

Multicultural Assessment and Ethical Practice

- **Christy V.V. Leung and Jeffrey E. Barnett**

The rapid and ongoing diversification of the population of the United States and thus, those who independent practitioners will be providing services to, has been well documented (US. Census Bureau, 2004). Between 1990 and 2000, the foreign-born US. population increased by 57% (Malone, Baluja, Costanzo, & Davis, 2003). It is predicted that individuals in the minority population will become the majority of the US. population by the year 2050 (Council of Economic Advisors, 1998). An important aspect of this rapid growth in minority populations is the increase in the diversity of languages spoken in the United States. According to the 2000 census, 18% of the total population aged five and above reported that they spoke a language other than English in their home (Shin & Bruno, 2003).

The Ethical Principles of Psychologists and Code of Conduct [APA Ethics Code] (APA, 2002) makes clear each psychologist's obligations for providing ethical and competent services in our work with individuals of diverse backgrounds. Principle E: Respect for People's' Rights and Dignity guides psychologists to be " ... aware of and respect cultural, individual, and role differences ... " (p. 1063) such as race, ethnicity, culture, and language. Further, in Standard 2.01, Competence, psychologists are required to only provide clinical services with individuals of different populations when doing so falls within our boundaries of competence. This standard also requires psychologists to take the steps necessary (e.g., education, training, experience, consultation, and supervision) to ensure we provide competent professional services to individuals of diverse backgrounds.

Among the wide range of clinical services provided by independent practitioners, assessment is one that is directly impacted by the rapid diversification of our population. Thus, there is a great need for culturally sensitive and appropriate psychological assessment. Relevant issues include competence of administrators, test selection, adaptation and translation, administration/application, and assessment result interpretation.

Multicultural Competence

Competence is a superordinate standard in multicultural assessment. It is the most crucial and essential standard for the ethical and responsible selection, adaptation/translation, administration, and result interpretation of assessment (Dana, 1996; Ridley, Hill, & Wiese, 2001). Specific to multicultural assessment, competence is defined as "the ability and committed intention to consider cultural data in order to formulate accurate, comprehensive, and impartial case conceptualizations" (Ridley et al., 2001, p. 32). "A recent study by Fischer and Chambers (2003) found many psychologists reporting a lack of multicultural competencies in determining client acculturation, considering the culture of clients in assessment interpretation, and resolving multicultural dilemmas, potentially resulting in unintentional racism, inappropriate use of biased assessment instruments, and

misinterpretation of culturally based behaviors and thus assessment results. To promote multicultural competence in the field of psychology, the Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists [Multicultural Guidelines] (APA, 2003) encourage psychologists to be aware of their own values, attitudes, and beliefs that may potentially bias their perception of and interactions with individuals who are racially and ethnically different from themselves. In addition to this self-awareness, the Multicultural Guidelines also recommend psychologists enhance their multicultural awareness and knowledge.

Understanding multicultural differences fosters respect and appreciation of ethnic and cultural diversity. Incorporation of such an attitude change into professional practice ultimately promotes competence in multicultural assessment among psychologists (Dana, 1996; Gil & Bob, 1999). Specifically, the Multicultural Guidelines recommend psychologists increase their consultations with ethnic minority psychologists and to be familiar with the literature on multicultural psychology (Arredondo & Perez, 2006).

The Multicultural Guidelines also encourage multicultural-focused curricula in psychological education in order to promote competence in the new generation of psychologists (Arredondo & Perez, 2006). In fact, multicultural training programs have been shown to effectively enhance psychologists' competence in multicultural awareness, knowledge, and skills (Byington, Fischer, Walker, & Freedman, 1997; Walker, Fischer, & Phillips-Miller, 1999). These findings highlight the importance of ongoing professional development and continuing education activities in multicultural competencies for all practicing psychologists. ‘

Language and Competence in Assessment Administration

Monolingual psychologists often face challenges psychologists has not been accurately assessed. For example, is a second-generation Korean (born and raised in the United States) who learned to speak Korean at home but has no formal education in Korean qualified to provide written translation, either from English to Korean or vice versa? Psychologists need to communicate accurately and effectively with their clients/participants throughout the entire assessment process (Acevedo et al., 2003). There is evidence that language discrepancy negatively affects assessment accuracy, the type of information reported by clients/ participants, and the ability of psychologists to extract meaningful information from clients/participants (Acevedo et al., 2003; Bamford, 1991).

On the other hand, there is also evidence that using well-trained interpreters greatly improves psychologists-clients/participants communication (Acevedo et al., 2003). Thus, the language competence of psychologists might be accurately evaluated when they serve as translators for their clients/participants as well. Professional interpreters should be hired when necessary. Finally, appropriate referrals should be made when psychologists do not possess the needed competent to ethically and effectively conduct assessments with particular ethnic groups (APA, 2002; Canter, Bennett, Jones, & Nagy, 1994).

Assessment Tool Selection

There is ongoing debate about whether standardized assessment instruments can "be effectively used with racial and ethnic minorities (Padilla, 2001). The APA Ethics Code (2002) and Federal Public Law 94-142 require non-biased assessment (Padilla, 2001). However, the majority of the standardized psychological assessments are normed on mainstream, white, middle-class populations or developed using Western approaches to assessment (Padilla, 2001). Many of these standardized assessments are emic, or cultural specific measures designed for European Americans. Yet, without empirical and/or research support for the equivalence of measurement use with different cultural groups, these standardized assessments are often assumed to be *etic*, or cultural-general assessment instruments (Dana, 1996).

Standardized psychological assessment instruments have been primarily used for screening and selection of interventions and services (Padilla, 2001). The ability to provide culturally competent assessment for multicultural populations can determine the quantity as well as the quality of interventions and services utilized by the ethnic minorities (Dana, 1996). Using a pseudo-etic instrument with multicultural populations may lead to unethical and inaccurate evaluation/treatment or discrimination against the ethnic minorities (Dana, 1996; Padilla, 2001). To be culturally competent in assessment, psychologists need to demonstrate the use of instruments with metric equivalence and cross-cultural construct validity (Dana, 1996; Gil & Bob, 1999; Prediger, 1994). Specifically, metric equivalence allows direct comparison of the scale across cultures, whereas cross-cultural construct validity allows a construct to be empirically measured across cultures. Additionally, it is necessary to determine whether the meaning and subjective experiences of constructs are interpreted similarly even when the construct can be measured across cultures (Dana, 1996; Gil & Bob, 1999). Cross-cultural research in assessment plays an important role in examining the cross-cultural construct validity of standardized psychological assessment instruments as well as developing appropriate cultural-specific measures (Dana, 1996).

Furthermore, psychologists must consider the cultural and linguistic characteristics of their clients/participants when selecting assessment instruments in order to ensure an accurate, creditable, beneficial, and ethical assessment (Dana, 1996; Padilla, 2001). Collecting multidimensional information through the use of acculturation measurement prior to the actual assessment process has been suggested (Dana, 1996). This information includes culture-specific attitudes and values, socioeconomic status, immigration status, and language proficiency and preference of the ethnic minorities. Informal cultural orientation interviews have also been recommended as an aid to psychological assessments or psychiatric diagnosis of clients/participants of racial or ethnic groups (Kleinman, 1993). Guidelines for conducting cultural orientation interviews with specific ethnic minority groups have been suggested for psychologists in order to obtain family information, knowledge of culture-specific psychopathologies, and background information on the culture (Kleinman, 1993; Trimble & Fleming, 1989).

Psychologists also need to recognize the potential limitations of the chosen assessment instruments, especially when dealing with "cultural-bound symptoms" (Padilla, 2001).

Specific to immigrant populations, psychopathological symptoms are often associated with acculturative stress. However, these psychological, somatic, and social difficulties due to stress associated with the acculturation process may not be interpreted through the majority of the standard assessment instruments (Fouad & Arredondo, 2007). A representative example concerns *susto*, a folk illness associated with symptoms of fright disorder stemming from a stressful or traumatic event is prevalent among Latino immigrants. However, this folk illness is not being captured by the Minnesota Multiphasic Personality Inventory II (MMPI-II), one of the most frequently used instruments (Fouad & Arredondo, 2007). As a result, a variety of acculturation instruments have been developed to be used with culture-relevant conceptualizations of personality for Latino Americans (Ramirez, 1991). This example demonstrates the fact that considering the cultural and individual characteristics of clients/patients is essential for an accurate and complete assessment. Thus, psychologists should collect information on cultural and linguistic characteristics of their clients/ participants at the beginning of the assessment process and utilize this information to select a culturally appropriate instrument as well as the assessment delivery style (Dana, 1996).

Adaptation and Translation of Assessment Measures

As required by the APA Ethics Code, assessments should be conducted in participants' preferred language. Thus, psychologists may need to utilize translated assessment instruments when serving racial or ethnic groups whose primary language is not English. Translation of assessment instruments is often complex, time consuming, costly, and inherently error-prone (Padilla, 2001). Psychologists should carefully select assessment instruments for translation ensuring they are culturally valid in the other language prior to translation (Fouad & Arredondo, 2007). Further, we must be cautious of the potential threats to translation validity. For example, assessment directions are often psycho-technical and difficult to be translated easily. Likewise, the content of assessment materials can be interpreted and understood differently across cultures and languages. Thus, all translation should be completed with an established, comprehensive, multi-step translation and validation process such as the translation and back-translation method in order to ensure the quality and accuracy of translation (Pena, 2007). The original and translated versions of the instrument should demonstrate linguistic, functional, cultural, and metric equivalences to guard against validity threat (Pena, 2007).

Nevertheless, translation may not be available for certain types of assessment. In fact, standardized assessments are routinely being administered in English to linguistic minority individuals in some settings such as schools (Padilla, 2001). Although the Standards for Educational and Psychological Testing (American Education Research Association, 1999) clearly states that bias in test selection, administration, and interpretation must be avoided, potentially discriminatory assessment practices in these settings (Padilla, 2001). For example, given that the majority of the standardized achievement assessments are normed on the mainstream population and that there is often a mismatch between the cultural experiences of minority students and those of their present school and social environments, achievement test performance of minority students, not surprisingly, tends to be deflated (Padilla, 2001). This often leads to inappropriate labeling or placement, such as placement in lower academic tracks (Oakes,

2000), special language assistance or diagnosis of a learning disability (McCardle & Leung, 2006), or a special-education referral (Padilla, 1988). From a theoretical standpoint, the practice of administering assessment in English exclusively assumes that individuals must attain and demonstrate certain competence in English in order to function effectively in American society (Padilla, 2001). However, with the increasingly diverse U.S. population, the population of non-English speakers has increased rapidly (U.S. Census Bureau, 2004). Thus, evaluation that credits individuals for bilingual competency skills must be incorporated as part of culturally-appropriate assessment practices (Padilla, 2001).

Administration/Application of Assessment Techniques

With ethnic minority clients/participants, psychologists must carefully adopt an appropriate interaction approach in order to facilitate the assessment process (Dana, 1996). Influenced by the style of service delivery in the medical setting that requires compliance and discourages informal, personal relationships, European American psychologists tend to expect immediate cooperation and response to assessment materials from clients/participants (Dana, 1996; Gil & Bob, 1999). However, some ethnic groups may perceive such social etiquette as intrusive and unfriendly, and as a result, may not cooperate immediately or respond comfortably. To develop a culturally competent style of assessment delivery, psychologists must increase awareness of cultural diversity, tailor their style towards the culture of their client participants, and adopt a more personalized approach when necessary (Gil & Bob, 1999).

In addition, establishing a trusting relationship at the initial interaction through informed consent is essential. Because many ethnic minority groups may have misgiving and mistrust toward psychological assessment as a result of either lack of familiarity or past negative experience (e.g. biased or incomprehensible feedback due to technical jargon, inadequate informed consent), it is necessary that psychologists develop cooperative relationships with their clients/participants in the assessment process (Allen, 2002).

Next, psychologists must make sure that their clients/ participants are capable of providing valid informed consent to the assessment process (APA, 2002; Barnett, Wise, Johnson-Greene, & Buckey, 2007). Information should be presented in the language of preference of clients/participants, either orally or in writing, in an understandable, jargon-free manner. Client participants should be fully informed of the purpose/goal, nature, method, scheduling, and expected duration of the assessment process. The issues of confidentiality, as well as limits to confidentiality, should be clearly addressed. Information regarding the assessment should be fully and accurately explained to clients/participants, including (1) the potential risks, discomfort, or adverse/side effects; (2) available alternatives; and (3) prospective benefit of the assessment. Likewise, clients/participants should be informed of their right to decline or withdraw from the assessment and any foreseeable consequences of doing so. They should also be informed of their right to obtain assessment records and the circumstances in which this may be restricted. Prior to the assessment, psychologists should (1) ensure that client-participants have read and understand the informed consent document; (2) offer sufficient

opportunity for them to ask questions and receive answers; and (3) allow sufficient time for them to consider whether or not to participate.

Some ethnic minority clients/participants may regard their family members, community persons, or advocates as significant individuals to be fully involved in the assessment process (Dana, 1996). Whether the clients/participants consent to participate in assessment may be considered as a group decision. Psychologists should be aware of social norms and cultural expectations of their clients/participants and be prepared to involve these individuals in the process of informed consent. Accordingly, limits to confidentiality should be addressed clearly, depending on the situation of the clients/participants and their significant others (Barnett, 2005). Also, advanced arrangements should be made so that clients/participants and their significant others are fully informed about what information may be disclosed and to whom in cases of emergency situations (Barnett, 2005).

In addition to careful selection of assessment instruments, psychologists also need to select methods of assessment that are normed and appropriate for the ethnic groups they assess (Fouad & Arredondo, 2007). Over reliance on paper-and-pencil assessment is problematic (Fouad & Arredondo, 2007). Not only does it exclude the people who are illiterate, it also negatively biases the assessment results for people who have limited reading ability or have limited proficiency due to the use of a second language. Additionally, paper-and pencil assessment may not be appropriate for use with some ethnic groups that traditionally reply on verbal transmission of information instead. Thus, the use of a multiple method assessment approach including both qualitative and quantitative methodologies is suggested (Ridley et al., 2001).

Interpretation and Release of Assessment Results

After the assessment has been completed, psychologists need to ensure the interpretation of the assessment results is culturally appropriate when serving ethnic minority clients/participants (Fouad & Arredondo, 2007). This process has been called the "interpreting cultural data" phase (Ridley et al., 2001, p. 36). Psychologists need to consider whether the information collected may be influenced by the linguistic and cultural background and experience of their clients/participants. They also need to ascertain the role of environmental stressors on the performance of their clients/participants, leading to potential negative bias in the assessment results. Psychologists must also give careful consideration and use critical judgment in interpreting the results if standardized assessment instruments are used. Further, psychologists need to examine the "consequential validity" of the assessment to understand the issues associated with assessment bias, assessment fairness, and cultural equivalence, and to consider the foreseeable consequences for the clients/participants (Padilla, 2001). Consultation with other professionals with relevant expertise is recommended when needed.

The final steps of the assessment process include providing feedback and sharing the evaluation results and recommendations. The written evaluation report is an essential element of the assessment process and is often used to obtain access to appropriate and

needed services. However, misuse or misinterpretation of the information obtained from assessment reports may lead to limited access to services or treatment resistance due to impaired trust in psychologists. Further, misdiagnosis and labeling may be stigmatizing and result in harm. It is vital that the interpretation of assessment findings be done in a culturally-informed and sensitive manner that thoughtfully addresses all relevant factors that may impact the client's/participant's performance during the evaluation process. Reports should be jargon-free and presented at a level the client/participant can understand.

It is also recommended that psychologists have an in-person discussion with clients and offer them the opportunity for questions to be answered in order to prevent any potential misinterpretation or misunderstanding (Michaels, 2006). Additionally, as has been mentioned, in many ethnic groups family members, community persons, advocates, or significant others often play an active role in the assessment process as well as in the implementation of intervention for clients. These individuals may actually authorize, facilitate, or take active responsibility for subsequent services or interventions (Dana, 1996). Their wishes and expectations concerning the welfare of the client/participant are critically important for making any decision regarding the services or interventions recommended. Therefore, with the client's consent, psychologists should actively include these significant others in the assessment feedback and treatment planning processes.

Conclusions

As caring health professionals who provide mental health services to an increasingly diverse population, it is essential that psychologists conduct assessments with great attention to a range of ethics and clinical issues that directly impact the accuracy and effectiveness of these assessments. Relevant issues include general multicultural competence, attention to language and cultural factors that impact the assessment process, the use of translators, informed consent, inclusion of community and family members in the assessment process, appropriate test selection, adaptation and translation of assessment measures, and the interpretation and release of assessment results. As psychologists strive to achieve the highest ideals of professional ethics and competence in our work with individuals of diverse backgrounds it is essential that we possess and apply the needed knowledge, skills, attitudes, and values in each of these important areas of assessment practice.

References

- Acevedo, M. C., Reyes, C. J., Annett, R. D., & Lopez, E. M. (2003). Assessing language competence: Guidelines for assisting persons with limited English proficiency in research and clinical settings. *Journal of Multicultural Counseling and Development, 31*, 192-204.
- Allen, J. (2002). Assessment training for practice in American Indian and Alaska Native settings. *Journal of Personality Assessment, 79*(2), 216-225.
- American Education Research Association, American Psychological Association, & National Council on Measurement in Education. (1999). *Standards for educational and psychological testing*. Washington, DC: American Educational Research Association.
- American Psychological Association (2002). Ethical principles of psychologists and code of conduct. *American psychologist, 57*, 1060-1073.
- American Psychological Association. (2003). Guidelines for multicultural education, training, research, practice, and organizational change for psychologists. *American Psy-*

- chologist, 58, 377-402.
- Arredondo, P., & Perez, P. (2006). Historical perspectives on the multicultural guidelines and contemporary applications. *Professional Psychology: Research and Practice*, 37(1), 1-5.
- Bamford, K. W. (1991). Bilingual issues in mental health assessment and treatment. *Hispanic Journal of Behavioral Sciences*, 13, 377-390.
- Barnett, J.E. (2005). *MPA ethics manual*, 6th ed. Columbia, MD: Maryland Psychological Association.
- Barnett, J.E., Wise, E.H., Johnson-Greene, D., & Buckey, S.F. (2007). Informed consent: Too much of a good thing? Or not enough? *professional psychology: Research and Practice*, 38, 179-186.
- Byington, K., Fischer, J., Walker, L., & Freedman, E. (1997). Evaluating the effectiveness of a multicultural counseling ethics and assessment training. *Journal of Applied Rehabilitation Counseling*, 28 (4), 15-19.
- Canter, M. D., Bennett, B. E., Jones, S. E., & Nagy, T. F. (1994). *Ethics for psychologists: A commentary on the APA ethics code*. Washington, DC: American Psychological Association.
- Council of Economic Advisors. (1998). *Changing America: Indicators of social and economic well-being by race and Hispanic origin*. Retrieved April 21, 2008, from <http://www.access.gpo.gov/eop/ca/>
- Dana, R. H. (1996). Culturally competent assessment practice in the United States. *Journal of Personality Assessment*, 66(3), 472-487.
- Fisher, J. M., & Chambers, E. (2003). Multicultural counseling ethics and assessment competencies: Directions for counselor education programs. *Journal of Applied Rehabilitation Counseling*, 34(2), 17-21.
- Fouad, N. A., & Arredondo, P. (2007). *Becoming culturally oriented. Practical advice for psychologists and educators*. Washington, D. C.: American Psychological Association.
- Gil, E. F., & Bob, S. (1999). Culturally competent research: An ethical perspective. *Clinical Psychological Review*, 19(1), 45-55.
- Kleinman, A. (1993, January). How culture is important for DSM-IV? In NIMH-Sponsored Group on Culture and Diagnosis, *Cultural proposals and supporting papers for DSM-IV* (pp. 12-31). Pittsburgh, PA: University of Pittsburgh.
- Malone, N., Baluja, K. F., Costanzo, J. M., & Davis, C. J. (2003). The Foreign-born population: 2000. *Census 2000 Brief* Retrieved April 21, 2008, from <http://www.census.gov/prod/2003pubs/c2kbr-34.pdf>
- McCardle, P., & Leung, C. Y. Y. (2006). English language learners: Development and intervention. An introduction. *Topics in Language Disorders*, 26(4), 302-304.
- Michaels, M. H. (2006). Ethical consideration in writing psychological assessment reports. *Journal of Clinical Psychology*, 62(1), 47-58.
- Oakes, J. (2000). Grouping and tracking. In A. E. Kazdin (Ed.), *Encyclopedia of psychology*. Washington, DC: American Psychological Association.
- Padilla, A. M. (1988). Early psychological assessment of Mexican-American children. *Journal of History of the Behavioral Sciences*, 24, 113-115.
- Padilla, A. M. (2001). Issues in culturally appropriate assessment. In I. A. Suzuki, J. G. Ponterotto, & P. J. Meller (Eds.), *Handbook of multicultural assessment. Clinical, psychological, and educational applications* (2nd ed., pp. 5-28). San Francisco, CA: Jossey-Bass Inc.
- Pena, E. D. (2007). Lost in translation: Methodological considerations in cross-cultural research. *Child Development*, 78(4), 1255-1264.
- Prediger, D. (1994, July). Multicultural assessment standards: A compilation for counselors. *Measurement and Evaluation in Counseling and Development*, 27(2), 68-73.
- Ramirez, oM. III (1991). *Psychotherapy and counseling with minorities*. New York: Pergamon.
- Ridley, C. R., Hill, C. L., & Wiese, D. L. (2001). Ethics in multicultural assessment. A model of reasoned application. In I. A. Suzuki, J. G. Ponterotto, & P. J. Meller (Eds.), *Handbook of multicultural assessment. Clinical, psychological, and educational applications* (2nd ed., pp. 29-46). San Francisco, CA: Jossey-Bass Inc.
- Shin, H., & Bruno, R. (2003). Language use and Englishspeaking ability: 2000. *Census*

2000 Brief Retrieved April 21, 2008, from
<http://www.census.gov/prod/2003pubs/c2kbr29.pdf>

Trimble, J., & Fleming, C. (1989). Providing counseling services for Native American Indians: Client, counselor, and community characteristics. *Counseling across cultures (3rd ed.)* (pp. 177-204). Honolulu, HI, US: University of Hawaii Press. Retrieved May 20, 2008, from PsycINFO database.

U.S. Census Bureau. (2004). Hispanic and Asian Americans increasing faster than overall population. *US Census Bureau News*. Retrieved April 21, 2008, from
<http://www.census.gov/Press-Release/www/releases/archives/race/001839.html>

Walker, L., Fischer, J., & Phillips-Miller, J. A. (1999). The development, testing, and evaluation of an in-service multicultural training program in adult education. *Mountain Plains Adult Education Association Journal of Adult Education*, 26(2), 13-24.

Correspondence regarding this article may be addressed to Jeffrey Barnett at dribarnett1@comcast.