3. Design appropriate clinical trials to evaluate cognition-oriented treatments

Student Liaison Committee (SLC) Student Welcome

7:30 - 8:30am Thursday, 2nd February, 2023
Pacific Ballroom C

Paper Session 01: Multi-cultural and diversity topics in adult populations

8:45 - 10:30am
Thursday, 2nd February, 2023
Town & Country Ballroom C

Moderated by: Paola Suarez

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1 Neuropsychological Assessment with Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+) Individuals: Results from a Practice, Education, and Training Survey

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Objective: The field of clinical neuropsychology has increasingly recognized the importance of cultural and identity factors through the development of clinical, research, and educational initiatives. Only within the last 10 years have guidelines for psychological practice with lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people included recommendations for neuropsychological assessment. However, it remains unclear to what extent neuropsychologists have acquired the knowledge and skills necessary to implement these recommendations. It is also unknown whether they engage in LGBTQ+ inclusive neuropsychological assessment. In this study, we surveyed the LGBTQ+ related education, training, and clinical practice of independently licensed neuropsychologists in the United States. We sought to understand the implementation of inclusive guidelines, including factors that predict affirmative neuropsychological assessment. We hypothesized that sexual/gender identities, female identity, recency of training, and LGBTQ+ related education would be associated with use of recommended practices.
Participants and Methods: A workgroup of clinical psychologists with experience in LGBTQ+ psychology and neuropsychology developed a survey to identify personal and professional factors that predict LGBTQ+ affirmative neuropsychological assessment practices. The survey was distributed through professional organizations and listservs between August and September 2021 with 118 responses meeting inclusionary criteria. We used logistic, multinomial logistic, and ordinal logit regressions to examine unadjusted, univariate effects. Predictors included in the final, adjusted, univariate and multivariate models were those for which we had specific hypotheses and variables that predicted more than two affirming practice behaviors.
Results: The majority of participants identified as heterosexual (70.3%), cisgender (97.5%), and female (66.1%). Participants reported obtaining their highest degree between 1977 and 2019. Most obtained a Ph.D. (73.7%), were not board-certified (69.5%), and worked primarily with adults (54.2%). Generally, participants reported having little experience working with LGBTQ+ patients. However, they reported greater exposure to lesbian, gay, and bisexual identities as compared to transgender and queer identities. Most (48-63%) received LGBTQ+ training post-licensure. Between 19%

and 32% of participants reported never completing LGBTQ+ specific education. Participants described using affirmative clinical practice behaviors either "always/often" or "never/rarely." Factors predicting those practice behaviors were LGBTQ+ education/training, prior experience with LGBTQ+ patients, primary patient population (child vs. adult), and personal background (sexual minority status, female gender, and years since degree). When in need of consultation, the current sample consulted with their colleagues most often (n = 95) followed by academic literature (n = 90) and professional organizations (n = 80). Qualitative responses indicated varying attitudes and knowledge regarding collection of LGBTQ+ information and modification of clinical practice. **Conclusions:** Consistent with the broader clinical psychology literature, neuropsychologists have limited education/training on LGBTQ+ concepts. Neuropsychologists underutilize affirming practices as evidenced by low rates of querying pronouns, knowing whether LGBTQ+ health information is available at their institutions, and adjusting evaluation and feedback approaches. Our findings imply a great need to expand continuing education trainings to address providers' gaps and limitations, including opportunities for inclusive neuropsychological services throughout the assessment process (interview, testing, feedback). We present additional recommendations for future research as well as resources.

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2 Neurocognition and Functional Status Among Ethnoculturally Diverse Older Adults: Support for the External Validity of the ADAS-Cog

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Objective: Alzheimer's Disease (AD) and dementia present major and escalating public health concerns for the U.S., especially among ethnoculturally diverse (e.g., Latinx, non-Latinx Black [NLB]) populations who represent an increasing percentage of the older adult population in the US and bear greater AD burden compared to non-Latinx Whites (NLWs). Notably, neurocognition and functional status are highly correlated in those with AD. However, little has been done to understand these associations and validate functional measures across geographically diverse, multiethnic samples. The aims of this study were to characterize the neurocognition and functional status of a large, multiethnic sample and subsequently examine any associations between neurocognition and functional status among Latinx, NLB, and NLW older adults. **Participants and Methods:** This cross-sectional, retrospective study utilized archival data drawn from the Alzheimer's Disease Neuroimaging Initiative (ADNI). ADNI is a national, longitudinal, multi-site, observational study aiming to measure the progression of AD (see https://adni-info.org). Study measures included the: 1) *Alzheimer's Disease Assessment Scale Cognitive subscale* (ADAS-cog; 13-items), a global neurocognitive battery evaluating neurocognition in people with AD; 2) *Functional Activities Questionnaire* (FAQ; 10-item questionnaire) to assess functional status; 3) *Geriatric Depression Scale* (GDS; 15-item questionnaire) for depression; and 4) *American National Adult Reading Test* (ANART; 50-word test) for reading level. The sample included 1537 older adults who completed baseline visits for the ADNI study, 1333 of whom were NLW, 123 NLB, and 81 Latinx. The average age of the sample was 73 years, average 16 years of education, and 53% male. Compared to the NLW group, the NLB and Latinx groups were significantly younger and had a higher percentage of female participants. Compared to NLW and Latinx groups, the NLB group also had significantly fewer years of education and lower reading scores. Potential confounds (i.e., demographic variables, depression) were identified a priori based on the literature and subsequently analyzed for inclusion as covariates in the primary analyses. Analyses