Fall Focus
Reconciling limitations

ANA Elections
Message From The President

Featured Neuropsychologist
June Yu-Paltzer shares her wisdom and guidance
MESSAGE FROM THE PRESIDENT

Dear ANA Family:

It has been a very productive year for ANA. Along with developing our infrastructure and establishing ties with our sister organizations, we have made tremendous progress in many important projects. First and foremost, I would like to acknowledge the tireless work of our Media Committee, who piloted our first AAPI Heritage Month Series last May and June. If you have not yet watched the interviews, I highly recommend going to our YouTube page and checking it out for unique perspectives in neuropsychology across countries, languages, and cultures. I would especially like to thank Derald Sue, Urvashi Shah, Makiko Sakamoto-Pomeroy, Anita Sim, and Sandra Loo for taking the time to share their experiences as professionals in psychology. Also, please keep an eye out for the Media Committee’s next project, in which they showcase leaders within ANA itself.

ANA remains committed to centralizing a database on tests, norms, and cutting-edge research on assessing AAPI populations. The Chinese, Japanese, South Asian, Korean, Vietnamese, and Filipino special interest groups (SIGs) routinely meet monthly to track, discuss, and produce studies in this endeavor. If you would like to get involved in any of these SIGs or wish to fill a gap by starting your own SIG, we encourage you to reach out to us. In addition, I would like to congratulate the South Asian SIG for putting out a paper right out the gate. I also want to acknowledge Chris Nguyen’s recent article on issues on teleneuropsychology practice with AAPI patients.

Our organization was born from a grassroots perspective, and we remain focused on social justice issues on a local, national, and international level. The Advocacy Committee will put out a two-part webinar series on educational disparities and assessment considerations this August. This will be highly relevant for anyone who conducts evaluations that involve academics. They are also collaborating with SBN, GNS, and HNS to put together a public town hall series on intersectionality. Meanwhile, the Education Committee will continue to disseminate webinars throughout the academic year. Please get in touch with them if you are interested in participating in the future or getting involved with the ANA mentorship program. We are also pleased to announce that we have begun the process of CE accreditation for our webinars, which may be available as early as 2022.

As of this publication, our organization is taking one of the most exciting first steps of all – our first elections are forthcoming this September. Presently, we are recruiting for a second Member-at-Large and President-Elect. We are all tremendously excited to open this opportunity for new leaders and perspectives in our growing family. I am thrilled by the active membership and community of ANA, particularly with the student body. I believe in the next generation of young professionals and cannot wait to see how ANA evolves in the forthcoming years.

Take care, as always, and I hope to see you in person at INS this year.

Best wishes,

Nicholas S. Thaler, Ph.D., ABPP-CN

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The path to the future

In this issue, we looked to Dr. Paltzer to share how she successfully navigates the intersectionality as a bilingual neuropsychologist working with culturally diverse patients, navigating cultural neuropsychological research, and finding balance between work and life.

June Yu-Paltzer is an Associate Clinical Professor in Neurology at the UC Davis School of Medicine and board certified in adult and pediatric neuropsychology (ABPP/ABCN). Her current research focuses on TBI and integrating neuropsychological assessment with neuro-imaging findings. She is the former chair of the AAN Relevance 2050’s Annual Conference sub-committee and has served on various national (e.g., AACN and Division 40) and local (e.g., Northern California Neuropsychology Forum) committees.

On a personal level, Dr. Paltzer is a native speaker of Mandarin Chinese and has the highest level of certification in Chinese language proficiency (HSK Certificates for Higher Educational and Professional Purposes in listening, speaking, reading and writing). She is a proud mother of two wonderful children and a grateful daughter of now retired diplomats from Taiwan.

Dr. Paltzer, what motivated you to be a neuropsychologist? How did you get to this field?

Like many neuropsychologists, I have had a long-standing curiosity about how brains work. I pursued graduate study in neuroscience at a university on the east coast. My doctoral dissertation was on Brodmann’s Areas 17, 18, and 19, but I didn’t want to focus solely on visual functions and wasn’t especially fond of dissecting monkey brains. I was attracted to the integrative aspect of neuropsychology and decided to switch from neuroscience to neuropsychology.

I believe the underpinning of neuropsychology is science, and it is helpful that anyone who enters neuropsychology has a strong foundation in neuroscience. It allows one to be a critical thinker, to reduce biases, and to treat each patient with an open mind.

What cultures do you identify with?

I identify with the Chinese culture though, like many other Chinese, there is a high degree of heterogeneity in my family. To summarize, there are altogether five Chinese dialects spoken in my family.

My father was a diplomat representing Taiwan, and as a family, we moved around and lived in countries such as Korea, Germany and Italy.

Language is an important topic to discuss. Mandarin was initially made China’s official dialect to unite Chinese people. However, whenever a Chinese person says they speak only Mandarin and no additional Chinese dialect, we need to consider the fact that this may not be entirely accurate; it is not uncommon for a Chinese family to converse with each other in multiple Chinese dialects and subdialects. Related to this, just within the Mandarin dialect, there are approximately 14 sub-dialects.

On the AAN listerv, there are periodic posts about referrals for a “Mandarin-speaking” neuropsychologist, and I often think to myself that such requests underestimate the complexities of Chinese language and culture. Instead, we need to have an individualized, case-specific approach, and this ties in well with a scientist-practitioner approach.

How has your cross-cultural journey unfold thus far? How has your cultural background influenced your identity as a neuropsychologist?

When I was a post-doctoral fellow, I had some concerns about the validity of our neuropsychological tests, when used with patients from other linguistic and cultural backgrounds.

For example, many of my Chinese patients are highly educated and intellectually curious, and have raised questions regarding linguistic and cultural issues in neuropsychological testing.

In at least one case, a curious patient wondered why a particular female was robbed but did not quickly contact her family and friends for help in order to feed her children. Such an individualistic response is unlikely to be seen in the Chinese and perhaps other non-American cultures.

Language shapes our thinking. In the Chinese language, there are more verbs, whereas in the English language, there are more nouns. When you are verb-oriented, you are more likely to be action-oriented.

In the Chinese culture, talking and verbal expressions are not as valued as doing and actions. For example, when we want to express care and affection, we ask each other whether we have had lunch. Indeed, we express love through actions. This is an aspect that I appreciate about my culture, and of course, there are many things I like about the American culture as well and am grateful for my American friends and family.

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Given the cultural differences you have noticed—such as when your Chinese patients question the ecological validity of neuropsychological tests—are there ways these experiences have shaped your identity as a neuropsychologist now? Things that you are more aware of mindfully or culturally?

When I was a student UC San Francisco, some of my supervisors did a lot of medical-legal work with both adults and children. I pointed out to them that a Chinese (or other Asian) individual’s age might not be their “true age.”

For example, when a child is born in Chinese culture, and in many other Asian cultures, she/he is automatically considered to be 1-year-old. In some other situations, many parents present their child as 1-2 years older than they are chronologically because the parents want to send the child to school earlier.

So, what happens to the norms? For the Wechsler Intelligence Scale for Children, the normative reference range changes every three months; this is an example of the relationship between culture and the validity of our tests and norms.

My supervisors soon recruited me to help them out with their legal cases. Their receptivity validated my good intentions and motivation.

“...For me, doing neuropsychological assessment in a language that is shared by a patient and me reflects not a ‘special’ skill set but my passion for the language and culture, as well as respect for both the patient and my heritage...”

How do you see these limitations reconciled in the future?

What have been the most significant changes you have seen concerning cultural neuropsychology over the years? What do we still need to address, as a field?

I haven’t seen nearly enough changes. Like Dr. Anthony Stringer recently said, we do see more minorities represented in neuropsychology, which is positive. To me, however, ecological validity is the number one threat to us. We need to continue to develop norms for not only different ethnic groups but also for different professions.

Thus far, we have very few profession-specific norms (e.g., physicians and pilots), and this does not seem to be sufficient. We should also consider developing more computerized tests. Otherwise, neuroscience and neuromaging are likely to replace us soon. We need to problem-solve together to make neuropsychology valuable to our consumers.

I invited researchers and practitioners to present at AAN’s Annual Conference, such as Drs. David Schretlen, Robert Heaton, Daryl Fuji, Jennifer Reesman and Pamela Dean.

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How do you see these limitations reconciled in the future?
Easier said than done! I’ve been trying to collect norms and develop my own Chinese neuropsychological tests. It’s hard for me to stay on track because I keep meeting interesting people who raise fascinating research questions and opportunities and thereby derail me from test development.

However, I think this speaks to the phenomenon that we don’t have enough neuropsychologists who understand diverse languages and cultures to do the research yet. Cultural neuropsychology is still growing, and we need more people to do the work.

I highly encourage students to seek training at a university and/or VA setting where one is afforded lots of exposure to different patient populations, a wide diagnostic spectrum, and opportunities for research and collaborations, etc. We are all team players and diplomats!

You have a wide breadth of expertise in clinical, pediatric, and forensic neuropsychological evaluations. However, the lens a neuropsychologist takes with each of these evaluations varies greatly, especially if you consider the different stakeholders (i.e., parents, attorneys, self-paying patients, school, court system). How do you navigate cultural factors among these specific types of evaluations?

The similarity or common value amongst the various groups you have asked about is a shared goal toward problem-solving. Parents, attorneys, educators, etc. all strive to problem-solve for those they care about and/or serve.

Let’s take giving feedback on our assessment results as an example. When I do a feedback session, I invite the family and treatment team, and do so with all my examinees who consent to this, regardless of their cultural and linguistic background. That is, I invite parents and grandparents to attend the feedback. I invite the therapist, whether a psychotherapist or speech-language pathologist, to phone in as well.

Particularly, my Asian clients as a group tend to find the assessment and feedback process involving the larger treatment team intriguing and valuable. I integrate things I’ve learned from neuropsychology, prior research and neuropsychology. It is upon us to integrate such wonderful science with our Asian wisdom.

Let’s take the story of the first time I was asked to do a diagnostic assessment in Chinese. I was a first-year resident, and I was asked to do a neuropsychological assessment on a non-English speaking patient. I remember very clearly that I had been trained in English, and I had never before seen a patient who didn’t speak English.

I know the culture, history, geography and so forth of an Asian group (or more than one), and you are able to read medical records in a different language, you can be a tremendous asset. However, be reminded that legal professionals are verbally talented and skilled. Attorneys and their staff can find out in 10 minutes whether you know how to read, write, and speak in a language that you claim you know. To share a personal story, I was working on a research project involving the Chinese culture. I was doing a study on the effects of bilingualism on cognitive function in Chinese Americans. I had recruited 20 participants, and I was in the process of data collection. One day, one of the participants arrived for her appointment, speaking in an accent that I didn’t recognize. I asked her what language she spoke, and she said, “I speak Chinese.” I was surprised, as I had been told in my training that Chinese was a single language.

I told my children that I was like a fish out of water, and I asked them what language they used to speak. They both said, “Can you speak Chinese?” I told them that I had been told that Chinese was a single language, but I knew it was not. They told me that they spoke Mandarin, Cantonese, and even a dialect of Chinese called Hakka. I asked them how they could speak three different languages, and they told me that their parents had taught them to speak each language.

I learned a lot from my neuropsychology supervisors, my trainees, as well as from my adult and child examinees alike.

The message I am sharing is to learn to integrate your cultural values into the profession. Western culture brought us neuropsychology. It is upon us to integrate such wonderful science with our Asian wisdom. Asian/Asian-American neuropsychologists should be trailblazers and help to demystify psychology and neuropsychology for our consumers.

Neuropsychologists who have specific skills in written Asian languages must not sell ourselves short. If you know the culture, history, and geography of an Asian group (or more than one), you are able to read medical records in a different language, you can be a tremendous asset. However, be reminded that legal professionals are verbally talented and skilled. Attorneys and their staff can find out in 10 minutes whether you know how to read, write, and speak in a language that you claim you know.

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My first reaction was to laugh but I did not. Instead, I said something like: “I can see you are not familiar with China’s history.” Nevertheless, I followed up on his attempt to attack my credibility and obtained my language proficiency certificates because I am fully confident in my linguistic and cultural proficiency. I have continued with publications in this area and just recently finished writing a chapter with Dr. Mi-Young Jo on “Cultural Considerations” which is to be published in one of Dr. Shane Bush’s upcoming books.

For trainees interested in conducting non-English assessments, you may have any advice or suggestions to better tailor their training experience for this goal?

I receive referrals from all over the country, and they are primarily from metropolitan areas perhaps because those areas are where cultural diversity is more often found.

As a personal plug, I encourage students to apply to UC Davis for post-doctoral training. We have a solid program. This year we have seven post-docs, three from UC Davis and four from local VA hospitals. This is the first time in 20 years we have a class of all women, and more than half are women of color.

For students that aren’t in metropolitan areas, do you have any suggestions?

I would encourage students to still apply to metropolitan sites including university and VA hospitals. Students can look for programs with neuropsychologists who are culturally diverse. They can also look for good programs that are part of APPCN (Association of Post-Doctoral Programs in Clinical Neuropsychology).

In addition to ANA, the American Academy of Clinical Neuropsychology (AACN), the Society for Black Neuropsychology (SBN), Hispanic Neuropsychological Society (HNS), and Queer Neuropsychological Society (QNS) likely have good resources as well. Apply to different programs and come to UC Davis. While I am not on the selection committee, in line with my culture, I bring food to group supervision.
Research Highlights
by Ivy Cho, M.A., Jessie Li, B.S., Jas Chok, B.S., and Sonia Rehman, M.S.

Readers will find direct links to the respective articles by clicking on article titles.


Active engagement in meaningful activities (e.g., social, cognitive, and religious activities) is integral in maintaining cognitive health for aging adults. However, one barrier in the engagement of these meaningful activities is low acculturation.

The researchers in this study aimed to study the relationship between activity engagement (social, cognitive, and religious activities), cognitive functioning, and acculturation in older Chinese Americans.

From the Population-Based Study of Chinese Elderly Wave I, data from 3057 participants (56 years and older) was analyzed. Test performance on the Cantonese version of the Mini-Mental-State Examination (C-MMSE), East Boston Memory Test, Digit Span Backwards (Wechsler Memory Scale-Revised), and the Symbol Digits Modalities Test was collected; a z-score from all tests, was also calculated.

As hypothesized, increased activity engagement in social (e.g., visiting friends, the community center) and cognitive activities (e.g., reading) was associated with higher performance on the Cantonese version of the Mini-Mental-State Examination, and episodic memory was moderated by the level of acculturation.

Interestingly, the association between activity engagement with global cognition, cognitive performance (C-Mini-Mental State Examination), and episodic memory was moderated by the level of acculturation. Specifically, greater cognitive benefits from higher levels of activity engagement were seen for those with a lower level of acculturation (Figure 1). Therefore, as less acculturated older adults have limited access to acculturation-related resources, it will be crucial that they continue to engage in accessible everyday activities to maintain their cognitive health.

2. The Chinese Australian neuropsychological normative study sample performance on Western and Chinese norms: Cavesats for cross-cultural neuropsychology

Researchers from this study sought to investigate the impacts of using Western norms for a sample (N = 145) of Chinese Australian, community-dwelling adults between ages 59 and 87 years (M = 71.26, SD = 7.42). They hypothesized:

1 & 2) Chinese Australians would perform differently on neuropsychological testing compared to those from the dominant culture and those who were non-immigrant Chinese from China/Hong Kong

3) the use of dominant culture norms for Chinese Australians would result in false positive findings compared to culturally and linguistically diverse (CALD) norms

The administered neuropsychological battery included the Wechsler Adult Intelligence Scale III (WAIS-III) subtests Matrix Reasoning (MR) and Digit Symbol-Coding (DSC), Rey Auditory Verbal Learning Test (RAVLT), Rey-Osterrieth Complex Figure Test (ROCFT), Five-Point Test (FPT), and Clock Drawing Test (CDT).

Results indicated that all hypotheses were supported, except for hypothesis (4). In addition, Chinese Australian performance on verbal assessments was more similar to Western performance than on non-verbal assessments, which challenges the assumption that cultural components play a more significant role in verbal assessments.

Limitations of the study include variance in the number of phonemes of stimuli when comparing the English RAVLT to the Chinese Australian Neuropsychological Normative Study (CANNNS) RAVLT translation. Another limitation was the potential for over-exposure of stimuli on the RAVLT to the CANNNS sample, an interpreter was required to administer this task.

The authors also noted that the comparison group comprised of individuals with varying demographics, including differences in age and education. Finally, researchers used an older version of the WAIS and this raises potential inaccuracies due to the Flynn effect.

Overall, they cautioned against the use of Western and Chinese norms for Chinese Australian assessment due to the high risk of false positives. More importantly, researchers suggest that the development of neuropsychological tests designed for CALD use could be a solution to this dilemma, rather than the adaptation of tests to various cultures. Specifically, researchers emphasized the importance of incorporating CALD populations in the development, adaptation, and norming of these assessments.


During the COVID-19 pandemic, the CDC conducted a nonprobability-based online survey between March 29 and April 16, 2021, and found that mental health conditions such as depression, anxiety, post-traumatic stress disorder, and suicidal ideation have increased among public health workers in the United States. Public health workers were defined as all employees serving as frontline responders and healthcare workers.

The survey garnered 28,174 responses from public health workers who worked at state, tribal, local, or territorial health departments for any length of time in 2020 regarding perceived stressors since March 2020, workplace factors, and self-reported mental health symptoms.

Symptoms of depression, anxiety, post-traumatic stress disorder, and suicidal ideation were evaluated using the 9-item Patient Health Questionnaire (PHQ-9), and the 2-item General Anxiety Disorder (GAD-2), and the 4-item Impact of Event Scale (IES-6).

Among the respondents, approximately half of the workers (53%) reported the presence of mental health symptoms two weeks prior to

(Continued)
Those who were younger than 29 years of age, transgender, or nonbinary were twice as likely to report mental health symptoms.

Respondents who worked long hours and were unable to take time off were also more likely to experience symptoms of a mental health condition (prevalence ratio range = 1.84-1.93).

While 66.1% of the workers reported that employee assistance programs were available, only 11.7% of respondents used these programs, and 27.3% of respondents were unaware of employer-provided programs. Additionally, about 19.6% of respondents reported needing mental health services but did not receive them.

Thus, addressing factors contributing to poor mental health outcomes among public health workers during emergencies is crucial. For example, implementing practices such as expanding staff sizes or creating flexible schedules may prevent employees from being overworked and at risk for adverse health outcomes such as expanding staff sizes or creating flexible schedules may prevent employees from being overworked and at risk for adverse health outcomes.

The primary aim of the centre is to provide free rehabilitation treatment to those who have been left with cognitive and psychological disabilities following a Covid-19 infection. The centre will include the use of advanced assistive technologies as well as a dedicated Neuropsychology library. I am currently arranging for my personal Neuropsychology books collection, as well as a range of assistive technology resources, to be shipped from UK to India.

There are a number of free resources to download from the website, as well as a special donation feature for those who wish to make a donation in memory of a loved one. It would be great if people could share the website with colleagues, and even perhaps add it to the end of their email signature.

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