Appraisal and Assessment in Cross-Cultural Counseling

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Primary Objective

- To present a general overview of contemporary issues and problems associated with the appraisal and assessment of individuals whose cultural or ethnic origins are different from that of the counselor or others in the helping professions.

Secondary Objectives

- To provide counselors and other professionals with relevant resources considered to be useful in increasing one’s competence in the area of culture-sensitive assessment and appraisal in cross-cultural counseling.
- To assist in the process of selecting appropriate assessment and appraisal strategies leading to effective and culture-specific diagnosis and counseling or treatment options.

Assessing and appraising individuals from a broad spectrum of cultures and ethnic groups, especially in today’s global economy, has drawn much attention from clinicians and counselors. A significant part of this interest has involved ongoing challenges and difficulties with a number of conceptual and methodological concerns at both theoretical and applied levels. These challenges and difficulties include the identification, assessment, and/or measurement of culture-related variables thought to be important in the process of professional intervention. These variables are found
in the diagnosis and treatment of individuals in clinical and counseling encounters, as well as in the
evaluation of the outcomes of this process.

The ways in which these important matters are approached and resolved will greatly influence
effective culturally appropriate appraisal and assessment. Many books, journal articles, monographs,
conference presentations, college courses, training programs, and other academic and practical efforts
have focused on possible solutions. The goal in these efforts is to understand the nature of intercul-
tural competence (Lonner & Hayes, 2004) and to become increasingly “culturally competent”
(Sternberg & Grigorenko, 2004) in professional interactions. There is a central point in this process.
It is to bring together people who are, on one hand, culturally or ethnically different (the “clients” or
recipients of skills and knowledge) and, on the other hand, psychologists, nurses, physicians, social
workers, educators, and others in the helping professions (the “providers” and “appliers” of the req-
quisite skills and knowledge) who are themselves culturally and ethnically diverse. Counselors and ther-
apists should be acutely aware of the responsibility they have in the proper delivery of their services
(Draguns, 1998).

PROFESSIONAL INTERVENTIONS WITH “THE OTHER”

The Swiss cultural psychologist Ernest Boesch recently wrote a brief essay titled “The Enigmatic Other.”
In it, Boesch (see Lonner & Hayes, 2007, chap. 14) expressed a frank, unsettling, and career-long feel-
ing of incompetence to “deal reasonably, in rational scientific terms, with the problem of ‘the other.’”
An astute multilingual observer of human behavior in various cultural contexts, one would think that
this active 90-year-old, who was trained in part by Jean Piaget and psychoanalyzed by one of Sigmund
Freud’s closest disciples, would have utmost confidence in his ability to understand other people. Yet,
based on years of experience, he has concluded that the seal of secrecy that encloses “the other” is
secure and is forever to be an enigma. Each person, Boesch maintains, is always somewhat encapsu-
lated in his or her unique world of thoughts, emotions, reflections, and behaviors, all shaped by cul-
ture. The enigma can be considerably compounded when “the other” is from a cultural or ethnic group
different from one’s own, thereby presenting a second—and quite possibly the most challenging—
level of difficulty in professional interactions.

Boesch, of course, was not the first psychologist—or will he be the last—to admit to a certain
amount of bafflement or unease when rummaging around the private world of hopes, fears, disap-
pointments, traumas, interpersonal relationships, marriage and family problems, and mental diffi-
culties of the many people with whom he or she has interacts professionally. Indeed, a common
problem when attempting to assess, appraise, or diagnose other people is the imperfections we all
experience, both as humans and applied practitioners. Humans are complex and frequently guarded
in what they disclose to others, even in professional settings. Unraveling these complexities and nur-
turing a working relationship are constant challenges, even to highly competent practitioners.

THE CULTURAL ISOMORPHISM OF
HUMAN ASSESSMENT AND APPRAISAL

All else being equal, the most effective counseling takes place in settings that are culturally isomor-
phic. This means that there is a high degree of equality in experiences that the client and counselor
bring to the professional encounter. High isomorphism guarantees that individuals in such relation-
ships will generally be “on the same page.” This will be enhanced because those in the relationship
will have learned the same language, will have been socialized in the same country or culture, and will have shared a “common fate” in the same social, cultural, and political milieu in which the counseling relationship takes place. Either explicitly or implicitly, all of the authors who have written chapters for this book agree with this rather simple and commonsense assertion. Another assumption made by all of the chapter authors is that “the other” often presents unusual challenges because there is a certain level or degree of “culturally nonisomorphic” interaction taking place; in some cases, the nonisomorphism may reach epic and even tragic proportions. In this sense, all professional interactions involve the appraisal or assessment of “the other” in his or her unique and enigmatic form that is exquisitely shaped by culture.

In previous editions of Counseling Across Cultures, we approached this area of concern by asking a number of questions and by giving examples of shared perspectives. For instance, in the fifth edition, we began the assessment and appraisal chapter by using a framework provided in a popular book, The Spirit Catches You and You Fall Down (Fadiman, 1997). The book is structured around the problems that a Hmong child experienced in her adopted United States and the clash of two medical systems—essentially two “worldviews”—in their attempts to explain the child’s behavior.

This fascinating case challenged the efficacy of both systems. It served as a showcase for what some have called Arthur Kleinman’s (1992) much-heralded “Eight Questions”:

1. What do you call the problem?
2. What do you think has caused the problem?
3. Why do you think it started when it did?
4. What do you think the sickness does? How does it work?
5. How severe is the sickness? Will it have a short or long course?
6. What kind of treatment do you think the patient should receive? What are the most important results you hope the patient will receive from this treatment?
7. What are the chief problems the sickness has caused?
8. What do you fear most about the sickness?

These questions emerged in the context of “exotic” ethnopsychiatric conditions and anthropological perspectives. Not many professional mental health workers in the Western world routinely confront the problems faced by an unacculturated Hmong child. Kleinman, after all, has spent a career in ethnopsychiatry and medical anthropology. His model for cultural assessment likewise was designed to cover all facets of a client’s cultural experience (Kleinman, 1992). Also containing eight points, the model will be useful in any professional interaction where cultural differences may be relevant. On the other hand, the eight questions can be modified slightly for use in various relatively modern and Western counseling settings rather than in specific ethnopsychiatric circumstances. Words such as patient and sickness can be replaced by client and psychological condition, thus making the eight questions appropriate for use in virtually all settings in multicultural counseling. Perhaps accurate answers to these questions could be used as criteria for successful appraisal and assessment in any counseling setting, regardless of how culturally isomorphic the setting happens to be.
THE TWO PRIMARY DIMENSIONS OF ASSESSMENT AND APPRAISAL: QUALITATIVE AND QUANTITATIVE

While not suggesting that the world of psychological assessment is neatly dichotomized, we assert that two general perspectives in this area are worthwhile places to begin a discussion of assessment procedures. These perspectives are usually called qualitative (or idiographic) and quantitative (or nomothetic) and can create a great divide in defending which approach is better (Draguns, 1996; Draguns & Tanaka-Matsumi, 2003; Ponterotto, Gretchen, & Chauhan, 2001). Historically, this dichotomy was the centerpiece in Meehl's (1954) classic little book, Clinical Versus Statistical Prediction. Meehl noted that both approaches have had strong supporters and outspoken opponents. For instance, the clinical (qualitative) method has been described as rich, contextual, sensitive, open-minded, deep, genuine, insightful, flexible, and meaningful. It has also been pejoratively described as mystical, hazy, unverifiable, sloppy, crude, primitive, and intuitive. On the other hand, the statistical (quantitative) approach has been described by its adherents as communicable, testable, reliable, rigorous, precise, and empirical. Its detractors use such adjectives as mechanical, forced, superficial, rigid, pseudoscientific, and blind.

Historical and scientific posturing aside, psychology as a field is moving toward mixed methods in research and evaluation. Similarly, assessment and appraisal usually involve both perspectives. Furthermore, the guidelines for practice by the American Psychiatric Association (2000), the American Psychological Association (2002), and the American Counseling Association (2005) all emphasize that in working with culturally different clients, cultural impressionistic approaches are very important to identify the norm group of the client, so that quantitative assessments can be conducted ethically. Effective assessment involving individuals from other cultures or ethnic groups can only be accomplished after the person(s) doing the assessment has accumulated significant knowledge about the history, customs, and modes of interaction of the group or groups in question. Much of the remainder of this chapter is oriented around these dimensions and the issues that have doggedly followed them.

The Qualitative Dimension

Qualitative assessment, of course, relies heavily on idiographic, informal, impressionistic, and often unstructured procedures or approaches. This dimension almost completely eschews traditional psychometrics and techniques that tend to “reduce” people to standard scores, percentiles, personality profiles, or points on a Likert-type scale. The qualitative approach includes the assessment of what may well be the most important phenomenon to understand: the client’s view of the world. Koltko-Rivera (2004) describes worldviews as “sets of beliefs and assumptions that describe reality” (p. 3). A person’s worldview (Weltanschauung) encompasses a wide range of topics, including morality, appropriate social behavior, political stances, ethics, and even the nature of the universe. A person’s worldview, which he or she has overlearned by being socialized and enculturated in a specific culture for many or most of his or her formative years, is the main source of his or her intimate contact with and assumptions about the world. A worldview, arguably identical to the concept of culture (as the term is generally used in this book), is richly imbued with “meaningfulness,” “purposefulness,” and symbols (see Boesch, 1991; Lonner & Hayes, 2007) that can only be understood in specific cultural contexts. For everyone, the objective, subjective, and symbolic meanings we ascribe to people, places, and things are mediated in exquisite ways in all cultures (see Boesch, 2006; Lonner & Hayes, 2007, chap. 15).

Yet, while the person is socialized and enculturated in one specific culture during a certain time, he or she does not necessarily represent a pristine example of everyone in that particular culture. The
person, in other words, is unique. On the other hand, it is highly likely the worldviews of most people from a given culture will be more similar than different. Recent research on “social axioms” supports the view that there is widespread agreement among people in a given culture regarding how the world “works.” Conceptually similar to the measurement of “cultural syndromes” (Triandis, 1996) or the popular mode of “dimensionalizing” cultures via work-related values (Hofstede, 1980, 2001, 2006), social axioms (Bond et al., 2004; Leung et al., 2002) represent an intriguing new way to assess a person’s view of the world. Leung et al. (2002) defined social axioms as “generalized beliefs about oneself, the social and physical environment, or the spiritual world, and are in the form of an assertion about the relationship between two entities or concepts” (p. 289). Detailed, multicultural factor analysis unearthed a quintet of social axioms: 

- **Cynicism**—a negative view of human nature, that life produces unhappiness;
- **Social Complexity**—a belief in multiple ways of doing things;
- **Reward for Application**—a belief that hard work and careful planning will lead to positive outcomes;
- **Spirituality** (or religiousness)—a belief in a supreme being and the positive functions of religious practice; and
- **Fate Control**—a belief that life events are predetermined and that people can influence the outcomes.

Counselors and mental health professionals may conduct a worldview assessment with clients by using the Scale to Assess World View©, a social-psychological instrument (Ibrahim & Kahn, 1984, 1987; Ibrahim & Owen, 1994). Along with understanding the client’s worldview, it is important to contextualize this knowledge with information on the client’s cultural identity. Cultural identity can be assessed using a qualitative approach by using the Cultural Identity Check List© (Ibrahim, 1990, 1993, 1999, 2003). A critical point in understanding the “other” is self-knowledge of one’s own worldview and cultural identity. Most recommendations for cultural competence require that this knowledge is taught and accumulated as a part of the educational and training process in becoming a professional counselor or an applied psychologist.

The qualitative dimension includes the notion, shared by many culture-oriented psychologists, that the person and the culture in which he or she lives are “co-constructed.” They literally define each other. Constructivist assessment, such as that recommended by Neimeyer (1993) and Raskin (2002), have a number of features, including (1) an emphasis on “local” (emic) as opposed to “universal” (etic) meanings and beliefs shared by individuals in a circumscribed culture, (2) nonreliance on unchanging patterns of constructing meaning, (3) a fluidity in the production of social and personal processes, and (4) increased emphasis placed on the flexible and unfixed viability or pragmatic utility of applications.

In an excellent discussion of the qualitative-quantitative distinction, Carr, Marsella, and Purcell (2002) assert that in recent years, interest in the use of qualitative research methods has increased. The key ideas shared by those who tend to favor the former include a strong desire to preserve and study life in its true context, to examine the essence and nature of things, and to understand the dynamics of phenomena in their natural and nonmanipulated settings. The views of cultural psychologist Michael Cole are consistent with constructivist and qualitative assessment. Cole (1996) asserts, for example, that the analysis of everyday life events, the fact that individuals are “active agents in their own development,” and that “mediated action in a context” are, among other factors, quite important. Cultural psychologists and constructivists in general tend to reject, as Cole puts it, “cause-effect, stimulus-response, explanatory science in favor of a science that emphasizes the emergent nature of mind in activity and that acknowledges a central role for interpretation in its explanatory framework” (p. 104). He also endorses drawing on “methodologies from the humanities as well as from the social and biological sciences” (p. 104). Thus, cultural psychologists such as Cole (see also J. G. Miller, 1997; Shweder, 1991; Wertsch, 1991) are far more likely to use qualitative methods than are their cross-cultural colleagues. The phenomenological nature of the human being and the belief that there are
“multiple realities” rather than a uniform and completely objective and well-ordered world are other themes in qualitative approaches in general (Denzin & Lincoln, 1994) and also in research methodology (J. Smith, 2003).

The Quantitative Dimension

Quantitative methodology in psychological research continues to be, in the opinion of many, the “gold standard” in terms of advancing psychology as a science. Guided by logical positivism and the belief and trust in the kind of “objectivity” or “universalism” that will transcend situations (including cultures), nomological approaches tend to be favored by most psychologists, whether or not their focus is on culture or ethnicity. A preference for objective data over idiographic “interpretation,” standardization in both method and scoring, and efficiency of administering and interpreting tests and scales over on-the-spot constructivist approaches tend to be some of the hallmarks of this dimension in assessment and appraisal.

Methodological Culture-Centered Concerns in Quantitative Research

While books such as Drummond and Jones (2006) cover important topics such as legal and ethical issues in testing, ability and intelligence tests, and the procedures of testing, few standard books in the area cover problems and issues associated with clients whose behavior has been calibrated in other cultures. Numerous problems have been associated with appropriate, fair, and useful employment of the many tests, inventories, scales, and other data-gathering devices designed to assess and appraise clients from various cultural and ethnic groups who are candidates for professional intervention. Psychologists who favor the use of such widely used devices as the NEO Personality Inventory—Revised (NEO-PI-R) or five-factor model (McCrae & Allik, 2002), the Minnesota Multiphasic Personality Inventory (MMPI; Butcher, 1996), various values scales, and so forth (see Dana, 2005) have been especially careful to address methodological problems of such multi-item scales and inventories when extended to other cultures. The most important methodological concerns tend to center on equivalence and bias. We will summarize several areas where these issues must be carefully considered.

Conceptual (or Construct) Equivalence. It should never be assumed that concepts or psychological constructs have exactly equivalent meanings in different cultures or ethnic groups. Many diagnostic categories, syndromes, or adjectives used to describe people do not carry well or transfer across cultures so that their meanings are exactly equivalent. Among scores of other definitions of culture, Hofstede (2001) says that “culture is the collective programming of the mind that distinguishes the members of one group or category of people from others” (p. 9). This means that every culture, either explicitly or implicitly, teaches its citizens to process concepts and constructs quite differently from members of other cultures. One of the counselor’s tasks is to try and understand why and how this takes place differentially and to assess and appraise people accordingly. For instance, cultures that are highly individualistic tend to foster autonomy and independence among its citizens. The concept of dependency, therefore, when manifested by a client socialized in the Western world, will likely be viewed as “weak” or as harboring an “adjustment problem.” On the other hand, in cultures that do not nudge people toward autonomy and independence, dependency and conformity may be the norm. Before a counselor uses a data-gathering device for individuals from other cultures or ethnic groups, he or she should
consider the extent to which the counselor's definition of important concepts, both intrapersonal and interpersonal, matches those of the client. In other words, cultural validity should be established. Unfortunately, there is no objective “checklist” to guide the counselor in establishing such validity. However, most tests and scales designed or adapted for use in cross-cultural research have a significant body of research to guide the professional counselor. A search of the literature will usually pay off. Dana (2005), for instance, provides an excellent overview of multicultural assessment.

Linguistic Equivalence, or Translation Equivalence. Somewhat similar to conceptual equivalence, this area concerns all aspects of the language used in assessment devices. Psychologists who plan to make comparisons across cultures, as well as others who simply want to render a test or scale usable in other cultures, often spend a great deal of time translating the devices to be used. Back-translation is an almost obligatory procedure to ascertain the equivalence of scales. Brislin (1986) remains an important source of information about the procedures used in back-translation.

Measurement Unit Equivalence. As Marsella (1987) has noted, virtually everyone in the Western world is exposed to rating scales, attitude questionnaires, true-false ratings, and other efforts to quantify a broad range of what we experience in everyday life. Such measurement is so commonplace that we may almost miss them if people ceased to use them. Moreover, it is usually assumed that people will readily rate themselves and others and indeed have the ability to be self-reflective, with little or no regard for the person’s right to privacy or concerns about how culture has influenced the tendency to disclose oneself to strangers or counselors. Van de Vijver and Leung (1997) give a cogent example of this problem by using two different scales to measure temperature—the Kelvin and Celsius scales. If used for two groups, the measurement unit would be identical. However, the origins of the scales are not. As van de Vijver and Leung explain it, “By subtracting 273 from the temperatures in Celsius, these will be converted into degrees Kelvin. Unfortunately, we hardly ever know the offset of scales in cross-cultural research” (p. 8). Suppose, for example, that a scale to measure anxiety was developed in Canada and was subsequently translated and administered to people in Japan. The original (Canadian) scale may contain a number of implicit and explicit references to the Canadian culture. These references will put Japanese respondents at a disadvantage. As a consequence, wrote van de Vijver and Leung, “the (supposedly) interval-level scores in each group do not constitute comparability at the ratio level” (p. 8).

Scalar Equivalence, or Full-Score Comparability. This type of equivalence can be achieved only with methods or scales that used the same ratio scale in each cultural group. Van de Vijver and Leung (1997) use the measurement of body length or weight (using any standard measure in either case).

BIAS IN ASSESSMENT AND APPRAISAL

A large number of unwanted “nuisance” factors can threaten the validity and therefore usefulness of assessment devices when used with other cultural and ethnic groups. Bias is the general term used when considering such threats. van de Vijver and Leung (1997) offer that there are three types of bias: construct, method, and item.

Construct bias can occur, for example, when definitions of a construct across cultures do not completely overlap or when there is poor sampling of all relevant behaviors (such as in short questionnaires or scales). Method bias is a potential problem when (1) those who take a test are unequally familiar with the items; (2) a client may be subject to various types of response bias, such as acquiescence
(e.g., agreeing with nearly everything) or extreme (responding only to endpoints of a continuum); (3) the person giving the test has differential effects on the participant; or (4) the samples are incomparable. And item bias occurs when one or more items are poorly translated or when there is complex wording in items.

A wealth of detailed information about the use of tests across cultures is readily available. The source we recommend is the International Test Commission (ITC). In 1999, the ITC formally adapted guidelines for test usage. In the same year, the European Federation of Professional Associations’ Task Force on Tests and Testing endorsed the guidelines. Copies of the current guidelines can be obtained from the ITC Web site (http://www.intestcom.org).

THE RANGE OF APPLICATIONS AND RESEARCH IN CROSS-CULTURAL ASSESSMENT AND APPRAISAL

Professional counselors in psychological or educational environments are well advised to understand the basic problems and issues in this area of intervention and service. Generally, the nature of their work will require an understanding of how problems and issues arise when using common tests and inventories discussed in Western-based texts in psychological assessment. Regardless of the device in question, they can all be considered against a backdrop of the methodological pitfalls and concerns summarized above.

NEUROPSYCHOLOGICAL ASSESSMENT AND CULTURE

Another domain of assessment that merits consideration by the counselor, however, is neuropsychological assessment. Many individuals in need of some kind of professional psychological help are foreign born, are not fluent in English (or the dominant language where the professional encounter is taking place), are possibly victims of human-made or natural disasters or of physical or mental abuse, and may be severely malnourished. Because of these and other significant problems, the professional counselor would be wise to become somewhat familiar with the nature and scope of neuropsychological assessment. In this area of assessment, Nell (2000) clearly summarizes the reverberating general problem in cross-cultural psychoneurological assessment—a problem that presents a different kind of urgency:

If mind, like brain, is one, and therefore unitary in all humans, the neuropsychological assessment founded on human universals will work equally well in London, New York, or the subsistence farming villages of South Africa and Brazil. If mind is many, however, and the ways in which people think and solve problems are determined by the interaction of their genetic endowment and the material conditions of their culture, then identical tests may make geniuses of average people in one culture and imbeciles of equally average people in another. (Nell, 2000, p. 13)

Currently, there are more than 500 tests available to the clinical psychoneurologist. In our opinion, it would be easy to dispose of the “universalist” argument in the use of any of these devices. We are certain that some cultural differences would be found in the employment of all of these tests. However, finding differences is not that important.

What is important to determine is if the differences are based on solid methodology and, if they are, why the differences exist.

Because culture or ethnicity may mask neuropsychological conditions, the professional counselor would be wise to become familiar with the current literature in this area. An important source
of information is the *Handbook of Cross-Cultural Neuropsychology* (Fletcher-Janzen, Strickland, & Reynolds, 2000). The Web site of the National Academy of Neuropsychology (http://www.nanoline.org) is also an excellent source of information in this area of potential assessment of individuals from other lands.

### MODELS OF CROSS-CULTURAL APPRAISAL AND ASSESSMENT IN COUNSELING

Several models and approaches have been proposed to conduct an appraisal or an assessment within the context of cross-cultural counseling. These approaches have evolved over the past 30 years. They have developed within the context of cross-cultural or multicultural counseling. Essentially, this represents the collective thinking of researchers who were concerned about the ethics of appraisal and assessment within counseling and about cultural malpractice (Dana, 1998). Prior to a discussion of specific models, it is imperative that we accept that cross-cultural assessment requires a strong conceptual foundation that we have presented to address the complex and dynamic nature of culture (Lepez, 2002). Guanipa (2002) recommends the following characteristics as critical for the assessment and counseling process to be a success: flexibility, creativity, and respect. Furthermore, she notes that counselors who see normality in multicultural identities and have a sense of altruism, sensitivity, and cultural awareness have the best outcomes.

The earliest framework was presented by Kleinman (see above), where he posed his “eight questions” to guide the process of appraisal and assessment in counseling. These questions and his model (Kleinman, 1992) were developed to understand the client's explanatory rationale for the “problem” in both physical and mental health. This approach was quite revolutionary for the times because it included the client in the problem-solving process, and it focused on understanding what the client believed was the genesis of the problem, what function it was serving in the client’s context, and how it could be treated. This model has provided the framework for ethical cross-cultural diagnosis and assessment such as the cultural formulation of the client's problem espoused by the American Psychiatric Association (1994, 2000). Castillo (1997) expanded on Kleinman's questions to include the client and the context as the central component in the assessment and diagnosis process.

Ibrahim, Ohnishi, and Wilson (1994) presented a model of assessment and appraisal that expanded on the cultural dimension to understand the client. They proposed that simply asking questions about culture and what the problem means to the client will not make the answer apparent. One needs the tools to dissect and understand the cultural context and the client's unique place within the culture and its implications for appropriate assessment and intervention in a cross-cultural counseling encounter. This model puts the client's worldview and cultural identity at the core.

Worldview, as noted earlier, pertains to the client's beliefs, values, and assumptions that are developed within a cultural context and is the result of the socialization process; it is influenced by ethnicity, gender, religion and/or spirituality, familial values and behavior, regional and national values, and so on (Ibrahim, 2003; also see the brief discussion of social axioms above). Ibrahim and Kahn (1987) provide a reliable and valid instrument to assess worldview—that is, the Scale to Assess Worldview© (Ibrahim & Kahn, 1984; Ibrahim & Owen, 1994; Ibrahim, Roysircar-Sodowsky, & Ohnishi, 2001). Ibrahim (1993) recommends placing the client's worldview within the client's cultural identity. Cultural identity can be appraised by using the Cultural Identity Check List© (Ibrahim, 1990). This checklist helps the counselor and the client identify the significant influences in the client's life that have shaped his or her worldview and philosophy of life. It incorporates gender identity, ethnicity, culture, religion, developmental stage, languages spoken, acculturation level to own and primary
cultural identity, place in the family, socioeconomic status of the client and that of his or her parents, impact of living environment (urban, suburban, and rural), and ability and disability status.

The above are all key variables in cross-cultural assessment. Their purpose is to help establish that some semblance of a shared worldview is created between the assessor and the assessed. Ibrahim (1993, 1999) contends that each of these dimensions represents a cultural context, and this shapes and molds the client's conception of all he or she has experienced. This model provides an approach that helps clarify the client's cultural identity and worldview to assess the impact of the problem that the client faces. It also helps clarify what is normal and abnormal for that cultural context, reducing the fear of misdiagnosis and cultural malpractice. The counselor must make some key decisions in planning his or her assessment strategy when using this model. The decisions pertain to identifying the most salient features for the client that must be assessed before an intervention can be conducted. For example, if the client is an immigrant but has lived in the United States since age 25 and is currently 56 years old, the most salient factors are cultural identity, worldview, acculturation, and linguistic status (Ibrahim, 2003). Determining the key variables will depend on several factors, such as the issues that the client is facing relevant to his or her core values and culture. This would require worldview and cultural identity assessment. This assessment will reveal additional information that will dictate what other assessments to conduct. In the above example, if the person has lived nearly half or more of his or her life in the United States, acculturation level to mainstream culture and commitment to culture of origin must be concretely assessed to determine which values are most salient to the client-acquired or home culture. If the person speaks other languages, this will also influence his or her philosophy of life, as indicated by Maruyama (1999) and Ibrahim (1999). Furthermore, if the person is having significant difficulty speaking in English, the case should be referred because the counselor's ability to speak in the client's language is either nonexistent or very limited. This model and each of the others mentioned below require significant decision making on key variables to be assessed. We recommend that prior to any assessment, a counselor should become familiar with the literature, arts, and everyday life of the cultural group on which he or she plans to conduct assessments.

Dana (1993, 2005) has developed an ethnically sensitive model called the multicultural assessment-intervention process (MAIP). This model incorporates a process whereby therapists must make frequent and careful selections from among traditional and appropriate psychometric devices. Using the MAIP, the therapist does the following: (a) assesses the client's cultural identity; (b) assesses the client's level of acculturation; (c) provides a “culture-specific service delivery style” in which he or she phrases questions in accordance with cultural “etiquette”; (d) uses the client’s language (or preferred language), if possible; (e) selects assessment devices or modes that are culturally appropriate to the client or that the client prefers; and (f) uses culture-specific strategies in informing the client about the results of assessment. Dana (2005) reports that the MAIP was identified by Ponterotto et al. (2001) as Dana's six-step cultural assessment model. He further notes that Morris (2000) expanded his model to propose a hybrid model for African Americans that combines the MAIP with Helms's (1990) racial identity development process.

Ridley, Li, and Hill (1998) propose a model they call the multicultural assessment procedure (MAP), which focuses on the incorporation of the client's culture in the assessment decision-making process. In addition, they emphasize the role of cognitive flexibility in clinical judgment and practice, as well as the role of language in assessments. The main goal of this model is to enhance the cultural competence of psychologists and other mental health professionals in multicultural and cross-cultural assessments. Constantine (1998) notes that one of the biggest strengths of this model is that it actively engages the client in the assessment process. This can help to short-circuit misunderstandings or culturally biased
judgments by helping therapists engage their clients and get an accurate sense of the clients’ issues and symptoms.

THE LEVELS OF ANALYSIS PROBLEM IN USING DIMENSIONS AND CATEGORIES IN ASSESSMENT

This problem primarily includes the errant assumption that the highest level of abstraction (e.g., the whole country or culture) translates directly to the lowest level of abstraction (the individual and his or her specific behaviors). It is tempting, as P. B. Smith (2004) cautioned, to “test the plausibility of hypotheses by thinking about how the variables of interest [at the country level] relate at the individual level of analysis” (p. 9). Doing so is to commit what Hofstede (2001) has called the “ecological fallacy,” for there is no logical reason why relationships between any two variables at one level of analysis should be the same at another level of analysis (Hofstede, 1980). In professional counseling, it may be tempting to inch toward committing an ecological fallacy. Doing so, however, may be tantamount to exhibiting bias or letting prejudice creep into the process. A special section of the January 2004 issue (vol. 35, pp. 3–96) of the *Journal of Cross-Cultural Psychology* addresses the level of analysis problem and the problems and challenges it presents.

ASSESSING THE COUNSELING AND PSYCHOTHERAPY PROCESS

One dimension of assessment has little to do with either qualitative or quantitative measures of the type discussed up to this point. However, it can employ both standardized and nonstandardized instruments and tools. This is assessment of the process of counseling and psychotherapy and the outcomes achieved. Unfortunately, this domain has generated much theory, but actual research in it is still lacking. For counseling interventions to be effective, one of the most significant issues we confront is appropriate diagnosis and intervention (Draguns & Tanaka-Matsumi, 2003). The fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-IV*) introduced the notion of a cultural formulation of the client’s identity, the cultural meaning of the problem, and “how” the problem could be resolved in a specific cultural context (American Psychiatric Association, 1994, 2000; Castillo, 1997). Since context is highly relevant in cross-cultural encounters, it must be assessed from a cultural perspective and understood prior to diagnosis (Draguns & Tanaka-Matsumi, 2003).

The counseling and psychotherapy process also requires that the therapist understand and match the client’s verbal and nonverbal behaviors (Ibrahim, 1993, 1999, 2003; Ivey, 1994; Ivey, Ivey, & Simek-Dowing, 1997; Sue & Sue, 1999). It also calls for both parties in the therapeutic dyad to understand one’s own, as well as the other’s, worldview (Grieger & Ponterotto, 1995; Ibrahim, 1993, 2003; Ibrahim et al., 2001; Ponterotto et al., 2001; Sue & Sue, 1999). Furthermore, for an appropriate process to occur (one that is consistent with the client’s cultural assumptions), it is important that both parties have a clear understanding of their cultural and gender identities, sociopolitical histories, acculturation levels, linguistic concerns, and the potential impacts of these elements on the therapeutic process (Santiago-Riviera, 1995). Unless all the cultural variables noted above are addressed, the most significant dimension in counseling and psychotherapy (i.e., power) will be overlooked (Pinderhughes, 1989). Several cultural assessments or appraisals must take place before the therapist can determine whether the process is appropriate for the therapeutic dyad (Dana, 1993, 1998, 2005; Ibrahim et al., 1994; Sedlacek, 1994). A positive movement has started in applied psychology, evidenced by some publications that
address teaching competencies in cross-cultural and multicultural assessment that will lead to an effective process and outcome in counseling and psychotherapy (Hansen, 2002; Lepez, 2002).

Therapists must take many significant steps before the counseling process is established. Sue and Sue (1999) and Ibrahim (1984) have both maintained that the client’s worldview must be clarified before an intervention can be put into place. Sue and Sue consider worldview from two psychological dimensions: locus of control (Rotter, 1966) and locus of responsibility. Ibrahim (1984, 1999, 2003) considers the client’s worldview to be composed of beliefs, values, and assumptions that influence decisions and choices the client makes. Along with worldview, Sue and Sue (1999) maintain that the counselor must know and understand the sociopolitical history of the client’s cultural group. Furthermore, McGoldrick, Giordano, and Garcia-Preto (2005) and Portes and Rumbaut (1990) assert that the impact of how a specific group has been received and integrated into the U.S. context affects people from that group for several generations. Considering the history of difficult race and cultural relations in the United States, this does not bode well for interactions between dominant group therapists and nondominant group members. Harmon et al. (2005) present two methods for enhancing outcome and preventing treatment failure in psychotherapy. The first involves providing therapists with a decision tree and several assessment measures. The second method involves providing clients with feedback on their progress throughout the course of treatment.

Ridley et al. (1998) proposed a comprehensive model of psychological assessment that is relevant to multicultural or cross-cultural clinician-client relationships. This model incorporates nearly all the recommendations to date in the literature into a framework that describes specific procedures that therapists must follow when making diagnostic decisions. It encourages practitioners to take a scientific stance in the counseling process when assessing client issues (Arbona, 1998; Spengler, Strohmer, Dixon, & Shivy, 1995). The model protects the counselor from making biased and distorted decisions, a risk that is inherent in any evaluation procedure. Ridley et al. also make a valuable point concerning the need for therapists to validate their clients’ beliefs when they are working with culturally oppressed and marginalized clients. However, this should not be taken to imply uncritical acceptance of unhealthy coping mechanisms. They further recommend that counselors help clients differentiate between healthy and unhealthy expressions of values and beliefs in specific situations while at the same time affirming the clients’ worldviews.

Ibrahim et al. (1994, 2001) maintain that the experience of nondominance (i.e., exclusion and rejection from the dominant group) can result in a condition that approximates posttraumatic stress disorder (PTSD). Specific to race, it is now possible for practitioners to assess the extent of race-related stress using a validated and reliable instrument, the Index of Race-Related Stress (Utsey & Ponterotto, 1996). Westermeyer (1988) makes several recommendations for the training of counselors and therapists to provide care for clients with PTSD across cultures. His focus is on cross-cultural encounters, specifically involving refugees; he also explores the bias inherent in Western counseling theory and practice and proposes methods to overcome it. In addition, T. W. Miller, Kraus, Kamenchenko, and Krasnienski (1993) argue that the impact of PTSD over time and its duration are critical dimensions that must be understood.

Stress-related disorders remain highest among nondominant group members and women in the American workplace, just as they do for a majority of all other facets of the population (Hatfield, 1990; Kieta & Jones, 1990). Although it is generally accepted that veterans of the armed forces and war refugees may suffer from PTSD, the view that nondominant status can lead to PTSD is more controversial. However, the text revision of the DSM-IV (DSM-IV-TR; American Psychiatric Association, 2000) defines a perspective that has been the battle cry for most cross-cultural theorists and researchers in mental health—that is, studying the individual’s context (Arbona, 1998; Constantine, 1998; Draguns
PTSD as a disorder for nondominant group members in most societies, veterans, and/or refugees is environmentally induced and maintained. Assessing clients from these populations for PTSD is critical for practitioners prior to a counseling intervention. This will assist in identifying the nature of the problem as external rather than internal and can significantly affect the counseling process and outcome.

OTHER CONTEMPORARY CONCERNS IN ASSESSMENT AND APPRAISAL ACROSS CULTURES

This section provides an overview of some contemporary approaches, problems, and issues in assessment and appraisal across cultures. In this section, we may want to make sure that we at least mention a good sampling of the ways in which authors of recent texts in the area have discussed important issues and perspectives.

Linguistic Concerns

Mason (2005) echoes what most strongly believe: that the assessment of individuals from culturally diverse groups is complicated. This reality exists because the cultural meanings and associations, as well as the specific nuances of a term, differ from culture to culture and also may not be easily conveyed from one language to another (Mason, 2005; McDowell, 1992). Stewart and Bennett (1991) assert that since cultural experiences shape mental images, this affects the meaning ascribed to worldview. The ultimate effect of cultural socialization affects the way one processes information cognitively (Triandis, 1996). Language emerges as a significant variable, and there is agreement among theorists and researchers that language proficiency is the single most important factor in test performance (McDowell, 1992; Triandis, 1996). Testing procedures and interpretations also need to incorporate a recognition of sociopolitical and economic factors of those who are taking the tests. Olmedo (1981) and Oquendo (1996) address these concerns and note that linguistic differences also affect test taking. Furthermore, they both raise concerns regarding lack of research on how bilingualism, knowledge of two or more different languages, and competency in language acquisition vary, and bilingualism does not signify that the person comprehends the test items as a native, monolingual individual from a specific culture. Language competency and acculturation differences make it difficult to assess what was really understood by the test taker (Mason, 2005).

Differential Definition of Assessment

There is an ongoing debate in the assessment field regarding the measurement of traits that are biologically based and universal to the human species, as well as traits that are culturally determined and specific to different contexts. Rossier (2004) and Watson, Duarte, and Glavin (2005) both conclude that theoretically based instruments from a specific culture cannot be used across cultures. Duarte (2004) recommends that to look for cultural equivalence is an outdated concept and proposes that ecological validity is a more useful concept than culture itself. This “implies that to assess behavior in a particular culture, test development should be based on situation sampling (defining the relevant and observable aspects of a . . . construct), function sampling (refining test items in terms of how they could be operationalized within a specific cultural context), and the identification of differential variables and context information (e.g., patterns of cultural or subcultural rewards)” (Watson et al., 2005, p. 30).
Another major concern addressed by Watson et al. (2005) pertains to the ubiquitous topic of conceptual/construct equivalence (an overview of which was presented earlier) and why this should precede issues of translation, such as linguistic, scale, and normative equivalence. The authors warned researchers regarding equating linguistic equivalence of test items as representing equivalence with the construct dimensions of the original career measure. They noted that the use of psychological tests in most countries followed a reverse order where conceptual/construct equivalence becomes a post hoc psychometric activity. In essence, construct equivalence equates cultural specificity. The authors warn against adapting and translating a country- or culture-specific measure for use in other countries. This practice leaves the profession vulnerable to a host of questions and concerns regarding the instrument (i.e., a test that is ready for use in a different country, in a different language, and for a different culture). The literature now recommends that cultural validation and specificity should focus on test developers and users, and the test development process should consider cultural factors in the earliest stages of test development (Duarte, 2004). This brings us to Leong’s (1996) recommendation for cultural specificity in test construction that encourages starting with the culture in question and building an instrument relevant to the culture, rather than trying to fit an instrument developed in another culture in a new setting.

**SUMMARY AND CONCLUSIONS**

The fair and accurate assessment and appraisal of clients who have been socialized in cultures that differ from that of the counselor present a number of potentially formidable problems. Regardless of culture of origin, ethnic identity, and other dimensions of human diversity that contribute to a person’s identity, the usual psychometric concerns such as validity, reliability, practicality, and ethical treatment of clients are involved in all psychological assessment. Added to these concerns are specific, culture-related considerations regarding appropriateness, meaningfulness, and equivalence of numerous constructs, syndromes, and psychological dimensions that counselors and clinicians use in their attempts to understand their clients.

In this chapter, we surveyed the key issues and problems in cross-cultural assessment and appraisal that will always be present in some form. Those in the helping professions have a wealth of information to use in their interactions with clients from different cultures; we have identified and referenced a number of these sources and encourage readers to consult them for more details. Different organizations such as the American Psychological Association, the American Counseling Association, the National Academy of Neuropsychology, and the International Test Commission are useful sources of other information concerning the proper and ethical appraisal, assessment, and evaluation of clients who may be disadvantaged. The major source of this disadvantage is a scarcity of information about culturally diverse clients and the factors that may influence their performance on the immense variety of psychological devices that have been developed to help professionals understand them. Professionals must be constantly vigilant of these interactions and of all the methodological and conceptual factors that contribute to how one must be understood and respected, regardless of culture of origin or the nature of their ethnic identity.

**CRITICAL INCIDENT**

Ronaldo is a 22-year-old immigrant from Peru. He came to Montreal with his parents and four older sisters when he was 15. When he was 18, he moved to Buffalo, New York, with two of his sisters and
their husbands. He dropped out of school, and for about a year, he was employed as a carpenter’s helper. His coworkers were all Spanish-speaking immigrants from Peru, Chile, and Paraguay. They have retained their cultural identity but have learned enough English to get by reasonably well. Still, Ronaldo and his family, together with four other people from South American countries, live in adjoining houses and share much of their financially challenged lives. Ronaldo’s parents and his other two sisters travel to Buffalo frequently to visit. When they meet, only Spanish is spoken.

Ronaldo is both extremely shy and energetic. He wants to go back to school, perhaps enrolling in a program sponsored by a local community college. It is possible that within 2 years, he could be admitted as a freshman at a local 4-year college. He knows, however, that his shyness is a serious problem. He also has no clear academic goals. His primary motive is to “better himself” and find a respectable career. Thus, taking the advice of some acquaintances, he arranged to take a large battery of tests and inventories designed to assess his intelligence, academic potential, personality, interests, and even his learning styles. The testing took place over a 2-week interval and was an exhausting experience because he never had such assessment before. The experience, in fact, depressed Ronaldo to such an extent that he started to make other plans.

When the results came back, both the person assigned to interpret the results (a young woman with a master’s degree in college personnel administration) and Ronaldo himself were surprised. The scores showed no clear pattern of results, and in many cases, various indices designed to give information about the validity of the scores strongly suggested retesting. This depressed Ronaldo even further. He decided to forego testing and application procedures and instead looked into an offer to become an apprentice in a local potato chip company.

If you were asked to intervene in this matter in an effort to help determine what went wrong, which of the following would you choose as the most plausible reason for this unfortunate situation and why?

1. It appears that Ronaldo, experiencing the demands of higher education for the first time, realized that further formal education was not for him.
2. Rolando was ill advised to subject himself to such extensive testing without first discussing the nature of psychological assessment with an expert. He could have benefited from some sort of “coaching” or preparation experience.
3. The surprising results showing no clear pattern of results strongly suggests that most or perhaps all of the assessment devices were not appropriate for Ronaldo.
4. The results suggest that Ronaldo may have one or more learning disorders and should therefore be tested to eliminate, or to confirm, this possibility.

Discuss the plausibility of each of the above explanations, each of which contains some reasonable bits of information. Realizing there is no totally correct answer, which one do you think is the most defensible?

DISCUSSION QUESTIONS

1. Discuss what this critical incident tells us about the range of appraisal and assessment problems facing immigrants to the United States or perhaps in any country in the world where immigration exists.
2. Choose any section or subheading of Chapter 3 and discuss how it relates to key factors in this critical incident.
3. Like other critical incidents in this book, the one involving Ronaldo is extremely brief. Discuss two or three aspects of the incident that you think would merit further exploration in the area of assessment and appraisal.
4. Suppose that instead of Ronaldo, a single male 22 years of age, the main character was Rosalie, age 45 and the unmarried mother of four teenagers. Discuss how the cultural dynamics of the critical incident would change, especially with respect to how assessment and appraisal were approached.

REFERENCES


