Developing cultural competency: Working with refugee populations  
Lisa M. May, PhD  
Safe Harbor Behavioral Health

**Objectives**

1. Participants will be able to identify common pitfalls when working with interpreters and will be able to describe ways to avoid them.
2. Participants will be able to describe important factors related to cultural competency when working with refugee populations.
3. Participants will be able to demonstrate knowledge of the common mistakes when completing the N-648 Medical Certification for Disability Exception form.
4. Participants will be able to apply strategies to increase their success with working with interpreters, and successfully advocate for their clients who may not use English as a first language.

**PA Refugee Population**

- In 2015, 837,159 immigrants made up 6.5% of the states population  
- In 2016 911,353 people in PA were native born, with at least one immigrant parent (8.2% of the states population)
  - Top Countries of origin:  
    - India  
    - China  
    - Mexico  
    - Dominican Republic  
    - Vietnam

**PA Refugee Population**

- Refugee: a person who is unable to return to his/her home country because of a well grounded fear of persecution due to race, membership in a particular social group, political opinion, religion or national origin.
- Since October 2010, 15,000 refugees  
- Majority from Bhutan  
- Apply for move in refugee camp, don’t necessarily have a choice of what country moving to, can be a long wait  
- One year after admission, can apply for lawful permanent resident status (Green Card)  
- May petition for Naturalization 5 years after arrival in US

**5 Regions of PA Refugee Settlement**

- Pittsburgh  
- Harrisburg/Lancaster  
- Philadelphia  
- Allentown, Scranton  
- Erie

**Bhutanese experience**

- Many people identify as Bhutanese and ethnically as Nepalese  
- In the 1980’s people living in Southern Bhutan, known as Lhotsampas, were forced out of the country in a “population purification” event  
- To remain, one must speak the Bhutanese language, practice Buddhism, adhere to a specific dress code and prove one’s citizenship in Bhutan  
- Historically, the Lhotsampa people were originally from Nepal and settled in Bhutan many years ago
Bhutanese experience

• Little interaction between Druk (majority Bhutanese) and Lhotsampas
• Lhotsampas retained Nepalese language and culture
• Important note: Many ethnically Nepalese people who had a higher education, lived in more industrialized areas, and appeared more acculturated to Druk lifestyle were overlooked during mass eviction

Bhutanese experience

• Between 2006 and 2012 over 49,000 refugees resettled to US
• Not uncommon for people to have lived in camps over 20 years, or were born and raised in refugee camp
• By 1993, over 100,000 people fled to settle in 7 refugee camps in Nepal
• Generally, people did not leave the camp, did not work, and most did not attend school
• Food was rationed according to age, and typically consisted of a small amount of rice and some vegetables
• Many people died (disease, malnutrition)
• Medical was limited at first but improved as time went on

Bhutanese experience

• Majority of people practice Hindu religion (60%) (or Christian, Buddhism, Kirat)
• Nepali is primary first language
• Education was fee based, many did not attend school
• Caste system – importance has been declining but not for all people
• Clear gender roles, females perform more housework, less access to information, less decision making power
• Healthcare – traditional healers, herbal remedies, seek out care for serious illness but not preventative care
• Mental health significantly stigmatized
• High suicide rate

My involvement

• Location: large public outpatient mental health center, Erie PA
• Serve over 6,000 unduplicated individuals per year
• Close to $200,000 in interpreter fees per year
• Returned N-648 forms after being identified as demonstrating insufficient evidence
• Staff/prescribers had questions about functioning

Working to build cultural competency

• Group supervision with 2 pre-doctoral interns focused on learning about culture, relocation experience
• Exploration regarding neuropsychological/psychological assessment tools
• Developed skill in working with interpreters
• Developing training for interpreter agencies regarding mental health, differences between medical and behavioral health interpretation, differences between counseling and assessment situations
• Developed training for clinicians to work more effectively with interpreters

Key issues in developing cultural competency

• People with the same background are not homogenous
  – Avoid making assumptions
  – Ask for clarification
  – Check in and make sure the other person understood what you were trying to say
  – Acknowledge your limited understanding and be humble. Ask for assistance in understanding further.
Develop working knowledge of migration experience and refugee experience

Stages of Settlement Process:
- Honeymoon
- Frustration
- Coping
- Adjustment

Key issues in developing cultural competency
- Unemployment – financial stress
- Loss of support systems
- Traditional cultural practices
- Intergenerational issues and impact
- Trauma experience
- Mistrust of government
- Community – tightknit/tightknit

Effective approaches
- Use professional interpreters
- Avoid stereotyping
- Use appropriate terms
- Develop cross cultural competence
- Develop effective cross cultural communication
- Reflect and learn from each interaction
- Monitor access to services by people with culturally diverse backgrounds
- Identify practices and systems that hinder cultural competency
- Allow extra time – you will need it

Effective approaches
- Learn about nonverbal communication
- Smiling/laughing
- Namaste
- Role of touching, eye contact, nodding

Effective approaches
- Check correct pronunciation of name and preferred greeting
- Be patient, listen carefully (distress)
- Avoid the tendency to relate persons level of language skill to level of intelligence
- Be aware that yes, may mean different things
- Use plain English
  - Avoid jargon, sarcasm, jokes

Working with interpreters
- Brief interpreter before session
- Review confidentiality
- Speak directly to patient, look at patient when speaking or listening
- Maintain control of interview/session
- Pause often (break or concurrent interpreting)
- Avoid slang
- Make sure the interpreter understands what you are saying
- Check in with patient and ask them to explain back what you have said
- Summarize what happened
- Debrief interpreter if necessary
Challenges when working with interpreters

• Community tends to be small
• Confidentiality concerns
• Clarifying expectations – word for word interpretation vs translating
• Interpreter may not know correct word in either language
• Takes time to teach interpreter
• Interpreter may try to “smooth over”
• Interpreter may bring in information that they know from another source or location

Questions?

Citizenship

Steps to Citizenship

• Can obtain Permanent resident card after 1 year
• Can apply for citizenship interview after 5 years but before 7 years in US
• Interview requires learning English and Civics information
• Application for citizenship can be approved, denied or continued
• Upon approval can participate in Naturalization Oath Ceremony
• If individual is unable to learn or recall information a disability exception can be applied for

General Eligibility Requirements

• At least 18 years old
• Permanent resident
• Residence and living in US
• Good moral character
• Attachment to constitution
• Knowledge of civics
• Ability to understand, read, write and speak English
• Oath of Allegiance

Medical Waiver

• Applicants can request an exception from the educational requirements due to a physical or developmental disability, or a mental impairment that has lasted, or is expected to last, 12 months or more.
• Medical professional (defined as medical doctor, doctor of osteopathy or clinical psychologist) can complete Form N-648: Medical Certification for Disability Exception

Medical Waiver

• A disability or impairment that is the direct result of illegal drug use cannot form the basis of a medical waiver
• A claim of illiteracy cannot form the basis of a medical waiver
• Age is not a sufficient basis for a waiver
• Visual or hearing impairment alone is not sufficient basis for waiver
Revised Form N-648

- Revised form 2011
- Older versions of form no longer accepted
- Language on the instructions is clear and concise
- Applicants are not required to inform US Citizenship and Immigration Services office if another government agency made a disability determination for them

Revised Form N-648 – Interpreter Certification

- Asks applicant if an interpreter was used during evaluation
- If one was used, the interpreter must complete portion of the form certifying that he/she translated the communication on the day of evaluation
- If the medical professional completing the form is fluent in the language used, they can certify this on form

Revised Form N-648 – Part III

- Q1: Provide the clinical diagnosis, DSM IV code or ICD 10 code that forms the basis of the exemption
- Q2: Provide a basic description of the disability and/or impairment(s)
- Q3: Date of the first examination of the applicant regarding this condition
- Q4: Date of the last examination of the applicant regarding this condition
- Q5: Explain if you are the medical professional regularly treating for this condition, and if not, why you are completing the evaluation/form

Revised Form N-648 – Part III

- Q6: Has the applicant’s disability and/or impairment(s) lasted, or do you expect it to last, 12 months or more?
- Q7: Is the applicant’s disability and/or impairment(s) a result of the applicant’s illegal use of drugs?
- Q8: What caused the applicant’s medical disability and/or impairment(s) listed in question 1?
- Q9: What clinical methods did you use to diagnose the applicant’s medical disability and/or impairment(s) listed in question 1?
- Q10: Clearly describe how the applicant’s disability/impairment affects his/her ability to demonstrate knowledge of English or Civics information.

Revised Form N-648 – Part III

- Q11: In your professional medical opinion, does the applicant’s disability or impairment(s) prevent him/her from demonstrating the following requirements? *The ability to read English, write English, speak English, answer questions regarding the United States history and civics, even in a language the applicant understands.*
- Q12: Was an interpreter used during your examination of the applicant?
Role of the medical professional

• Must have conducted an in person medical examination of the applicant to certify form
• Staff associated with the medical professional may assist in completing the form BUT the medical professional alone is responsible for verifying the accuracy of the content and for certifying the form
• Responses must be legible and appear in black ink
• Responses should use common terms without abbreviations
• All questions and items requested on N-648 Form must be answered fully

Role of the medical professional

• It is very important (very, very, very important) that each question is completed. Incomplete forms will cause a delay and possibly a denial in the decision on the application.
• This can lead to possible hardship for the applicant.

Nexus (causal connection)

• The most important part of the form
• The medical professional must explain the nature and extent of any medical condition and explain how the medical condition relates to the applicant’s inability to comply with the educational requirements for naturalization
• It is common for applications to get denied or continued for more information due to poorly explained or incomplete Nexus

Nexus – Insufficient content example

• Patient has down syndrome
• Patient has dementia
• Patient diagnosed with depression
• Patient has a history of PTSD
• No connection to educational requirement, not explained
• Explanation should be simple, clear and concise
• Write to a middle school reader
• Clearly state the applicant can not learn English or Civics

Nexus – Sufficient content example

• The applicant has severe dementia. Dementia is the loss of intellectual functioning to the level sufficient enough to interfere with daily life activities. It is not caused by depression or mental illness. It gets progressively worse over time and is irreversible. In the case of Mr. M, it presents in the form of forgetfulness, impairments in understanding, reasoning, language and learning new information.

Nexus – Sufficient content example

• Mrs. S has a history of Post traumatic stress disorder and depression. The depression is recurrent and severe, with an additional history of suicidal ideation. She has experienced multiple inpatient psychiatric hospitalizations. She has a history of war trauma experienced in Bhutan and continues to present with flashbacks, nightmares and a significant anxiety reaction. She takes medication and participates in treatment so that she is not a danger to herself or anyone else. These difficulties interfere with her ability to pay attention and concentrate.
Important to explain clearly how the diagnosis was made
Include any tests administered and their roles (e.g., Montreal Cognitive Assessment used as a measure of mental status)
Include review of history and clinical interview
Include any records reviewed
If not using any tests, explain why
If any medical tests were completed by physician, include that information if you can get it (medical examination was completed to rule out a physical cause for memory problems and fatigue)

Mr. M was evaluated through the use of neuropsychological measures, a clinical interview and review of available records. He was administered the Rowland Universal Dementia Assessment Scale. He obtained a score of 14/30 which indicates moderate cognitive impairment. He was unable to learn a list of words or information presented in a story format on the Repeatable Battery for Neuropsychological Status. The Geriatric Depression Screen was also completed and he scored 2/30 which relates to a typical mood presentation and is not suggestive of depression.

Post Traumatic Stress Disorder and Depression were diagnosed through clinical interview and review of records. A Patient Health Questionnaire – 9 was used as a depression screening tool. There is no medical test for post traumatic stress disorder or depression. A medical examination was completed by her primary care physician and no physical causes for her symptoms were identified.

Because of the dementia, Mr. M is unable to learn enough English and Civics information to pass the examination.

The strokes experienced by Mr. D significantly affect his physical and cognitive abilities. He has short term and long term memory deficits. He is not able to communicate his needs without prompting. He is not able to answer long or complex questions, or make decisions for himself. He does not have the mental or cognitive capacity to learn, speak or write English. He would not be able to memorize information or answer questions about government or history (civics) to pass the citizenship test. He can speak his primary language of Nepali, and one or two words of English but overall speaks very little as a result of the strokes he has experienced.
Symptoms relevant to the ability to learn or demonstrate understanding

- Memory impairment
- Disturbance in executive functioning
- Difficulties with concentration and focus
- Delirium, disorientation, confusion, agitation
- Difficulty in expressing self or understanding what is being said (expressive or receptive language)
- Painful or fragile medical condition which impairs concentration or prevents patient from leaving home to attend classes
- Fatigue, loss of energy, feelings of hopelessness which impair concentration or prevents patient from leaving home to attend classes

Symptoms relevant to the ability to learn or demonstrate understanding

- Paranoia, hostility, anxiety, delusions, hallucinations which prevent patient from expressing what they have learned
- Unpredictable behavior in response to stress and anxiety (as a result of PTSD or other anxiety)
- Low intellectual functioning and/or learning disabilities that affect reading and writing abilities

Good responses

- DONE
- Diagnosis
- Origin
- Nexus
- Effect

Extra circumstances

- Old age – alone is not a reason for a waiver, but age related impairments may qualify
- Illiteracy alone is not a reason for a waiver, but what is the underlying reason for illiteracy?
- Physical disability alone is not a reason for a waiver, but what is the impact on learning, concentration, memory?
- Effects of medication – medication may impact level of concentration, fatigue, or have other impacts on the applicant’s ability to attend classes or learn English or civics.
- If medication is not likely to provide enough improvement to the point the applicant can learn, that needs to be explained

The Naturalization Oath

- Important to state clearly if the applicant can take the oath or not (can they demonstrate understanding of the oath?).
- If applicant can not understand even a simplified oath, an “Oath Waiver” can be granted to allow an applicant’s designated representative to speak on his/her behalf
- This can be accomplished in a letter or Oath Waiver form

Role of the USCIS Officer

- Review Form N-648
- Does it fully address the questions about underlying conditions?
- Does it fully explain the nexus (causal connection)?
- Is applicant exempt from all or only SOME of the educational requirements?
- Read English, Write English, Speak English, Answer questions related to US history and civics
If the applicant is found to be exempt from only some requirements, the exam can be given with accommodations in the applicant’s primary language, written instead of verbal, etc… If only some of the educational requirements are waived, the applicant will be tested on those areas not exempt.

USCIS officer will provide applicant opportunity to take each portion of the naturalization test. If the applicant refuses to respond, the officer can continue to case and request additional evidence in writing. If additional information is found to be sufficient, or a new Form N-648 is submitted and found to be sufficient, and the applicant is found to be eligible for naturalization, the USCIS officer will approve application and schedule applicant to take the oath. If found to be insufficient, the applicant will have a second opportunity to pass the test. If applicant fails test the applicant’s application will be denied.

Use culture fair tests (if possible) Be prepared to get creative If modifying – be consistent Allow for expanded time for evaluation Working with interpreters presents challenges

Functional - diminished functional capacities as correlates of functional capacity to learn a second language (English) and civics Cognitive deficits cause significant functional impairment and are a decline from previous level of functioning NACC Functional Assessment Questionnaire World Health Disability Assessment Schedule 2

Short Covers activities of daily living that are higher functioning than WHODAS

Understanding and communicating Getting around Self-care Getting along with other people Life activities Participation in society
**TONI-3**

- Nonverbal reasoning
- No oral responses, reading, writing or object manipulation required
- Low cultural load
- Can be used with a wide age range

**Rowland Universal Dementia Assessment Scale**

- Developed in 2004
- Reviewed by cultural advisory groups for cultural relevance and ease of translation
- Less cultural or educational bias
- Sensitive to dementia and cognitive impairment

---

**Montreal Cognitive Assessment**

- Brief
- A little more difficult than Rowland Universal Dementia Scale
- Alternate forms (different animals may be more culturally relevant)
- Orientation questions may be used for either English or home calendar
- Clock draw may not be as useful

**Repeatable Battery for Assessment of Neuropsychological Status**

- Brief
- Used cross culturally
- Word list
- Story memory (language structure may be different)
- Digit repetition
- Fluency
- Naming (difficulty with cultural relevance)
- Line orientation (very confusing for people)
- Complex figure
- Coding

---

**Patient Health Questionnaire - 9**

- Brief depression screen
- Includes physical symptoms of depression
- Questions are short and clear
- Already used as an outcome measure in our setting

**Problems.....**

- Testing setting is very unusual
- Sometimes questions related to effort arise
- Population has had limited exposure to many common objects
- Interpreter difficulties
- Skewed population presenting
Risk/benefit

- Continue to build cultural competency
- Continue search for more culturally fair tools
- Monitor success/outcomes
- Do the best we can
  - Triangulate information
  - Discuss results qualitatively rather than compare to norms
  - Continue to review with peers

Questions?

Thank you

Contact me:
maylm2@upmc.edu