Essentials

of Culture in Psychological Assessment

- A practical guide to integrating culture into every aspect of psychological assessment
- Expert guidance for understanding data that emerge from clients from different backgrounds
- Tools and strategies for ensuring culture-informed and diversity-sensitive psychological testing and assessment

Edited by A. Jordan Wright

Alan S. Kaufman & Nadeen L. Kaufman, *Series Editors*

WILEY

Essentials of Culture in Psychological Assessment

Essentials of Psychological Assessment Series

Series Editors, Alan S. Kaufman and Nadeen L. Kaufman

Essentials of 16PF® Assessment
by Heather E. P. Cattell and James M. Schuerger

Essentials of Adaptive Behavior Assessment of Neurodevelopmental Disorders
by Celine A. Saulnier and Cheryl Klaiman

Essentials of ADHD Assessment for Children and Adolescents
by Elizabeth P. Sparrow and Drew Erhardt

Essentials of Assessing, Preventing, and Overcoming Reading Difficulties
by David A. Kilpatrick

Essentials of Assessment Report Writing, Second Edition
by W. Joel Schneider, Elizabeth O. Lichtenberger, Nancy Mather, Nadeen L. Kaufman, and Alan S. Kaufman

Essentials of Assessment with Brief Intelligence Tests
by Susan R. Homack and Cecil R. Reynolds

Essentials of Autism Spectrum Disorders Evaluation and Assessment
by Celine A. Saulnier and Pamela E. Ventola

Essentials of Bayley Scales of Infant Development-II Assessment
by Maureen M. Black and Kathleen Matula

Essentials of Behavioral Assessment
by Michael C. Ramsay, Cecil R. Reynolds, and R. W. Kamphaus

Essentials of Career Interest Assessment
by Jeffrey P. Prince and Lisa J. Heiser

Essentials of CAS2 Assessment
by Jack A. Naglieri and Tulio M. Otero

Essentials of Child and Adolescent Psychopathology, Second Edition
by Linda Wilmshurst

Essentials of Cognitive Assessment with KAIT and Other Kaufman Measures
by Elizabeth O. Lichtenberger, Debra Y. Broadbooks, and Alan S. Kaufman

Essentials of Conners Behavior Assessments™
by Elizabeth P. Sparrow

Essentials of Creativity Assessment
by James C. Kaufman, Jonathan A. Plucker, and John Baer

Essentials of Cross-Battery Assessment, Third Edition
by Dawn P. Flanagan, Samuel O. Ortiz, and Vincent C. Alfonso

Essentials of DAS-II® Assessment
by Ron Dumont, John O. Willis, and Colin D. Elliott

Essentials of Dyslexia Assessment and Intervention
by Nancy Mather and Barbara J. Wendling

Essentials of Evidence-Based Academic Interventions
by Barbara J. Wendling and Nancy Mather

Essentials of Executive Functions Assessment
by George McCloskey and Lisa A. Perkins

Essentials of Forensic Psychological Assessment, Second Edition
by Marc J. Ackerman

Essentials of Gifted Assessment
by Steven I. Pfeiffer

Essentials of IDEA for Assessment Professionals
by Guy McBride, Ron Dumont, and John O. Willis

Essentials of Individual Achievement Assessment
by Douglas K. Smith

Essentials of Intellectual Disability Assessment and Identification
by Alan W. Brue and Linda Wilmshurst

Essentials of KABC-II Assessment
by Alan S. Kaufman, Elizabeth O. Lichtenberger, Elaine Fletcher-Janzen, and Nadeen L. Kaufman

Essentials of KTEA™- 3 and WIAT® -III Assessment
by Kristina C. Breaux and Elizabeth O. Lichtenberger

Essentials of MCMI®- IV Assessment
by Seth D. Grossman and Blaise Amendolace

Essentials of Millon™ Inventories Assessment, Third Edition
by Stephen Strack

Essentials of MMPI-A™ Assessment
by Robert P. Archer and Radhika Krishnamurthy

Essentials of MMPI-2® Assessment, Second Edition
by David S. Nichols

Essentials of Myers-Briggs Type Indicator® Assessment, Second Edition
by Naomi L. Quenk

Essentials of NEPSY®- II Assessment
by Sally L. Kemp and Marit Korkman

Essentials of Neuropsychological Assessment, Second Edition
by Nancy Hebben and William Milberg

Essentials of Nonverbal Assessment
by Steve McCallum, Bruce Bracken, and John Wasserman

Essentials of PAI® Assessment
by Leslie C. Morey

Essentials of Planning, Selecting, and Tailoring Interventions for Unique Learners
by Jennifer T. Mascolo, Vincent C. Alfonso, and Dawn P. Flanagan

Essentials of Processing Assessment, Second Edition
by Milton J. Dehn

Essentials of Psychological Assessment Supervision
by A. Jordan Wright

Essentials of Psychological Testing, Second Edition
by Susana Urbina

Essentials of Response to Intervention
by Amanda M. VanDerHeyden and Matthew K. Burns

Essentials of Rorschach® Assessment
by Tara Rose, Michael P. Maloney, and Nancy Kaser-Boyd

Essentials of Rorschach Assessment: Comprehensive System and R-PAS
by Jessica R. Gurley

Essentials of School Neuropsychological Assessment, Third Edition
by Daniel C. Miller and Denise E. Maricle

Essentials of Specific Learning Disability Identification, Second Edition
by Vincent C. Alfonso and Dawn P. Flanagan

Essentials of Stanford-Binet Intelligence Scales (SB5) Assessment
by Gale H. Roid and R. Andrew Barram

Essentials of TAT and Other Storytelling Assessments, Second Edition
by Hedwig Teglasi

Essentials of Temperament Assessment
by Diana Joyce

Essentials of Trauma-Informed Assessment and Interventions in School and Community Settings
by Kirby L. Wycoff and Bettina Franzese

Essentials of WAIS®- IV Assessment, Second Edition
by Elizabeth O. Lichtenberger and Alan S. Kaufman

Essentials of WISC®- IV Assessment, Second Edition
by Dawn P. Flanagan and Alan S. Kaufman

Essentials of WISC-V® Assessment
by Dawn P. Flanagan and Vincent C. Alfonso

Essentials of WISC-V Integrated Assessment
by Susan Engi Raiford

Essentials of WJIV® Cognitive Abilities Assessment
by Fredrick A. Schrank, Scott L. Decker, and John M. Garruto

Essentials of WJIV® Tests of Achievement
by Nancy Mather and Barbara J. Wendling

Essentials of WMS®- IV Assessment
by Lisa Whipple Drozdick, James A. Holdnack, and Robin C. Hilsabeck

Essentials of WNV™ Assessment
by Kimberly A. Brunnert, Jack A. Naglieri, and Steven T. Hardy-Braz

Essentials of Working Memory Assessment and Intervention
by Milton J. Dehn

Essentials of WPPSI™- IV Assessment
by Susan Engi Raiford and Diane L. Coalson

Essentials of WRAML2 and TOMAL-2 Assessment
by Wayne Adams and Cecil R. Reynolds

Essentials of Treatment Planning, Second Edition
by Mark E. Maruish

Essentials of the California Verbal Learning Test
by Thomas J. Farrer and Lisa Whipple Drozdick

Essentials of Psychological Tele-Assessment
by A. Jordan Wright and Susan Engi Raiford

Essentials of Culture in Psychological Assessment
by A. Jordan Wright

Essentials

of Culture in Psychological Assessment

Edited by

A. Jordan Wright

WILEY

Copyright © 2025 by John Wiley & Sons, Inc. All rights reserved, including rights for text and data mining and training of artificial intelligence technologies or similar technologies.

Published by John Wiley & Sons, Inc., Hoboken, New Jersey.
Published simultaneously in Canada.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, scanning, or otherwise, except as permitted under Section 107 or 108 of the 1976 United States Copyright Act, without either the prior written permission of the Publisher, or authorization through payment of the appropriate per-copy fee to the Copyright Clearance Center, Inc., 222 Rosewood Drive, Danvers, MA 01923, (978) 750-8400, fax (978) 750-4470, or on the web at www.copyright.com. Requests to the Publisher for permission should be addressed to the Permissions Department, John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030, (201) 748-6011, fax (201) 748-6008, or online at http://www.wiley.com/go/permission.

Trademarks: Wiley and the Wiley logo are trademarks or registered trademarks of John Wiley & Sons, Inc. and/or its affiliates in the United States and other countries and may not be used without written permission. All other trademarks are the property of their respective owners. John Wiley & Sons, Inc. is not associated with any product or vendor mentioned in this book.

Limit of Liability/Disclaimer of Warranty: While the publisher and author have used their best efforts in preparing this book, they make no representations or warranties with respect to the accuracy or completeness of the contents of this book and specifically disclaim any implied warranties of merchantability or fitness for a particular purpose. No warranty may be created or extended by sales representatives or written sales materials. The advice and strategies contained herein may not be suitable for your situation. You should consult with a professional where appropriate. Further, readers should be aware that websites listed in this work may have changed or disappeared between when this work was written and when it is read. Neither the publisher nor authors shall be liable for any loss of profit or any other commercial damages, including but not limited to special, incidental, consequential, or other damages.

For general information on our other products and services or for technical support, please contact our Customer Care Department within the United States at (800) 762-2974, outside the United States at (317) 572-3993 or fax (317) 572-4002.

Wiley also publishes its books in a variety of electronic formats. Some content that appears in print may not be available in electronic formats. For more information about Wiley products, visit our web site at www.wiley.com.

Library of Congress Cataloging-in-Publication Data applied for:

Paperback ISBN: 9781394173174

Cover Design: Wiley
Cover Image: © Robert/Adobe Stock Photos

Set in 10/12pt Adobe Garamond Pro by Straive, Pondicherry, India

CONTENTS

	List of Contributors	ix
	Series Preface	xi
	About the Editor	xiii
	Introduction: Culture, Oppression, and Privilege in Psychological Assessment	1
PART I	**General Considerations**	**23**
One	History of Cultural Bias in Assessment	25
Two	Social Justice in Psychological Assessment	39
Three	Collecting Cultural Information	69
Four	Fairness and Bias in Educational and Psychological Testing	87
Five	Culture and Cognitive Measures in Psychological Assessment	111
Six	Culture and Tests of Academic Achievement	137
Seven	Culture and Tests of Personality and Psychopathology	167

Eight Culture and Assessment of Behavioral and Social-Emotional Functioning in Children 195

PART II Assessing Specific Populations 237

Nine Assessing Linguistically Diverse Clients 239

Ten Assessing Black and African American Clients 269

Eleven Assessing Latine Clients 293

Twelve Assessing Asian American Clients 311

Thirteen Assessing American Indian/Alaska Native (AI/AN) Clients 337

Fourteen Assessing Sexually Minoritized Clients 353

Fifteen Assessing Transgender and Gender Diverse Clients 379

Sixteen Assessing Neurodivergent Clients 405

Seventeen Assessing Economically Marginalized Clients 429

Eighteen Assessing Clients with Physical and Medical Disabilities 467

Nineteen Assessing “Non-Minoritized” Clients 503

Index 529

LIST OF CONTRIBUTORS

Vincent C. Alfonso
Montclair State University

Joye C. Anestis
Rutgers, the State University of New Jersey

Jen Ying Zhen Ang
New York University

Sarah Ashworth
University of Nebraska-Lincoln

Jeffery P. Braden
North Carolina State University

Ridge J. Bynum
Gonzaga University

Emi H. Caprio
University of San Francisco

Megan Carlos
University of San Francisco

Janet F. Carlson
Buros Center for Testing, University of Nebraska-Lincoln

Miriam W. Carlson
Gonzaga University

Donald T. Chase III
John F. Kennedy School of Psychology and Social Sciences at National University

Rosy L. Chavez-Najera
University of Nevada, Reno

Chieh-Hsi Jessie Chen
University of San Francisco

Alette Coble-Temple
University of San Francisco

Hannah M. Coffey
University of Nebraska-Lincoln

Jeremy J. Coleman
University of Utah

Kesia Constantine
New York University and Brooklyn and Manhattan VA

Tanisha Drummond
E-S Consulting and Assessment, LLC

Mary A. Fernandes
Washington, DC VA Medical Center

Jacqueline S. Gray
University of North Dakota

Douglas C. Haldeman
John F. Kennedy School of Psychology and Social Sciences at National University

Shalena Heard
Kennedy Krieger Institute and Loyola University Maryland

Natalie R. Holt
VA Tennessee Valley Healthcare System

Debra A. Hope
University of Nebraska-Lincoln

Paul Ingram
Texas Tech University

Jessica L. Jonson
Buros Center for Testing, University of Nebraska-Lincoln

Zornitsa Kalibatseva
Stockton University

Colleen A. Kase
Stockton University

Brenna Lash
University of Nebraska-Lincoln

Brian D. Leany
University of Nevada, Reno

Frederick T.L. Leong
Chinese University of Hong Kong, Shenzhen

Linda Fleming McGhee
George Washington University

Samuel O. Ortiz
St. John's University

Hadas Pade
Wright Institute

Thomas V. Petros
University of North Dakota

Aakriti Prasai
New York University

Taylor R. Rodriguez
Rutgers, the State University of New Jersey

Philip Sayegh
UCLA

Lisa A. Suzuki
New York University

Niko Vehabovic
University of Nebraska-Lincoln

Harry M. Voulgarakis
St. Joseph's University

Melanie M. Wilcox
University at Albany, State University of New York

A. Jordan Wright
New York University

Belinda Y. Zhang
University of San Francisco

SERIES PREFACE

In the *Essentials of Psychological Assessment* series, we have attempted to provide the reader with books that will deliver key practical information in the most efficient and accessible style. Many books in the series feature specific instruments in a variety of domains, such as cognition, personality, education, and neuropsychology. Other books, like *Essentials of Culture in Psychological Assessment*, focus on crucial topics for professionals who are involved in any way with assessment—topics such as specific disorders like attention deficit hyperactivity disorder (ADHD) assessment, tele-assessment, and psychological assessment supervision. For the experienced professional, books in the series off er a concise yet thorough review of a test instrument or a specific area of expertise, including numerous tips for best practices. Students can turn to series books for a clear and concise overview of the important assessment tools, and key topics, in which they must become proficient to practice skillfully, efficiently, and ethically in their chosen fields.

Wherever feasible, visual cues highlighting key points are utilized alongside systematic, step-by-step guidelines. Chapters are focused and succinct. Topics are organized for an easy understanding of the essential material related to a particular test or topic. Theory and research are continually woven into the fabric of each book, but always to enhance the practical application of the material, rather than to sidetrack or overwhelm readers. With this series, we aim to challenge and assist readers interested in psychological assessment to aspire to the highest level of competency by arming them with the tools they need for knowledgeable, informed practice. We have long been advocates of "intelligent" testing—the notion that numbers are meaningless unless they are brought to life by the clinical acumen and expertise of examiners. Assessment must be used to make a difference in the child's or adult's life, or why bother to test? All books in the series—whether devoted to specific tests or general topics—are consistent with this credo. We want this series to help our readers, novice and veteran alike, to benefit from the intelligent assessment approaches of the authors of each book.

Edited by A. Jordan Wright, international expert on assessment supervision, tele-assessment, and conducting psychological assessments, *Essentials of Culture in*

Psychological Assessment includes practical, evidence-based approaches to honoring, understanding, and integrating issues of culture, oppression, and privilege throughout the psychological assessment process. Although extremely important and included in the book, issues related to test fairness and bias are only one component of truly integrating culture into the process and outputs of assessment. Diversity considerations are a core competency in the field of psychology, but too much guidance in assessment is limited to understanding differential diagnostic rates between different populations. The psychological assessment process is nuanced and complex, from beginning (such as referral) to end (feedback and follow-up), and honoring, understanding, and deeply integrating an understanding of culture, oppression, and privilege throughout strengthens validity and utility. This book aims to help clinicians upskill their psychological assessment practice in this particular area.

Alan S. Kaufman, PhD, and Nadeen L. Kaufman, EdD, Series Editors
Neag School of Education, University of Connecticut

ABOUT THE EDITOR

A. Jordan Wright, PhD, ABAP, ABPP is a Clinical Associate Professor and Director of the PhD program in combined Clinical/Counseling Psychology at New York University. He is also the Founding Director of NYU's Center for Counseling and Community Wellbeing. He is a diplomate of the American Board of Assessment Psychology (ABAP) and the American Board of Clinical Psychology (ABCP/ABPP), as well as a Fellow of the American Psychological Association, the Society of Personality Assessment, and the American Academy of Assessment Psychology. He has authored many journal articles and books on psychological assessment, social justice, and LGBTQIA+ issues in psychology. These have included widely use texts on assessment and assessment training, including the *Handbook of Psychological Assessment* (6th ed.) and *Conducting Psychological Assessment: A Guide for Practitioners* (2nd ed.).

INTRODUCTION

Culture, Oppression, and Privilege in Psychological Assessment

A. Jordan Wright, PhD, ABAP, ABPP

Respecting, understanding, and ultimately integrating culture into the psychological assessment process is nuanced, tricky, and extremely effort-intensive. Indeed, even the idea of what constitutes "culture" and what role it plays in clinical presentation, interaction between client and assessor, and many other aspects of psychological assessment is not well defined. With the professional and ethical goal to help people who need it, the history of psychological assessment has been one that has in fact perpetrated and perpetuated harms onto marginalized, minoritized, and oppressed groups of people (see, for example, Sayegh et al., 2023). Beyond not being racist, homophobic, and otherwise oppressive, the practice of psychological assessment should be deliberately anti-oppressive. The ultimate goal of this book is to help assessors be much more deliberate in acknowledging the many roles and nuances that culture and cultural experiences can play in the psychological assessment process (Wright, 2022). Psychological assessors will be encouraged to think about cultural issues as they relate to clients—including both the cultural background clients bring with them and oppressive experiences they have endured; their own cultural issues—including the roles that power and privilege may play in the process; and cultural variables in the interaction with clients and the process as it unfolds. Culture and oppression should be considered and accounted for throughout the entire life cycle of a psychological assessment (see Figure I.1)—no easy feat!

Essentials of Culture in Psychological Assessment, First Edition. Edited by A. Jordan Wright.
© 2025 John Wiley & Sons, Inc. Published 2025 by John Wiley & Sons, Inc.

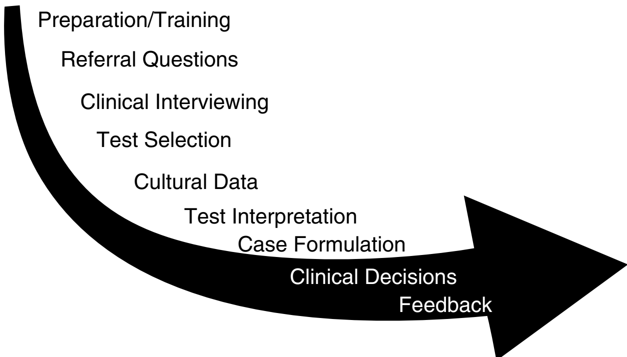

Figure I.1 Life Cycle of a Psychological Assessment.

PREPARATION/TRAINING

While the American Psychological Association requires training in diversity issues (APA Commission on Accreditation, 2015), how this training actually plays out and how it is integrated into training in psychological assessment is nebulous, at best. That is, programs can technically meet APA's accreditation standards without actually infusing cultural issues and considerations into the assessment curriculum at all. Despite this, training and preparation to be competent at psychological assessment should include deliberate discourse in cultural issues and how they play out in the process. Two models of preparation are discussed below.

Cultural Competence

The notion of cultural competence has been utilized throughout training and practice in psychology for decades. Cultural competence refers to psychologists being conscious of and responsive to the diversity of cultural perspectives and backgrounds of those they serve (e.g., Betancourt et al., 2002). Many in the field have operationalized training in cultural competence as comprising different culturally-sensitive attitudes/values, knowledge/awareness, and skills (e.g., Health Service Psychology Education Collaborative, 2013; Sue & Torino, 2005). Courses in culture and diversity often aim themselves toward this kind of knowledge and skill-base to be able to respect and work with individuals from diverse backgrounds (Green et al., 2009; Newell et al., 2010).

There have been two major criticisms of the cultural competence model (there have been others as well, but these are the two most prominent). First, there is an implication in the model that there is a finite amount of knowledge that is achievable by clinicians (Tervalon & Murray-García, 1998). That is, the term *competence* sounds like it is somehow achievable—one can be fully culturally competent at some point. However, most psychologists and scholars know this is not the case—cultural competence is to

be strived for continually, deliberately, and painstakingly. The second major criticism has to do with amassing cultural knowledge about diverse groups of individuals being riddled with potential for both error and stereotype (Johnson & Munch, 2009). That is, if we aim for going into clinical situations with pre-knowledge of a client's cultural background (and assumptions of their values and experiences), we risk great error.

Because of the vast literature on cultural competence (and related and infuriatingly distinct constructs like multicultural counseling competence), some have argued that the construct itself has adapted beyond these limitations and become more fluid, more focused on one's own biases, privileges, and blind spots, and more challenging to White supremacist and other oppressive aspects of culture (Danso, 2018). However, these updates are slow to make it into preparation and training (specifically into the APA Commission on Accreditation [2015] Standards of Accreditation and consequently graduate training programs in health service psychology).

Cultural Humility

Tervalon and Murray-García (1998) countered the traditional notion of cultural competence with a call to supplant it with the construct of cultural humility. Cultural humility entails a consistent, vigilant, and ongoing self-reflective and self-critical exploration; a commitment to mitigating the power imbalances inherent in the clinical dyad; and a striving to develop mutually beneficial partnerships with clients and communities to best advocate for their wellbeing (Yeager & Bauer-Wu, 2013). The ultimate goal of cultural humility is to reflect on power differentials in the service of not replicating or reinforcing oppression in any way. It honors the fact that we as clinicians can and will never be fully knowledgeable about (and in turn skilled to work with) any client's cultural lived experience, as well as respecting a collaborative relationship with clients in their clinical care.

While cultural humility has become more and more popular in the literature, with some calling for it to entirely supplant the construct of cultural competence (e.g., Abe, 2020; Hollinsworth, 2013; Patallo, 2019), it is not without criticism. Primarily, putting cultural humility into practice can be extremely difficult and even at times impossible, such as when either or both clinician and client adhere strongly to their own worldviews, but their values conflict (Foronda et al., 2016; Hollinsworth, 2013; Hook, 2014). Further, exactly how it plays out in clinical practice—especially with regard to clinical goal-setting—is extremely unclear (Danso, 2018).

Utilizing Cultural Competency and Humility

Several authors in the space have called for a reconciliation in the debate between cultural competence and cultural humility (Danso, 2018; Greene-Moton and Minkler, 2020; Stubbe, 2020), with Danso reflecting that both contribute to an overarching goal of anti-oppressive practice. With regard to psychological assessment, preparing ourselves to be both culturally knowledgeable/skilled and culturally humble is extremely important.

REMEMBER

Cultural Competence: developing attitudes/values, knowledge/awareness, and skills to work with clients from diverse backgrounds.

Cultural Humility: maintaining ongoing self-reflection of limitations, commitment to mitigating the power imbalances, and striving to develop mutually beneficial partnerships with clients and communities to best advocate for their wellbeing.

In Combination: dedicating oneself to anti-oppressive practice by both "doing the homework" about *potential* values and experiences of the client and honoring the lived experience of the client—in their own words.

That is, while we want to remain open to the culturally lived experience of the client we are assessing—in their own articulation of their own experience—we also want to "do our homework" about the *potential* values, oppressive experiences, and interactional nuances that arise from them with us (given our power and privilege) in the clinical interaction. This is a combination of both cultural humility and cultural competence, and it is a foundation of anti-oppressive practice (and truly respecting the role that culture and cultural experience/oppression can play in the assessment process).

REFERRAL QUESTIONS

Referral questions come in many varieties in psychological assessments. They can range in specificity from, "Do I have this disorder?" to "What the heck is going on?" As a result, psychologists often have to either collaborate with clients or do work themselves to truly articulate the assessment question(s), the deep, underlying inquiry: *What questions do you really want answered with this assessment?* When determining the true question of an assessment, it is important for psychologists to remember what sets our field apart from all others. We are not in the business of only describing *what* is happening with a client. We are in fact in the business of articulating the underlying *why* (Wright, Pade et al., 2022), the marriage of clinical data (from tests and every other source of information we have learned about a client) to psychological theory. Psychologists need to use their amassed knowledge (from the empirical literature, from psychological theory, etc.) to help explain both what is going on with clients and what are the likely underlying mechanisms.

Often, assessment questions relate to the problems in the client's functioning or internal states (their struggling and their suffering), as well as the likely etiology, maintenance factors, and methods of coping (both effective and ineffective). It is imperative for psychologists conducting assessments to explicitly question the role culture and oppression may play in these four domains. That is, culture and oppression may play a role in client problems themselves, but they may also be implicated in the etiology, maintenance, and methods of coping. By psychological assessors adding these questions explicitly into their own internal inquiry about what is likely going on with clients, they necessarily open themselves up to methodologies to collect data to

inform these questions. For example, a psychologist wondering what role oppression may play in the etiology of a client's current struggles or suffering may require them to add measures or interview questions explicitly evaluating their lived experience of oppression (something most of us were not guided to do in our own psychological assessment training).

DON'T FORGET

Ask yourself what role culture and oppression might play in:

- Clients' struggling and suffering
- The etiology of any problems
- The maintenance of problems
- The methods of coping—both effective and ineffective—the client utilizes

Let this inquiry help guide the addition of some methods and measures to explicitly answer these questions.

CLINICAL INTERVIEWING

A review of clinical interviewing procedures and practices is beyond the scope of this chapter and even this entire book, however as a primary and central methodology in clinical assessment, the role that culture plays in the clinical interviewing process is extremely important to understand. The two areas of clinical interviewing that are crucial to inform with cultural responsiveness are the content of what is said in the interview and the process of the interaction between the client and psychologist.

With regard to the content of what is disclosed (or not disclosed) during clinical interviews, it is important to consider the potential roles of shame, motivated nondisclosure of certain topic areas, and difference in the way language may be applied to internal experience. Sommers-Flanagan and Sommers-Flanagan (2016) highlight the need for culture-specific knowledge and expertise in working with clients from diverse backgrounds (which is very much aligned with cultural competence). While they focus on amassing knowledge and experience with diverse populations and learning skills to work with specific minoritized and marginalized populations, one key acknowledgement needs to be an understanding that certain individuals from historically marginalized backgrounds may not fully trust mental health professionals and may simply not share their full and honest lived experience in an interview (Appleby, 2008; Owens et al., 2007).

Extremely important in the clinical interviewing process is eliciting content related to clients' lived experience (which will be focused on in greater depth in the section on cultural data). During the clinical interview, the content of what is said needs to be contextualized within the dynamic and multifaceted experience of the client as a cultural being (APA, 2017). The APA Multicultural Guidelines (2017) also emphasize being extremely mindful from a cultural perspective of how language is used, which is steeped in culture and experience—this includes both how the client is using language to describe both their internal and lived experiences

(which is shaped by culture and context; Alcántara & Gone, 2014), as well as how the psychologist utilizes language in the clinical interaction.

With regard to the interactive process of the clinical interview, Sommers-Flanagan and Sommers-Flanagan (2016) further urge cultural self-awareness—especially related to dominant group privilege, such as White privilege, health privilege, cisgender privilege, etc. This is a prerequisite to effective interaction with those from different backgrounds and experiences. Psychologists necessarily hold power and privilege in the clinical interaction, no matter their background or marginalized identities; because clients are there to be assessed and evaluated, no matter how egalitarian we strive to make the process, there will always be power and privilege imbalance. While there is no way to erase this imbalance, being mindful of it and how it may affect the clinical interview process (and the content of what clients disclose) is imperative.

Psychologists must vigilantly monitor the ongoing process of the clinical interview for signs of potential mistrust, misunderstanding, and misalignment, all which can impact the alliance, the quality of the data, and the ultimate clinical decisions made by clinicians (Alcántara & Gone, 2014). Oppression within White supremacist, hetero- and cis-normative, ableist, and many other dominant cultural normative assumptions is real and can play out in a multitude of ways during the clinical interview, most often an artificial and forced relational interaction with a near- or total stranger who generally holds privileges that clients do not, as well as power over them. Being aware of how this might play out in the clinical interview interaction—and allowing the clinical interview data to be imperfect—is a necessary part of integrating culture into the clinical interview process.

REMEMBER

Clinical interviews are an artificial social interaction between clients and a professional who typically holds many privileges the clients do not have, as well as power over them in the clinical situation. As such, psychologists need to be extremely aware of how culture can impact both the *process* of the clinical interview interaction and the *content* of what is and is not shared and how it is expressed by the client.

Allow the clinical interview data to be imperfect, incomplete, or even skewed because of all the cultural dynamics inherent in the process.

TEST SELECTION

Psychologists are taught to critically evaluate the psychometric properties of individual tests and measures when selecting what tests to use in an assessment. Traditionally, these have included reliability and validity, and some have emphasized utility (does it actually add value to the clinical decision making process?) to that list. More recently, the idea of test fairness has been introduced into the typical expectations for deciding whether or not a test is appropriate to be used in a particular instance (AERA et al., 2014; ITC, 2018).

In fact, evidence-based clinical psychological assessment practice *requires* psychologists to take extremely seriously how fair an individual test or measure is when it is applied to a client (Wright, Pade et al., 2022). In general, evaluating the cultural fairness of a test—like evaluating validity and utility—is not straightforward (as evaluating reliability often is). Evaluating cultural fairness requires an amassing of evidence about the test or measure itself, its application to different populations, and how to interpret the scores that emerge for different individuals on it. In general, there are three overarching, distinct but overlapping concepts that are important in the evaluation of cultural fairness of a test or measure: cultural test bias, cultural loading, and cultural equivalence.

Cultural Test Bias

Cultural test bias relates to systematic error in the measurement of a construct that individuals from a particular cultural group are not measured accurately when compared to those from another (Reynolds & Suzuki, 2012). Cultural test bias can arise when different items, scales, or scores function differently for different clients (AERA et al., 2014; ITC, 2018), especially related to predictive validity (Reynolds & Suzuki, 2012). It is important to note that individuals from different cultural groups performing differently on tests does *not* necessarily mean that the test is biased—it is certainly possible that scores from a test are reflecting very real group differences, especially as we live in a society that does not afford the same opportunities to everyone from different backgrounds. However, if scores from a test or measure predict what they are purported to predict for one group but not another, this is a reflection of test bias.

Cultural test bias can arise from many different places, from the test actually measuring different constructs for different groups (e.g., if certain language or idioms are used on a measure that have different connotations for different groups), inadequate standardization and normative samples (e.g., some historically marginalized and minoritized groups are underrepresented in the standardization and norming samples, such that comparing clients from those groups to the normative sample becomes unfair), assessor characteristics (e.g., White assessors may inadvertently communicate inaccurately with clients of color, artificially altering their performance and ultimately scores on tests), and other places (Reynolds & Suzuki, 2012). As such, establishing that a test or measure does not have test bias becomes a Herculean task, one that requires test publishers and independent researchers to invest a great deal of time, money, and effort into investigating. Still, it is required that psychologists evaluate the tests and measures they are using for whether they may *potentially* be biased against the client being assessed—and to interpret scores that emerge accordingly and with caution (if they choose to use those tests and measures; Wright, Pade et al., 2022).

Cultural Loading

Cultural loading refers to the amount of culture-specific knowledge and familiarity required to perform well on a task (Cormier et al., 2014; Rhodes et al., 2005). Whether cultural loading on tests actually contributes to test bias (a test unfairly disadvantaging

those from certain groups) is debated (Brown et al., 1999), though most test publishers strive to reduce cultural loading on tests nonetheless, as even the optics of potentially being biased can be damning for a test or measure. The International Test Commission (ITC; 2018) explicitly calls for test developers to eliminate as much as possible items, language, and images that are either more relevant for one group of people than another or may inadvertently advantage or disadvantage certain cultural groups.

Ultimately, though, every test and measure is culturally loaded, to some extent. Tests are developed at a particular period in time within a particular culture, and they reflect what is deemed important at that time and in that culture. Tests can vary from very obviously culturally loaded (like questions about particular presidents of the United States) to much more subtly culturally loaded, including the processes utilized. For example, typical IQ tests developed in WEIRD (Western, educated, industrialized, rich, democratic) nations, such as the United States, tend to emphasize individual performance achieved in a one-on-one evaluative setting. WEIRD nations also tend to favor individual achievement over interdependence (Pelham et al., 2022). Thus, even the process of engaging in an individual IQ test is culturally loaded to some degree. Again, though, whether or not this contributes to any test bias—favoring those from more individualistic backgrounds over those who are more collectivistic and collaborative culturally—is unclear. Still, it is important to at least entertain the fact that cultural loading may affect scores that emerge for particular clients.

Cultural Equivalence

Cultural equivalence relates to how comparable scores are across different cultural groups (Poortinga, 1983), a concept obviously also related to test bias. This comparability needs to be determined on alternative forms of tests (such as those translated to different languages for different populations; ITC, 2018), minor adaptations to tests or test procedures that are expected not to alter the constructs or scores that emerge from tests (AERA et al., 2014), and—often most crucially—on the same forms of the same test or measure, to ensure that the scores mean the same thing for clients from different groups (Reynolds & Suzuki, 2012). Helms (1992) proposed a complex, cumbersome, and necessary set of factors to consider when determining cultural equivalence, most of which have to do with whether or not tests and measures hold the same *meaning* for clients from different backgrounds, as well as whether the scores truly measure the same *constructs* for diverse clients. Like with the overarching concept of test bias, "proving" test equivalence is nearly impossible; however, test developers and independent researchers must amass incremental evidence to show that the scores from different tests and measures are indeed measuring the same things for clients from different cultural groups and backgrounds. And psychologists need to evaluate the literature when trying to determine whether or not to use a test or measure with a client, to determine how convincing it is that it will indeed

measure the target construct for that individual. Even when compelling, psychologists should entertain the fact that there may be subtle or even invisible problems with test equivalence when assessing a client from (especially) a historically marginalized or minoritized background.

Rapid Reference

Cultural Test Bias: systematic error in the measurement of a construct that individuals from a particular cultural group are not measured accurately when compared to those from another.

Cultural Loading: amount of culture-specific knowledge and familiarity required to perform well on a task.

Cultural Equivalence: how comparable scores are across different cultural groups.

COLLECTING CULTURAL DATA

Chapter 2 of this book focuses on how to best collect cultural information and data from a client. Our most widely used tests and measures are not built for collecting any sort of cultural data, and it would be extremely hard to develop standardized, survey questionnaires that did so—apart from extremely specific aspects of culture, like level of acculturation (e.g., Cabassa, 2003) or race-based traumatic stress (Carter et al., 2013). Even these surveys that measure very specific aspects of cultural experience have been developed more for research (thus far) than clinical application. Ultimately, understanding the culturally lived experience of a client, though, goes far beyond what we can currently capture in surveys or questionnaires.

Collecting cultural data about a client then falls to clinical interviewing methodology. While certainly more cumbersome, it also aligns with a model that respects and values the client's lived experience as they articulate it. It also, though, carries with it the same limitations as discussed in the clinical interviewing section earlier in this chapter—including those of selective sharing, response bias, and others. Chapter 2 of this book will present three alternatives for utilizing structured and semi-structured interviews to collect cultural data, as well as how to think about utilizing the data. These three methods include the DSM-5 Cultural Formulation Interview (CFI; American Psychiatric Association, 2013), the Patient Cultural Identity Assessment (PCIA; Dadlani et al., 2012), and the Wright-Constantine Structured Cultural Interview (WCSCI; Wright & Constantine, 2020). Ultimately, explicit cultural (and contextual) information should be the foundation on which test and other measurement scores are interpreted (Wright [Wright & Pade, 2022]

likens cultural information to a pillow on which to rest all other information and data that are collected during an assessment). Evidence-based clinical psychological assessment requires that psychologists explicitly ask about culture (SAMHSA, 2014; Wright, Pade et al., 2022), though it does not dictate exactly how this information is ascertained or how it is used.

Rapid Reference

Three interviews aimed at understanding cultural aspects of clients' lived experiences.

DSM-5 Cultural Formulation Interview (CFI): Aimed at assessing clients' understanding of the roles culture may play in their own struggles and suffering, as well as help-seeking behaviors.

Patient Cultural Identity Assessment (PCIA): Aimed at assessing cultural influences on identity and lived experience broadly, in clients' own words.

Wright-Constantine Structured Cultural Interview (WCSCI): Built around the ADDRESSING framework and aimed at assessing cultural influences on identity and lived experience broadly, in clients' own words.

TEST INTERPRETATION

Test data are imperfect; this is an artifact of the fact that when we are assessing psychological constructs, we are generally assessing abilities (like IQ, academic ability, and executive functioning ability), functioning (like how social interactions are going or current symptoms of mental health difficulties), or traits (the way we interact with the world that is relatively consistent across time and across contexts; Wright, Pade et al., 2022). These are *internal* to our clients for the most part (and even external things, like acting out behaviors, are tough to quantify with accuracy), and so our tests and measures are *proxies* for these internal abilities, functioning, and traits. As such, there is error built into every single psychological test and measure. Ultimately, this means that psychologists are the ones who must interpret these scores, not allowing the scores themselves to be reified and given the power to imply that

DON'T FORGET

Test scores are imprecise. Therefore, psychologists need to be the ones interpreting them, utilizing an understanding of where test error can come from, how it can contribute to the scores that emerge from tests and measures, and contextualizing the scores within all other information known about the client.

they represent exact, precise abilities, functioning, and traits. This is a myth of precision when it comes to psychological testing—when psychologists (or, worse, when giant companies or other entities that are not psychologists) let test scores imply that they are exact reflections of the underlying constructs they are meant to measure, they give away too much power and expertise to these tests, and erroneously so. Cultural components and considerations are some of many issues related to psychological tests and measures that can contribute to error (imprecision).

The cultural considerations required when interpreting test and measure scores for an individual client in an assessment require the psychologist to ask themself several questions about the emerging data. First, *are the data fair and accurate for this client in this context?* Psychologists need to make sure they have addressed all the pillars of testing, including reliability, validity, utility, and especially (for the purposes being discussed here) fairness when evaluating whether test scores are fair and accurate. Because fairness is such a tough construct to "prove" for any given test or measure, psychologists need to think carefully about whether the client is well represented (at least demographically) in the normative samples of the tests and measures being used. Additionally, they need to think about if and how they may have adapted the rigid, standardized administration, coding, and scoring practices to be more culturally-aligned with the client being assessed. Ultimately, psychologists need to respect and account for all the different sources of error in each individual score, with a focus on test data's imprecision and the resultant interpretive strategy that honors this imprecision (Wright, Pade et al., 2022).

The next question to ask of the data is *are the data meaningful for this particular client?* This question has to do with cultural equivalence—that is, do the individual test scores reflect the constructs they purport to assess, for this particular client, given their individual cultural identities and experiences? Part of the decision about cultural equivalence has to do with whether or not test developers and independent researchers of the tests in question have done a good enough job "establishing" (building up convincing evidence for) cultural equivalence. Part of the decision, though, has to do with psychologists' clinical expertise, utilizing everything they know about the client (including the explicit cultural data collected) to determine if there is a chance test scores may reflect something other than what they are supposed to measure (according to test developers). Integrating cultural competence and cultural humility may require the psychologist to consult with knowledgeable others—professionals or even individuals within the communities being assessed—to help interpret individual test scores and make sure they are reflecting something meaningful for the client (Acevedo-Polakovich et al., 2007; Weiss & Rosenfeld, 2012). Aligned with Therapeutic Assessment principles (Finn, 2020), psychologists may also collaborate with clients themselves to help them understand what individual test scores mean specifically for them in this context.

The third question for understanding how best to interpret the data is *how can I make sense of the data within the context of all other data collected, including cultural data?* As previously discussed, cultural (and contextual) data can serve as a pillow, a

foundation, on which to rest all test and measure scores in order to help psychologists interpret them meaningfully for the particular client in the particular context, understanding the test data within the context of clients' lived experiences. For example, the same elevated anxiety score on a self-report inventory measure may mean different things for a cisgender, White, heterosexual, able-bodied female than it does for a transgender Black female, with a lived experience of constant threat, both immediate (aggressions aimed toward her daily by others in the street or at work) and larger (policies aimed at taking away her rights to autonomy over her own body). It is important for psychologists to understand the context in which test scores have emerged, in order to determine how best to interpret them.

The final question (well, actually, there are many, many more questions to ask of the data, but for simplicity's sake, only one more will be presented here) is *do I need to test any particular construct more?* That is, if a psychologist is unsure—*at all*—of what a test score means for a particular client in a particular context, they may need to do more psychological inquiry on the construct. This may include more formal testing (adding measures and especially methods to triangulate data; Wright, 2020), informal inquiry in collaboration with the client (Finn, 2020), or even the addition of less formal methods and measures, such as some research-based survey instruments that may not typically be used in clinical practice, but that may help the psychologist better understand other test scores. While psychologists do not always have the privilege, freedom, and flexibility to add more tests, measures, or methods to psychological assessments, they should do what they can to advocate for this practice in order to better serve clients, whenever possible.

Rapid Reference

Questions to Ask of Test Data

1. Are the data fair and accurate for this client in this context?
2. Are the data meaningful for this particular client?
3. How can I make sense of the data within the context of all other data collected (including cultural data)?
4. Do I need to test a construct more?

CASE FORMULATION

Case formulation (also called case conceptualization) is a process of aggregating *and integrating* data from multiple sources and tying it to psychological theory in order to make meaning out of the data and accurately reflect what is going on for a client (Division of Clinical Psychology, 2011; Wright, 2020; Wright, Pade et al., 2022). This process

of integrating data—including respecting test error and reconciling conflicting data—is core to the role of the psychologist in psychological assessment (Wright, Pade et al., 2022), and it is extremely nuanced and difficult to do (which is why we smarty-pants psychologists need to be the ones doing it!). When considering how the data puzzle pieces fit together to meaningfully reflect what is going on with clients, psychologists notoriously inadequately integrate sociocultural context into conceptualization (Wilcox et al., 2020). However, being deliberate and methodical about collecting cultural data has shown promise in increasing cultural integration into case formulation (Wright, Vardanian et al., 2022). Ultimately, it is extremely important for psychologists to do a better job of integrating context and culture into a coherent, theory-driven narrative about why clients are struggling and/or suffering (Wright, 2022). Chapters in this book will help guide psychologists to think critically about cultural-contextual issues as they may apply to clients from different cultural groups and with different cultural experiences to better reflect their actual lived experiences when developing narrative case formulations about what is happening with these clients.

DON'T FORGET

Case formulation requires psychologists to:

1. Integrate data from multiple measures, methods, and sources/informants
2. Reconcile any contradictory or discrepant data
3. Tie data (from all sources, including cultural data) to psychological theory
4. Develop a coherent narrative for what is likely underlying clients' struggling and suffering

CLINICAL DECISIONS

The clinical decisions that are made as a result of psychological assessment are most often extremely high-stakes, impactful, and meaningful for clients. They are most often so powerful, in fact, that ignoring, minimizing, or even absent-mindedly undervaluing the role that culture and context may play in a client's presentation (and its etiology, maintenance, coping, etc.) can be extremely problematic and even dangerous. Our clinical decisions often include determining a diagnosis, which has everything to do with clients making meaning of their experience. In fact, clients often organize their identities around a mental health diagnosis (O'Connor et al., 2018; Van Den Tillaart et al., 2009), so avoiding specious diagnoses and incorporating their lived experience into an understanding of their diagnosis is vital.

In addition to diagnosis, though, psychological assessments very often result in a host of other extremely important clinical decisions, including eligibility for services, resources, and accommodations; employment decisions; and even life-and-death medical and legal decisions (Wright, Pade et al., 2022). While not every psychological assessment context is quite that extreme, even those situations that seem as if the clinical

REMEMBER

The clinical decisions that psychologists make based on psychological assessments are too high stakes not to take cultural variables (including personal cultural history and norms, lived experience, and oppression) extremely seriously.

decisions are less momentous, there may certainly be significant consequences of our clinical decisions, even if those consequences are less salient, subtler, or not immediate. While clinical mistakes in the counseling or therapy process can be repaired and are even often seen as useful to the process (Gilhooley, 2011; Safran et al., 2011), making mistakes in clinical decisions in psychological assessments do not have this opportunity for repair and can be extremely difficult or even devastating for clients (Bjorklund, 1998; Clark, 2021; Midence & O'Neill, 1999). Psychologists most often simply cannot fix mistakes made in psychological assessments, so, again, they are too high stakes not to seriously consider and integrate cultural lived experience into clinical decisions that emerge from them.

FEEDBACK

The feedback process from a psychological assessment is a weird one—it requires clients to put faith into the psychologist and read or hear things about themselves that may be unknown, may be known but uncomfortable, and that may be organized in a new and interesting way (Wright, 2020). The two primary modes of feedback in psychological assessment tend to be in the form of a (usually) formal written assessment report and in the provision of verbal feedback to the client (or a parent or guardian) in a feedback session. Of course, there are other types of feedback that happen in assessment, from sessions with other professionals (like school teams, psychiatrists, treating mental health professionals, etc.) to reports written for courts, potential employers, and other entities. However, this section will focus on written reports and feedback sessions.

As is the case with clinical interviewing (and the rest of the relational process of psychological assessment), issues of privilege and power are always at play in assessment feedback. In fact, the issue of power is perhaps most salient in feedback, as most often some sort of clinical decision has been made and is being communicated to interested parties, in writing and/or in a session. As discussed previously, these decisions tend to be extremely important in the lives of our clients, and so receiving feedback can be daunting, overwhelming, shaming, and filled with myriad other emotions. That is a great deal of

REMEMBER

The results of psychological assessments are extremely unlikely to be useful to anybody unless they are communicated effectively to clients or other parties that can implement change in a way that is attentive to the culture, language, and overall needs of clients.