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SPECIAL SECTION: CULTURAL CONSIDERATIONS IN COLLABORATIVE AND THERAPEUTIC ASSESSMENT

Introduction to the Special Section on Cultural Considerations in Collaborative and Therapeutic Assessment

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ABSTRACT

Issues of culture abound in the conduct of psychological assessment. This special section brings together a collection of articles from expert practitioners in the Therapeutic Assessment (TA) model to discuss cultural considerations. The special section is comprised of a conceptual discussion of the cultural influence of the assessment situation itself, 3 case examples illustrating the way in which culture enters into assessment, and the ways that the TA paradigm can be useful in mitigating the potential negative effects; and a comment on the 4 articles. In this introduction to the special section, I discuss 2 interrelated concepts that are helpful in framing the articles that will follow: the need to practice assessment with multicultural competence, and the potential benefits of using an assessment model (e.g., TA) that is itself culturally responsive. As the world continues to become more culturally diverse through changing demographics and the recognition and evolution of different subcultures, the need to practice assessment using these concepts will only become more central.

Society is comprised of people who interact in such a way as to share common cultures. The cultural bonds that are formed through interaction might be based on racial or ethnic background; gender; or shared beliefs, values, or activities. Professional psychologists are then, by definition, a cultural group containing various subgroups based on practice specialties, settings in which we practice, populations and age groups with whom we work, and the underlying theoretical and empirical foundations that inform our understanding of our clients and the way we intervene to relieve suffering in their lives. In this special section, "Cultural Considerations in Collaborative and Therapeutic Assessment," the authors contribute to a broad understanding of issues related to the way different aspects of culture enter into the practice of psychological assessment and brief intervention. They apply the collaborative/therapeutic assessment (C/TA) paradigm in practice or in concept to demonstrate how working from a model that is grounded in certain principles and a particular clinical stance helps to minimize the potential harmful effects of the cultural artifacts that permeate our work with diverse clients. In this introduction to the special section, I intend to demonstrate how each article contributes to a broader understanding of cultural influences in professional psychology. I begin by briefly discussing the typical connotations of culture in professional psychology and what it means to practice with cultural competence in the context of a culturally responsive intervention framework. I then comment on each contribution to the special section.

It is important to note that this special section primarily concerns the therapeutic aspects of assessment; that is, the application of a brief intervention grounded in the Therapeutic Assessment (TA; Finn, 2007) model that is intended to improve the client's self-view and view of the world, provide a positive experience of psychological services, and potentially improve psychological symptomatology and functioning, as well as readiness for further intervention. The culturally appropriate use of tests and assessment instruments is embedded within this intervention paradigm. In psychological assessment, cultural adaptation, in brief, means that commonly used tests and instruments often undergo translation to many different languages and, in the best case scenario, normative data are gathered, the instrument is analyzed for reliability and validity, measurement invariance between cultural groups is established, and the results are interpreted within the cultural context of the client's background and current circumstances (American Psychological Association, 2003; Hambleton, 2001). The specific tests are not the focus of this special section. The authors focus on the cultural aspects of the intervention process(es), procedures, techniques, and core values of the TA model.

Culture

A discussion among professional psychologists of culture or [multi]cultural awareness will most often be in reference to issues related to working with clients from diverse racial or ethnic backgrounds, a different gender, sexual orientation, or belief

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system (e.g., religion). This is typically called cross-cultural practice. Despite being a fairly narrow conception of culture, it is nonetheless germane because of the ever-changing demographics of countries around the world, most notably for this article in the United States and Western Europe. The results of the 2013 American Community Survey indicate that the United States currently has the highest proportion of immigrants in our history, at 13.1% of the population (U.S. Census Bureau, 2015). Although Latin America, including Mexico, continues to be the top region in terms of immigrant origination, the countries with the largest increase in immigration from 2010 to 2013 were India, China, the Dominican Republic, Guatemala, Jamaica, Bangladesh, Saudi Arabia, Pakistan, and Iraq (U.S. Census Bureau, 2015). The European Union is also experiencing a remarkable increase of immigrants, with 1.4 million entering the 28 member states in 2013 alone, with Germany, the United Kingdom, France, Italy, and Spain reporting the highest numbers (Eurostat, 2015). Clearly, conducting psychological assessments and delivering brief interventions that are effective for various cultural, racial, and ethnic groups with cultural competence is a necessity for psychologists and other mental health professionals around the world (World Federation for Mental Health, 2007). Increasingly, working with sexual minority clients is also being emphasized as a distinct cultural focus (Hendricks & Testa, 2012).

Professional psychology is ensconced in the *competencies-based movement* (Kaslow, 2004). Of the core competencies, three (psychological assessment, intervention, and individual and cultural diversity) are the most applicable to the articles in this special section. Kaslow (2004) described individual and cultural diversity as an overarching or foundational competency that applies to the core competencies, which include assessment and intervention, and noted that "competence in diversity requires self-awareness of one's own attitudes, biases, and assumptions and knowledge about various dimensions so diversity and appropriate practice with persons from diverse groups (Daniel, Roysircar, Abeles, & Boyd, 2004)" (p. 776). The notion that psychological services (assessment and intervention) should be delivered in a culturally competent manner is not novel: It has been articulated for more than half a century (S. Sue, Zane, Nagayama Hall, & Berger, 2009).

My colleagues and I (J. D. Smith, Knoble, Zerr, Dishion, & Stormshak, 2014) referred to culturally informed delivery of intervention programs, and the specific intervention strategies clinicians employed within them, as a form of intervention-specific multicultural competence. It is important to differentiate between the two interrelated domains: intervention-specific multicultural competence, which occurs when an intervention is delivered and is done by the service provider, and culturally responsive interventions, which involve the design of an intervention to effectively meet the unique needs of culturally diverse clients, broadly defined. The delivery-level multicultural competence framework described by Sue and colleagues (D. W. Sue, Arredondo, & McDavis, 1992) is the model adopted by the American Psychological Association (2003) in its "Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists."

Concerning cultural responsivity at the design level, cultural adaptation, the process of systematically changing an evidence-based intervention to be compatible with a client's or community's cultural values, meaning, and language (T. B. Smith, Rodríguez, & Bernal, 2011), is a common method for developing a culturally responsive intervention. Interventions with cultural adaptations have been developed and tested with recent research suggesting that evidence-based interventions are at least as effective for diverse populations as they are for majority populations and in many cases are more effective when cultural adaptations are included (Castro, Barrera, & Martinez, 2004; S. Sue & Zane, 2006). As an alternative to culturally adapting an intervention, which can lead to myriad versions, many intervention scientists favor developing interventions that explicitly involve individually tailoring the selection of components, techniques, and content to fit a client's unique cultural background (J. D. Smith et al., 2014). Within this frame, intervention-specific multicultural competence occurs in tandem with a culturally responsive intervention.

Therapeutic Assessment as a culturally responsive intervention

Each of the articles in the special section is grounded in the core values, techniques, procedures, and processes of the TA model. Although TA has not been explicitly labeled as a culturally responsive intervention previously, its characteristics align with this concept. First, the intervention is semistructured, which allows the clinician the flexibility to tailor the intervention to the client by making use of or eliminating certain steps in the model. For example, the clinician might opt to conduct an extended inquiry procedure on each test or instrument used to obtain more culturally relevant context for the responses and norm-based results. Second, the content of the TA can be tailored for the client in terms of the way certain aspects of the TA model are conducted. Specifically, the assessment intervention session with a family might be adapted to explore and focus on interpersonal dynamics using a situation that is familiar and appropriate for the family's cultural background. Third, the clinician is able to select tests and instruments that have been shown to be unbiased and have normative data for the client. Fourth, and perhaps most important, clinicians working within the TA model never assume that they understand the meaning of a client's test scores or test responses, and they involve the client in exploring how assessment results reflect the client's context, in all its complexity. With culturally diverse clients, this means that assessors constantly ask clients to help them understand their background and traditions, so that culturally situated behaviors and attitudes are not misunderstood or pathologized. These types of adaptations and individual tailoring of the procedures of TA are encouraged by the model's developer (Finn, 2007) and are firmly rooted in the phenomenological underpinnings of TA articulated by Fischer (1985/1994). Indeed a number of examples of cultural responsivity of the TA model exist in the literature apart from those in this special section (e.g., Fantini, Aschieri, & Bertrando, 2013; Guerrero, Lipkind, & Rosenberg, 2011; Mercer, Fong, & Rosenblatt, 2016; Tharinger, Finn, Wilkinson, & Schaber, 2007).

Two other related aspects of the TA model contribute to being culturally responsive. First, TA is built on the core values

of collaboration, respect, humility, compassion, and openness and curiosity (Finn, 2009). Adhering to the core values results in a therapeutic stance that facilitates working with diverse clients. Relatedly, when practicing TA, clinicians use a variety of evidence-based techniques and procedures from the broader intervention and psychotherapy literatures (for a review and discussion see Aschieri, Fantini, & Smith, 2016). These procedures are not only therapeutic, but can be applied in ways that enhance cultural competence. Using these procedures and techniques, coupled with practicing based on the core values of TA, fosters a stronger therapeutic alliance between client and clinician (e.g., Ackerman, Hilsenroth, Baity, & Blagys, 2000; De Saeger et al., 2014). These two areas and the way they interact are embodied and elaborated within the case examples by Chudzik (this issue), Evans (this issue), and Fantini (this issue) in this section.

Special section articles

Thus far, the discussion of intervention delivery and design has centered on the predominant view of culture defined earlier. One of the primary impetus and contributions of this special section is to draw attention to the potential impact of other aspects of culture in the practice of TA and psychological assessment in general. The concepts described are also relevant to brief psychological interventions other than TA.

Aschieri (this issue) discusses the historical practices of psychological assessment and how our ways of testing and evaluating clients created a culture among assessors that potentially affects the way clients experience assessment and the way assessors practice and understand the findings. In particular, Aschieri focuses on the ways that our methods have the potential to create shame in those being assessed. The potential for shame to emerge is magnified by the explicit goals of the TA model; that is, to produce change. Concurrently, the techniques and clinical stance (core values) assumed by an assessor working from within the TA paradigm help to overcome the potential negative effects of these cultural influences that can result in clients feeling shamed. This article reminds assessors of the artifacts that can emerge during assessment, albeit unintended, but too often ignored or misunderstood. Aschieri also notes the merits of the TA model to manage these influences that are embedded in the culture of the assessment endeavor.

The literature in clinical psychology concerning cultural competence and cultural influences is often focused on clear cultural differences between the psychologist and client, such as race, gender, age, sexual orientation, and religion. However, as the case presentation by Fantini (this issue) illustrates, the subtler microcultural differences between assessor and client can be all too easily overlooked, which has the potential to create a therapeutic impasse. Fantini describes a misstep that resulted in such an impasse that was caused by assuming similarities in the family values of herself and of her client based on their shared macroculture. In this case, both the assessor and client were Italian women of a similar generation. Fantini describes the way self-reflection, attention to countertransference, and the procedures of the TA model were used to restore the therapeutic alliance.

Chudzik (this issue) presents a case study of the TA of a marginalized and often vilified population in nearly all cultures in the world, past and present—the criminal, and specifically, a man convicted of sex crimes, kidnapping, and violence. Sex offenders, particularly those whose crimes involve children and other vulnerable individuals, are the pariahs within the criminal offender subculture. Chudzik describes the historical origins of the concept of evil as a cultural manifestation that keeps "them" separated from the more prosocial "us." The case study highlights the way in which adopting the stance of a TA practitioner allowed him to find empathy and help his client in a way that runs counter to the prevailing beliefs and expectations in clinical psychology and in our culture more broadly. Chudzik did so in a way that acknowledged the offender's hurt that led to his crimes without condoning his acts or providing a rationalization for behaving similarly in the future. This case is an excellent illustration of the way TA can facilitate getting into the shoes of a client from a cultural perspective that is not only different than our own, but might also be deeply ingrained in the world as being something to fear, loathe, or otherwise reject.

Evans (this issue) describes the case of working with a traumatized woman seeking asylum in the United States after being interrogated and tortured in her home country by the police using some of the most psychologically damaging techniques, such as rape. He describes how TA was clinically useful in building an alliance in a sensitive situation in which it would be easy for the client to experience the assessor as an adversary due to the nature of the assessment (asylum seeking) or even worse, as a potential interrogator. The latter dynamic would bring with it the potential for retraumatization. Evans expertly uses the testing, his knowledge of interrogation techniques, and the TA approach to assessment to mitigate these potential adverse effects, and is able to effectively understand and assist his client.

This special section culminates with a comment provided by Bruce L. Smith (this issue). In the comment, Smith expands on the critical clinical and historical factors that both create the potential for culturally based discord in the assessment endeavor and potentially offer solutions for preventing and managing them when they arise.

This collection of articles underscores the varied nature of cultural influences on psychological assessment and brief intervention while drawing attention to some of the potentially overlooked or underemphasized factors that might be even more commonplace than the obvious, observable differences such as race, ethnicity, and gender. Cultural influences that affect test responses, normative interpretations, and the therapeutic relationship cannot be altogether avoided. However, by entering into our work with an understanding of multicultural competent practices and techniques that are relevant to clinical psychology in general and specific to psychological assessment, while also practicing from a culturally responsive intervention paradigm, such as TA, will lead to positive interactions and therapeutic outcomes.

Disclosure

Justin D. Smith serves on the Board of the Therapeutic Assessment Institute and as the editor of its newsletter, the TA Connection, for which he receives an honorarium.

References

Ackerman, S. J., Hilsenroth, M. J., Baity, M. R., & Blagys, M. D. (2000). Interaction of therapeutic process and alliance during psychological assessment. *Journal of Personality Assessment*, *75*, 82–109. doi:10.1207/S15327752JPA7501_7

American Psychological Association. (2003). Guidelines on multicultural education, training, research, practice, and organizational change for psychologists. *American Psychologist*, *58*, 377–402.

Aschieri, F. (this issue). Shame as a cultural artifact: A call for self-awareness and reflexivity in personality assessment. *Journal of Personality Assessment*, *98*(6). doi:10.1080/00223891.2016.1146289

Aschieri, F., Fantini, F., & Smith, J. D. (2016). Collaborative/Therapeutic Assessment: Procedures to enhance client outcomes. In S. F. Maltzman (Ed.), *Oxford handbook of treatment processes and outcomes in counseling psychology*. New York, NY: Oxford University Press. doi:10.1093/oxfordhb/9780199739134.013.23

Castro, F. G., Barrera, M., & Martinez, C. R. (2004). The cultural adaptation of prevention interventions: Resolving tensions between fidelity and fit. *Prevention Science*, *5*(1), 41–45. doi:10.1023/B:PREV.0000013980.12412.cd

Chudzik, L. (this issue). Therapeutic Assessment of a violent criminal offender: Managing the cultural narrative of evil. *Journal of Personality Assessment*, *98*(6). doi:10.1080/00223891.2016.1215321

Daniel, J. H., Roysircar, G., Abeles, N., & Boyd, C. (2004). Individual and cultural-diversity competency: Focus on the therapist. *Journal of Clinical Psychology*, *60*, 755–770. doi:10.1002/jclp.20014

De Saeger, H., Kamphuis, J. H., Finn, S. E., Smith, J. D., Verhuel, R., van Busschbach, J. J. V., … Horn, E. (2014). Therapeutic Assessment promotes treatment readiness but does not affect symptom change in patients with personality disorders: Findings from a randomized clinical trial. *Psychological Assessment*, *26*, 474–483. doi:10.1037/a0035667

Eurostat. (2015). Migration and migrant population statistics. Retrieved from http://ec.europa.eu/eurostat/statistics-explained/index.php/Migration_and_migrant_population_statistics—Further_Eurostat_information

Evans, F. B. (this issue). What torture survivors teach assessors about being more fully human. *Journal of Personality Assessment*, *98*(6). doi:10.1080/00223891.2016.1180527

Fantini, F. (this issue). Family traditions, cultural values, and the clinician's countertransference: Therapeutic Assessment of a young Sicilian woman. *Journal of Personality Assessment*, *98*(6). doi:10.1080/00223891.2016.1178128

Fantini, F., Aschieri, F., & Bertrando, P. (2013). "Is our daughter crazy or bad?": A case study of Therapeutic Assessment with children. *Contemporary Family Therapy*, *35*, 731–744. doi:10.1007/s10591-013-9265-3

Finn, S. E. (2007). *In our client's shoes: Theory and techniques of Therapeutic Assessment*. Mahwah, NJ: Erlbaum.

Finn, S. E. (2009). Core values in Therapeutic Assessment. Retrieved from http://www.therapeuticassessment.com

Fischer, C. T. (1994). *Individualizing psychological assessment*. Mahwah, NJ: Erlbaum. (Original work published 1985).

Guerrero, B., Lipkind, J., & Rosenberg, A. (2011). Why did she put nail polish in my drink? Applying the Therapeutic Assessment model with an African-American foster child in a community mental health setting. *Journal of Personality Assessment*, *93*, 7–15.

Hambleton, R. K. (2001). The next generation of the ITC test translation and adaptation guidelines. *European Journal of Psychological Assessment*, *17*, 164–172. doi:10.1027//1015-5759.17.3.164

Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the minority stress model. *Professional Psychology: Research and Practice*, *43*, 460. doi:10.1037/a0029597

Kaslow, N. J. (2004). Competencies in professional psychology. *American Psychologist*, *59*, 774–781. doi:10.1037/0003-066x.59.8.774

Mercer, B. L., Fong, T. & Rosenblatt, E. (Eds.). (2016). *Assessing children in the urban community*. New York, NY: Routledge.

Smith, B. L. (this issue). Context matters: Commentary on papers by Aschieri, Chudzik, Evans, and Fantini. *Journal of Personality Assessment*, *98*(6). doi:10.1080/00223891.2016.1199433

Smith, J. D., Knoble, N., Zerr, A. A., Dishion, T. J., & Stormshak, E. A. (2014). Multicultural competence and the family check-up: Indirect effect on adolescent antisocial behavior through family conflict. *Journal of Clinical Child & Adolescent Psychology*, *43*, 400–414. doi:10.1080/15374416.2014.888670

Smith, T. B., Rodríguez, M. D., & Bernal, G. (2011). Culture. *Journal of Clinical Psychology*, *67*, 166–175. doi:10.1002/jclp.20757

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling & Development*, *70*, 477–486. doi:10.1002/j.1556-6676.1992.tb01642.x

Sue, S., & Zane, N. (2006). Ethnic minority populations have been neglected by evidence-based practices. In J. C. Norcross, L. E. Beutler & R. F. Levant (Eds.), *Evidence-based practices in mental health: Debate and dialogue on the fundamental questions* (pp. 338–361). Washington, DC: American Psychological Association.

Sue, S., Zane, N., Nagayama Hall, G. C., & Berger, L. K. (2009). The case for cultural competency in psychotherapeutic interventions. *Annual Review of Psychology*, *60*, 525–548. doi:10.1146/annurev.psych.60.110707.163651

Tharinger, D. J., Finn, S. E., Wilkinson, A. D., & Schaber, P. M. (2007). Therapeutic assessment with a child as a family intervention: A clinical and research case study. *Psychology in the Schools*, *44*, 293–309. doi:10.1002/pits.20224

U.S. Census Bureau. (2015). Census Bureau statement on American Community Survey 3-year statistical product. Retrieved from http://www.census.gov/programs-surveys/acs/news/datareleases/2014/release.html

World Federation for Mental Health. (2007). *Mental health in a changing world: The impact of culture and diversity*. Retrieved from http://wfmh.com/wp-content/uploads/2013/12/Englishversion2007.pdf