

Assisting Refugees in Applying for Disability Exceptions for U.S. Citizenship

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Refugee Services
National Partnership
for Community Training

Gulf Coast Jewish Family & Community Services

Medical Certification for Disability Exceptions *Form N-648*

Training for External Stakeholders



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Medical Certification for Disability Exceptions, Form N-648 Training for External Stakeholders

Learning Objective

This training will provide you with an overview of:

- Naturalization Process
- English and Civics Requirements
- Revised Form N-648
- Role of the Medical Professional
- Nexus
- Role of the USCIS Officer
- Naturalization Testing
- Resources



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The Naturalization Process

General Process Flow

- Applicant files Form N-400, Application for Naturalization, with USCIS.
- Applicant appears for biometrics.
- Applicant is interviewed & tested in English & civics by a USCIS Officer unless exempt.
- Adjudication (case continued, approved, denied).
- Naturalization Oath Ceremony (upon approval).



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The Naturalization Process



General Eligibility Requirements

- 18 years of age at filing
- Lawful Permanent Resident
- Residence and Physical presence in US
- Good Moral Character (GMC)
- Attachment to Constitution
- English and Civics
- Oath of Allegiance

Educational Requirements

The law requires naturalization applicants to demonstrate:

- An ability to understand, read, write, and speak English
- A knowledge of U.S. civics (U.S. history and government)



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English and Civics Requirements

Medical Waiver

- Applicants who seek an exception to the educational requirements due to a physical or developmental disability or mental impairment that has lasted, or is expected to last, 12 months or more may request an exception by submitting Form N-648, *Medical Certification for Disability Exceptions*, completed by a medical professional.
- Only medical doctors, doctors of osteopathy, and clinical psychologists licensed to practice in any state of the United States, Washington, D.C., Guam, Puerto Rico, CNMI, and the Virgin Islands may certify the form.



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English and Civics Requirements

Medical Waiver

- A disability or impairment that is the direct result of illegal drug use cannot form the basis for a medical waiver.
- A claim of illiteracy alone cannot form the basis for a medical waiver unless the illiteracy is caused by a disability or impairment.

OMB No. 1615-0060; Expires 10/31/10
**N-648, Medical Certification
for Disability Exceptions**

The "APPLICANT ATTESTATION" below must be completed by a licensed medical professional. (See Instructions)

APPLICANT ATTESTATION (Type or print clearly in black ink)		USCIS USE ONLY
I certify that I have examined:		This N-648 is:
Middle Name	Alien Registration Number	<input type="checkbox"/> Sufficient
	U. S. Social Security Number	<input type="checkbox"/> Insufficient
Last Name	Zip Code	<input type="checkbox"/> Continued EFE
State	Gender	Signature
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Location & Date



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Revised Form N-648

Background

- In recent years, USCIS has received significant internal and external feedback from stakeholders, including medical professionals, regarding the questions within Form N-648 as well as USCIS' adjudication of the form.
- As a result, USCIS initiated an in-depth evaluation of the Form N-648 process, including a review of the form, guidance, and training materials.
- In December 2010, USCIS published a revised Form N-648 and Instructions. The revised form clearly explains what information USCIS requests from the medical professionals when certifying an individual's request for a medical waiver of the educational requirements for naturalization.



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Revised Form N-648

Effective Dates

- Revised Form Version Date
 - *June 17, 2011*
- After October 18, 2011, USCIS will no longer accept older versions of Form N-648. If an older version of the form is already on file on or after October 18, 2011, USCIS will make a determination on that N-648.



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Revised Form N-648

Highlights

- The language on the instructions and the form is clear and concise.
- Applicants are no longer required to inform USCIS if another government agency made a disability determination for them.
- Medical professionals are not required to evaluate the applicant's daily life activities.
- Interpreters for applicants or medical professionals will complete a new certification section on Form N-648.



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Revised Form N-648

Interpreter Certification

- Form N-648 asks the applicant if an interpreter was used during the medical examination.
- If one was used, then the interpreter must complete, and certify, Form N-648 if he or she translated communications between the applicant and the medical professional on the day of the medical examination that formed the basis of the Form N-648 certification. If an interpreter provided services over the phone, the medical professional is required to complete the interpreter's biographic information and the interpreter is not required to certify the Form N-648.
- The medical professional is required to record on Form N-648 if the medical professional is fluent in the language spoken by the applicant and served as the interpreter.



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Revised Form N-648

Overview of Part III, Form N-648, Questions 1-12

1. Provide the clinical diagnosis, and DSM IV code (*if applicable*), of the applicant's disability and/or impairment(s) that form the basis for seeking an exception to the English and/or civics requirements.
2. Provide a basic description of the disability and/or impairment.
3. Date of the first examination of the applicant regarding the condition(s) listed in number 1.
4. Date of the last examination of the applicant regarding the condition(s) listed in number 1, if different from above.
5. Are you the medical professional regularly treating this applicant for the conditions listed in number 1?



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Revised Form N-648

Overview of Part III, Form N-648, Questions 1-12

6. Has the applicant's disability and/or impairment(s) lasted, or do you expect it to last, 12 months or more?
7. Is the applicant's disability and/or impairment(s) the result of the applicant's illegal use of drugs?
8. What caused this applicant's medical disability and/or impairment(s) listed in number 1, if known?
9. What clinical methods did you use to diagnose the applicant's medical disability and/or impairments(s) listed in number 1?



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Revised Form N-648

Overview of Part III, Form N-648, Questions 1-12

10. Clearly describe how the applicant's disability and/or impairment(s) affect his or her ability to demonstrate knowledge and understanding of English and/or civics.
11. In your professional medical opinion, does the applicant's disability or impairment(s) prevent him or 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.*
12. Was an interpreter used during your examination of the application?



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Role of the Medical Professional

Completing and Certifying Form N-648



- The medical professional must have conducted an in-person medical examination of the applicant to certify the 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 utilize common terminology, without abbreviations.
- All questions and items requested on Form N-648 must be answered fully.



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Role of the Medical Professional

IMPORTANT

It is critical to USCIS and to the applicant that the medical professional ensure that each question or item on the form is completed. An incomplete Form N-648 will cause a delay, as well as a possible denial, in the adjudication of the naturalization application, leading to possible hardship for the applicant.



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Nexus

Nexus (Causal Connection)

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.



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Nexus

Example of a Sufficient Nexus

“The patient’s condition is a global, lifelong impairment that severely affects cognition, language, and motor skills. While many individuals with mild to moderate forms of Down syndrome are capable of daily tasks and working in the community, this patient suffers from a particularly severe form. Because of this impairment, his memory is deficient, he cannot learn new skills, and he is not capable or reasoning but only of performing simple daily activities. The patient’s severe intellectual disability (mental retardation) makes him incapable of learning a new language (even basic words) and demonstrating the required knowledge of U.S. history and government.”

Example of an Insufficient Nexus

The medical professional wrote “patient has Down syndrome” as the only connection to the educational requirements.



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Role of the USCIS Officer

Reviewing Form N-648

The USCIS Officer will review the entire form to ensure that the Form N-648 submitted:

- Relates to the applicant for naturalization who submitted the Form N-648;
- Fully addresses the questions about the underlying medical condition; and
- Fully addresses the nexus (causal connection) between the medical condition & the educational requirements for naturalization.



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Role of the USCIS Officer

Reviewing Form N-648

The USCIS Officer will review question 11 on Form N-648 to determine whether the applicant is exempt from all or only some of the educational requirements.

11. In your professional medical opinion, does the applicant's disability or impairment(s) prevent him or her from demonstrating the following requirements? (Check all that apply. If none applies, the applicant is not eligible for this exception.)

The ability to:

- ☐ Read English
- ☐ Write English
- ☐ Speak English
- ☐ Answer questions regarding United States history and civics, even in a language the applicant understands.



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Role of the USCIS Officer

Form N-648 Sufficient at the Initial Form N-400 Interview

If on Form N-648, question 11 indicates that applicant is exempt from:



- All educational requirements, then the USCIS Officer will interview the applicant on Form N-400 in the applicant's language of choice with the use of an interpreter and will not test the applicant on any of the educational requirements.
- Some of the educational requirements, then the USCIS Officer will only test the applicant on those areas that the medical professional did not exempt.



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Naturalization Testing

Form N-648 Insufficient at the Initial Form N-400 Interview

The USCIS Officer will provide the applicant with an opportunity to take each portion of the naturalization test including the civics portion and English language (reading, writing, and speaking) portions if the USCIS Officer determines that the applicant's Form N-648 is insufficient at the initial interview on the naturalization application.



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Naturalization Testing

Form N-648 Insufficient at the Initial Form N-400 Interview



If an applicant refuses to respond to individual test items then the USCIS Officer will continue the case. The USCIS Officer will issue a Request for Evidence, addressing in writing the reason(s) the Form N-648 is insufficient.



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Naturalization Testing

Subsequent Interview on Form N-400 and Re-exam

If the response to the request for evidence is determined to be sufficient, or if an applicant submits a new Form N-648 and it is deemed sufficient, then the USCIS Officer will review Question 11 to determine the educational requirements for which the applicant is exempt.

If the applicant is eligible for naturalization, the USCIS Officer will approve the naturalization application and schedule the applicant to appear for an oath ceremony to take the Oath of Allegiance.



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Naturalization Testing

Subsequent Interview on Form N-400 and Re-exam

If the response to the request for evidence is determined to be insufficient, or if an applicant submits a new Form N-648 and it is deemed insufficient, the USCIS officer will provide the applicant with a second opportunity to retake each portion of the naturalization test including the civics and English language (reading, writing, and speaking) that the applicant failed during the initial interview.

If the applicant fails any portion of the test or refuses to respond to test questions during the subsequent interview then the USCIS Officer will deny Form N-400 based on the applicant's failure to meet the educational requirements for naturalization pursuant to 312 of the INA and 8 CFR 312.



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USCIS Resources

- To visit USCIS' Website
 - www.uscis.gov
- To make an Infopass appointment
 - <http://infopass.uscis.gov/>
- To view case status
 - <https://egov.uscis.gov/cris/Dashboard.do>
- To view USCIS Form N-400 Processing Times
 - <http://www.uscis.gov/portal/site/uscis>



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**Assisting Refugees in Applying for
Disability Exceptions for U.S. Citizenship
(Form-648):**

Citizenship & Memory Loss

Richard Mollica, MD MAR

James Lavelle, LICSW

**Co-Directors, Harvard Program in
Refugee Trauma**

Citizenship & Memory Loss

- Being a refugee does not mean you cannot successfully complete a citizen examination.
- However, in HPRT's experience, many refugees seek exemptions based upon medical and psychiatric reasons. Some refugees request from a Medical Doctor an exemption because they feel:
 - Too old to try
 - Impossible for them to learn and understand English
 - Fear
 - Anxiety
 - Malingering (rare)

Memory Loss & Poor Cognition

Memory Loss

- Decline in memory and thinking skills are common symptoms expressed by many refugees seeking citizenship. Some mild decrease in memory is associated with aging. Normal age-related memory loss and problems do not prevent a refugee from passing a citizenship test.

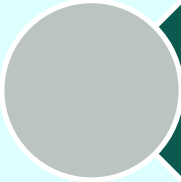
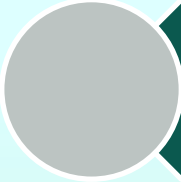


Poor Cognition

- There are many mental health and medical problems, however, that are treatable that can cause mild to moderate cognitive impairment. There are also some untreatable medical and psychiatric problems that can cause ongoing and progressive memory loss and impaired thinking.

Memory Loss & Poor Cognition

- Many refugees, however, have serious mental health and medical problems that have impaired their ability to remember and retain citizenship information as well as be able to successfully take a citizenship test.

Major Mental Diagnoses Include:

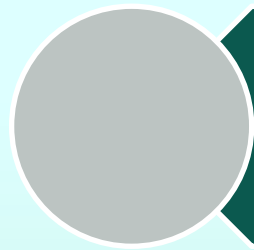
-  Depression
-  Post-Traumatic Stress Disorder (PTSD)
-  Severe Anxiety Disorders
-  Traumatic Head Injury (THI)

All of these 4 diagnoses are treatable.

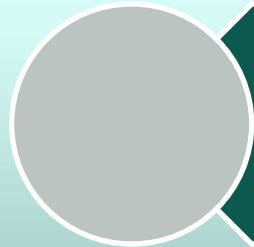
Other Treatable Disorders Associated with Impaired Cognition

- Medication
- Alcoholism
- Vitamin B-12 deficiency
- Hyperthyroidism
- Tumors

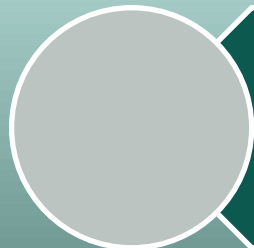
Limited Treatable Disorders Include



Alzheimer's Disease



All of the dementias (e.g.
multi-infarct dementia)



Tumors

In Preparing a Citizen

- Make a proper medical and psychiatric assessment
- Use culture fair neuropsychology testing (if possible)
- Evaluate and treat, if necessary

Montreal Cognitive Assessment

- Some of our clinicians/MDs have had good success with the MoCA
- <http://www.mocatest.org/>

Neuropsychological Testing: Pilot Project

**The Leon O. Brenner Center for Psychological
Testing and Consultation**

&

**Harvard Program in Refugee Trauma /
Lynn Community Health Center**

2013 – 2015

- N.B. Manuscript in progress

Traumatic Head Injury

“These THI-related lesions may have a potential role in chronic, unremitting psychiatric illness even after the exposure to THI. Health care professionals and human rights workers need to consider the potential mental health impact of THI in torture survivors.”

Mollica RF, Kyoon Lyoo I, Chernoff MC, Bui HX, Lavelle J, Yoon SJ, Kim JE, Renshaw PF. Brain structural abnormalities and mental health sequelae in South Vietnamese ex-political detainees who survived traumatic head injury and torture. *Archives of General Psychiatry*. 2009;66(11):1221-1232.

Harvard Program in Refugee Trauma / The Leon O. Brenner Center

Psychological Assessment Contents

- Outline of Protocol
- Reason for Referral
- Relevant Background Information & Interview
- Behavioral Observations

Psychological Assessment: Intellectual & Cognitive

Intellectual & Cognitive Testing:

Wechsler Adult Intelligence Scale, 4th ed. (WAIS-IV)

WISC-IV Full-Scale IQ & IQ/Composite Score Summary

Wechsler Memory Scale, 4th edition (WMS-IV)

The Montreal Cognitive Assessment (MoCA)

Rey-Osterrieth Complex Figure Test

Psychological Assessment: Emotional Testing & Summary

Emotional/Personality Testing:

Harvard Trauma Questionnaire (HTQ)-Revised

Hopkins Symptom Checklist-25

Beck Depression Inventory II (BDI-II)

Summary & Diagnostic Impressions

Recommendations

Utilizing the Assessment

- Patients receive psychological testing by need
- To date, we have completed 13 psychological tests
- This February we are resuming psychological testing with the Brenner Center team
- We have 10 patients on a waiting list
- Not all patients are applying for citizenship

Summary

- There are many causes of cognitive impairment among torture survivor populations.
- To date, HPRT has valid and reliable psychological testing for Cambodian torture survivors only.
- Psychological testing for torture survivors should be more accessible since it seems to offer more data to their applications for citizenship, benefits, etc.

Purposefully Targeted Assessments and Effective Communication of Results

Citizenship & Immigration Services (CIS)
Disability Waiver Evaluations

Kathleen Connors PhD
Georgia Refugee
Health and Mental Health (GRHMH)

Emory University Psychology Practicum

A Case Introduction:

“You are a neurologist in Atlanta’s hospital system of last resort care. An Iraqi patient of yours asks you to complete the N-648 so she can become a citizen. She has been studying at ESL classes and practicing with her husband, but she knows she cannot retain enough English to pass them, despite her best efforts. She hands you the CIS form: it looks brief and straightforward enough, and you are glad to help her with her simple request. After all, you have been training her for vascular dementia secondary to a series of strokes, and the basis for her memory deficits are obvious.”

Imagine your surprise...

- Your patient returns crestfallen because her application has been denied
- What went wrong?
- Then you notice the diagnosis section requires DSM coding and the CIS note indicates that the report failed to demonstrate the cause of memory deficits in the patient
- You want to make good on your promise. The patient clearly suffers cognitive deficits, and there is a demonstrable medical condition that has been identified as the source
- You request a colleague to write a second report, confident that a second opinion will bolster any doubt about the diagnosis
- Your colleague adds a DSM code and an additional sentence to your original one attesting that this patient is indeed disabled

Imagine your surprise...

When the patient returns in despair, you learn she has been turned down again. She has no idea what she can do to get her citizenship. Neither do you.



Where do you go next?

Disallowed Reports

Many disallowed reports simply failed to effectively communicate the patient's actual condition and impairments because of inadequate or insufficient information or poorly reported findings

Contextualizing the Disability Exemption Assessment:

- The focus of this section of the webinar will be purposeful targeting in refugee assessments and effective communication of results and contextualizing the technical processes of the assessment
- The **context of CIS's exemption process** and the **context of refugee disabilities** that prevent mastering US English and civics
- Requires bridging the two contexts through effective communication so the standards of proof and formats for reporting of CIS are met with a meaningful explanation of results from a culturally competent assessment that captures the realities of the refugee client's experience and disabling condition

The CIS Context

- Outcome-oriented assessment
 - Documenting **the inability of completing the educational requirements of citizenship to learn English and US civics**, if it exists
- The examiner as the audience
 - *“Responses should use common terminology, without abbreviations, that a person without medical training can understand”* (CIS)
- Writing in **terminology** and **explanatory detail** of an educated lay person, and avoiding the medical/mental health professional’s hubris' of:
 - Face value rather than explanation and **demonstration**
 - Professional assumptions about implications and
 - Specialized language

The CIS Context

- Following the logic of the report format
- **Nexus Nexus Nexus:**
 - Detailing the link between the disabling condition and the inability to perform the task
 - Diagnosis is only the introduction
 - Explaining the outcome – capacity to learn - is the core requirement
- Test-based substantiation.
- The Standard of Proof (CIS as GRHMH understands it)
 - Sufficient
 - Test-based substantiation
 - For a special category of competency - **capacity to learn, retain and produce a functional use of a foreign language**

The Refugee Context

- Need for holistic picture of the person and their refugee-making phenomena, particularly for trauma-related cases, to provide a relevant framing for the diagnoses
- Contextualizing the report to the refugee experience and psychological implications
 - E.g. the effects of complex trauma, prolonged stress
- Stressors and traumas across the phases of the refugee-making experience
- **The trauma-informed clinical interview**
- Relationship to extreme and prolonged stressor and impact on findings
 - *“Memory Impairment is the best replicated cognitive problem associated with PTSD”* (J. David Kinzie, M.D.)
 - Dementia and stressor-based adverse impacts on age of onset spread of affected domains and rate of deterioration

Frequent Demographics & Common Diagnoses

- Looking at the socio-political variations of refugee-making experience which are culturally-mediated - based on normative cultural practices such as support-giving, expression of emotion, spirituality, embodiment of trauma - and filtered and integrated through the lens of specific ethnic group culture
- Ethnic groups serving:
 - Somali, Bhutanese, Vietnamese, Ethiopian, Eritrean, Afghani, Iraqi, Iranian, Oromo
- Differential symptom profiles from GRHMH previous research and CIS assessments
- Diagnoses
 - Trauma & depression, severe anxiety, dissociative disorder, panic disorder
 - Neurocognitive disorders
 - Psychotic disorders and Bipolar disorder
 - Neurodevelopmental disorders
- Added power and precision with new DSM-5 criteria, since the trauma-related diagnoses have been elaborated and dementia has been revamped to cognitive disorders

Overall Approach and Instrumentation

- Need for holistic picture of the person and their refugee-making phenomena, particularly for trauma-related cases, to provide a relevant framing for the diagnoses
- The integrated report across multiple domains
 - Adequately addressing the requirements of the integrated report
 - Affective
 - Cognitive
 - Functional
 - Significance of interactive effects of symptoms across domains and co-occurring disorders: impact on critical nexus question of specialized competence to learn English and civics
 - Including relevant examples of results to illustrate capacity limitations and impact in nexus section

Overall Approach and Instrumentation

- Value of triangulating findings from multiple date points, multiple domains, and multiple instruments
 - Trauma-informed Clinical Interview & Cultural Formulation Interview
 - Testing across all three domains (affective, cognitive and functional) of Integrated Report
 - Collateral interview(s)
- Value added dimensions for thoroughness
 - Record Review
 - Medical Diagnoses (ICD codes)
 - Current medication
 - Consistency of findings across practitioners
 - Disability status from other sources
 - Conventions for authenticating identity (multiple forms of IDs copied into record)

Instruments

- **Affective**

- Trauma
 - Harvard Trauma Questionnaire
 - Others
- Depression and Anxiety
 - Hopkins Symptom Checklist
 - Beck's or Hamilton's
- Comprehensive
 - Composite Int. Dx Interview (CIDI)
 - Cross-cutting Symptom Measures (DSM 5)
 - Refugee Health Screener (RHS – 15)

- **Functional**

- FAQ
- FSQ Extended form
- Washington Dementia Scale
- World Health Org. Disability Assessment -2 (WHODAS)

- **Cognitive**

- MMSE
- RUDAS
- Mini-Cog
- MoCA

- **Memory and Intelligence**

- Weschler Memory Scale 4th ed. (WMS-IV)
- Comprehensive Test of Nonverbal Intelligence-Second Edition (CTONI-2™)
- Naglieri Nonverbal Ability Test (NNAT)
- Weschler Nonverbal Scale of Ability (WNV)

Cognitive Assessments and People with Culturally and Linguistically Diverse (CALD) Backgrounds

- Problems more common than Solutions
 - E.g. MMSE: universal, 100 languages, but very culturally and educationally skewed
- MMSE- Cultural Modification of biased items:
 - E.g. Item: Orientation to Time (month or season)
 - Modified- Accept traditional calendar systems as response, for example, religious season such as Ramadan
- MMSE- Educational modifications of biased items
 - E.g. Item: Spell “World” backwards
 - Modified: Name days of week backwards, going from last day of week to the first

CALD (cont.)

RUDAS: Rowland Universal Dementia Assessment Scale

Aim: scale to assess cognitive impairment in people from all educational, cultural, and linguistic backgrounds

- Developed 2004 by Storey, Rowland, Basic, Conforti, and Dickson
- Review by cultural advisory groups for cultural relevance and ease of translation
- Validate with multicultural populations in Australia
- Easy to translate because less culturally or educationally biases; easier to interpret in vivo
- Sensitive to dementia and cognitive impairment
- More multiculturally appropriate than MMSE

Memory and Intellectual Capacity

- Weschler Memory Scale 4th ed. (WMS-IV)
 - Alternative batteries increase flexibility of applications, e.g., OAA Battery shorter, for use with older adults 65-90
- Comprehensive Test of Nonverbal Intelligence-Second Edition (CTONI-2™)
- Other Options
 - Naglieri Nonverbal Ability Test (NNAT)
 - Weschler Nonverbal Scale of Ability (WNV)

Comprehensive Test of Nonverbal Intelligence-Second Edition (CTONI-2™)

- *“Unbiased measure of nonverbal reasoning abilities in individuals for whom most other mental ability tests are either inappropriate or biased.”* (Donald D. Hammill, Nils A. Pearson, J. Lee Wiederholt)
- Includes an expanded study of item bias. Results useful for estimating the intelligence of individuals who experience undue language or fine motor skill difficulties. No oral responses, reading, writing, or object manipulation required.
- New verbal instructions for various non-English languages now available
- Linguistically fair

Scales of Functional Impairment

- Sample Tools
 - NACC Functional Assessment Questionnaire (FAQ)
 - Functional Status Questionnaire (FSQ)
 - Washington University Dementia Clinical Rating Scale
 - Wld Health Org Disability Assessment Sch -2 (WHODAS)
- Rationale – diminished functional capacities as correlates of functional capacity to learn a second language (English) and US civics
- Cognitive deficits cause significant impairment in social/occupational functioning and are a decline from previous levels of functioning

Functional Impairment (cont.)

Basic Activities of Daily Living (ADL)

Evaluate the ability of the person to complete basic self-care tasks essential to independent living

Transferring from bed to chair

Toileting & Bathing

Grooming

Dressing

Feeding Oneself

Instrumental Activities of Daily Living (IADL)

Assess the persons ability to keep an independent household

Laundry & Housework

Shopping

Using the telephone

Preparing meals

Taking medications

Managing household finances and transportation

Functional Impairment (cont.)

- WHODAS
 - Understanding and communicating
 - Getting around
 - Self-care
 - Getting along with people
 - Life activities (household, work, school activities)
 - Participation in society

Evaluator's Considerations

- Length of time needed for in-depth evaluation
- Availability of culturally-competent instruments
- Interpretation issues in evaluation
- Translation issues for instruments

References

- Mollica, R. et al. "The Harvard Trauma Questionnaire. Validating a cross-cultural instrument for measuring torture, trauma, and posttraumatic stress disorder in Indochinese refugees." J Nerv Ment Dis. 1992 Feb; 180(2): 111-6.
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- Storey, J., Rowland, J., Basic, D., Conforti, D., and Dickson, H. (2004). The Rowland Universal Dementia Scale (RUDAS): A multicultural cognitive assessment scale, International Psychogeriatrics, 16(1), 13-31.

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