

## Current Practices in Multicultural Assessment by School Psychologists

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**Key words:**

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**Abstract:** Conducting appropriate assessments that take into account multicultural issues is a current research topic in the field of counseling psychology. However, little, if any, research has been conducted on how practicing school psychologists deal with this issue. Pilot studies have indicated, in general, that multicultural issues were not considered. The current investigation, as part of a larger study, analyzed the responses of numerous members of a school psychology state association along the U.S.-Mexico borderlands. Vignettes were developed in which two studies were presented varying only in ethnic identity of the student having academic problems. Only one vignette is analyzed and presented in this paper.

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## 1. Introduction

Best practices in school psychology (ORTIZ & FLANNIGAN, 2002), ethics (AMERICAN PSYCHOLOGICAL ASSOCIATION, 1993), and federal law (i.e., Individual with Disabilities Education Act; TURNBULL, TURNBULL, SHANK, SMITH, & LEAL, 1999) indicate that when conducting evaluations for students being considered for Special Education (extra services offered to students who have learning disability, speech and language impairment, or emotional disturbance, etc.), a nondiscriminatory assessment must be conducted. Nondiscriminatory assessment entails that the practitioner is assessing for multicultural issues that could be impacting the functioning of students being referred for testing (LUIS A. VÁZQUEZ, personal communication, May 2004; LÓPEZ, 2003; ORTIZ, 2000). Yet, predictions indicate that approximately five million individuals are misdiagnosed a year due to multicultural issues not being taken into account during such evaluations (PADILLA, 2001). [1]

As indicated by VÁZQUEZ (1997), obtaining cultural competency implies being aware of yourself and your biases as well as understanding and applying the constructs of world view, ethnic identity, and acculturation as they relate to the self and student/client. Along with this are issues of acculturative stress

(PADILLA, 1986; VÁZQUEZ, 1990) and language acquisition (CUMMINS, 1984). Additionally, academic, affective and behavioral responses in students reflect those similar to students who have traditionally been qualified to receive special education services under the labels of emotionally disturbed, learning disabled, speech and language impaired and mental retardation. [2]

In the realm of school psychology, besides studies on consultation (MARTINES, 2003; INGRAHAM, 2000; ROGERS, 2000; SHERIDAN, 2000), the appropriate use of translators (LOPEZ, 2000), or the effects of cultural issues on students in schools (SAVAGE, PROUT, & CHARD, 2004; LÓPEZ, EHLY, & VÁZQUEZ, 2002), there are limited references on how current practitioners adhere to the nondiscriminatory mandate. Outside of a conference presentation on how practitioners would respond to multicultural issues in students (i.e., GUTTER, MIRANDA, & DIXON, 2001), few studies have been done outside of best practices (ORTIZ & FLANNIGAN, 2002 & MIRANDA, 2002) or handbooks of multicultural assessment (SUZUKI, PONTEROTTO, & MELLER, 2001). [3]

The purpose of this article is to present a picture of how practicing school psychologists in a borderland state implement nondiscriminatory assessment mandates in relation to multicultural issues. The concept of short vignettes and presenting them to current practitioners in a borderland state along the U.S.-Mexico region with a large population of culturally and linguistically diverse (CLD) students, provides insight on how practitioners view culture and discern disability/disorders. Through the response to the vignette, common elements were identified to ascertain how the participants of this study were adhering to multicultural mandates within supposedly nondiscriminatory assessment practices. Ultimately, practitioners' view of culture impacts their clinical practice and even supervision of students entering the field. [4]

## **2. Methodology**

A survey packet was sent out to 421 members of the state speech and hearing association, which included 125 school psychologists (including educational diagnosticians) who are current members of the state school psychology association in a state along the U.S.-Mexico border. Of the 125 school psychologists only 17 choose to respond to the mail out packet. Included in the sample were eight males and nine females. Educational levels varied with four participants having Master's degrees, one with an Educational Specialists degree and twelve with Doctorates in Philosophy. Age levels also differed from 30 to 70 with the average age being 53 years of age. [5]

Each packet contained two vignettes, an information sheet regarding the study, consent form, demographic sheet, Scale to Assess World View (IBRAHIM, 1994) and the Quick Discriminatory Index (PONTEROTTO, BURKAR, RIEGER, GRIEGER, D'ONOFRIO, DUBUISSON, HEENEHAN, MILLSTEIN, PARISI, RATH, & SAX, 1995). [6]

Two vignettes were developed for this project along with questions as they pertained to each scenario. Each vignette identified a 7th grade male student who was portrayed with emotional, behavioral, academic difficulties in the classroom who was referred for special education testing. The majority of characteristics described were responses to acculturative stress that students may be experiencing on daily basis. The only differentiation between the two forms was the ethnic identification and the name of the student. Vignette A was ascribed the name Joe of Euro-American descent and Vignette B was Jose of Hispanic background. See [Appendix 1](#) and [2](#). [7]

Each vignette followed with a set of questions requesting responses from the participants of the study. The participants were asked to give their initial diagnostic impressions of what might possibly be going on with the referred students and any additional information they wanted to share. Questions preceding the vignette included initial impressions, assessment techniques and considerations regarding culture and language. For the specific questions see [Appendix 3](#). [8]

Each participant's responses were first compiled and analyzed for frequent patterns or commonalities. Once this was accomplished, all participants' findings were compared—again looking for patterns around established themes that had emerged from the responses by participants. Themes were identified based on the participants' responses to the vignettes. Each response was read, reread as a means of finding commonalities and differences within and among the text. Once these were identified and coded the passage was reread with the themes in mind and matched within the body of each response (MILES & HUBERMAN, 1994). All response were then placed within the appropriate themes and reported below. Proceeding is the analysis of one vignette, specifically analysis of vignette B—Jose. [9]

### **3. Results**

Upon analyzing the responses to vignette B—Jose, responses for the participants' initial clinical impressions, their assessment schemata and multicultural considerations, results indicated three recurring patterns throughout. Pattern one attributed Jose's (the 7th grade Hispanic student) difficulties, due to problems/issues possessed regarding his physiological well-being as well as his affective functioning. In addition, responses indicated a very pathological diagnostic outlook. The following are example statements made by the participants along with age and race/ethnicity as reported by the participants of this project. [10]

A Caucasian female aged 50 said the following regarding Vignette B—Jose:

"This student has a specific learning disability that is exhibiting behavioral problems due to academic frustration. Along with this, there is depression from school and home and an inability to accept death." [11]

According to a 70 year old White male he attests that the problems Jose is having in school are attributed to the following:

"This child is suffering from Childhood Depression, Trauma and Abuse, Oppositional Defiant Disorder, and is probably mentally retarded." [12]

A 51 year old Anglo male wrote the following concerning Jose:

"Student is learning disabled and/or communication disordered. High risk student both for self-harm. Will have continued school failure and school dropout by grade 10." [13]

The second pattern for vignette B—Jose as identified by the analysis was minimal attention to both cultural and linguistic issues, with only seven of the respondents even referring to culture or language. The following are examples of statements made by some of the participants, along with age and race/ethnicity as reported by the participants of the project. [14]

A 48 year Hispanic female reports the following:

"I speak Spanish so I would collect interview information in the language he and his parents or guardian preferred to use. Secondly, I would collect information concerning his fluency in English & Spanish ... Use interpreters if I was not doing the testing ... I would also recommend caution in interpreting results of standardized tests and would want to analyze difference between verbal and performance scales." [15]

A 51-year-old Anglo Male states the following information concerning multicultural issues in assessment procedures or protocol:

"There is little evidence that cultural factors are significant here." [16]

A 64-year-old Caucasian female reports the subsequent or lack of information concerning this particular student and the problems he may be having:

"Where did he transfer from-Mexico, etc.? How long has he been in U.S." [17]

The third pattern emerged from the responses to vignette B—Jose; the participants immediately referred to the Western clinical model for assessing the students without giving consideration to anything that might differ from this paradigm. [18]

Response from an Anglo Male age 51:

"I would immediately use the WJ-III for academic and cognition." [19]

Another reply from a 56-year-old Caucasian male reflects the following when looking at the problems as presented in the vignette:

"This student needs neuropathological screening in conjunction with life history to evaluate parents for neurological dysfunctions. If the above are ruled out, LD assessment needs to be done." [20]

A 59-year-old male (Caucasian) notes the following needs to be done in regards to the Western ideology of perception regarding assessment:

"Clinical interview with projective drawing Bender Gestalt. Child's Apperception Test, and Rorschach need to be done". [21]

It was interesting to note that of seventeen participants who chose to respond only two mentioned the need for further information for an adequate assessment. Of further interest was that only one respondent mentioned that they were bilingual and only two respondents made referral to community resources. Only seven of the respondents made reference to cultural aspects which included language testing, language dominance, acculturation, family and linguistic competencies. [22]

#### **4. Discussion**

Regardless of the student's ethnicity, the majority of respondents took a Western world view perspective in initially assessing and diagnosing the subjects in the case study. The student described on Form B (Hispanic Male) was assessed more often for neurological dysfunction than the student described in Form A (Anglo Male). These results are important due to the fact that these practitioners are evaluating students being referred for possible learning disabilities, emotional disturbance, or speech and language impairments many of which are culturally and linguistically diverse (CLD). These results further corroborate PADILLA's (2001) approximation of five million individuals being misdiagnosed a year due to cultural and linguistic factors not being taken into consideration. This further impacts training programs in that these individuals are also likely to be supervising practicum and internship students. [23]

One drawback of the study could be the size of sample, although the intent of this project was not to replicate other studies, but to provide a *"view or shed some light"* on how school psychologist who practice in a state along the U.S.-Mexico border might perceive and implement nondiscriminatory assessment mandates in relation to multicultural issues. Possible issues concerning sample size may stem from time constraints due to external or personal commitment as the study was done during the summer months as the questionnaires were mailed to the participants. The vignette format may have also had an impact in that it required the participants to write out their responses instead of a survey format. [24]

The age and ethnicity of the participants could also have an impact, as the average age was 53, and the world view and training of these participants could have an impact as to how they are assessing, evaluating and interacting with students. This could also be reflected as to why only 2 of the participants requested more information rather than diagnosis on the limited information that

was presented. Recommendations would be that further research should be conducted to determine if race/ethnicity and gender of evaluator impacts appropriate evaluation techniques. [25]

Multicultural assessment is not a single class, but a process that should be embedded throughout the school psychology curriculum (LÓPEZ, 2003; LÓPEZ, FLORES, MANSON-MONTOYA, MARTINEZ, MERAZ, & ROMERO, 2001; VÁZQUEZ, 1997). Further, LÓPEZ indicates that multicultural issues should be assessed during any evaluation, as there should be no assumptions whether the student is white, brown or black, period. Faculty should encourage moving away from the Western worldview of assessing and diagnosing, and consider diversity and strengths within these differences. [26]

There should also be an attempt not only to recruit and retain culturally and linguistically diverse school psychologists and educational diagnosticians, but also to re-train practicing school psychologists to assure multicultural competency. This is our ethical responsibility (AMERICAN PSYCHOLOGICAL ASSOCIATION, 1993). [27]

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## **Appendices**

### **Appendix 1: Case Study A**

Please read the following case study and respond to the questions that follow.

Joe is a 7th grade Anglo student who has recently moved into your school. He has been referred for Special Education testing for the first time, due to delays in all academic areas and experiencing behavioral difficulties in the classroom setting. Mother reported developmental delays in walking and talking. According to his current teacher, Joe is currently functioning at or below a fourth grade level in all subject areas and is refusing to complete assignments. The teacher further reports that Joe is having difficulties understanding and following verbal directions and visual cues, and has problems with orally expressing himself. He is demonstrating physical aggression towards peers (punching and hitting classmates with books) and rebellious behavior (refusing to work and follow directions) toward the teacher and educational assistant. He has been crying in class and has been withdrawn from classmates and teacher. He has also made statements of wanting to die and be with his grandmother who has recently passed away.

## Appendix 2: Case Study B

Please read the following case study and respond to the questions that follow.

Jose is a 7th grade Hispanic student who has recently moved into your school. He has been referred for Special Education testing for the first time, due to delays in all academic areas and experiencing behavioral difficulties in the classroom setting. Mother reported developmental delays in walking and talking. According to his current teacher, Jose is currently functioning at or below a fourth grade level in all subject areas and is refusing to complete assignments. The teacher further reports that Jose is having difficulties understanding and following verbal directions and visual cues, and has problems with orally expressing himself. He is demonstrating physical aggression towards peers (punching and hitting classmates with books) and rebellious behavior (refusing to work and follow directions) toward the teacher and educational assistant. He has been crying in class and has been withdrawn from classmates and teacher. He has also made statements of wanting to die and be with his grandmother who has recently passed away.

## Appendix 3: Case Study Questionnaire

Please print your responses.

Please use the back of the page if more space is needed.

1. What are your initial impressions of the case?
2. What pre-referral activities would you recommend?
3. If the referral was made for the student, what assessment steps and techniques would you use and/or recommend?
4. What assessment instruments would you utilize?
5. Just from the description given, how would you diagnose the student?

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