

A Multicultural Assessment Supervision Model to Guide Research and Practice

James Allen
University of Alaska Fairbanks

Multicultural assessment supervision is supervision of an assessment process in which the person assessed and the assessor are from different cultural backgrounds, the supervisor and the trainee are from different cultural backgrounds, or an instrument used in the assessment was developed with a cultural group different from that of the person assessed. A multicultural assessment competency model is presented to guide research and practice in multicultural assessment supervision. The model describes multicultural assessment competence areas, supervisor characteristics, supervision process variables, and supervision task areas important in the development of cultural competence in assessment practice.

Keywords: multicultural assessment, clinical supervision, psychological assessment, multicultural clinical supervision, multicultural assessment supervision

A significant demographic shift has occurred in the United States over the past 25 years. Individuals from nonwestern cultural groups compose an increasing proportion of the population. In many urban centers, ethnic minority groups together constitute the majority population, and these growth trends will likely continue or even accelerate (Schmitt, 2001; U.S. Bureau of the Census, 2006). Psychologists' caseloads are changing accordingly as they provide services to increasing numbers of individuals from multicultural groups. These larger societal changes are also reflected in the ranks of professional psychology. The most recent available data on the ethnic composition of psychology graduate students in the United States is for 2003–2004. These data indicated 27.3% of graduate students were members of ethnic minority groups (Norcross, Kohout, & Wicherski, 2005). These trends have important implications for clinical supervision, including assessment supervision, which will become increasingly multicultural.

JAMES ALLEN received his PhD in clinical psychology from the University of Montana. He is a professor of psychology at the University of Alaska Fairbanks and the codirector of the Culture and Intervention Core at the Center for Alaska Native Health Research. His interests include multicultural assessment, cross-cultural measurement, and participatory research methodologies in indigenous communities, and his current research focuses on protective factors and the implementation of a culturally based prevention program for Alaska Natives.

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CORRESPONDENCE CONCERNING THIS ARTICLE should be addressed to James Allen, Department of Psychology, 706D Gruening Building, P.O. Box 756480, Fairbanks, AK 99775-6480. E-mail: jim.allen@uaf.edu

Unlike many other occupational groups, professionals are granted significant autonomy in their work roles. One responsibility accompanying this autonomy is self-regulation through maintenance of professional standards. Training and supervision are central to self-regulation in psychology through their role in maintaining professional standards (Holloway & Neufeldt, 1995). Assessment is one of professional psychology's historical roots and contemporary distinguishing features. Given demographic trends, supervision of multicultural psychological assessment will become increasingly important in professional self-regulation. At present, no models exist to guide multicultural assessment supervision research and practice.

Assessment Supervision

There is an important distinction in the general clinical literature between training and supervision. In training, students learn intended skills. In supervision, the new professional learns to generalize skills to actual clinical practice (Lambert & Ogles, 1997). Psychological assessment supervision is a specialty area within clinical supervision. *Multicultural assessment supervision* can refer to supervision of an assessment process in which the person assessed and the assessor are from different cultural backgrounds, the supervisor and the trainee are from different cultural backgrounds, or the assessment instrument used was developed with a cultural group different from the cultural background of the person assessed. *Culture* is defined here broadly, referring both to societies and social groups (United Nations Educational, Scientific, and Cultural Organization, 2002). Cultures on the individual level can be represented through cultural, ethnic, and racial identification and also through gender, religious affiliation, sexual orientation, regional affiliation, socioeconomic status, and disability status. In addition, an individual can possess multiple identities. *Multiculturalism* includes recognition of both cultural diversity and the role power plays within this diversity, with power understood at a deeper level than fixed and binary relationships (Liu & Pope-Davis, 2003). In many psychological services such as assessment, an understanding of the unique patterns of meaning embod-

ied within the symbolic systems of culture (Geertz, 1973) is also crucial.

There is a significant research literature in the area of general clinical supervision. Ellis and Ladany (1997) identified 34 reviews of supervision research, many of which are relevant to assessment supervision. The studies in these reviews demonstrate the effectiveness of supervision in the application of skills to practice. Several of these studies demonstrate supervision's effectiveness through direct positive effects on clinical outcome in therapy and counseling. In one such study, Baker and Daniels (1989) conducted a meta-analysis of clinical supervision research in training programs using the microcounseling skills model and found a mean effect size of .83 for clinical supervision on relevant outcome measures. In contrast, research on assessment supervision is limited, and empirically based guidelines and a research base to document assessment supervision effectiveness are absent (Krishnamurthy et al., 2004).

In one of the few empirical studies on assessment supervision, DeCato (2002) adapted a quantitative method from the psychotherapy and counseling supervision literature to study the content of assessment supervision interactions. This research found assessment supervision involved more coaching- and skills-based content than general clinical supervision. In contrast to general clinical supervision, for which the research has found high levels of emotional awareness task interactions in the supervision process, DeCato found the rate of occurrence for emotional awareness tasks was lowest among the various content categories in current approaches to assessment supervision. Another study found the majority of psychology trainees did not perceive current approaches to multicultural assessment supervision as useful, nor did they view multicultural issues occupying a role of central importance in their assessment supervision (Van Kley, 1999). This last finding suggests newly trained psychologists are not being adequately prepared for emerging demographic realities in their societies.

Given this limited research activity, important areas remain unexamined in multicultural assessment supervision. No research exists on the effectiveness of various supervision techniques. For example, there are no data on the use of supervision techniques suggested in the literature, such as the use of multicultural expert panel interpretative reports as index reports (Dana, 2005) in internship assessment supervision. Similarly, research has not directly explored the clinical outcomes from multicultural assessment supervision. For instance, research has demonstrated the immediate beneficial effects on clinical outcome measures following psychological assessment that uses therapeutic assessment procedures (Finn & Tonsager, 1992; Newman & Greenway, 1997). Are these therapeutic effects enhanced when multicultural supervision specifically addresses cultural adaptations of the therapeutic assessment approach for different cultural groups?

Finkelstein and Tuckman (1997) proposed a developmental model of assessment supervision through which a trainee moves from apprenticeship to professional autonomy. The model begins at the development of competencies in test administration, whereas later stages are concerned with the ability to synthesize complex assessment data into clinical interpretation and inference. Within this type of framework, multicultural assessment competency is concerned with this synthesis of complex information and builds on knowledge and skills from previous stages, such as administration and standard interpretation of tests.

This article proposes an approach to multicultural assessment supervision both guided by this developmental model and situated within a broader multicultural training experience in professional psychology (Pope-Davis, Coleman, Liu, & Toporek, 2003). A multicultural assessment competency model for assessment supervision, presented in Figure 1, shows an assessment trainee moving from graduate training to independent multicultural practice. In it the trainee brings a set of multicultural assessment knowledge and skills to supervision. These interact with a set of multicultural assessment supervisor characteristics to create a multicultural supervision process influencing work in multicultural supervision task areas. The outcome of this process is the development of competencies for independent multicultural assessment practice. Directly beneath each of these elements in the figure are components that define them.

Multicultural Psychological Assessment Competencies

Training and supervision in any area require target goals. The past quarter century has seen articulation of clear training and supervision goals for multicultural competency in psychology. The most widely cited are the multicultural counseling and psychotherapy competencies articulated by D. W. Sue et al. (1982), updated by D. W. Sue, Arrendondo, and McDavis (1992). In this tripartite model, three dimensions (*beliefs and attitudes, knowledge, and skills*) describe three characteristics of cultural competence (*awareness of values and assumptions, understanding client worldview, and development of appropriate interventions*). Though standards exist for competency in psychological assessment (Krishnamurthy et al., 2004), there exists no consensus on what constitutes competency in multicultural assessment (Dana, 2005). Assessment training and supervision require a similar articulation of multicultural competencies.

Multicultural assessment is a specialty area within professional psychology sharing several competency elements with multicultural counseling and psychotherapy. These shared elements include competency dimensions such as beliefs and attitudes and knowledge regarding cultural groups along with the competency characteristics of awareness of values and understanding of client worldview. These are all the topics of a considerable body of existing work in the general multicultural counseling and psychotherapy literature (Mollen, Ridley, & Hill, 2003). Accordingly, this article focuses on competencies particular to multicultural assessment, not specifically addressed in the general multicultural literature. This recognizes culturally competent assessors require a broader professional training and supervision experience integrating these multicultural competences shared by counseling, psychotherapy, consultation, and assessment. Moreover, the tripartite model emphasizes any knowledge and skills acquisition must occur within the context of a training program experience that also emphasizes exploration of attitudes and beliefs about multicultural issues. To develop the remaining assessment competency characteristic of intervention strategies for culturally appropriate assessment requires additional specialized knowledge and skills specific to multicultural assessment. These specialized knowledge and skills define multicultural assessment training and supervision goals.

S. Sue and Zane (1987) stressed the importance of *proximal linkages* to culturally competent practice. Proximal linkages trans-

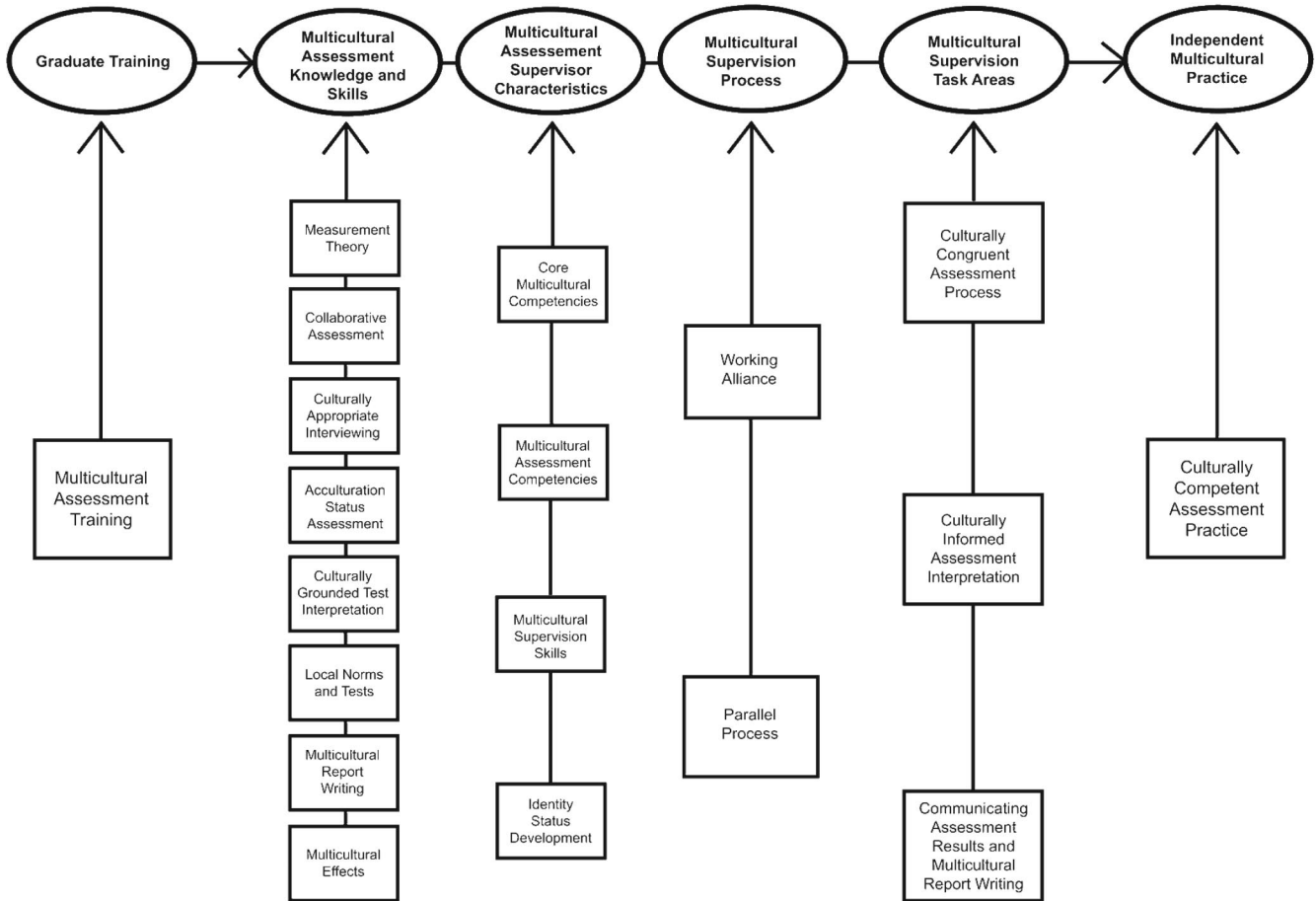


Figure 1. A multicultural assessment competency model for assessment supervision.

form cultural knowledge, connecting it to the concrete operations clinicians perform when providing culturally competent services. An example of a proximal linkage in assessment occurs when a clinician makes use of knowledge regarding local cultural norms for helping behavior along with skills in culturally appropriate social interactions to structure the way the goals of assessment are explained to a person. Another example involves skills in acculturation status assessment and its use as a moderator variable in culturally informed interpretation of assessment data. The next section describes knowledge and skills that provide proximal linkages to culturally competent assessment practice.

Multicultural Assessment Knowledge and Skill Areas

Multicultural assessment requires knowledge in (a) measurement theory and construct validity relevant to culture and skills in (b) multicultural collaborative assessment, (c) culturally appropriate interviewing and culturally congruent assessment services practices, (d) acculturation status assessment, (e) culturally grounded test interpretation, (f) use of local norms and tests, (g) multicultural report writing, and (h) multicultural assessment ethics decisions. Although some of these elements are specific to multicultural assessment, others are cultural extensions of core competencies taught in standard assessment training. Because

these knowledge and skills are necessary for competent multicultural assessment practice, a starting point in supervision is supervisor assessment of trainee competence in each area. Existing research evidence suggests not all programs provide the same emphasis on multicultural training (Magyar-Moe et al., 2005). As a result, supervisor-guided competencies enhancement within specific competency areas may be required. A brief overview of the eight multicultural assessment competencies is presented next. More detailed description as part of a graduate multicultural assessment training curriculum is presented elsewhere (Allen, 2002).

Measurement Theory

Competent multicultural assessment requires familiarity with the existing knowledge base in test construction, psychometric theory including both classical and more recent item response theory approaches, and psychological constructs and their validation. This includes an exposure to the seminal theoretical work on the nature of psychological constructs and tests (e.g., Campbell & Fiske, 1959; Cronbach & Meehl, 1955) and contemporary extensions (e.g., Cronbach, 1988; Messick, 1980, 1995; Smith, 2005). Of key importance is conceptual understanding regarding how much of the multicultural critique on the use of standard assessment instruments with ethnic minorities and other cultural groups

is entirely consistent and comes out of the perspectives of methodologists who advanced theory-based or construct approaches to test validity beginning in the 1950s. These methodologists noted the validity of test interpretations changes depending upon various uses of a test, including use with different groups (Allen & Walsh, 2000).

In addition to the core methodological literature, trainees require background in multicultural assessment theory and research methods. Two crucial areas include an understanding of methodological deficiencies common to much of the assessment research with ethnic minorities (Okazaki & Sue, 1995) and unresolved issues in study of the construct, linguistic, and metric equivalence of measures across cultural groups (Allen & Walsh, 2000).

Collaborative Assessment Approach for Multicultural Assessment

The collaborative approach to assessment has been described as *human science* (Dana, 1982), *individualized* (Fischer, 1994), and *therapeutic* (Finn, 1996) assessment. Though each approach possesses distinguishing features and unique attributes, they all share the common goal of personal empowerment through an assessment process that is participatory and maximizes individual control. Also common to each is a focus on interviewing as a tool to collaboration.

In multicultural applications of collaborative assessment, the initial interview, prior to actual testing and the assessment results feedback interview, assumes additional importance. The interview provides an opportunity to establish relationship and trust across potential cultural boundaries and differences. In multicultural assessment, clients can often have many important questions about the reasons and rationale for testing, the use of results, and who will have access to results. Finn (1996) also emphasized exploration of negative experiences with testing that are in many individuals' backgrounds and the importance of undoing this past harm during the interview, before proceeding with testing. These issues, questions, and past experiences are frequently of central importance in assessment across cultures for numerous contemporary and historical reasons. The collaborative assessment approach provides a tool to address these concerns and numerous opportunities for culturally relevant input from the client to structure the assessment process and results in more culturally congruent and accurate ways.

Culturally Appropriate Interviewing

One of the complexities of multicultural assessment involves how it requires the full array of multicultural counseling and psychotherapy competencies (Pope-Davis, Toporek, & Ortega-Villalobos, 2003) for the clinical interview component of assessment, in addition to specialty assessment related competencies. Even if an assessor uses instruments that possess culturally valid interpretive rules for the group in which the person is a member, an accurate assessment is unlikely to occur unless the interview and the entire process of conducting the assessment are done in a culturally congruent manner. This suggests the assessor is capable of understanding the person within the cultural context and of establishing trust. Many current practices in clinical interviewing are patterned on Euro-American social interactions. Knowledge of

how interpersonal interactions are sociolinguistically patterned within the cultural group of the person, the meaning of nonverbal cues within the culture, and the nuances of local dialect and linguistic conventions, along with the skills to conduct the assessment interview in accord with these patterns, are important assessment competencies (Allen, 1998; Dana, 2005). Takushi and Uomoto (2001) described an interviewing approach using the Person-In-Culture Interview (Berg-Cross & Takushi-Chinen, 1995) as a guide to the content of multicultural assessment interviews.

Acculturation Status Assessment

Acculturation is the process of cultural contact. Berry (2003) and Sam (2006) provided one conceptual framework for understanding this process at the individual and group levels through the concept of *acculturation status*. Generally, assessment psychology has limited its focus to acculturation at the individual level. Within this framework, four acculturation statuses describe the individual response to cultural contact, termed *separation*, *assimilation*, *alteration*, or *marginalization*. Phinney (2003) described *cultural identity* as a concept both overlapping with acculturation and possessing important differences, whereas *racial identity* (Helms, 1995; Helms & Carter, 1990) is an additional widely used concept in the United States with some overlap and important distinctions from cultural identity and acculturation status. Ponterotto, Gretchen, and Chauhan (2001); Zane and Mak (2003); Dana (2005); and Arends-Tóth and van de Vijver (2006) all provide extensive reviews of methods to assess acculturation and identity status.

It is important to note an emerging body of research strongly suggests acculturation and identity status are multidimensional constructs that can be situationally dependent (Allen, Vaage, & Hauff, 2006; Chun & Akutsu, 2003). For example, a second-generation immigrant Chinese American adolescent may display very different behavioral repertoires and identities at home with her grandparents than at school with her peers (Okazaki & Sue, 1995). Multicultural assessment requires skills in the assessment of acculturation and identity status through self-report and interview methods, an awareness of the shortcomings of each approach, and skills in their use as a moderator variable in the interpretation of test data.

Culturally Grounded Test Interpretation

Cultural interpretation of test data requires grounding in an understanding of how acculturation and identity status can function as moderator variables affecting test interpretation (Dana, 2005). Systematic research evidence on the impact of these variables as moderators is beginning to emerge for standard tests in the United States.

For example, we now know among American Indian reservation-based individuals from tribal cultures in the American Southwest, who as a group maintain a strong identification status with their tribal culture, that along with several lines of cross-cultural interpretive convergence, important differences exist in the meaning of selected Minnesota Multiphasic Personality Inventory—2 (MMPI-2) scale scores. Inspection of data collected from this group by Greene, Robin, Albaugh, Caldwell, and Goldman

(2003) indicates the external correlates of Scale 2 (Depression [*D*]) and Depression [*DEP*], as measured through a modified version of the Schedule for Affective Disorders and Schizophrenia—Lifetime version (SADS-L; Endicott & Spitzer, 1978), are inconsistent with standard MMPI-2 interpretive practice. There was a lack of association of *D* with almost any SADS-L depressive symptomatology, suggesting scores on *D* were unrelated to depressive experience in this sample. *DEP* was associated with the depressive symptoms of attempting to kill oneself, brooding, change in appetite, feeling resentful and sorry for oneself, lack of energy, lack of interest in things, and sleep difficulties, but only in men. In contrast, in women there was limited association between *DEP* and these depressive symptoms. Instead, in women, but not men, *DEP* was associated with antisocial symptoms before 14, stole things, and had hallucinations. Additionally, *DEP* correlated for both genders with meeting criteria for Antisocial Personality Disorder on the SADS-L at similar magnitude to that of Scale 4 (Psychopathic Deviate [*Pd*]) and the Antisocial Practices scale. This example provides detailed information regarding the functioning of one standard test as it interacts with acculturation status and gender as moderator variables impacting interpretation within one cultural group, an important milestone in development of an empirically based multicultural assessment practice.

Local Norms and Tests

Research evidence as in the previous example allows for an empirically based multicultural assessment practice. Though this research base is now beginning to emerge, evidence does not yet exist for the validity of specific interpretations as they interact with acculturation and identity status for many standard assessment instruments currently in use. Until such time of a more mature multicultural assessment research base, clinicians working with culturally distinct groups will continue to rely on local interpretative norms and their own clinical experience to assist them in qualifying standard test interpretations in multicultural assessment or developing culture-specific interpretative formulations. Local culturally grounded tests can possess greater ecological relevance to the person's cultural setting and can facilitate the tapping of culture-specific information in assessment. Allen (1998) provided an example of use of a local test and local norms to augment standard tests with one cultural group.

Multicultural Report Writing Skills

In multicultural assessment, practitioners must communicate complex information on acculturation and identity status and, at times, qualify or culturally adapt standard test interpretations in light of cultural data. Report writing should also incorporate cultural information, and carefully describe and justify cultural adaptations of tests and culture-specific interpretations of standard test data. In diagnostic reports, facility with cultural formulation using the *Outline for Cultural Formulations* from the *Diagnostic and Statistical Manual for Mental Disorders* (4th ed., text revision; American Psychiatric Association, 2000) is recommended.

Dana (2005) provided examples of different kinds of multicultural psychological reports, yet emphasized all multicultural assessment reports should contain four common key elements. Reports should (a) address the quality of the relationship, (b) describe

cultural information and its use in interpretations, (c) explore potential confounds and interactions that may contribute to bias, and then (d) summarize findings, present recommendations, and discuss limitations.

Multicultural Ethics

The American Psychological Association (APA; 2002) *Ethical Principles of Psychologists and Code of Conduct* includes a number of newly introduced subsections under the area of assessment relevant to multicultural practice. The *Ethical Principles* calls for use of instruments with established reliability and validity among members of the population tested, or discussion of limitations when such instruments do not exist, and mandates test interpretation consider linguistic and cultural differences. The APA (2003) *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists* further directs practitioners to attend to the effects on validity of such issues as cultural equivalence. To address these concerns, the *Ethical Principles* asserts assessors may adapt instruments "in light of the research on or evidence of" usefulness (APA, 2002, p. 1070). The principles now appear to recognize cultural adaptations derived from cultural knowledge and clinical judgment in administration and interpretation of standard tests.

However, clinical competency is predicated on adherence to procedures relative to standards (Beutler, Crago, & Arizmendi, 1986). In the absence of a consensually accepted research base for adaptations, empirically based standards cannot exist. Given an absence of empirically based standards to guide practice, many cultural adaptations in multicultural assessment, including inferences made from test data, involve ethical decision making.

Regarding multicultural assessment, Ridley, Hill, and Wiese (2001) asserted the general ethical principle of multicultural assessment competence is superordinate to other ethical standards that each pertain to specific competencies. Out of this general principle, they offer five guidelines for a reasoned application of ethical standards in multicultural assessment as linkages from standards to practice. They direct assessors to (a) collect all ethically relevant information, then determine how (b) one's own personal factors, (c) client factors, and (d) contextual factors affect application of the ethical standard, to determine (e) the cognitive and behavioral indicators of application of the ethical standard to the assessment activity. The second guideline in particular converges with Article 13 of the draft *Universal Declaration of Ethical Principles for Psychologists* (International Union of Psychological Science, 2006), explicitly created to guide development of differing standards for differing cultural contexts: "Psychologists uphold the value of self-knowledge regarding how their own values, attitudes, experiences, and social context influence their actions, interpretations, choices, and recommendations" (p. 4).

Multicultural Assessment Supervisor Characteristics

Ideally, trainees bring to assessment supervision a set of general multicultural competencies and specialized multicultural assessment competencies as an outcome of their graduate professional training experience. These trainee characteristics interact with assessment supervisor characteristics to determine supervision process and outcome. At present, there exists limited literature on

the characteristics of effective multicultural assessment supervisors. However, following Leong and Wagner's (1994) critical review, a significant literature has emerged on general multicultural supervision. The tripartite multicultural competency model (D. W. Sue et al., 1992) has been influential in this literature. Most research has focused on supervisor multicultural competence, with researchers expressing concern regarding supervisors' lack of multicultural knowledge and skills (D'Andrea & Daniels, 1997).

Assessment supervisors require the same core multicultural psychotherapy and counseling competencies (D. W. Sue et al., 1992) as general clinical supervisors. In addition, assessment supervisors must possess high levels of specialty knowledge and skills in the eight multicultural assessment competency areas. The impact of the assessment supervisor's multicultural competence on the process of supervision, as well as such variables as supervision satisfaction, client satisfaction, assessment cultural appropriateness and interpretive accuracy, and therapeutic assessment outcomes remain unexplored areas for supervision research.

When supervising a trainee from a different cultural background, additional supervisor competencies become important. These include knowledge and skills in culturally congruent methods and styles of supervision. The approach must use culturally appropriate interviewing and modes of social interaction, including modes of interaction within the authority role and hierarchy that are part of any supervisory relationship. For example, in some cultural contexts, an informal self-presentation might be welcomed in a supervisor. In others, this might be perceived as inappropriate and disrespectful. Supervision across cultures can also require the ability to recognize cultural differences in learning styles and to adjust training modalities accordingly.

Recently, the general multicultural supervision research has turned its attention to the impact of supervisor attitudes and beliefs on the supervision process (Helms & Cook, 1996). This work is driven by concerns regarding how racial, ethnic, and cultural conflicts in the supervision relationship can have detrimental effects upon both supervision and client outcome (Constantine, 1997). Cook (1994) provided a racial identity interactional model that has stimulated a body of research on the impact of attitudes on the supervision process. The model and its research findings have implications for multicultural assessment supervision.

As with counseling and psychotherapy, multicultural assessment in the United States also occurs within the context of a race-conscious society. The majority of the research on clinical supervision when the supervisor and trainee come from different cultural backgrounds has emphasized the role in supervision of (a) the sociopolitical construction of race and its psychological implications and (b) White supervisors, as available data suggest this continues to be the norm in supervision (Norton & Coleman, 2003). This research has focused on how race is addressed or not addressed between White supervisors and trainees of color.

Helms and Carter (1990) and Helms (1995) asserted that among European American individuals in the United States, the development of a positive White racial identity consists of two processes, (a) overcoming and abandoning racism in its individual, institutional, and cultural forms and (b) development of a nonracist White identity not predominated by racial distortions. Consistent with the model's developmental conceptualization, multicultural counseling training courses promote racial identity development in European American students (Brown, Parham, & Yonker, 1996;

Neville et al., 1996), and in European American clinicians, level of White racial identity explained variability in multicultural competencies beyond that accounted for by educational, demographic, and clinical variables (Ottavi, Pope-Davis, & Dings, 1994). Although this research suggests a racial identity development component in White trainees facilitates effective multicultural assessment supervision, the existing research suggests the types of awareness tasks that would assist identity development rarely occur in contemporary assessment supervision (DeCato, 2002). This research also highlights the importance of personal examination by the supervisor regarding attitudes, racism, and prejudice, given the importance of supervisor identity development in supervisor multicultural competence. Finally, the multicultural supervision process research shows racial identity development interacts with supervision process variables in important ways, with implications for effective multicultural assessment supervision practice.

Multicultural Assessment Supervision Process

The quality of the supervisory relationship has consistently appeared as an important determinant of supervision outcome in the clinical supervision literature (Goodyear & Guzzardo, 2000). Two relationship process variables that have received considerable empirical scrutiny appear relevant to multicultural assessment supervision: working alliance and parallel process.

Working Alliance

The process variable of the therapist–client working alliance is prominent in the psychotherapy and counseling literature. This has led to parallel research on the supervisor–trainee working alliance, culminating in recent development of a psychometrically sound measure of the alliance (Efstation, Patton, & Karduash, 1990). One notable finding, with direct relevance to multicultural assessment supervision, is matching supervisors and supervisees on level of racial identity development predicted strength of supervisory working alliance (Ladany, Brittan-Powell, & Pannu, 1997). In this study, supervisory dyads were assigned to groups on the basis of supervisor and supervisee racial identity levels (supervisor high–trainee low, supervisor low–trainee high, both low, both high). Supervisor–clinician dyads with both high on racial identity produced highest working alliance scores. A noteworthy finding was that the effect of racial identity matching exceeded the effect of racial matching in dyads. In addition, this contribution of identity development to working alliance in turn contributed to supervision outcome. Trainees, regardless of their own level of racial identity development, when supervised by supervisors they rated high on racial identity development, scored higher on a multicultural competence measure. Again, effect of supervisor racial identity development score exceeded effect of racial matching.

Parallel Process

Parallel process refers to how the quality of the client–clinician relationship can surface in the supervisor–trainee relationship and vice versa (Searles, 1955). Parallel process is likely to impact multicultural assessment practice through trainee experiences around supervision process issues such as, “How does the supervisor attend to cultural issues?”; “What importance does the su-

supervisor attach to cultural considerations in how assessment services are delivered and assessment data are interpreted?"; and "How are cultural issues addressed in the supervision process?" The way in which the supervisor confronts these issues models a process. This process has potential to surface in the assessment session in parallel manner. Burkard, Ponterotto, Reynolds, and Alfonso (1999) demonstrated that the ability to address issues of race in counseling is related to counselor racial identity status.

In summary, research on attitudes and beliefs in general multicultural supervision suggests the racial identity development of both the supervisor and trainee facilitates the process of multicultural supervision, as measured through working alliance, and the process variables of working alliance and parallel process contribute to cultural competence outcomes. Similar research on relationship quality would advance multicultural assessment supervision.

Multicultural Assessment Supervision Tasks

During supervision, the trainee synthesizes knowledge and skills from multicultural assessment competency areas with the other core multicultural competencies learned in clinical training and practicum to perform the tasks of assessment practice. Supervisors can facilitate this synthesis through their supervision of three global task areas in multicultural assessment: (a) culturally congruent assessment service delivery practice, (b) culture-specific interpretive practice, and (c) communicating assessment results and multicultural report writing.

Assessment supervision is typically conducted within a tight time frame. It is not possible to address every consideration described below within existing supervision time constraints. Supervision is a developmental process, and the supervisor must prioritize. Early cases can require additional supervision time. However, following a trainee's initial multicultural cases, supervisors can typically adopt a less time-intensive approach to assessment supervision.

Culturally Congruent Assessment Process

Early in the developmental process of supervision, culturally congruent assessment is facilitated by a proactive approach. In a session prior to an assessment case, the supervisor can assess trainee competencies, oversee cultural adaptations to the collaborative assessment process, review identity status assessment, explore culturally relevant issues likely to emerge, and address any consultation needs.

In this first session, the supervisor can evaluate the trainee's background in the eight multicultural assessment competence areas and experience with the culture of the individual being assessed. This provides opportunity to design continuing education if needed. If the trainee has only limited knowledge regarding the culture of the person, the literature in multicultural counseling and therapy can be useful in guiding the initial interview and assessment services.

Supervision prior to the assessment session can also provide overview and planning for the collaborative assessment process. The supervisor can recommend possible cultural adaptations of the procedure. Attention to cultural considerations in the initial interview is often a distinguishing feature of multicultural assessment supervision. Specific supervision topics for this interview can

include how negative experiences and reservations about assessment can be explored and addressed within the group cultural and historical perspective of the person. Other topics can include culturally sensitive ways to effectively explain the nature and purposes of the assessment, who will have access to results, and potential positive and negative outcomes of the assessment. Supervision can also explore culturally appropriate ways to invite the person to frame his or her own questions for the assessment. Inclusions of assessment findings addressing the person's own questions, distinct from the professional referral question, are a hallmark of collaborative assessment. In multicultural assessment, supervision emphasizes these personal questions that identify culturally relevant content and potentially important cultural issues.

Discussion in supervision can plan the strategy for acculturation or cultural, ethnic, or racial identity status assessment. Assessment issues with potential to emerge out of the cultural and historical experience of the individual can be also explored. For example, for many refugees there may be serious concerns regarding how assessment results will be used and who will have access, out of legitimate fears this could affect their status determination.

Often a cultural consultant can assist the trainee, especially if the assessment is with a person from a cultural group different from that of both the trainee and supervisor and the supervisor has limited experience with the group. A cultural consultant is a knowledgeable person from within the culture who can introduce the trainee to the cultural group, answer general cultural questions that arise during the assessment, and provide recommendations for culturally congruent behavior during the assessment. Sometimes this person is another professional. At other times, the person can be a respected nonprofessional community member. Examples include elders, natural helpers, and other community leaders whom multicultural training programs often identify to assist trainees during their cultural contact process. If the assistance of a cultural consultant is indicated, supervision provides opportunity to assist the trainee in locating and advising on the appropriate use of a consultant.

In some areas of multicultural assessment, for example with refugees, recent immigrants, and other individuals whose first language is not English, the services of an interpreter may prove necessary. In many Western countries, interpreters undergo a certification and licensure process. In others, including the United States, this responsibility falls upon the clinician. The APA *Ethical Principles* requires that clinicians avoid interpreters who have multiple relationships that could lead to exploitation or loss of objectivity, only authorize tasks within the interpreter's competency, and ensure interpreter services are competently delivered. Prior to use of a new interpreter's services, it is important for the supervisor and trainee to meet with the interpreter conjointly to identify any ethical concerns and assess competence. Competence includes the interpreter's knowledge and level of experience both with interpretive work in mental health services and psychological assessment. This session also allows time for an orientation interview for the interpreter on the nature and purposes of the particular upcoming assessment case.

In summary, supervision of a culturally competent interviewing and assessment administration is a proactive activity in the early phases of supervision. However, postsession review of video or live observation of the assessment interview is also extremely useful in the development of culturally competent assessment

skills, as can be review of the testing process, particularly in procedures characterized by intensive interaction such as the assessment of abilities or other performance tests, such as the TEMAS (Tell-Me-a-Story), Thematic Apperception Test (TAT), and Rorschach.

Culturally Informed Assessment Interpretation

Culturally informed assessment interpretation is a practice model that systematically integrates a consideration of culture through the impact of acculturation and identity statuses on interpretative inferences made from assessment data. Culturally informed assessment interpretation synthesizes culturally grounded interpretations from individual tests with data from the assessment interview, records, and collateral sources. The multicultural assessment–intervention process (MAIP) model (Dana, 2005) is one of several multicultural practice models that can assist the supervisee to organize interpretive thinking around culture. The MAIP specifies a number of opportunities to use cultural knowledge within the assessment process and can provide a central organizing framework for interpretation supervision by augmenting the procedures found in standard psychological test interpretive guidelines and books.

The supervisor can provide advanced training in culture-specific interpretation out of his or her knowledge base, sharing relevant information regarding existing research on assessment instruments for a cultural group combined with his or her own clinical experience with local norms and tests. To return to the previous MMPI–2 example, in supervision with an assessment referral question regarding possible depression for a male American Indian living on a reservation in the Southwestern United States, interpretation of scores on the *DEP* scale would be considered. However, in moving from culturally grounded test interpretation to culturally informed assessment interpretation, the supervisor would work with the trainee to integrate other sources of culturally relevant assessment data. This could include interview data, personal history, and important collateral information on the person's symptoms and acculturation and identity status. The supervisor would note the person's Vietnam veteran status and combine local and cultural knowledge regarding prevalence of higher war zone exposure and post-traumatic stress disorder in the cultural group (Beals, Manson, & Shore, 2002), along with knowledge regarding local culture-specific manifestations of the disorder (Manson, 1996), to develop a cultural formulation providing a more complete understanding of this person's depressive experience. In summary, supervision in this task area identifies and utilizes the proximal linkages that bring cultural knowledge into the interpretation process.

Communicating Assessment Results and Multicultural Report Writing

This area of supervision works with the trainee on communicating assessment findings to the client, including obtaining and incorporating feedback as a crucial feature of multicultural collaborative assessment practice and the assessment report. A supervision session prior to the assessment feedback interview provides opportunity to review the assessment interpretations to devise a culturally congruent approach for sharing this information. This

should directly address the person's assessment questions as well as the professional referral question. The person's reflections on these initial interpretations can lead to cultural elaboration and modification to improve their accuracy. In addition to facilitating inclusion of cultural content, the feedback interview can provide cultural auditing, including outright correction of culturally inappropriate interpretations. The supervisor can work with the trainee on culturally appropriate ways of encouraging the person's active involvement in the formulation of interpretations. An important supervision issue for feedback in multicultural collaborative assessment is to ensure clear, culturally appropriate procedures are laid out for respectfully dealing with person and assessor disagreement over interpretations. The standard collaborative assessment approach is to include both perspectives in the final assessment report. Postfeedback supervision can address how the trainee managed the feedback session, especially when the person's formulations differed. Similar to psychotherapy supervision, review of video or observation can be a useful technique.

In supervision, multicultural competencies in report writing are now applied to local assessment practice. This can be augmented through sharing of the supervisor's own multicultural reports as models. Coauthoring of reports may be appropriate early in the supervision process, with focal discussion on basic issues such as the appropriate presentation of cultural data in the report. Later in the professional development process, supervision typically transitions to review, constructive commentary, and editing of completed reports with focus on discrete, more advanced areas in multicultural assessment report writing. Structured evaluation of multicultural report writing can assist trainee development, particularly early in supervision. The multicultural report checklist (Dana, 2005, p. 32) provides a detailed evaluation of components within each of the four common essential elements of multicultural reports, and can be useful in tracking and evaluating writing development.

Evaluation of Multicultural Assessment Supervision

Though checklists exist for the global evaluation of general assessment competency (Dumont & Willis, 2003), none exist for multicultural assessment. This is a crucial omission for research and practice. Pope-Davis, Toporek, and Ortega-Villalobos (2003) provided general recommendations for evaluation of multicultural clinical supervision that are relevant to assessment specialty supervision. These call for integration of *self-reflection* by the trainee and supervisor on the areas of multicultural knowledge, skills, and attitudes, with *process-oriented assessment* between supervisor and trainee of trainee competence in these areas as a basis for goal setting. The importance of summative *evaluative assessment* using criteria clearly articulated by the supervisor is emphasized. Best practices include evaluation of trainee multicultural assessment competence and the supervision process by both supervisor and trainee.

Several structured assessment instruments from the multicultural counseling and psychotherapy supervision literature can be adapted for this evaluative assessment and multicultural assessment supervision research. The Multicultural Competence Inventory (Sodowsky, Taffe, Gutkin, & Wise, 1994) is a trainee self-report measure with four subscales tapping multicultural skills, awareness, knowledge, and relationship. A new instrument, the

California Brief Multicultural Competence Scale (Gamst et al., 2004), was constructed from four earlier cultural competency scales. It adds a sociocultural diversities subscale to tap a broader multicultural competency domain that includes disabilities, gender, seniors, sexuality, and low socioeconomic status. The Multicultural Supervision Inventory (Pope-Davis, Toporek, & Ortega-Villalobos, 2003) provides both trainee and supervisor assessment of the supervisor's multicultural competence. These instruments, accompanied by supervisor evaluation of the trainee in the eight multicultural assessment competencies and three assessment task areas, would provide a comprehensive evaluative assessment of multicultural assessment supervision.

Culturally Competent Assessment Practice

Multicultural assessment supervision is a specialty area within clinical supervision. Much of the existing literature on general clinical supervision and multicultural counseling and psychotherapy supervision is relevant. However, research to guide specialty issues in multicultural assessment supervision is lacking. The area can benefit from research to inform practice and a multicultural supervision model to guide both research and practice. The multicultural assessment competency model views multicultural assessment supervision as a developmental process in which knowledge, skills, and attitudes from multicultural training are generalized to practice. Intensive case supervision and knowledge transfer characterize the early supervision process. Later, the trainee moves to greater independence, culminating in independent practice. Supervisor multicultural competence and supervision process variables are important determinants of effective supervision in assessment task areas. Multicultural assessment supervision emphasizes development of proximal linkages bridging cultural knowledge to assessment practice.

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