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CLINICAL CASE APPLICATIONS

Crossing the Cultural Divide: Issues in Translation, Mistrust, and Cocreation of Meaning in Cross-Cultural Therapeutic Assessment

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This article examines cross-cultural therapeutic assessment in a community mental health clinic. The first case describes the work between a Caucasian assessor and a Mexican American family. The authors explore the metaphorical and literal translation of the findings from English to Spanish and the parallel process of translation of the self, experienced by both assessor and client. The second case describes the work between a Caucasian assessor and an African American adolescent. We describe the inherent challenge between the Eurocentric "task" orientation of the evaluation and the Afrocentric "relationship" orientation. We suggest that bridging the gap between cultures and overcoming cultural mistrust lay in the building of the assessor–client relationship. Fischer's concepts of rapport and intimacy are emphasized and expanded on as we emphasize the importance of cocreated meaning in cross-cultural assessment work.

The two case examples presented in this article are compelling because they depart from classical assessment procedures and build on contemporary models of collaborative/therapeutic assessment as established by Finn (2007) and Fischer (1985/1994). These two cases are also unique because they push the edge of the collaborative model to make room for cultural considerations within the assessor–client relationship. In other words, does the collaborative model sustain itself when cultural worldviews collide in the testing situation? If the model works in cross-cultural assessment, what are the components of the client–assessor relationship that make the cross-cultural collaborative assessment successful? How does the assessment process move from a place of mistrust to collaboration and mutual understanding?

In her book *Individualizing Psychological Assessment*, Fischer (1985/1994) repeatedly emphasized that nothing is more fundamental than experiences and events in the lived world of the client and that everything in the assessment must refer back to it, including test results and diagnosis. The individualized assessment gives a portrait of the person and characterizes his or her point of view and approach to situations. Thus, understanding behaviors means understanding the person's experience in terms of the meaning of his or her situation rather than in terms of causes for specific behaviors. Finn (2007), in his book *In Our Clients' Shoes,* made a similar argument and suggested that the assessment is a cocollaboration and that as the clients feel their own impact on the assessment process they feel less vulnerable and become more trusting of the assessor. Both Finn and Fischer make an argument for the indissoluble unity of the individual and his or her lived world and suggest that any strict division between behavior and experience, or subjective versus purely objective case formulations, is a disservice to the client and to the assessment process as a whole.

Through two case examples, this article explores not only the indissoluble unity of the client and his or her world, but also the indissoluble unity of the assessor–client relationship in a multicultural context. The first case, "Not Getting Lost in Translation," describes the work of a Caucasian female assessor with a young Mexican American girl born to immigrant parents. Major findings from the assessment are presented along with how these findings informed the feedback for the bilingual daughter and her monolingual mother. We explore both the metaphorical and the literal translation of the findings from English to Spanish and the parallel process of translation of the self, experienced by the assessor and the client. The second case, "The Dice Game: Cocreation of Meaning" describes the work of a Caucasian female assessor with an African American adolescent male. Clinical case material describes the inherent challenge between the Eurocentric "task" orientation of psychological assessment and the "relationship" orientation more commonly valued within the African American community. We suggest that bridging the wide gap between cultures and overcoming cultural mistrust starts in the building of the assessor–client relationship and taking both worldviews into account as a way to create meaning from the assessment results.

We discuss the ways in which translation, language barriers, and racism were partially overcome through the relationship between the assessor and client. In particular we focus on Fischer's ideas on rapport and intimacy and how each of these issues was represented in these cases. Lastly, we discuss how each case illustrates the importance of cocreated meaning in cross-cultural collaborative assessment.

First, it is important to place these cases within the context of the work done at the WestCoast Children's Clinic in Oakland, California. WestCoast is a nonprofit organization that works primarily with foster care children, or children who are living in poverty and are often impacted by abuse, neglect, or

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trauma. Our Therapeutic Assessment and System Collaboration Program (TASC) provides comprehensive psychological assessment and has been influenced by the work of Finn (2007), Purves (2002) and Fischer (1985/1994). Although we rarely perform the "full" Therapeutic Assessment (TA) model outlined in Finn's and Tharinger's work (Finn, 2007; Tharinger et al., 2009), we incorporate aspects of this model in every assessment. These aspects include gathering questions from the child and caregivers, ongoing collaboration with family members, discussion sessions, and providing feedback to children and families through fairy tales and family letters and reports. Because our primary referral source is often the Department of Social Services, we also write formal reports for the social worker and, if appropriate, the school.

The assessments at WestCoast Children's Clinic are overwhelmingly performed in a cross-cultural context. In the fiscal year 2008–2009, 49% of the clients we served self-identified as African American, 14% Caucasian, 11% Latino/Latina, 4% Asian and Asian American, 8% multiethnic, and 14% unknown. Although our agency has some diverse staff, the majority of assessment staff and interns are Caucasian. Race, ethnicity, social class, education, age, language, and immigration status are just some of the ways that the assessor often differs from his or her clients and their families, potentially leading to cultural mistrust. However, cultural mistrust is often a starting point, the place before relationship and intimacy are shared.

Although the impact of race, class, and privilege have been previously discussed within the TA model (Guerrero, Lipkind, & Rosenberg, 2011), here we reflect on the following questions: Despite the seemingly insurmountable obstacles that our cross-cultural work suggested, what was it about these assessments that allowed for such meaningful work for both the client and the evaluator? How did the assessment process move from a place of mistrust to collaboration and mutual understanding?

Case Example 1: Not Getting Lost In Translation

Reason for Referral

Alessandra[1] is a first-generation Mexican American female who was 13 years old and a student in the seventh grade during the testing process. Alessandra's biological mother referred her for a psychological assessment to determine her needs in a classroom environment. Her mother informed me (A. Almeida) that she wanted to better understand Alessandra's current cognitive functioning and emotional functioning, and how they interacted to adversely impact her overall academic performance. Alessandra noted that she was interested in learning: "Why do I get bad grades?" and "Why do I get so angry at my mom and others?"

Cultural and Linguistic Background

Alessandra's biological parents and older siblings emigrated from Mexico prior to her birth. Her biological father died in a car accident when Alessandra's mother was pregnant with her, and Alessandra has lived with her biological mother since her birth. Her biological mother is monolingual Spanish speaking and reported that she did not have legal status in this country. Alessandra speaks both English and Spanish; however, previous testing from the school district suggested that her dominant language is English. She was often asked to translate information into Spanish for her mother.

Relevant History

According to her mother and school documents provided to the assessor, Alessandra had a documented difficulty learning and retaining new information. Even so, she was enrolled in general education classes and was receiving low grades.

According to school staff, she did not complete homework and refused to do work in the classroom when she became frustrated. The school psychologist felt that Alessandra did not put enough effort into her course work. Whereas Alessandra's mother reported feeling as if the school was not doing enough for her daughter, the school felt like the mother was not engaged in her child's education. I hypothesized that this dissonance was likely accounted for by the lack of a shared language between the systems. I further wondered if the background of Alessandra's family and current political relations between the United States and Mexico led her mother to experience a level of distrust for the school system that created anxiety when advocating for her daughter's needs and engaging with school staff. I, too, felt that there was a level of distrust when engaging with me, a Caucasian female with moderate Spanish skills who worked in an agency that is largely funded by government money. However, as Alessandra's mother and I met to discuss the assessment process, and I struggled with finding the right conjugation for the most appropriate verb to use, a greater sense of trust arose. Although I will never understand what it is like to be an immigrant who is not of the dominant culture in America, I had a sense that my struggling with Spanish showed her that I was willing to give up some of my power and privilege and helped us connect more authentically around the challenges she faces on a daily basis.

Testing Process and Findings

After meeting with several key participants in the client's life (e.g., teacher, school psychologist), Alessandra and I completed a battery of tests designed to measure cognitive, academic, and emotional functioning.

Alessandra completed the Differential Abilities Scale–Second Edition (DAS–II; Elliott, 1990) and the Wechsler Individual Achievement Test–Second Edition (WIAT–II; Wechsler, 2002) to obtain information regarding her cognitive and academic functioning, respectively. Her scores were also integrated with previous data provided by the school district to provide a comprehensive picture of her past and current functioning, as well as her development over time. Findings from these data, as well as behavioral observations, suggested that Alessandra had significant deficits in processing and learning (Tables 1 and 2). In particular, she struggled with oral expression and finding words to organize and verbally express concepts. Additionally, Alessandra exhibited difficulties in decoding words and comprehending information during reading tasks. Her reading problems were further complicated by her deficits in perceptual organization and visual memory in which she presented with difficulties in perceiving and producing visual information, as well as recalling this information after a short delay. Alessandra was particularly challenged by mathematics, and had significant difficulties with sequencing numbers and recalling a sequence of operations.

[1]Pseudonyms are used to protect confidentiality.

TABLE 1.—Alessandra's scores on the Differential Abilities Scale–Second Edition.

Cluster	Standard	Percentile	Confidence Interval
Verbal	62	1	58–75
Nonverbal reasoning	71	3	66–80
Spatial	63	1	59–71
Global conceptual ability	62	1	58–69
Special nonverbal composite	62	1	58–71

Mathematics was also an area in which her learning and emotions collided, and she reported anxiety about her performance and feeling "nervous." She made self-deprecating comments during administration of measures, and would say "I can't do this," and "I don't remember anything else."

Although Alessandra struggled with oral expression she was able to provide a valid profile for the Rorschach Inkblot Method (Exner & Weiner, 1995) during the assessment of her emotional functioning. During administration of this measure, Alessandra would often act out her words during the Inquiry phase when she was unable to articulate her perceptions. This strategy suggested that she had adaptively developed a skill that allowed her to elicit assistance from her environment. The Structural Summary (Table 3) indicated that Alessandra had difficulty coping with the stress of her daily life (D Score [D] = –1) due to insufficient resources (Coping Deficit Index [CDI] = 5). When she was unable to cope with her emotions, Alessandra would often lash out toward others by yelling or refusing to complete tasks (Use of Space [S] = 6).

Alessandra's scores on the Rorschach further suggested that, although she had significant difficulties with learning and processing new information, she tried to accomplish more than her current abilities allowed her to (Aspirational Ratio [W:M] = 12:1). Although it was a strength that Alessandra was often striving for more, she appeared unable to meet the goals or expectations that were placed on her by herself or others. This did not allow her to have a sense of success or empowerment, contributing to a diminished sense of self (Egocentricity Index [3r + (2)/R] = 0.31, Morbid Content [MOR] = 3), particularly where academic tasks were involved.

The Rorschach indicated her diminished sense of self (Depression Index [DEPI] = 5), also seen when she was asked to develop a story based on a picture from the Roberts Apperception Test–2 (Roberts, 1994) in which a girl is depicted sitting alone at a desk. Her story for female Card 3 was as follows:

OK . . . This is easy . . . There's a girl and like she's having a test so she's writing on the piece of paper and she's very confused. She needs help and she's trying to study the words, but she can't. It's the Spelling Bee and she just can't remember the definition to all the words. She's feeling frustrated. In the end she finally gets done. Her progress report comes in and she's struggling a lot. She feels good, and bad. Her mood is "eh."

TABLE 2.—Alessandra's scores on the Wechsler Individual Achievement Test–Second Edition.

Subtest	Standard	Percentile	Confidence Interval
Word reading	80	9	73–87
Reading comprehension	84	14	78–90
Numerical operations	74	4	65–83
Math reasoning	66	1	58–74
Spelling	84	14	76–92

Despite her academic and emotional struggles, the assessment process also highlighted a great deal of Alessandra's strengths. As part of the assessment, I worked with Alessandra on some math problems with which she struggled. She was extremely open to this support and, with help, was able to complete the problems successfully. Although Alessandra had a reported history of "exploding" when overwhelmed with similar tasks, I did not experience this side of her. This suggested to me that she would thrive in an environment in which she was able to access more individualized assistance that could support her academic challenges, as well as the emotions that accompanied them. Throughout the testing I felt very connected to Alessandra. Although she had difficulties with oral expression, it seemed to me that her projective stories and responses on the Rorschach had a way of making it clear that she was struggling and she needed others to help her. I could not help but feel that a large part of my role was to express this to others through translation.

Throughout this assessment process multiple translations took place. Because Alessandra's mother was monolingual Spanish speaking, it was necessary that all collateral contacts occurred in Spanish. As Spanish is not my first language, there were times when I struggled with expressing myself. At one point in the assessment process, Alessandra spontaneously told me, "You speak good Spanish." This was certainly a parallel process for us, as I often encouraged Alessandra as she struggled with oral expression when interacting with me during the testing sessions.

To make the assessment accessible to the family system, I provided Alessandra's mother with the literal translation of both the emotional and cognitive findings in Spanish. Despite the lack of a shared language and cultural mistrust with the school, Alessandra's mother and I wrote a letter requesting that her Individualized Education Plan (IEP) be reviewed and additional services be considered. Although we drafted the letter together, Alessandra's mother was the only person who signed it. Although I felt a pull to use my power as an educated Caucasian female and call the school directly to demand that she be provided with resources, conversations in my supervision (in which we discussed creating a balance of power and encouraging advocacy) directed me to give the power to the person to whom it belonged. This intervention allowed Alessandra's mother to take on the role of the advocate for her daughter.

At WestCoast, we often make storybooks (Tharinger et al., 2008) as a medium to provide feedback to the children and adolescents with whom we work. As the data informed my feedback, test findings that suggested a propensity toward an auditory learning style greatly impacted my choices around the medium in which to provide the information. I wanted to provide Alessandra with a concrete object, in this case a storybook, to take with her. However, I was also aware of the anxiety that was associated with academic tasks, such as reading. To account for this, another intern and I recorded the story onto a compact disc. As a reflection of my own childhood, we added in the ring of a bell at the end of each page to signal to Alessandra that it was time to turn the page. In addition to feedback, it was my hope that this could also be an intervention to assist with improving her reading abilities. During the feedback session with

TABLE 3.—Alessandra's Structural Summary.

Comprehensive System 5th Edition Structural Summary

LOCATION FEATURES		DETERMINANTS BLENDS	DETERMINANTS SINGLE		CONTENTS		APPROACH	
					H = 0		I	WS, WS, WS, W
Zf	= 12	CF.m	M = 1		(H) = 1		II	WS
ZSum	= 40		FM = 1		Hd = 1		III	D, D
ZEst	= 38		m = 2		(Hd) = 1		IV	W
			FC = 0		Hx = 0		V	W
W	= 12		CF = 0		A = 5		VI	W
D	= 4		C = 0		(A) = 0		VII	W
W+D	= 16		Cn = 0		Ad = 1		VIII	W
Dd	= 0		FC' = 0		(Ad) = 0		IX	WS
S	= 6		C'F = 0		An = 1		X	WS, D, D
			C' = 0		Art = 0			
			FT = 0		Ay = 0		SPECIAL SCORES	
DQ			TF = 0		Bl = 0			Lv1 Lv2
+	= 3		T = 0		Bt = 2		DV	= 0 0x1 x2
o	= 13		FV = 0		Cg = 3		INC	= 3 0x2 x4
v/+	= 0		VF = 0		Cl = 0		DR	= 0 0x3 x6
v	= 0		V = 0		Ex = 0		FAB	= 1 0x4 x7
			FY = 0		Fd = 1		ALOG	= 0 0x5
FORM QUALITY			YF = 0		Fi = 0		CON	= 0 0x7
			Y = 0		Ge = 0		Raw Sum6	= 4
	FQx MQual W+D		Fr = 0		Hh = 0		Wgtd Sum6	= 10
+	= 0 = 0 = 0		rF = 0		Ls = 0			
o	= 8 = 1 = 8		FD = 0		Na = 1		AB	= 0 GHR = 3
u	= 8 = 0 = 8		F = 10		Sc = 2		AG	= 0 PHR = 0
−	= 0 = 0 = 0				Sx = 0		COP	= 0 MOR = 3
none	= 0 = 0 = 0		(2) = 7		Xy = 0		CP	= 0 PER = 0
					Id = 0			PSV = 0

RATIOS, PERCENTAGES, AND DERIVATIONS

R = 16		L = 1.67				FC:CF+C	= 0:1	COP = 0	AG = 0
						Pure C	= 0	GHR:PHR	= 3:0
EB = 1:1.0		EA = 2.0		EBPer = N/A		SumC':WSumC	= 1:1.0	a:p	= 0:5
eb = 4:1		es = 5		D = −1		Afr	= 0.45	Food	= 1
		Adj es = 3		Adj D = 0		S	= 6	SumT	= 0
						Blends/R	= 1:16	Human Cont	= 3
FM = 1		SumC' = 1		SumT = 0		CP	= 0	PureH	= 0
m = 3		SumV = 0		SumY = 0				PER	= 0
								Isol Index	= 0.25

a:p	= 0:5	Sum6	= 4	XA%	= 1.00	Zf	= 12	3r+(2)/R	= 0.31
Ma:Mp	= 0:1	Lv2	= 0	WDA%	= 1.00	W:D:Dd	= 12 :4 :0	Fr+rF	= 0
2AB+Art+Ay	= 0	WSum6	= 10	X–%	= 0.00	W:M	= 12:1	SumV	= 0
MOR	= 3	M–	= 1	S–	= 1	Zd	= +2.0	FD	= 0
		Mnone	= 1	P	= 6	PSV	= 0	An+Xy	= 1
				X+%	= 0.61	DQ+	= 3	MOR	= 3
				Xu%	= 0.50	DQv	= 0	H:(H)+Hd+(Hd)	= 0:3

PTI = 0 DEPI = 5 CDI = 5 S-CON = N/A HVI = No OBS = No

Alessandra, I played this audio track and together we followed along in the provided book. Alessandra caught something in the audio track that both my colleague and I neglected to correct. During taping, we both fumbled over a couple of words, but rather than correcting these errors, we continued on with recording. When Alessandra heard this she noted, "Both of you made mistakes. . . . I make mistakes when I talk, too. . . . I guess it's OK to make mistakes 'cause you're really smart." When Alessandra mentioned that there were mistakes, I immediately blushed because my perfectionistic tendencies had failed me. This allowed me to mirror my client's experiences, and in her eyes normalize our inadequacies. This unintended, yet important, metaphorical translation of the findings allowed me to provide an intervention that, like Alessandra, I struggled with expressing in other ways.

Conclusions

Despite this challenging process, I learned that Alessandra's mother was able to impact her daughter with her understanding of the findings. After my collateral meeting with Alessandra's mother in which we discussed the findings from the assessment,

she went home and, completely unbeknownst to me, translated the meaning of the findings to her daughter. The following day, when I was scheduled to provide feedback to Alessandra, she came into the room and shared the experience she had with her mother. She told me, "My mom said that I have a hard time learning, and it's not my fault. She also said that I get upset sometimes because it is so hard. I think she's right. She gave me a hug and said she was going to help me."

What I took from this assessment was the importance of mirroring and translating ourselves, as well as the findings, to our clients and their families. Although the test data provided valuable information, it was the act of translation that allowed potential space (LaMothe, 2005) to develop in which Alessandra and I were able to cocreate meaning for the assessment process. In particular, what can be seen in my experience with Alessandra is that meaning does not have to be lost in translation; in fact, sometimes it is found.

Case Example 2: The Dice Game

Reason for Referral

At the time of testing William[2] was a 15-year-old African American male in the ninth grade. He was referred to our clinic by his mother to evaluate his cognitive and emotional functioning, as well as to determine possible causes for his angry outbursts and his defiant behaviors at school. William refused to do his schoolwork despite the fact that one of his teachers stated he was "brilliant." He often talked back to his teachers and had a history of getting into physical fights with his peers.

His mother described William to me (H. Macdonald) as having "real bad anger issues" and said he got "angry all the time" and had "knocked people out." His mother and teachers reported that he had a tendency to yell out, to cuss, and to be physically aggressive. At home his mother observed that he had played with fire, stuck himself with needles, put matches in plugs, and had burned himself to make a "tattoo." His mother stated that she worried about William hurting someone else or that he "would be taken by the streets and join a gang." As a child he had witnessed extreme domestic violence, seen community violence, and experienced physical abuse.

William had a previous diagnosis of Tourette's Disorder and Obsessive–Compulsive Disorder. He had a history of motor and vocal tics as well as symptoms of perseveration (counting), and needing to touch windowsills or some other object to help mediate feelings of anxiety. However, these symptoms did not appear to be acute during the time of the assessment.

During an initial interview, William reported some neurological symptoms such as frequent headaches, seeing black dots in his vision, dizziness, and nausea. In addition, William had sustained a head injury (with no loss of consciousness) at age 4 when he hit his head on a glass table. William also struggled with some symptoms of depression (e.g., insomnia, lack of motivation, difficulty concentrating, lack of appetite, and difficulty getting out of bed in the mornings). He tended to be a "loner" but had some good peer relationships.

Relevant History

At the time of testing William lived with his mother and his three half-siblings. All his siblings had different fathers. William shared a close relationship with his sisters' paternal grandfather, who also lived in the same apartment. William was also very close with his maternal grandmother, who lived about an hour from the family.

William had experienced many losses in his family. His father and grandfather were murdered in a dice game when he was 10 months old. His maternal uncle died when he was age 8, and his sister's father, who raised William since he was an infant, died of diabetes when William was 13. Both the maternal and paternal sides of the family struggled with substance abuse. There was a positive history of bipolar disorder, depression, and schizophrenia on the maternal side of the family.

Testing Process and Findings

It should be noted that the collaborative community-based model at WestCoast Children's Clinic often encourages clinicians to have initial meetings in the home of the client to gather background and context of the client's world. The first time I met William was at his home on a hot summer day in Oakland. His apartment was on the second floor. It had large windows that were covered with towels or sheets to block the light. As I sat on the couch and waited, I noticed a fan whirling in the corner of the apartment and watched some candy wrappers scrape across the floor in the breeze. Torn children's books and crushed plastic toys were also strewn about the room. Everything smelled like marijuana. The large yellow notepad that rested on my lap seemed out of place and I felt like an intruder. William emerged from the hallway as a tall and slender figure. He barely shook my hand and made only brief eye contact.

With some convincing, he agreed to come to the office and participate in the assessment. As we drove to the clinic he turned to me and said, "You know all my therapists have been white." I wondered out loud what that was like for him. We talked about race and psychology right from the start. I did not shy away from the discussion. It was at that point I learned that William liked to talk and he liked it best when I pondered questions with him.

During the following week, as we continued the testing, he appeared to enjoy the individual attention and took pleasure in the tasks presented to him. He often made such comments as, "People think I do not like to learn but this is how I can learn through discussion and hands-on kinds of stuff. I get bored in school."

It seemed that William was also eager for connection with another person. In fact, as the testing progressed it became clear that William was less interested in the tasks and more interested in dialogue and the relationship we were building around them. With the introduction of each new test I wondered how our relationship would change as much as I wondered what I would learn from the new test data.

William was always very articulate about his feelings. He said, "You have no idea what it is like for me. I sit in school and want to break my desk open I get so angry." He said that when he really felt rage, "My heart drops into my stomach and boils in acid," and then went on to say, "If I did not have feelings to deal with I'd be perfect. I'd be wonderful!" He also appeared to be extremely hypervigilant and while on the drive from his school to our office he noticed everything and anything that moved on the street. He would say, "Check this guy out; he is about to do a drug deal and get some weed." He liked to talk about how tough

[2]Pseudonyms are used to protect confidentiality.

he was on the streets and how he could fight, but I was never afraid of him.

During our first testing session we completed the DAS–II (Elliott, 1990), a cognitive test that is more culturally appropriate than other tests of intelligence. William appeared to enjoy the cognitive testing. He kept asking, "Is there anything more difficult? Did I complete the whole test?" William enjoyed the challenge and, not surprisingly, did very well. William's overall performance on the DAS–II (Table 4) indicated that he was functioning in the above average range of intelligence. William's verbal reasoning skills were assessed to be in the above average range overall. He was quick to define increasingly complex words. He also did well when asked to make abstract verbal links between words. William's nonverbal reasoning abilities and spatial abilities fell in the average range.

It took many hours to complete the Minnesota Multiphasic Personality Inventory–Adolescent (MMPI–A; Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1992). William had questions about each test item and wanted to discuss the various true–false scenarios with me. It was from completing the MMPI–A that I learned the most about William's life. For example, in response to Item 71, which is about feeling that life is worthwhile, he said, "You don't know how it is. We grew up poor and I mean poor. Not even an extra dollar around. And I have no memory of my Daddy. Couldn't he have waited to die until I had some memory of him?" William began to get upset and his voice began to tremble. We talked about all the tragedies in his life and, in particular, the fatal dice game where his grandfather and father had been shot. While William wiped tears from his face with his hand and then waved away the tissue offered to him, he said, "You know I never cry." There was a still and quiet moment in the room and I asked, "William, are you looking for the dice game? When you go out on the streets are you looking to see if you would or could do it different than your Dad?" William appeared to ponder the question and said, "Yeah, I know I am like him but I am not him too." The "dice game" became a very complex metaphor that we used to dialogue about the trauma in William's life as well as the community violence going on around him at all times. William had a choice: He could take to the streets like many other males in his family and gamble (at poor odds) with his life or he could find alternative routes for his life path and not reenact the trauma of his family and community.

William's valid MMPI–A profile suggested that he was a person who struggled with intense, worry, anxiety and apprehension as suggested by a T = 71 on scale 7. William lived "on edge" anticipating turmoil, confrontation, or both. For example, when he saw the a male driver of a car pull up next to him, he said that his body got all hot and his heart started to race just from the "look" the man gave him. His anxiety and distress was so great at times that he had difficulty concentrating, thinking clearly, sleeping, and eating as evidenced by a T = 71 on scale 8. When William's emotions ran high he tended to misperceive events and form inaccurate impressions of people. William often said he felt "wired" but it was difficult for him to explain the feeling of nervousness in his body. When asked where he thought the feeling came from he said, "It is just there. It has always been there." William expressed concern about physical complaints and physical issues (headaches, vision problems). Many of his fears and anxieties stemmed from concerns about the functioning of the body (T = 61 on scale 1). These bodily complaints can be associated with an attitude of pessimism (high scale 1 and lower scale 5). Neurological disorders (as mentioned earlier) can also be indicated in relationship to these bodily complaints, but again it is difficult to sort out the difference between what is purely neurological and what is purely psychological.

William's anticipation of turmoil (as noted by the clinical elevations on scales 7 and 8) or even violence was also evident in a drawing (see Figure 1) he made of his mind. Central to the drawing is the word "death" and a depiction of confusing mazes with no "road signs."

William was able to observe the smallest of details on the Rorschach (Table 5) cards and had a positive hypervigilance index. He examined each card very carefully and gave full responses. He repeatedly asked, "What will you know about me from these things?" He also asked, "Will you tell me how I did?"

Although the MMPI–A profile suggested posttraumatic stress reactions, the Rorschach (Exner & Weiner, 1995) additionally demonstrated an underlying wish to be taken care of (Food Content [Fd] = 1), a passive stance in relationships (Active:Passive Ratio [a:p] = 2:8), and depression (Depression Index [DEPI] =

TABLE 4.—William's scores on the Differential Abilities Scale–Second Edition.

Cluster	Standard	Percentile	Confidence Interval
Verbal	113	81	103–120
Nonverbal reasoning	104	61	96–111
Spatial	109	73	102–115
Global conceptual ability	110	75	104–115
Special nonverbal composite	108	70	102–113

FIGURE 1.—William's drawing of his mind.

TABLE 5.—William's Structural Summary.

Comprehensive System 5th Edition Structural Summary

LOCATION FEATURES		DETERMINANTS BLENDS	DETERMINANTS SINGLE		CONTENTS		APPROACH	
					H	= 3	I	D.WS.WS
Zf	= 14	C'F.CF	M	= 5	(H)	= 2	II	WS.W.W.DS
ZSum	= 53.5	M.Fr	FM	= 0	Hd	= 0	III	W.D.
ZEst	= 45.5	M.FY.m	m	= 2	(Hd)	= 2	IV	WS.Dd
		Fr.M.m	FC	= 0	Hx	= 0	V	W.W
W	= 12		CF	= 0	A	= 5	VI	W.D.Dd
D	= 9		C	= 0	(A)	= 4	VII	W
W+D	= 21		Cn	= 0	Ad	= 0	VIII	W.D
Dd	= 2		FC'	= 1	(Ad)	= 1	IX	D.D
S	= 5		C'F	= 0	An	= 0	X	D.D
			C'	= 0	Art	= 4		
			FT	= 0	Ay	= 0	SPECIAL SCORES	
DQ			TF	= 0	Bl	= 0		Lv1 Lv2
+	= 6		T	= 0	Bt	= 1	DV	= 1 1x1 0x2
o	= 17		FV	= 0	Cg	= 2	INC	= 1 1x2 1x4
v/+	= 0		VF	= 0	Cl	= 0	DR	= 0 x3 0x6
v	= 0		V	= 0	Ex	= 0	FAB	= 0 x4 0x7
			FY	= 1	Fd	= 1	ALOG	= 0 x5
FORM QUALITY			YF	= 0	Fi	= 0	CON	= 0 x7
			Y	= 0	Ge	= 0	Raw Sum6	= 3
	FQx	MQual W+D	Fr	= 1	Hh	= 1	Wgtd Sum6	= 7
+	= 0	= 0 = 0	rF	= 0	Ls	= 1		
o	= 9	= 4 = 9	FD	= 0	Na	= 0	AB	= 0 GHR = 7
u	= 10	= 2 = 8	F	= 11	Sc	= 4	AG	= 0 PHR = 3
−	= 4	= 2 = 4	(2)	= 7	Sx	= 0	COP	= 1 MOR = 1
none	= 0	= 0 = 0			Xy	= 0	CP	= 0 PER = 0
					Id	= 0		PSV = 0

RATIOS, PERCENTAGES, AND DERIVATIONS

R	= 23		L	= .92		FC:CF+C	= 0:1	COP = 1	AG = 0		
						Pure C	= 0	GHR:PHR	= 7:3		
EB	= 8:1.0	EA	= 9.0	EBPer	= N/A	SumC':WSumC	= 2:1.0	a:p	= 2:8		
eb	= 2:4	es	= 6	D	= +1	Afr	= 0.35	Food	= 1		
		Adj es	= 4	Adj D	= +1	S	= 5	SumT	= 0		
						Blends/R	= 4:23	Human Cont	= 7		
FM	= 0	SumC'	= 2	SumT	= 0	CP	= 0	PureH	= 3		
m	= 2	SumV	= 0	SumY	= 2			PER	= 0		
								Isol. Index	= 0.09		

a:p	= 02:8	Sum6	= 3	XA%	= .83	Zf	= 14	3r+(2)/R	= 0.70
Ma:Mp	= 1:7	Lv2	= 1	WDA%	= .81	W:D:Dd	= 12 :9 :2	Fr+rF	= 3
2AB+Art+Ay	= 4	WSum6	= 7	X–%	= .17	W:M	= 12:8	SumV	= 0
MOR	= 1	M–	= 2	S–	= 2	Zd	= +28.0	FD	= 0
		Mnone	= 0	P	= 2	PSV	= 0	An+Xy	= 0
				X+%	= 0.39	DQ+	= 6	MOR	= 1
				Xu%	= 0.43	DQv	= 0	H:(H)+Hd+(Hd)	= 3:4

PTI = 1 DEPI = 5 CDI = 4 S-CON =7= N/A HVI = Yes OBS = No

5). In other words, as much as he wanted to find the dice game he also wanted to be rescued from it.

William vacillated between wanting to be supported and rescued and wanting to do things his own way with his own solutions (as evidenced by the a:p ratio and the positive DEPI index). At one point William said, "I am like a vampire, I am old and young at the same time," which put him in a dilemma. He had deep feelings of wanting to be nurtured by another that conflicted with his feelings about wanting to be "a man who protects and provides for his family." He wanted to be able to solve his own problems as much as he wanted others to solve his problems for him. When William felt stuck in this conflict he tended to blame others for his problems like when he wanted the school to "teach" differently so that he could "learn more."

William also experienced deep feelings of anger and in some sense these feelings were a relief from his constant tension and anxiety. William's anger appeared to be a defense against feelings of sadness, fear, helplessness or dependency. His anger and rage possibly stemmed from his experiences of feeling

humiliated in childhood by adult figures that used power as a means of control. For example, William reported that his stepfather used extensive exercise as a form of punishment and that these "burnout" sessions were "demoralizing."

In the data, William's anger could be seen in the Use of Space (S) score of 5 and a Distorted Form Use of Space (S-) score of 2. William reported that he felt a homicidal "rage" when a particular insult struck a vital cord. The insult could be slight (e.g., a look, a comment, a threat to his family, or an accidental bump on the basketball court) but the insult most likely ignited unconscious and early memories when William was not able to respond to the humiliation when it actually occurred. In these early memories his sense of self was at stake and he felt he was not able to defend it. Rage for William was a means to power; it was a way for him to have human contact without the danger of getting humiliated or feeling used and for a moment he could be above his anxiety and human struggle.

Conclusions

William knew the streets. He knew life in the African American community. He explained his life to me from those perspectives and pulled for a certain kind of attention during our work together. He demanded a relationship. Throughout the assessment I struggled to balance the "objective" or "value-free" position of an assessor with the importance of developing a relationship with William that had a social and cultural context. I struggled between Eurocentric culture that typically values the primacy of the task (e.g., completing the MMPI–A) and African American culture that values the primacy of the relationship.

In the final feedback session with William we discussed ways for him to begin to build a positive identity in the midst of his personal and cultural trauma. We talked about power, empowerment, and writing rap songs with positive political messages. We talked about increasing his involvement in the men's group at school and vocational opportunities that would increase his self-esteem. We also discussed the need for William to have a full neurological exam by a medical doctor (given his previous neurological symptoms) as well as a psychiatric evaluation for possible medication. When I left his apartment for the last time William stood by the old wooden gate and watched me walk to my car. Before I got in he said, "Hey, I will miss seeing you." I replied, "I will miss seeing you, too."

What I learned from my relationship with William is that we were able to cocreate and coconstitute meaning throughout the assessment process. As the focus alternated between task completion and our therapeutic alliance, a tension emerged that could not be ignored. It was in these moments where meaning-making occurred, because I wanted to learn and communicate more than I wanted to be the person who had some "absolute" knowledge of another. In this way a rich cultural tapestry became the matrix for understanding the actual test data. Or to paraphrase Hook (2004), multicultural assessment postulates that subject and object, self and other, psyche and culture, person and context, figure and ground, practitioner and practice, live together, require each other, and dynamically, dialectically, and jointly make each other up.

Discussion

In the first case example, the assessor spoke about language barriers between herself and the client. There was an extra layer of translation and meaning making as the assessor not only struggled with her own translation skills, but the child had significant auditory processing deficits. The assessor's decision to write a school report in English (to advocate for services), a report for the mother in Spanish, and a bilingual fairy tale recorded on CD for the child beautifully illustrated how issues of language and translation impact and can enhance the assessment process. In the second assessment, it was the assessor's use of metaphor and her capacity to help her client feel understood that enabled the effects of mistrust and racism to be partially bridged.

The assessment's success can be attributed in part to the evaluator's decision to forgo the Eurocentric task orientation of the assessment and adopt the client's Afrocentric value of relationship. This is represented by an MMPI–A which took more than 2 hours to complete as the assessor read each question aloud and frequently discussed with the client the questions as they pertained to his life. Although some readers might believe the nonstandardized procedure calls validity into question, we believe that it was this nonstandardized approach that provided a key ingredient to the success of these assessments. Instead of highly defended responses, the assessor received rich clinical information and strengthened the relationship between herself and this young man, which allowed for honest disclosure and optimal performance.

Although this shift toward the relationship was based on the assessor's decision to adopt an Afrocentric perspective, it also reflected the importance that collaborative assessment has consistently placed on the client–assessor relationship. Many have written about the power of the relationship in clinical work. This has been discussed in theoretical frameworks and recently supported in Schore's (2009) work, which supports the primacy of the relationship through brain research. Still others including Stolorow and Atwood (1992) and Fischer (1985/1994) have emphasized the importance of intersubjectivity and the client–assessor relationship in some detail. But we had to ask ourselves this as we reviewed each of these cases: What elements of this "relationship" lay at the core of their success? The two elements of relationship we want to examine are Fischer's concepts of rapport building and intimate presence.

Fischer (1985/1994) contrasted traditional "rapport" building in assessment that was meant to be "a unilateral effort to place the assessee in a state of maximal responsivity to the tests" to the type of rapport generated during a collaborative assessment, whereby there is:

> a sense of common cause, and within that relation a mutual respect for the power and limits of the other person's perspectives . . . this understanding of rapport . . . encourage[s] assessors to think of the assessment relationship as a dual one . . . rapport in a collaborative assessment is not established prior to assessment, but gradually builds during the work of exploring and making sense together of the referral issue. (p. 302)

It was this type of rapport building and mutual respect for the other's perspective that built the foundation for the success of the two case examples.

Once this rapport was built, it became the "intimacy" achieved during the assessment that had a significant impact on the success of the collaborative assessment process. Fischer (1985/1994) wrote, "What we call intimacy is an open, acknowledging presence to essential aspects of one's journey through

life. . . . That presence may occur in solitude, but often the copresence of a knowing witness intensifies the significance of the moment" (pp. 304–305). Fischer wrote that intimate presence is built into the collaborative assessment procedures, because as clients go through the actual tests and clinical interviews, themes that run throughout their lives show themselves. She believes that it is up to the assessor to help the client recognize these moments. Thus the assessor would emphasize or inquire into such moments and through discussion these issues become alive for the client and their perception of themselves is changed and potentially altered.

Additionally these two cases illustrate the importance of cocreated meaning in cross-cultural assessment. This cocreated meaning comes from a shared experience that was felt by both the client and assessor. This shared experience mirrored a central theme or dilemma felt by the client. This theme could be voiced by either client or assessor and in the voicing of this felt sense the client and assessor agreed to its importance in the client's life. In the first case it was the assessor's embodiment of the client's embarrassment and shame and the client's recognition and acceptance of the examiner's struggles that allowed the child to have greater acceptance of her own challenges. In the second case, the assessor's experience of being in her client's community, witnessing his experiences, and listening to his story allowed her to feel what his experiences were like. There was a moment when she was able to translate this felt sense into a metaphor and voice it. In that moment the client recognized and accepted this metaphor as epitomizing his life story.

Several factors need to be in place for the cocreation of meaning to occur. First, the cocreation of meaning requires a nonexpert stance: While maintaining your authority and knowledge, you also let the person teach you about his or her life. Second, it requires us to change the typical questions from "What does it mean?" and "How do I respond?" to "What experience am I in with this person?" Third, cocreation of meaning requires that you first have the experience and in your attempt to understand it, you or the client create words or metaphors of this felt sense. It is in the recognition and acceptance of this metaphor by the client and then the mutual adoption of that understanding that is essential for the cocreation of meaning. Embodying the metaphor allows us to act like a mirror, and community psychology allows us more of an opportunity to embody the metaphor of our clients as we are exposed to more of their lives. Last, the cocreation of meaning is not future oriented and its focus is not on solving a future problem. The power actually is in the moment. It is in that moment that the meaning and the change happens.

REFERENCES

Butcher, J. N., Dahlstrom, W. G., Graham, J. R., Tellegen, A., & Kaemmer, B. (1992). *MMPI–A: Minnesota Multiphasic Personality Inventory–A: Manual for administration and scoring*. Minneapolis, MN: University of Minnesota Press.

Elliott, C. D. (1990). *Differential Ability Scales: Introductory and technical handbook*. San Antonio, TX: Psychological Corporation.

Exner, J. E., Jr., & Weiner, Z. B. (1995). The Rorschach: A comprehensive system. *Assessment of children and adolescents* (Vol. 3, 2nd ed.). New York, NY: Wiley.

Finn, S. E. (2007). *In our client's shoes: Theory and techniques of therapeutic assessment*. Mahwah, NJ: Erlbaum.

Fischer, C. T. (1994). *Individualizing psychological assessment*. Mahwah, NJ: Erlbaum. (Original work published 1985)

Guerrero, B., Lipkind, J., & Rosenberg, A. (2011). Why did she put nail polish in my drink? Applying the therapeutic assessment model with an African American foster child in a community mental health setting. *Journal of Personality Assessment*, *93*(1), 7–15.

Hook, D. (Ed.). (2004). *Introduction to critical psychology*. Cape Town, South Africa: University of Cape Town Press.

LaMothe, R. (2005). Creating space: The fourfold dynamics of potential space. *Journal of Psychoanalytic Psychology*, *22*, 207–223.

Purves, C. (2002). Collaborative assessment with involuntary populations: Foster children and their mothers. *The Humanistic Psychologist*, *30*, 164–174.

Roberts, G. E. (1994). *Interpretive handbook for the Roberts Apperception Test for Children*. Los Angeles, CA: Western Psychological Services.

Schore, A. N. (2009). Relational trauma and the developing right brain: An interface of psychoanalytic self psychology and neuroscience. Annals of the New York Academy of Sciences, *1159*, 189–203.

Stolorow, R. D., & Atwood, G. E. (1992). *Contexts of being: The intersubjective foundations of psychological life*. Hillsdale, NJ: Analytic Press.

Tharinger, D. J., Finn, S. E., Gentry, L., Hamilton, A., Fowler, J., Matson, M., . . . & Walkowiak, J. (2009). Therapeutic assessment with children: A pilot study of treatment acceptability and outcome. *Journal of Personality Assessment*, *91*, 238–244.

Tharinger, D. J., Finn, S. E., Wilkinson, A., DeHay, T., Parton, V. T., Bailey, K. E., et al. (2008). Providing psychological Assessment Feedback to Children Through Individualized Fables. *Professional Psychology: Research and Practice*, *39*, 610–618.

Wechsler, D. (2002). *Wechsler Individualized Achievement Test–Second edition: Examiner's manual*. San Antonio, TX: Psychological Corporation.