

University of Nebraska - Lincoln

DigitalCommons@University of Nebraska - Lincoln

Multicultural Assessment in Counseling and
Clinical Psychology

Buros-Nebraska Series on Measurement and
Testing

Spring 1996

Section One: Test Bias, Multicultural Assessment Theory, and Multicultural Instrumentation

Gargi Roysircar Sodowsky

University of Nebraska-Lincoln, sodowsky@unlinfo.unl.edu

Follow this and additional works at: <https://digitalcommons.unl.edu/burosbookmulticultural>

Sodowsky, Gargi Roysircar, "Section One: Test Bias, Multicultural Assessment Theory, and Multicultural Instrumentation" (1996). *Multicultural Assessment in Counseling and Clinical Psychology*. 3.
<https://digitalcommons.unl.edu/burosbookmulticultural/3>

This Article is brought to you for free and open access by the Buros-Nebraska Series on Measurement and Testing at DigitalCommons@University of Nebraska - Lincoln. It has been accepted for inclusion in Multicultural Assessment in Counseling and Clinical Psychology by an authorized administrator of DigitalCommons@University of Nebraska - Lincoln.

Section One

Test Bias, Multicultural Assessment Theory, and Multicultural Instrumentation

Gargi Roysircar Sodowsky

University of Nebraska-Lincoln

Stanley Sue in “Measurement, Testing, and Ethnic Bias: Can Solutions Be Found” addresses multicultural assessment and research with experienced wisdom and scientific inquiry. His tone is amicable, communicating a problem-solving attitude. Owing to its applicability, Sue’s paper will appeal to a wide readership, with each reader finding a particular part especially meaningful. We find journalistic information on negligent diagnosis; a review of diagnostic studies; suggestions for new measurement methods to control for cultural bias in tests; analyses of a White prediction equation for the academic achievement of various Asians in the U.S.A.; ongoing research on MPPI-2 scores of diversely acculturated Asian Americans; hypotheses about Asian-American personality variables that influence responses to mainstream measures of psychopathology; and a discussion on institutional policy matters, something practitioners are rarely concerned about, but which is important to the advocacy of racial and ethnic equity.

One is introduced to what is minority group status, culture, ethnicity, and the overlap of the latter two. Sue cites research where substantial misdiagnosis of American ethnic minorities consists of both over- and underpathologizing, and where misdiagnosis may have resulted from the interaction of client-clinician racial/ethnic

match and mismatch. The main point is that American ethnics are more likely to be misdiagnosed than White Americans. Sue notes that the two popular ways of identifying test bias in personality instruments are factor analysis and regression analysis (analysis of items within an instrument has been used particularly in achievement and aptitude tests [Sue, 1994, private communication]).

Sue addresses the nature and extent of bias when one group's regression equation is used as the standard. He summarizes a previous study that reports predictors of Asian academic achievement. A White regression equation both overpredicted and underpredicted various Asian groups. Sue and colleagues used Whites as the standard because prediction formulas established by universities are based primarily on the White-American majority group. Sue emphasizes (1994, private communication) that "over and underpredictions of GPA involving a difference of .17 is quite substantial, not only to student perceptions but also to admissions to graduate school. As one example, UCLA will not as a rule admit as graduate students undergraduates who have a cumulative GPA of under 3.00. You can imagine how many students receive GPAs between 2.83 and 3.00.... Finally, at some universities (such as UC Berkeley), there were attempts to increase the weight of SAT-Verbal over SAT-Math performance in admission. According to our findings, doing so would probably reduce the ability to identify the best Asian American students."

From Sue, a reader learns how culturally different decision-making abilities can be "conceptually equivalent"; how an assessor is also a measurement "instrument"; and how one does "back translation" and "parallel research." The response biases of Asian-American subjects to the MMPI-2 make Sue question the "metric equivalence" of the MMPI-2. He suggests using the Asian "loss of face" variable as a validity index to understand Asian response sets on measures of psychopathology. Thus, in Sue's chapter one encounters concepts that are unfamiliar to classical measurement theory.

Sue develops the view that people express distress in culturally acceptable ways, and thus symptoms may hold different meanings in different cultures. The implication is that assessment/diagnosis needs to focus on a deeper understanding (in addition to symptom enumeration or mental health status examination) of the client's phenomenology than is currently emphasized. From Sue one realizes that the clinician knows little about clients' history and etiology of problem.

Juris Draguns' "Multicultural and Cross-Cultural Assessment: Dilemmas and Decision" is rich in the breadth of its coverage;

development of arguments and counter arguments; presentation of assessment/diagnostic hypotheses and research ideas; and suggestions for ideal solutions to conflicts that inherently arise when assumptions are based on the contextualization of psychology. Draguns' ideas are scholarly, substantive, and complex. The review of the psychodiagnostic literature and the reference list are excellent. This scholarly chapter is a "must" for graduate student researchers and cross-cultural/multicultural researchers.

Draguns draws a distinction between cross-cultural assessment and multicultural assessment. It is possible and worthy to compare anxiety responses, depression, schizophrenia, or coping responses to catastrophes across political, cultural, and geographic frontiers. Pluralistic localities in the U.S. provide similar opportunities for investigating the humanly universal and the culturally variable. This is the etic cross-cultural perspective. But not relevant to cross-cultural comparisons are disparities in interethnic comparisons in the U.S. such as the uneven distribution of power and privilege, the complex patterns of acculturation and ethnic identity in the U.S., multiple and overlapping group membership, and the difficulty of categorizing ethnic groups that have fuzzy intergroup boundaries. These latter challenging investigations have been taken up by the emic perspective of multicultural counseling. Draguns gives definitions of culture as it applies to psychology and makes the important point that the concept of culture should generate hypotheses rather than serve as a convenient source of post hoc explanations.

Like Sue, Draguns uses terms unfamiliar to classical measurement theory. Take, for example, his comparisons of "etic," John Berry's term "imposed etic," and his own version of "modified etic." Draguns illustrates how to integrate the contrasting options of emic-qualitative and etic-quantitative data in order to have a comprehensive understanding of psychopathology across all cultural borders. Draguns' examination of the acculturation and ethnic identity of American racial and ethnic minorities is useful because this is an important multicultural topic. Draguns references some important multicultural and cross-cultural assessment instruments. He also provides an international dimension by referring to transcultural studies on depression and schizophrenia and to the epidemiological studies of the World Health Organization.

How does one compare equivalent stimuli that are not physically identical or that are physically identical but not equivalent? Draguns gives criteria for limiting such stimuli comparisons. He cautions against artificial matching as well as comparing samples that are

widely divergent in relevant characteristics. In order to make sure that concepts carry constant meanings, Draguns suggests the systematic collection of empirical data on the equivalence of concepts, use of explicit rules of diagnosis and group assignment, and the employment of multimethods, serial studies, partial correlation, analysis of covariance, and multivariate methods.

From the broad-based theoretical discourse of Stanley Sue and Juris Draguns, we turn to the presentation of a specific multicultural instrument. The TEMAS is being utilized with clinical populations in community mental health centers, and, unlike other multicultural instruments, it is commercially available. Giuseppe Costantino and Robert Malgady's "Development of The TEMAS, A Multicultural Thematic Apperception Test: Psychometric Properties and Clinical Utility" presents an interesting and viable projective test for Hispanic/Latino(a) and African-American children who live in urban pluralistic environments. A nonminority version is also available for urban White children. The authors have done several studies since the development of the TEMAS to investigate its psychometric properties and its validity. These studies have been conducted in New York and in settings in South America.

The primary theoretical difference between the Thematic Apperception Test (TAT) and the TEMAS could be that the basis of the TEMAS is in cognitive and ego psychology theories, whereas the TAT seeks to assess adjustment dynamics caused by intrapersonal needs and environmental presses. The TEMAS assesses three broad functions, Cognitive, Personality, and Affective. The authors have shown that pretherapy TEMAS scores can significantly predict posttherapy TEMAS outcome scores. Thus, the authors show how a newly researched multicultural instrument can also be clinically useful. The authors have studied the relationships of acculturation, ethnicity, and positive adjustment with the TEMAS. Their reference to such research fills what would otherwise be a gap in this book, which includes limited references to the assessment of acculturation adaptations. A particularly useful aspect of the Costantino and Malgady chapter is that it ends with samples of TEMAS client protocols and integrated assessment reports on three children who indicate body-image and self-identity problems, reality-testing problems, relationship difficulties with parental figures, aggression, and sexual molestation tendencies.

Costantino and Malgady, in addition to demonstrating the clinical utility of the TEMAS, also address psychometric definitions of bias. The authors provide five definitions of test bias. For example, they

argue that even in the absence of compelling empirical evidence, assessment procedures ought not to be routinely generalized to different cultural groups, and that multicultural tests and assessments should be increasingly used. They explain that separate norms for mainstream instruments do not remove test bias because mean differences may be valid and minority populations may thus be underserved. Mean differences between an ethnic minority group and the White majority group perhaps suggest that the majority yardstick does not work for minorities, and so emic instruments may be needed.

Costantino and Malgady request research on face validity. Such research would reveal whether items in mainstream instruments or DSM criteria suspected of cultural bias are concordant or discordant with other items or diagnostic criteria considered beyond reproach. They encourage research that establishes the factor invariance of instruments across racial and ethnic groups because a difference between ethnic groups in number of factors, pattern of factor loadings, percentage of variance explained, or correlations among factors would constitute evidence of test bias.

