

brain injury compared to their White counterparts. Immigrant status and language barriers further perpetuate the disparities in access to rehabilitation care. In addition to institutional barriers such as absence of culturally and linguistically appropriate health materials as well as lack of cultural competency training for staff, patient factors such as dissonance in cultural value orientation to health care has been identified as a common culturally-mediated barrier accounting for lower healthcare utilization rate among immigrants. Cultural factors including health beliefs and values impact patient's self-appraisal of illness and have been studied as significant predictors for treatment adherence. The present case study seeks to demonstrate the role of socio-cultural factors in shaping the course of a Chinese immigrant patient's neuropsychological evaluation and cognitive rehabilitation following an aneurysm rupture and subarachnoid hemorrhage.

**Participants and Methods:** The patient is a 64-year-old, monolingual Mandarin-speaking female who was born and raised in mainland China, referred for neuropsychological evaluation for treatment planning following an anterior communicating artery aneurysm rupture and subarachnoid hemorrhage. Cognitive complaints included selective retrograde amnesia and difficulty with short-term episodic memory. Patient completed neuropsychological assessment, then underwent a course of time-limited cognitive remediation.

**Results:** Neuropsychological assessment was administered in Mandarin Chinese, and the majority of the tests utilized available norms from Mandarin-speaking Chinese population. While the patient continued to demonstrate at or above average functioning in aspects of executive function, she exhibited a pattern of "rapid forgetting" on modality-nonspecific learning and memory in addition to reductions in attention, working memory, psychomotor speed and visuo-perceptual integration. In the absence of mood symptoms, the patient demonstrated emotional resilience and strong family support system. Given reportedly minimal benefits from prior SLP intervention, barriers to treatment were examined and considered: linguistic factor, difficulty in holding on to information due to anterograde amnesia, and the lack of family involvement in the treatment process. In the context of Chinese family system and immigration history, family-centered care is imperative for the patient's rehabilitation

process. Main treatment goals included improving awareness of cognitive deficits as well as reinforcing consistent use of external strategies to compensate for impaired orientation and memory. Flexibility in the use of evidenced-based interventions were emphasized. The patient's family were counselled in a culturally competent manner to further understand the aspects that matter the most for the patient and incorporate multi-sensory learning to facilitate intervention.

**Conclusions:** In this case study, we utilized culturally and linguistically appropriate norms and critically examined barriers to treatment from a contextual lens. This case highlights the role of culturally competent neuropsychological evaluation and incorporating a strength-based and multi-method approach in informing treatment planning for cognitive rehabilitation with immigrant population. Given the dearth in the existing cross-cultural literature, there is a clear need to conduct high-quality research in under-studied and under-represented immigrant populations to reduce the gap in service delivery and enhance treatment effectiveness.

**Categories:** Cross Cultural Neuropsychology/  
Clinical Cultural Neuroscience

**Keyword 1:** cognitive rehabilitation

**Keyword 2:** cross-cultural issues

**Keyword 3:** stroke recovery

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### 30 Socially Responsible Neuropsychology (SRN) in Action: The Role of Neuropsychology in Migraine Care Among Bilingual Latina/o Patients

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**Objective:** Migraine is one of the leading causes of disability worldwide and a recognized contributor to health disparities with public health implications. Although migraine is a highly prevalent neurological condition, research on the cognitive manifestations of migraines is inconsistent. Studies have confirmed neurocognitive compromise during the presence of a migraine attack, with its onset and

frequency being associated with greater cognitive decline. Research on the cognitive implications of migraines in underserved communities is scarce. The American Migraine Prevalence and Prevention Study (2015) found that the prevalence of chronic migraines was the highest amongst Hispanic females compared to White females. Latina/os are 50% less likely to receive a migraine diagnosis and adequate headache medication when compared to non-Hispanic White patients. Latina women were more likely to report somatic symptoms than White and African American participants ( $F=8.96$ ;  $p>0.001$ ) (Liefland et al., 2014). Somatoform disorders are often diagnosed amongst Latina/os to account for medical unexplained symptoms, and if misdiagnosed can be stigmatizing and detrimental to treatment. We illustrate the critical role that neuropsychologists play by utilizing Socially Responsible Neuropsychology (SRN), a theoretical framework that promotes equitable and precise neuropsychological care to reduce misdiagnosis, elucidate cognitive implications, and address the complex medical needs of Latina/o patients. Given the limited literature on migraines and neurocognitive functioning, our objective is to present two case studies to illustrate the neuropsychological implications among bilingual Latina/o with chronic migraines.

**Participants and Methods:** Two highly educated Latina/o women, ages 39 and 41 years old, with chronic migraines, cognitive decline, diagnoses and a history of somatization symptoms. The onset of symptoms was gradual, worsening in intensity and frequency, along with notable motor symptoms (e.g., paralysis, weakness, numbness, bilateral tremors), photophobia, and phonophobia. Their cognitive complaints were conceptualized as part of a somatoform presentation by their providers.

**Results:** The SRN model guided clinical decision-making to establish reliable normative anchors to identify relative impairment compared to premorbid estimates. Testing was completed in English after establishing language dominance via English and Spanish measures of verbal fluency. Cognitive profiles identified declines in attention, processing speed, language, perceptual reasoning, visual memory, executive functioning, motor functioning, and notable decline in their functioning over several years. The neuropsychological profile discounted the presence of a somatoform disorder. One case was diagnosed with an Unspecified Mild Neurocognitive Disorder, while

the other case met criteria for a Major Neurocognitive Disorder due to Multiple Etiologies (i.e., vascular contribution, migraines, history of other contributions- choking episode). **Conclusions:** Given the decline in each profile, it was hypothesized that the patients' utilization of compensatory strategies and higher education may have masked the onset of symptoms. These complex cases highlight the need for comprehensive neuropsychological evaluations that are culturally and linguistically responsive to boost the sensitivity of accurate diagnosis. The ability to objectively capture neurocognitive decline offers a unique opportunity to enhance treatment, which would have otherwise remained undetected and untreated. The SRN model enhanced diagnostic considerations, treatment planning, and allowed for advocacy strategies to improve the quality of life, and access to culturally/linguistically appropriate resources.

**Categories:** Cross Cultural Neuropsychology/  
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**Keyword 1:** brain disorder

**Keyword 2:** cognitive functioning

**Keyword 3:** treatment outcome

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### 31 Investigating Race and Performance on the Verbal Naming Test

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**Objective:** Dysnomia may be one of the earlier neuropsychological signs of Alzheimer' disease (Cullum & Liff, 2014), making it an essential part of dementia evaluations. The Verbal Naming (VNT) is a verbal naming-to-definition task designed to assess possible dysnomia in older adults (Yochim et al., 2015) and has been used as an alternative to tasks that predominately rely on picture-naming paradigms. These researchers investigated the influences of age, educational level, cognitive diagnosis, educational quality, and race to examine if race would be a remaining significant factor in the performance of the VNT.