active and have an active listserv. I'm a member, a very proud member. That's a wonderful place to get information and get to know people working with Asian populations.

**John Bellone 18:28**



Excellent. Those are great, great resources. So why don't we jump to, like Ryan had laid out, going through a clinical interview and a full evaluation. So, our first in-depth contact with our patients tends to be that clinical interview. We can ask so many different questions here, but maybe we'll just pick and choose a few that seem particularly relevant. We want to be aware of our behavior, our communication from the first moment that we start interacting with our patient and their family, if someone's there, their collateral source. We even want to be aware of the overall environment - the pictures on the wall in the waiting room, the support staff, all those little details really matter. So can you talk through this a little bit? Can you give us some tips and ideas about how to construct that environment that's welcoming to people from a wide range of different backgrounds?

**Monica Rivera Mindt 19:23**



Great question, again. Absolutely. So this is another opportunity to take a step back. And I'm going to say, take a really good step back. When we think about the organizations and institutions that we work in, it's really easy to take for granted where we're going to every day. Maybe you're working in a hospital, an academic medical center, a fancy office - you know, to others it might look fancy. I think it's really important to remember that people coming from different backgrounds - and here I'm not just talking about racial/ethnic minorities, but I'm also talking about, regardless of race/ethnicity, people coming from different socioeconomic backgrounds or educational backgrounds who might not have a lot of experience with neuropsychology or with the type of institutions that you might be working in. They might be a little bit overwhelmed by the types of places that they need to go to

to get our services. So I strongly believe that in the spirit of cultural humility that spans all types of diversity, all dimensions of diversity, that it's incumbent to us as neuropsychologists and allied health professionals to remember that we need to make our clients and our research participants, our examinees, feel comfortable as soon as they get to our offices or our clinics and be mindful about that. It's our job to make them comfortable, not vice versa. So, in that spirit, take a - again, really looking through that sociocultural lens and with that spirit of cultural humility - really look at your office and your space and see - you know, take a look. Are there images? Are there posters? Is there artwork that would reflect the patient population or the research participants that you're seeing? And if not, think about how you can change that. And the messaging that you have - do you have messaging that's welcoming to people who are sexual minorities or different gender orientation, gender identities? Think about the messages that you have on your wall, the artwork, all of it, and how you can make it more welcoming. Think about who's on staff, and if there are ways to diversify your staff to align with the folks that you're seeing. I think those are ways that even before you say a single word, those are ways to communicate a lot about the fact that this is a safe and welcoming place for whoever you're seeing.



**John Bellone** 21:59

Right. Even whether or not there's a bus stop close by. Really small details like that. If you can control those, obviously. Yeah.



**Monica Rivera Mindt** 22:07

Yeah, absolutely. If you can't control them, but thinking about them. You know, what are the options to gain access to where you are? What is, you know, in terms of daycare, or childcare, or all kinds of things. Being also open to the fact that people, depending on whether they come from a more collectivist background or not, they might be coming with family members or friends, where it would be expected that they participate or not. Again, this is why you need to ask a lot of questions to see - do they want the people they brought to come with you or not? And to be mindful with the knowledge that you've gained from the cultures that you're working with, to think about your own body language and the level of formality that you want to present to the people that you're working with.



**Ryan Van Patten** 22:54

A lot of this sounds like attempting to see the world through our patient's eyes, as opposed to - it can be easy to fall into seeing the world through the eyes of the prestigious doctor who's going to figure out and then fix people, right? You

mentioned earlier, the word compassion, which I really like. Here, we are imagining what it must be like for this person, who is not like us, to walk into a different environment and what effect that might have on them. I think that can be really helpful throughout the process.



**Monica Rivera Mindt** 23:23

Absolutely. Yeah. Absolutely.



**Ryan Van Patten** 23:24

So moving forward, now. How do you suggest that we assess cultural background in our clinical interviews? What are some of the important areas to ask about here?

**Monica Rivera Mindt** 23:35

So I would say that every time you see an individual, whether or not they look like they would identify as a minority of any kind, I think it's incumbent upon us to ask lots of questions about their sociocultural background in order to get an idea of who you're working with and understand how that might impact the results and recommendations later on. So things like not just their education, but the quality of education - what was the type of educational environment that they were raised in? So not just the number of years. So Jen Manly and others have talked a lot about this, but I think that's really important to remember. Also asking questions about their socioeconomic background - you know, growing up did they always have enough to eat? Were they stably housed? What is the situation now? In fact, I work with people who are often from low SES backgrounds, some of whom are unstably housed. So in the morning, even as we're getting the clinical interview going, I often have food on hand, coffee on hand, tea on hand, to really try to make this space as comfortable and inviting as possible for them. Let's say I'm working with somebody from a Latinx background, asking them - not just checking the box that they're Hispanic/Latinx - but asking them what country of origin are they from? Were they born here or not? Although, let me take that one back. In this environment, right now, I never ask about immigration status, but I do ask where people grew up. So I think we have to be very mindful about asking those questions. But then asking if they aren't from this country, what brought them to this country? In terms of language questions, if English is not their first language, I ask lots of questions about that. And then go on from there in terms of if they're bilingual, or multilingual, asking questions about how much time they spend in each language to get a sense of language dominance, because that certainly will be important for testing or assessment later. I try to get a sense that way. So these are just a couple of examples.





**Ryan Van Patten** 25:56

Yeah, a lot of great content there. You mentioned linguistic competence, which is a very important issue for members of ethnic/racial minorities. For people for whom English is their second language, I've heard a number of different strategies around how to assess where they're at in terms of English linguistic competence, right?

**Monica Rivera Mindt** 26:17

Right. Yes. So I actually encourage people to have a sense about whether or not the person they're going to see is bilingual or not even before they come in the door. So that way you're adequately prepared to assess for language and to see what language a person should be evaluated in. So even in the screening documents as a person is being scheduled, I think it's really important to just ask a couple of questions - do you speak another language? If so, what language? Hopefully you have bilingual folks on staff who can better assess those issues. But, regardless, at least asking the questions, if you don't have bilingual staff available, is an important step. So if it seems pretty clear, based on all of the questions, that they're definitely bilingual then oftentimes the next question is what language should they be tested in. Sometimes it can be very clear when somebody is bilingual, that they're super on one end of the spectrum or the other. And then as ethical and culturally responsive neuropsychologists, it becomes incumbent on us to make sure that they're evaluated by somebody who is bilingual and competent to test in that language.



But sometimes it's not entirely clear, in which case we've reported on ways to assess the level of bilingualism in trying to assess these issues. So there are a couple of self report items on a questionnaire that we published a few years ago that can be helpful in this regard, that examined both English language and Spanish language. And then you can make an assessment that way. But also, others have recommended doing block testing where you do certain verbal tests in English and then in Spanish, and then you can see based on those results whether or not they're dominant in one or the other and go from there. So I think Tamar Gollan is a great person to look up if you're working with bilingual participants. She's got really great information. She also more recently published The MINT, The Multilingual Naming Test, which can be helpful, and it's in English, Spanish, Hebrew, and a couple of other languages as well. So it's a naming test similar to the Boston Naming Test. So Tamar Gollan is a useful resource. Also, Caitlin Miranda, a student of mine, has published in this area and has some useful information in this regard as well.



**Ryan Van Patten** 28:47

How about the situation where we don't have bilingual folks on staff and we determined that the patient would be better tested in a language other than English. Or the situation where our patient doesn't speak English at all and we use an interpreter - that can be a challenging way to conduct a neuropsych evaluation, any brief tips?



**Monica Rivera Mindt** 29:06

Absolutely. So we should look at the evidence. And the evidence suggests that, whenever possible, it's better to have a person who speaks in that language doing the testing. So if you're in a place where you can refer out to a bilingual neuropsychologist, that would be ideal. So, again, if we really want to be culturally responsive, I think that's the first step. We should try to avoid an interpreter when we can. Sometimes, though, we're in a situation, as neuropsychologists and other health professionals, where we can't refer out. So let's say that you are in, I don't know, rural Nebraska, and there's not a bilingual neuropsychologist for 500 miles, let's say. In this case then you have an ethical duty, right, to see a participant and provide the available care that you can. Oftentimes what we're doing in this space is trying to create the best goodness of fit between the needs of a patient in this case versus our available resources, technologies, instrumentation - because there's not always a perfect fit. And when there's not a perfect fit, we need to engage in ethical decision making to figure out what are the next best available steps.

So when we have a linguistic minority who should be tested in another language, the next best step is to refer them to somebody who speaks that language, who's competent to do the evaluation. But if that's not an option, and we are still responsible for making sure this person gets evaluated, then we do need to use an interpreter and provide the service. In that case, then, it's extremely important that we use professional interpreters and not the children or the family members of the examinee. Not any of the hospital workers or clinic workers. I've seen all kinds of people thrown into the interpreter role that just weren't appropriate. So that just can't happen. That is not ethical practice in any situation. We need to find professional interpreters when we need to use interpreters. Then, not only that, but as neuropsychologists, it's important for us to make sure that they're trained, that they're aware and understand the procedures, and that they don't disclose anything about the test. Sometimes when we're working with people, linguistic minorities, sometimes these are very close knit communities and maybe the interpreters might want to try to help the person that they're interpreting for. So, ahead of time, the

neuropsychologist has to do some legwork to make sure that they understand the parameters for neuropsychological testing.

**Ryan Van Patten** 31:53



Yeah, I've had that experience when I've used interpreters. I've always made sure to pull them aside at the front end and talk through because maybe they've interpreted before but not for a standardized cognitive evaluation. So it's important for us to communicate to them that they need to interpret this word for word, not summarize, not help. If the examinee is struggling to try to find a word, it's not in their best interest that you help them and then tell us. Really laying out what this will look like to the interpreter can be very helpful in the front end.



**Monica Rivera Mindt** 32:25

Absolutely.



**John Bellone** 32:26

We've all had that experience where we read a one sentence line of standardized text, and then they go on for three minutes in their language. [laughs]



**Ryan Van Patten** 32:33

Yeah. [laughs]



**Monica Rivera Mindt** 32:34

Right, exactly right. Right, right.



**John Bellone** 32:37

Something got lost in translation. [laughs]



**Monica Rivera Mindt** 32:39

Yeah. very problematic. So that's great. We just have to make sure that we partner with our interpreters when we need to use them.



**John Bellone** 32:48

Yeah. You mentioned the quality of education before, too. I think that's a really good point. I want to linger on that for just a minute. So what kinds of questions can we ask to get closer to what the quality of education looked like for that individual?

**Monica Rivera Mindt** 33:03



Right, so I think we can take both a quantitative and qualitative approach to this question. So quantitatively, Jennifer Manly and others have done a very nice job of validating single word reading tests that are a nice proxy for quality of education. So I strongly recommend that in every neuropsychologist's armamentarium of sociocultural tools, that they include one of these single word reading measures to get at this issue of quality of education. So not only is it literacy, but also quality of education. Examples would be like the WRAT reading test, or the premorbid IQ, the TOPF would be another one. The WTAR would be another one. These are all exemplars of these single word reading, naming tests that are very useful for this purpose. So that's on the quantitative side. What's so nice about them is that they're relatively short to administer, but they provide a lot of information and account for quite a bit of variance in neuropsychological test performance. So they're very important to administer. I would highlight, again, that this isn't just for racial or ethnic minority clients, or examinees. But for everybody that we see, I think this is a really important thing because quality of education can be quite diverse. In addition to that I think it's important to also take a qualitative approach and ask questions about the types of educational environments people were raised in - questions like how many students were typically in a classroom for you? Did you go to private or public? Where were you educated? Those kinds of things I think can be very helpful.

**Ryan Van Patten** 34:44



If possible, knowing the school districts in the area. Sometimes it just won't be possible for someone who is educated elsewhere, but if this person is local and you're in that area, and they say, you know, "I went to high school in the Upper East Side", that might tell you a lot about the quality of their education.

**Monica Rivera Mindt** 35:01



Absolutely. So the neighborhood as well. Absolutely.

**Ryan Van Patten** 35:04



Another area of diversity across people is culturally-based idioms of distress. So, in other words, people who grew up in different societies are likely to express and talk about negative emotions very differently. What pearls of wisdom can you share with us on this topic?

**Monica Rivera Mindt** 35:20



This is a really important issue as well. I think that one of the great things about engaging in that homework we were talking about before - with acquiring that cultural knowledge based on the different groups that you're working with - that's where this can really come in handy. Because, for instance, if you're working with, let's say, perhaps, certain Asian populations, they might be more likely to somaticize depressive symptoms, for instance. So they might come to you reporting issues around aches and pains or other types of somatic complaints that really might be depression or some other type of, perhaps, psychiatric issue. Similarly, for Latinx populations, as well, there's evidence also to suggest there's a something called *ataque de nervios* that has been documented as really this kind of very culturally-specific experience, but it's quite linked to depression. Again, a way where we might see more of a somatic presentation for depressive symptoms and we need to be aware of that. Again, this is why it's so important to ask lots of questions. And not just asking, "So are you feeling depressed?" But asking more questions about the lived experience and what's on their mind. To try to get to this by using different types of words as well, not just, you know, "Are you depressed or not?" Or anxious or not? Because that might not get you what you need.

**John Bellone** 36:50



Yeah, my wife was born in Mexico, and her whole family, they have *ataque de nervios*. It was definitely very present in her family. [laughs]

**Monica Rivera Mindt** 37:01



Yes. So you know all about this, John. That's right. I'm also Latinx, and definitely I've seen this firsthand as well. Absolutely.

**John Bellone** 37:09



Of course we want to think about cultural issues, not only with our patients, but also with their collateral sources as well. Do you have any tips for how to talk about these things with a spouse? Or if an adult child is present? How do you talk through some of these issues with them?

**Monica Rivera Mindt** 37:28



Good question. So, again, so let's say we're together in an interview situation, for instance? Is that the context that you're asking this question?



**John Bellone** 37:39

Yeah. Right. Let's say, we have an older Latinx patient and their adult child or their spouse, are there any cultural issues that we need to be aware of for those relationships?



**Monica Rivera Mindt** 37:53

Yes. So for instance, in certain Latinx populations - and actually, before I give you this answer, I just want to highlight I'm using very broad strokes right now when I'm talking about Latinx populations, or Asian populations or, you know, whatever. But, I say this acknowledging that it's broad strokes. Every single person, as you noted earlier, is a universe to their own, so we need to be aware of their own idiographic nuances. But that being said, let me answer this question. So based on the cultural knowledge that you've acquired with a certain group - so again, now talking about Latinx folks, sometimes adult children in this context might be less inclined to say anything that might be a show of disrespect. In Latinx culture, broadly defined, *respeto*, or respect, is a very important cultural value and you never want to disrespect your elders. So again, I think that it's very important to contextualize the questions in terms of - it's so important that we have the best possible information in order to provide the best treatment. Then talk very concretely about perhaps different examples. Sometimes it might be useful actually, if you can, to do separate interviews, as well, if that's an option, and it isn't always. But to, again, contextualize the purpose of the interview and how much you as the provider, if this is a clinical case, want to help. Then go about it that way with very concrete types of questions, I think, can be very helpful.



**Ryan Van Patten** 39:43

There's some evidence to suggest that lower acculturation to Westernized cultures is associated with lower scores on our Westernized neuropsych tests. Not too surprisingly. Fortunately, there are a number of assessment measures of level of acculturation. Can you give us a few examples of these and briefly describe how the construct of acculturation is assessed?



**Monica Rivera Mindt** 40:05

Sure. So, again, to just take a step back, acculturation is essentially how well a person understands and is able to navigate a given culture. Historically, when people thought about acculturation, they really thought about it on a uni-dimensional kind of spectrum where people were either totally un-accultured to the new majority culture, or they were completely assimilated to that culture and had deep identification and knowledge. But more recent literature suggests that

really there might be two dimensions. So we might think of one as identification with majority culture or not - let's say that's the x axis. But on the y axis, might be identification as well to one's culture of origin. So when we think about acculturation, it's important to think about it in a more nuanced manner.

Then in terms of different types of instruments, many of the instruments that are available have been developed with Mexican American populations, which if you're working in the southwest, for instance, I think is very helpful. But for folks who are working maybe with more diverse or different Latinx populations, for instance, there is a measure called the Abbreviated Multidimensional Acculturation Scale by Zea and colleagues. The abbreviation for it is the AMAS. And myself and my students, including Alyssa Arentoft, we've published using this measure. This measure is significantly associated with neuropsychological test performance. It's got excellent psychometric properties, and I really like this measure a lot. It's not too long, and it was developed with different Latinx subpopulations, so it's quite robust. So I am a fan of this measure. And it turns out that it is quite linked to a number of neuropsychological domains including learning, memory, attention, working memory, and others, as well as executive functioning so you can get a lot of nice information from this measure in particular. So this is one I'd like to highlight.

**Ryan Van Patten 40:26**



Yeah, that's helpful. You said it's linked to performance in certain cognitive domains. My assumption is that the higher the individual scores on acculturation to U.S. culture would be associated with better scores on our tests. Is that accurate? Also, is there an impact of acculturation to home culture, the y axis in the example you gave?

**Monica Rivera Mindt 42:55**



Yes. So yes, and yes. So thank you for clarifying that point, Ryan. Absolutely. So it does tend to be the case. And it makes sense, right? That people who are more acculturated to our majority culture would do better on tests that were developed based on majority culture, right? So that makes a lot of sense. So I don't want to say, of course or it would be assumed, but certainly, people who are more acculturated to U.S. majority culture tend to do better on measures of verbal functioning, which is the English language, again makes sense, processing speed tasks, attention, working memory tasks, and global neurocognitive functioning just to name a few. So that's with majority culture. But there's some research that also suggests that better acculturation to - or higher acculturation, actually - to one's

culture of origin is associated with better performance in executive functioning, which I think is really interesting.

So let me just take a step back and talk about these two issues. So what we know about executive functioning in terms of culture is that executive functioning is really culturally laden. It makes sense because we need a lot of information from our culture and our environment to understand how to navigate the problems and the situations of the culture in which we're living in, right? So the kind of cultural load would be very different living in New York City versus maybe living in a rural area in sub-Saharan Africa. The different types of, I don't know, problem-solving skills could look different. So, to me, I think it's very interesting. Let me just leave it there, that I think it's very interesting that executive functioning is related to culture of origin.

The other thing I want to note with the research on acculturation is that many times well-intentioned neuropsychologists tend - I've seen this and I've heard it - tend to give nonverbal neuropsychological test measures to linguistic minorities. Because they're trying to give what they might call a "culturally neutral test or instrument" to the people that they're evaluating. However, our research and the research of many other people suggests that the effects of acculturation on these neuropsychological tests are just as salient, and in some cases, even more salient for the nonverbal measures. So, to be clear, there are no culture-free neuropsychological tests. Being able to account for the variance by using measures of acculturation can be a very useful tool in our neuropsychological armamentarium.

**Ryan Van Patten** 45:51



Yeah, that's incredibly interesting. I've seen that a lot as well. The example that comes to mind for me is matrix reasoning or another problem-solving fluid reasoning sort of task that, on the face of it, there are different iterations of it. I like the ones that have fewer instructions. Like, the WAIS-IV has a lot of instructions, a lot of verbal instructions, which I think sort of defeats the purpose of having this nonverbal perceptual test. But, I'm fascinated by what you just said that even a test like matrix reasoning, even if we remove some of the verbal load with long, complex instructions, it's still heavily weighted by culture.

**Monica Rivera Mindt** 46:30



Absolutely. Even for folks that know a lot about this issue - about neuropsychology and cultural psychology - sometimes this part of it can be easily overlooked. I think it's important. There's so many aspects of culture, again, that we take for granted, right? Because we're, you know, we're living it, it's so easy to forget about. So timed

tests are such a great example. So many of these nonverbal tests are timed, but we know that time is a sociocultural construct, right? Perhaps the majority culture's definition of time, I think, it's very linear - it's very important to be on time, if not early, and it's a very structured type of construct. But in other cultures, that's just not the case. Especially socially, you know. I joke - my mother is Colombian and we, you know, to show up at a party on time would be rude, right?



**Ryan Van Patten** 47:26

[laughs]

**Monica Rivera Mindt** 47:26



If you're about two hours late, that's about right. And my husband, his family is Scottish and Norwegian. And so, in his family, what he was taught was that if you show up on time, you're late, right? So yeah. So there are these very different ideas around time. And so, to me, it makes sense that even these nonverbal measures can be so impacted by acculturation which is why it's so important to account for.

**Ryan Van Patten** 47:54



Yeah, again, that's great content there. It's fascinating. The concept of time being culturally laden. Even for people who haven't traveled outside the U.S. who might think - you know, maybe you and your neighbors in New York City would perform better on a processing speed test than we might here in Southern California, because you're a little more well aware of... [laughs]

**Monica Rivera Mindt** 48:14



[laughs] Absolutely right. I love that you bring that up, Ryan, because there are so many dimensions of diversity and one of them is geographic diversity, right? There are different ways of being in these different parts of the country, wherever we live, based on the demands of those areas. So that's a great point. I love that. We should do a study to see. [laughs]

**Ryan Van Patten** 48:17



[laughs] I bet you and your neighbors would win and we would lose here in a timed test in Southern California.

**Monica Rivera Mindt** 48:40



I think you win in other ways. [laughs]



**John Bellone** 48:44

So you're saying that not only do different cultures have this different view on time in general, but on our timed tests, like the Trail Making Test, let's say, if we tell them, "Go as quick as you can", you're saying that their perception of time might affect performance on that test?



**Monica Rivera Mindt** 49:02

Yeah, absolutely. And it's not just time, I think it's multiple things. So I'm going to share a story with you that actually brought me to cultural neuropsychology. This was my "aha moment". So when I was working as an intern, they actually called them residencies, at the University of Washington School of Medicine in Seattle, I had the honor and privilege to work in a refugee clinic and I got to see people from all over the world. One day I was assigned to conduct an evaluation with a lovely older man from Western Africa. We had an interpreter, he was French-speaking. He was an older man, and he was very cooperative and just a lovely, lovely man. And as the evaluation was going on, everything was going smoothly, I was working with my interpreter the best that I could, it was all going fine. At one point, I had to give him a task where - by my describing it I think you might know which task this is - but the basic gist of the instruction is, "Now I want you to go as quickly and accurately as you can", something like that, right? When I said that to the interpreter and the interpreter relayed it to this gentleman, suddenly this very polite, quiet, serious man suddenly just started busting up laughing, just cracking up, couldn't stop laughing. I had completely lost control of the testing situation and I worried that I had done something to maybe insult him or I'd done something wrong. Again, you know, I'm an insecure intern just trying to do the best that I can. [laughs] So I immediately turned to the interpreter, and I said, like "What did I do wrong? Why is he laughing?" So the interpreter asked the gentleman and so after he kind of stops all the belly laughs, he answers the question and basically he says - this is, I'm never gonna forget it - but basically, he kind of pats himself on the stomach, and he says, "Silly girl. I can either do it right or I can do it fast, but I can't do both."



**Ryan Van Patten** 51:12

[laughs]



**Monica Rivera Mindt** 51:12

Wow, that just opened up my mind. Literally like lightning bolts.



**John Bellone** 51:18

[laughs]



**Monica Rivera Mindt** 51:18

That's, for me, a quintessential example of cultural neuropsychology and why we need to open up that lens and really look through the sociocultural lens. Because his lens was that it's one or the other. It's a binary option, right? And for us, we grew up testing, right? And wanting to do well on these structured tests, and fast is good. And that was not his lived experience.



**Ryan Van Patten** 51:42

Wow.



**John Bellone** 51:43

Yeah, I can see that perspective, though. It makes sense.



**Ryan Van Patten** 51:46

Thanks for sharing that story.



**Monica Rivera Mindt** 51:47

Yeah, sure.



**John Bellone** 51:48

Does this effect of culture hold even when education is controlled for?



**Monica Rivera Mindt** 51:54

So great question. So there have been some studies that have looked at the effects of different aspects of these sociocultural measures. It turns out that the most robust effects of the sociocultural measures first go to education and quality of education. So those are very big robust effects. But even after holding into account those effects, acculturation still contributes significant variance.



**John Bellone** 52:25

Yeah, makes sense. And, on a kind of similar note, bilingualism can also impact performance on our testing. I know this is a very broad area, but can you kind of just summarize the main findings around monolingual versus bilingualism and how it affects test performance?

**Monica Rivera Mindt** 52:47



Yes, so the effects of bilingualism are mixed. So here's the headline: sociocultural experiences like language and being bilingual can change our brains, right? So being bilingual can change the circuitry and function of a person's brain. That has some positive effects, it looks like, and some negative effects in terms of cognitive test performance. In terms of the positive effects on test performance. There have been a number of articles that have been published by people like Ellen Bialystok from Canada, and Tamar Gollan has also published on bilingualism, and others, Laura Zahodne. So some of this research suggests that there are positive effects particularly with regard to executive functioning. So, essentially, it looks like engaging in the never-ending task of having to inhibit one of your languages at all times, that provides an executive functioning load that can confer positive effects in terms of executive functioning performance, impulse inhibition. There's some research to suggest that it also is protective against cognitive decline or dementia - but I think that literature is equivocal, so I'm not going to comment too much about that. I think that there's more that needs to be done. But certainly, there is research to suggest that bilingualism is potentially good for your brain.

**John Bellone** 54:26



Just to just interject, how about set shifting? I can imagine that's another aspect of executive functioning from having an okay grasp on the Italian language, switching back and forth between English and Italian is just such an executive functioning task. [laughs]

**Monica Rivera Mindt** 54:42



It is yeah. So when I say executive functioning, right, so that's very broadly construed. So set shifting is absolutely an excellent example. It turns out that for bilinguals, when they get tired, for instance, that ability to keep the languages separate sometimes starts to fade or starts to deteriorate a little bit, and there might be more intrusions in the other language that they're not necessarily speaking in. So there can be fatigue effects in terms of executive functioning, if somebody is really tired. Before I talk about the negative effects, it's also interesting to be mindful. If we go back to the clinical interview piece that we were talking about, it turns out that there's also evidence that shows that individuals - they could be completely balanced bilinguals and maybe they initially they're ESL, so they had one language growing up, but now they're completely fluent in English, for instance. But when they talk about emotional content, there is research to suggest that sometimes emotional content is more easily expressed in the first language or the language of origin. Again, that might be a situation where, for instance, when doing

a clinical interview, or there might be like very emotion laden material, or if you're referring somebody for psychotherapy that you might want to consider having a bilingual interviewer or psychotherapist. So I just want to put that out there.

So now getting back to bilingualism and neuropsychological test performance. In terms of the negative effects, I don't know if I want to call it "negative effects". But there is some literature to show - again Tamar Gollan's work comes to mind for me in this respect - that bilinguals in each language have smaller vocabulary. So again, overall, they have lots of words at their disposal, but compared to monolinguals, in that particular language they might have fewer words. They also might suffer from like tip of the tongue errors and not be able to, for instance, do as well, maybe, on a naming test or verbal fluency test. That's why it's so important to really think about bilingualism when you're looking at neuropsychological test scores at the end of an evaluation. Because you might see a bilingual individual who might be doing better than you might expect in terms of, let's say, executive functioning tasks, but maybe not quite as well on language tests. But do also testing in both languages. You might have - in blocks, in separate blocks - you might get a more nuanced, fuller picture of their ability.



**John Bellone** 57:17

And that's even for native speakers where they'll have a smaller lexicon than other monolingual...



**Monica Rivera Mindt** 57:24

Yes.



**Ryan Van Patten** 57:24

Yeah, it makes sense. If we imagine that one person, you know, reads books. They know English and Spanish, and 50% of books they read are in one language and 50% are in the other, well, then they just don't have as much time as someone who's monolingual to learn new words in that language.



**Monica Rivera Mindt** 57:39

Right. Yeah. So that's one theory. Sure. I think that it does speak to the importance, though, of really being mindful of bilingualism when we interpret our data. Because we don't have norms for bilinguals. When you look at the extensive evidence that shows these consistent performance differences, those data really do argue for having bilingual norms.



**Ryan Van Patten** 58:04

Yeah, that'd be great.



**John Bellone** 58:06

Well, now that you brought that up, are you aware of some - I mean, you work with a Latinx population, so I'm sure you're much more familiar with those types of norms. But are there decent norms for bilingual patients?



**Monica Rivera Mindt** 58:20

No, not to my knowledge.



**John Bellone** 58:22

That's my sense.



**Monica Rivera Mindt** 58:22

It's a real weakness in the literature. We have so many people who are bilingual, not just in this country but in other countries where it's even more common, right? We do not have sufficient normative data to really do the best job that we can. So in this case, when I know that somebody is bilingual, I try to take it into account and contextualize the results with that information in mind.



**Ryan Van Patten** 58:22

Yeah, I'm not surprised that we don't have good bilingual norms. We don't even have good non-English, Spanish or Mandarin or French norms.



**Monica Rivera Mindt** 59:00

Exactly.



**Ryan Van Patten** 59:00

That's not an excuse not to do it. It's actually a reason for more work in that area.



**Monica Rivera Mindt** 59:05

Yes.



**Ryan Van Patten** 59:06

And, you know, it would be challenging because there's so many different combinations of bilingualism, right? There could be bilingual English-Spanish norms

and bilingual English-Japanese norms. Again, it argues for a lot more funding at work in this area.



**Monica Rivera Mindt** 59:25

I agree. I agree.



**Ryan Van Patten** 59:28

So I think I'd like to take a step forward and talk a little bit about interpretation of neuropsych profiles. So how might the interpretation - we've touched on this here and there during our conversation thus far, but can you give us more of a big picture. I really like how you've been talking about stepping back when we ask you these questions, so feel free to do that again. Step back and big picture on interpretation of neuropsych profiles and how it might differ in an ethnic or racial minority individual relative to someone in the mainstream culture.



**Monica Rivera Mindt** 1:00:01

Oh, great question. So, I think that when we are evaluating any neuropsychological profile, we want to look at all of the pieces of converging evidence, right? So, we have the clinical interview, we have qualitative data from that interview, we have qualitative data from the evaluation itself, we have psychiatric, hopefully, substance use or other types of data to go into it as well. Sociocultural measures. So we have a mix of quantitative and qualitative data. We want to integrate it into a synthetic, global, holistic perspective on what's going on with the person that we're evaluating. So what I like to do is to take all of that information and once I've gone through all of the quantitative information, I start - I actually when I do my interpretation and write a clinical report, I actually have a sociocultural section in my report, because I think it's just that important. I'll go through and, with transparency, talk about whether I think that the sociocultural aspects that might be pertinent in this case are actually impacting cognition or impacting another aspect - psychiatric or other aspect of a person's functioning - at the time of the evaluation. So I'll talk about and think about where they're from - their geographic origin, their culture, their linguistic status, quality of education, acculturation, bilingualism, all of those things together and see how they line up with the other pieces of data. Based on that, then come out with a formulation. It's a very Socratic approach to delineating what will become the final formulation and diagnosis. But I think it's really important to have that piece in there as an active and transparent component of the evaluation because it's not necessarily taken into account in the normative data, right? So somehow it needs to be taken into account. I think that whoever is going to read that report - in, you know, posterity - needs to see how I synthesize those data.



**Ryan Van Patten** 1:02:26

I like this a lot. So a different section of the report? This is separate from the - we typically have a psychosocial background, right?



**Monica Rivera Mindt** 1:02:34

Right.



**Ryan Van Patten** 1:02:35

But this is related to, but separate from that? A sociocultural background? I'm thinking of it almost as like culture as a moderator of the relationship between this person and the cognitive performance, right? How this culture will moderate how we interpret the test scores.



**Monica Rivera Mindt** 1:02:54

Absolutely.



**Ryan Van Patten** 1:02:55

What part of the report do you include that in?



**Monica Rivera Mindt** 1:02:58

So this is really important. I try to collect - and we should all, I would suggest, try to collect as much sociocultural information as we can. So part of that information certainly lives in the background section of the report. So, for me, it's the psychosocial section and then a sociocultural section in the background. Then you implement the best test available, you administer the best norms that you can. Then actually in the conclusion section - so after I've gone through and talked about the different domains of performance, in the conclusions - I'll add a section there as well. That specifically is a subsection, sociocultural considerations is what I call it. Then from there I go into my diagnostic formulation, kind of the final piece of the report.



**John Bellone** 1:03:50

Yeah, excellent. And just to round all this out, I want to talk about feedback very quickly. I know a lot of what we've already discussed is pertinent to the feedback session, but it might have some kind of idiosyncrasies and challenges. How do you usually approach a feedback session looking through the lens of culture?

**Monica Rivera Mindt 1:04:10**

Absolutely. I think that it's imperative in every step of that evaluation process to take into account sociocultural factors. That goes right to the very end to both the treatment recommendations and then how you provide the feedback to the examinee. Because, for instance, they should adhere better to their medications - that's a very typical recommendation, right? So, "Take your medication and adhere to it." You might talk about that in the feedback session. However, if you don't take into account sociocultural factors, for instance, SES, and access to healthcare, and insurance, and the history of where they're coming from geographically, and from a sociohistorical perspective, that recommendation could fall on deaf ears. So, for instance, I'll invoke an example where we have an older woman who has been living in the United States from a Latin American country, but she's been here for 40 years and has had insurance for 40 years and access to her medications. However, it turns out that she does not take her medications consistently because she hoards them because she's afraid she will lose her insurance or for some reason there's an issue there with culturally-based, socioeconomically-based fear about not having those medications in the future. So really thinking through what it means when we tell somebody to take their medications and really explain it. So not just say, "Yeah, take your medications. Be compliant." But really explain why it's important to do so and to think about ways to assure that they, maybe emotionally, they will feel like they can do this and have confidence that every month, they will be able to have their medication. So it's a little bit more complicated. That's just one example. But as a neuropsychologist thinks through every single recommendation, what they're going to talk about, that they really need to think about the implications based on all the intersectionality of that person's life. So, race/ethnicity, language, SES, all of these things, I think, are really important.



And, in the moment, when you're giving the feedback, to also be mindful. So Karen Postal, who I know you've interviewed, is the expert in this area. But I did have the privilege of being able to contribute to her first book on feedback. I think - her and Kira Armstrong's first book - but I think that it's important to make sure that the feedback is digestible to them. That it's given in a language that they understand. In a concrete manner, so that they can actually get it. So it's "feedback that sticks," to use her term. And that there's space for questions, and time. Part of that is, it's also incumbent on the neuropsychologist to create an atmosphere where somebody feels like they can actually ask questions and not be so formal or so distant that they don't feel like they can ask questions.

**Ryan Van Patten** 1:07:19



Right. Yeah. As you're explaining this, it reminds me of the model we talked about at the beginning of this conversation, right? Awareness - having our own self awareness of our own biases in the room with this person. Having knowledge, to the extent that we can, of culture or subculture that's relevant to this person. Having skills that we've acquired. Taking those three pillars, but then also, again, I love the compassion piece. Just really being present in the room with them and listening to what they are saying. For example, with a medication compliance issue, we are not simply sitting there prescribing one thing after another, we are having a conversation, right? We are observing how it's landing on them, listening to what they have to say, and then talking through the stuff - being a psychologist, hopefully.

**Monica Rivera Mindt** 1:08:07



Absolutely. Right. Exactly. Those clinical skills come in handy. We need them for this reason.

**Ryan Van Patten** 1:08:12



Right, right.

**Monica Rivera Mindt** 1:08:14



That's a great synthesis. I couldn't have said it better.

**Ryan Van Patten** 1:08:17



Thanks. Thanks.

**Monica Rivera Mindt** 1:08:18



Thank you for that.

**Ryan Van Patten** 1:08:19



Well, thank you for this conversation. Monica. It's been really enlightening and helpful. Before we let you go, we would like to ask our bonus questions as we like to do. So these are not specific to any one topic in particular, just more broad about the field of neuropsychology. To start off, if there's one thing you can improve about our field, what would it be?



**Monica Rivera Mindt** 1:08:44

You two have been asking a great deal of really wonderful questions. So I want to thank you for that. And thank you for having me on today. It's been wonderful to talk with you.



**John Bellone** 1:08:55

Our pleasure.



**Monica Rivera Mindt** 1:08:56

So, given the theme of today's discussion, I have to say that I would like to see a more integrated synthetic approach to cultural neuropsychology and this idea of cultural responsiveness into all aspects of neuropsychological training and neuropsychological research and treatment consultation - from every single aspect. I think that if we could really focus on implementing this model that I shared with you today that it would move our field forward in so many ways. And why is that important? So even if you're not necessarily interested in issues around culture, language diversity, that's okay. You know, that is okay. We're all into what we're into. But if getting to something that the AACN Relevance 2050 Initiative has so elegantly put forward - if we want to stay relevant as a field - we need to pay attention to issues of cultural and linguistic diversity in this country. Because by the year, I believe 2050, half of this country is going to be what we currently consider a racial/ethnic minority. If we're going to stay relevant, we need to make sure that our evidence-base is prepared for all the people who we see in our research and clinical milieus, and that we are training a workforce that is ready to evaluate and serve all people who are coming to our offices and our universities and our hospitals. That we're ready to serve them in a responsive, competent, compassionate way. Every single one of them.



**Ryan Van Patten** 1:10:42

I love it.



**John Bellone** 1:10:43

Yeah. Excellent. Just to finish up here, what is one bit of advice that you wish someone had told you when you were training? Or that someone might have told you that really made a difference? You know, we're looking for an actionable step that a trainee can take to really help them improve their training and overall performance.



**Monica Rivera Mindt** 1:11:05

Can I give you two? Two little bits of advice? [laughs]



**Ryan Van Patten** 1:11:09

Two. We'll be lenient. [laughs]



**John Bellone** 1:11:10

Only two. [laughs]

**Monica Rivera Mindt** 1:11:11

Okay, thank you. [laughs] So the first bit of advice is, I wish I had felt like I could ask more questions. I felt sometimes too scared to ask questions. I don't know if that's because I'm a woman, because I'm an ethnic minority, what it was. But I often, as a trainee, felt scared to ask questions when I wish I would have because I think that would have improved my training experience. So everybody who's listening out there, who's an early career person or whatever stage of career, I encourage you to find your voice and ask questions. Because if you're wondering about that one issue, others around you might as well. I think it's so important for us to feel empowered in whatever setting that we're working in and ask those questions.



And then one other little bit of advice that I would highlight for everybody is that you don't always have to take a direct route to where you're going. I just want to remind everybody that every experience that you have can inform what you do in your work and to embrace all of those experiences, with diverse populations or whatever it is that you're doing, because you can use all of that to be a better neuropsychologist and human.



**Ryan Van Patten** 1:12:30

That's great. Yeah. Very, very good advice. Well, thank you so much for your time, Monica. We really appreciate you coming on NavNeuro.



**John Bellone** 1:12:36

Yeah, thanks.



**Monica Rivera Mindt** 1:12:37

Thank you so much, John. Thank you, Ryan. Thank you. And I have to say you two are excellent interviewers. I'm so impressed with the podcasts that I've heard. I've loved them all so much. It was, you know, you were very kind. So, thank you.



**Ryan Van Patten** 1:12:50

Thank you. That's very meaningful.



**John Bellone** 1:12:51

Yeah, yeah. Thanks for saying that. We appreciate it.



**Monica Rivera Mindt** 1:12:54

No, it's true.



**John Bellone** 1:12:55

You're making us blush over here. You can't see it.



**Ryan Van Patten** 1:12:57

[laughs]



**Monica Rivera Mindt** 1:12:55

That is not my intent. I'm sorry. [laughs]



**Ryan Van Patten** 1:13:00

No, no, it's okay. [laughs]



**Monica Rivera Mindt** 1:13:02

It's a heady kind of thing to, you know, to be interviewed in your areas. And, you made it easy. So thank you.



**Ryan Van Patten** 1:13:09

Yeah. Well, thank you. We'll be in touch around scheduling again.



**Monica Rivera Mindt** 1:13:13

Okay, that sounds good. All right. Wonderful.



**John Bellone** 1:13:15

Have a good rest of your day.



**Ryan Van Patten** 1:13:15

Thanks so much.



**Monica Rivera Mindt** 1:13:17

Thank you. Bye.

**Ryan Van Patten** 1:13:19

Well, that does it for today's conversation with Monica. As always, thank you so much for listening. Before we end today, I'd like to give a shout out to a few organizations that Monica mentioned during our conversation, the Hispanic Neuropsychological Society, and Monica is actually the President of the HNS. In addition, the Asian Neuropsychological Association, and initiatives divisions within a few well known neuropsych organizations, INS, NAN, and SCN. These groups are all doing wonderful work in this area. And so if you're interested in getting involved, being active, doing advocacy, and making contributions to the area of cultural neuropsychology, you have a lot of options. And, as always, join us next time as we continue to navigate the brain and behavior.



**Exit Music** 1:14:14

**John Bellone** 1:14:38



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**Ryan Van Patten** 1:14:49



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**End of Audio** 1:15:07