6 Cultural Considerations in Psychological Assessment and Evaluation

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In 2002, the APA published specific guidelines to improve the delivery of mental health services we provide for members of non-dominant cultural groups, followed in 2003 by specific guidelines for related education and training. It was guidelines four and five of the former publication (APA, 2002) that discussed the importance of researching assessments across cultures and proper application of psychometric tests for those groups, respectively. Additionally, a key construct described in the 2002 guidelines was that of the "client in context" (p. 47), that appealed for psychologists to consider the interplay among cultural factors, [mental] health factors, and the discrimination and oppression that too often results. In 2017, largely based on the research and practice derived from the aforementioned guidelines, the APA expanded the construct of "client in context" to an "ecological approach" (as well as expanded the number of guidelines from 6 to 10) to considering the intersection of a client's context and identity. Key to understanding this notion of an ecological approach to intersectionality is the utilization of a layered approach to understanding is based on Bronfenbrenner's ecological systems model (i.e., micro-systems, meso-systems, etc.; 1977, 1999). While the treating clinician can focus more narrowly on the more immediate issues of micro- and peso-system functioning, the evaluating practitioner must consider all systems. Thus, the practitioner cannot merely consider the traditional etiology of Western mental health disorder, but must familiarize themselves with a more comprehensive understanding of etiology for the culture of their client. Most applicable to this chapter are guidelines nine and 10 that state (APA, 2017, p. 5):

- Psychologists strive to conduct culturally appropriate and informed research, teaching, supervision, consultation, assessment, interpretation, diagnosis, dissemination, and evaluation of efficacy as they address the first four levels of the Layered Ecological Model of the Multicultural Guidelines.
- Psychologists actively strive to take a strength-based approach when working with individuals, families, groups, communities, and organizations that seeks to build resilience and decrease trauma within the sociocultural context.

Thus, it is not sufficient to merely attempt to provide an accurate assessment with reasonable utility, but the mental health practitioner must also consider the ramifications for the resulting diagnoses and recommendations, limiting the cost of said results. It is worth noting that contained within the guidelines (APA, 2017) are case studies [vignettes] and discussion questions that provide opportunity to apply this process of an

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ecological appreciation for the intersectionality of context and identity for the client. Finally, given the emphasis on this ecological approach to context, identity, and intersectionality (hereafter referred to as "ecological approach"), and the emerging research with that framework, this chapter contains some reference to unpublished manuscripts of empirical research for evaluation that considers or describes the intersectionality of identity and context.

Initial Contact

From an assessment perspective, the evaluation begins when a client first reaches out for services, and that first contact with the client initiates the ecological approach to a comprehensive and valid evaluation. The initial contact with your client is largely dependent upon the nature of your practice, wherein both the size and scope can differentially impact a critical larger institutions who offer a broad scope of services, are more likely to have a structure where hiring is a centralized process that could occur outside the behavioral health setting, and where non-mental health professionals are often considered interchangeable among departments. Thus, the individual who takes your patient calls may or may not have mental health or even healthcare experience (for example, an administrative assistant for a state hospital could have recently transferred in from a non-healthcare organization). This is not to say that smaller organizations with a narrow scope of practice are more likely to have individuals with mental health training answering the phone. The economics of a small private practice or non-profit may limit who can be hired. What is most important, regardless of setting, is that there is an appreciation for the importance of this first contact with an individual seeking assessment beyond scheduling and rapport that is reflected in the individual who interacts with those clients. More succinctly, if that individual is not the mental health professional themselves, do they have sufficient understanding and training to initiate an ecological approach for evaluation.

Ideally, the initial contact should attempt to establish primary language, educational attainment, and the general referral problem. During this contact, the one who answers the phone should be able to establish whether or not the client is appropriate for the setting. This construct of appropriateness may be dependent on your setting. For example, rural settings without alternative referral resources may be more inclined to adapt processes, while urban settings with a wider range of referral options could merely maintain a referral list and refer out. Additionally, the nature of adaptations that may be necessary for the evaluation including consultation, interpreters, and/or appropriate assessment instruments.

Intake and Psychosocial History

Clarifying the Presenting Problem In the behavioral health setting, the client may be presenting either for physical ailments that yield a question about mental health concerns (i.e., panic attack or memory complaints), or the individual could be presenting with primary concerns related to a mental health concern (depression). Regardless of the nature of presentation, a primary goal of this process is establishing the individual/family concern, while beginning the process of diagnostic decision making. It is however important to keep in mind that there may be a good deal of divergence between the two. For example, the family may be concerned about poor school performance assuming a cognitive or learning disability, but report symptoms of nervousness and avoidance more consistent with an anxiety disorder. The description of the presenting problem and related symptoms is very likely to be an area where one must be most aware of culture idiosyncrasies in what is described as abnormal and how it is described. This can be exasperated when using an interpreter, in particular when the interpreter lacks formal training for mental health constructs.

Given the importance of establishing the presenting problem, the clinician should keep in mind that the intake is a truly reciprocal process.

It is not just a means of gathering information, but also one of disseminating information that considers the cultural background of the client. Ultimately the intake is where critical rapport and the ultimate goal of the evaluation are established. Specifically, the evaluator should not end this session without having a clear understanding of what the client hopes to learn from the evaluation as well as ensure that the client(s) have a clear understanding of what the nature and limits of the evaluation can provide.

Establishing Cultural Identification As discussed at the outset of this chapter, an individual's cultural identification is not as simplistic as ethnicity, gender, and race. This becomes further complicated by the global geopolitical climate and technologically facilitated communication that can instantly shift that climate. Thus, cultural identity can be influenced by static factors (like first/primary language, geographic region of migration, and family heritance), but also by more dynamic factors such as meso-system living circumstances or more macro geopolitical shifts (such as those seen in Venezuela's shift from economic stability to hyperinflation and Hong Kong's move from Democratic Commonwealth to the One-Nation, Two-System approach as it was returned to China). One must consider how these shifts might influence the import placed on previously held beliefs related to socioeconomic status and cultural values related to well-being.

Pre-educational History Building on the aforementioned cultural identification, one must consider the upbringing of the individual. It is important to establish how closely the individual's pre-academic experience shaped their foundational development. For example, was a non-English language the first and primary language or was that language not allowed to be spoken in the home? Was the English spoken in the home fluent?

Academic/Linguistic History Academic experience becomes particularly interesting when an individual is not completely educated in the USA, and from an ecological approach reflects the intersection of meso- and micro-systems. For example, unless you are using a test developed and normed for the specific educational setting (for example, a neuropsychological screener normed for Spanish populations with a sixth grade education used with an individual who attended school in Madrid through sixth grade), it would not necessarily be appropriate to use the WIAT-III norms for an individual who started school in Mexico but has attended US schools since the ninth grade. The phrase "not necessarily" is used because the presenting problem and desired goal are so important to how one approaches the process (for example, does one merely wish to identify what deficits exist, regardless of etiology, in order to assess areas of strength and weakness).

Socioeconomic Status Socioeconomic status, composed of all the prior domains discussed thus far in the chapter, should be a primary consideration for selecting and interpreting tests and test batteries. As will be discussed, higher education and greater acculturation that is more similar to the dominant culture can increase the validity and utility of existing assessment instruments. However, the corresponding correlation between fewer years of education and lesser such acculturation with decreased validity is a primary concern that requires the evaluator to have a broader tool-box of assessments as well as a larger foundational knowledge about the interplay among culture, identity, and the ecological application of assessment for the individual being assessed.

Assessments

If it has not been made clear to this point, it is important to plainly state that the assessment process begins with the initial contact. During that process one should have begun collecting critical information about psychosocial development, sociocultural factors, and at least a cursory appraisal of current functioning. You have

next prepared for the intake and subsequently collected a comprehensive psychosocial history for your client. Again, the crucial issue is determining what the presenting concern is and what steps you can take to address that question, with an ultimate goal of providing recommendations with a strength-based foundation that provides resilience while limiting harm. You must then utilize the information gathered within the initial contact and psychosocial history to prepare an evaluation that is appropriate for your client and maintains fidelity for the selected tests, while at the same time adhering to the APA's practice guidelines. Broadly, much has been said about the process and evaluation across cultures (Benuto, 2013; Benuto & Leany, 2015; Benuto, Thaler, & Leany, 2014). Consistently, considerations for language, educational attainment, and socioeconomic status were discussed as positive predictors of adaptation for existing assessment practices and resulting utility. However, when any one area for an individual is observed to be more disparate from the US normative sample(s), the more one must consider the intersectionality among social cultural factors for that individual. Additionally, and most relevant to this section, is the utilization of existing assessment instruments. When choosing an assessment instrument, one logically first selects the domain of interest (i.e., personality or IQ), but next must evaluate psychometric properties such as the normative sample, reliability and validity.

Psychometrics

Normative Considerations Given the expansion of guidelines to consider the global context of the individual culture, and the primacy of language as a barrier to psychological assessment, one may be tempted to adopt a strategy of using familiar measures that have been translated into the client's language. Indeed measures such as the Montreal Cognitive Assessment (MoCA; Nasreddine et al., 2005) used for the screening of dementia has been translated in to several languages, as have the MMPI assessments of personality. However, research (Byrne, 2016) has provided empirical evidence that this is not sufficient, and often carries over the inherent cultural bias upon which the measure was developed. In the case of the former, which serves as a screening instrument the consequence may merely be one of a referral for further testing. However, an inappropriate application for the latter could result in a misdiagnosis for disordered personality, which is serious in and of itself, but could be exponentially more problematic if the application were to occur as part of a forensic or pre-employment screening evaluation. Thus, one must carefully consider the validity and utility of the measure(s) being selected beyond its availability in the relevant language. In fact, nearly two decades ago Sue (1999) posited that sour practice of psychology failed to consider the intersectionality [using the language of the current APA framework] of global, cultural, and ethnic factors, which Sue described as classic threats to validity, preferring instead to engage in practices that fail to appreciate those threats. Sue (1999) and later Arnett (2008) appropriately recognized that outright ignorance or even a mere lapse in evaluating the intersectionality [again using the APA, 2017] framework could alter the constructs and application of scientific theory in a way that rendered them meaningless and possibly harmful.

Reliability, Validity, and Utility These constructs are the foundation of assessment, especially when utilizing tests (or questionnaires) to provide objective support for a diagnosis, prognosis, treatment recommendations, or an expert opinion (in the case of forensic evaluations). However, when evaluating an individual who was not included in the normative group used to establish those constructs, they lose their meaning. Considering validity, when evaluating an individual who is not represented in the normative sample, one can at best describe how closely that individual's data compares to that of the dominant culture. However, one could not suggest that someone born and raised in Jutiapa region of Guatemala has an intellectual disability (for example) based on the Wechsler Adult

Intelligence Test normed on a US normative sample. Even considering that the test is available in Spanish, linguistic and even visuospatial domains of the assessment are unlikely to accurately reflect the cultural norms of Guatemala as a whole. Further, the construct of intellectual capacity is one of innate stability (reliability). Thus, such a diagnosis is likely to yield improper recommendations for intervention. In fact, researchers (Duggan, et al., 2018) have recently identified regional discrepancies for normative groups who share a common language (Spanish) that would relatively inflate or conversely underestimate scores with meaningful interpretive differences. This reflects the dynamic nature of multicultural assessment research and the need for evaluators to be proactive in improving their knowledge for tests and the ever-evolving empirical data related to their psychometrics when applied to specific cultural groups. However, researchers argue that bias is not necessarily discriminatory (Reynolds & Suzuki, 2012), and that some bias may actually inflate scores of individuals that are not represented in the normative sample(s) of a test. Thus, in addition to recommending an evaluation of the psychometric properties and bias of a specific test, these researchers encourage evaluators to also evaluate additional threats to validity such as bias of the referring source and using a multi-method/ability approach to testing.

Domains of Assessment Our diagnostic system itself creates challenges for application across cultures. This is because there is a high degree of variability among cultures in both subjective and objective appraisals of what constitutes a symptom of mental illness, and those appraisals can be further influenced by acculturation. For example, researchers investigating depression in Asian cultures have observed that individuals who demonstrate high acculturation for Asian collectivism are more likely to endorse somatic symptoms related to depression (Chang, Jetten, Cruwys, & Haslam, 2017). However, the results for studies evaluating symptom expression for depression in Latinx populations may be shifting or were previously misunderstood (Benuto, Zimmerman, Casas, Gonzalez, & Newlands, Submitted for Review). Thus, even within this narrow category of a depressive mood disorder, one can appreciate the challenging and dynamic nature of the ecological approach to assessment.

Mood Disorders The aforementioned difficulties with evaluating symptoms within this diagnostic category reflect the challenges in applying dominant culture norms across more homogenous cultural groups. There are a wide range of translated measures that assess for depression, but it is unclear if they accurately capture a functional impairment related to the construct of a depressive mood episode. This is not to say that the clinician should eschew those measures as a method of narrowing the diagnostic decision making process. Rather, the practitioner can use these measures as tools to weigh possible diagnoses, while maintaining an awareness of culturally unique idioms and beliefs that may alter the ultimate diagnostic classification. For example, the constructs of *Marianismo* and *Fatalismo* identified in Latinx cultures (Bridges & Anastasia, 2016) may be misconstrued as a dysthymic condition, rather than a culturally bound acceptance that family is of greater importance than the individual and suffering is an expected part of life (as balance rather than enduring pessimism), which may be functionally healthy (e.g., there is a benefit at the end of suffering that is also part of life). Thus, when clients express seemingly pathological statements, the evaluator must probe the extent and course of those beliefs (e.g., is there an end point or a benefit to the individual or the family group?).

Anxiety Similar to the diagnostic classification of mood disorders, attempts to assess and classify anxiety disorders can be difficult. This difficulty is often due to the variability in culturally unique descriptions of symptoms that would appear on their face to represent a frank symptom, but upon further consideration, may actually reflect distinct experiences and cultural idioms. For example,

researchers (Benuto, Zimmerman, Gonzalez, & Corral Rodriquez, In Preparation), when evaluating the factor structure of the BAI with Latinx respondents, discussed the seemingly straightforward interpretation of an *Ataque de nervios* as a panic attack, may merely represent typical systemic stress within a family or social system. Thus, clinicians need to ensure that they are following-up on questionnaires such as the BAI, asking about behavioral quality and functional impairment. For example, one should assess for physiological arousal and related impairment in social, occupational, and/or educational domains. Does an individual reporting an *Ataque de nervios* present for medical care or leave work to seek medical care?

Psychosis Psychosis has serious, long-term costs economically as well as for the micro and macro societal systems (Evensen et al., 2015). Further, research has shown that youth, in particular, of non-dominant ethnic groups are more likely to have psychotic symptoms that have a greater negative effect than their non-minority peers (Henderson, 2017). However, research has shown that early intervention for psychosis can bring down the economic cost and improve the long-term prognosis for individuals diagnosed with psychotic disorders (Aceituno, Vera, Prina, & McCrone, 2019). Conversely, research has shown that African Americans are overrepresented in psychiatric in-patient settings (Snowden, Hastings, & Alvidrez, 2009). Further, an African American presenting with OCD or atypical symptoms are more often diagnosed with psychosis (Hollander & Cohen, 1994; Ninan & Shelton, 1993). Thus, it is imperative that the clinician providing assessment is aware of cultural and socio-demographic prevalence rates.

Personality When a mental health evaluator considers assessment of personality, in particular disorders of personality, it would be surprising if the Minnesota or Millon inventories were not primary in consideration. This is especially true when one considers that both systems are available in multiple languages. Thus, the use of a Spanish translation of the MMPI-2-RF might seem a logical undertaking for the assessment of disordered personality and clinical syndromes for a client whose primary language is Spanish. However, this application does raise concern. Firstly, the normative sample for this test is not one that was necessarily represents the ecological approach set forth in the APA's guidelines (2017).

Neurocognitive The process of neurocognitive assessment is one of inferring brain injury, disease, or congenital defect by means of corresponding observed behavior to our knowledge of cerebral physiology. This processes may however yield some unexpected bias in the assessment process. For example, one may assume that there is a great deal of homogeneity in neuroanatomy and thus cognitive functioning. For example, the lateralization of motor control (contralateral control) and localization of vision in the occipital lobe are well-documented. However, even the latter is subject to environmental influences, as evidenced by the recruitment of the occipital lobe for tactile processing of language (reading Braille) in previously sighted individuals has been shown to occur (Katarzyna et al., 2016). Additional research has shown the impact of bilingualism on brain organization, for both regionalized gray and white matter volume for functions of language and executive function (Gasquoine, 2016)Thus, the environment plays an important role in neurological organization, and through one may be fluent in both the language of assessment, fluency in another language (in particular one's primary language) impacts the validity of norms that do not include a representative sample of bilingual individuals in the normative group.

As inferred by the preceding section, the likely most obvious cultural difference in observable cognitive behavior is that of language, and it has been shown that in addition to years of education, there is a positive correlations between English language proficiency and the application of US

testing norms (Benuto, 2013; Benuto et al., 2014; Benuto & Leany, 2015). Thus, one may be inclined to utilize an interpreter or identify assessments that are seemingly language neutral. However, the former practice (specific to neuropsychological assessment and the WAIS) has demonstrated that such practice can increase variability of scores within domains, while at the same time creating a discrepancy that is differential biased towards improved language without a corresponding change in non-verbal domains (Casas et al., 2012). The latter use of seemingly language neutral tests fails to consider the interaction of identity, culture, and context. Ardila (2018) has also identified that educational attainment, across cultures, is a primary predictor of cognitive performance on neuropsychological tests. However, this research further describes the function of language (both oral and written) as a proxy for cognitive (e.g., the positive correlation between literacy and cognitive abilities), and the discrepancy for visual-spatial abilities among cultures. Thus, the researcher posits that culturally specific norms are a critical element to valid neuropsychological assessment across cultures. Further, research on the functional failure to apply culturally appropriate norms has shown that it can result in misdiagnosis (even among seemingly homogenous groups) at a rate of one in five (Daugherty, Puente, Fasfous, Hidalgo-Ruzzante, & Pérez-Garcia, 2017)

Attempts have been made to develop neuropsychological test batteries that are more culturally inclusive (Akshoomoff et al., 2014). However, while an improvement, these tests still yield psychometric deficiencies. For example, the use of the NIH-TB-CB has demonstrated poorer fluid reasoning abilities for Spanish speakers, but better vocabulary performance for those same individuals born outside the USA (Flores et al., 2017). Thus, even when utilizing batteries that are developed for more heterogenous groups, an evaluator must invest in a critical appraisal of the benefits and limitations of a particular battery. Further, it has been suggested that even when utilizing these measures, clinicians must be cognizant of: psychological factors that impact evaluation of more heterogenous populations, as well as how culture impacts the testing environment; have an awareness of multicultural assessment tools and evaluation techniques, and the benefits as well as the pitfalls of using an interpreter in testing (Lanca & Wilner, 2019).

Learning Disability While learning disability can be identified within the broader category of a neurocognitive assessment, it warrants a separate discussion within the context of cultural considerations. This is because learning disability is most relevant in the educational context. Education is a culture bound process, which reflects a process of indoctrination by the culture providing the education. That process also reflects a good deal of information about the broader construct of socioeconomic status, and reflects the intersectionality of cultural context and identity. Thus, the evaluator must begin to question several things that might otherwise be assumed within the US framework.

First, in that questioning of assumptions is the expectancy for participation in the educational process. Specifically, does the individual's culture or country of origin require compulsory education or is it something generally available to only those who have the luxury of sending their children to school rather than engaging them in work to support the family? Next, one must consider the average number of years for participation in education (e.g., is a high school diploma or equivalent the norm). Finally, one must consider the number of years within systems. One is likely to have an individual who began their education in one country and has continued in the USA. Thus, consideration should be made for the validity of the traditional application of differences between intellectual capacity and achievement as an indicator of a learning disability. Such a discrepancy may instead reflect an individual who is delayed in crystalized knowledge for educational domains rather than a true learning disability. This is especially true when the discrepancy identified is that of language (given the broader homogeneity for math across cultures). In these instances, one should consider collateral information for academic performance

prior to US enrollment or, when possible, culturally appropriate achievement tests (such as the Woodcok-Munoz tests for Spanish speaking individuals). Though much discussion has been made here about the appropriateness of a learning disability diagnosis, the clinician may want to consider the utility of the evaluation. Specifically, regardless of etiology, when a discrepancy exists one should consider how recommendations for intervention would improve the individuals functioning. For example, a student who demonstrates a discrepant achievement for reading comprehension as compared to their verbal intellect is likely to benefit from specific instruction to improve comprehension regardless of the learning disability diagnosis (assuming it is not attributable to a developmental disorder).

Forensic The forensic setting introduces additional complexity at the nexus of psychological and legal constructs such as competency, capacity, criminal responsibility, and risk. Given the implications for civil liberties (including the application of capital punishment), cultural considerations within the forensic setting should give the evaluator the greatest amount of pause, not only for the consequences, but also due to the overrepresentation of minority groups (compared to population data) in the legal setting (Moore, 2017). As with other domains of assessment, translators (Wagoner, 2016) and the use of standardized measures (for example, those of risk and needs of offenders; Olver, 2016) have been suggested. The former discusses appropriate caveats of providing evaluations with non-English speakers, even when the evaluator speaks the language, but ultimately still suggests that proper preparation by the evaluator may help ameliorate the pitfalls of such an evaluation. This preparation seems however to be inadequate, including literal translations of a standardized measure and a reliance on the interpreter's identification of cultural considerations for the responses for the individual's responses. Olver (2016) addresses the use and adaptation of standardized measures of needs and risks, in a manner more consistent with the APA's previous guidelines for cultural considerations (2002) while acknowledging the flaws in that process. He does for example, suggest that the utilization of a multipoint (chronologically) assessment can improve the accuracy and utility of the measure. However, this does not seem to adequately address the inherent cultural bias contained in those measures as well as ignores the subjectivity of psycho-legal constructs, which may be magnified when evaluating an individual whose cultural identity and context may not reflect the same values held by the US justice system. Additionally, it seems to introduce additional subjectivity, to the extent that some states even appear to have contradictory perspectives when applying the same measures (for example, the disparity between California and Texas utilizing identical measures of risk; Leany & Benuto, 2019), wherein, depending on the jurisdiction, one may deem the threats to validity to be within an acceptable range in the name of justice, while the other finds the same threats to be unjust and overly punitive. Ultimately, the evaluator (identified by the courts as an expert, qualified to present such expert opinions) should weigh the potential costs (such as capital punishment or a determination of child custody) against the strength empirical data and psychometrics for the culture context and identity of the individual being evaluated. For instance, would one feel confident in opining for the court that a recent immigrant had sufficient intellectual capacity to be executed for a capital crime, based on the normative and psychometric data for the tests used to establish that capacity?

Findings and Recommendations

The purpose of assessment is, of course, to move the client towards resolution of the presenting problem through diagnostic classification and corresponding recommendations for intervention. When discussing interventions, researchers argue that decreasing health disparities and improving outcomes for ethnic subcultural groups require cultural adaptations (Barrera, et al., 2013). While other researchers have identified treatment some universality for treatment modality (i.e., CBT)

across cultures (Benuto & O'Donohue, 2015; Benuto, O'Donohue, Bennett, & Casas, 2019), and further argued that the presumption of need for adaptation is based on stereotypical beliefs. However, one may argue that the translation of an intervention to another language is an adaptation. Addressing what constitutes adaptation, researchers have attempted to develop a more universal consideration for adaptation that can aid in research to develop and evaluate adaptations (described as the Cultural Treatment Adaptation Framework or CATF; Chu & Leino, 2017) by categories such as core therapeutic components as opposed to peripheral components as well as evaluating intervention without adaptation. Ultimately, like the process of evaluating inclusion of tests for an assessment battery, the clinician should be aware of the research (or lack thereof) for intervention related to the cultural group with which the client identifies. Further, the clinician should keep in mind the five General Principles of the APA Code of Ethics (APA, 2016), evaluating the findings and recommendations within the context of those principles and the current guidance (APA, 2017) with regard to multicultural practice.

Conclusions

In this chapter we discussed the importance of culture in assessment, with consideration for the APA's recent update to multicultural practice guidelines (2017). The overarching theme is that in order to adhere to those guidelines, the practitioner, assessing an individual from the non-dominant culture in the behavioral healthcare setting, will require additional education, training, and practice. A solid step in that direction is seeking out resources such as those provided in this text, yet this remains a dynamic and evolving process.

The evaluation of individuals who are not members of the dominant US culture remains an improving, but imperfect process. Evaluators can improve the accuracy and utility of their assessments by utilizing the strategies discussed in this chapter and elsewhere within this book (for example, utilization of psychometrically appropriate measures and) to yield assessments that are in keeping with the APA's guidelines for an ecological approach to context, identity, and intersectionality. Thus, it is incumbent upon the evaluator to discuss the limitations that remain at the conclusion of the assessment process, especially when those limitations also have a high cost (i.e., evaluations that impact the civil liberties of an individual). Diagnoses and recommendations for intervention therefore must reflect an understanding of the interaction among the layers of functioning and reflect the strength-based approach described in the APA's guidelines (2003), while limiting trauma. Finally, as practitioners it is incumbent upon us to not only adhere to the guidelines set forth by the APA but to attempt to improve upon them when possible.

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