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## Cultural Competence and Clergy Unite: The need for Multicultural Considerations for Seminarian Applicants

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**CULTURAL COMPETENCE AND CLERGY UNITE: THE NEED FOR  
MULTICULTURAL CONSIDERATIONS FOR SEMINARIAN APPLICANTS**

**PROFESSIONAL DISSERTATION**

**SUBMITTED TO THE FACULTY**

**OF**

**THE SCHOOL OF PROFESSIONAL PSYCHOLOGY  
WRIGHT STATE UNIVERSITY**

**BY**

**MONICA RICHARDS, M.A.**

**IN PARTIAL FULFILLMENT OF THE  
REQUIREMENTS FOR THE DEGREE  
OF  
DOCTOR OF PSYCHOLOGY**

**Dayton, Ohio**

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June 28, 2012

I HEREBY RECOMMEND THAT THE DISSERTATION PREPARED UNDER MY SUPERVISION BY **MONICA RICHARDS** ENTITLED **CULTURAL COMPETENCE AND CLERGY UNITE: THE NEED FOR MULTICULTURAL CONSIDERATIONS FOR SEMINARIAN APPLICANTS** BE ACCEPTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PSYCHOLOGY.

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## **Abstract**

The evaluation of candidates to Catholic seminaries prior to their admission is not an uncommon practice. However, in the past 40-50 years psychologists have played a vital role by adding psychological measures and their clinical perspectives to this evaluative process. Although these psychological evaluations have gathered insightful information that has better informed individuals in making a choice about a candidate, recent research suggests that many of the psychologists conducting these evaluations have not taken measures to ensure cultural competencies within these evaluations. This project outlined the ethical obligation psychologists have in providing culturally competent evaluations to these applicants and seminaries. Suggestions and recommendations for these psychologists are provided to better ensure culturally competent clinical interviews and assessments are conducted in the future.

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## **Chapter 1**

### **Snapshot of the Current Process**

According to a recent survey by the Center for Applied Research in the Apostolate (CARA), the U.S. Catholic priesthood is increasingly becoming more culturally diverse (2009). A large number of the priests ordained in the United States in 2009 self-identified as having the following backgrounds: Hispanic/Latino, African, African American, Asian and Pacific Islander. In addition, a quarter of the ordained class was born outside the United States. Mexico, Vietnam, Poland and the Philippines were among the countries that had the largest numbers of their citizens being ordained in the United States.

This trend in the demographics of the Catholic priesthood is beneficial to know because it indirectly informs the Church and those involved in the application process of the priesthood about those areas of diversity and cultural competency that need to be incorporated into the selection of future priests. As outlined by the United States Conference of Catholic Bishops (USCCB), all applicants for Catholic seminaries undergo a thorough screening process (2006). Although this process is typical within the domain of Catholic seminary colleges, it is unlike the norm for most other colleges. Personal interviews with the applicants, evaluations from their pastors and teachers, academic records, standardized test scores, psychological evaluations, criminal background checks, and the individual's motivations are requirement of this process. The main objective of this procedure is to determine whether the applicant is a suitable candidate for the

priesthood; however, information gathered could also be used to identify areas that a candidate may need to grow in subsequent years at seminary if he would be accepted.

The Seminary Department of the National Catholic Educational Association (NCEA) has explored the prospect of conducting a study of the psychological assessment process with the primary objective of developing recommendations for seminaries (McGlone, Ortiz, & Karney, 2010). In 2007, The Seminary Department commissioned CARA to design and conduct a series of surveys or focus groups with diocesan and religious vocation directors, psychologists, seminary rectors, and other formators. In response, CARA conducted a series of surveys of 379 diocesan and religious vocation directors, 85 seminary rectors, and 86 mental health professionals who had conducted the psychological testing. Responses to the surveys were received from the following respondents: diocesan vocation directors (215, 73%), vocation directors affiliated with religious institutes and societies of apostolic life (175, 46%), rectors of graduate-level seminaries and seminary colleges (204, 90%), and psychologists (55, 67%). In this sample, the psychologists reported an average of 26 years of experience in conducting psychological testing and evaluation and an average of 16 years of practice evaluating candidates to the priesthood.

Ninety-three percent of psychologists reported that the psychological assessments are used somewhat or very much for screening applicants (McGlone, Ortiz, & Karney, 2010). Psychologists indicated that affective maturity, interpersonal skills, capacity for empathy, and psychosexual development are characteristics that are most often assessed. Ninety-eight percent of respondents reported that a clinical interview is typically part of the evaluation process. All psychologists indicated using the Minnesota Multiphasic

Personality Inventory-2 (MMPI-2) and the most common cognitive assessment tool used was the Wechsler Adult Intelligence Scale-Revised III (WAIS-III) (47% of psychologists).

In addition, McGlone, Ortiz, and Karney (2010) found that 98% of the psychologists involved in evaluating Catholic seminary applicants evaluated non-native born individuals. Even though 63% of the psychologists reported making “some accommodations,” only 16% of the psychologists reported giving “very much consideration” to cross-cultural adaptability.

McGlone, Ortiz and Karney indicated in the study (2010) that there is a need for developing a more systematic process of culturally evaluating candidates to seminary. Although the ethical standards and guidelines for the development and maintenance of culturally competent assessments are available for the psychologists currently, it appears that more needs to be done to ensure that applicants are participating in culturally sensitive evaluations.

In addition to the ethical standards and guidelines, applicants from diverse ethnic and cultural backgrounds should be given every encouragement in this application process (USCCB, 2006). Furthermore, it is important for applicants from other countries to receive special help in gaining the necessary understanding of the religious and cultural context for priestly ministry and life in the United States. The aim of this dissertation is to describe the knowledge and conceptual framework necessary to perform culturally competent evaluations with applicants for the Catholic seminary.

The formation of personal identity in relation to sociocultural forces will be discussed in the following chapter. This chapter will bring attention to the role of power,

privilege and oppression in regards to the formation and maintenance of one's identity. This writer then takes a deeper look into the background of the field of psychology and describes how many of the theories and orientations used in providing services throughout the years have continued this systemic cycle of oppression. Ethnocentrism is challenged and the societal forces (i.e., power, privilege, oppression) are brought into question.

Chapter 3 addresses the ethical obligation psychologists have in regards to upholding diversity variables and providing culturally competent services for all clients. A brief historical outline is given about how the topic of diversity became infused and asserted throughout the field of psychology.

The next chapter takes a more thorough look at the variety of ethical issues that are involved in multicultural evaluations. This writer looks at two specific domains: the clinical interview and the formal assessment processes. In providing psychological evaluations for individuals of diverse backgrounds, it is essential to be aware of the importance of a culturally responsive interview and limitations associated with giving standardized measures to these individuals.

Chapter 5 provides the reader with relevant background information regarding the Catholic seminary. The purpose, procedures, and functionality of the psychological evaluations are discussed. Research regarding the psychological evaluation for individuals applying to Catholic seminaries is limited; however, relevant information from past researchers regarding this process is provided.

In Chapter 6 and 7 suggestions are offered to psychologists who are conducting these evaluations for the Catholic Church. Chapter 6 stresses the importance of

psychologists attending to their level of multicultural competency prior to engaging in this type of work. Psychologists are encouraged to engage in their own cultural self-assessment, view their interactions with others (i.e., be alert for micro aggressions) and enlist in opportunities for further development in the area of cultural competency. In addition, this writer offers a specific culturally sensitive framework for approaching clients during the evaluation and psychologists are cautioned to be aware of their own biases when conducting these types of evaluations.

Chapter 7 specifically addresses issues about which psychologists should be mindful when selecting and administering psychological measures. Specific attention is drawn toward determining the applicant's fluent language, selecting valid translated tests and providing a multicultural feedback session prior to submitting the report. The participation of the candidate is highly needed to ensure valid and useful testing results.

## **Chapter 2**

### **The Construction of Personal Identity as it Relates to Cultural Competency**

In this chapter, the author stresses the importance of addressing and identifying the role of sociocultural forces. Specifically, attention is drawn to how power, privilege, and oppression play out in the construction of an individual's identity. In addition, the prevalence and influence of ethnocentrism is exposed, both in society and within the field of psychology.

#### **Forces that Shape Identity**

Historically, literature on identity primarily focused on racially based identities (i.e., "white," "black"); however, the interest within this area quickly expanded to include ethnicity, gender, sexual orientation, disability, and minority statuses in general (Hays, 2008a). These new areas of inquiry facilitated an increase in awareness of individuals and groups who had been historically marginalized by mainstream psychology. Only within the past 20 years has research been aimed at addressing the complexities of identity, especially multiple identities.

Even though people view themselves as complex, they typically regard themselves as one-dimensional (Reid, 2002). This one-dimensional conceptualization of identity is most likely a result of dominant cultural assumptions (i.e., a person is either a minority or not) (Hays, 2008a). Typically, individuals rely on their most visible characteristic as the platform for everything they believe, say, and do (Hays, 2008a; Nabors, Hall, Miville, Nettles, Pauling, & Ragsdale, 2001). When individuals view

identity from a monistic stance, they run the risk of marginalizing important multiple identities (Nabors et al., 2001).

Literature and research regarding identity and the complexity of a person's identity is highly relevant in the evaluation process of Catholic seminarian applicants. Although all applicants must be male, given that priesthood in the Catholic Church is a male function, there is a considerable degree of diversity among today's applicants to the seminary compared to those of previous generations (USCCB, 2006). These candidates present with a variety of cultural, generational, educational and familial differences that are highly impactful to who they are as men (i.e., how they were treated by society, how they view themselves, how they interact with the world today). Psychologists need to be attentive to the multiple issues involved and sensitive to the internal processes of the multiple identity variables of these individuals (Nabors et al., 2001). In order for accurate and culturally competent evaluations to be completed, psychologists must obtain a holistic perspective of the individuals who are being evaluated. A thorough understanding of how power, privilege, and oppression impact and form the identity of these individuals is essential. In addition, psychologists must also be mindful of how their own power and privilege impact how they structure and conduct these evaluations. For the sake of clarification, the male pronoun will be used in reference to seminarian applicants for the remainder of this project since this vocation is seen as a purely male function in the Catholic Church.

**Power.** People cannot thoroughly understand the construction of an individual's identity without knowledge of sociocultural influences (Gaines & Reed, 1995). The most central concept in understanding the influence of sociocultural biases on individuals is

that of power (Kivel, 2002). Although the term power is a word commonly used, it carries many meanings (Fisk & Depret, 1996). The most general definitions of power include the capacity to cause effects, to have an impact on or change things, either in the physical or social world (Turner, 2005). Even though this broad definition is often used when individuals use the term power, it is important to highlight that there is a type of power that only emerges from human social relationships. This type of power is related to groups, institutions and societies. Specifically, power is socially used in these contexts to influence and control people to carry out one's will or to act on one's behalf.

Patterns of dominance are apparent in every system and within a variety of diversity variables (Johnson, 2006). People who hold a high status in society are often referred to as members of the dominant culture (Lott, 2002). These individuals are able to exert control over their own situations and the situations of those of lower status (i.e., minority groups). This operation of power can create for individuals of minority groups (i.e., gender, race, religion, sexuality, disability) feelings of being disenfranchised, unheard and unimportant. Power is often an unspoken, yet crucial dynamic in cross-cultural interactions (Pinderhughes, 1992). In these encounters, power communicates an attitude of "dominance, superiority, and denigration...better than or less than" (Pinderhughes, 1992, p. 109).

For psychologists conducting the evaluation of applicants to seminary, it would be wise to see how power has impacted their identity development. Understanding how their identity variables (gender, race, sexual orientation, disability, etc.) identify persons as members of the majority group or minority group can provide information about the applicants' awareness, knowledge and perspective of their own identity. Since some of

the main objectives of the evaluation are to gather information about the applicants' "level of insight or self-knowledge," it would seem to be imperative for psychologists to thoroughly explore this area (USCCB, 2006).

Additionally, given that these applicants will be in a position of great power if they become ordained as priests, it would be prudent to gain an understanding of how these applicants view power, respond to power, and handle power. It has been evident in the most recent history that clergy are not immune to many of the unhealthy dynamics (i.e., oppression, abuse, misconduct) that are present in the wider culture (Robison, 2004; Sawchuk, O'Connor, Walsh-Bowers, Ross, Hatzipantelis, 2007). Given this, the evaluation should include a section aimed at understanding the applicants' understanding of power and how it works within society, interpersonal relationships, the Church, and the priesthood.

One main way people in high-status groups exert power and control over individuals in lower status groups is through stereotypes (Fiske, 1993). According to Fiske (1993), there are two types of stereotypes, each with its own unique function. Descriptive stereotypes explain how most people in a particular group act, prefer, and identify their basic competencies. This type of stereotype creates a starting point for people's expectations. This expectation forces individuals in this group to stay within this boundary. If an individual chooses to break free from this arbitrary expectation, the stereotype places a burden on the person and he or she will be judged on his or her interactions with others.

In addition to the powerful force of descriptive stereotypes, Fiske (1993) described prescriptive stereotypes as guidelines that define how certain groups should

think, feel, and behave. For example, women as a group are expected to take care of other people. They are expected to sacrifice their own needs for the needs of the family. Prescriptive stereotypes are values created by dominant groups about how a group of individuals “should” act or behave. Both descriptive and prescriptive stereotypes confine groups of people into ways of thinking or acting that may not be consistent with who they authentically are.

Throughout the evaluation process, psychologists must be careful not to place prescriptive and descriptive stereotypes upon the applicants. Given that the psychologists are naturally placed in a position of power by virtue of their evaluative role, they need to be cautious about assuming any information about a candidate. For example, an applicant may physically appear to be of Latino heritage. As a result, the psychologist may assume that he has a deep devotion to the Lady of Guadalupe and prefer to speak in Spanish. Although this individual may appear to be a member of one ethnic group, he may not actually self-identify with this cultural group because he was born and raised in the United States.

**Privilege.** According to Hays (1996), when stereotypes, prejudice and bias are combined with power, systems of privilege are created; these systems are often referred to as the “isms” (e.g., racism, sexism, classism, heterosexism, ageism, ableism). These sociocultural influences aid in socializing unprivileged members of these systems to be particularly aware of the boundary lines between those who have privilege and those who do not. Unprivileged people focus on these lines because the future of their lives is dependent upon those who hold power. On the contrary, those in the powerful groups are likely not to perceive the rules and barriers dividing them from the unprivileged because

the powerful do not need to; the unprivileged groups have little impact on their daily lives (Hays, 2008a). Members of dominant groups tend to find it painful to acknowledge the presence and pervasiveness of the systems of privilege (Robinson, 1999). It is easier for them to believe that instances of prejudice and discrimination are the fault of the individual, rather than of an unjust system of which they are a part.

For example, those applicants who are members of several majority groups (e.g., high socioeconomic status (SES), non-disabled, etc.) have had access to adequate education systems, support systems, and community resources. However, those candidates who are members of minority groups (e.g., low SES, disabled, etc.) are more likely to have experienced prejudice and/or discrimination based on one or more identity variables. As a result, life experiences and world views between these two groups (majority vs. minority) are likely to present very differently in a clinical interview, as well as on the psychological assessment measures. Sociocultural influences such as privilege highly impact identity formation and the overall presentation of an individual (Hays, 1996).

Although it may seem as if systems of privilege negatively impact only the unprivileged groups, they harm those who hold privilege as well as those who do not (Locke & Kiselica, 1999). For example, privilege can isolate whole domains of information, knowledge, and skills from the members of dominant groups who would likely benefit from these resources. For example, some western cultures have been treating medical conditions by means of traditional healing practices (e.g., acupuncture) for centuries, but since these practices are not accepted by the dominant culture they continue to be less available to patients in the United States (Cao, Liu, & Lewith, 2010).

In addition, privilege may preclude a person from developing the coping skills that less privileged individuals develop to survive (McIntosh, 1998). Individually, privilege may lead to the progression of feelings of superiority and elitism, resulting in a reduction of one's capacities for love, trust, empathy, and openness (Hertzberg, 1990).

At the recent United States Conference of Catholic Bishops it was suggested that applicants' "willingness to address important human issues, such as their interpersonal abilities..." may be important factors in their readiness to enter a seminary program (2006). Furthermore, an applicant's unawareness of issues within these domains is significant, and a delay in admission to seminary may be advised until a greater understanding is evident. The identification of privilege and how it impacts the candidates' lives seems to be a crucial matter in deciding applicants' suitability for seminary.

McIntosh described the first form of privilege as "unearned advantage," which she claimed is a form of privilege that is restricted to certain groups (2000). This unearned advantage gives the members of the dominant groups a more competitive advantage that they are reluctant to acknowledge, much less give up. For example, without race and gender privilege, white women and people of color would be equal to white males. In reality, in the United States, whiteness and maleness are equated to a greater degree of credibility and competence than femaleness and color.

The second form of privilege, which is just as detrimental as the first, is known as "conferred dominance" (McIntosh, 2000). This type of privilege is grounded in a cultural assumption that one group has power over another group. An example in the United States, in regards to gender, is the assumption that men are dominate over women.

Systems that are organized around privilege have three core characteristics: they are dominated by privileged groups, identified with privileged groups, and centered on privileged groups (Johnson, 2006). These three concepts reinforce the idea that members of privileged groups are superior to those below them and, therefore, are deserving of their privilege. Privilege does not derive from who someone is and what that individual has done; rather, it is a social arrangement that depends on which category an individual has been placed into by those individuals in power (i.e., dominant group) and how this group treats those in lower power groups. Privilege lets people assume a certain level of acceptance, inclusion, and respect in the world while functioning in a relatively wide comfort zone (Johnson, 2006).

**Oppression.** For each social category that is privileged, there are one or more groups that are oppressed in relation to it (Johnson, 2006). Oppression is the result of privileged forces that tend to “press” on people and hold them down in the pursuit of preventing them from experiencing a good life (Frye, 1983). Much like privilege, oppression is the result of the social relationship between privileged and oppressed groups. However, individuals vary in their personal experience of being oppressed (Johnson, 2006). For this reason, some individuals may indicate never feeling oppressed, while other individuals report that their lives have been intentionally shaped by forces and barriers that confine and restrict movement in any direction (Frye, 1997).

Minority group members may experience oppression by both the dominant society and other minority groups of perceived higher status (Nabors et al., 2001). Oppression from either of these groups systematically devalues individuals with lower minority variables (Nabors et al., 2001). This results in individuals ignoring or repressing

core aspects of themselves; they are never holistically acknowledged and embraced for their true identity. Societal pressures of power, privilege, and oppression impose the belief that one type of identity is preferred over another or a combination of several. As a result, individuals only acknowledge a portion of their identity, while ignoring a large portion of who they are (Hays, 2008a; Johnson, 2006; Nabors et al., 2001).

### **Power, Privilege, and Oppression in Psychology**

As indicated above, identity is largely shaped by society by way of power, privilege and oppression (Johnson, 2006). The field of psychology is not immune to these forces. In fact, because the field of psychology is regarded as a privileged profession, its values are often identical with those of the dominant culture (Moghaddam, 1990). Psychologists bring along with them their own personal attitudes about what is normal and natural when meeting clients; they do not enter the room as a blank slate (Fontes, 2008). This system of personal attitudes people hold about how things should be is called ethnocentrism. People who come from the dominant groups (typically translates to White, mainstream Christian, middle class) are likely to see the way they act as normal and view those who act differently as strange, abnormal or in need of intervention. Many psychologists acknowledge that biases occur in the larger culture, but they fail to see the biases in their own theoretical orientations and are of the belief that their approaches are relatively culture and/or value free (Kantrowitz & Ballou, 1992).

In addition to societal forces (i.e., power, privilege, oppression), mental health professionals are also in a position of power and privilege and responsible for forming and shaping identity by the manner in which they view an individual and his or her behaviors (Dana, 1993). As stated previously, psychologists who evaluate applicants'

suitability for Catholic seminary naturally fall into this power role. Psychologists must appreciate the diversity in how the client defines his or her identity, so that the individual is not further oppressed, but rather is empowered by the work of the psychologist (Hopkins, 2008).

Guthrie was one of the first to challenge psychology in regards to its biases and lack of inclusive theories (1976). Most of the research and theories developed in the past 100 years were developed from a European American perspective (Fouad & Arredondo, 2007). This perspective assumed that a psychology, which explained the behavior of the White male was applicable to everyone. Although there are some universal constructs, individual variables (i.e., race, gender, age) also strongly influence the individual. Historically these cultural differences have not been included in the formation of psychology theories.

The European American perspective has dominated the field of psychology because it was comprised of mostly European American practitioners (Fouad & Arredondo, 2007). As a result, many European American values are not perceived because they are values held by the dominant culture. The dominant culture is so insidious that it can be taken for granted (Fontes, 2008). For example, the field of psychology typically measures success in therapy by looking at and targeting individualistic values (i.e., self-awareness, self-fulfillment, and self-discovery). A psychologist imposing individualistic values on a client from Mexico or East India may diagnose that individual as enmeshed, when in the client's native context his or her behavior is normal (Fontes, 2008). Moreover, self-disclosure and emotional expressiveness are seen as key components in therapy (Fouad & Arredondo, 2007).

However, a variety of cultural groups are cautious about sharing personal information. For example, in the Asian American culture this reserve in behavior is a sign of maturity and self-control, rather than pathological resistance (Im, 2005). Moreover, for individuals from the Middle East, perceived resistance in self-disclosing may reflect values that stress the importance of family over the individual and/or a desire to protect the family's reputation (Ali, Liu, & Humedian, 2004).

Given that the men who present for entrance to the seminary represent a substantial amount of diversity (cultural, generational, educational, familial, personal gifts, etc.), psychologists engaging in these entrance evaluations must be cautious and mindful of their own power, privilege, and prejudices. Since the dominant culture is pervasive, it is imperative that all psychologists take time to be self-reflective and respectful when working with people who ascribe to a different set of values and beliefs (Fontes, 2008). It is the responsibility of psychologists to be actively committed to the lifelong process of learning about the cultures of clients (Fouad & Arredondo, 2007; Hays, 2008a).

## **Chapter 3**

### **Ethical Standards and Guidelines for Diversity in Psychology**

As McGlone, Ortiz and Karney (2010) found, only 16% of psychologists indicated giving “very much consideration” to cross-cultural adaptability in the psychological testing and evaluation process for candidates for priestly formation. This percentage is alarming when psychology as a profession is ethically obliged to uphold specific guidelines that address matters of diversity (APA, 2003). This chapter aims to inform psychologists about the historical accounts that have taken place in psychology regarding the importance of diversity. In addition, it reminds psychologists of their ethical responsibilities when conducting these evaluations.

The topic of diversity was first formally addressed within the field of psychology in 1973, during the Vail Conference that focused on training for the professional practice of psychology (Korman, 1974). One area of focus during this conference was the lack of attention psychology had placed historically on diversity. An increase in numbers of clients from diverse groups over the prior two decades had created a need for increased training and supervision of psychologists (Lopez & Hernandez 1986). Since 1973, a variety of milestones within the field of psychology have promoted an environment more focused on diversity. Some of these historic moments include the formation of professional associations of minority groups (i.e., the Association of Black Psychologists, Asian American Psychological Association, National Latina/Latino Psychological

Association, Society of Indian Psychologists) aimed at researching and discussing the best practices with particular populations of clients (Sandoval, 1998b). Furthermore, researchers and practitioners have worked in collaboration with the American Psychological Association (APA) to form divisions (e.g., Division 45, Society for the Psychological Study of Ethnic Minority Issues; Division 44, Society for the Psychological Study of Lesbian and Gay Issues) within this governing body to bring ethnic minority and other diversity issues to the forefront (Sandoval, 1998b). Psychology as a discipline has made conscious efforts in the past two decades to bring attention to the need to develop a deeper knowledge and awareness of race, ethnicity and other diversity variables (Fouad & Arredondo, 2007; Sandoval, 1998b).

In addition to these events, the APA also has promulgated mandates to its members regarding the importance of multicultural competence (Hays, 2008a). The *Ethical Principles of Psychologists and Code of Conduct* developed by APA (2010), has clearly outlined the ethical obligation psychologists have to practice with a multicultural framework. This Ethics Code encourages psychologists to do no harm (Principle A), to provide equal quality services to all people (Principle D), and to respect others' rights and dignity (Principle E). Psychologists are compelled by this Ethics Code to be aware of and respect cultural, individual and role differences, including those based on race, culture, and national origin.

This Ethics Code additionally places particular attention on matters of diversity within the context of psychological assessment (2010). Standard 9 requires psychologists to use measurements whose validity and reliability have been established for use with

members of the population tested and psychologists are to describe in their reports any linguistic and cultural differences that may reduce the accuracy of their findings.

The *Standards for Educational and Psychological Testing* is another document that offers guidance for psychological testing (AERA, APA, NCME, 1999; APA, 2010). This document contains recommendations about what should or should not be done in the construction, administration, and interpretations of tests (Hogan, 2007). This document is divided into three main sections: Part I: Test construction, evaluation, and documentation, Part II: Fairness in Testing, and Part III: Testing applications. Part I primarily pertains to validity, reliability, development of norms, and test construction. Sections in Part II address fairness in testing and test use, the rights and responsibilities of test takers, testing individuals of diverse linguistic backgrounds, and testing individuals with disabilities. Lastly, Part III focuses on the responsibilities of test users, in addition to special issues that arise in particular settings (i.e., employment or educational testing). Generally speaking, Parts II and III apply the concepts presented in Part I to the testing procedures.

In 2003, the APA established a specific set of guidelines, entitled *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists*, to help psychologists become more culturally centered in their work, education, training, research, practice and organizational change (APA, 2003). These guidelines were not intended to be requirements or standards, but rather to be recommendations for specific professional services provided by psychologists. A total of six guidelines were created to address the different needs for particular individuals and groups historically marginalized or disenfranchised within and by psychology based on

their ethnic/racial heritage and social group identity or membership. The first two guidelines are designed to apply to all psychologists from two primary perspectives: knowledge of self within a cultural heritage and varying social identities, and knowledge of other cultures. Guideline three reminds psychologists of the role they have within the education domain. They are encouraged to use the constructs of multiculturalism and diversity throughout the education and training process. The role psychologists have within research is outlined in Guideline four. The importance of conducting culture-centered and ethical psychological research among people from ethnic, linguistic, and racial minority backgrounds is heavily stressed within this guideline. Guidelines five and six address the application of diversity principles through clinical practice and organizational change.

It is imperative for psychologists to understand the role of culture in people's lives, in order to truly comprehend their behavior (Fouad & Arredondo, 2007). As stated previously, many researchers and psychologists have sought to bring to psychologists a greater awareness of cultural variables and perspectives. Psychologists who use an ethnocentric viewpoint for all people are not only ineffective, but they are also practicing unethically and can do harm to their clients by further reinforcing the negative sociocultural forces of power, privilege and oppression.

## **Chapter 4**

### **Ethical Issues in Multicultural Evaluations**

A variety of ethical issues can arise when conducting a multicultural evaluation. In general, information gathered for evaluations is derived from two main sources, the clinical interview and psychological testing. In this chapter, the author provides psychologists with the knowledge to safeguard against engaging in unethical assessment practices.

#### **A Culturally Responsive Interview**

When conducting a clinical interview, it is imperative for the psychologist to consider the client's cultural background (Lu, Lim, & Mezzich, 2008). Psychologists must address the client's diversity variables in order to formulate an accurate conceptualization that will be appropriate for the client. Clients who present with minority identity variables challenge psychologists in the interview because their multiple identities typically contain additional layers of complexities when compared to individuals of the majority group. Although psychologists can ensure cultural sensitivity in this task in a variety of ways, they should be purposeful in the implementation of the clinical interview. Psychologists must take care to consider all possible cultural explanations for an individual's clinical presentation (Acevedo-Polakovich, Reynaga-Abiko, Garriott, Derefinko, Wimsatt, Gudonis, & Brown, 2007). For the purposes of this paper, the writer describes the importance of taking the following aspects of diversity into

account during the interview: a multicultural approach, personal history in a historical context, acculturation factors, unusual perceptions, and culturally based experiences.

**A multicultural approach.** Most psychologists have been trained to conduct interviews using a universalist approach (Fontes, 2008). Interviewers have been taught to interview all people in the same way, regardless of the participant's specific culture. This approach accentuates the similarities among people and ignores their differences.

Although this methodology may appear to be treating people more fairly, in reality it results in not fully meeting the client where he or she is. This broad-spectrum approach is based on interview styles, formats and questions that were developed for the majority group and these structured interviews may be biased against several minority groups (i.e., age, educational level, ethnicity, language) (Escobar, Burnam, Karno, Forsythe, Landsverk, & Golding, 1986; Fontes, 2008).

In contrast to the universalist approach, some psychologists practice with a culture-specific lens, in hopes of capturing the information typically excluded from the traditional structured interview (Fontes, 2008). This perspective does capture the difference among cultural groups, but usually at the expense of losing the universal and individualistic frameworks. The intricate task of the psychologist is to learn about the client's culture while at the same time consider each person's individuality.

A culturally responsive interview consists of actively learning about the multiple, intersecting systems (i.e., extended family, non-kin relationships, cultural and political contexts, and physical and natural environments) relevant to an individual's life (Hays, 2008a). Assessing a client's worldview, or how the client views the world from social, ethical, moral, and philosophical perspectives, is necessary for a culturally sensitive

interview (Lonner & Ibrahim, 2002). Psychologists will work with individuals from diverse backgrounds, who may present with goals and values that appear to be in conflict with Western values (Knapp & VandeCreek, 2007). In these situations, psychologists are urged to engage in a respectful dialogue in which the client's values are identified and appreciated. Researchers have supported the notion that a client's worldview is the most vital variable to assess in cross-cultural work (Ibrahim, Roysircar-Sodowsky, & Ohnishi, 2001). Obtaining information from multiple perspectives for each client reinforces the view of client problems as multidimensional, complex, and valid (Fontes, 2008; Hays, 2008). When implementing a multicultural approach to interviewing, psychologists are better able to see people as individuals and as members of cultures, rather than acquiring a limited perspective of the client (Fontes, 2008).

**Personal histories in a historical cultural context.** Whenever possible, psychologists should gather information about the interviewee's cultural background before the first meeting (Fontes, 2008; Hays, 2008a). Personal variables (i.e., age, religion, country of origin, immigration status, English fluency) are important details that psychologists should be mindful of before entering the room with a client for the first time (Fontes, 2008). Background reading on a person's ethnic, cultural and/or religious group will enhance the psychologist's understanding before the first meeting and will help guard against stereotypes and misunderstandings during the interview. Although researching about the general cultural characteristics of a minority group can be helpful, this information should not be used to replace an assessment of the cultural background of the client (Leung, 1996). Each individual is unique and he or she may not ascribe to the same characteristics or experiences common to his or her cultural group; within each

cultural group there exist a range of within-group differences. In summary, the optimal approach during the interview entails the psychologist being knowledgeable about many minority groups, but to also being open to information given by the client so that each person is seen as a unique individual. Without an open stance, the psychologist runs the risk of overgeneralizing or under generalizing qualities/characteristics of the client.

During the interview process the psychologist can ask questions aimed at understanding significant cultural events (i.e., ending of a war, election of a president, civil rights movement, economic recession) that have occurred during the historical period of a client's life (Hays, 2008a). Typically, the interview is aimed at identifying relevant information about a client's personal history, which is generally organized into developmental and social histories. These categories assume a passive perspective toward clients' cultural histories. The greater knowledge the psychologist has in regard to cultural historical events, the more relevant his or her questions will be. Taking the extra time to track the historical cultural events will ultimately result in the client providing more salient, significant responses. Psychologists should not view the client's personal account in isolation, but rather merge the personal history with the historical cultural events.

**Acculturation.** In addition to emphasizing the historical cultural events associated with a client, it is necessary for psychologists to construct questions aimed at assessing a client's immigration, migration and/or acculturation status (Comas-Diaz & Grenier, 1998; Fontes, 2008; Padilla & Medina, 1996). A culturally sensitive perspective becomes more complex and vital when interacting with individuals who have originated from unique ethnic backgrounds or ascribe to uncommon cultural behaviors, such as for

those individuals who face acculturation challenges (Padilla & Medina, 1996). Acculturative stress can affect psychological functioning (Cofresi & Gorman, 2004). Acculturation issues are often not seen as significant for most White, middle-class individuals, but this identity variable demands important consideration on behalf of the psychologist. Attention must be given to understanding the relationship between changes in cultural orientation, such as the degree to which the individual is integrated into the dominant culture or how much he or she retains the culture of origin (Fontes, 2008; Padilla & Median, 1996). Furthermore, questions aimed at better understanding the individual's psychological adjustment and educational attainment should also be included (Padilla & Median, 1996). For several ethnic minority groups, such as Latinos and Asian Americans, issues of residence, English language proficiency, generation in the United States, and level of acculturation are particularly salient.

Migrants, immigrants, and all people from ethnic minority groups face decisions daily about how to integrate their minority culture into the majority culture that surrounds them (Fontes, 2008). Most models of acculturation have conceptualized acculturation on a spectrum, where people who are completely separate from the dominant culture (i.e., unassimilated) are on one end, people who are completely assimilated are on the other end and people who are somewhat acculturated are in the middle. Although this representation is useful, it is limiting because it also simplifies this abstract concept. No model or conceptualization would be fully encompassing due to the dynamic, changing and multidirectional nature of the relationship between people and their cultures. When using an acculturation model, psychologists need to take into account the dynamic forces and not view this variable as a stable construct.

**Assessing unusual perceptions and experiences.** When conducting a multicultural interview, it is challenging for psychologists to assess the beliefs and behaviors that are deemed unusual in the dominant or even minority culture, but are seen as positive and healthy by the individual's culture (Hays, 2008a). For instance, some individuals believe in the supernatural and/or endorse experiences of trance and of communicating with spirits. Although psychologists run the risk of pathologizing and over diagnosing clients whose cultures are unfamiliar and/or different, psychologists may also ignore pathology and underdiagnose because they are under the impression that the belief, behavior, or experience is culturally acceptable and immediately accept it. Deciphering whether religious, spiritual, and cultural beliefs are healthy or evidence of pathology is an area of murky waters for psychologists (Pierre, 2001). For example, in clinical practice, there are no definitive guidelines to aid psychologists in distinguishing between normal religious beliefs and pathological religious delusions. In these situations, Pierre (2001) suggests that rather than focusing on the origin of the belief, identifying its cultural influences and its impact on functioning may be more important considerations. Psychologists need to be thorough and astute when determining whether a belief, behavior or experience is pathological and problematic.

### **Limitations of Using Tests with Minorities**

The valid measurement of psychology symptoms and accurate diagnosis of mental health issues is a subject that has been frequently discussed in the past 20 years (Malgady, 1996). As stated previously, the field of psychology has been mostly influenced by the European American perspective and as a result, the psychological assessment practices that are in use today were primarily developed for estimating

psychological phenomena as they occur in this majority culture (Dana, 2000). Many studies have found bias in the test construction methods and in the interpretation of the results of assessments given to ethnic minority clients (Dana, 1993; Hays, 2008a; Keitel, Kopala & Adamson, 1996; Padilla & Medina, 1996; Paniagua, 2005; Sandoval, 1998b; Trimble, Lonner & Boucher, 1983). In addition, some psychologists have misdiagnosed clients by not taking into account cultural values, norms and beliefs (Dana, 1993; Keitel, Kopala, & Adamson, 1996).

**Bias in test construction.** It has been largely assumed that assessment instruments provide reliable and valid measures for all individuals, regardless of their cultural background (Dana, 1993). However, the psychometric conjectures that are used in the development of these tests (i.e., rank ordering of stimuli, psychosocial judgments, self-evaluation of cognitive processes) may not be appropriate cross culturally (Trimble, Lonner, & Boucher, 1983). Psychologists must be familiar with the existing knowledge base in test construction and psychometric theory to provide competent multicultural assessment (Allen, 2007). Most standardized tests were created from a European worldview, which assumes that the Euro-white, middle-class standards, values, beliefs, attitudes, experiences, are the correct ones (Butcher, Mosch, Tsai, & Nezami, 2006; Hays, 2008a; Padilla & Medina, 1996). Moreover, the standardized format of most instruments is foreign to some cultural groups and therefore, jeopardizes the validity of results (Butcher, et al., 2006). This perspective punishes minority group members by not allowing them to be viewed within the context of their own culture's norm. Instead of comparing apples to apples, the test compares apples to oranges, at the expense of the individual from the minority group.

Given this information, it is not shocking that those individuals from minority groups sometimes earn more extreme (higher or lower) scores than is warranted (Padilla & Medina, 1996). When a test is normed on one cultural group and given to another cultural group, the test will automatically favor the first group and provide less valid results for the second. Standardized tests were purposefully designed to be objective; however, this objectivity is in relation to a cultural group and not universally unprejudiced (Lloyd, 2011; Padilla & Medina, 1996; Samuda, 1998; Sandoval, 1998b).

Butcher, et al. (2006) acknowledged that instruments are products of the culture in which they were created; however, they claimed that these Western measurements can be used as a starting point for understanding norms for other cultures. Similar to how medicinal treatments have been adapted for other cultural groups by adapting administration instructions, western psychometrics may provide the foundation for understanding. However, modifying western instruments for other cultural populations is a challenging task and requires attention to linguistic equivalence, construct equivalence, psychometric equivalence, and psychological equivalence.

For example, if a measure were merely translated from English to another language, the psychologist would need to make sure that the items on both versions conveyed the same literal meaning to ensure linguistic equivalence between the tests. Construct equivalence between measures implies that individuals from different cultural groups attach the same meaning to the item as a whole. Another methodological problem in cross-cultural testing is obtaining psychometric equivalence, which pertains to a measurement tool containing similar psychometric properties in different cultures (Butcher & Han, 1996). Psychological equivalence refers to the similar meaning or

cultural significance of test items (Butcher et al., 2006). For instance, the test item “I like dramatics” may not be actually translated in terms of its psychological meaning to non-Americans because this term is describing a specific type of culture (i.e., high energy, fast paced, excitement) within the U.S. culture that may not be familiar to those from other cultures.

In order for psychologists and clients to gain the maximum effectiveness from these measures, they need to take several corrective steps (Acevedo-Polakovich, et al., 2007). First, psychologists need to document in the assessment report the lack of validity for individuals of minority groups with each measurement tool. In addition, the psychologist should seek out other sources of information regarding the individual’s performance on relevant criteria. This information should be included because it speaks to the pervasiveness of specific characteristics and/or qualities rather than normative difficulties associated with immigration and acculturation.

**Potential bias in the interpretation of test results.** Psychologists often use tests to aid them in making a decision (Sandoval, 1998a). Tests provide psychologists with pertinent information in a fast and convenient manner, that they may not be able to obtain otherwise. Furthermore, tests are constructed to provide an objective finding, rather than a subjective one that may occur in response to interviews. Although assessments have many redeeming qualities, their utility may be compromised by errors that can occur by psychologists in their interpretation of the results (Dana, 1993; Keitel, Kopala & Adamson, 1996; Sandoval, 1998a). Shortcomings in interpretation or reporting can lead to inaccurate diagnoses or recommendations (Acevedo-Polakovich, et al., 2007). A few examples are provided.

A well-known bias in human cognition is the need to confirm expectations or to validate preconceptions (Sandoval, 1998a). In making decisions, humans have a tendency to selectively attend to information that is compatible with their established practice, theories, or schemas (i.e., confirmatory bias). The inclination to do this is difficult to change and only rarely does an accommodation take place to alter the preconceived thought. Prejudices are created when an individual no longer challenges his or her expectations or notions (Dovidio & Gaertner, 1993). As such, it is imperative for psychologists to be aware of their biases so that they do not base their clinical conclusions on a pre-existing hypothesis (Keitel, Kopala, & Adamson, 1996; Sandoval, 1998a). Psychologists can do harm when they apply their experiences and theory from the mainstream population to individuals of different minority cultural groups (Sandoval, 1998a).

The availability bias can also be a source of error in test interpretation (Sandoval, 1998a). Availability bias occurs when a psychologist's decision is influenced by information from a similar event. A psychologist, who primarily works with one population, will more vividly remember information from an individual from another culture. For instance, if Dr. Brown typically sees clients from a Mexican-American background, he will be more likely to remember information from his one client from Africa. As such, when Dr. Brown serves other clients from Africa he is more likely to observe the same pattern in the new client from Africa as he did with the prior client from Africa. The availability bias is problematic for several reasons (Achenback, McConaughy, & Howell, 1987). It can lead psychologists to infer similarities among

individuals of the same culture that do not exist and lead psychologists to have an inaccurate depiction of the client.

**Diagnosis of mental illness in minorities.** *The Diagnostic and Statistical Manual of Mental Disorders*, fourth edition, text revision (*DSM-IV-TR*), is a resource that offers a diagnostic system that is widely used among medical and mental health professionals (APA, 2000). The *DSM-IV-TR* is used when communicating among professionals, obtaining reimbursements, organizing and creating a conceptualization of a client's behaviors, and in determining what services are needed for an individual. This resource is a necessity for professional practice and it is the most thorough diagnostic system that the medical and psychological fields currently have (Hinkle, 1999; Hohenshil, 1993). Although the *DSM-IV-TR* provides more direction on culturally informed diagnostic procedures than its predecessors, criticisms have still been raised about the lack of cultural sensitivity it holds (Alarcon, Bell, Kirmayer, Lin, Ustun, & Wisner, 2002; Gold & Kirmayer, 2007).

Many criticisms have been directed at the *DSM-IV-TR* with regard to cultural issues (Kress, Kriksen, Rayle, & Ford, 2005). Research and literature on cross-cultural assessment, diagnosis, and treatment have exposed the inaccuracy of this diagnostic system with underrepresented and marginalized groups. Specifically, Lonner and Ibrahim (2002) found evidence that supports the notion of the tendency of psychologists to overdiagnose, underdiagnose, and misdiagnose clients from these groups.

Consequently, psychologists should take caution when completing diagnostic assessments on individuals who do not share a Eurocentric world-view (Dana, 1993). Careful consideration must be taken in making distinctions between psychopathologies

that occur in Anglo-American society and psychopathologies that may or may not be defined by similar behavior/symptoms in other cultures. The expression of symptoms of distress and their significance is directly related to the culture of the individual (Butcher, et al., 2006; Diana, 1993; Fontes, 2008; Hays, 2008b). For example, forms of anxiety and other related disorders seem to vary more than depression and schizophrenia across cultures (Butcher, et al., 2006). Often, it is assumed that the diagnostic categories used in the United States and published in the *DSM-IV-TR* are culture-general; however, this is not the case (Dana, 1993).

Multicultural clients are more vulnerable to being misdiagnosed than are members of the dominant culture (Acevedo-Polakovich, et al., 2007; Dana, 1993; Keitel, Kopala & Adamson, 1996). Errors in diagnosis are typically due to mental health professionals not taking into account cultural and environmental stressors that may influence how individuals behave (Keitel, Kopala & Adamson, 1996). For example, Asian Americans are more often diagnosed with Dependent Personality Disorder (DPD) (Dana, 1993). However, the personality variables associated with DPD are not a result of an individual's inability to function independently, but more a product of cultural norms about certain responsibilities of designated family members. Psychologists should only diagnose after it has been established that this label is culturally appropriate and does not pathologize behavior that is normative in the individual's original cultural context (Acevedo-Polakovich, etl al., 2007).

Problems also occur when professionals fail to consider the larger cultural and contextual issues of macrolevel social problems of living, such as racism, discrimination, patriarchy, homophobia, and poverty (Kress et al, 2005). Environmental stressors can

greatly impact the presentation of symptoms, but the stressors can often be lost in the *DSM-IV-TR*'s focus on disorders being rooted in the individual (Keitel, Kopala, & Adamson, 1996; Kress, et al., 2005). The absence in the *DSM-IV-TR* of culture-specific syndromes or culture-bound syndromes related to macro level issues, such as acculturation adjustments, migration and immigration trauma, ethnic-racial identity confusion, or PTSD due to socially sanctioned racism or violence can minimize such experiences if a psychologist adheres strictly to the *DSM* system of diagnosis because these systemic forces are not specifically addressed (Kress, et al., 2005; Velasquez, Johnson, & Brown-Cheatham, 1993). Diagnoses given to an individual with limited proficiency in the U.S. culture should be accompanied by a narrative description of the behaviors that justify the label, the individual's cultural identity, cultural explanations of the illness, cultural factors related to psychological functioning, and cultural elements of the assessor-client relationship (Acevedo-Polakovich et al., 2007).

Psychologists may inadvertently facilitate clients conceptualizing their problems solely from an individual disorder perspective rather than taking into account a macrocultural perspective, which would include the issues surrounding marginalized groups (Arnold, Keck, Collins, Wilson, Fleck, Corey, Amicone, Adebimpe, & Strakowski, 2004; Dutta, Greene, Addington, McKenzie, Phillips, & Murray, 2007; Kress, et al., 2005). For instance, individuals in a minority group are likely to be subjected to discrimination on a regular basis. As such, these individuals are often viewed as "hostile or paranoid" by members of the majority group. Individuals of the majority group are less likely to view the behavior within the context of the oppressive culture in which these individuals live. More likely than not, the behavior is not seen as

adaptive or viewed as a realistic response to the situation. Many African Americans have been diagnosed with Paranoid Personality Disorder (PPD), even though the paranoia is a common, reality-based byproduct of African American experience with prejudice and discrimination (Dana, 1993).

## **Chapter 5**

### **Psychological Evaluations in the Catholic Church**

Evaluations for clergy are not a new phenomenon (Malony, 2000). Research on this topic suggests that Sir Francis Galton researched individuals in the Anglican religion (Tablert, 1933). Much later, in 1965, Menges and Dittes found that the main purpose of these evaluations was to address concerns individuals had regarding the qualifications of candidates and matters related to the performance among practicing clergy. Bier (1970) reviewed documents from a symposium sponsored by the Academy of Religion and Mental Health and found that the evaluation of clergy candidates had primarily been done by three major religious groups: Catholics, Protestants, and Jews.

More recently, it has become clear that many, if not most, Christian and Jewish groups require some form of psychological evaluation of their clergy (Malony, 2000). Although this is a common practice for these religious groups, there is no known approved national list of psychologists who specialize in this field. Furthermore, there is not a census among these religious groups as to what the content and format for these evaluations should be. As an exception, the United Methodist Church (UMC) set formal standards for their psychological evaluations (Malony, 2000). In addition, Malony reported that the UMC provided a list of formal measures to be used by psychologists, as well as scoring services that allow the information to be gathered in a database for future research across the denomination. In addition, a steering committee within the UMC

gathered routinely with the psychologists to ensure the standardization of procedures throughout the United States.

A literature search found no recent summary of the current work of the UMC in this regard, and no other reports were found on the evaluation practices of other religious groups. Therefore, the remainder of this chapter will discuss the evaluation procedures for admission and the unique structure of Catholic seminaries. If a young man is seeking to become a priest in the Catholic Church, he must enroll in a Catholic seminary. A man seeking a vocation in the priesthood must undergo a holistic process of development. In a seminary, the educational and formational institution for clergy members of the Roman Catholic faith, the overall goal of the educational process is significantly different from that of a non-seminary college (Sheldrake, 1998). Catholic seminary provides a place for the formation of young men into the Catholic priesthood, an occupation of service and leadership to the Catholic Church (Paul, 1992; USCCB, 2006; Viban, 2007). In addition to academic development, seminaries are also places where seminarians acquire the manners and personal habits (i.e., praying, being a representative of Jesus Christ, administering the Sacraments of the Church) of the priest (Paul, 1992; USCCB, 2006; Viban, 2007).

Pope John Paul II (1992) gave all Catholic seminaries specific guidelines on what priestly formation should include. He (1992) identified four pillars of priestly formation, which include the human, spiritual, intellectual, and pastoral formation of the individual. He further stressed the importance of addressing all of these facets of an individual in order to ensure the formation of the whole person in seminary. According to the USCCB, human formation includes absence of serious pathology and a proven capacity

to function competently in ordinary human situations without needing to do extensive therapeutic or remedial work (2006). In addition, the human pillar focuses on developing genuine empathy, psychosexual maturity, the capacity for growth and/or conversion and a deep desire to be a man for others in the likeness of Christ, The seminary also is a place where a man's spiritual faith is formed (USCCB, 2006). The spiritual pillar captures a well catechized person who prays daily, belongs to a parish, and is drawn to explore and deepen his spiritual life, while sharing it with others. Intellectual formation means an individual has the proven capacities for critical thinking, an ability to understand both abstract and practical questions, and the capacity to understand other persons and to communicate effectively with them in oral and written form (USCCB, 2006). The pastoral pillar requires an individual to have a fundamental sense of the Church's mission and a generous willingness and enthusiasm to promote it through the role of a priest (USCCB, 2006). Furthermore, this pillar necessitates that a person have the sensitivity for the needs of others and a desire to respond to them in a position of leadership for the good of individuals and communities. Although all Catholic seminaries must incorporate all four pillars throughout the curriculum, each seminary has the flexibility to organize and structure these components into the overall curriculum.

As a clarification, college seminary, also referred to as preparatory seminary, is a place where students are enrolled for four years to follow a course of intellectual formation (USCCB, 2005; Viban, 2007). This four-year program is comparable to undergraduate work in a non-seminary college. Students in seminary initially pursue coursework in the liberal arts field and then synthesize this information with the study of philosophy (USCCB, 2005). In addition to liberal arts and philosophy, college-level

seminarians study theology. Theology on this level of education includes courses on Catholic doctrine, liturgy, sacraments, Catholic morality, and Sacred Scripture (USCCB, 2005). Along with the academic material, students receive attention to the preparation for their priestly ministry (Paul, 1992; USCCB, 2006; Viban, 2007).

### **Psychological Evaluation Prior to Enrollment**

Most, if not all, college seminaries insist on an extensive clinical interview and some type of psychological evaluation for those individuals at the time of application to the college level (Plante, 2003; Plante & Boccaccini, 1998). The Catholic Church has gradually, especially within the last 30 years, relied on mental health professionals to determine the psychological health and wellbeing of men interested in the Catholic priesthood (Hankle, 2010; McGlone, Ortiz, & Karney, 2010). Typically, these individuals are licensed psychologists, but they have included psychiatrists, clinical social workers, and counselors (Batsis, 1993; McGlone, Ortiz & Kareny, 2010). Regardless of the type of professional affiliation, church officials usually hire or consult with individuals who have familiarity with the Church (McGlone, Ortiz, & Kareny, 2010).

At the request of the Second Vatican Council, the Catholic Church was encouraged to collaborate directly with the modern world in the field of education (Flannery, 1984). Specifically, the Council suggested that Catholic seminaries “should be eager to cooperate with experts versed in other fields of learning by pooling their resources and their points of view” (p. 62). The field of psychology was explicitly noted and, as a result, the psychological evaluation has become an intrinsic part of the screening and admission process. In most cases, the findings and recommendations from these evaluations are not the final factor in the decision making process, but are heavily

weighted and are pertinent to the overall picture of a candidate (Batsis, 1993; Hennessy, 1994; McGlone, Ortiz, Karney, 2010). The mental health professional provides useful information about the psychological functioning of the applicant, identifying potential risk factors, and helping the seminary to have a fuller picture of the person being evaluated. A decision regarding an applicant's admittance into seminary is mostly dependent upon three main factors (Batsis, 1993; Plante, 2003, 2006; Plante & Boccaccini, 1998). First, the Church uses the evaluations to better comprehend and recognize the overall psychological functioning of each applicant. Second, the psychological assessment helps determine the suitability or the "goodness of fit" of the men applying for admission (Batsis, 1993; Plante, 2006). Lastly, identifying the applicant's desire or intention of entering seminary may be helpful in determining who is accepted and who is not (Plante, 2006; Plante & Boccaccini, 1998).

**Identifying psychological disorders.** Psychological assessment has been an integral component of the screening process to determine the psychological health and well-being of individuals interested in the priesthood (Hankle, 2010). Ascertaining the psychological functioning of applicants is vital for both the applicant and the Church (Batsis, 1993; Plante, 2003, 2006; Plante & Boccaccini, 1998). It is important to note that psychological assessment is not used primarily to disqualify an applicant, but rather is used to identify major psychopathology or psychiatric disturbances (Plante, 2006). Although there are several psychological disorders (i.e., schizophrenia, severe substance abuse and dependence, pedophilia) that could preclude someone from entering this vocation, the major purpose of the assessment is to identify psychological problems early so that they can be remedied.

Keddy, Erdberg, and Sammon (1990) found that many clergy members who are referred for residential treatment had longstanding personality problems. These researchers asserted that if these mental health issues had been identified earlier in the application process, help or assistance could have been provided throughout the training to aid in monitoring or treating the negative symptoms associated with these mental health issues. According to the USCCB, it is possible for some seminarians to address these issues in the course of a seminary program through counseling or other means (2006). However, if the individual is unwilling to confront these issues or long-term therapeutic work is indicated, then acceptance into seminary will most likely be delayed until the individual properly deals with his issues.

For the holistic development of the applicant in seminary, mental health issues should be identified so the individual can be provided with the proper and appropriate types of accommodations. For example, if the evaluation process determines that an applicant has a learning disorder or a mood disorder, the seminary should not use these diagnoses to bar the individual from seminary or in other ways misuse the information to the detriment of the person. Instead, the information gathered during the evaluation should be used to provide the person and the seminary with recommendations for professors, spiritual directors, and vocational directors of how to best aid this individual (i.e., extra time for in-class assignments, counseling, or medication) with this mental health issue throughout the person's education and formation in seminary.

The Church has viewed psychological assessments as an important part of the evaluation process (Batsis, 1993). Although there has been a long-standing history of tension between religious and psychological approaches, the Church acknowledges the

value in identifying a psychiatric or psychological condition that would prevent the individual from being a productive and successful member of the clergy (Plante, 2003, 2006). For example, the sexual abuse crisis in the Catholic Church has underscored the notion of the importance of a thorough psychological evaluation being conducted to ensure the safety of future parishioners (McGlone, Ortize, & Karney, 2010; Plante, 2003, 2006). One of the main objectives of clergy applicant psychologists is to try to make an early detection of possible sexual offenders by way of a psychological assessment (Plante, 2003, 2006). However, the amount and reliability of research needed to be effective in making these predictive assessments does not exist (Plante & Boccaccini, 1998).

During the past decades, sexual offender recidivism risk assessment has made significant advances; however, there are still unresolved problems and inconsistent research results about the reliability, validity, and predictive accuracy of actuarial risk assessment tools (Barbaree, Langton, & Peacock, 2006; Craig, Browne, Stringer, & Beech, 2004). For example, Barbaree et al. (2006) found that different actuarial risk scales for sexual offenders produce different risk rankings, and Hanson and Thornton (2000) found that the predictive accuracy of instruments differed based on sexual offender subtypes. In 2010, researchers (Rettenberger, Matthes, Boer, Eher) compared five frequently used risk assessment instruments (Static-99, Rapid Risk Assessment for Sexual Offense Recidivism, Sex Offender Risk Appraisal Guide, Sexual Violence Risk-20, and Psychopathy Checklist-Revised) to determine if any of these assessments provided a valid measurement of risks of sexual offenses. They concluded that there continues to be variability in predictive validity depending on the instrument being used,

the sexual offender subtype, and the recidivism category of interest). However, they did find support for the Rapid Risk Assessment for Sexual Offense Recidivism (RRASOR) as an actuarial measurement for sexual deviance and it had the best predictive power for sexual recidivism. Unfortunately, none of these assessment tools are good predictors of sexual offenses by members of the general population, much less a pool of applicants to seminaries.

**Determining the “goodness of fit.”** Batsis (1993) found that 54% of the vocation directors (priests who have the task of focusing their attention on the promotion, recruitment, and training of seminarians for the priesthood) requested information from a psychologist regarding the applicant’s suitability for the priesthood. This indicates that this dynamic between the applicant and the seminary has been important in the admission process. The suitability of the applicant in terms of an individual’s psychological and/or personality disposition, consistent with the priesthood, is what Plante (2006) refers to as the “goodness of fit.” In the secular arena, colleges typically do not provide much guidance on these factors, although students, parents, and high school guidance counselors might provide some of it. For example, an individual who is more introverted and needs more hands-on education would do better at a smaller seminary with an emphasis on pastoral care rather than at a larger seminary with a large emphasis on self-guided learning.

**Rationale for entering.** Some applicants indicate that they have a sense of God’s call or they express a desire to serve God and the community in an active ministry of the priesthood. However, other individuals seek entry to the priesthood after a traumatic relationship termination or rejection. Some individuals are motivated to

become a part of the priesthood as a result of wanting to be taken care of and hoping the diocese will do that for them. In each scenario, an applicant's rationale for entering is an important factor to assess during the psychological evaluation. According to the USCCB (2006), all applicants should be convicted that God's plan for them brought them to the seminary and not their own selfish desires. If the admission committee has reservations regarding an individual's suitability at seminary, caution is taken and the benefit of the doubt is given to the Church.

### **Research Regarding the Psychological Evaluation of Seminarians**

Even though most seminaries require a psychological evaluation as a part of the application process, each diocese makes its own arrangements for what the evaluation should include and who should conduct it (Batsis, 1993; Plante, 2003, 2006; Plante & Boccaccini, 1998). There is no one universally accepted or required protocol to assess applicants for priesthood in the Catholic Church (Plante, 2006; Plante & Boccaccini, 1998). There also has been some difficulty in identifying salient variables that comprise a successful priest. Given the lack of clarity of these variables, it is difficult even with the most rigorous and reliable tests to determine how well a man will function as a seminarian or priest (Hennessy, 1994). In addition, many of the tests that are currently being used were developed with the general population and not normed on this specific population (O'Neil, 1994). It is noteworthy that assessment is not a value-free activity and therefore individuals seeking the priesthood may be regarded as "deviant" when compared the norms of "normal men" rather than to the norms of Catholic men in seminary. Few studies have sought to understand what is occurring nationally during the

psychological evaluation and only two studies have addressed this question in any form in the past 20 years (Batsis, 1993; McGlone, Ortiz, Karney, 2010).

Batsis (1993) was the first researcher to investigate the psychological assessment process itself. Batsis surveyed 154 Roman Catholic vocation directors concerning the psychological evaluation for seminaries and religious orders. The author sought answers to the following questions: What information is being sought by vocational directors when they refer applicants to psychologists for assessments? How do vocation directors go about assessing the suitability of applicants? What instruments are being used in the assessment process? What are the reactions of vocation directors to the reports being generated by psychologist who assess applicants for the seminary and religious life? In 2010, researchers mailed a questionnaire to 86 mental health professionals who conduct psychological evaluation of priesthood candidates (McGlone, Ortiz, & Karney). They inquired about the policies, procedures, and practices used by dioceses, religious institutes, and seminaries to assess individuals for admission to priestly formation. They specifically examined current components of the psychological assessment process; psychological variables typically assessed; requirements and guidelines for the mental health professionals involved; ethical, professional, and legal issues; and feedback on how policies, procedures, and practices can be improved.

Several noteworthy findings were revealed in these studies in regards to the psychological evaluation for seminarian applicants; however, there were three main areas of similarity (Batsis, 1993; McGlone, Ortiz, & Karney, 2010). First, psychologists were identified as the type of mental health provider most frequently involved in the evaluation. In the 2010 study, 96% of the respondents were psychologists and Batsis's

1993 study suggested that 83% of those administering the psychological evaluation were psychologists (McGlone, Ortiz, Karney, 2010).

Second, both studies asked individuals to identify specific assessment measures that were used (Batsis, 1993; McGlone, Ortiz, & Karney, 2010). The Minnesota Multiphasic Personality Inventory-2 (MMPI-2), the Wechsler Adult Intelligence Scale, the Rorschach, the Incomplete Sentences Blank, the Thematic Apperception Test (TAT) and the Strong Assessment Inventory (SII) were among those used by the respondents in the 1993 and 2010 studies. McGlone, Ortiz, and Karney (2010) identified several more measures that were then being used (i.e., Shipley Institute of Living Scale (SILS), Neuropsychological Impairment Scale-Self Report, Connors' Adult ADHD Rating Scale, 16 Personality Factor Questionnaire (16- PF), Millon Clinical Multiaxial Inventory (MCMI-III), Personality Assessment Inventory (PAI), Edwards Personal Preference Schedule, Fundamental Interpersonal Relationship Orientation-Behavior, Career Assessment Inventory, Spiritual Well-Being Scale, and the Cross-Cultural Adaptability Inventory (CCAI). For the most part, assessment tools have focused on evaluating cognitive functioning, personality, and some career interests.

Third, questions were raised by authors of both studies regarding the process of assessment for those individuals not native to the United States (Batsis, 1993; McGlone, Ortiz, & Karney, 2010). It is estimated that one quarter of the priests ordained in the United States in 2009 were born outside of the United States (CARA, 2009). Ninety-eight percent of respondents in the 2010 study indicated that they had evaluated foreign-born candidates, but only 16% reported giving very much consideration to cross-cultural adaptability as an important component to be assessed in the evaluation (McGlone, Ortiz,

& Karney, 2010). These findings are troubling because it suggests that applicants from other countries are not receiving culturally competent psychological evaluations.

## **Chapter 6**

### **Practical Applications to Ethical Interviews**

Hays's ADDRESSING framework provides psychologists a tool to use that moves beyond one-dimensional conceptualizations of identity (Hays, 2008a). This approach aids in capturing the complexity of cultural influences within each person's identity. Hays (2001) constructed the framework to include a multidimensional combination of the following variables: Age and general influences, Developmental and acquired Disabilities, Religion, Ethnic and racial identity, Socioeconomic status, Sexual orientation, Indigenous heritage, National origin, and Gender (See Appendix). Recognizing the intricacy of cultural influences is more difficult than either ignoring them or simplifying them into a single dimension; however, there is great reward for those who authentically invest in the process (Hays, 2008a). This extensive process should not scare psychologists away because becoming aware of the intricacy of these variables can lead psychologists to a deeper understanding of clients and of themselves.

The ADDRESSING framework is a practitioner-oriented approach that conceptualizes cross-cultural work in two broad categories (Hays, 2008a). Throughout the multicultural literature, cross-cultural learning emphasizes the importance of both the psychologists and the clients seeking to understand the facets that are associated with cross-cultural work (Arredondo & Perez, 2006). Training that is focused on the psychologist's cultural self-awareness, knowledge, and awareness of others' worldviews

is most helpful in providing culturally competent services (Sue, Arredondo, & McDavis, 1992).

### **Personal Work**

The first category, referred to as “personal work,” consists of the psychologist’s introspection, self-exploration, and understanding of the impact of culture on one’s own belief system/worldview (Hays, 2008a). To begin, a psychologist must have a thorough understanding of the terminology and philosophy used in the multicultural literature (i.e., beliefs, values, power, oppression, privilege). After familiarizing one’s self on the literature, the next step is to learn how to defend against engaging in negative biases, stereotypes and prejudices (Fontes, 2008; Hays, 2008a; Sandoval, 1998a). Once these two tasks are completed, individuals would greatly benefit from examining their own cultural heritage through the framework of the ADDRESSING model (Hays, 2008a). This process is not fully completed until the psychologist considers areas in his or her life in which he or she holds privilege over other groups of individuals. The last step is important because it allows psychologists to become aware of instances in which they hold power, simply by having a certain identity variable.

**Establishing a knowledge base.** Prior to psychologists providing culturally competent services they first need to be familiar with the knowledge base regarding individual and social biases, cultural values, and power structures (Hays, 2008a). To put it simply, a bias is a tendency to think, act, or feel in a particular way. In some instances, biases can guide individuals toward more accurate inference and likewise aid in a quicker understanding of someone. However, in other instances, biases can lead individuals to incorrect speculations. In these cases, biases are thinking errors caused by the simplified

cognitive information processing strategies, such as categorization and generalization (Fontes, 2008; Hays, 2008a).

These cognitive abilities help to classify information and then generalize the data to new situations to aid in helping people organize the immense amounts of information they encounter on a daily basis (Stephan, 1989). Typically these cognitive processes facilitate people's learning and social interactions, but as stated previously they can also contribute to inaccurate assumptions. This is because once a schema is established, new information is processed in relation to what is already understood; only rarely does an alteration of a schema occur (Sandoval, 1998a). According to Holiman and Luvier (1987), a tendency towards stereotyping occurs when people become rigid about their assumptions. Although stereotypes are associated with "the knowledge, beliefs, and expectations associated with those groups," prejudice refers to "the positive or negative evaluations of social groups and their members" (Sherman, Stroessner, Conrey, & Azam, 2005, p. 1).

**Counteract biases.** Even though biases, stereotypes, and prejudices are natural and human, individuals should work towards understanding these and strive to correct those that are problematic (Fontes, 2008; Hays, 2008a; Sandoval, 1998a). Usually people form impressions without thinking and rely on them in order to see the world as an organized and predictable place, even though it is not (Johnson, 2006). Psychologists must know how to safeguard against making errors in judgment (Sandoval, 1998a).

***Taking an open stance.*** It is common for psychologists to experience a range of emotions when reflecting on their own biases and beliefs (Fouad & Arredondo, 2007). As such, participation in multicultural psychology or cultural competency training can be

personally threatening, given that the topics become personalized. For many individuals, feelings of denial, frustration, guilt, shame, and anger are expressed as they realize that they can no longer deny their privilege as a dominant member in society (i.e., being Caucasian, male, heterosexual, able bodied, etc.; Fouad & Arredondo, 2007; Johnson, 2001; Johnson, 2006). More often than not, when a psychologist becomes defensive he or she will likely focus on the justification of his or her own ideas, rather than making the client's experience foremost (Hays, 2008a). Psychologists are encouraged to acknowledge and confront these feelings, rather than suppress these emotional experiences (Fouad & Arredondo, 2007; Hays, 2008a). Most likely it is impossible to eradicate all defensive feelings; however, it is possible to refrain from engaging in defensive behaviors, especially if these behaviors come at the expense of a feeling accepted (Hays, 2008a).

People who have not reflected upon their biases, stereotypes, and prejudices are likely to utilize a variety of defense mechanisms, such as denial, displacement, blame, projection, and reaction formation (Fouad & Arredondo, 2007; Hays, 2008a). Some individuals would rather "turn off" their preconceptions about groups of people than attempt to understand the existence of their biases, stereotypes, and prejudices (Hays, 2008a). However, this strategy is ultimately unsuccessful given the subtle and pervasive nature of our assumptions. Instead of "turning off" our preconceptions, an individual is more likely to ignore the presence of the assumptions and not create a culturally competent space for his or her clients (Pedersen, 1987).

Even though it may seem as if it is inevitable for psychologists to fail as culturally competent psychologists given that everyone has harmful biases, stereotypes, and

prejudices, this is not the case (Fontes, 2008; Fouad & Arredondo, 2007; Hays, 2008a; Sandoval, 1998a). Being open to identifying and recognizing the conceptions and viewpoints (positive and negative) psychologists have about diverse clients is important (Sandoval, 1998a). Self-awareness by each psychologist of specific areas of ignorance is essential in understanding others' perspectives (Fontes, 2008; Sandoval, 1998a).

Psychologists specifically need to be mindful of how their specific theoretical orientation may be leading them to inaccurate depictions of their clients (Hays, 2008a; Sandoval, 1998a). Knowledge of the biases, stereotypes and prejudices allows individuals to then replace erroneous information with real experience and direct learning (Fontes, 2008; Hays, 2008a). Practicing cultural humility, striving for habits of self-reflection and engaging in authentic self-critiques safeguard psychologists from imposing their values on others (Fontes, 2008).

***Developing complex schemas.*** In addition to being open to and confronting their preconceptions, psychologists who view clients in a multifaceted manner can better overcome incorrect misconceptions (Sandoval, 1998a). Cultural sensitivity training is not aimed at creating stereotypes. It is motivated to create new, more complete and accurate depictions of individuals that will assist psychologists in understanding their clients better. For example, some psychologists are under the assumption that “ethnic matching” is the best solution to understanding a client’s perspective (Fontes, 2008). Although it can be advantageous for some individuals to be paired with an individual with similar ethnic, racial, cultural, or other identity variable, this does not mean that this is the case with every individual. De Souza (1996) asserted that the assumption of “ethnic matching” is “reductionistic and simplistic” and it diminishes individuals to their cultural

characteristics rather than viewing all of the client's identity variables. Psychologists must use their clinical skills in conjunction with knowledge about the groups to which their clients belong (Fontes, 2008; Fouad & Arredondo, 2007; Hays, 2008a; Sandoval, 1998a).

***Refrain from rash judgments.*** In general, psychologists need to resist making impulsive judgments when working with any individual (Sandoval, 1998a). Although psychologists should be cautious in how they are conceptualizing a client, it is irresponsible for psychologists to make assumptions before the facts are presented or to solely attend to the information that confirms their initial belief (Fouad & Arredondo, 2007; Sandoval, 1998a). Identifying a client's culture is important to determine, not because this information is revealing but because it enables the psychologist to ask questions that more closely address the client's real experience (Hays, 2008a). Psychologists need to continue to improve their judgment skills by carefully and thoroughly understanding the client, not by making rash conclusions (Sandoval, 1998a).

***Seek support from others.*** As in any other area, when difficult dilemmas occur, consulting with a colleague is strongly encouraged; the field of multicultural competency is no different (Fontes, 2008; Hays, 2008a; Sandoval, 1998a). If a psychologist begins working with an individual from a new population, he or she should seek guidance from a colleague who has experience with the population (Sandoval, 1998a). Even if psychologists are not aware of any issues or troubles, they should take the opportunity to discuss matters of cultural sensitivity with their colleagues (Fontes, 2008). For example, reviewing tapes of colleagues' work, reading their reports, or sitting in on interviews can be highly beneficial. These experiences offer psychologists the opportunity to compare

techniques, observe how others approach/handle sensitive issues, and allow for questions or dialogue regarding a specific subject. Although it may seem wise to obtain consultation from a senior colleague, feedback from junior colleagues can also be helpful, given their fresh perspectives and modern approaches.

**Explore one's cultural heritage.** After a psychologist becomes familiar with the knowledge base regarding individual and social biases, cultural values, and power structures, the second step entails the individual exploring the influence of one's own cultural heritage on one's beliefs, views and values (Hays, 2008a). With this process, psychologists must be willing to recognize the forms in which privilege has limited their experience and knowledge base, as well as contributed to others feeling oppressed or unheard (Hays, 2008a). In addition to engaging sincerely in these self-assessments, psychologists need to be willing to seek out information in order to learn more about themselves and others (Fouad & Arredondo, 2007; Hays, 2008a).

**Apply the ADDRESSING framework.** Practically speaking, psychologists can use the ADDRESSING framework to either begin or continue to examine their own unique diverse cultural factors (Hays, 2008a). Psychologists are encouraged to take a piece of paper and write down the acronym ADDRESSING vertically, while leaving space on the right and below each letter (See Appendix for a summary of each variable). This process begins by the individual writing a brief description of the salient influences for each category. For some people, it may be helpful to organize their descriptions chronologically (i.e., childhood, young adulthood, later in life, current). In the process of providing information in each domain, individuals may find that certain categories are not mutually exclusive for them. For this exercise, it is acceptable to have overlapping

information in several domains; this information is pertinent to how an individual self identifies.

*Understanding one's domains of privilege.* A cultural self-assessment is not completed until the individual gains insight regarding how the role of privilege has impacted and continues to influence his or her identity and opportunities (Hays, 2008a). An individual's access to privilege does not control his or her outcomes, but it does serve as an asset to make it more likely that the talent, ability and aspirations that a certain individual has will turn out beneficial for him or her (Johnson, 2006). For each social category that is privileged, there are one or more categories that are oppressed in relation to it.

In general, people are more likely aware of the areas in which they feel oppressed, rather than mindful about the areas of privilege they possess, and psychologists are no exception (Hays, 2008a). This experience of being naïve to how privilege plays a role in the world is an aspect of privilege itself (Johnson, 2006). Individuals who are privileged are able to command the attention of lower-status individuals, but do not have to reciprocate this gesture, a basic aspect of privilege. For example, women have to pay particular attention to men and male culture to know how to avoid displeasing them, since men control jobs and other sources of power. However, men have little reason to attend to how male privilege affects women.

Privilege is communicated through what people think and feel and do (Johnson, 2006). It can take different forms (subtle vs. overt) and within separate levels (mind vs. body). Given the widespread span of privilege, it is important to understand the consequences of this systemic force. The effects of privilege can damage people in the

moment and/or it can accumulate over time to affect not only their behavior, but also their understanding of themselves and life itself. Privilege involves everyone in one-way or another.

For the next step, the psychologist returns to his or her ADDRESSING outline and designates in which domains an individual holds a dominant cultural identity by putting a star beside it (Hays, 2008a). For example, if a Caucasian, heterosexual, middle-class, able bodied, male is participating in this activity, he would designate the following categories as holding a dominant cultural status- Disability acquired later in life, ethnic and racial identity, socioeconomic status, sexual orientation, gender. A reference allocating which groups are designated minority groups is located in the Appendix. After this is completed, the individual is encouraged to examine his or her ADDRESSING self-description, with specific attention towards the domains containing stars. By examining the areas allocated by stars, psychologists are more clearly able to see how much privilege they have. It is worth noting that privilege can change over time and depend on context. For example, an individual may have been raised in poverty, but now live in a middle-class lifestyle and would now be classified as a member of a privileged group for this variable.

Even though the ADDRESSING model can be used to obtain a clearer description of a client's self-identification, the information gathered in each section may not be the most important to attend to (Fontes, 2008; Hays, 2008a). Generally, it is not solely the identity variables that are salient, but it is the knowledge of the meaning of these identities that is significant (Brown, 1990). For instance, the understanding of what it means to a bi-racial individual may be more salient than simply knowing that an

individual is biracial. In addition, there may be more than one meaning for the same identity, depending on the individual's reference point. For instance, a certain identity may have one meaning in the dominant culture, another in a minority culture, and even another person-specific meaning for the individual (Hays, 2008a). In using the same example as before, some individuals and/or cultural groups may highly regard their biracial status; however, other individuals/or cultural groups may view this identify variable through a negative lens. In relation to seminarian applicants, those individuals have recently converted to the Catholic faith may be seen by the vocation directors and seminary rectors as unstable in their spiritual life because they have only recently joined this religious group. However, a psychologist may see these same individuals as passionate and dedicated to understanding their faith more.

As stated previously, privilege affects everyone (Hays, 2008a; Johnson, 2006). The responsibility for bridging cultural differences does not reside in the client but rather in the provider, who must make a special effort to develop attitudes, services, and policies that are appropriate for clients from a range of backgrounds (Fontes, 2008). In order to provide culturally competent services, psychologists must first attend to their own beliefs, values, stereotypes and prejudices. Psychologists who are unaware of their biases and prejudices may unintentionally create impasses for clients of color, which might partially explain well-documented patterns of therapy underutilization and premature termination of therapy among such clients (Bukard & Knox, 2004; Kearney, Draper, & Baron, 2005).

## **Interpersonal work**

After attending to the “personal work,” psychologists must change their focus towards the second category that Hays (2008a) outlined in the ADDRESSING framework. The second category, referred to as “interpersonal work,” involves learning about and from other cultures. As psychologists, it is necessary to look outside of ourselves to individuals and groups who differ from us; these individuals can help facilitate cultural competence (Hays, 2008a).

The ADDRESSING framework can be helpful in guiding psychologists in conducting interpersonal work (Hays, 2008a). Psychologists can utilize this outline to identify identity variables that they may not be informed or knowledgeable about. For example, if a psychologist is a member of a majority group and the client is a member of a minority group, the ADDRESSING framework may help point out this difference. This awareness may then aid the psychologist in identifying that he or she is not well educated about this cultural group. The psychologist can then proceed to become knowledgeable about the cultural beliefs/norms that are associated with this culture. The format of the ADDRESSING model aids psychologists by identifying possible areas of their own privilege and/or stereotypical beliefs about cultural groups that are different or unfamiliar to them.

**Cross-cultural relationships.** Historically, attention given to minority groups in psychology involved detachment, intellectualization, and denial that culture was relevant to understanding psychological development and processes (Sue & Sue, 2003). In the past, education and trainings were based on stereotypes and broad-base categorizations about what might be good or beneficial for persons of color (Hays, 2008a). The need to

understand the worldviews of ethnic/racial minorities has only recently become an area of instruction and teaching.

Sue, Arredondo, and McDavis (1992) stressed the importance of psychologists becoming aware of the worldviews of culturally diverse clients in order to be effective at service delivery to racial/ethnic minority clients. They cautioned psychologists not to discontinue this goal, because then psychologists will fail to understand how issues of race influence the therapy process and how racism potentially infects the delivery of services (Richardson & Molinaro, 1996). Specifically, psychologists need to be mindful of the effects of microaggressions and ethnocentric thinking when providing services (Fouad & Arredondo, 2007).

*Effects of microaggressions.* The term microaggression has been used to refer to behaviors, both verbal and nonverbal, that affect the receiver of a message (Fouad & Arredondo, 2007; Sue, Capodilupo, Torino, Bucceri, Holder, Nadal, & Esquilin, 2007). The term “racial microaggression” was first used by Pierce in 1970 to refer to “subtle, stunning, often automatic, and non-verbal exchanges which are ‘put downs’” (Pierce, Carew, Pierce-Gonzalez, & Willis, 1978, p. 66). Microaggressions are brief, everyday exchanges that send demeaning messages to certain individuals due to their group membership (i.e., race, gender, culture, religion, sexual orientation; Sue, 2010). The power of microaggressions lies in their invisibility to the perpetrator and, oftentimes, the recipient (Sue, 2005).

Microaggressions are often delivered unconsciously in the form of subtle snubs or dismissive looks, gestures, and tone (Sue et al., 2007). These exchanges are so pervasive and automatic in daily conversation and interactions that they are often dismissed as

being innocent. They are typically explained away by allegedly nonbiased and valid reasons. However, microaggressions are detrimental and their impact is still felt (Fouad & Arredondo, 2007; Hays, 2008a; Sue, et al., 2007).

Given that psychologists are human and all humans have biases, stereotypes, and prejudices, it is no surprise that microaggressions are equally likely to occur in the clinical setting (Ridley, 2005). Since mental health professionals are in a position of power, they are less likely to accurately assess whether they have participated in an act of oppression (i.e., racism, sexism, heterosexism, ablism, etc.; Johnson, 2006; Sue, et al., 2007). Hence, the harm they perpetrate against their clients is either unknown or minimized (Sue, et al., 2007).

It is likely that microaggressions are occurring in clinical practice by psychologists who are unintentionally and unconsciously expressing their personal biases (Sue, et al, 2007). Thus, psychologists need to make a concerted effort to identify and monitor microaggressions. The failure of a psychologist to acknowledge the significance of oppression within and outside the clinical setting greatly impacts the alliance between psychologist and client.

***Manifestations of ethnocentric thinking.*** Viewing a client in a cultural context is imperative for a psychologist (Dana, 1993; Hays, 2008a). Psychologists have historically favored an etic perspective that emphasizes universals among human beings by using examination and comparison of many cultures from a position outside those cultures (Dana, 1993). Traditionally, an imposed etic has been applied, using the middle-class Anglo-American as the standard for comparison with other groups. However, this ethnocentric thinking has come at quite a cost to numerous clients (Dana, 1993; Fontes,

2008; Fouad & Arredondo, 2007). Ethnocentrism leads to a minimization of differences between cultural groups, but also a labeling of other cultural group differences as deficits (Dana, 1993).

Psychologists are not immune to imposing their values and cultural worldviews on their clients (Sue, et al, 2007). In fact, in some instances psychologists have asserted their own world beliefs while devaluing and pathologizing the cultural values of their ethnic minority clients. As a result, many clients may feel misunderstood because a lack of cultural understanding. Psychologists need to safeguard from imposing ethnocentric thinking upon clients (Dana, 1993; Fouad & Arredondo, 2007; Sue, et al, 2007).

## **Chapter 7**

### **Practical Applications to Providing Ethical Assessments**

In order for assessment services to be effective, useful and ethical, they must be culturally competent (Dana, 1996). Even though psychologists have the APA Ethics Code (2010) to assist them in conducting multiculturally competent assessments, there has not been specific agreement within the field on what comprises competency within this domain (AERA, APA, NCME, 1999; APA, 2010; Dana, 2005; Krishnamurthy, VandeCreek, Kaslow, Tazeau, Miville, Kerns, Stegman, Suzuki, & Benton, 2004). Researchers have suggested four main domains that must be considered when providing culturally competent assessments: evaluation of the client's cultural orientation, assessment of the client's language, appropriate selection of tests, and feedback to the client (Acevedo-Polakovich, et al., 2007; Allen, 2007; Dana, 1996; Fernandez, et al., 2007; Geisinger, 1995; Sandoval & Duran, 1998). Although there are other variables mentioned in the literature, these represent the variables that are consistently reflected. Given that Chapters 2, 4, and 6 provide a great deal of information regarding how to competently evaluate an individual's cultural orientation, this topic will not be discussed further within this chapter.

#### **Assessment of Language**

The assessment process is largely impacted by an individual's language ability and preference (Acevedo-Polakovich, et al., 2007). Research done on Hispanic Americans suggests that administering an assessment in the client's second language may

result in less self-disclosure, poor communication of feelings, and greater likelihood of the client being described by stereotyped cultural themes (Dana, 1996). In addition, Malgady and Costantino (1998) found that clients whose primary language is Spanish received more severe ratings of symptomology when evaluated in Spanish than when evaluated in English. Psychologists are at risk of impeding the efficacy of an assessment if they do not administer tests in the client's primary language (Malgady & Costantino, 1998; Sandoval & Duran, 1998).

Since 98% of applicants to Catholic seminaries in 2009 were non-native born and that it is mandatory for these individuals to "have an adequate command of the English language" to qualify for admission to seminary, it is likely that many of these individuals are bilingual (McGlone, Ortiz, & Karney, 2010; USCCB, 2006). Researchers have found that there are unique issues when working with bilingual clients because there are various types of bilingualism (Altarriba & Santiago-Rivera, 1994; Sandoval & Duran, 1998; Santiago-Rivera & Altarriba, 2002). For instance, an individual may be able to speak another language and still not have an adequate understanding of the nuances of a culture (Cofresi & Gorman, 2004). This distinction of being able to behaviorally speak a language and understanding the culture behind a language is crucial because this separation can lead to miscommunication. In addition, there is consensus in the literature that extra time is needed by bilingual individuals to process two languages (Sandoval & Duran, 1998). Because more time and effort may be needed to process information from one language to another, accommodations in testing should be permitted when testing individuals who are bilingual.

To ensure the adequate assessment and screening of a client's language abilities, the psychologist must first identify the client's language preference and abilities prior to selecting psychological instruments and conducting the evaluation (APA, 2002). If an individual's language ability cannot be determined, a language proficiency test should be administered. Several professional associations can aid in this process, such as: Test of English as a Foreign Language Organization ([www.toefl.org](http://www.toefl.org)), Language Testing International ([www.languagetesting.com](http://www.languagetesting.com)), Center for Applied Linguistics ([www.cal.org](http://www.cal.org)), and Alta Language Services ([www.altalang.com](http://www.altalang.com)). Psychologists should document this process (i.e., methods used for assessing language preference and ability) and include it in the final report.

### **Selection of Tests**

In selecting measures for an individual, it is imperative for the practitioner to choose a measure whose validity has been established on his cultural group in order to better ensure valid results (Geisinger, 1995). There must be adequate evidence documented to demonstrate that this translation process occurred with the intention of retaining the meaning of the items (Acevedo-Palokovich, et al., 2007). As stated in Chapter 4, attention to the client's immigration history, contact with other groups, acculturative status, acculturative stress, and language should be considered prior to selecting measures. In addition, psychologists should refer to the comprehensive information provided by the professional *Standards* (AERA, APA, NCME, 1999) and the APA Ethics Code (2010) when they are considering using a translated test (Fernandez, Boccaccini, & Noland, 2007). Practitioners also need to consult with the test user qualifications (Turner, DeMers, Fox, & Reed, 2001). The following suggestions are not

meant to be a substitute for these resources, but rather to provide a foundation of key professional standards to consider before administering a translated test.

**Four-step approach.** Fernandez et al. (2007) outlined four basic steps for psychologists to follow when they are making decisions about using translated tests in order to ensure proper selection of tests. They first advised practitioners to be aware of the catalogs provided by test publishing companies that inform psychologists about the tests they offer for sale. The process of identifying translated tests in this manner is not a novel approach; however, these authors suggested that many psychologists might be unaware of the variety of tests that are currently available. In general, most test companies clearly identify tests that are available in other languages. For instance, Pearson Assessment, Western Psychological Services, and Mult-Health Systems list available languages of the tests they offer. In addition, other companies (i.e., PsychCorp, Harcourt Assessment) allow psychologists to identify different translations of tests by using symbols to represent each language so that the psychologists do not have to search through the catalogue. Lastly, practitioners can also search for tests on some test publisher Web sites (e.g., PsychCorp).

The second step is to identify research on translated tests. For instance, this group of researchers contacted all major test publishers to identify what Spanish translated tests they offered for sale. Although no publishing company was able to provide any information about research beyond what was provided in the test manuals, they found that “ongoing” research was being done on certain measurement tools (i.e., MMPI-2) (Fernandez, et al., 2007; Graham, 2011). Since publishers and authors have been developing translated tests and practitioners are buying them, it is clear that there is a

demand to have these tests (Fernandez, et al., 2007). Unfortunately, publishers appear to be selling tests without published research support and some psychologists are buying and administering these translated tests under the assumption that they are equivalent to the English versions. Prior to selecting a translated test, psychologists need to read the research thoroughly to make certain there is valid research supporting the use of the tool (AERA, APA, NCME, 1999; APA, 2010; Fernandez, et al., 2007). In addition, psychologists should refer to the International Testing Commission (2001) to seek clarification regarding what constitutes an “adequate translation.” According to the International Testing Commission, back translation, field-testing (i.e., internal consistency, test-retest reliability), and construct validation all need to be considered and assessed.

Steps one and two specifically address issues related to the selection of a translated test and the validity of this measure; however, steps three and four refer to the compatibility between the empirical support for its use with individuals from similar linguistic and cultural backgrounds as that of the client (Fernandez, et al., 2007). Although Fernandez, et al. (2007) identified these as key steps, this concept is also addressed in Section 9.2 of the *Standards* (AERA, APA, NCME, 1999). In selecting a measurement tool, psychologists need to ensure that an applicant’s background aligns with the population for which the test was designed. Although this may seem like a redundant point, it tends to be more complicated. For instance, the majority of participants in Spanish-translated research are of Mexican descent, with only a minority of individuals identifying from Central/South American or Spanish speaking islands (i.e., Cuba, Puerto Rico) (Fernandez, et al., 2007; Sandoval & Duran, 1998). The

homogeneity offered within these studies does not allow practitioners to make inferences about clients from other cultural backgrounds.

Step four refers to psychologists assessing the degree to which the research supports using the translated test with the client (Fernandez, et al., 2007). This step refers to the construct, metric, and functional equivalence that are mentioned in Chapter 4. As stated previously, these three concepts are interrelated and aid in determining if there is equivalence between the two tests. Although research is focusing on these issues, psychologists do not yet have a solid foundation for making decisions about test selection.

**Real world scenarios.** As stated previously, the four steps suggested by Fernandez, et al. (2007) were meant to serve as additional guidelines to help practitioners make responsible decisions about using a translated test. These suggestions were created in the context of ideal testing situations, in which empirically supported translated tests exist. However, very few instruments hold strong empirical support. Currently, psychologists are forced to make difficult decisions regarding which measures to use and weigh the costs (i.e., inaccurate hypotheses, misdiagnosis) of using a measure that is not empirically supported. The following suggestions are offered to practitioners when they are using tests for which strong empirical support is not available.

Psychologists should be cautious about administering a test using procedures that are different or modified from what is described in the test's manual (Fernandez, et al., 2007). For instance, in some cases the standardization procedures are broken when clients are allowed to use multiple languages in their responses or when interpreters are included in the evaluation. It is suggested that when a psychologist strays from the

standard administration procedures, a description of the nonstandard testing approach should be provided and threats to test validity and reliability should be acknowledged (Chamberlain & Medinos-Landurand, 1991). In addition, the practitioner needs to describe any unique aspects of the client's performance during the test. [Monica: I deleted the prior sentences because that issue is described in the next paragraph in more detail.]

When a psychologist chooses to use a translated test that has no empirical support for use with a population similar to that of the client, it is likely that the scores from this measure are not valid and do not carry significant meaning (Fernandez, et al., 2007). Psychologists, in this situation, have a couple of choices. First, the practitioner can use the test as an information-gathering aid and not calculate or report scores, since there is no evidence that the normative data used to derive scores are applicable to the client. Another choice is to administer the test and summarize significant findings in a qualitative format, similar to the information gained in the clinical interview (i.e., strengths, areas of concern, responses on critical items to support conclusions). In the case of a practitioner finding a test translation that has some empirical support, he or she can choose to calculate test scores; however, the psychologist should interpret them with great caution. It is also strongly suggested that the psychologist clearly state in the report that the test scores are not to be compared to scores from an English-speaking client (Harris, Reynolds, & Koegel, 1996). Until a more mature empirical research base becomes established, psychologists working with culturally distinct groups will have to continue to rely on local interpretative norms and their own clinical observations to aid them in developing culturally sensitive formulations of these clients (Allen, 2007).

## **Feedback**

In multicultural assessments, collaboration between the psychologist and the client is imperative (Allen, 2007). More specifically, the feedback interview is an important aspect of this process (Acevedo-Polakovich, et al., 2007; Allen, 2007; Fernandez, et al., 2007). Allen (2007) encourages practitioners to view the feedback interview as “cultural auditing,” in which the psychologist checks in with the client to determine if the results and/or conclusions contain any culturally inappropriate interpretations. In providing the clients with an interactive feedback session, the client is then able to vocalize other possible cultural issues that the psychologist may not be aware of that have impacted the findings in the assessment and/or the clinical interview (Acevedo-Polakovich, et al., 2007). This process may be highly beneficial in situations in which there are discrepancies between the client’s behavior and test responses (Acevedo-Polakovich, et al., 2007). Tests are most valuable when they are used for information gathering (Fernandez, et al., 2007) and psychologists can discuss with clients any unusual test item responses. Allowing the client the space to speak about these discrepancies can be enlightening and may prevent premature conclusions (Acevedo-Polakovich, et al., 2007).

## **Chapter 8: Issues for the Church to Consider**

Since no governing body is now educating or directing how psychologists are to conduct psychological evaluations for seminary applicants, this project sought to provide psychologists and seminaries with the knowledge and a framework to perform culturally competent evaluations. Although this document should be valuable for the individuals conducting these evaluations, its primary goal is to raise questions and provide greater clarity for culturally sensitive evaluations. This chapter identifies several questions for the Church to consider that this author identified while working on this project. Solutions are not offered; rather, the goal here is to encourage the Catholic Church, psychologists, and researchers to collaborate on solutions.

The first question is whether these evaluations should continue to be done. Although the Second Vatican Council concluded that the Catholic Church needed to collaborate directly with the field of psychology for psychological evaluations, is this still the perspective of the Church (Flannery, 1984)? If the Church still wishes to have psychologists conduct psychological evaluations of applicants, what is the scope and purpose of this evaluation? Chapter 5 discussed the issues of psychological evaluations used as a screening process for admission, although research was also summarized that suggested this information can be used by the seminary while the applicant is enrolled as part of the overall formation process (Hankle, 2010; Plante, 2003, 2006). In essence, is the function of the psychological evaluation to provide the Church with characteristics/traits of an applicant that can be used in the formation process and/or to

serve as part of a gate-keeper function (i.e., identify psychopathology that would remove the applicant from consideration)?

After the specific purpose of the evaluation is identified, another question for the Church is how can culturally competent psychologists be identified? As stated in Chapter 5, only limited information is available regarding the current evaluation process, and even less information is available about the multicultural competence of the psychologists providing this service. This author is not aware of any research on how these psychologists are identified by the seminaries or whether the seminaries give consideration to multicultural skills.

Should the selection of psychologists continue to be left to the local seminaries or should this process be centralized? If it is left to the local seminaries, should they be provided with guidelines for reviewing and hiring psychologists? Or, as an alternative, should an organization be established within the Church to hire these professionals. Should the Church elect to operate in such a centralized manner, does it follow a model similar to that of the UMC or does it select psychologists across the country who specialize in multiculturally sensitive personnel selection?

After the Church identifies a process in which it selects psychologists, what is to happen to those psychologists who bring strengths in certain areas of the evaluation process, but do not place a large importance on diversity and cultural competence? Is it the Church's responsibility to train these psychologists or does the Church assert that this is the responsibility of each individual psychologist? Although each psychologist is ethically obligated to practice within this

multicultural framework, does the Church wish to monitor these evaluations? As McGlone, Ortiz, and Karney (2010) stated, the role of client and psychologist is not clear in many instances.

Currently, each diocese is permitted to decide what the evaluation should include. What is the Church's role in providing standardized interview and testing guidelines (Batsis, 1993; Plante, 2003, 2006; Plante & Boccaccini, 1998)?

Psychologists are more educated and qualified to identify what would qualify as a culturally competent assessment; however, they are not in a position of power to establish a standardized procedure for the Church. Should the Church provide a standardized evaluation process or would this limit the flexibility that psychologists need to actually implement culturally competent assessments? For instance, if the Church declared that all psychologists should administer the MMPI-2, what would an psychologist do if this measure is not translated into an applicant's native language? As indicated previously in Chapter 5, researchers have suggested the need for the Church to standardize this process; however, the literature is silent about the possible adverse consequences that could arise for applicants who present with unique minority/multiple minority identity variables (Plante, 2006; Plante & Boccaccini, 1998).

Although the aim of this project was not to provide solutions to these questions, it is the hope of this author that this document will be used to encourage both psychologists and the Church to have conversations to determine the future of these evaluations.

## **Chapter 9**

### **Conclusion**

It is noteworthy that only 16% of psychologists evaluating applicants for Catholic seminaries gave “very much consideration” to cross-cultural adaptability in the assessment process (McGlone, Ortiz, and Karney, 2010). This information is alarming in light of the fact that in recent years 98 percent of applicants were foreign-born candidates. Given this information, it appears that the majority of these psychologists is not adhering to the APA’s Ethics Code to do no harm (Principle A), provide equal quality services to all people (Principle D), and respect other’s rights and dignity (Principle E). In addition, these psychologists appear not to be fulfilling the mandate established by the United States Catholic Bishops to provide applicants from other countries special help in this process.

In providing multiculturally sensitive evaluations, it is imperative for psychologists to offer culturally responsive interviews. This entails applying a multicultural approach that views the client’s personal history within a historical context of his cultural upbringing. Furthermore, psychologists must address issues specifically related to acculturation and use caution when assessing the client’s unusual, culturally bound perceptions and experiences.

In addition to offering a culturally responsive interview, psychologists need to recognize the possible limitations of using assessment measures with individuals of a

minority culture. Appropriate measures should be identified prior to the evaluation process in order to safeguard against negative bias in test construction and over/under/misdiagnosis. Aside from selecting the most valid measure, psychologists should be wary of the potential bias that may arise in the interpretation of the test results, given the psychologist's worldviews, values, and beliefs.

Practically speaking, it may seem simplistic to implement these components into the evaluation process; however, as this document has suggested, true multicultural work begins by investing in the authentic process of understanding one's self and others through multiple perspectives. The foundation of this training involves the psychologist acquiring the knowledge base of key concepts in the multicultural literature (i.e., power, privilege, oppression, biases, prejudices, stereotypes). Next, the psychologists can then actively counteract their biases by taking an open stance, developing complex schemas, refraining from rash judgments, and seeking consultation and support from others.

By utilizing the ADDRESSING framework, psychologists can then explore their own cultural heritage. As stated in previous sections, this work aids psychologists in not only understanding themselves better as having multiple identity variables, but it also helps in further understanding the complexities of others. In addition, it assists psychologists in more clearly understanding the systemic forces of how power, privilege, and oppression impact the formation of identity. This knowledge can help them be aware of these societal forces so they can avoid participating in microaggressions and ethnocentric thinking.

In sum, psychologists providing evaluations for Catholic seminaries can incorporate the previous suggestions prior to, during, and after the evaluation process.

Given the recent literature, these psychologists may need more cultural competency training. A greater focus on this competency area would not only aid in communicating more effectively with culturally diverse clients, but it could also help in conducting more accurate evaluations to produce more helpful recommendations in the end. As Fontes (2008, p. 306) stated, “the road toward cultural competence has a beginning and middle, but does not end.”

**Appendix: Hays's ADDRESSING Model**

Age and generational influences	Children, adolescents, elders
Developmental disabilities	People with developmental disabilities
Disabilities acquired later in life	People with disabilities acquired later in life
Religion and spiritual orientation	Religious minority cultures
Ethnic and racial identity	Ethnic and racial minority cultures
Socioeconomic status	People of lower status because of class, education, occupation, income, or rural habitat
Sexual orientation	Gay, lesbian, and bisexual people
Indigenous heritage	Indigenous, Aboriginal, and Native people
National origin	Refugees, immigrants, international students
Gender	Women, transgender people

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