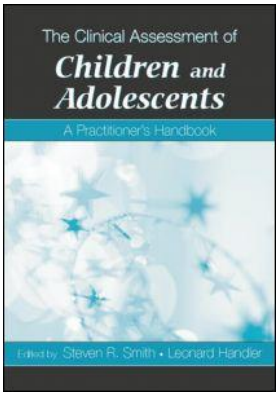

The Clinical Assessment of Children and Adolescents: A Practitioner's Handbook

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CHAPTER

30

Clinical Assessment of Ethnic Minority Children and Adolescents

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Clinical assessment of ethnic minority children and adolescents should be informed by general information regarding these cultural groups as well as research on the validity and reliability of specific assessment instruments. Therefore, our paper begins with a discussion of some of the cultural factors related to clinical assessment for ethnic minority children and adolescents from the four major racial and ethnic minority groups, namely African Americans, Hispanic Americans, Asian Americans, and Native Americans. A critique of the research with these ethnic minority children and adolescents is also presented. This is followed by a review of specific clinical instruments that are commonly used to assess mental health with these ethnic minority group children and adolescents. Given the different distribution of available literature, the four sections corresponding to the four racial ethnic minority groups do not necessarily use the same organizational framework. Finally, a specific case study of an African American patient is presented to illustrate some important cultural factors in clinical assessment with ethnic minority children and adolescents.

CULTURAL FACTORS IN CLINICAL ASSESSMENT

African Americans

Two issues consistently arise in the discussion of psychological testing of African Americans: a) test bias, meaning that there is a statistical group difference between African Americans and other racial groups, particularly European (White) Americans; and b) test utility, meaning that regardless of whether there is a between-group difference on test results, those differences (or lack of differences) actually represent the true psychological presentation of the groups (Hall & Phung, 2002). Although these issues are paramount with respect to cognitive assessment (the debate of differential cognitive abilities, e.g., IQ, and academic achievement are well documented; see Suzuki, Short, Pieterse, & Krugler, 2002, for a detailed discussion of these issues), racial differences with respect to personality testing have received less attention. The overwhelming majority of multicultural research has focused on the issue of test bias (i.e., examining group difference in test scores and profiles). Recent meta-analytic studies suggest that there are far fewer between-group differences than was once believed (e.g., Hall, Bansal, & Lopez, 1999).

For African Americans, an evaluation of the issues of test bias and between-group difference in test performance and results is certainly a necessary and worthy endeavor. However, examination of between-group differences is only part of what constitutes the multicultural utility of assessment instruments. African Americans not only demonstrate potential significant clinical differences from other racial groups (European Americans in particular), but also manifest a wide variety of within-group differences. It is important to examine the community and societal influences on the individual African American adolescent. For example, are communication problems, both verbal and nonverbal, developing in part because Black English is accepted in the home and community, but is deemed inappropriate at school? What effects have experiences with racism, prejudice, and discrimination had on the adolescent? What are the adolescent's views, perceptions of, and experience with the African American community? Uncovering the individual answers to such questions could lead to great insight into the adolescent's racial identity development. Thus, depending on the nature of the client's racial identity, administering an etic (standard) instrument may be more appropriate for some African Americans, whereas selecting Afrocentric emic (designed for a particular population) instruments may be more appropriate for others.

We propose that Helms's (1990) Racial Identity Development Stages provides a conceptual framework by which to understand the process of developing racial consciousness or identity. She proposes a series of stages that one works through in internalizing and externalizing experiences of racism. The first stage is termed Preencounter, and, as applied to African Americans, is characterized by idealization of the dominant (Eurocentric) worldview and denigration of the Africentric worldview (i.e., pro-White/anti-Black). As the African American individual begins to experience injustices and discriminations based on his or her race, and despite their general positive outlook on the dominant culture, the individual enters the next stage, termed Encounter. This stage is characterized by feelings of confusion and frustration about one's beliefs about society, and a great appreciation for one's own culture (confused White/euphoric Black). In the next stage, Immersion/Emersion, an attempt is made to eliminate this confusion and frustration by physically and emotionally withdrawing into African American culture and adopting, uncritically, all things (and people) perceived as Afrocentric, rejecting all things (and people) viewed as non-African American (i.e., pro-Black/Anti-White). As people begin to critically examine the aspects of African American

culture that fit them with those that do not, and open themselves up to experiences outside their culture, the person enters into the final stage of racial identity development, Internalization (internalized Black/accepting White).

Morris (2000) suggests that clinicians choose measures on the basis of clients' stage of racial identity development. For clients in the Preencounter stage, Morris noted that it is generally appropriate to use etic measures. Clients at this stage generally have attitudes, characteristics, and worldviews consistent with the dominant culture and thus wish to be evaluated in a similar manner. Morris also notes that it is appropriate to utilize standard etic measures for people in the Encounter and Internalization stages. However, special modifications are needed, including disclaimers of the test's multicultural limitations, and clarification of salient cultural differences that may affect test interpretation. Specifically, results from children and adolescents in the Encounter stage need to be viewed primarily from a Eurocentric perspective, and results from children and adolescents in the Internalization stage need to be viewed from more of an Afrocentric perspective.

For clients in the Immersion/Emersion stage, Morris (2000) contends that the use of etic measures is inappropriate. Not only might clients who are predominantly Afrocentric mistrust the use of testing, resulting in inaccurate results; their perceptions and behavior may also not fit Eurocentric norms, resulting in faulty clinical decision making. Thus, clients in the Immersion/Emersion stage should only be administered instruments that have been standardized predominantly with African Americans (i.e., emic measures). However, because Afrocentric personality measures are very limited (i.e., the TEMAS is only mainstream personality test with Afrocentric norms), personality testing with these individuals may be counter-indicated.

Several instruments have been developed to assess a client's racial identity. Two of the most widely used are Helms's Racial Identity Attitudes Scale (Helms & Parham, 1996) and the Cross Racial Identity Scale (CRIS; Vandiver et al., 2000). In addition, Jones (1996) provides reviews of a variety of Afrocentic measures, including instruments designed to assess African American adolescents' achievement motivation (Castenell & Levitow, 1996), racial socialization (Stevenson, 1996), and learning styles (e.g., Kern & Coats, 1996).

Hispanic Americans

Hispanic Americans are an ethnic minority group with very diverse backgrounds. They can have their origins in Mexico, Puerto Rico, Cuba, or Nicaragua. In view of this diversity, one of the major issues in the evaluation of the clinical assessment literature for Hispanic Americans is the extent to which important subgroup differences can be masked when a study consists of a general sample of Hispanics. Some studies focus on specific subgroups, but it is also recognized that it may not always be possible to obtain a large enough sample, such as a sample of Mexicans or Puerto Ricans, to conduct a study. The end result is that any review of the clinical literature on Hispanic Americans will tend to contain a mixture of studies that focus on specific subgroups, whereas others have lumped various subgroups together under the rubric of Hispanic Americans. Clinicians referring to this literature need to be cognizant of the set of literature they are relying upon and the limitations created by this problem of comparing apples (studies based on specific subgroups) to fruit salads (studies based on a mixture of subgroups labeled as Hispanics).

One theme that seems quite prevalent in this literature is the importance of examining the effects of acculturation on the reliability, validity, and utility of specific clinical instruments. Many of the studies reviewed in this chapter pertaining to Hispanics had acculturation as a

primary or secondary variable and showed the significant moderating effects of this variable. Furthermore, the significant role played by acculturation in the evaluation and application of clinical tests with Hispanics is also further supported by a similar pattern of findings in terms of counseling and psychotherapy with this ethnic minority group. As such, it would be helpful for clinicians to evaluate their patients' acculturation levels when applying the findings from these studies in their clinical practice.

Another significant theme that underlies this literature is that of language. Because many of the Hispanic American participants in the various studies either do not speak English or have a limited command of the language, translations of the instruments are often needed. The use of the gold standard of instrument translation, named the "back-translation method," is not evenly applied in these studies. Sometimes the nature and extent of the translation procedures are not even adequately reported. Furthermore, the effects of using translated instruments on the sensitivity and specificity of these measures have not been systematically evaluated. Yet we know that the use of interpreters can have systematic distortion effects on counseling and psychotherapy. Perhaps meta-analyses of these studies will one day illustrate the differential effects of studies based on translated instruments versus original language instruments and how we should view each type of study.

Finally, there are two interrelated limitations to this literature that need to be pointed out. First, there is a paucity of systematic studies that make up a program of research focused on the clinical assessment of mental health for Hispanic Americans. This problem is further exacerbated by the problem mentioned earlier of studies based on specific subgroups that are combined with studies based on a mixture of groups. For practical reasons, separating out the two sets of studies would only result in very limited information that may be of questionable generalizability. Second, our review discovered that many of the existing studies of various instruments were based on doctoral dissertations that tend not to make their way into the published literature that would be readily available to clinicians. Clearly, there is a great need for more systematic research with the various measures that focus on specific subgroups, so that a reliable and generalizable body of literature would be accumulated that is of use to clinicians.

For further information, readers should refer to the excellent discussion of the major methodological challenges in the assessment of Hispanic children and adolescents provided by Canino and Guarnaccia (1997). In addition to addressing the major cultural influences on children and families in the Hispanic culture, the authors also discuss such issues as case definition, the need to use multiple informants, and the interaction between social class and culture, as well as a recommended method for the translation and adaptation of diagnostic instruments. They also provide recommendations for future research studies in this area.

Asian Americans

Similar to other ethnic minorities, Asian American children and adolescents must deal with the challenges of adolescence as well as the unique issues related to being an ethnic minority within the United States. The typical developmental tasks of childhood and adolescence in Western society do not always converge with the values of traditional Asian culture (Huang, 1994). For example, whereas American culture promotes individuation from parents, traditional Asian cultures value continued deference to, respect for, and dependence on parents. Indian American adolescents, who have not been raised in families that promote individuation and independence, may experience some initial anxiety when leaving home for the first time to attend college (Viswanathan, Shah, & Ahad, 1997).

Culturally competent assessment of Asian American children and adolescents is further complicated by the heterogeneous ethnic groups that fall under the umbrella term of *Asian American*. Asian Americans are made of up a diverse set of over 20 distinct ethnic and cultural groups that include Chinese, Japanese, Korean, Cambodian, Vietnamese, Pacific Islander, and Indian. Although these cultures may share some similarities, they also have their own unique languages and cultures that influence their values and beliefs. For example, clinicians should be familiar with the differences among the various Southeast Asian refugee populations (including Cambodian, Vietnamese, Hmong, and Laotian). Specificially, Hmong and Cambodians tend to have the lowest level of literacy in their native language in comparison with Laotians and Vietnamese (Chung & Lin, 1994). One additional factor that is often not addressed in the literature on assessment of Asian Americans is the increase in bi- and multiethnic individuals, particularly among the younger population. Clinicians should be aware that their child and adolescent clients may have equally strong ethnic affiliations to more than one group (Gee, 2004). In addition, given that adolescence is a time when identity issues typically come to the forefront, it is likely that some adolescents may be experiencing confusion or uncertainty about their ethnic identity.

Beyond the differences that exist among ethnic groups, vast differences may be present even within a single ethnic group. For example, the first-wave Vietnamese refugees tended to be more educated in comparison with the second-wave refugees, who were often exposed to unsafe and unsanitary refugee camps, frequently saw relatives killed or tortured, or were separated from loved ones, sometimes without knowledge of their whereabouts (Abueng & Chung, 1996). Thus, clinicians should assess for the reason and circumstances surrounding the child or adolescent and his/her family's migration, because these migration-related traumas may increase the risk of psychological disorders. Indeed, some previous research of Cambodian youth found relatively high rates of posttraumatic stress disorder (PTSD) and depression (e.g., Clarke, Sack, & Goff, 1993). Furthermore, Southeast Asian refugee children and adolescents may feel caught between two cultures, not belonging fully to either one. In addition, they may feel a tremendous amount of pressure to succeed academically and financially in order to support their families if their parents were not able to secure employment because of lack of language skills or education (Tobin & Friedman, 1984).

Age at immigration, generational status, and acculturation status are other important components of a thorough assessment of Asian American child and adolescent mental health. These factors can be indicators of the degree to which adolescents and their families adhere to more traditional Asian value systems or more Western value systems. For example, children and adolescents who were born in the United States, but whose parents immigrated to the United States as adults, may experience a great deal of struggle due to conflicting value systems. Children and adolescents can experience the stress of going between the dominant culture at school and the traditional culture at home (Inman, Constantine, & Ladany, 1999; Tobin & Friedman, 1984). A recent study of U.S. and foreign-born Chinese Americans aged 18 and older suggests that the risk of depression may be higher for recent immigrants and may decrease as length of residence increases (Hwang, Chun, Takeuchi, Myers, & Siddarth, 2005).

In addition, traditional Asian families are commonly patriarchal in nature and tend to have strict role expectations based on age and gender (Huang, 1994). These role relationships can be disrupted as the child or adolescent often speaks more English than the parent and may be put into the position of taking care of adult tasks, such as bill-paying and grocery shopping. In his/her role as a cultural broker, the power dynamic can be reversed, thus causing stress within the family. Furthermore, age at immigration can affect the adolescent's own language proficiency, which may influence the degree to which he/she has the vocabulary to explain

feelings or symptoms in English (Okazaki, Kallivayalil, & Sue, 2002; Viswanathan et al., 1997). Children and adolescents should have the option of having an assessment done in his/her native language whenever possible. If the child or adolescent wishes to have an assessment conducted in his/her native language, the clinician should ask which dialect he/she speaks, given that many of the Asian languages comprise many different dialects that may vary dramatically in terminology and grammar (Iwamasa, 1997).

However, clinicians should not assume that age at immigration and generational status are always directly related to level of acculturation. Asian American children and adolescents who live in mostly homogeneous ethnic enclaves may have little exposure to Western ideas and may have little need to learn English. Therefore, they may be less acculturated than adolescents who live in more heterogeneous communities. Moreover, children and adolescents may acculturate more quickly in areas such as fashion and language, while still maintaining core values of their native culture (Sue & Sue, 1987).

The clinical assessment of Asian American children and adolescents should be informed by an awareness of the historical and cultural characteristics of the specific population and the available research on the validity and reliability of assessment measures. Assessment of the child or adolescent requires a thorough assessment of a variety of background factors for both the individual and relevant family members, which often include extended family. Important factors to assess during the clinical interview include immigration-related circumstances, generational status, and degree of acculturation.

Unfortunately, clinicians can rely on little information regarding the appropriateness of using Caucasian American norms for Asian American children and adolescents. In addition, the absence of validity studies that have included Asian American children and adolescents compels clinicians to interpret scores and profiles with caution and examine and explore individual item endorsements (Tsai & Pike, 2000). At the same time, clinicians should also be cautioned against underestimating psychopathology by assuming that various beliefs and symptoms can be explained as being due to the individual's cultural heritage. Lopez (2002) has recommended the practice of "shifting cultural lenses," a process by which the assessor considers the competing hypotheses based on differing specific cultural contexts. As researchers continue to develop new measures and validate existing assessment instruments, clinical assessment of Asian American children and adolescents will improve.

NATIVE AMERICANS

Concern has been expressed regarding the use of conventional evaluation assessment techniques with Native Americans. Exclusive reliance on quantitative techniques may be too reductionistic to adequately portray Indian realities in a manner meaningful to Indian people. That is, if the purpose of assessment is expected to be useful to Native Americans, the purpose must reflect the values, beliefs, and other epistemological assumptions of the Indian community. For this to occur, the assessment process itself should respect the wide range of linguistic, tribal, and cultural differences among American Indians. Nevertheless, most assessments with American Indians are not concerned with the diversity of the population. American Indians might be one racial or ethnic group, but culturally they are many. Very little assessment of American Indians focuses on specific tribal groups, but instead relies on a generic category typically labeled American Indian or Native American. Trimble (1991) refers to this approach as an "ethnic gloss" and argues that it fails to capture the significant differences that exist within most racial and ethnic groups. Using ethnic gloss with American

Indians is especially problematic because of the extreme diversity of the population. Nevertheless, ethnic gloss has been the predominate approach used in assessing American Indians. As a result, little refined work related to measurement is available for this population. Ethnic gloss can be minimized by elaboration of the population descriptions or sample through administration of detailed demographic or ethnic identification measures. In addition, given that the American Indian worldview utilizes a relational framework, assessing American Indians requires moving beyond a framework that uses an individualistic approach to one that utilizes a sociocultural framework that will focus on the individual in context.

In the face of inadequate assessment, three steps can be taken to improve current instrumentation: 1) Improve existing standardized instruments to make them less culturally *inappropriate* than they are currently for all cultural groups in which they are used. 2) Draw upon qualitative/ethnographic research approaches in the development and administration of semistructured assessment formats that permit flexibility in ways in which questions are framed and rephrased. 3) Ensure the valid administration of assessments by professionals who are familiar with the culture and the language and who are skilled in conducting assessments.

Most standardized tests conflict with many aspects of Native American culture. For example:

- The content of standardized assessments measures experiences that may not be common to reservation Indians.
- Native Americans, who value patience in response, may be penalized by timed assessments.
- Native Americans are a visually oriented culture, and tests relying on verbal responses penalize them.
- Native Americans often approach written tasks differently than the dominant culture. For example, individuals who are accustomed to cooperating with each other and sharing information may not be able to proceed readily when faced with the solitary task of writing a response to a written question.

American Indians have been subjected to decades of assessment using assessment tools that are not standardized or normed on the population and have not been tested for their reliability and cultural validity (Dauphinais & King, 1994; LaFromboise & Low, 1997; Manson, Bechtold, Novins, & Beals, 1999). It can be reasonably argued that all assessment is essentially a culturally negotiated product and implies some degree of social compromise. At a practical level, these types of principles are articulated in the works of theorists such as Guba and Lincoln (1989) and Patton (1990). Guba and Lincoln (1989) recommend using naturalistic inquiry methods in order to maintain the cultural integrity of the assessment process and to respect multiple perspectives. Naturalistic inquiry allows for and encourages all stakeholders in the enterprise to tell their story. The authors state that the standardized or survey interview does not take account of multiple worldviews. Wolf and Tymitz (1977) suggest that naturalistic inquiry is aimed at understanding actualities, cultural realities, and perceptions that exist untainted by the obtrusiveness of formal measurement or preconceived questions. Naturalistic inquiry is a more valuable method for assessing Native Americans because it is geared to the uncovering of stories told by real people, about real events, in real and natural ways.

Culturally responsive evaluation can employ semistructured interviews that can be designed to allow individual respondents to "tell their own story," in their own words, minimizing the bias imposed by the method. This means that in the actual conduct of data collection, respondents would not be discouraged from offering whatever they consider important.

Using storytelling as a means of assessment serves the purpose of recognizing that each respondent is, in a very meaningful way, a stakeholder in the process. Storytelling, dialogue, and metaphoric expression enable us to decipher language by entering what Hale (1986) describes as "the kitchen of meaning." In listening to stories we acknowledge the complexities of language and culture. In her essay, "The Moral Necessity of Metaphor," Ozick (1986) writes: "Through metaphor, the past has the capacity to imagine us, and we it. Those who have no pain can imagine those who suffer. Illuminated lives can imagine the borders of stellar fire. We strangers can imagine the familiar hearts of strangers." A metaphor is a type of story that calls upon us to consider a radically different way of knowing. In her book, *The Sacred Hoop: Recovering the Feminine in American Indian Tradition*, Paula Gunn Allen (1986) contends that allowing people to "give voice" to their life journey, that is, telling their story, allows a "holistic image to pervade and shape consciousness, thus providing a coherent and empowering matrix for action and relationship." Zemke (1990) notes that stories can play a stabilizing role in our culture and believes that "without air our cells die, without a story our selves die." A story provides structure for our perceptions and assessments of reality. In many American Indian tribal groups, a story is seen as having a life of its own. Such stories carry an energy—a truth, a lesson, an insight, an evaluative reflection—that can enter our being and connect us to a powerful source of truth making and perceptual affirmation. Many Native healers have often viewed English words as being "cages for ideas" and become frustrated with their ability to express authentically the gestalt of their cultural reality and life experience when non-Native researchers probe for explanations that fit into a structuralist worldview.

REVIEW OF SPECIFIC MEASURES

African American Children and Adolescents

Minnesota Multiphasic Personality Inventory-Adolescent. The Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A; Butcher et al., 1992) is a revision of the original MMPI (Hathaway & McKinley, 1942) designed to measure personality and psychopathology in adolescents, aged 14 to 18 years. Since the publication of the MMPI-A, only a few studies have examined racial and other cultural differences on the instrument. No published study, to date, has specifically investigated possible between-group differences for African American samples. Although there has been a dearth of multicultural research on the MMPI-A, the same is not true for the adult version. The original MMPI and its current revision, the MMPI–2, have been investigated extensively with regard to cross-cultural equivalence. Early studies comparing African American and European American adolescents found noticeable differences on several MMPI clinical and validity scales (Ball, 1960; McDonald & Gynther, 1962). Subsequent investigations, however, found that when participants were matched on the basis of other salient demographic variables, such as socioeconomic status (SES), there were no significant profile differences between African American and European American adolescent samples (e.g., Archer, 1987). Several studies note mean group difference between African American and European American samples on individual scales, specifically Scales 4 (Psychopathic Deviate), 7 (Psychasthenia), 8 (Schizophrenia), and 9 (Hypomania) (e.g., Hall et al., 1999; Timbook & Graham, 1994). However, these differences typically are less than 5 *T*-score points. Thus, although the results are statistically significant, they are not clinically meaningful (Greene, 2000; Hall et al., 1999). In addition, meta-

analytic investigations comparing African American and European American samples found no substantive differences in profiles as a function of race (e.g., Hall et al., 1999).

In an examination of the profiles of the normative sample for the MMPI-A (Butcher et al., 1992), several individual clinical and validity scales differ on the basis of race. Similar to the adult version, these between-group differences on the MMPI-A are less than 5 *T*-score points and thus are not clinically meaningful (Baer & Rinaldo, 2004). Although it may be reasonable to assume, similar to the meta-analytic findings of the adult version, that there are no substantial differences between African Americans and other racial groups on the MMPI-A, this question has yet to be investigated with rigor.

Millon Adolescent Clinical Inventory. The Millon Adolescent Clinical Inventory (MACI; Millon, 1993) is another widely used measure of adolescent personality and psychopathology. The MACI is widely used by school psychologists and other helping professionals in school-based evaluations (e.g., eligibility for special education). One reason for this may be that, compared with the MMPI-A, the MACI is much shorter and can be completed in 20–30 minutes; the MMPI-A typically takes 60–90 minutes to complete. Like all Millon inventories, the MACI is designed to measure personality constructs derived from Millon's theory of personality (see Millon & Davis, 1996), as well as clinical syndromes associated with both Axis I and Axis II disorders identified by the *Diagnostic and Statistical Manual of Mental Disorders Fourth Edition* (*DSM-IV*; American Psychiatric Association, 1994).

Millon's adult inventories (e.g., the Millon Clinical Multiaxial Inventory-III) have been criticized for their lack of ethnic diversity in the normative samples. The same does not hold true with the MACI, which boasts a relatively large number of racially diverse adolescents (8% African American) in its norm group (Strack, 1999). Unfortunately, the MACI has generated little research interest since its introduction, and evidence of its multicultural utility is limited. In one of the few published studies that address potential racial issues with the MACI, Stefurak, Calhoun, and Glaser (2004) found no race effects when exploring typologies based on the Personality Pattern scales of the MACI in a sample of detained male juvenile offenders.

Personality Inventories for Children and Youth. The Personality Inventory for Children (currently in its 2nd edition—PIC–2; Lacher & Gruber, 2001) is a multidimensional objective measure of behavioral, emotional, cognitive, and interpersonal adjustment of children and adolescents. Normed on an ethnically diverse national sample, the PIC–2 provides standardized norms for the entire public-school age range (grades K through 12). The PIC–2 is completed by a child's parent or parent surrogate. Limited cross-cultural research has been conducted on this instrument. However, in a study conducted by Kline and Lachar (1992), the orgininal version of the PIC predicted external criteria (via a symptom checklist) *marginally* better for Whites than for African-Americans, but a particular pattern of race-related effect was difficult to discern.

Similar to the PIC–2, the Personality Inventory for Youth (PIY; Lachar & Gruber, 1995) is a multisource, objective measure of personality and dysfunction for use with children and adolescents in grades 4 through 12. The PIY consists of three questionnaires, one completed by the child or adolescent, one by the child's or adolescent's primary care giver(s), and one by his or her teacher. It is reasoned that examining multisource data will result in a more accurate measure of clinical phenomena, with special attention to accounting for frequency and pervasiveness (Lachar, 2004). The test developers note that the PIY's normative sample was racially diverse, and, in a comparative study, Lachar and Gruber found no evidence of

racial differences among African American, Hispanic, and European American students on any of the nine PIY substantive scales.

Similar to the other measures discussed, the PIY has not been the subject of many comparative studies. In fact, other than the aforementioned study found in the PIY manual, no published study has investigated the multicultural utility of this instrument. However, in a dissertation examining the convergent validity of several adolescent personality measures, the PIY tended to classify American participants of European decent as depressed more often than their African American counterparts (Young, 1998). Thus, continued investigation into the utility of this instrument appears warranted.

Achenbach Measures. Achenbach (1991) developed a multiaxial assessment process designed to measure child and adolescent psychological behavior. Similar to the PIY, Achenbach's system gathers data from multiple sources, in an effort to examine behavior across context. Specifically, this assessment includes the Child Behavior Check List (CBCL), which is completed by the child's parent (the CBCL/4–18 is used to assess children aged 4–18); the Teacher Report Form (TRF), which is completed by the teacher based on observations of school-related behavior; and finally the Youth Self-Report (YSR), which is completed by the child or adolescent to describe his or her own perceptions of their behavior.

With regard to the use of Achenbach's system with African American children and adolescents, it is important to become aware of the patterns of discrepancy and agreement among the multiple informants (i.e., parent, teacher, and adolescent report). In their study on patterns of agreement among parents, teachers, and male children and adolescents on Achenbach's measures, Youngstrom, Loeber, and Strouthamer-Loeber (2000) found that teachers reported fewer externalizing and internalizing behaviors than did the youth or their parents. In addition, they found that teacher-child or teacher-adolescent disagreement was higher for African Americans than for European Americans on externalizing behavior.

More recently, Lau and colleagues (2004) conducted a large study examining racial differences in terms of informant report, cross-informant discrepancies, and cross-informant correlations. With regard to informant reports, no racial differences were found in child and adolescent self-reports on either internalizing or externalizing behavior. American parents of European descent reported more internalizing and externalizing behavior problems than African American parents; teachers reported more internalizing behavior problems for European Americans than African Americans, but reported more externalizing behavior problems in African Americans than European Americans.

In the examination of cross-informant discrepancies, there were lower child-parent and adolescent-parent discrepancies existed for European Americans as compared with minority groups on both internalizing and externalizing behavior problems. In addition, lower child-teacher and adolescent-teacher discrepancies were found for European Americans as compared with African Americans on internalizing behavior problems, and lower discrepancies for both European and African Americans on externalizing behavior problems were found compared with Asian Americans. No parent-teacher discrepancy differences were found on internalizing behavior problems, but lower discrepancies were found for European and Asian Americans than for African Americans.

Finally, in terms of significant agreement correlations for African Americans, child-teacher and adolescent-teacher agreements were higher for African American girls than for European American girls on both internalizing and externalizing behavior problems. Parent-teacher agreement was higher for European Americans and Hispanics than for African Americans and Asian Americans on internalizing behavior problems.

What is unclear in the aforementioned studies is whether the racial difference found was the result of unfair test bias or a real disparity in naturalistic observations. Achenbach's measures are simply behavioral checklists. Thus, the issue in question is whether the behaviors listed in his measures are understood and equivalent in meaning across racial groups. Based on the results described above, it appears that continued investigation into the multicultural utility of Achenbach's system is warranted.

Tell-Me-A-Story. The assessment measures discussed thus far have all been designed, constructed, and normed on a generalized population and are believed to be appropriate for universal application. As indicated earlier, in multicultural assessment, these standard instruments are generally referred to as "etics" (Dana, 1997). A contrasting approach, referred to as the "emic" perspective (Dana, 1997), involves developing an instrument to be applied with a specific cultural or racial group. The rationale for the emic perspective is that minority groups have unique cultural values, behavioral idiosyncrasies, and worldviews that may make inaccurate an assessment of psychopathology that does not directly address these differences and uniquenesses (Ridley, Li, & Hill, 1998). Thus, it is from an emic perspective that tests like the "Tell-Me-A-Story" (TEMAS) test have come to have a prominent presence in personality assessment.

The TEMAS test (Costantino, Malgady, & Rogler, 1988) has been described as "the best example of an apperception test specifically designed for multicultural application" (Ritzler, 2004, p. 578). It was developed as a more culturally sensitive projective measure of personality. Similar to its etic counterpart, the Thematic Apperception Test (TAT; Morgan & Murray, 1935), the TEMAS test includes a series of stimulus cards designed to pull for specific personality, cognitive, and affective functions. The uniqueness of the TEMAS test is that it includes several racial variations of the people represented on the cards in an effort to match the race of the respondent. The TEMAS test provides norms for four racial/ethnic groups: African Americans, European Americans, Puerto Ricans, and other Hispanics. Most, if not all, of the research examining the psychometric properties of the TEMAS has been conducted by its primary developer (Costantino) and his colleagues. Although there is no reason to doubt the findings of Costantino and his colleagues, good science would dictate additional independent investigations. Until additional evidence is available, it is important for users of this test to refer to the TEMAS manual (Costantino, Malgady, & Rogler, 1988) for reports of the reliability estimates for the functions measured by the test, because there is a great deal of disparity in consistency of results for African Americans by function. For example, reliability coefficients ranged from a very low .31 for Setting Transformations to a very high of .97 for Fluency, with a median coefficient of .62 (Costantino & Malgady, 2000). Thus, depending on the reliability of the measurement of a particular function, determinations of its validity will vary greatly, although note that this is a common problem with all projective measures, not just the TEMAS test.

Graphic Techniques. Three commonly used projective techniques applied clinically with children are the Draw-A-Person Test (DAP; Machover, 1949), the House-Tree-Person Drawing (H-T-P) Test (Buck, 1948), and the Kinetic Family Drawing (K-F-D) Test (Burns & Kaufman, 1970). These techniques are easy to administer and easy for child clients to complete. For the DAP, the child is simply asked to "Draw a person." No parameters are given, and the child is free to draw a person any way he or she likes. After the child draws a picture of one person, he or she is asked to draw a picture of a person of the sex opposite that

of the first drawing. The child is then asked to make up stories about the people. The H-T-P test is similar, but in addition to a person, the child is also asked to draw pictures of a house and a tree. The theoretical underpinning of both techniques is that in drawing these ambiguous pictures, the child will unconsciously project his or her underlying personality traits, dynamic, and psychopathology.

The K-F-D is a drawing test in which the child or adolescent is asked to draw his or her family *doing something*. McNight-Taylor (1974) tested 8–12-year-old low-income Black children in the southeastern region of the United States and found the drawings to be rather sparse and primitive. The author explained the poor performance by suggesting that the children had neurological impairment, poor parental care, anxiety, frustration, and aggression. However, Handler and Habenicht disagreed with this conclusion and instead explained the findings as reflecting insecurity in the testing situation, and the fact that this group had few experiences with fine motor tasks, such as drawing, compared with gross motor experiences. This pattern of inexperience with drawing was also reported by Dennis (1966), who demonstrated similar variations in drawing ability and drawing sophistication in a number of cultures where drawing was either not stressed or was otherwise discouraged.

In using graphic techniques cross-culturally, several studies have found significant differences in drawings of children from cultures other than their own (e.g., Gonzales, 1982; Klepsch & Logie, 1982). An early cross-cultural study (Hammer, 1953) used the H-T-P test to determine whether African American children were less well adjusted than European American children and found American children to be less well adjusted on nearly every rating. More recently, however, other research has found that drawing techniques (specifically the DAP) do not yield significantly different results between African Americans and European Americans (Matto & Naglieri, 2005). Probably the most important issue to consider in order to avoid misinterpretation of meanings of clients' drawings is to understand the nature of clients' cultural context, thus helping to differentiate between personal and cultural issues (such as the effects of racism).

Hispanic American Children and Adolescents

Minnesota Multiphasic Personality Inventory-Adolescents. Scott, Butcher, Young, and Gomez (2002) administered the Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A) to 385 14–18-year-olds in Colombia, Mexico, Peru, Spain, and the United States in order to assess the generalizability of the instrument with various Spanish-speaking adolescents. The results showed a high degree of similarity across the five countries on the basic content and supplementary scales. Specifically, the majority of the scales were within half a standard deviation of the U.S. Hispanic mean and no scale elevations were found to be greater than $T = 65$. Based on these results, the authors concluded that the Hispanic MMPI-A, with its established norms, seems appropriate for adaptation in Spanish-speaking countries other than the United States.

Using a sample of 54 African and Mexican American adolescent first-time offenders (mean age 15 years), Gomez, Johnson, Davis, and Velasquez (2000) examined the MMPI-A with regard to possible ethnic differences. Multivariate analyses by ethnicity and MMPI-A scales (validity, clinical, content, and supplementary scales) were found not to be significant. However, there was a significant univariate difference where African American adolescents scored significantly higher on the Repression scale than the Mexican American group. A greater percentage of within-normal-limits profiles were indicated for African Americans (50%) than for Mexican Americans (25%).

In another study to evaluating the utility of the MMPI-A for Hispanic youth, Gumbiner (1998) compared the validity, clinical, content, and supplementary scale scores of 30 Hispanic 14–18-year-olds with normative data. The results revealed elevated *T*-score means on F1 (66), F2 (68), F (68), L (61), Hs (61), D (63), Sc (62), A-hea (63), A-biz (63), A-Ise (61), A-las (60), A-scb (61), and IMM (61) scales for the Hispanic boys. Furthermore, scores for low aspirations, low self-esteem, immaturity, and school problems were all interrelated. For the Hispanic girls, none of the scale scores were elevated, but on several scales mean *T* scores (Hs, Hy, Ma, Si, A-anx, A-obs, A-hea, A-ang, A-las, MAC-R, and ACK) were below average when compared with normative data. The author interpreted these findings as indicating the MMPI-A's tendency to underpathologize girls. Consistent with the literature, the boys scored higher on the Immaturity Scale than the girls. Gumbiner also speculated that the boys' dislike for school and their low aspirations may be related to the lower education and employment of their fathers and that the A-las, A-sch, and IMM scales may prove to be useful in identifying adolescent boys who may be at risk for dropping out of school.

Several studies examined the relationship between the MMPI-A and acculturation among Hispanic youths. In the first of these studies, examining the relationship between the MMPI-A Lie Scale, acculturation and SES, Mendoza-Newman (2000) sampled 65 Hispanic adolescents from the San Francisco Bay Area. The participants completed a demographic questionnaire, the Acculturation Rating Scale for Mexican Americans-II, and the MMPI-A. No significant relationships were found between acculturation or SES as individual variables with those of Scale L (Lie) and Scale 5 (Masculinity-Femininity). However, a significant negative correlation between the combination of acculturation, SES, and Scale L (Lie) was found. The author pointed to the importance of considering acculturation in interpreting results from the MMPI-A Lie Scale.

In another study examining the relationship between acculturation and SES on the Lie Scale of the MMPI-A, Ryan-Arredondo (2002) sampled 300 adolescents (aged 14 to 18). The sample consisted of 100 Mexican American subjects from a small rural town in Texas, 100 Mexican subjects from a large city in Mexico, and 100 White American subjects from a small rural town in Texas. An examination of the two-factor solution within the scale revealed that they were not equivalent across the three ethnic groups. However, the Cronbach's alpha internal consistency estimates indicated that none of the differences in reliability between the ethnic groups were statistically significant. The authors observed that this pattern of results indicated that although the construct measured by the MMPI-A Lie Scale is measured consistently across groups, it is being measured consistently poorly. With the use of partial correlation methods in relation to acculturation and SES, 4 of 14 items (29%) were identified as performing differentially for the ethnic groups. It was found that acculturation and SES levels of the Mexican American, Mexican, and Anglo groups were not statistically significant predictors of the MMPI-A Lie Scale score for any group. The authors concluded that the Lie Scale scores should be interpreted with caution with Mexican and Mexican American adolescents, who do not interpret the questions in the same manner as one another.

Negy, Leal-Puente, Trainor, and Carlson (1997) also investigated the relationship between acculturation and the MMPI-A in a sample of 120 Mexican American 13–18-year-olds. These participants completed the MMPI-A, a short demographic questionnaire, and a five-item version of the Acculturation Rating Scale for Mexican Americans. The results indicated that the current sample of Mexican American adolescents' performance on the Validity, Clinical, and Content scales differed minimally from the national normative group's performance. However, it was found that the Mexican youth's performance on the MMPI-A varied as a function of their levels of acculturation and socioeconomic status.

A chapter by Velasquez, Maness, and Anderson (2002) provides a useful review of MMPI–2 and MMPI-A research with Hispanic populations. In addition to offering practical guidelines for the culturally competent assessment of Hispanics, this chapter also described some of the most recent findings on research with Hispanics with the MMPI–2 and MMPI-A. In addition, the chapter also presents a list of questions that clinicians need to address prior to evaluating Hispanic clients with the MMPI–2, as well as a discussion of key cultural issues for interpretation of certain MMPI–2 scales with this ethnic minority group. Another useful resource is a bibliography provided by Corrales et al. (1998), which presents a comprehensive list of all research conducted on U.S. Latinos, including Puerto Ricans, with the MMPI–2 and MMPI-A, beginning in 1989, covering a total of 52 studies.

Millon Adolescent Clinical Inventory. The Millon Adolescent Clinical Inventory (MACI) is presented as an alternative to the MMPI-A. However, using PsycInfo, we could locate only one study with the MACI that focused on Hispanic youth. In this study, using the MACI, Barry and Grilo (2002) examined gender and ethnicity patterns in eating and body image disturbances (BID) in 715 12–19-year-old inpatients in a psychiatric facility. There were 553 Caucasians, 77 Latino Americans, and 85 African Americans in the sample. Gender × Ethnicity interactions in the features of eating disorders and BID were examined in this clinical study. Among the three ethnic groups, significant differences were found in their reporting of BID, but not in endorsement of eating disorder features. A significantly higher proportion of Caucasian participants reported body image concerns than did African American and Latino participants. The latter two ethnic groups did not differ significantly from one another. However, significant Gender × Ethnicity interactions were observed, with Caucasian females endorsing higher rates of eating disorder features and BID, compared with African American and Latino females. The authors concluded that among adolescent psychiatric inpatients, although Caucasian females report the highest rates of eating disorder features and BID, such concerns are not uncommon in males or in ethnic minority groups, including Hispanics.

Beck Depression Inventory (BDI). Gibbs (1986) examined the incidence of depression and whether demographic or psychosocial factors were related to depression in 84 Black, 19 White, 7 Hispanic, and 6 Asian female ninth–twelfth graders. The participants completed the Beck Depression Inventory (BDI), and self-image, biographical, and demographic questionnaires, as well as a problem checklist. Findings revealed that level of depression was significantly correlated with mothers' occupations, household mobility, and self-reported problems. However, no significant differences among racial groups were found. The small number of Hispanic participants in this study severely restricts the generalizability of these findings.

In a study focused on Hispanics, Rotherham-Borus, Piacentini, Van-Rossem, and Graae (1996) investigated outpatient treatment adherence among 140 female adolescent Hispanic suicide attempters (ages 12–18 years) when they received either standard emergency room care or a specialized emergency room program. Participants completed the Beck Depression Inventory (BDI), Suicide Survey, and the Rosenberg Self-Esteem Scale. Their mothers completed the Brief Symptom Inventory and the BDI. Results indicated that attempters receiving the specialized program were more likely to attend one treatment session and were somewhat more likely to attend more sessions than participants receiving standard emergency room care. Participants receiving the specialized program reported reduced psy-

chiatric symptoms, and mothers reported more positive attitudes toward treatment and perceptions of family interactions. Thus, it appears that the BDI exhibited clinical utility with this population.

In another study focused on Hispanics, Alberti (1997) examined the correlations among life stress, self-appraisal of problem-solving ability, depression, and hopelessness in a Latino adolescent population. Participants consisted of 129 Latino adolescents (mean age = 14.7) from a middle school in Los Angeles. Stress was defined as minority-immigrant status, depression was measured by the BDI, hopelessness by Beck's Hopelessness Scale (BHS), and self-appraisal of problem solving by Heppner's Problem Solving Inventory (PSI). Spanish translations of the measures were also provided so that non-English-speaking recent immigrants could participate The findings showed that stress was not correlated with hopelessness or depression in any of the groups, but overall self-appraisal of problem-solving ability was correlated with both depression and hopelessness among participants. Furthermore, a comparison of three factors of problem-solving with depression and hopelessness, by group, revealed that self-assurance while engaging in problem-solving activities was significantly correlated with both depression and hopelessness for all three groups. A tendency to approach problem-solving activities while solving problems was significantly correlated with both depression and hopelessness for subjects born in the United Sttates and long-term immigrants, but not for recent immigrants.

Projective Assessment. There is a dearth of empirical studies on projective assessment with Hispanic Americans, including children and adolescents. Our review was able to identify only two articles on the topic. In the first article, Malgady, Costantino, Rogler, and colleagues (1984) reported on the development of a Thematic Apperception Test (TEMAS) for urban Hispanic children. They administered a thematic apperception technique (TEMAS) composed of chromatic stimuli depicting Hispanic characters in urban settings to 73 kindergartners to third graders from Puerto Rican backgrounds. These data were then compared with data on 210 (kindergartners to sixth graders) clinical Puerto Rican participants obtained from an earlier study, to investigate the psychometric properties of the instrument. The results showed internal consistency and interrater reliability in scoring TEMAS protocols. Furthermore, TEMAS indices significantly discriminated between the public school and clinical samples, as theoretically expected. The authors argued that these findings provide preliminary support for the clinical utility of the TEMAS for Hispanic children. Despite the dearth of published studies, the Tell-Me-a-Story (TEMAS) measure, as a multicultural thematic apperception test designed for use with minority and nonminority children and adolescents, appears to hold promise and warrants further investigations.

In the second study, which is a dissertation by Sanchez Rosado (2002), the impact of acculturation on the Kinetic Family Drawing (K-F-D) as a tool for use with children of Mexican descent was evaluated. The participants consisted of nonclinical children, 320 of Mexican descent and 114 Caucasian Americans in grades 3 through 6 who were interviewed and than asked to draw K-F-Ds. The drawings were then analyzed qualitatively and quantitatively to ascertain different acculturation levels. The analyses revealed that levels of acculturation were clearly evident in the K-F-Ds of these children. For example, less acculturated Mexican family members were more often drawn engaged in work-related activities with defined roles, whereas more leisure activities were drawn by the more acculturated children and by Caucasian children. Higher levels of communication and interaction levels were also drawn by more acculturated than by less acculturated children.

Asian American Children and Adolescents

Contrary to lay perceptions of Asian Americans as a "model minority," research conducted on these populations indicates that rates of depression and anxiety among Asian Americans are comparable to those found among European American populations (see Lee, Lei, & Sue, 2001, for a review). However, there have been relatively few research studies that have used child or adolescent Asian American populations when validating clinical assessment measures. Studies have primarily focused on adults, aged 18 and older. In addition, the majority of the research on the psychometric properties of various assessment tools has been conducted with Asians living in their native countries. Therefore, the generalizability of these studies to Asian youths living in the United States is unclear. Furthermore, a number of these studies are not published in English-language academic journals, which also limits U.S. researchers' access to potentially relevant information. This chapter covers only a small amount of the research in this area and focuses primarily on ethnic minorities living in the United States; see Leong, Okazaki, and Tak (2003) for a comprehensive review of studies of self-report measures of depression and anxiety for Asians living in East Asia.

Beck Depression Inventory-II. Of the standardized measures for the assessment of depressive symptoms, the Beck Depression Inventory-II (BDI-II; Beck, Steer, & Brown, 1996) continues to be frequently used. However, the majority of research on the validity of this measure with Asian Americans has been conducted on college students and adult populations. Among U.S. college students, the BDI-II appears to have reasonable reliability for Asian Americans (e.g., Carmody, 2005). The majority of studies of Chinese-translated versions of the BDI have found it to be reliable and valid for use with Chinese populations (for review, see Leong, Okazaki, & Tak, 2003). However, as mentioned previously, many of these studies were conducted in Asia and/or with adult populations, potentially limiting the generalizability of these findings to Asian American children or adolescents. Considering those limitations, one study of Chinese adolescents in Hong Kong using a Chinese-translated version of the original BDI found that the measure had good reliability and validity. However, results indicated that the data were better explained by a two-factor solution that included a factor for general symptoms of depression and a separate factor for somatic symptoms (Shek, 1990).

Center for Epidemiological Studies Depression Scale. The Center for Epidemiological Studies Depression scale (CES-D; Radloff, 1977) is also a popular self-report assessment tool for depression and has been found to be useful with adolescents (Radloff, 1991). Greenberger and colleagues (1996) used a 16-item abbreviated version of the CES-D with Asian (Chinese and Korean) early adolescents and young adults. Interestingly, although the researchers found that the CES-D demonstrated high internal consistency, an examination of the individual items revealed that Asian Americans reported feeling more frequently that "My life is a failure," reported more disabling symptoms (i.e., "everything was an effort"), and reported more difficultly in coping with distress (i.e., "could not shake off the blues" or "had trouble keeping my mind on things"). Furthermore, the authors found that early adolescents (but not college students) who were first-generation or immigrants reported more symptoms than their American-born counterparts. The study by Greenberger and Chen highlights the need for additional research to understand the correlates and symptom presentation of depression in Asian American adolescents.

A subsequent study by Greenberger, Chen, Tally, and Dong (2000) further supported the validity of using the 20-item CES-D with Chinese high school students between the

ages of 15 and 18, living in mainland China. Using confirmatory factor analysis, they found that the U.S. and Chinese samples exhibited the same four-factor structure initially proposed by Radloff (1977) and the same interrelations among factors. They did find differences in the specific factor loadings and variances of individual items, although they suggest that, overall, the structure is sufficiently similar in Chinese and U.S. adolescent populations. Future research should examine whether these results replicate in Chinese American adolescent samples.

Other Depression Measures. Given that the manifestations of depression may be somewhat different in children and adolescents than in adults, there have been some attempts to validate other measures specifically designed for youth. For example, there has been some research on a Korean-translated version of the Youth Depression Adjective Checklist (Carey, Lubin, & Brewer, 1992). However, despite reasonable internal consistency, this measure's low test-retest reliability suggests that more research is required before the measure can be used widely in clinical assessment of Korean adolescents (Sung, Lubin, & Yi, 1992).

Instead of translating existing measures of depression into other languages, researchers have been developing new culture-specific measures of depression. Several measures, such as the Vietnamese Depression Scale (Kinzie, Manson, Vinh, Tolan, Anh, & Pho, 1982) and the Lao Depression Inventory (Davidson-Muskin & Golden, 1989), have been developed for Southeast Asian populations. For Chinese populations, the Chinese Depression Inventory (Zheng & Lin, 1991) is a measure that was derived from several preexisting self-report measures. Unfortunately, at the present time, none of these culture-specific measures of depression have undergone sufficient psychometric evaluation to determine their validity for Asian American children and adolescents, particularly those living in the United States. Okazaki (2000) has argued that prior to the development of additional new assessment measures designed for particular Asian American groups, ethnographic research should be conducted in order to gain a better understanding of the way in which Asian Americans experience and express psychological distress.

State-Trait Anxiety Inventory. For the assessment of symptoms of anxiety, clinicians frequently use the State-Trait Anxiety Inventory (STAI; Spielberger, 1983). Hishinuma and colleagues (2000) examined the psychometric properties of the STAI for Asian/Pacific Islander adolescents living in Hawaii. Instead of the originally proposed two-factor model (State vs. Trait), they found that a four-factor model in which those subscales are further subdivided into "anxiety-present" ("I feel anxious") and "anxiety-absent" (e.g., "I feel rested") best fit the data. However, the authors also indicated that one particular item, "I try to avoid facing a crisis or difficulty," should be interpreted with caution, because of low item-remainder correlations. Furthermore, the STAI appears to be less valid for use with Filipino populations, especially Filipino males. In a follow-up study, Hishinuma et al. (2001) examined the STAI as a predictor of anxiety disorders in the Asian/Pacific Islander adolescent population. The authors found that both the STAI-State mean score and the STAI-Trait subfactor using anxiety-present items predicted concurrent and future DSM-III-R anxiety disorders. The implication of the authors' findings is that a subset of STAI items may be used as a brief anxiety screener for Asian American adolescents (Hishinuma et al.).

Other research has attempted to validate a translated version of Spielberger and colleagues' State-Trait Anxiety Inventory for Children (STAIC; Spielberger, Edwards, Lushene, Monturoi, & Platzek, 1973). Using a Hong Kong sample, Li and Lopez (2004a, 2004b) conducted a pair of studies on children aged 7–12 to examine the reliability and validity of a

Chinese-translated version of the STAIC. The STAIC-State demonstrated high internal consistency and high item-total correlations for each item; furthermore, scores were correlated with exposure to stressful situations (Li & Lopez, 2004a). Similarly, the STAIC-Trait demonstrated moderately high internal consistencies and moderately high test-retest reliabilities (Li & Lopez, 2004b).

Additional Considerations in Assessment of Anxiety. Clinicians should be aware that some behaviors may not be indicative of an anxiety disorder, but instead, should be viewed as part of a religious or cultural practice. For example, many Indian Americans practice Hinduism, which has a number of rituals that can be mistaken for symptoms of obsessive-compulsive disorder. Another area in which clinicians may overpathologize Asian American children and adolescents is in the assessment of social phobia. As mentioned previously, traditional Asian cultures commonly value deference to authority and strict adherence to roles and power hierarchies, including avoidance of sustained eye contact (Viswanathan et al., 1997). As a result, Asian American children and adolescents may have been socialized within their families to respect these more rigid social boundaries and exercise self-restraint in interpersonal contexts. As such, they may appear to lack the assertiveness and extraversion that is valued in Western culture. Indeed, Okazaki, Liu, Longsworth, and Minn (2002) found higher reports of social anxiety on self-report measures for Asian Americans versus White Americans.

Consistent with this, research conducted on the Fear Survey for Children-Revised among Hawaiian children aged 7–16 years (Shore & Rapport, 1998) revealed the presence of an additional social conformity fear subscale for use with Asian American youth. These cultural traits may be exacerbated if the child or adolescent lives (or attends school) in a community with few other Asian Americans. If the child or adolescent were to be observed in another setting with other Asian American peers, he/she might appear to be very assertive and outgoing. Therefore, clinicians should assess the child's or adolescent's behavior across different settings in order to obtain a more accurate assessment.

Another consideration for the assessment of anxiety is that some types of anxiety may be more prevalent among Asian American adolescents than others. For example, test anxiety may be more of an issue for Asian youth, because of the high pressure often placed on adolescents to succeed academically. Many Asian families immigrated to the United States in order to take advantage of educational opportunities. And, as indicated above, the success of children is often perceived as an economic necessity for families in which the parents cannot find sustainable employment, because of language barriers. Furthermore, the cultural value of interdependence among family members often means that academic failure is perceived as bringing shame and disappointment to the entire family (Viswanathan et al., 1997).

Symptom Checklist 90-Revised. The Symptom-Checklist 90-Revised (SCL–90-R; Derogatis, 1983) is also frequently used to screen for psychopathology. It comprises a number of subscales, including depression, anxiety, and somatization, and provides norms for both normal and clinical populations of adolescents and adults. Although there are no studies that have examined the use of this measure among Asian American adolescents, Takeuchi and colleagues (Takeuchi, Kuo, Kim, & Leaf, 1989) used factor analysis to compare the subscale fit for the original Symptom Checklist–90 (SCL–90; Derogatis, 1977) among Caucasians, Native Hawaiians, Japanese, and Filipino adults in Hawaii. They found that whereas the hypothesized subscales fit the Caucasian populations best, Native Hawaiians demon-

strated the worst fit. The authors interpreted their findings to suggest that the traditional interpretation of the SCL–90 subscales may not be appropriate with Asian ethnic populations. In addition, their findings suggested that when assessing depression or anxiety in Asian American populations, clinicians should always assess somatization symptoms (Takeuchi et al., 1989). Unfortunately, there are no available studies of the validity of the revised version of the SCL–90, the SCL–90-R, for use with Asian American adolescents. Therefore, it is unclear whether the U.S. norms and factor structure are valid for this population.

Minnesota Multiphasic Personality Inventory–Adolescent. Although a growing number of researchers are working toward the development of culturally specific measures of personality and psychopathology that can be used with Asian Americans (e.g., Chinese Personality Assessment Inventory; Cheung et al., 1996), the majority of clinicians use more well-established measures, such as the Minnesota Multiphasic Personality Inventory–Adolescent (MMPI-A). The adult-version MMPI and MMPI–2 have been studied more extensively in Asian countries or with Asian Americans attending U.S. colleges and have been translated into a number of Asian languages (e.g., Hmong, Thai, Japanese, Korean, Chinese). These studies have often been limited by small sample sizes, and a number of articles have not been translated into English (for review, see Okazaki, Kallivayalil, & Sue, 2002). Because there have been no systematic studies of the MMPI-A using Asian American adolescents, it is unclear how generalizable research studies on the MMPI and MMPI–2 are to this younger population. However, research comparing Asian American and Caucasian college students suggests that level of acculturation influences MMPI profiles. For example, although Sue, Keefe, Enomoto, Durvasula, and Chao (1996) found no significant differences in alpha coefficients for scales, they did find that less acculturated Asian Americans had higher scores on several scales than more acculturated Asian American or Caucasian students. It is unclear whether these differences indicate a bias in the measure or accurately reflect cultural differences in symptomatology. Consistent with the findings of Sue and colleagues (1996), Tsai and Pike (2000) found that the Asian American college students who were less acculturated had significantly higher scores on more scales than those Asian Americans who were more acculturated. Furthermore, the highly acculturated Asian Americans had profiles that were similar to the Caucasian students' profiles.

Although Cheung and Song (1989) suggested the joint use of both native and U.S. *T*-score norms, Tsai and Pike simply recommended that clinicians consider responses within the cultural context in order to avoid overpathologizing Asian Americans. They note that specific item endorsements could often be explained by acculturative stress or cultural beliefs. Furthermore, although there were differences between the Asian American and White students on a number of scales, most of the *T*-scores were within the normal limits (Tsai & Pike, 2000).

Projective Assessment. In comparison with the amount of research that has been conducted on the validity and reliability of objective measures of personality and psychopathology, there has been even less research on projective assessment measures. One criticism of projective assessment measures is that the stimuli can be culturally specific and may not elicit the same reaction in different cultural groups who have different value systems (Gopaul-McNicol & Armour-Thomas, 2002). Dana (1999) made five key suggestions for culturally sensitive picture-story tests, including (1) use culturally recognizable figures that have physical features of that cultural group; (2) use scoring that reflects culturally important characteristics that are independently developed and normed for each cultural group or country; (3) use

norms that are stratified by educational level, socioeconomic status, and acculturation level; (4) collaborate with individuals from the cultural group to develop scoring variables; and (5) interpret the data based on culture-specific personality theory and information regarding psychopathology. As mentioned above, the TEMAS meets some of these criteria and has norms for African American, Hispanics, and non-Hispanic whites. However, norms for Asian Americans still do not exist, although Costantino and colleagues are in the process of developing these (Costantino, Tsui, Lee, Flanagan, & Malgady, 1998; cited in Costantino & Malgady, 2000).

In a review of the literature on the Kinetic-Family-Drawing Technique (K-F-D), Cho (1987) found that Taiwanese school children, 10 to 14 years old, were focused more on family ties rather than reflecting individuality, and that the father was depicted as more remote than the mother, who was depicted as the nurturant heart of the family. Similar findings were obtained by Nuttall, Chieh, and Nuttall (1998), where K-F-Ds of Chinese 8–11-year-old children from the People's Republic of China were compared with those of children from the United States. The Chinese drawings reflected the importance of both the nuclear and extended family, whereas the American drawings reflected individualism and independence from their families.

To address the issue of culturally sensitive interpretation of picture-story data, De Vos (1973; cited in Ephraim, 2000) has adapted the scoring of the traditional Thematic Apperception Test (TAT; Murray, 1943) by using a "psychocultural" approach that examines the narratives' content as opposed to their structural features. This scoring system analyzes the respondents' narratives along 10 basic thematic areas that include instrumental concerns (e.g., achievement, cooperation-competition) and expressive concerns (e.g., pleasure, nurturance, harmony). The proponents of the scoring system argue that this practice encourages the development and use of ethnocultural norms (Ephraim, 2000), thus allowing it to be easily adapted to a variety of cultural groups, including Asian Americans. However, to date, there has been limited research examining the validity and reliability of this approach, particularly with children and adolescents. An additional limitation to this approach is the difficulty in training practitioners and the time-consuming application of the scoring method (Dana, 1999). Given the state of research on projective assessments for Asian Americans, caution in their usage is warranted, and, as suggested by Dana (1993), interpretations should be made with consideration of the cultural context.

Native American Children and Adolescents

Intelligence Testing. Historically, most of the interest in assessing American Indians was directed toward measuring their intelligence. Interest in assessing the intelligence of American Indians can be found in the literature as early as 1922 (Garth, 1921, 1922a,b, 1923). Even given this long history of interest in assessing their intelligence, there has been no discernible progress in developing appropriate norms for existing tests or in the development of culturally sensitive intelligence tests for American Indians. The Wechsler has been used extensively with American Indian children, despite the fact that there are no referenced norms for this group, and despite tribal differences in learning and expression among American Indian children. Dana (1984) reviewed the literature on intelligence testing and concluded that intellectual assessment of American Indian children has utilized tests and assessments that are generally inappropriate for this group, a conclusion made in other reviews of the literature (McShane, 1980). It is not surprising, then, that a disproportionate number of

American Indian youth have been labeled mentally retarded based on the inappropriate use of standardized norm-referenced tests (McShane, 1988). Appropriate norms for American Indians do not exist. The WISC or WISC-R has been used with many different tribal groups, such as the Seminoles (Greene, Kersey, & Prutsman, 1973), Navajos (Mishra, Lord, & Sabers, 1989), Columbia River Basin (McCullough, Walker, & Diessner, 1985), or Papago (Zarske, Moore, & Peterson, 1981). Some researchers, such as McShane and Plas (1982), have developed WISC-R factor structures for Ojibwa children, and others have used the WISC or WISC-R to develop Indian-oriented factor analytic approaches to cognitive processes (Krywaniuk & Das, 1976). Several variables have been found to affect performance, such as reinforcement (Devers, Bradley-Johnson, & Johnson, 1994) or item bias (Mishra, 1982). In general, most studies find significant differences between Verbal and Performance scale tests, with Performance scale scores being one to two standard deviations higher, calling into question the validity of the Full Scale IQ score.

Personality Inventories. Self-report personality inventories, such as the California Psychological Inventory (CPI) or the MMPI, are used extensively with American Indian populations, but a norm-referenced MMPI for this group does not exist. Several dissertations assessing the validity and reliability of the MMPI in American Indians have recently been published (Fisher, 1998; Smith-Zoeller, 2003), but findings from these dissertations have not appeared in the peer-reviewed literature. Many researchers have studied the utility of the MMPI in several different tribes (Hoffman, Dana, & Bolton, 1985) and have suggested that test bias is minimal (Greene, Robin, Albaugh, Caldwell & Goldman, 2003), whereas others report that the inventory lacks cultural sensitivity and that culture overrides psychopathology (for a review see Dana, 1993; Pollack & Shore, 1980). Dana (1988) suggests caution in using the MMPI with American Indians because minimizing important cultural differences can lead to misinterpretation. Dahlstrom, Lachar, and Dahlstrom (1986) reviewed MMPI patterns of American Indians and concluded that the data were too minimal to make any generalizations. Finally, the CPI has been used in a few studies (Davis, Hoffman, & Nelson, 1990), which have reported a lower profile for American Indians. These profile differences have been attributed primarily to acculturation and role expectations, and the CPI has not been generally recommended for use with American Indians, because of the lack of sufficient norms for this group.

Internalizing and Externalizing Behaviors. The use of the Child Behavior Checklist (CBCL; Achenbach, 1991) with American Indian children and adolescents is rare. In one study, Ehlers, Wall, Garcia-Andrade, & Phillips (2001) used the existing norms of the CBCL to study American Indian adolescents, and in another study (Wall, Garcia-Andrade, Wong, Lau & Ehlers, 2000), the CBCL was used to study American Indian children of alcoholics. This practice of using existing norms has typically been found to overpathologize the group (Manson, Ackerma, Dick, Baron, & Fleming, 1990). The Center for Epidemiological Studies Depression scale (CES-D; Devins & Orme, 1985) has been widely used with boarding schools for Native American adolescents in five Southwestern tribes (Manson et al., 1990). A factor analysis of the CES-D data resulted in a high false-positive rate. Manson and his colleagues (1990) suggested that caution should be used when the CES-D is employed with American Indian adolescents, because of the wide variation and dimensional structure of the factor analysis, which contributes to ambiguous cutoff rates in the scores. Marsella, Sartorius, Jablensky, & Fenton (1985) suggest that symptom patterns should be evaluated with multi-

variate techniques and analysis, and that one assessment will not be able to address the multiplicity of issues of internalizing and externalizing behaviors in nondominant cultural groups.

Projective Assessment. The most widespread use of projective tests with American Indians has primarily involved using the Rorschach test on American Indian adults. The use of projective techniques with American Indian children has received little attention. As early as 1945, the Rorschach test was widely used in anthropological and psychological studies of adults from different cultural groups, from Moroccans and Samoans, and including American Indians (Abel, 1948; Hallowell, 1945a; Klopfer & Boyer, 1961; Spindler, 1987). Abel (1948) concluded that despite the difficulties in administration, inquiry, and interpretation, this method is a valuable tool in the study of culture. De Vos and Boyer (1989) extended these findings to demonstrate, in their study of Apache Indians, that perceptual organization changes across time, and that alcoholism affects these perceptual changes. Hallowell (1945b) employed the Rorschach with Ojibwa Indians and analyzed the locale, content, and frequency of 3,684 responses from 151 Saulteaux tribe adults and children by comparing their responses with those of White subjects. He discussed the psychological significance of using the Rorschach to study cultural differences between these two groups. One other study (French, 1993) reported on the differences in a multicultural group of Hispanic, Mexican, and American Indian children and found that a combination of two projective tests, the Draw-A-Person/Draw-A-Family and the Thematic Apperception Test, were very useful with this group of children. In a review of the K-F-D test literature, Gregory (1992) tested Native American children from the Potawatomi and Iroquois nations, compared with Caucasian children. Findings reflected the matriarchal family structure of these eastern Native American nations. However, no other conclusions can be made about the use of projective techniques with American Indian children and adolescents, given the scarcity of data reported in the literature.

CLINICAL CASE EXAMPLE: TYRONE

Referral Information and School History

Tyrone is a 16-year-old African American male who was referred for assessment as part of his triennial evaluation for special education eligibility. He was identified as having an Emotional Disturbance in second grade and has received special education services since that time. The primary areas of concern involve Tyrone's behavior when he is frustrated and angry. He is a very sensitive teen who can be very endearing and affectionate, but when frustrated or angry, he becomes highly disruptive, noncompliant, verbally aggressive, and withdrawn. Tyrone was placed into a self-contained classroom during his third- and part of his fourth-grade years. Following an increase in threatening and assaultive behavior, he was hospitalized for one month. Subsequent to his discharge, Tyrone was referred to an Alternative School, where he remained for two years. Following his return to public school, Tyrone was placed primarily in self-contained classrooms during his sixth- and seventh-grade years. During this time Tyrone continued to have behavioral difficulties in school, including intimidation, verbal and physical aggression, and low frustration tolerance. He then returned to the Alternative School for two years. Following improvements in Tyrone's behavior, he returned to a public high school and was placed in mainstream classes, with resource support. He has received special educational resources services since that time.

Family Background

Tyrone currently lives with his mother and younger sister, Stacy (age 10), in Boston. Tyrone's mother works in a Boston hospital medical records department. She suffers from a severe speech impediment, although her ability to understand language and communicate in writing is not impaired. Previous reports indicated that Tyrone has had difficulties coping with his mother's impairment and at times has undermined her efforts as a parent by eliciting support from his maternal grandmother. Tyrone has no contact with his father.

Tyrone's family history is significant for witnessing intense domestic violence, including sexual assault, between his mother and her two husbands, as well as between his maternal grandparents. Also, records indicate that Tyrone placed his younger sister's finger in a pencil sharpener, which necessitated an emergency room visit. In addition, Tyrone was placed in foster care two and a half years ago, after assaulting his mother and committing a sexual offense against a younger male cousin.

Assessment Techniques

The Millon Adolescent Clinical Inventory (MACI), Child Behavior Checklist/4–18 (CBCL/4–18), Child Behavior Checklist-Teacher Report Form (TRF), Child Behavior Checklist-Youth Self-Report (YSR), Racial Identity Attitudes Scale, Interview with Tyrone, and Review of Records were used.

Pretesting Observations and Multicultural Considerations

Tyrone and the examiner (a European American female) met weekly for four weeks, for counseling prior to testing. During the initial session, the examiner and Tyrone discussed his feelings about the testing (especially in relation to how he felt discussing his problem with the assessor). She also had Tyrone complete a Racial Identity Attitudes Scale to assess his stage of racial identity development. According to that measure, Tyrone is in the Encounter stage of racial identity development, indicating in their counseling sessions concerns and uncertainty about the reasons for the testing. He did not initially appear reassured when the reasons for the assessment were discussed. For this reason, testing was delayed until a level of rapport was established, and Tyrone expressed some confidence in the testing process, although he consistently reported that he did not want to "go back to the special school." Also, because of Tyrone's stage of identity development, it was important to view the results of the testing in the context of one who may respond to the materials from a more Eurocentric perspective, rather than from an Afrocentric perspective.

Teacher and Parent Ratings (CBCL/4–18 and TRF)

Both Tyrone's mother and teacher indicated he had clinically significant levels of somatic complaints. High levels of somatization suggest that Tyrone has underlying feelings of anxiety and depression that are manifesting as physical complaints. Items endorsed included "Complains of dizziness," "Complains of pain," and "Complains about health." In addition, the Anxiety subscale and the Internalizing Composite were in the "At-Risk" range. Items endorsed indicative of anxiety include "Expresses self-doubt before tests," "Worries," and "I'm afraid I will make a mistake." The remaining scales were within normal limits.

MACI, YSR, and Clinical Interview

The profile of Tyrone that emerged during testing indicates an intense desire to present himself in a socially desirable manner, as well as a denial of negative thoughts or feelings. Tyrone is not reporting any significant symptoms that are troubling, but one would not expect him to do so, given his high motivation to be seen in a positive light.

This pattern of behavior suggesting Tyrone is motivated to be viewed positively is in stark contrast to those behaviors he has displayed in the past, which have included more overtly aggressive, negative, cruel, and grandiose tendencies, as a way of masking his insecurities. Although negativism and grandiosity continue to be present to a lesser degree, Tyrone has apparently gained more control over his behavior. However, it appears that Tyrone continues to struggle with underlying feelings of anger, anxiety, and low self-esteem, which he now masks through an overly controlled conforming and cooperative demeanor. Tyrone will go to great lengths to maintain his composure, and he has established a fairly rigid and predictable routine to make this possible.

Tyrone tends to avoid engaging in direct confrontations, because they may lead to a loss of control, and thus he will handle conflict in a more passive-aggressive manner, by choosing to minimize or ignore unpleasant events and responding in more indirect ways. In situations where he is highly vulnerable, Tyrone may continue to display angry outbursts. It is more likely, however, that these displays will occur at home, as historically Tyrone's family members have been the recipients of his aggression. In addition, given Tyrone's continued defensiveness and resistance to examining his feelings and past experiences on a deeper level, it is likely that he will continue to endure undercurrents of anxiety and nervousness. These feelings, as is currently the case, will typically manifest as physical complaints, rather than through a more direct presentation of symptoms.

SUMMARY

Tyrone was assessed as part of his triennial evaluation to determine continued eligibility for Special Education. Tyrone's teacher and parental reports indicate Clinically Significant levels of Somatization and At-Risk levels of Anxiety. Tyrone's self-ratings did not produce elevated ratings on any of the clinical scales, but indicated a profile of having an intense desire to be viewed positively. Tyrone appears to have developed an overcontrolled demeanor as a means for masking underlying negative emotions and is likely experiencing regular feelings of nervousness and anxiety.

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