Cross-Cultural Considerations with African American Clients: A Perspective on Psychological Assessment

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Cross-cultural assessment of psychological phenomena is not a new endeavor. It has its roots in early anthropological studies that attempted to understand the nature of people through the study of different cultures (Butcher and Garcia 1978). For anthropologists, a critical issue is figuring out how to ensure that, in the process of their investigations, they do not wittingly or unwittingly distort their field data to conform to preconceived expectations that are based on their own ethnocentric biases. This same issue confronts mental health professionals who seek to assess clients who are culturally different from them. Stated differently, if the goal of assessment is to learn something about another person, how do we ensure that the approaches and instruments we use allow us to clearly and accurately understand the clients worldview and level of functioning rather than merely provide a reflection of our own worldview, biases, and expectations? To the extent that test takers select instruments that

are valid in their own cultures but have not been shown to be valid in the client's culture, the risk of clinical errors such as interpreting difference as deficit, over-pathologizing normality, overlooking symptoms, and misdiagnosis is magnified. These risks of clinical errors apply to the assessment of African Americans because, despite researchers' and psychologists' assumptions of homogeneity, the label "African American" includes people from many different national, linguistic, ethnic, racial, cultural, and social backgrounds.

Due to the African slave trade, African Americans have been a major part of the US population since the country's founding, accounting for nearly 20 % of the US population counted in the 1790 census (Kent 2007). Though the ending of the slave trade in 1808 considerably reduced the flow of Africans to the USA, changes in US immigration laws and technology, and societal unrest in African countries led to a seven-fold increase in the number of foreign-born Blacks between 1960 and 1980, and between 1985 and 2005 their numbers tripled. According to research compiled by Helina Faris of the Center for American Progress, an independent, nonpartisan educational institute, Black immigrants comprise 8 % of the US foreign-born population; more than half come from the Caribbean, the bulk of the rest come from northern and sub-Saharan Africa, and a small number come from Europe and Canada. Indeed Black immigrants account for more than one quarter of the Black population in New York, Boston, and Miami. Black immigrants enter the USA through multiple pathways. Most

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(especially those from the Caribbean) arrive as legal permanent residents based on family ties; however, in 2009, 30 % of all Black African immigrants were refugees from Ethiopia, Somalia, Liberia, Sudan, and Eritrea, about 20 % entered through the diversity visa lottery program, and 400,000 were in the USA undocumented (Faris 2013).[1]

As with other immigrant groups, English is often not the first or primary language of Black immigrants. Although Caribbean-born Blacks are more likely to speak English at home than other immigrant groups, a fact that is not surprising when one considers that most are from former British territories and colonies, some Caribbean immigrants report speaking patois (an English-based dialect that combines English with West African languages), French/French Creole, or Spanish at home. African immigrants are likely to speak an African language at home (e.g., Amharic, Bantu, Kru, Swahili), though two thirds are also proficient in English. However, African immigrants who are fluent in English report experiencing problems being understood because their accents are unfamiliar, a problem that interferes with their school performance and their ability to find employment and obtain promotions (Kent 2007).

In terms of education, Black immigrants have more college education and higher rates of degree attainment than any other immigrant group in the USA, but because of discrimination they tend to earn low wages compared to similar educated workers, and, in 2011, had the highest unemployment rate of any foreign-born group in the USA (Faris 2013; Kent 2007). Black immigrants also tend to have traditional family arrangements. Census data from 2000 show that 76 % of African immigrant children and 65 % of Caribbean immigrant children lived in two-parent households, compared to 44 % of African American children. Although they endeavor to adapt to the US culture, many African and Caribbean immigrants also seek to hold onto their immigrant identity, in part to distinguish themselves from US-born Blacks. Many speak their languages of origin at home, live in ethnic enclaves, and maintain familial, social, and political ties to their countries of origin, and affiliate with US groups that provide a means of benefiting their particular ethnic communities. Most immigrant parents want their children to maintain the cultural values and heritage of their home countries; consequently, they teach their children their native language and culture, maintain their heritage, and send their children to spend time with relatives in their home country.

Like most immigrant groups, foreign-born Black immigrants gravitate toward metropolitan areas where the job opportunities are greater and where they find existing communities of US-born Blacks (Kent 2007). Indeed, Black immigrants are dispersed throughout the USA, especially in New York, California, Florida, New Jersey, and Texas. Kent (2007) reports that the top ten states where African and Caribbean immigrants live are similar except that the African list includes Virginia and Minnesota and the Caribbean list includes Florida and Connecticut.

From 2000 to 2010, the Black population in the USA grew by 15.4 % and this growth is expected to continue into the next decade (U.S. Census Bureau 2012). According to the 2010 US Census, self-identified Black people make up approximately 13.6 % of the US population. With the continued growth, it is imperative that psychologists acknowledge the potential role of ethnic/racial variation in their services and assessments. This chapter proposes that many commonly used psychological assessments may only be valid for the ethnic or cultural groups on whom they were developed. Considering the continued use of instrumentation developed by and standardized with European Americans, there are some important considerations and cultural issues that should be considered when assessing African Americans.

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[1] Whenever we use the term "Black African immigrant" or similar terms, it is because this is the term used by the author of the published work we are citing. Generally, when authors use these terms it is to distinguish persons of African descent who have immigrated to the USA (i.e., they were not born in the USA) from those who were born in the USA (i.e., African Americans).

General Assessment Considerations

When conducting assessments with African Americans, the main issue that should be considered is validity. According to *Standards for Educational and Psychological Testing* (American Educational Research Association (AERA) 1999), validity is "the degree to which all the accumulated evidence supports the intended interpretation of test scores for the proposed purpose" (p. 11). Bias, which occurs when the validity of a test score differs for a group of individuals (Guerra and Jagers 1998), and fairness, the standard that individuals should be assessed equitably (AERA 1999), are often discussed in the context of testing with African Americans. Bias and fairness are issues of validity; that is, the presence of bias or absence of fairness would detrimentally impact the validity of an assessment. Validity and the many other issues subsumed within validity should be considered at each part of the assessment process: assessment instrument selection, administration, and interpretation of assessment results.

Assessment Selection Depending on the purpose of the assessment, inaccurate results can have significant implications for educational placement, diagnosis, or treatment interventions that could have a lasting impact on the client's life (Padilla 2001). Evidence that the assessment measure that is being used accurately characterizes the construct of interest (i.e., content validity evidence) is of significant relevance when selecting assessment instruments (Kaplan and Saccuzzo 2001). Many researchers agree that assessment instruments that have been "normed on majority group populations or developed using Eurocentric approaches cannot be indiscriminately used with individuals who differ from the normative population" (Padilla 2001, p. 5). Therefore, when selecting an assessment instrument to use, evidence related to the instrument's generalizability to African Americans should be considered. Awareness of whether or not norms for African Americans have been established for the instrument is also important.

Another important consideration is the language of the test. As Helms (1992) points out, White American English is considered to be the one and only standard that all Americans assessed for intelligence in particular must meet. For African Americans who speak "nonstandard" dialects of English, it has been perhaps incorrectly assumed that verbally-oriented intelligence scales are valid in assessing cognitive ability (Bracken and McCallum 2001). Some psychologists further claim that "traditional assessments of cognitive ability and written, oral language, and reading skills do not yield accurate results" (Gopaul-McNicol et al. 1998, p. 16). Additionally, with the growing population of Black immigrants from African and Caribbean countries, clinicians may encounter clients whose first language is not English.

Assessment Administration Issues of bias and fairness are essential to consider in assessment administration. There is an inherent power differential between clients and clinicians, with clinicians in the position of power (Ponterotto et al. 2001). This power differential may be intensified in a cross-cultural situation with an African American client and could introduce effects unrelated to the construct of interest that impact the assessment results.

Various examiner effects may impact clients, and could be sources of bias in assessments. The client's level of familiarity with the clinician may influence performance on assessments, particularly with clients of lower socioeconomic status (Skiba et al. 2002). Building and maintaining rapport is particularly important in cross-cultural assessments with African Americans. During assessments, clinicians' practice of maintaining a business-oriented, impersonal interaction style with African American clients may make clients feel uncomfortable or alienated (Dana 1996). Clients often do their own appraisal of clinicians to determine the clinician's level of caring, authenticity, and cultural understanding before becoming fully engaged in the assessment process. According to Dana (1996), if the client is content and comfortable following appraisal of the clinician, "there will be attempts to personalize the relationship. The outcome of these overtures can lead to a task orientation if sufficient personal

regard has been established between client and assessor" (p. 476).

While examiner effects are important, there are also client effects that are imperative to be aware of and assess for when working with African Americans, specifically cultural mistrust and stereotype threat. Cultural mistrust has been defined as the "belief acquired by African Americans, due to past and ongoing mistreatment…, that Whites cannot be trusted" p. 299 (Terrell et al. 2009, p. 299). Although this mistrust may focus on particular people or groups of people, it could also generalize to institutions like the health care system. The extent to which the individual being tested trusts the clinician influences the client's engagement, cooperativeness, and effort in the assessment, which are factors that may impact accuracy of answers and performance on the assessment. Terrell et al. (1996) found that Black students with high levels of cultural mistrust scored lower on standardized intelligence tests. Similarly, there is some evidence that, especially for African American male college students, there is an interaction between examiner race and cultural mistrust in predicting scores on the Wechsler Adult Intelligence Scale—Revised (WAIS-R). Terrell et al. (1981) found that those who were high on cultural mistrust and were tested by a European American examiner had significantly lower WAIS-R scores than those who were high on cultural mistrust but were tested by an African American examiner. These findings may be related to minimal effort given by the test takers during evaluations because of the belief that the assessors held unfair views of them that would not change regardless of their effort or intelligence or a general distrust of the testing process. African Americans make up only a small percentage of mental health providers and assessors so cultural mistrust may be very important in understanding testing discomfort, specifically with testing that is not self-administered.

Stereotype threat, the risk of confirming negative stereotypes in situations where stereotypes related to a group one belongs to are made salient, can also influence test performance for African Americans (Steele and Aronson 1995). Fear of performing poorly that arises when stereotypes are elicited can create self-doubt and anxiety that have a detrimental impact on test performance. As a factor outside of the construct of interest that may influence the results of the assessment, stereotype threat presents the potential for bias.

Language can also be of concern in the administration of assessments. Mutual understanding between the provider and the client is necessary for accurate, effective assessment. It is especially important for providers to ensure that clients understand informed consent forms and all test instructions. It is also important for providers to understand the meaning of responses clients give during clinical interviews and other verbal forms of assessment. Paniagua (2005) provided an example of sentences consistent with "nonstandard" dialects spoken by some African Americans that have two different meanings, but may be easily misunderstood: "My child sick" and "My child be sick." While the first sentence indicates that the child is currently sick, the second sentence indicates that the child has an ongoing sickness. These responses would likely have different implications for the mother's stress level, and may result in different interpretations.

Assessment Interpretation During the assessment interpretation stage, the related issues of predictive validity and selection bias should be considered for African American clients. Often, assessments are used as evidence to predict some future outcome; however, clinicians should use particular caution in interpreting results in this way for African Americans. Selection bias occurs when test scores predict outcome criteria differently for two groups. For example, it has been suggested that low scores on the Scholastic Aptitude Test (SAT), a college entrance exam, do not predict college performance for African Americans (Franklin 2007). Also, a study by Whatley et al. (2003) examining racial identity and Minnesota Multiphasic Personality Inventory (MMPI) scores among Blacks has indicated that scores on the Immersion-Emersion subscale of the Racial Identity Attitude Scale-Black predict scores on MMPI scales four and nine. A 4–9 MMPI code type is generally associated with antisocial personality disorder features, which

brings into question whether the MMPI may pathologize normal racial identity processes for African Americans (Whatley et al. 2003).

Cultural Issues

Culture is a broad term with multiple definitions but generally culture is defined as a social context where people share social norms, beliefs, values, language, and institutions (Guerra and Jagers 1998). Culture has been considered an unimportant, vague, and unsound construct that is often controlled for instead of studied (Jones and Rhee 2004) but core cultural values are represented in affect expression, behaviors, and cognitive styles, which may then influence the results of psychological assessment. For example, African Americans have been found to have less linear, more circular concepts of time, which may affect how they respond to timed tasks (Helms 1992). Social expectations and the environment may also influence symptom presentation, meaning attributions, and treatment seeking. "My nerves are bad!" and "My heart is heavy" are some examples of culturally influenced symptom presentations that may be observed among African Americans. Neighbors et al. (2003) suggested that racial differences in symptomology and emotional expression are uniquely challenging when implementing a categorical diagnostic system. Additionally, African Americans taught or socialized not to express emotion to people outside of their race may have difficulty sharing their feelings or seeking treatment from a European American.

Essentially every construct measured by psychological assessments is influenced by culture. Unfortunately, there seems to be a general assumption that constructs manifest identically and therefore can be measured identically for people of all cultural backgrounds. There is a Eurocentric bias in assessment research, which has impacted test construction and content (Dana 2000). Many aspects of the assessment process are based on Eurocentric cultural beliefs and values, which can put African Americans, particularly those who are more aligned with Africentric

cultural values, at a disadvantage (Helms 1992). Individualism is a value that is apparent in assessment. Eurocentric culture values individual achievement and holds individuals responsible for their own successes and failures (Helms 1992). Interpretations of assessments from such a perspective may consider the person to be defective in some way, discounting social factors and disadvantages that may impact functioning. Further, Africentric beliefs and values focus on communalism, and the idea that one's assessment scores are representative of African Americans as a whole may influence assessment performance (Helms 1992).

Considering the consequences of both an accurate and inaccurate assessment, it is imperative for clinicians to understand and incorporate cultural contexts and nuances into assessment instrumentation and conclusions made from assessments. The rest of this section will focus on a brief overview of pertinent cultural issues that may influence the assessment process when working with African Americans.

Ethnicity Differences To date, assessment research that investigates the heterogeneity of those labeled as Black or African American is limited. Black people of different ethnicities or immigration statuses including Caribbean Americans, recent immigrants from Africa, second or third generation immigrants, and descendants of African slaves have often been treated as if they are one homogeneous group even though there is some indication that these groups may have differential results with psychological assessments. Specifically, Caribbean born Americans and US born Americans have been found to perform differently on cognitive performance tests (Byrd et al. 2005a; Gonzalez et al. 2007). Different worldviews and systems of education could contribute to these findings but it is clear that an individual's ethnic heritage is an important issue to consider and research when assessing people of African descent.

Education and Socioeconomic Status Education attainment and socioeconomic status are highly related and are essential considerations

when assessing African Americans. Of African Americans that are 25 and older, about 82 % have a high school diploma and about 18 % have a bachelor's degree. Additionally, a little over one quarter of African Americans are at or below the poverty level (U.S. Census Bureau 2012). There has been a focus on correcting assessment norms based on completed years of education but this approach has been found to overestimate the quality of African American educational experiences by assuming that getting a high school diploma at a well funded school with a small student-teacher ratio is the same as getting a diploma at a grossly under-funded and overpopulated school. Recent studies suggest that reading skill may be a better indicator of educational experience (Byrd et al. 2005b; Manly et al. 2002; Ryan et al. 2005) and reading level has been found to attenuate racial differences between African Americans and European Americans on neuropsychological tasks (Manly et al. 2002; Rohit et al. 2007; Ryan et al. 2005).

Familial Structure The African American family cannot be simply defined but it is clear that trends differ for African Americans compared to other ethnic groups. According to Census data, 34 % of African Americans are married and 22 % are widowed, divorced, or separated. Additionally, approximately 40 % of African American men and women have never been married, which is the highest proportion of any racial category (U.S. Census Bureau 2003). Nearly one half of African American families have a female leader only and 75 % of all African American children in the last two decades are likely to live for some portion of their childhood with only mothers (Bumpass and Sweet 1989). These characteristics may make some think that family is unimportant in this group (Moynihan 1965) but the opposite seems to be true. Nobles' (1985) model of the African American family suggests that family is characterized by continual flexibility in the extended kinship, role flexibility, strong mother roles and family survival, emphasis on the children/motherhood, communalistic socialization of children, spiritual over material values, respect

for the elderly, and humanness. In clinical assessment, it is quite possible for the closeness and communalistic nature of many African American families to be considered maladaptive, dependent, or enmeshed.

Cultural Orientation Cultural orientation subsumes constructs such as racial identity, ethnic identity, and acculturation. Particularly, African Americans can vary greatly as a function of how much they identify with their race, how important their ethnicity is to them, and how much they have adopted the culture of the dominant society. Though research investigating the role of cultural orientation in assessment is in its infancy, there has been some indication that these constructs could influence assessment performance. Acculturation in African Americans has been found to influence neuropsychological assessment performance. Specifically those who endorse values and behaviors traditionally linked to African Americans have lower scores on measures of verbal skills (Manly et al. 1998), executive functioning (Kennepohl et al. 2004), psychomotor speed (Kennepohl et al. 2004), and memory (Manly et al. 1998). These findings may suggest that those who have adopted Eurocentric values and cognitive styles have an advantage on assessments. These results are not surprising in light of the fact that the development of the most commonly used psychological tests and clinical assessment instruments have often come from a Eurocentric worldview and standardized within European American populations.

Religiosity and Spirituality Both formalized religion and a general belief in a higher power have had a long standing role in the lives of many African Americans. African American culture is known to place a strong emphasis on religious beliefs and activities and strong religiosity has been viewed as an expression of African American cultural identity (Koenig et al. 2001; Levin et al. 1995). Spiritual beliefs or religious behaviors have the possibility of being misinterpreted and sometimes pathologized by clinicians who do not adequately assess how these behaviors

and beliefs may influence thoughts about mental health, emotional expression, or cognitive ability.

Recommendations for Assessing African Americans

The following recommendations are presented as strategies for enabling greater cultural sensitivity and competency when preparing, selecting, administering, and interpreting psychological assessments for African Americans.

Preparation Phase The first recommendation may be the most important as well as the most difficult: Know thyself! It takes considerable self-reflection and awareness to grasp how culture influences day to day lived experiences. Thus, the first step in understanding others as cultural beings is to uncover our own cultural norms, attitudes, and traditions. Cultural self-assessment questions when working with African Americans could include: (1) What is my perception of African Americans?, (2) What steps do I need to take in order to articulate these perceptions to develop more awareness?, and (3) What kinds of information or resources do I need to acquire to increase my effectiveness with carrying out this assessment? (Bromley 1998).

When preparing the full assessment battery, clinicians should research and incorporate short, clinician friendly questionnaires (with suggested follow up qualitative questions) that could be used to assess variation in sociocultural experiences. Specifically, these questionnaires should not only include basic demographic information but they should be useful in gathering qualitative information that can influence interpretation of the assessment. Important areas to assess include the client's educational environment, cultural orientation, familial history, ethnicity, experiences with racism/discrimination, cultural mistrust, and the role of religion/spirituality in an individual's life. Using interviews and culturally oriented questionnaires can also enrich an assessment report by offering indicators of the client's strengths or environmental mastery even if it does not directly measure what the standardized

psychological measure is supposed to measure. This way, factors that promote African American resilience and mental health could also be a component of the assessment procedures. Also, additional measurement of reading level should be assessed to aid in choosing the appropriate assessment instrument or as a lens for interpreting the results.

Assessment Selection First, assessment instrumentation should be chosen wisely and purposefully. If possible, use multiple methods of assessment when constructing assessment batteries for African Americans. Clinicians who use just one method of assessment are more likely to draw inaccurate conclusions (Meyer et al. 2001). Therefore, a combination of qualitative and quantitative methods that includes the use of a clinical interview with questions concerning the influence of cultural factors, behavioral observations, and/or one or more standardized or non-standardized testing instruments is ideal (Ridley et al. 2001). Areas of psychological functioning should be assessed with various instruments and more data points may be needed to make more definitive inclusions. For example, clinicians could make it a regular practice to get observer data or to request permission to interview important people in the client's life. If standardized instruments are used, those that have been standardized with samples that included a substantial number of African Americans are preferred when available. The use of nonverbal intelligence measures may be preferred when the client's dialect is of concern. For clients of African descent for whom English is not their first language, the use of measures that have been translated and back translated, when available, can be used. In some cases, it may be beneficial to use a professionally trained interpreter (Padilla 2001).

Assessment Administration It is unlikely that the client-provider power differential will become nonexistent, so it is imperative that providers recognize it and take steps to prevent abuse of that power. Similarly, level of familiarity with a client is not something that can be changed within the context of an assessment session. However,

building rapport and trust through a culturally competent interview can likely be helpful in alleviating some of the effects associated with lack of familiarity and cultural mistrust. Examiners can help to attenuate the effects of stereotype threat by asking questions during the interview that get at multiple social identities for African Americans, as opposed to priming with questions that are solely associated with race and ethnicity (Ambady et al. 2004). To deal with issues related to language, it is important to admit when there is uncertainty and ask for clarification. It is also helpful to check in with clients to ensure understanding. Creating an environment of open communication and asking clients if they have questions regarding the assessment can be effective mechanisms for building trust.

Nonverbal communication should be a central component of assessment with African Americans. Clinicians should be sure to document nonverbal behavior and signs of apprehension during the evaluation process because these behaviors could be related to mistrust or culturally insensitive questions or stimuli. By documenting nonverbal behaviors and inquiring further about these behaviors after the evaluation phase has been completed, examiners may enrich their information about the client and begin to form an appropriate lens to later interpret the assessment results. Additionally, there may be regional nuances that could only be uncovered with systematic recording of individuals' reactions or interpretations of items.

Assessment Interpretation Clinicians should examine research on the assessment measures used to determine if there is any evidence of selection bias with regard to African Americans and interpret assessment results accordingly. When a clinician has reached the point of consolidating the assessment information and results, the report should be as comprehensive as possible. Assessment reports should include culturally-relevant information about clients, including ethnic identity, religiosity, acculturation, and cultural mistrust. Also, given the culturally-relevant information gathered about an individual, the examiners should include information about

how the given test results could be related either directly or indirectly to cultural factors, personal strengths that the individual may have, as well as provide culturally relevant recommendations.

Conclusion

Although cross-cultural assessment of psychological phenomena is not a new endeavor and although the numbers of African Americans have been growing steadily, our ability to assess them in culturally appropriate ways has not kept pace. Instruments for the major constructs in psychology—e.g., personality, intelligence, psychopathology—tend to still be limited to those that have been developed on primarily European American samples. An overemphasis on internal validity to the virtual exclusion of external validity in the development of assessment instruments has led researchers to assume the generality of their constructs and instruments rather than demonstrating it. Researchers tend to deemphasize background characteristics and assume their assessment instruments and the theories that underlie them are universally applicable. We fail to follow good scientific principles when we assume that findings from research on one population can be generalized to other populations; generality should be empirically tested and considerable research shows that when generality is tested, important ethnic and cultural differences are often found (Sue 1999).

The considerable national, linguistic, ethnic, racial, cultural, and social diversity among African Americans has important implications for psychological assessment in several ways. First, it reflects that African Americans are a heterogeneous group, and not all of the people that get assigned that label identify with the label. Second, the generalizability of the tests we use must be demonstrated rather than assumed. A hallmark of our scientific method is scientific skepticism, the view that one must question, doubt, and suspend judgment until sufficient information is available (Sue 1999). As scientists, psychologists base their decisions on evidence rather than on prejudice, bias, or uncritical thinking. A third,

and related, implication is that the tests we use to assess African Americans must be valid for them. Remember that tests do not possess validity. Rather, the validity of a test is a contextual factor that depends on how and on whom the test is used. In other words, validity refers to the soundness and defensibility of the interpretations, inferences, and uses of test results. It is the interpretations and uses that are either valid or invalid; thus, a test can be valid for one purpose but invalid for another. Consequently, we cannot assume that a test developed for one group will be valid when used with another group. Indeed, no test is valid for all purposes or in all situations. People who work with African Americans must ensure they are using tests that are appropriate for them based on the sample on which the instruments were standardized.

References

Ambady, N., Paik, S. K., Steele, J., Owen-Smith, A., & Mitchell, J. P. (2004). Deflecting negative self-relevant stereotype activation: The effects of individuation. *Journal of Experimental Social Psychology, 40,* 401–408.

American Educational Research Association. (1999). *Standards for educational and psychological testing.* Washington, DC: American Educational Research Association.

Bracken, B. A., & McCallum, R. S. (2001). Assessing intelligence in a population that speaks more than two hundred languages. In A. Suzuki, J. G. Ponterotto, & P. J. Meller (Eds.), *Handbook of multicultural assessment: Clinical, psychological, and educational applications* (2nd ed., pp. 405–431). San Francisco: Jossey-Bass.

Bromley, K. D. (1998). *Language art: Exploring connections.* Needham Heights: Allyn & Bacon.

Butcher, J. N., & Garcia, R. E. (1978). Cross-national application of psychological tests. *Personnel and Guidance Journal, 56*(8), 472–475.

Bumpass, L., & Sweet, J. (1989). National estimates of cohabitation. *Demography, 26,* 615–625.

Byrd, D. A., Sanchez, D., & Manly, J. J. (2005a). Neuropsychological test performance among Caribbean-born and U.S. born African American elderly: The role of age, education, and reading level. *Journal of Clinical and Experimental Neuropsychology, 27,* 1056–1069.

Byrd, D. A., Jacobs, D. M., Hilton, H. J., Stern, Y., & Manly, J. J. (2005b). Sources of error on visuoperceptual tasks: Role of education, literacy, and search strategy. *Brain and Cognition, 58,* 251–257.

Dana, R. H. (1996). Culturally competent assessment practice in the United States. *Journal of Personality Assessment, 66*(3), 472–487.

Dana, R. H. (2000). Culture and methodology in personality assessment. In I. Cuellar & F. A. Paniagua (Eds.), *Handbook of multicultural mental health* (pp. 97–120). San Diego: Academic.

Faris, H. (2013). http://www.americanprogress.org/issues/immigration/news/2012/12/20/48571/5-fast-facts-about-black-immigrants-in-the-united-states/. Accessed 17 Dec 2012.

Franklin, V. P. (2007). The tests are for the dogs: The Journal of Negro Education, African American children, and the intelligence testing movement in historical perspective. *Journal of Negro Education, 76*(3), 216–229.

Gonzalez, H. M., Whitfield, K. E., West, B. T., Williams, D. R., Lichtenberg, P. A., & Jackson, J. S. (2007). Modified-symbol digit modalities test for African Americans, Caribbean Black Americans, and non-Latino Whites: Nationally representative normative data from the National Survey of American Life. *Archives of Clinical Neuropsychology, 22,* 605–613.

Gopaul-McNicol, S., Reid, G., & Wisdom, C. (1998). The psychoeducational assessment of Ebonics speakers: Issues and challenges. *Journal of Negro Education, 67*(1), 16–24.

Guerra, N. G., & Jagers, R. (1998). The importance of culture in the assessment of children and youth. In V. C. McLoyd & L. Steinberg (Eds.), *Studying minority adolescents: Conceptual, methodological, and theoretical issues* (pp. 123–142). Mahwah: Lawrence Erlbaum.

Helms, J. E. (1992). Why is there no study of cultural equivalence in standardized cognitive ability testing? *American Psychologist, 47*(9), 1083–1101.

Jones, J. M., & Rhee, E. (2004). The dialectics of race: Academic perils and promises. In J. M. Darley, M. P. Zanna, & H. L. Roediger III (Eds.), *The compleat academic: A career guide* (2nd ed., pp. 295–310). Washington, DC: American Psychological Association.

Kaplan, R. M., & Saccuzzo, D. P. (2001). *Psychological testing: Principles, applications, and issues* (5th ed.). Belmont: Wadsworth/Thomson Learning.

Kennepohl, S., Shore, D., Nabors, N., & Hanks, R. (2004). African American acculturation and neuropsychological test performance following traumatic brain injury. *Journal of the International Neuropsychological Society, 10,* 566–577.

Kent, M. M. (2007). Immigration and America's black population. *Population Bulletin, 62*(4), 1–16.

Koenig, H., McCullough, M., & Larson, D. (2001). *Handbook of religion and health.* New York: Oxford University Press.

Levin, J., Chatters, L., & Taylor, R. (1995). Religious effects on health status and life satisfaction among Black Americans. *Journal of Gerontology: Social Sciences, 50B,* S154–S163.

Manly, J. J., Miller, S. W., Heaton, R. K., Byrd, D., Reilly, J., Velasquez, R. J., et al. (1998). The effect of African American acculturation on neuropsychological test

performance in normal and HIV-positive individuals. *Journal of the International Neuropsychological Society, 4,* 291–302.

Manly, J. J., Jacobs, D. M., Touradji, P., Small, S. A., & Stern, Y. (2002). Reading level attenuates differences in neuropsychological test performance between African American and White elders. *Journal of the International Neuropsychological Society, 8,* 341–348.

Meyer, G. J., Finn, S. E., Eyde, L. D., Kay, G. G., Moreland, K. L., & Diess, R. R., et al. (2001). Psychological testing and psychological assessment: A review of evidence and issues. *American Psychologist, 56*(2), 128–165. doi:10.1037//0003-066X.56.2.128.

Moynihan, D. P. (1965). *The Negro family: The case for national action*. Washington, DC: Office of Policy Planning Research, U. S. Department of Labour.

Neighbors, H. W., Trierweiler, S. J., Ford, B. C., & Muroff, J. R. (2003). Racial differences in DSM diagnosis using a semi-structured instrument: The importance of clinical judgment in the diagnosis of African Americans. *Journal of Health and Social Behavior, 43,* 237–256.

Nobles, W. (1985). *Africanity and the Black family: The development of a theoretical model* (2nd ed.) Oakland: Institute for the Advanced Study of Black Family and Culture.

Padilla, A. M. (2001). Issues in culturally appropriate assessment. In L. A. Suzuki, J. G. Ponterotto, & P. J. Meller (Eds.), *Handbook of multicultural assessment: Clinical, psychological, and educational applications* (2nd ed., pp. 5–28). San Francisco: Jossey-Bass.

Paniagua, F. A. (2005). *Assessing and treating culturally diverse clients: A practical guide* (3rd ed.). Thousand Oaks: Sage.

Ponterotto, J. G., Gretchen, D., & Chauhan, R. V. (2001). Cultural identity and multicultural assessment: Quantitative and qualitative tools for the clinician. In L. A. Suzuki, J. G. Ponterotto, & P. J. Meller (Eds.), *Handbook of multicultural assessment: Clinical, psychological, and educational applications* (2nd ed., pp. 67–99). San Francisco: Jossey-Bass.

Ridley, C. R., Hill, C. L., & Wiese, D. L. (2001). Ethics in multicultural assessment: A model of reasoned application. In L. A. Suzuki, J. G. Ponterotto, & P. J. Meller (Eds.), *Handbook of multicultural assessment: Clinical, psychological, and educational applications* (2nd ed., pp. 29–46). San Francisco: Jossey-Bass.

Rohit, M., Levine, A., Hinkin, C., Shogik, A., Saxton, E., Valdes-Sueiras, M., & Singer, E. (2007). Education correction using years in school or reading grade level equivalent? Comparing the accuracy of two methods in diagnosing HIV-associated neurocognitive impairment. *Journal of the International Neuropsychological Society, 13,* 462–470.

Ryan, E. L., Baird, R., Rivera-Mindt, M., Byrd, D., Monzones, J., Morgello, S., & The Manhattan HIV Brain Bank. (2005). Neuropsychological impairment in racial/ethnic minorities with HIV infection and low literacy levels: Effects of education and reading level in participant characterization. *Journal of the International Neuropsychological Society, 11,* 889–898.

Skiba, R. J., Knesting, K., & Bush, L. D. (2002). Culturally competent assessment: More than nonbiased tests. *Journal of Child and Family Studies, 11*(1), 61–78.

Steele, C. M., & Aronson, J. (1995). Stereotype threat and the intellectual test performance of African Americans. *Journal of Personality and Social Psychology, 69*(5), 797–811.

Sue, S. (1999). Science, ethnicity, and bias: Where have we gone wrong? *American Psychologist, 54*(12), 1070–1077.

Terrell, F., Terrell, S. L., & Nickerson, K. J. (1996). Cultural identification and cultural mistrust: Some findings and implications. In R. L. Jones (Ed.), *Advances in Black psychology*. Berkeley: Cobb & Henry.

Terrell, F., Taylor, J., Menzise, J., & Barrett, R. K. (2009). Cultural mistrust: A core component of African American consciousness. In H. Neville, B. Tynes, & S. Utsey (Eds.), *Handbook of African American psychology*. (pp. 299–309). Thousand Oaks: Sage.

Terrell, F., Terrell, S. L., & Taylor, J. (1981). Effects of race of examiner and cultural mistrust on the WAIS performance of Black students. *Journal of Consulting and Clinical Psychology, 49*(5), 750–751.

U.S. Census Bureau. (April 2003)*The Black population in the United States: March 2002*. In J. McKinnon, Current population reports. Washington, DC: U.S. Census Bureau.

U.S. Census Bureau (4 Jan 2012) Facts for features: Black (African American) History Month, February 2012. U.S. Census Bureau News. http://www.census.gov/newsroom/releases/archives/facts_for_features_special_editions/cb12-ff01.html. Accessed 15 Oct 2012.

Whatley, P. R., Allen, J., & Dana, R. H. (2003). Racial identity and the MMPI in African American male college students. *Cultural Diversity and Ethnic Minority Psychology, 9*(4), 345–353. doi:10.1037/1099-9809.9.4.345.