Teaching Culturally Informed Psychological Assessment

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I am both delighted and concerned about the development of multicultural assessment. I am delighted because psychology is now beginning to take notice of culture. The developments in multicultural assessment reflect the growing interest in the psychological study of culture (e.g., Markus & Kitayama, 1991). I am concerned, however, that our efforts to advance an understanding of culture are based on narrow conceptualizations. Culture is a complex, dynamic phenomenon that is grounded in social and historical contexts (Jenkins & Karno, 1992). Developing measures of psychological variables such as stress or anxiety for specific ethnic groups or deriving global acculturation measures based on loosely associated behavioral indexes (language, food, and music preferences) will not capture culture’s richness.

In this chapter, I argue that, as we consider psychological assessment for our culturally diverse world, we be guided by processes (see also Greenfield, 1997). Given that culture is dynamic and ever-changing, our assessment approaches also have to be dynamic and respectful of change. In my instruction, I attempt to teach graduate students a process—a way of knowing. Specifically, I teach them ways to assess how culture relates to some behavior or set of behaviors. Identifying culture’s role cannot be accomplished with the administration of a given instrument with a specific norm. Multiple perspectives are needed that integrate multiple tests and observations. By adopting this view, I believe that a clinician or researcher can begin to learn the role that culture plays or does not play in specific behavior in specific contexts.
In my teaching of culturally informed assessment, I am guided by three principles. Each contributes to demonstrating the importance of process. First of all, I try to provide a strong conceptual base to culture. I do this by tying issues of culture to key conceptual tools offered by mainstream psychology. A key component of these conceptual tools is thinking critically about what is and is not culture. Second, I try to foster active student participation through the use of key illustrations and exercises. Finally, I apply the conceptual tools to actual clinical cases. Adherence to each of these principles helps me demonstrate the process nature of culturally informed assessment.

At UCLA, I am one of three professors responsible for the clinical core course of psychological assessment. I share this honor with my colleagues Tom Bradbury and Rena Repetti. Our main goal is to teach first year doctoral students in clinical psychology basic principles of assessment that can be applied to research as well as clinical endeavors. Professor Bradbury is the main instructor and covers the significant conceptual issues of assessment, such as hypothetical constructs (MacCorquodale & Meehl, 1948) and clinical versus statistical inference (Dawes, Faust, & Meehl, 1989). Professor Repetti addresses issues concerning the assessment of children and families, and I address issues of culture, race, and ethnicity. We provide a 10-week course that includes a weekly lab meeting. The class focuses on the principles of assessment, whereas the lab addresses applied issues, including the introduction of standard psychological assessment tools (e.g., the clinical interview, WAIS–III, WPPSI, MMPI–2). In this chapter, I present my contribution to this class. Although the course concerns general psychological assessment, I believe that the approach I use can be applied to courses in more specific domains, including personality and psychodiagnostic assessment.

CONCEPTUAL GROUNDEDNESS

When Professor Bradbury and I first taught this course 7 years ago, we agreed that issues of culture, race, and ethnicity should be well integrated throughout the course, not relegated to the end, akin to a special topic. We wanted to communicate clearly to students that issues of culture, race, and ethnicity were essential to assessment. To accomplish this, we made a concerted effort to ground the different cultural-related topics with significant principles or aspects of assessment. For example, the discussion of the definition of culture, race and ethnicity is associated with the discussion of construct validation. Also, the study of test bias follows the presentation of cognitive-intellectual assessment and personality assessment. In addition, the influence of culture, race, or ethnicity in clinical judgment is tied to the presentation of clinical versus statistical inference. This conceptual organization allows us as instructors to integrate the discussion of key aspects of assessment with the discussion of culture and related topics (for a similar perspective, see Fiske, 1995).

There are clear advantages to this conceptual approach. Students who have had little exposure to culturally related issues learn that they too can enter into a scholarly discussion of culture by applying some of the key concepts from class. Concepts such as construct validity (Cronbach & Meehl, 1955), divergent and convergent validity (Campbell & Fiske, 1959), and the distinction between mediators and moderators (Baron & Kenny, 1986) are critical to understanding how culture, race, and ethnicity relate to human behavior. For other students who have a great interest in cultural topics, they learn that the application of mainstream psychology’s rich conceptual tools can contribute significantly to the discussion of these issues. In fact, using these tools can enhance their thinking about the role of cultural factors in human behavior (see also Clark, 1987).

The psychological study of culture, race, and ethnicity is political in nature. Historically, our field has either ignored these issues or has examined them in a discriminatory manner (Betancourt & López, 1993; Graham, 1992; Guthrie, 1976). Ascribing the low cognitive-intellectual functioning of racial and ethnic–minority groups to biological factors is one example of such discriminatory treatment (see Guthrie, 1976, for a review). Because of the political nature of culture, race, and ethnicity, some students shy away from an in-depth discussion of these topics. Given the importance of culture, race, and ethnicity in our society, it is critical that all students learn to contribute to the discussion of such issues. Addressing them from a conceptual base and tying the discussion to mainstream psychology communicates to students that these politically charged topics are and can be part of an academic discourse.

Conceptual groundedness also refers to thinking critically about culture, race, and ethnicity. A key theme of our course is: How do we know what we know? We want our students to be critical consumers of assessment data in both research and clinical contexts. I present two main conceptual points throughout the course to help students think critically about culturally related topics. First, I strongly encourage students to go beyond or unpack the molar concepts of culture, race, and ethnicity by hypothesizing what matters about culture, race, and ethnicity. This enables them to test specific cultural hypotheses. Second, I urge them to generate and test alternative hypotheses. This two-pronged approach can

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1 Following the core course, students are required to take an additional quarter of assessment that exposes them to a wider range of assessment tools and provides them with more testing experience.
guard against misapplying cultural notions while enhancing the understanding of culture’s role in specific instances.

Let us consider a case to illustrate the value of assessing specific cultural notions. A college student from an immigrant family seeks help from a psychology training clinic because he is doing poorly in his coursework. During the initial interview, he responds only minimally to the interviewer’s questions. To understand the client’s reticence and nondisclosing behavior, it would be wise for the student–clinician to consider the possible role of culture. However, it is important that the clinician specify what about his interaction style might be cultural in nature. This reticence might suggest the client’s respect for authority. Perhaps the college student believes that he should listen to the authority figure—in this case, the clinician—instead of speaking on his own. The reticence could also be a language issue. The client may have limited English fluency. By specifying the possible cultural factor, the clinician is now in a position to test whether this style is indeed cultural in nature. The therapist can then assess how the college student is with other authority figures (e.g., the student’s parents). The therapist can also ask the client and significant others how they consider his nondisclosing style. Do they think it is appropriate behavior in the initial phases of therapy, perhaps as a show of respect? To test the language hypothesis, the clinician can directly assess the client’s English fluency through the use of language measures (e.g., Woodcock & Muñoz, 1993). The important point is that as students consider cultural factors they need to formulate specific cultural notions that can be tested directly.

The second component of this critical thinking approach that I present to students is the importance of generating and testing alternative hypotheses. In the case of the reticent college student, it may be that he is socially withdrawn, highly suspicious, or lacking in basic social skills. Observing him over time, with others (family members or in a group therapy setting), will provide additional evidence to test both a cultural hypothesis—he shows respect for authority—or the alternative hypothesis—he has a clinical problem. By collecting both evidence for and against the specific cultural hypothesis, the examiner reduces the likelihood of simply confirming a preferred hypothesis. Moreover, the psychologist is in a position to advance an understanding of the actual role of culture in the given context.

I refer to this critical thinking approach as shifting cultural lenses—a concept I borrowed from Kleinman and Kleinman (1991). They argued that the clinician (and researcher) should move between lay systems of meaning and professional systems of meaning to make sense of behavioral observations. In other words, the clinician should shift between the client’s specific cultural set of meanings and the clinician’s own set of meanings. This is captured in their quote about the ethnographer’s mission:

The ethnographer’s focus moves back and forth. The task is to interpret patterns of meaning within situations understood in experience-near categories; yet, ethnographers also bring with them a liberating distance that comes from their own experience-near categories and their existential appreciation of shared human conditions. . . . Getting at mediating psychological processes requires that eventually we shift to the view from afar—we cannot otherwise abstract universalizing processes from the particularizing content of ethnopsychological meaning—but to understand actual situations we must use both lenses. (Kleinman & Kleinman, 1991, p. 278)

By entertaining specific cultural hypotheses (e.g., respect for authority) and alternative hypotheses (e.g., suspiciousness), one is shifting cultural lenses from the possible lenses of the client to the lenses of the professional. I have found that the idea of shifting cultural lenses to be a most useful heuristic in teaching students how to incorporate both a healthy appreciation of alternative cultural meanings and a critical approach to the role of culture.

ILLUSTRATIONS AND EXERCISES

The more I teach this course, the more interested I have become in presenting key ideas through the use of metaphors and exercises rather than through the readings and discussion of the specific passages from which these key ideas originated. In my section of the course, we do both. However, I find myself looking for ways to translate these abstract ideas in ways that make sense to the student—in ways that get close to the students actually experiencing the ideas. Accordingly, I try to use illustrations and exercises to begin the discussion of key sections of the course. Having presented the illustration or exercise, we then move into a more academic discussion of the ideas presented in the readings. In this section, I present an important illustration and two exercises that I find useful.

Shifting Cultural Lenses: Turn Signals on Mexican Highways

To illustrate the notion of shifting cultural lenses, I draw on one of my many lessons gained from driving the highways of Mexico. The lesson is straightforward—turn signals have multiple meanings. I first describe this example and then discuss how I apply it.

In Mexico, one has the option of traveling on public highways (libre) or toll roads (cuota). The public roads typically have only two lanes, one each for opposing traffic. The toll roads generally have four lanes, two lanes on each side of a concrete barrier. Because of the considerable fe
to drive on the toll roads, most motorists prefer the public roads. The advantage of the public highways is that there is no fee, whereas the disadvantage is that, with a slow-moving vehicle and no passing lanes, traffic can accumulate quickly (see Fig. 28.1). Drivers who do not want to be delayed cross over to the opposing lane when possible. In the event there is no oncoming traffic, they accelerate to pass the slower vehicle. This can be quite dangerous because the visibility of the driver intending to pass is often blocked by the vehicle in front of him or by the lay of the road (e.g., hills or curves).

To assist in passing each other safely, Mexican drivers—particularly professional drivers—have developed a simple but effective form of signaling motorists who wish to pass. When there is oncoming traffic, the driver in front turns on the right-hand turn signal; the intended message is: "Don't pass, there are cars approaching." When the same driver sees that there is no oncoming traffic, he signals to the motorist waiting to pass by turning on the left-hand turn signal. This means that there are no cars approaching and the driver can pass safely. Interestingly, some trucks and other large vehicles have rear mud flaps with the words *Alto* and *Siga*. *Alto*, which means stop, is placed below the right-hand turn signal, and *Siga*, which means continue, is placed below the left-hand turn signal (see Fig. 28.2). These mud flaps reflect the alternative meanings. The other possible meaning of the turn signal, like in the United States, is that it indicates an upcoming turn. The challenge for the driver behind a slow-moving vehicle is to figure out the intended meaning of the turn signal.

![Fig. 28.1. Driving behind a number of motor vehicles on a public road in Mexico.](image)

![Fig. 28.2. Mud flaps indicating to pass (siga) and not to pass (alto).](image)

After presenting this background to the students, I then ask them how they might know which set of meanings to use—the meanings associated with turning or with the status of oncoming traffic. Little by little, the students begin to identify ways to discern which meaning to apply. One student might comment, "If you were behind a truck for a long time and then all of sudden he turns on the left blinker, it could mean that you should pass. To be sure you might first check for oncoming traffic and if it is clear then it means to pass." Another student might say, "If you are traveling in a hilly area on a winding road with no obvious cross roads ahead then it probably means to pass." Eventually the students understand the main idea—that they have to look to the context to consider what meaning to apply. In other words, the meaning is tied to the cues in the specific context.

I then translate this concrete example into more conceptual terms. In discerning the appropriate meaning, one must first entertain both sets of meanings or apply both sets of cultural lenses. Then one collects data to test both sets of meaning. What evidence is there that the flickering light means that a turn is forthcoming? What data are available that suggest I can pass? Ultimately, one weights the available evidence and then chooses
the course of action that is most appropriate. It is important to note that whatever decision is made there usually exists some degree of uncertainty. He or she makes decisions and takes action, not knowing for sure what the blinking taillight actually means. By collecting evidence to test the two possible meanings, the driver attempts to reduce uncertainty.

Application to Clinical Judgment

One of the first exercises that I use in class as a prelude to presenting the notion of shifting cultural lenses is to have the students make clinical judgments of an enacted clinical interview. The main purpose of this exercise is to have students experience and learn the possible risks in attributing a patient’s behavior to his or her cultural background. This exercise combines two brief lectures, observation of a client in an enacted interview, an evaluation of the clients’ presenting problems, and a group discussion.

At the beginning of this exercise, I present a one-sided minilecture of the role of culture and psychopathology. I argue that culture has largely been ignored in the study of psychopathology and that it plays a most important role. (This is a one-sided view because I do not point out the evidence that mental illness is universal, e.g., Murphy, 1976.) I then refer to two excellent examples of how culture is related to psychopathology. The first concerns how culture can influence the expression of mania among Amish bipolar patients (Egeland, Hostetter, & Eshleman, 1983); the second addresses how culture is related to the expression of internalizing and externalizing disorders in children (Weisz, 1989). My main point is that culture matters. My intention is to prime the students’ view of how important culture is to increase the likelihood that they implicate culture in their judgments of the enacted case.

I then introduce the client to the students as Mrs. Ramirez, a 26-year-old married Mexican woman living in Los Angeles with no children. Following the introduction, I present a videotape of the enacted clinical interview; it lasts about 12 minutes. Joseph Nuñez, a former student, and I developed the videotaped interview for research purposes some years ago. The presenting problems were based on an actual patient of an outpatient clinic. In responding to the clinician’s questions Mrs. Ramirez presents multiple problems including some physical problems (numbness in the jaw), problems with her marriage (her husband sometimes leaves and does not return until the next day), and depressive symptoms (loss of interest in usual activities).

Following the videotape, I instruct students to make a series of clinical judgments regarding the severity of the client’s problems (e.g., marital adjustment, depression, somatization, and physical problem), the likelihood of benefiting from therapy, and their degree of interest in wanting to serve as her therapist. In fact, I ask them to make two sets of ratings on the identical dimensions. For the first set of ratings, I instruct them to assume that the presenting problems are related to the patient’s (Mexican) cultural background. On completing those ratings, I then ask them to rate the client again, this time assuming that her presenting problems had nothing at all to do with her cultural background. In all, I attempt to manipulate the students’ attributions of the presenting problems to the client’s cultural background.

After they complete their ratings, we then discuss whether their judgments were influenced by taking or failing to take culture into account. Invariably some students volunteer that their ratings changed. For example, a student might say that when she took culture into account, she viewed the patient as suffering from less marital distress because her husband’s involvement in extramarital relationships may be more acceptable for women of Mexican origin. On further inquiry, the student might make some reference to machismo or traditional marital roles. Another student might comment that when he believed culture played a significant role he thought Mrs. Ramirez would be less likely to suffer from an actual physical disorder. He might refer to the notion that Latinos, particularly women, tend to express psychological distress as physical distress—a cultural notion he has read about. Many students are comfortable in sharing their ratings and discussing the possible cultural influences on the presenting problems. Not all students have different ratings across the two conditions.

After time is allotted for discussing the students’ impressions I then turn to relevant literature concerning the cultural basis of presenting problems of Latinos. I refer to the literature on traditional marital roles (Cromwell & Ruiz, 1979) and somatization (Escobar et al., 1987). I argue that the best available data do not support the view that Mexican Americans adhere to machismo and traditional marital roles and that somatization is not as prominent among Mexican Americans as some clinical writings suggest. I point out that there is little empirical support for many of the cultural notions that clinicians might have for Mexican origin patients. Furthermore, I argue that Mexican origin people are quite heterogeneous in terms of their cultural beliefs, norms, and practices. Finally, I caution them that imposing their notions of what is and is not culture can be detrimental to their clients. Having a husband who is involved in extramarital relationships, for example, can be most distressing to many Mexican women and may not at all be part of her cultural world. Assuming that men’s extramarital relations is culturally acceptable behavior is strictly an assumption. This then leads to a discussion of how we know some behavior is cultural in nature, which sets the foundation for a
discussion of shifting cultural lenses. In my view, what makes this exercise most useful is that it allows individuals to explore their cultural assumptions in a given clinical context and how these assumptions may influence their decision-making. To carry out this exercise, instructors ask participants to reflect on their own cultural background and to consider how this might affect their judgment in clinical situations.

One of the factors that is often overlooked in the assessment of a culturally diverse patient is their role in the assessment process. Language is an essential tool for communication, and the use of language can significantly influence the outcome of a medical encounter. A patient's language proficiency can affect their ability to understand and follow instructions, which can impact their treatment and recovery.

For example, if a patient speaks Spanish and the medical provider speaks only English, there may be a language barrier that affects the patient's ability to accurately convey their symptoms and receive appropriate care. In such cases, it is crucial for the provider to use appropriate communication strategies, such as using a medical interpreter or finding a bilingual provider, to ensure that the patient's needs are met.

Moreover, cultural factors can also play a significant role in medical assessment. For instance, some cultures may have different expectations regarding pain management or may have different beliefs about the causes of illness. These cultural factors can influence the patient's perceptions and behaviors, which can impact their treatment outcomes.

In conclusion, shifting cultural lenses is a critical tool for medical providers to consider in the assessment of culturally diverse patients. By acknowledging and addressing these cultural and linguistic factors, providers can improve their communication with patients and ultimately provide more effective and culturally appropriate care.
level of psychological functioning (see López, 1997; Velasquez et al., 1997, for other examples).

Summary

I have presented one illustration and two exercises that I use in teaching students how to integrate a cultural perspective in assessment. I have found that the notion of shifting cultural lenses serves as a useful metaphor. Each subsequent exercise, with regard to clinical judgment, language, cognitive-intellectual functioning, and personality functioning, applies that basic notion to the specific content areas. Thus, not only is the idea of using local sets of meanings and professional sets of meaning reinforced, but students are also taught how to apply that basic idea to specific assessment domains.

A CLINICAL CASE

In addition to the conceptual basis and the illustrations and exercises, I draw on some of the assessments I have conducted or some of my previous students have conducted to teach students how to integrate a cultural perspective. My primary assessment background has been in the domain of cognitive-intellectual assessment (López & Taussig, 1991). However, I have carried out some personality assessment in the past. In this section, I first summarize the key issues that I raise in class with regard to potential cultural biases of the MMPI-2. This provides some background to the approach taken in the case that then follows. I present this case in our course to illustrate the idea of shifting cultural lenses with personality and psychodiagnostic assessment tests. This assessment took place 15 years ago when I was just developing my ideas regarding culture and assessment. Furthermore, the use of the MMPI is now dated given the development of the MMPI-2. Nevertheless, I believe that the general principles addressed with this case not only apply when using the MMPI-2, but also serve to point out how such an assessment can be improved given our understanding of culture and assessment today.

Potential Cultural Biases

The research literature largely indicates that there is no evidence for racial (African American–White) biases of the MMPI and MMPI-2. (The research regarding Latinos and Asian Americans is much more limited.)² There are three major reviews that support this view (Dahlstrom, Lachar, & Dahlstrom, 1986; Greene, 1987; Pritchard & Rosenblatt, 1980) as well as recent studies of the MMPI-2 (Ben-Porath, Shondrick, & Stafford, 1995; Timbrook & Graham, 1994). Although not everyone shares the view that there is little to no evidence of racial bias (Gynther & Green, 1980), it is hard to ignore the consistent conclusions drawn from carefully conducted reviews.

The lack of evidence for bias, however, does not mean that there is no bias or that for a given individual cultural factors play no role (see Malgady, 1996). As noted in the key reviews, there are few validity studies to test for possible racial biases. Furthermore, the normative sample of the MMPI-2 differs in many ways from the racial/ethnic distribution within the United States. Although the proportion of African Americans in the normative sample is similar to that of the U.S. population, the educational level of African Americans within the normative sample is considerably higher than that of African Americans in the United States. Also, the proportion of Asian Americans and Latinos in the normative sample is disturbingly low. Given both the lack of evidence of racial bias and these and other limitations with the normative sample and research literature, I encourage students to take the stance suggested by Dahlstrom et al. (1986):

... the best procedure would seem to be to accept the pattern of results generated by the standard scales on the basic MMPI profile, male or female, and, when the pattern is markedly deviant, to take special pains to explore in detail the life circumstances of that individual in order to understand as fully as possible the nature and degree of his or her problems and demands. (p. 204)

Dahlstrom and colleagues also pointed out that psychologists should consider other possible reasons for test invalidity, including poor or careless reading of the items, impulsive answering, and other factors that can affect the meaning of the scores. The comments by Dahlstrom et al. indicate that they are open to possible biases in the use of the MMPI although systematic biases due to race, ethnicity, or culture have not been found. Their recommendations “to take special pains to explore in detail the life circumstances of that individual” are consistent with my view of testing specific cultural hypotheses for a given individual. In terms of shifting cultural lenses, a psychologist can use the U.S. norms as one set of lenses from which to ascribe meaning to a given individual’s MMPI-2 test scores. By examining the life circumstances of a given patient in detail the psychologist is entertaining the possibility of applying another set of lenses from which to ascribe meaning to the same MMPI-2 test scores. Perhaps the pattern of scores reflect special life circumstances, cultural or

²Although there is a growing body of research regarding African Americans, Latinos, and Asians (for Latinos, see Velasquez, Ayala, & Mendoza, 1998), most of the studies do not address whether the tests are biased for a given ethnic group. The identification of group differences does not necessarily reflect biases.
otherwise, that require alternative meanings. The goal of the psychologist then is to determine what set of meanings is the valid one for a given individual. This process of considering two sets of meaning in interpreting MMPI test scores are discussed in the following case for which I served as the clinical supervisor.

**Psychosis or Cultural Factors?**

Sung² is a 30-year-old, single Korean-American male who was born in Korea and, at the age of 20, immigrated to the United States with his family. At the time of treatment, he was living with his parents in Koreatown. He has two sisters, ages 31 and 39. Sung sought treatment at a psychology training clinic because he was feeling depressed about having recently been placed on academic probation in college. He was feeling lethargic, sometimes to the extent of not getting out of bed. He was eating more than usual and occasionally had difficulty falling asleep.

As part of his initial screening, Sung completed the MMPI. The test responses revealed an elevated profile for many of the clinical scales, with the D, Pt, and Sc being the highest. In consulting established interpretive sources, the student-therapist learned that this profile was apparently valid and associated with a seriously disturbed individual—someone who likely held delusional beliefs, among other psychotic symptoms. These findings were seemingly inconsistent with the therapist’s initial evaluation, in which no evidence of psychosis was noted either at the time or in the past.

In trying to understand this discrepancy, the student-therapist considered the possibility that language and cultural factors may have contributed to this specific profile. To examine this possibility, the therapist identified the items that led to the specific scale elevations and then asked the client to elaborate his responses further. During this inquiry, Sung indicated that he misunderstood several items, such as believing that people were plotting against him. Considering his responses to this questioning and the fact that English is his second language, she believed linguistic factors contributed significantly to the elevated scores. That is, he may have misunderstood the content of several items. On other occasions, cultural factors appeared to play a role. For example, he indicated that he got into trouble for his sexual behavior. He stated that on two occasions he had been to a woman’s house without his parents’ knowledge. For Sung, this was shameful behavior. For both the student-therapist and myself, this behavior was not inappropriate behavior for a single adult. Thus, the critical item inquiry raised the possibility that the elevated scales may have been a function of linguistic and cultural factors rather than psychosis.

In addition to testing the possible role of linguistic and cultural factors, the student therapist tested the alternative hypothesis that Sung was psychotic. She did this by administering the psychosis section of the Present State Examination (PSE)—a semistructured diagnostic clinical interview (Wing, Cooper, & Sartorius, 1974), which is widely recognized as one of the most thorough clinical assessment tools of psychosis. In response to the many questions taken from the PSE, Sung convincingly denied having any specific hallucinations or delusions within the last 3 months. (At the time, I was an experienced PSE interviewer and trained the student-therapist to carry out the noted section of the interview. I also observed her administration of the psychosis section of the PSE.) Together the critical item inquiry and the further assessment of psychosis led the therapist and me to believe that the obtained MMPI profile, which suggested psychosis, was probably a function of linguistic and cultural factors.

The treatment goals were to address his depression using Beck’s (1976) cognitive therapy. After 4 weeks of treatment, Sung discontinued therapy because he said he did not like the homework component. Two months later, he returned to the clinic to resume therapy. After a period of several weeks, Sung began to deteriorate, seemingly precipitated by the mugging of his sister. After that incident, Sung began to express beliefs that people from his former place of employment were plotting against him and had been bugging his house. Furthermore, he indicated that they knew what he was thinking and had told half of Los Angeles about him. Once we learned of his deterioration, working in conjunction with his family, we referred him to a day treatment program where he was treated for his psychosis.

I like to present this case to my class because it raises a number of issues. From the perspective of a culturally informed approach, this case has merit. We considered the hypothesis that the pattern of scores reflected cultural and linguistic factors. It is important to note that we did not assume that the MMPI interpretation was inappropriate; we simply considered the hypothesis that culture or language played a role. Furthermore, we articulated a somewhat specific cultural hypothesis that Sung’s may have misunderstood some of the test questions due to linguistic and cultural factors. Therefore, we were in a position to test directly this hypothesis. We then took steps to test both the linguistic/cultural hypothesis and the competing hypothesis that he was psychotic. This approach reflects both shifting cultural lenses and taking special pains to explore the individual’s circumstances when the pattern of scores are markedly deviant. Thus, by systematically evaluating the linguistic/cultural and alternative hypotheses, we carried out the assessment from a responsible cultural perspective.

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²Sung is not the client’s real name.
An alternative view is that we erred in our evaluation, as suggested by Sung later becoming psychotic. Had we accepted the MMPI findings at face value, we may have been in a position to recognize the underlying psychosis and refer him for treatment at an earlier stage of the illness. From this point of view, reviewing the critical items and finding that Sung ascribed different meanings to a series of items than what we thought were intended meanings may have been misleading, particularly given that the items were from the clinical scales. Because the clinical scales are empirically rather than rationally or conceptually derived, it is hard to know why endorsing specific items in particular ways is related to certain psychological functioning (Butcher, Graham, Williams, & Ben-Porath, 1990). Thus, the alternative view is that undertaking the critical item inquiry may have clouded rather than clarified the clinical picture.

In retrospect, the culturally informed assessment was limited in two important ways. First, Sung did not want us to contact his family. He believed that such contact might bring shame to his family. The family’s perspective could have been helpful in many ways to discern cultural and language issues from psychosis. For example, they could have provided a historical context to Sung’s presenting problems. Second, the process of considering the cultural and alternative hypotheses was limited by the use of a single method of assessment. Both the critical item inquiry and PSE were based on the patient’s self-report. Drawing from Campbell and Fiske’s notion of using multiple methods to assess multiple traits, it would have been valuable to have used other methods. For example, were I to supervise this case today, I would have addressed the language hypothesis more rigorously. I would have requested that Sung’s English language fluency be directly assessed using language tests. Furthermore, I may have requested that he complete the Korean language version of the MMPI-2 after having completed the English language version. Also, the content scales of the MMPI-2 would have been useful. These additional steps could have proved useful in determining whether language-based misunderstandings were responsible, at least in part, for the scale elevations when the MMPI was administered in English. To assess further for psychosis, I would also consider having someone administer the Rorschach or another projective measure. Together the use of the projective test, the language fluency test, the MMPI-2 in his native language, and the content scales would provide a more rigorous test of both the language and psychosis hypotheses particularly because the different tests draw from diverse methods.

Presenting actual cases provides a rich opportunity for students to translate the conceptual ideas presented in class into actual practice. In my course, they learn the practical steps of shifting cultural lenses. Furthermore, by reviewing cases, students have an opportunity to evaluate the strengths and weaknesses of a given assessment and discuss ways to improve such evaluations. The next step is for students to carry out their own assessments under supervision, which they begin to do in our class and build on in subsequent training.

CONCLUSION

Culturally informed assessment is a process—a way of thinking critically about the role of culture in human behavior. Teaching a responsible cultural perspective can take many forms. My strategy is to establish a firm conceptual base, engage students in key ideas through exercises and illustrations, and demonstrate steps to follow in actual clinical cases. I have found that these pedagogical tools help students develop a perspective that is both respectful and critical of culture’s role in human behavior. Such a perspective is needed in the assessment of culturally diverse people. It is those psychologists who can present evidence for and against cultural interpretations who will be in the strongest position to convince others when culture matters most.

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REFERENCES


28. TEACHING CULTURE AND ASSESSMENT


