

When language barriers can get in the way of an assessment

A key element in determining the extent of brain injury and consequently the impact on everyday life and any future disability, employment prospects and need for support is a neuropsychological assessment. One of the specialists in the field is DR LINDA MONACI, a Consultant Clinical Neuropsychologist working both in the NHS and privately (also as an expert witness). Having qualified in Italy and worked in Sweden, she then moved to the UK where she completed the training required to practice as a consultant clinical neuropsychologist in the NHS. She can also carry out assessments in Italian and she has experience of working through interpreters.



➔ CARRYING OUT COGNITIVE assessments

in a different language presents various difficulties. Often the aid of an interpreter is needed who must have clear and specific instructions about the process to avoid compromising the assessment. Even if that is achieved, a translation may compromise the standardisation of the material and affect the interpretation of the results.

Let's give an example: if one is asked to describe the word 'apple', that may not be so much of an issue; but if the word is 'encumber' or 'ominous' there could be issues related to the translation itself. Some languages may use more than one word to express the same concept – thereby giving the meaning away. Even if the translation gave a single word there could be other issues, such as the length of the word and the frequency of use in a particular language. That would make a comparison with the norms based on the English words not valid.

The literature, in particular research carried out by Monica Rivera Mindt and her team (2008), suggests that bilingualism is associated with lower language scores in all spoken languages, which is thought to be due to the executive function costs of inhibiting one or more languages and the frequency of use.

When asking for similarities between words – which is meant to assess the ability to think in abstract terms – one needs also to take into account cultural differences. Cultural factors and expectations can also impact upon the assessment process, especially with non-western cultures where similarities between abstractions may be based on different factors, as outlined by Victor Nell (1999) working in South Africa and by Richard Nisbett and Yuri Miyamoto in the US (2005).

Furthermore, people from different cultures are likely to have been exposed not only to different social, cultural and linguistic factors, but also to different information and experience. Non-verbal abilities can also be affected. For instance, Monica Rosselli and Alfredo Ardila (2003) found significant



differences in performance on non-verbal tests among different cultural groups in Columbia.

Educational opportunities may also differ between different countries and they may not be appropriately summarised purely by the number of years in education. The American academy of Clinical Neuropsychology (AACN) (2007) recommends caution when assessing individuals whose primary language is not English and who belong to distinctive cultural or socio-demographic groups, and those with unusually low levels of education. For those groups, test norms may be limited because of insufficient normative data or validity studies.

A third party, such as the interpreter, being present can also affect test performance. That would be particularly true for small communities living in the UK, where it is possible that the interpreter knows the client and their family. According to the AACN (2007) and the British Psychological Society (2008), whenever possible the use of friends or family members as an interpreter should be avoided. Sometimes, however, individuals may feel reassured by their presence.

The presence of a third party during test

administration is not discussed in British professional guidelines, but it is usually discouraged by professional guidelines in the US.

In cases where the person to be assessed does not speak English, other data sources – such as direct observation and supplementary information about everyday functioning from third parties – become very important as reliable indicators of functioning pre and post-injury. Gathering such information during the assessment is in accordance with professional guidelines from the AACN and it is particularly important in the case of a modest premorbid level of abilities, such as low literacy levels and unskilled jobs.

In my view, there do not appear to be any culture-free formal cognitive tests currently available. That highlights the importance of clinicians needing to be aware of the many variables that can affect test performance among different populations when carrying out neuropsychological assessments. It is, therefore, necessary to take into account the whole clinical picture in order to be able to draw any conclusions. □