**What does it mean to be culturally competent?**

Depending upon when we were trained, we may have been taught that multicultural counseling or culturally competent assessment meant that when we worked with a client who looked different than us, or was a minority we should meet a set of standards to illustrate we were competent.

Two shifts have happened over the last decade:

All counseling is multicultural, and therefore all testing is multicultural, because all people are multicultural (including white people)!

Rather than exclusively aiming for competence we now understand the importance of cultural humility

**Cultural competence or cultural humility – what’s the difference?**

The goal when working with clients is, of course, to be competent, the literature has now shifted, to include cultural humility, and sometimes cultural humility is offered as an alternative to cultural competence.

Cultural competence was long held as the ideal for psychologists

Cultural humility takes into account the fluid nature of culture and challenges we face to address inequalities.

When I think about clients, I aim toward understanding each person in his or her unique perspective and holding different identity dimensions which make up a multicultural humanity

**And, what does multicultural refer to?**

While race is a powerful and important identity dimension, keep in mind that culture is more than race, even though race is an incredibly powerful identity dimension.

We are made up of many identity dimensions, including:

Gender Identity

SES/class

Race

Ethnicity

Sexual identity

Religion/Spirituality

Disability

Age

These identity dimensions do not carry equal weight or power across people, for some of us race may be more important, for others gender may be carry more weight. Some of these identity dimensions may overlap, some may not. Visualize what these identity dimensions look like if we were to graph them, or draw them. Which ones are larger, which ones are smaller, what dimensions overlap?

Thinking about what each of our identity dimensions mean, what space they hold for us, and how they relate to each other helps us to understand how we (and our clients) are viewing the world.

For example, as a white heterosexual woman, race and sexual identity do not carry much weight for me because they are invisible parts of my identity. However, gender identity feels larger, more palatable, likely because as a woman, I have experienced less privilege compared to my male counterparts. Likewise, for me, as a Caucasian, English, my race and ethnicity intersect, for me quite a bit – so how I view the world is informed by my own ethnicity, which for me, is very powerful.

Often times, those identity dimensions which are invisible, or the ones where we hold privilege may not feel quite as informative in how we view the world.

**What about race, that has become a central identity dimension recently in the US?**

Race is a social construction with no true or absolute biological basis. If we can disagree about whether someone is of Race X or Y, and if there are consensual rules for determining such designations (e.g., based on social status, slave history), and if such a designation can change over time or across cultures (e.g., US vs. South Africa), then we are dealing with a social construct, not a biological one. There is no gene or cluster of genes common to any particular race. Race is a human invented classification system, as a way to define physical differences. Science has unequivocally demonstrated that race isn’t biologically real. The genetic diversity that exists across the entire human race is very, very small, and race isn’t even a good proxy for what diversity does exist. As a society we develop cultural rules about race and then we apply these rules when psychologically categorizing people.

We may grapple with the notion of race as a social construction – with the common response being “I can see race. I can see that you’re White, that she is Asian, and that he is Black." Many people are suspicious of the notion of race as a social construction, fearing that such ideas represent a left-wing ploy. While we can acknowledge that race is a social construct, recognizing race as a social construction does not make it less “real." Marriages are social constructions, but they have serious legal, cultural, and interpersonal implications. Oftentimes it is the social aspect is what makes a phenomenon so central to our lives.

**So, now we know what the identity dimensions are, what are the next steps, and why is this important?**

These identity dimensions inform our worldview

**What is worldview, and why is that important when testing?**

Worldview means: set of assumptions about physical and social reality that may have powerful ffects on cognition and behavior.

**So, understanding identity dimensions, including own leads to understanding what has informed worldview – now what, what does this have to do with psychological testing?**

How we greet clients, how we set up our space, how we advertise, how we format our reports, how we understand testing – all of this is informed by not only our training, but also who we are, essentially our worldview, which is defined by those identity dimensions, race, ethnicity, ses/class, religion/spirituality, gender identity, sexual identity, ability/disability, age.

**What are some best practices when conducting testing?**

Depending upon our training, may psychologists, especially testing psychologists have taught to be objective, to analyze the data from a scientific viewpoint – even that perspective is somewhat biased, assuming that we as people, with emotions, histories, biases are able to be “objective”

Rather than attempting to wipe our worldview away, I encourage us to become aware of what informs our worldview, to think about who we are and what we are bringing to the relationship with the clients we test.

**What does that look like, becoming aware of what we bring to the room?**

The cultural background of the student/supervisor/psychologist provides a pervasive influence as well as a strong argument for continued examination of one’s own cultural and racial identity as part and parcel of professional psychology preparation.

Each party’s worldview is informed by those identity dimensions. I encourage supervisors to make this conversation transparent in the supervision room. If supervising – the relationship between the student and supervisor is also informed by each person’s worldview –which then translates to the work we do with clients.

Clinicians’ biases affect their relationship with clients and despite the good intentions of the helping profession in building “safeguards against prejudice and discrimination, the reality is that they continue to be manifested through the therapeutic process”

A deeper examination of the role of assessors’ personal values and biases has become increasingly emphasized in psychological assessment as well. The literature in psychological assessment discusses the effect of assessors’ personal motives, the effect of their implicit epistemic view of reality, and their emotional reactions to clients’ problems. Increasing interest is being devoted to awareness of the assessors’ personal values, awareness of social and cultural values and practices in clinical decision making, interpretation of assessment findings, and therapeutic processes.

Studies in multicultural psychology point out that clinicians’ biases and prejudices are acted out through microaggressions; that is, “brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative … slights and insults to the target person or group”

**So…..what is a microaggression?**

Microaggressions are “often unconsciously delivered in the form of subtle snubs or dismissive looks, gestures, and tones. These exchanges are so pervasive and automatic in daily conversations and interactions that they are often dismissed and glossed over as being innocent and innocuous”

Microaggressions can be extended beyond discrimination based on race or ethnic differences to any human relationship involving any difference in status, power, or culture. As such, implicit, automatic, unintentional communication processes such as microaggression could contribute to clients experiencing shame.

**What does this look like when working with clients?**

Ask about each of the identity dimensions upon the intake, and use those identity dimensions when interpreting the data.

Hypothesize how the client’s identity dimensions inform his or her worldview. This may not seem salient when conducting neuropsychological or learning disability evaluations; however, I can guarantee they are!

Imagine working with a family who has strong religious beliefs and is leery of medication for their child. Worldview impacts parenting – this is crucial when we are working with children.

**So, now we know we need to become aware of our own identity and worldview as this informs what we bring to the room, which impacts our work, what are some best practices?**

The first conceptual issue is that multicultural assessment requires a solid foundation in traditional assessment theory and methods.

Second, culturally informed assessors specify and test what about the social and cultural world matters to avoid making inferences based on group labels associated with ethnicity or race.

Third, culturally responsive assessors must formulate and test both culture-specific and alternative (impairment or dysfunction) hypotheses, which refers to shifting cultural lenses

Rather than go to chapter in a textbook on what it means to understand a specific culture - maintain a healthy tension between viewing behavior as culture specific and culture general, and interpret test data to take into account, not just one identity dimension

Dana describes 6 Psychological Report Ingredients for Multicultural Assessment

1.Relationship Examiner behavior: Examiner behaviors enact good social etiquette and meet client expectations for professional relationship; requires culture-specific service delivery style

Outcome quality: Determines adequacy, sufficiency, consistency, usefulness, and reliability of client data

2.Cultural information/Describe identity: Cultural/racial identity status/description, selection of subsequent instruments: standard (imposed etic) and/or emic (culture specific)

Understand culture Required for DSM diagnosis (e.g., cultural formulation, culture-bound syndrome) or for problems in living (e.g., culture-specific and/or identity-specific conceptualizations)

3.Using test data and cultural information/Interpretations: Citing test data and cultural information in reports to inform/document personality and psychopathology interpretations

Data/information usage: Adequacy for understanding client culture?, completeness/adequacy for describing personality issues?, adequacy for describing client DSM-5 psychopathology (e.g., cultural formulation, culture-bound syndrome) or problems in living (e.g., culture-specific and/or identity-specific conceptualizations)?

4.Recognizing/describing confounds and interactions

Confounds: Culture personality, culture psychopathology, psychopathology-social class

Interactions: Culture-personality-psychopathology-social class

5.Summary statement of report adequacy

Recommendations: For interventions (i.e., standard, combined, or culture specific)

Limitations- Of tests, methods, and/or assessor experience and cultural understanding.

6.Formal report characteristics

Length Statements of several paragraphs per section including background/behaviors, measures employed, cultural information from moderators, instruments, and summary

Style User friendly: personal, informal style, primarily in behavioral language.

Organization: Instrument-specific subsections emphasize unique contributions and potential sources of bias followed by integrated summary statement of findings.

Readability Everyday vocabulary: avoid jargon, use simple language, short descriptive sentences.

**Anything specific when writing the report to include regarding identity?**

Having to figure out whether or not to identify certain race or ethnicity in a report illustrates the notion of target/agent, or privilege – all clients are cultural, thereby, all identities need to be recognized, or honored in the report.

Avoid the “color-blind” perspective

**What comes next after best practices?**

Continue to work on understanding ourselves

Consult

Bring this conversations alive when working with colleagues

Make this dialogue transparent when working with students and supervisees

Suggestions/Moving Forward/References

American Psychological Association (APA). (2003). Guidelines on multicultural education, training, research, practice, and organizational change for psychologists. *American Psychologist, 58*, 377– 402. [http://dx.doi.org/10.1037/0003-066X.58.5.377](http://dx.doi.org/10.1037/0003-066X.58.5.377%20)

American Psychological Association (APA). (2017). Multicultural guidelines: An ecological approach to context, identity, and intersectionality, 2017. <http://www.apa.org/about/policy/multiculturalguidelines.aspx>

Clauss-Ehlers, C. S., Chiriboga, D. A., Hunter, S. J., Roysircar, G., & Tummala-Narra, P. (2019). APA Multicultural Guidelines executive summary: Ecological approach to context, identity, and intersectionality. *American Psychologist, 74(2)*, 232–244. <https://doi.org/10.1037/amp0000382>

Chiu, E. Y. (2014). Psychological Testing in Child Custody Evaluations With Ethnically Diverse Families: Ethical Concerns and Practice Recommendations. *Journal of Child Custody, 11(2)*, 107–127. <https://doi.org/10.1080/15379418.2014.919245>

Clauss-Ehlers, C. S., Chiriboga, D. A., Hunter, S. J., Roysircar, G., & Tummala-Narra, P. (2019). APA Multicultural Guidelines executive summary: Ecological approach to context, identity, and intersectionality. *American Psychologist, 74(2)*, 232–244. <https://doi.org/10.1037/amp0000382>

Comas-Díaz, L. (2012). *Multicultural care: A clinician’s guide to cultural competence.* Washington, DC: American Psychological Association.

Dana, R. H. (2005). *Multicultural Assessment : Principles, Applications, and Examples.* NY: Routledge.

Dana, R. H. (1993). *Multicultural assessment perspectives for professional psychology*. Thousand Oaks, CA: Sage.

Dana, R. H. (1994). Testing and assessment for all persons: Beginning and agenda. *Professional Psychology: Research and Practice, 25*, 349–354.

Dana, R. H. (1998*). Personality assessment and the cultural self: Emic and etic contexts as learning resources.* In L. Handler & M. Hilsenroth (Eds.), Teaching and learning personality assessment (pp. 325–345). Mahwah, NJ: Lawrence Erlbaum Associates, Inc.

Dana, R. H. (1998). *Projective assessment of Latinos in the United States: Current realities, problems, and prospects*. Cultural Diversity and Mental Health, 4, 165–184. Dana, R. H. (1998). Understanding cultural identity in intervention and assessment. Thousand Oaks, CA: Sage.

Dana, R. H. (1999). The cultural self as locus for assessment and intervention with American Indians/ Alaska Natives. *Journal of Multicultural Counseling and Development, 28*, 66–82.

Dana, R. H. (2000). *Handbook of Cross-Cultural and Multicultural Personality Assessment*. Routledge.

Dana, R. H. (2000). *Culture and methodology in personality assessment.* In I. Cuellar & F. Paniagua (Eds.), Handbook of multicultural mental health: Assessment and treatment of diverse populations (pp. 97–120). San Diego, CA: Academic.

Dana, R. H. (Ed.). (2000). *Handbook of cross-cultural and multicultural personality assessment.* Mahwah, NJ: Lawrence Erlbaum Associates, Inc.

Dana, R. H. (2000). *Multicultural assessment of child and adolescent personality and psychopathology.* In A. L. Comunian & U. Gielen (Eds.), International perspectives on human development (pp. 233–258). Lengerich, Germany: Pabst Science.

Dana, R. H. (2002). *Assessment of cultural identity and psychopathology in multicultural populations.* London: Psychology Press

Dana, R. H., Aguilar-Kitibutr, A., Diaz-Vivar, N., & Vetter, H. (2002). A Teaching Method for Multicultural Assessment: Psychological Report Contents and Cultural Competence. *Journal of Personality Assessment, 79(2)*, 207–215. <https://doi.org/10.1207/S15327752JPA7902_04>

Helms, J. E. (1992). *A race is a nice thing to have: A guide to being a white person or nderstanding the white persons in your life.* London: Psychology Press.

Hansen N. D. (2002). Teaching cultural sensitivity in psychological assessment: a modular approach used in a distance education program. *Journal of Personality Assessment,* 79(2), 200-206. <https://doi.org/10.1207/S15327752JPA7902_03>

Hook, J. N., Davis, D. E., Owen, J., Worthington, E. L., Jr., & Utsey, S. O. (2013). Cultural humility: Measuring openness to culturally diverse clients. Journal of Counseling Psychology, 60(3), 353–366. [https://doi.org/10.1037/a0032595](https://psycnet.apa.org/doi/10.1037/a0032595)

Jones, S. (2003). The right hand of privilege. *The global leader SHIFT*, 1-5.

Koltko-Rivera, M. E. (2004). The Psychology of Worldviews. *Review of General Psychology, 8(1)*, 3-58.

López SR. (2002). Teaching culturally informed psychological assessment: conceptual issues and demonstrations. *Journal of Personality Assessment. 79(2,* 226-234.  [https://doi.org/10.1207/S15327752JPA7902\_06](https://psycnet.apa.org/doi/10.1207/S15327752JPA7902_06)

Patallo, B. J. (2019). The multicultural guidelines in practice: Cultural humility in clinical training and supervision. *Training and Education in Professional Psychology, 13(3)*, 27–232.

Smith, J. D. (2016). Introduction to the Special Section on Cultural Considerations in Collaborative and Therapeutic Assessment. *Journal of Personality Assessment, 98(6)*, 563–566. <https://doi.org/10.1080/00223891.2016.1196455>

Stuart, M. (2004). Twelve practical suggestions for achieving multicultural competence. Professional Psychology: Research and Practice, 35 (1) 3-9.