

## **WEBINAR VIDEO TRANSCRIPT**

DHHS / SAMHSA / MFPC

### **Using Clinical/Cultural Assessment Tools with Diverse Clients**

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ASYA LOUIS: Good afternoon, everyone. My name is Asya Louis. And I'd like to welcome you to the Minority Fellowship program using clinical and cultural assessment tools with diverse clients webinar. This webinar is brought to you by the SAMHSA Minority Fellowship Program Coordinating Center.

A brief disclaimer, the views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services, The Substance Abuse and Mental Health Services Administration, or the US Department of Health and Human Services. I'd like to introduce our presenter today. Dr. Oswaldo Moreno is the director of La Esperanza Research Program and an assistant professor in the counseling psychology program at Virginia Commonwealth University.

He earned a PhD in clinical psychology from Clark University, conducted predoctoral residency training at the Center for Multicultural Training and Psychology at Boston University School of Medicine, and completed a post-doctoral research fellowship at the Brown University School of Public Health. Broadly, his research involves understanding and addressing the mental health disparities in the United States that affect individuals from low income and racial and ethnic minority backgrounds. His research program includes both applied and basic research that lie at the intersection of cognitive behavioral theories, prevention science, and cultural and contextual approaches, including psychology of religion and spirituality.

His research projects have included randomized control trials, evidence-based practices, culturally sensitive interventions, prevention for Latinx youth and families, as well as substance use and mood disorders. Dr. Moreno is an APA minority fellow and a research fellow with the National Hispanic Science Network's early stage career mentoring for NIDA research program. Dr. Moreno, the floor is yours.

OSWALDO MORENO: Great. Thank you so much. Thank you for having me today. And I would like to welcome everyone to this talk.

I think that this is a very key, relevant, timely, ongoing dialogue that we should continue to invest in, in terms of really using clinical and cultural assessments when working with diverse clients. And so I appreciate the introduction. As mentioned, I am a former MFP fellow, alumnus of 2013. And it is great to come back and just be able to share some of my experience with working, as well as using, these clinical and cultural assessment tools with diverse clients.

And although diversity encompasses race, ethnicity, age, national origin, sexual orientation, cultural identities, assigned sex, gender identities, physical ability, as well as the mental ability, I am going to aim

to encompass the majority of these domains, understanding that my work has predominantly been with ethnic minority groups, especially those that are Spanish speaking, Latinx, as well as those who have recently arrived in the United States. And so we, essentially, aim to continue to engage in the dialogue of cultural competence and cultural humility, understanding that this is a dynamic, ongoing developmental process that requires a lifelong commitment. So as MFP alums, or somehow affiliated with the Minority Fellowship Program, we are engaging in this lifelong commitment, this ongoing developmental processes, in working and providing the best care to our communities.

And so this webinar provides all of us to engage in the opportunity and look at using clinical cultural assessment tools that focus for cultural strengths as well as trauma. Now, we're not really going to be focusing a lot on these specific different types of assessment tools. That's essentially-- we've had that training. We've had some of that through graduate school, through internships, perhaps some post-doc.

Now it's really navigating these nuances, these processes, to reduce, mitigate biases, and really, to highlight the true impact that these testing tools can be used for, knowing that there has been historical residue to these assessment tools. And at the end of the webinar, we are going to recognize factors that are going to impact problem definitions, as well as coping and help seeking, as well as we're going to explore the use of cultural formation in case examples. And last but not least, we're going to identify strategies and tools to assess clients in their cultural context.

So why don't we get started? But before I do that, I want to give a shout out to my amazing team at La Esperanza. We are an interdisciplinary, first generation, Latin-based team of undergrads, graduates, postdocs, that really look at the Latinx, immigrant, and documented processes around cultural and contextual approaches to understanding overall health care behaviors, as well as the mental health disparities.

La Esperanza taps into the areas of ethnic minority psychology. It taps into the areas of Latin psychology, psychology of religion and spirituality among ethnic minority individuals, as well as cultural, contextual, and counseling psychology. We use both qualitative and quantitative methodologies that include community engagement, as well as community participatory and school-based research.

So in practice, the research of La Esperanza involves both basic and applied science with the goal to improving the lives of our communities in the local areas, as well more macro, throughout the country. So by means of an introduction, we know that testing and assessment is a unique professional activity undertaken by psychologists and mental health professionals in multiple contexts. And this is for a wide range of purposes, which include but are not limited to, job placements.

It could be for the purpose of diagnosing psychological disorders for mental health treatments. It could be for verifying health insurance coverage. It could be used to conduct focus groups for market research. It can also inform legal decisions and government policies. And they can also be to develop measures that reliably assess personality characteristics of diverse clients.

So we can argue that assessments and testing is necessary, especially in what we do and who we are as a profession. However, there is a dark side that we cannot neglect. Or there is historical residue that we cannot neglect to be able to stay true to where we're at and how we really can help our communities with these testing tools.

Historically speaking, psychological testing and assessments with racial ethnic minority groups have been fraught with a lot of controversy. Early perspectives, for example, erroneously assumed that psychological tests and assessments were objective. They erroneously assumed that these tests and assessment tools were culture free. They were erroneously assuming that it was generalizable to racial ethnic minorities, even though the majority of the tests were standardized.

They were validated, and they were found reliable, primarily with white middle class English language samples. In other words, there was this overall perception that these psychological tests and assessments were objective, culture free, and generalizable to all, knowing that these were standardized, validated for dominant identities neglecting the fact that there was non-dominant identities that were not considered. And because of that, it opened opportunities for theories that were aimed to target communities of non-dominant identities.

For example, in the late 1800s to early 1900s, we toiled a lot with the inferiority pathology model that stimulates that minorities who scored lower than those that were the dominant identities, predominantly white counterparts, that they were genetically and biologically deficient. For example, lacking the desirable gene to score as high as the dominant group on a particular IQ and achievement test. The inferiority pathology model eventually was replaced by the cultural deprivation model, which blamed the cultural beliefs, the cultural values and practices of minority groups for their low scores on the tests, with the subtext being that the minority culture are inferior, and assimilation into the majority culture is desirable.

And I don't know about you, but as someone that identifies for within some non-dominant identities in this field, that doesn't sit very well within the historical underpinning of testing and assessment. Both of these models, of course, have been scrutinized and continue to be scrutinized, as they are being scrutinized right now for their racist undertone and cultural insensitivity, and have now been replaced by culturally different models, which does not view cultural differences between the dominant and the non-dominant identities as an indication of pathology or inferiority of any group. And so Sue and colleagues described the culturally different model views as the bi-culturally of minorities as a strength and a desirable quality, as opposed to a pathology.

So as we set this foundation, we, of course, claim now scrutinize this overt, racist, and cultural insensitivity tone, utilizing these tools. And now, in the present moment, we want to be able to mitigate as much as we can, even as scholars, professionals in our fields. So according to the testing standard, now there are four general perspectives to fairness in testing.

The first one is a lack of test bias, which indicates avoiding the use of tests that produce results that have different meanings across groups. And the second one being the equitable treatment in the testing

process. Giving all examinees, for example, an equal opportunity to demonstrate their standing on the construct the test is measuring so providing the same equitable opportunity to be able to demonstrate their standing.

And the third one being the equality in outcomes of testing. For example, allowing examinees who perform equally well on the test, allowing them to have an equal chance of being chosen, regardless of their group membership or reported identities. And then the fourth one is the opportunity to learn, which is each group being measured must have had the equal opportunity to learn or to achieve the construct being measured.

And so now, if we look at this testing standard through these four factors, we want to be able to really assess fairness through these standards, understanding not just a yes-no dichotomy of these factors, but understanding the cultural and contextual nuances that perhaps are hidden and need to be assessed, even through a diagnostic history, even before we actually started doing the testing. And most importantly, in the conceptualization of what the testing data means. So the fourth factor to fairness allows us to look at the fairness and equitable lens of testing, even from the beginning of the diagnostic history, to the choosing of the test battery, to the conceptualization and the overall translation of the testing data.

Now, let me present a quick case of Faith. Faith is a five-year-old bilingual who started kindergarten this fall after having no formal structured educational experience. She has no siblings.

Because of the COVID-19 pandemic, she started her first semester in the academy virtually. Towards the month of December, the school transitioned to a hybrid modality where she attended face-to-face school two days a week. After her second week under this modality, Faith was screened for overall comprehension, specifically around listening, since she was not understanding rules, would not follow through with tasks, and was falling behind.

Because of the screening, the assessment was conducted with masks. There was no contact because of the pandemic. And a clear divider was used between the evaluator and Faith. Faith's scores were below average.

And so the recommendation was for further cognitive testing. Because there was a trend around some cognitive deficits at her age. Now, I'm curious to know where the testing standard lies in the case of Faith.

Faith, being a bilingual child who's starting formal education through a global pandemic, which is quite timely and relevant for a lot of our school children, the question is, where does the fairness standard lie? Was there a test bias? Was there an equitable treatment in the testing process?

Was there an equity in the outcomes of the testing? And was there an opportunity to learn? And so I'm going to give you a couple of seconds to really just answer this question right there where you're at.

And you can reread the case again. You can go back and look at the fairness and the four factors. But I'll give you let's say 30 seconds. And then we will regroup to look at it, well, where does this lie with Faith?

All right. Was there a test bias? Well, we don't really know the test or the assessment battery that was used. So we will need more information on the tests bias on the testing standard.

Was there an equitable treatment in the testing process? Well, the testing process becomes questionable. Because we know that this is not a normed way to be able to test. Faith, being a five-year-old having to wear a mask, the evaluator also wearing a mask, having to be on a clear divider, having no contact, these are all factors that may play a role on the testing process. That may also impact overall testing performance.

And was there equality in the outcomes of testing? Well, one can argue that this may look a little different because of testing during overall COVID pandemic. We don't really know if this is due to actual cognitive deficits or actual social determinants that may be impacting Faith's understanding or comprehension. It could be, perhaps, that there may be other social determinants of stressors at the home that may be impacting. So we don't really know yet, although the equitable contextual factors remains a question mark.

And was there an opportunity to learn according to the testing standard? Well, it seems to me that it's a little too fast for Faith to be tested two weeks after engaging in formal schooling that is just learning the entire system, infrastructure, of schooling. And so these factors, these hidden factors, may in fact be playing a role to what is unfolding with Faith. So according to the testing standards, some of these nuances may actually be playing a role where it could be misconstrued, or someone may assess this incorrectly if we do not look at the cultural and contextual nuances that are present with.

Now, at one point in our psychological training, we were exposed to the rigorous assessment testing tools from the Minnesota Multiphasic Personality Inventory, the MMPI, to the WISC, or the WAIS, or the California Verbal Learning Test for SAMHSA. We all spent numerous hours unfolding the conceptual, the practical, and the clinical ways of conducting these assessments. Of common training use where the cognitive and personality testing, in a lot of graduates training sites, from the WISC, WAIS, to the MMPI.

We learned that these testing tools are used with diverse clients coming from different linguistic and cultural backgrounds to that for which the tests were not intended to be used for based on the norm. But don't get me wrong, emerging research has highlighted linguistic and grouped norms among some diverse communities for the MMPI and some cognitive testing. But assessment, in general, in 2021, is still a work in progress.

And because it is still a work in progress, it is key to reflect our ongoing dialogue around this. Most of these testings have been historically developed and normed in Western European context. And that is a problem.

That is a problem if we're going to use or assess patients coming from a different linguistic and cultural background to that for which the tests used were not designed for. It is going to be a problem if it is used on someone who does not speak the same language as you, as the evaluator. And it is a problem in today's time because of this global migration that we continue to see in today's time.

It's not just migration in the United States of America. This is a global phenomenon that we're seeing. In other countries, the same issue arises from globalization, from migration, that is very relevant to today's time. In many countries around the world, there are few locally developed norm test. So tests developed elsewhere in the world are being used.

However, it leaves us with the question of who was the test intended for? And what are the underlying implications that perhaps may pathologize more as opposed to really understanding a true phenomenon, especially when we're not looking at the culture and the contextual factors that may be impacting this overall results? Many factors are going to affect performance on testing. And we do not take into account these factors.

A person's performance on a test may be misinterpreted. Historically, a lot of our training sites would really look at age, gender, and perhaps education as being key influences. But now, because of the increased globalized world that we're living in, we really need to be looking at factors such as race, ethnicity, culture, acculturation, that are also going to be very important.

And it's also important to note that the factors of race and ethnicity may not be the cause of the differences in the test performance. Because of the differences between people from different races or culture can be through these unmeasured or hidden contextual factors that may be playing a role. So as evaluators in the diagnostic history, and even just choosing a testing tool to the conceptualization, it is key for us to really stay in tune with the visible but also the hidden contextual factors that may be playing a role through this entire phenomenon.

And now, this is where we get to the thesis of this talk. We're going to now look at cultural considerations to not just look at the visiblensness of the factors, but really, also assess the hidden factors that may play a role in the diagnostic history, to the choosing of the test, to the interpretation of the test results. And so today, we're going to look at six broad subdomains on cultural considerations during assessment.

The first one is reducing language bias. The second one is reducing cultural bias. The third one is reducing sample bias via identifying cultural factors in the psychosocial environment.

The fourth one is reducing construct bias via understanding cultural explanations. The fifth one is reducing assessment bias via cultural elements. And the sixth one is reducing positionality bias between the evaluator, as well as the evaluatee.

So let's dive in. The first one is reducing language bias. Language matters, period. Not only are we referring to English, but also the cultural expressions of language.

This could be through idioms. This could be through metaphors. This could be through cultural sayings that are commonly held in the community.

First, it is key to assess the client's language, but also assess the language further than, for example, English of the major tool. If a test or assessment protocol needs to be translated, because it's not available in the language of the person being tested or assessed, it is important to appropriately translate the measures and protocols according to established guidelines. For example, the test adaptation guidelines from the International Test Commission, rather than just relying on ad hoc translations.

If there's going to be translation, somehow that contextual factor needs to be embedded in this overall write up. Appropriate translation requires trained professionals engaging in forward and back translation. And it's typically very, very expensive. And so we really don't have the resources, the time, the funds, for this. Perhaps that testing tool may not be appropriate for a specific client that does not speak a language of that test.

Nonetheless, contemporary perspectives translation emphasize matters beyond language. And it also accumulates meaning rather than the word accuracy. So really paying attention to the underlying meaning of the language, as opposed to the accurate language itself. The development requires that a translator pay attention to issues, such as the local context, cultural norms. We're trying to adapt or develop an equivalent form of test.

And so I'm outlining sampled questions that one can really be thinking of the conceptualization wherever they are in the development of assessment. These could be used in the diagnostic history. These could be used right before choosing an assessment tool. These questions could also be used to reflect on what the underlying meaning through what the testing results mean, et cetera.

And even after a test or protocol has been translated, it is imperative to ensure that appropriate norms are available for a sound interpretation of the results. Because of the issues mentioned in previous sections or slides, that apply to the measure regardless of language. Specifically with regard to Spanish, since I've worked quite a few years with Spanish speaking clients, Spanish being the second most widely spoken language in the US, culturally competent clinicians must keep in mind the considerable variation among Spanish speakers.

So even just saying Spanish language, there is so much heterogeneity even within that language itself. These variations can include pronunciation differences, accent variance, idiomatic expression choices. And particularly, among Spanish speakers in the US, we could even be throwing concepts of like Spanglish, the combination of Spanish and English.

So the take-home message here is that language within the intersection of context is going to matter. So it's not just, do you know English? It's also looking at the underlying mechanisms, the contextual factors, that are included within language.

Because if we don't consider it, we may be having language bias itself. Yes, it may be that there may be a tool that is for Spanish speakers. But if we're not looking at these contextual factors and how it plays a role, either in the diagnostic history, to the testing itself, to the conceptualization, we may be confronted with language bias.

Second one is cultural bias. Culture has been a common construct in various disciplines in the academy. The ideas, customs, social behavior of a particular people or society has been a common theme around the definition of culture. And culture is also seen as a dynamic process involving world view and ways of living in physical and social environments shared by groups, which are passed from generation to generation, and may be modified by the contact between cultures in social, historical, and political context.

But for some, culture often used to mean country. That's not the case anymore. That, itself, is a cultural bias if folks are seeing culture just to mean country or region where one lives.

The evaluator can start by reducing the cultural bias in understanding the client's cultural explanation, not just their culture, but the cultural explanation of their presenting problem of why they're there. The norm even around testing, many times we test without really understand their cultural explanation around testing, or even the cultural explanation around coping, or help seeking behaviors, or even a cultural explanation around healing, for example. And so the sampled questions are questions that can help us perhaps reflect, or even ask, in the diagnostic history, questions that would allow us to reflect in terms of what tools to utilize for testing, as well as questions that will allow us to reflect on the case conceptualization of what these mean.

The third one is a sample bias. Sample bias occurs when samples that are being compared or incomparable on aspects other than the target variable, for example, cultural background, for instance, differences in educational backgrounds, age, or some other factors. We will engage, or we will be confronted with sample bias, when we do not look at the contextual factors of people.

People even within ethnic minority groups have also contextual, are contextual beings. And so we need to be able to assess, identify, reflect on the cultural and contextual factors in the psychosocial environment. Bias is also relevant in normative samples. For example, population-based normative samples attempt to be representative of the population by including the number of participants from different age, gender, education, race, based on the census data.

However, this can mean that, if there are real differences between groups, these are going to be masks. And this is particularly an issue and some groups are a minority within that sample. So a person from a minority group is compared with the whole sample rather than with people from the same race, ethnic, cultural backgrounds, et cetera.

So as we're thinking about sample bias, we want to be able to tell a story, a coherent story of this case, or whatever case, understanding the contextual factors in the psychosocial environment. And so these



are some of the questions that are there that can be used for the diagnostic history, that can help us reflect on the tool to utilize, as well as for the case conceptualization of what the testing results mean.

Then we have construct bias that we want to be able to reduce via understanding the cultural explanation. Construct bias occurs when the construct measured is not equivalent across culture groups. Some cognitive constructs may be universal, language, or memory, or attention.

But the way that they are expressed, underlined, the way they are expressed, capitalized, the way they are expressed may differ between cultures. Some cognitive constructs, even within cognitive testing, on such as intelligence, may vary across cultures. And so the evaluator needs to be in tune with some of these constructs that may vary across cultures.

So we should not assume that a test measuring a particular construct in one culture is measuring the same construct in another culture. It is, therefore, important that, if we are taking a test developed in one culture to another, that we examine whether there is evidence that the constructs we're intending to measure is being actually measured. So the construct bias will allow us to really understand-- or really, reducing cultural bias will allow us to understand what the construct means to that client, but as well, how that construct is being expressed in that client. So again, here are some questions that we can be able to include in the diagnostic history in a reflection of choosing a clinical assessment tool, as well as considering core case conceptualization during the diagnostic, conceptualization of results.

Then we want to reduce assessment bias via cultural elements. The aspects of the process of administration of tests creates bias as well. Therefore, the evaluator use of language is key. For example, failure of clients to understand the demands of the test, there could be stereotype threats that impact testing conditions. It could be the instructions can play a role.

It could be the race of the examiner. Yes, we play a role as evaluators as well, even our identities, whether they're dominant or non-dominant. This can play a role on the assessment testing.

The times we're living in can play a role, such as COVID-19, the global pandemic, civil unrest, et cetera. And so these factors need to be able to be considered to reduce assessment bias. Thames and colleagues, for example, in 2013, found that when African American participants were tested, under conditions where stereotype threat was activated, they performed poorly than when stereotype threat was not activated. So even as stereotype threat played a role on the assessment bias.

So ways to mitigate, reducing assessment bias can be via cultural element factors. Cultural element factors affecting the assessments via unfolding the context of the history during the diagnostic, whether really looking at factors that play a role within the history of testing. This could be, perhaps, a negative experience in the past. It could be history with testing, history with professionals, history with the field, history with social services, history within a system, or history with understanding how both identities of the evaluator and the clients play a role, et cetera. It's a lot to consider.

One important part of assessment is also unfolding positionality, really evaluating and reflecting on the evaluator's positionality, as well as the evaluatee's positionality. And this is aimed to understand the experiences of dominant and non-dominant identities on both ends. Positions, we know, frame evaluators in their interpretation of the data.

Evaluators are to be critical in how their position may impact the interpretation of such data, and so may assist or limit from telling a full story, a story that is really informed by the visible, and also the non-visible contextual factors. For example, the limitations to earlier psychological assessment was the non-inclusion of non-dominant identities in the sample and/or research groups. Yet, the underlying assumption was that these findings would generalize to the entire population. This is where positionality matters.

And if we're not using our position to be able to tell the full story, then perhaps, we are engaging in some positionality bias. And so I hope that we can all really reflect on reducing positionality bias, as well as the other biases that have been described. So this can be mitigated by even highlighting the evaluators and the diverse client's positions pre, during, and post assessment.

This can also be included in reporting of the write-up, self-reflection on the positionality. And being in tune to identities is key when interpreting and reporting data from the clients with non-dominant identities. And this is where domains of cultural competence and domains of culture humility can come in and really assessing positionality, but also, paying attention to the knowledge, paying attention to the awareness, paying attention to the attitude, as well as the skill to be able to navigate the overall positionality in all these biases that have to be considered during the ongoing assessment process.

And we also want to be looking at culturally specific tools that are out in the field. So I'm going to encourage everyone to really start creating a list of culturally specific tools that are out in the literature. For example, I'm just providing some tools that are used for Asian Americans, culturally specific measures that focus on constructs of racial ethnic identity and acculturation, multidimensional acculturation scales, et cetera.

There's also, in Spanish speaking immigrant communities using the TEMAS, the Tell-Me-A-Story test. That's a protective measure that assesses some personality, cognitive, and effective functioning. And TEMAS is, really, a multicultural derivative of the TET.

There's also the neuropsychological screening battery for Hispanics. That is out there. But again, utilizing these tools without considering all these different potential biases is still a bias. And so we want to be able to utilize these culturally specific tools, really looking at reducing all these biases during the process of testing.

Now, let's do one more case. Marco is a 12-year-old Latino in the seventh grade at SAMHSA Middle School. Do you see what I just did there? Yeah.

So Marco's a 12-year-old Latino in the seventh grade at SAMHSA Middle School. Marco arrived from Bolivia with his mother two years ago after fleeing the violent political turmoil that murdered his father. He speaks Qechua and Spanish and is quickly learning English. He loves art and soccer.

Since he started school, Marco is having difficulty with achievement. His grades are lower than average, and they seem to be on a decline. His teacher reports Marco easily forgets working assignments, processes direction slower, especially when needing to multitask and when he's being timed.

He's also having difficulty concentrating and seems tired in class. Recently, he has been defiant and aggressive, for example, throwing the chairs across the classroom. He reported to a school administrator he wishes he would die so he can reunite with his family. How can you engage in a culturally sensitive way to test him?

So I'm wondering, I would love to hear what you would do. I don't know if there's some that we can even hear in terms of how would you navigate this. This is, from here on out, I encourage you to submit your comments in terms of how would you engage in a culturally sensitive way to testing around Marco's case. And if there is a way to be able to unmute yourself, I would also welcome that. I'll give you a couple of seconds to see if there is anyone who would like to share.

ASYA LOUIS: We do have a couple comments coming in, Dr. Moreno.

OSWALDO MORENO: OK.

ASYA LOUIS: So I'll put those to you. So Erica says, it might be helpful to get him connected to support or counseling services before moving forward. Someone else says, I would talk to him in his language and inquire more about potential mental health difficulties that are interfering.

Claire says, maybe ask someone he trusts like his mother or another member of his community to help administer the tests. Testing can be done by a bilingual therapist, and assessments could be translated into Spanish. He could be tested in his native language. Consider assessing in Spanish over English.

I think I would begin via meeting with the family and completing a psychosocial assessment asking to learn more about their situation before completing any academic testing. Because academic performance appears to be a product of emotional difficulties. And then, it would be important to understand the family environment and any events that were happening since he started school.

Also, it is important to know more about his mother's relationship with him and talk to him in his language. Someone else suggested art therapy. Free response assessments may be helpful in have him write out his feelings and areas of challenges, counseling for his trauma, reassuring him and validating his emotions, and current struggles in his transition, and asking him what you think he needs help with and if he can ask his mom for assistance, researching tests to determine use with the population, the efficacy, and also seeking testing tools that might be more appropriate for him.

And I would engage with Marco with an understanding that his background is extremely different to a typical North American upbringing. So many of the concepts behind the testing may be inappropriate. I would want to find more about his family history and living situation, what he misses about his family, and try to find ways to help him relax. Consider how Marco's presentation could be an acute trauma response, a cognitive assessment may not be the best recommended step if trauma hasn't not been addressed.

There's a cultural view on death and dying that needs to be learned more about. Determining factors contributing to his fatigue, and finally, I would also consult with someone who is more familiar with Bolivian culture, as I'm Latinx too but identify as Mexican, which may differ in significant ways. And that's all the comments we have.

OSWALDO MORENO: Perfect. Thank you so much. The fact that Marco speaks Qechua and Spanish really highlights more nuances around language, expression, idioms, and so forth. So one would raise that theme in terms of preferred language, but also preferred expression, metaphors, et cetera.

The fact that Marco arrived two years ago also highlights cultural nuances. Even as simple as from migration to acculturation, there may be some alteration gaps happening. There may be some other cultural factors that may be playing a key role in the overall presenting problem.

But the key here that draws my attention is that the presenting problem seems that he's having difficulty with achievement. Grades are low and the behavior. So a lot of this is expressive.

Now, more than likely, this is coming from a school administrator, da, da, da. We understand the meaning from a school level. But do we understand the meaning of the expression at the individual level, at the family level, at the cultural level, at the even systemic level? These are the pieces from an ecological framework that we want to be unfolding to be able to tell a full story.

Because the story here is, even just the language of he is being defiant, is he? Or is he coping? This is just a coping mechanism through trauma. That we want to be able to really assess.

Because even just highlighting the aspect of defiance may be some sort of bias. Or yeah, there may be some defiance at the school level. But what does it mean through a very comprehensive storytelling of what's going on.

Being mindful that Marco has grief, be mindful that there was a violent political turmoil, which more than likely indicates trauma, and being mindful that there was a father murdered, et cetera. So these factors need to be understood more than just, oh, he's throwing chairs across a classroom, defiance, aggressive. No, well, let's understand further these hidden spots.

And I leave you with Washington and colleagues' implication from 2017, which I really hold true to my heart. These are the following key implications. We need to practice in more culturally competent ways, or culturally humble way, particularly with regard to testing, by having an awareness of the cultural nuances and perspective that go further than just the testing.

We need to use tests and assessment tools to diagnose challenges as well as strengths. Areas of growth is one side of the story. But we also want to be able to highlight the strength and to prescribe optimal treatment that facilitates change and growth associated with both.

One of the things that I recall, when I was at CMTP, the Center for Multicultural Training in Psychology down in Boston, was just that. It is where we're going to be looking at the testing overall. We want to be looking not just at one-sided. We don't want to be a one-sided evaluator.

We don't want to be-- because that, again, by focusing on one-sided, we're no longer valid. And we may just be presenting some bias. Because yes, there's going to be some challenge.

But there's also going to be some strength. Let's record that. Let's highlight that. Let's evaluate that, et cetera.

We also need to ensure that tests avoid pathologizing and disenfranchising communities of color or of non-dominant identities, since such acts are genocidal in the outcome. And we know that's because of history. We don't want to be repeating history.

And then, we also want to use tests to review areas where reform or redress are warranted. And last but not least, we want to allow tests to showcase intellectual prowess and profundity, such that people can strive for standards that are consistent with their inheritance. And I close with, although we're all beings, we have contextual complexities that make us different.

To have an assessment that creates a false illusion that one size fits all is simply wrong. So just doing the testing from the MMPI, or the WISC, or whatever testing battery you're going to use without providing the contextual complexities is simply wrong. We want to be able not just to unfold this when we're interpreting testing results. We want to be able to include it since the beginning, from the diagnostic history, to all these cultural nuances, to be able to reduce bias.

Einstein once said, everyone is a genius, but if you judge a fish by its ability to climb a tree, it will live its whole life believing that it is stupid. I find that super-- one, it's strong. But two, it really highlights the overall concept of the history of testing. And we don't want to do that.

We are beings, but we're also contextual beings that have a lot of contextual complexities that make us different. That needs to be incorporated in testing. And with that, I open it up to any questions. Gracias.

ASYA LOUIS: Thank you so much for that wonderful presentation, Dr. Moreno. We will now transition into our Q&A session. Our first question says, are you talking about assessment tools developed under a Western culture and theoretical lens? And are you familiar with assessment tools for mental health and other very different cultures?

OSWALDO MORENO: Yes. The examples that I was providing at the beginning were mainly looking at tests that were constructed, that were, essentially, built on normalized, standardized in Western cultures, knowing that some of these tests are starting to become standardized norms in different

places, knowing that there is also, towards the end of that slide that's highlighting some culturally specific testing in other non-Western cultures. Now, although we are going towards that direction, which I think it's great. There's still room for growth, as well as being mindful that what a majority of testing are and have historically been with Western cultures.

Now, let's go away from that. Even when they're focusing on the non-Western norms, standards, da, da, da. We still want to be able to look at these processes, these dynamics, these biases that can present during the testing process. Because if not, we may be doing the same thing.

Because even, for example, in a Latin American country, there still can be heterogeneity. People are still going to be contextual. There are still going to be individualized differences. And the key here is not just focusing on Western versus non-Western. It's also looking at the multicultural comprehensive complexities, regardless of Western and non-Western societies.

ASYA LOUIS: Great. Thank you so much. Our next question reads, how would we not run into the same problems when we ask them what depression might look like in their culture, but our systems here don't have an equivalent? Aren't we still forcing clients to conform to the dominant system?

OSWALDO MORENO: That's a great question. I guess, the key would be, well, what's the purpose of testing? Is it to get them to conform? Or is it to present data, to tell a story utilizing our clinical skills, as psychology professionals, or mental health professionals?

I would say that my purpose in testing, the testing process, would not be to get someone to acclimate, or adjust, or conform, but rather present data through a comprehensive story, not a one-sided story. If a client is saying, for example, depression is da, da, da, da, da, that is useful data. That tells a fuller story than, perhaps, pathologizing it, because they're not looking at it through our lens.

The key here is part of the testing is what one does with that, how one conceptualizes the data, how one reports the data. And so it's not so much about conformation, adaptation, da, da, da. But rather telling a contextual cultural story that tells it from different lenses.

ASYA LOUIS: Awesome. Our next question says, do you think a certain amount of tweaking of assessment tools by a therapist when treating diverse clients should be allowed and the results are considered valid?

OSWALDO MORENO: Again, what does tweaking mean? When we're talking about assessment, as we started with our initial slides, it's not just testing. It's not just telling the story. There is going to be implications.

It's implications for treatment. It's implications for insurance. It's implications for all these different factors that we discussed.

So it's not just about tweaking. There still has to be a process, protocol, of even just unfolding that tweaking. If there's going to be a tweaking, I would argue, and I would want for the write-up to also include that story.

What was that tweaking? What were the potentially implications that can result from that tweaking? And most importantly, what does that mean to the actual testing data? And now, if it's become too washed off, then one would question, well, what does that even mean moving forward? If a lot of these conceptualization or theories of the data is just flawed.

ASYA LOUIS: Great. Our next question is, is it possible to get a list of culturally specific tools to use in social work? I haven't been taught in my education, unfortunately.

OSWALDO MORENO: So I don't know if we're able to sent an attachment, if they were able to receive it. But APA has some recent, well, not too recent, but they have some articles that highlight, again, my area of focus with racial ethnic minority groups. And some of that highlights some of the, or describes, or cites, some of these testing tools.

Now, if we're not able to email it to them, perhaps, my email address is there. Feel free to send me an email. And I'll be happy to send it your way.

ASYA LOUIS: OK, great. And we can certainly disseminate any links or information that you have for them, Dr. Moreno.

OSWALDO MORENO: Perfect.

ASYA LOUIS: Our next question is, can the reference for the Washington article be offered?

OSWALDO MORENO: Yep. I can definitely provide that.

ASYA LOUIS: OK.

OSWALDO MORENO: And I hope it's useful just as it's been useful to me.

ASYA LOUIS: Absolutely. And our next question is, thank you for leading and sharing. I'm wondering why professionals believe the science and continue the status quo.

OSWALDO MORENO: Well, I wonder if testing is still-- well, testing is a tool. But a tool can also be a weapon. And it could be-- this is where cultural humility comes in. I always think of, I've been trying to think of cultural competence and cultural humility through the domains, again, of the knowledge, the awareness, the attitude, and the skill.

And knowing that we do embody a sense of our positionality as professionals that really are using our clinical tools, and utilizing these tools, I would argue, why are they utilizing this tool this way? And perhaps, it's the fact that they're not aware of their blind spots, their biases. And a lot of it could be just

because they may not be aware. Or there's an attitude component, perhaps, of socialization towards diverse groups, et cetera. So this is where, perhaps, they're in the spectrum of cultural humility and cultural competence that really needs more self-reflection.

ASYA LOUIS: Awesome. Our next question is, how do you see the use of the PCL-5 with people of color?

OSWALDO MORENO: That's a great question. I would actually have to get back to you on that. I would actually have to do some consulting myself. That is not one of the tools that I've used in my background. So I'd be happy to sit with that, consult on that with some of my colleagues, and then get back to you on that.

ASYA LOUIS: OK, great. And would you recommend the use of BDI with immigrants?

OSWALDO MORENO: The BDI with immigrants, so it still tells a story. But again, any tool is not just about use. It's about really unfolding the why. Why am I using this tool?

So it's really understanding the complexities, again, because it's not-- the problem with testing is that we just want a use. Because it's like, oh, it's depression. Well, perhaps it's depression through your lens.

But can we slow down and understand the processes, and the complexities, and the contextual factors of the person we're going to use this testing on? So my point here is it's not so much about the use, but rather slowing down in our conceptualization, as well as through our conceptualization, understand how the client is understanding this in the present moment. But also, through all these different factors, because without really navigating that, we're going to embody some bias.

ASYA LOUIS: Great. Our next question is, how much of your rationale for testing do you explain to clients, especially given the mistrust many minority populations may have about the cultural bias of tests and the dominant culture?

OSWALDO MORENO: That's a great question. Well, I think I would navigate that through a contextual lens. If I took a direction, what would it mean? Would it build allegiance? Would it build rapport? Would it build trust?

So if it's in a way that's going to assist the actual process to make it more culturally and contextually relevant, then, yes. But if it's not, where it may draw perhaps some administration bias, because now, they're being more guarded, because of the historical residue, right? So it's really, again, it's a tool. But what's going to be the impact of utilizing these tools? So in short, I would say, well, it depends on the client.

ASYA LOUIS: OK. And do you think that developing multicultural assessment tools that are effective is a realistic aim?

OSWALDO MORENO: Yeah. That is a great, ongoing, debatable question. I would argue that it's not about a realistic and practical goal. Because it's still an ongoing process.



We don't want to get to an outcome. Like with culture humility, we just don't become culturally competent. Or, no, it's an ongoing process. That may help eliminate some of these biases that we're describing, knowing that we still have to continue to engage in this process, this dynamic process, that is allowing us to utilize tools that are going to be more culturally appropriate. So I do believe that is an area that will assist in the process, knowing that we're not going to get there in terms of the outcome.

Now, is it realistic? Because I heard that key word. Probably not, but that's why it's a process and not an outcome. That's why we want to be able to engage, knowing that this is not about a checkmark. Working with multiculturalism is not a checkmark, where we just do this, or a class ...

No, it's this ongoing-- or just, I have this test now with Spanish speaking Latinx from Latin America. We're good. No. It's not about the checkmark. It's about continuing to engage in the process.

ASYA LOUIS: OK. Our next question is, could you speak to the difference and perhaps the risks between being competently trained to provide assessments in other languages, versus simply speaking another language and administering?

OSWALDO MORENO: That's a great question. Well, one of the biggest risks, I would say on both ends, is the, perhaps, nature of having the bias of knowing it all, and falling into generalizability, or even stereotype bias, where, oh, I speak Spanish, I'll be able to work with-- kind of like with Marco, the 12-year-old. Right?

My native language, personally, I'll self-disclose, is Spanish. And so, if I were to be like, I can work with Marco. Marco is from Latin America. He knows Spanish.

But being mindful that Marco's presentation looks different than my, in terms of Spanish, because it's not just about the language, the idioms, the expressions, et cetera. Marco also spoke Qechua. So in these components, if we just hold true even from native to native language, we may have language bias. And so that is a risk.

So just because a Latinx with a Latinx, it still may present bias. We still want to be-- I'm glad that there's an evaluator of another identity with another identity that match. Well, there's still going to be contextual differences that may impact the overall assessment process. And so those are risks that we don't want to let go. And we still want to be mindful and reflect to be able to mitigate that, because that can still be present, even with clients and evaluators of matching identities.

ASYA LOUIS: OK. And Dr. Moreno, why do you think higher education institutions continue to use standardized testing such as the SAT or the GRE, when some groups, especially low socioeconomic status and minority groups, do not equal opportunity for learning the material?

OSWALDO MORENO: Well, I would say that, again, looking at the history, perhaps the higher educational systems were, just like testing, really using this culture free, standardized to all, approach. And really highlighting, why? Well, because they were not intended to be for communities, or scholars, or students that do not need these identities.

So one way to be able to engage in really breaking those infrastructures systemically would be to start getting rid of them. For example, in my doctoral program here in our county psychology program, we got rid of them last year. Why? Because exactly this, we cannot say, utilize diversity, or that we are for multiculturalism, yet, we are still utilizing higher educational standards that are favoring the dominant group.

And so, just like testing, we can't cherry pick. Because again, it highlights bias. And so we want to be able to tell a coherent story. Part of the story is also the history before our time, and how that's being presented in today's time, and how that's impacting-- these systems are impacting our communities, or our students, et cetera. So in short, it would be, just like testing, the history of testing, that these standards were created, because these systems were intended for the dominant group not the non-dominant groups.

ASYA LOUIS: And we actually have a follow up comment from the same person that asked the last question. She shared, specifically, I'm thinking about the high cost of prep courses and materials that are not readily available to some communities. Personally, I feel the use of these tools continues to oppress certain populations by limiting their ability to participate in higher education.

OSWALDO MORENO: Whoever said that, amen. Yes. That is absolutely-- and again, it highlights the systemic, oppressive, essentially, it's systemic racism, even navigating through that. That it's still telling a story.

And so these infrastructures of systems, and staying true to reflection, awareness, added to knowledge and skill, in terms of how to make those systemic changes. Even just through testing, we can change the narrative. We can-- not so much change the narrative of manipulating the data, but really staying true to the data looking at the hidden factors.

Like that example of the follow up, those are hidden factors that are impacting communities. And so, even through testing, is bringing visibility to these hidden contextual factors and incorporating it into conceptualization, incorporating that in the storytelling. Because by not doing that, the writer may understand, but the reader it could get lost at the reader level.

It could get lost at the insurance that's looking at the diagnosis. It could get lost at the type of services. It could get lost, et cetera.

So the take-home message and a follow up to that follow up would be, that's an example of a hidden contextual factor that matters to the story. And so we want to be able, in testing, and in our social worlds, to be able to bring visibility to those hidden at the micro, covert level factors that are playing a role in this process. And that's telling a fuller story.

ASYA LOUIS: Great. And this is our last question of the day. And it is, is there a measurement tool to assess therapists' cultural humility? And how can we increase cultural humility among therapists who are willing and open to it?

OSWALDO MORENO: That's great. I will also send some articles on that. Let's do that. I will send you all the testing and assessments with persons of communities of color that came from the Council of National Psychological Association for Advancement of Ethnic Minority Interests.

And then they talk about testing and assessments with persons of communities of color, really great, free source. Monograph has about five different articles in there. And then I'll also send some on cultural humility.

ASYA LOUIS: Great. Thank you so much. That concludes our Q&A session. In closing, we would like to thank Dr. Moreno and you, the participants, for our great Q&A period, and for joining us on this webinar today.

We hope that you will be able to utilize the information presented today to strengthen your work. In closing, we would like your feedback on today's webinar. After you close the webinar window, a new window will pop up that includes a brief survey. Thank you and this concludes our webinar.