2023

Cognitive Assessment of Latinx/e Bilinguals in the United States: A Fictitious Case Study

Vanessa Magro

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Abstract

Despite a growing body of literature and best-practice guidelines and considerations, assessment providers working with Latinx/e populations are left with numerous questions about how to translate these ideas into practice. This paper is meant to begin to answer some of these questions for Spanish-speaking providers administering cognitive tests to bilingual Latinx/e clients in the United States. The basis for these answers is a comprehensive literature review and my experience providing culturally-responsive assessment services to a bilingual Latinx/e population in the United States. A fictitious case study is included so that providers can get a concrete idea of how to bring these practical suggestions to life through the various phases of the assessment process, from the intake through the feedback session.

Document Type

Doctoral Research Paper

Degree Name

Psy.D.

Department

Graduate School of Professional Psychology

First Advisor

Henrietta Pazos

Second Advisor

Noelle Lefforge

Third Advisor

Joshua Burg

Keywords

Cognitive assessment, Neuropsychological evaluation, IQ testing, Latinos, Hispanic, Multiculturalism, Spanish speakers, Bilingualism, Cultural sensitivity

Subject Categories

Clinical Psychology | Multicultural Psychology | Other Psychology | Psychology | Social and Behavioral Sciences

Cognitive Assessment

of Latinx/e Bilinguals in the United States:

A Fictitious Case Study

A DOCTORAL PAPER
PRESENTED TO THE FACULTY OF THE
GRADUATE SCHOOL OF PROFESSIONAL PSYCHOLOGY
OFFICE OF GRADUATE EDUCATION
UNIVERSITY OF DENVER

IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREEE
DOCTOR OF PSYCHOLOGY

BY
VANESSA MAGRO, MA
6/23/23

APPROVED: _____
Henrietta Pazos, PsyD, Chair

_____
Noelle Lefforge, PhD

_____
Joshua Burg, Psyd

Introduction

Multicultural competency has become a buzz word in the field of psychology. It is touted as an imperative for ethical care, but there is limited support to meaningfully translate theory into practice. Psychological assessment, in particular, is often taught in graduate programs to serve mainstream demographics in the United States that are largely white, middle class, English-speaking, and from the United States. Testing measure norms and research literature have been evolving to consider the needs of a culturally and linguistically diverse population, including the Latinx/e population. There is a growing body of best-practice guidelines and considerations (Acevedo-Polakovich, 2007; American Psychological Association, 2020; Cofresí & Gorman, 2004; Flanagan et al., 2013), but assessment providers are left with numerous questions about how to apply them in a real-life assessment situation. This paper is meant to begin to answer some of these questions for Spanish-speaking providers administering cognitive tests to bilingual Latinx/e clients in the United States. The basis for these answers is a comprehensive literature review and my experience providing culturally-responsive assessment services to a bilingual Latinx/e population in the United States. A fictitious case study is included so that providers can get a concrete idea of how to bring these practical suggestions to life through the various phases of the assessment process, from the intake through the feedback session.

Orientation/Definitions

Linguistic and cultural competence is necessary for the effective delivery of assessment services to Latinx/e bilinguals. According to Rhodes et al. (2005), this requires an assessor:

> (1) who is knowledgeable about and familiar with, the examinee's culture; (2) who has the prerequisite training and education in non-discriminatory assessment, including knowledge about how culture and language differences affect test performance; (3) who speaks the examinee's language fluently enough to evaluate functioning properly (p. 161)

Knowledge about bilingual language development is important to avoid misdiagnosing a second language learner with a disability due to their stage of language acquisition and to prevent the underdiagnosis of a second language learner who also has a disability (Trent et al., 2018; Rhodes et al., 2005).

Bilingualism is the ability to speak two languages and it occurs on a spectrum with varying levels of possible fluency in each language (Cofresí & Gorman, 2004). There are a variety of qualifying terms for bilingualism, many of which classify the type of bilingualism based on the mastery of the two languages and the age of acquisition of the second language (Puente et al., 2013a).

The terms "Hispanic" or "Latino" are pan-ethnic labels used in the United States to refer to people who have roots in Mexico, Puerto Rico, South or Central America, or other Spanish culture or origin (i.e. Spain) regardless of race (Puente et al., 2013a). While these two terms are sometimes used interchangeably (i.e. 2020 US Census), the term "Latino" has also been used to differentiate people with origins in Latin America regardless of language (i.e. including Portugal) from Spaniards from Spain. In this paper, I will refer to people from Spanish-speaking countries

in Latin America and from Puerto Rico as “Latinx/e “as an attempt to be as inclusive as possible and as a response to the public debate about these terms. “Latinx” and “Latiné” are two of the most popular gender-inclusive alternatives to the term “Latino,” whose suffix is gendered as masculine. Though it has been embraced by some LGBTQ+ activists, academics, and political/corporate institutions, the term “Latinx” has also been criticized by others as linguistic imperialism due to the perception that it has been imposed by elite academics and English speakers. Some who are in favor of a gender-neutral pan-ethnic label that is more representative of the Spanish language prefer the term “Latine” (Slemp, 2020).

The heterogeneity of the Latinx/e population is consistently emphasized in the literature. This population is incredibly diverse as it includes individuals originating from 20 different countries and of all races who speak Spanish and/or one of hundreds of indigenous languages, such as Quechua and Guarani. While certain shared values and characteristics are often present between people that fall under this broad ethnic category (i.e. many are Spanish-speaking, Roman-Catholic, and family-centered), Latinx/e individuals hardly form a unified group and also possess many between and within group ethnic and cultural differences (Puente et al., 2013a). “Intersectionality” refers to the multidimensionality of an individual’s identity, in which ethnic identity interacts with and influences the experience of other identity markers, including race, gender, sexual orientation, religion/spirituality, and socio-economic status (Arredondo et al., 2014).

For Latinx/e people living in the United States, the level of acculturation to Euro-American culture is an important indicator of the salience of the values and practices from their country and culture of origin regardless of generational status. “Acculturation” is defined as

"cultural and psychological changes resulting from intercultural contact, including changes in customs, economic status, political life, social behavior, attitudes towards the acculturation process, and cultural identity" (Benuto, 2013, pp. 5). Acculturation is a fluid process of change as two cultures interact with each other at the individual and group level. Acculturation does not necessarily imply "assimilation," a process by which racial, cultural and linguistic aspects of identity are abandoned in favor of another culture (Arredondo et al., 2014). However, assimilation can be a stage within the acculturative process.

Part I: Guidelines and Considerations

In the first part of this paper, I outline guidelines and considerations based on the research literature to effectively conduct cognitive evaluations of Latinx/e bilinguals at every stage of the assessment process, from initial contact with clients to the feedback session.

Rapport

Establishing rapport is an important step in facilitating every step of the assessment process. Trust is required to obtain valid testing results and information to properly contextualize these results. It is also likely necessary for clients to even consider following recommendations that are generated from the testing results (Geva & Wiener, 2015). When working with the Latinx/e population, special care may be necessary to build rapport due to self-protective skepticism towards medical and mental health care systems in response to ongoing and historical experiences of oppression, a concept studied by Terrell and Terrell (1984) called cultural mistrust. Latinx/e individuals may have repeatedly experienced discrimination, dehumanizing encounters in which their needs were minimized or ignored, a lack of communication or information around services provided, and/or services that are not adapted to their linguistic and

cultural needs. Research has shown that the therapeutic alliance can be strengthened by acknowledging and validating cultural mistrust and by demonstrating responsiveness and sensitivity to client concerns, especially racial, legal, and safety ones (Ward, 2002).

Rapport can be further developed by demonstrating a commitment to understanding the client's concerns through the lens of their worldview (Ward, 2022). In order to respond sensitively to the client's cultural context, psychologists need to seek cultural knowledge prior to the clinical encounter while also refraining from making assumptions about the applicability of that knowledge given the variability within particular subgroups and based on the level of acculturation (Geva & Wiener, 2015). The client's perspective can be centered throughout the assessment process by proactively asking about their needs, salient identities, and individual/community/systemic experiences. The client can also be encouraged to provide their input regarding the referral question, collateral information, assessment behaviors and results, reactions to the assessment process, and what may have been missed during the process. In doing so, psychologists can foster a spirit of collaboration to support clients in feeling seen and empowered to be more meaningfully engaged, which can contribute to more accurate and culturally contextualized results.

Another valuable way to build rapport is to listen for, actively ask about, and highlight the client's strengths. This serves an especially important function of empowerment for people with marginalized identities as it counteracts the dominant narrative of difference or poverty as a deficit and bolsters positive aspects of culture for healing (Hays, 2022; Cross, 2003). An example of a common strength within the Latinx/e community is the tendency to advocate for their children in terms of services and supports (Graft et al., 2022). For clients who are living in

poverty, a multitude of strengths can be recognized, such as frugality, creativity, and resilience in the face of complex economic and psychological barriers (Davis & Williams, 2020). While Catholicism is prevalent in the Latinx/e community and potentially an important value for clients, religion and spirituality has not been embraced by the field of psychology. Asking deliberately about a client's relationship with religion and spirituality can open a door that is often neglected in conversations with healthcare providers in the United States. It also has the added benefits of highlighting a source of community and spiritual support and an avenue for potentially pro-social behaviors that contribute to wellbeing (Hays, 2022).

Finally, the therapeutic alliance may require cultural attunement to relational expectations. Assessment providers can adapt their relational approach based on an informal assessment of the importance for the client of specific cultural values that are often salient but not generalizable within a group as heterogeneous as the Latinx/e population. "Familismo" speaks to the centrality and interdependence of the family in Latinx/e culture. The needs and obligations of the family unit are often expected to be prioritized over individual needs and problem-solving tends to occur collectively. Within this cultural context, it may be helpful to provide clients with the option of inviting family members to intake and feedback sessions and to attend to family stressors and disagreements (Paniagua & Yamada, 2013). The value of "personalismo" reflects an expectation of personal closeness akin to a familial relationship, which centers personal relationships and may prompt questions about providers' background and personal life. The impersonal, brisk, business-like demeanor that is culturally prevalent in Euro-American culture can be poorly received by a Latinx/e client expecting a warmer relational style to the extent that it negatively impacts test performance (Cofresí & Gorman, 2004). To gain the

trust of their clients, providers are thus recommended to lead with informal conversation before transitioning to administrative tasks, such as informed consent, and to answer questions that may require some self-disclosure. While initial conversation may be informal in nature, there may still be expectations of "formalismo," a more formal communication style that is respectful of authority and may be particularly salient in the beginning and with men, parents, and anyone older than oneself in order to respect assumptions of authority. This could manifest as being respectful of a person's position in society (i.e. age/status) by addressing them with formal titles (i.e."Doña" or "Don", "Señora." Or "Señor") and using the "Usted" form of address instead of "Tu". It also may involve positioning oneself as the expert by introducing oneself as "Doctor/Doctora" and by highlighting one's training and credentials. Adjacent to "formalismo" is the concept of "respeto," a deferral to authority figures (i.e. older family member, professional) out of respect for their expertise. This cultural value of deferring to the psychologist who is viewed as the expert may clash with the current norm in Western psychology in which the psychologist aims to reduce their power and authority by adopting a collaborative approach to the assessment process. Non-verbal communication of disengagement can indicate client dissatisfaction or discomfort with either approach to help inform the appropriate balance of authority and collaboration. Finally, "simpatía" is a cultural tendency to be warm and personable and to present oneself in a favorable light. This value may inform the way clients present themselves, particularly as early as during the intake interview, and may also require providers to embrace a warmer interpersonal stance (Arredondo et al., 2014).

Language

Identifying a Latinx/e client's language proficiency is a crucial component of the assessment process. It is important to consider all language spoken by the client, including English, Spanish, and any indigenous languages. According to Gasquoine et al. (2007), the performance of bilingual individuals suffered when they were tested in their less dominant and/or proficient language. Engaging bilinguals in their less proficient language also impacts their presentation, potentially making them seem more nervous, demure, disorganized, naïve, fragmented or down than they otherwise would be (Fontes, 2008; Pérez Foster, 1998). They may also appear less emotionally affected by events or stressors because their second language can create a linguistic barrier to their emotions (Javier, 1989).

Determining language proficiency is not as straightforward as asking a client to identify their dominant, preferred, or first language. In fact, one can be stronger in one language over another and still not have enough ability to be considered proficient in that language. A complicating factor for bilinguals is that their dominant language may change based on the context or subject matter as a result of their particular exposure to languages throughout their lifetime. Jim Cummins differentiated two language acquisition processes, which he called BICS (Basic Interpersonal Communication Skills) and CALP (Cognitive Academic Language Proficiency) (Cummins, 1979; Cummins, 1981). He identified that developing fluency in BICS, language that is used to converse in social settings, usually occurs within two years of exposure to a second language depending on the quality and level of exposure (Cummins, 1979; Cummins, 1981; Cummins, 2017). However, fluency in CALP, academic language that is used to comprehend and produce oral and written communication, takes on average about five to seven

years to achieve (Cummins, 1979; Cummins, 1981; Cummins, 2017). This differentiation suggests the importance of assessing these two different processes in order to inform how to proceed linguistically with parts of the assessment process that require BICS as opposed to CALP. It also reinforces that it is a mistake to assume a client's language proficiency based on informal conversation at the onset of the assessment process as this may not match their ability to use the more technical, academic, or analytical language that is required for informed consent, performance on cognitive tests, and comprehension of test results.

Assessment providers need to decide which language to start with when initially meeting clients. Following the client's lead by matching the language they choose throughout the interaction has been shown to improve the therapeutic alliance (Arredondo et al., 2014). Sometimes, this unfolds spontaneously and intuitively. Clients may have a clear dominant language or may naturally switch between speaking English and Spanish. However, language selection may not always be such a straightforward process with some bilingual clients. When the path forward is unclear, clinicians can directly ask about the client's language preference or guess their preference while monitoring for discomfort or communication difficulties (Martinez, 2013). It is worth noting that Latinx/e clients may choose to speak in English despite insufficient proficiency due to discrimination-related fears (Santiago-Rivera et al., 2002). For bilingual clients, it may be useful to normalize varying levels of comfort between the two languages depending on the subject matter or context and to proactively invite clients to switch between the two languages in a way that facilitates communication. However, making the assumption that a client's BICS is equivalent to their CALP may interfere with a client's ability to understand and engage with content around informed consent. To determine the language for the informed

consent discussion, it can be helpful to ask clients in which language they feel more comfortable reading legal documents and specify that most people feel more comfortable in the language in which they have received the most amount of academic instruction. With bilingual clients, it may also be beneficial to provide legal documentation in both languages.

Informed Consent

The informed consent process provides rich opportunities to address potential cultural mistrust, particularly for clients with low levels of acculturation who may have a lack of familiarity with institutional and healthcare norms. These include offering consent forms in their preferred language, orienting them to the assessment process, explaining their legal rights in an approachable way, and clearly establishing expectations. With regards to legal rights, it is especially important to articulate that a client's documentation status, if they choose to share it, will be protected and not shared with anyone without their permission and not included in any written materials, such as their assessment report (Hays, 2022). There are prevalent fears within the Latinx/e community related to documentation status that can create an added layer of suspicion and distrust for clients interacting with providers (Graft et al., 2022). With regards to expectation setting, it is not only helpful for clinicians to outline the assessment process but also to communicate a commitment to evaluating a client's presenting concerns within their cultural context and to invite the client to share their expectations of the process from their cultural context (Hays, 2022). Finally, clinicians may best serve clients with varying levels of literacy by offering the option of reading the informed consent documentation out loud.

Intake Interview

The general approach of gathering information through the intake interview may need to be adjusted in order to be culturally responsive. Given the cultural value of "personalismo," it is generally not recommended to rigidly adhere to a predetermined list of interview questions but rather to remain interpersonally flexible and responsive to the client's tone, emotions, and needs (Arredondo et al., 2014). Given the cultural values of "respeto" and ""simpatía", clients may experience certain questions as intrusive or inappropriate, such as talking about a parent's mental health difficulties. In these situations, it may be helpful to acknowledge the personal nature of some of the interview questions and to appreciate a client's need to keep certain things private (Puente & Ardila, 2000). If the information is needed, it can be obtained from collateral sources or by asking follow-up questions once rapport has been built with an explanation of how that information will be used to help them (Takushi & Uomoto, 2013; Hays, 2022).

The format of the intake interview may also need to be adjusted to attend to a client's communication style, which could be a function of cultural, socio-economic, and/or disability factors. Some clients may speak in a more narrative, story-telling form, informed by deep-rooted oral traditions in the Latinx/e culture. If clients grew up in generational poverty and/or experienced significant trauma, they may speak in a less concise, sequential way, beginning at the most emotional part of their story and then providing more information in response to listener feedback. This tendency may also be exacerbated by communication difficulties related to autism or impairments in speaking/hearing or comprehension. In order to respect a different way of communicating than what is often expected in a clinical interview, clinicians may want to follow the client's lead and collect information in the order in which it is provided, asking clients

follow-up questions to fill in the gaps (Trent et al., 2018; Hayes, 2022). Even so, for the sake of efficiency, clients may need to be interrupted and redirected. In this case, to maintain rapport, it may be beneficial to acknowledge the client's intentions to be helpful by providing details of their experience while also getting permission to interrupt them to obtain necessary information (Hays, 2022).

Information about cultural context should be gathered during the intake interview in order to inform the testing process. For individuals belonging to a group as heterogenous as the Latinx/e community, this can vary tremendously based on a number of factors, including country of origin, race, ethnicity, socio-economic status, and level of acculturation. One way to get a broad understanding of what is culturally important to a client is to ask about values that are important to them. Such values could indicate the degree to which a client cares about, for example, "familismo" and other interpersonal values previously discussed, as well as collectivism/individualism (orientation towards the collective versus the individual experience), gender roles, and religion/spirituality. Regarding gender roles, there are a few concepts to be aware of that may or may not play out to varying degrees within Latinx/e family structures. "Marianismo" is an expectation for women of self-sacrifice, submissiveness, and purity modeled after the Virgin Mary and a value of women's role in the family and home. "Machismo" and "caballerismo" refer to an expectation of masculinity that may include aggression, emotional restraint, and dominance over women, but also chivalry, bravery, and taking on a protective role in providing and caring for their families (Arredondo et al., 2014; Nuñez et al., 2016). While Catholicism is prevalent in the Latinx/e community due to the influence of European colonizers, indigenous spiritual beliefs about supernatural forces, body equilibrium, and harmony within the

family and community may also be present. Indigenous healers also known as “curanderos,” “espiritístas” or “santeros” may be consulted to address issues related to physical and mental health (Arredondo et al., 2014).

Clinicians also need to consider their own cultural context, social positioning, and values to be mindful of its impact on a client’s presentation and to check biases that would pathologize culturally-rooted behaviors. An example of the latter would be to label “familismo” as enmeshment or loose boundaries. A useful cognitive framework for reducing bias in assessment is the stance of assuming normality in all clients until enough data surfaces to contradict this initial hypothesis. This can prevent the tendency in providers to adopt confirmation bias around initial hypotheses of dysfunction (Ortiz, 2002).

According to the literature, client-centric variables that most affect the performance of Spanish speakers on neuropsychological tests are language, acculturation, socioeconomic status, and education (Puente et al., 2013a). In order to determine the linguistic approach to testing with bilingual clients, it is generally recommended to use both informal and formal language proficiency measures. This helps to diminish the deficits inherent to formal measures, including weak psychometric properties, unrepresentative normative samples, and assumptions around language processes (Rhodes et al., 2005). Clinicians can start during the intake by gathering a thorough history of language use, including when and how each language was acquired and in what contexts and for how long each language was used, including a history of language of instruction and of behavioral/mental health care services. For children, this can be supplemented by other informal measures such as classroom observations, a review of previous testing and/or school records, Story Telling and Retelling (Rhodes et al., 2005), teacher rating scales such as

BICS and CALPS Inventory (Hudspath-Niemi & Conroy, 2013), and parent questionnaires such as Bilingual Language Proficiency Questionnaire (Mattes and Santiago, 1985). The Language Experience and Proficiency Questionnaire (LEAP-Q) can be used for adults (Marian, Blumenfeld & Kaushanskaya, 2007). Acevedo-Polakovich et al. (2007) recommend administering a language proficiency test when a Latinx/e's language abilities "cannot be determined with reasonable certainty" based on the intake interview (pp. 379). Formal measures available for both children and adults include the Woodcock- Muñoz Language Survey (WMLS) and the Bilingual Verbal Abilities Test (BVAT). Language proficiency data gathered from third party sources (i.e. school records) is considered out of date after six months (Ortiz, 2002).

A client's level of acculturation to Euro-American culture is critical to assess because the most widely used cognitive tests originate from this majority culture and thus can create a performance confound. While language use or preference is considered to be the strongest single indicator for acculturation (Cruz et al., 2008), English-language proficiency is unevenly correlated with acculturative status (Orozco et al., 1993). There are acculturation measures that are valid for Mexican Americans, Puerto Ricans, Nicaraguan Americans, Central Americans, and Cuban Americans, including the Abbreviated Multidimensional Acculturation Scale, the Brief Acculturation Scale for Hispanics, and the Acculturation Rating Scale for Mexican Americans, Second Edition. It is generally recommended to utilize these types of formal, empirically validated measures to guide the assessment decision-making process (Acevedo-Polakovich et al., 2007; Cofresí & Gorman, 2004; Singh et al., 2021). These measures can help determine the extent to which a client's acculturation status impacts psychological processes and assessment results (Acevedo-Polakovich et al., 2007). The drawback, however, is that they may be too

consuming to utilize and perhaps less essential for an assessment of cognitive functioning alone (as opposed to psychosocial functioning). Singh et al. (2021) created an abbreviated acculturation inventory that focuses on language-based aspects of acculturation and can begin to capture both bilingual language skills and level of acculturation. While not itself empirically validated in general or for the Latinx/e population specifically, this abbreviated questionnaire draws from what the authors consider to be the most essential elements of empirically validated acculturation measures. Alternatively, acculturation can be assessed through intake interview questions and observation throughout the testing process. Rhodes et al. (2005) offers a list of sample interview questions for the evaluation of acculturation of culturally and linguistically diverse individuals, including questions around social affiliation, daily living habits, cultural traditions, communication style, cultural identity or pride, perceived prejudice or discrimination, and family socialization.

For clients with low levels of acculturation, it is important to assess the extent to which their culture of origin is similar to North American culture (Singh et al., 2021). Cognitive tests are loaded with cultural bias both in terms of the images that are presented in the test stimuli and the behaviors that are expected of examinees to perform well. Regarding the latter, immigrants who come from a more collectivist, rural culture and have limited exposure to Western culture and test taking norms may not approach a cognitive test with the values that underpin the test. These include quickness, decisiveness, independence, competitiveness, and ease of interacting with a stranger (Hays, 2022; Singh et al., 2021). This applies not only to verbal but also to non-verbal measures as research has shown that culture impacts the development of non-verbal abilities like drawing, copying a figure, spatial reasoning, and visual memory (Rosselli & Ardila,

2003). Furthermore, the pacing of one's speech, which differs between countries across Latin America, can also impact performance on time-sensitive questions (Smyth & Scholey, 1996).

Socio-economic status (SES) is another important variable to assess as distinct from ethnic or cultural factors as it can also greatly impact a client's performance on a cognitive test. While a client's SES should be considered regardless of their ethnic identity, it may be particularly salient for Latinx/e individuals who belong to an ethnic group that has overall lower levels of SES than other ethnic groups in the US both in terms of economic resources and level of education (Benuto, 2013). According to Acevedo-Polakovich (2006), an adequate assessment of SES must include the following dimensions of the construct: financial resources (usually per capita household income), social/interpersonal resources (usually household structure – number of individuals living in the household and relationship to each), nonmaterial resources (usually number of years of education completed by head(s) of households), and occupational status. In addition to household structure, explicitly asking about social support, a predictor of general psychopathology and depression, can be especially beneficial for an ethnic group that is susceptible to experiencing isolation related to poverty, acculturative stress, and migration-related stressors (Geva & Wiener, 2015; Hayes, 2022). When asking about social networks, assessment providers should keep in mind that family may include kinship networks that are broader than the traditional conceptualization of family by blood and that multiple generations may live under the same roof (Hays, 2022). Clinicians need to be mindful about pathologizing households as chaotic due to the number of people living in them. Regarding non-material resources, it should be noted that clients with a lower level of education are at risk for underperforming on cognitive tests because normative data is not well stratified based on this

variable. Additionally, level of education can obscure the quality of that education, which may be difficult to assess for. Reading subtests have been used as a proxy for quality of education, however these may be too time-consuming to administer and may not be available in Spanish (Manly et al., 2002).

Finally, gathering information about stressors can illuminate the larger systemic and socio-political pressures faced by the Latinx/e population. Inviting clients to share their stressors can reveal the impact of social inequities that can contribute significantly to psychological difficulties, including issues related to race, language, and immigration. Though it may not always be culturally appropriate to ask directly about specific traumas, it is important to keep in mind the possible impact of historical and/or socio-political events on clients based on their ethnic/racial identity and potential immigration history and status (Hays, 2022). It is common for Latinx/e immigrants to experience a complex web of acute and chronic trauma related to circumstances in their country of origin, their migration journey, and/or their experience as immigrants in the United States. Prior to migration, they may have been exposed to domestic and community violence in their country of origin, including exploitation, gang violence, murder, and sexual violence. While migrating, they often experience violence, economic and/or sexual exploitation, fears of being caught, and temporary or permanent family separations at any point in the journey. The adversity rarely ends upon arrival to the US, where a variety of additional stressors are often encountered, including linguistic/cultural/legal barriers, isolation, and a lack of belonging or connection (Grafft et al., 2022). The threat of deportation, discrimination, and racially- or ethnically-motivated violence has been exacerbated by an increasingly hostile socio-political environment. Between 2005 and 2015, there was a 500% increase in anti-immigrant

legislative acts and more prevalent use of law enforcement strategies that rely on ethno-racial profiling. The anti-immigrant rhetoric in the 2016 presidential campaign provoked a notable increase in immigrant arrests and hate crimes (Chavez-Dueñas et al., 2019). Family relationships, often considered a priority in Latinx/e cultures, can suffer from all of these stressors, as well as pressures to provide for families in their country of origin. Distress related to the immigration experience is often internalized yet unaddressed and even unrecognized as the stressors of postmigration life take over and significant barriers exist to mental healthcare. The complex layers of trauma experienced by Latinx/e immigrants can lead to a variety of issues, such as mental health disorders (depression, anxiety, PTSD), poor self-esteem, family dysfunction, identity issues, and attachment issues. The children of immigrants may feel the effects of intergenerational trauma and often suppress their emotions to protect their parents, which often leads to emotional regulation and academic difficulties (Grafft et al., 2022). A mitigating factor, however, is that children of immigrants have been shown to inherit the strong educational aspirations of their parents when their parents are both psychologically and behaviorally involved in their children's lives in school and at home (Kim et al., 2020).

Collateral Information

Collateral information from various sources in a client's environmental context can be a powerful way to supplement in an intake interview (Puente et al., 2013b). Information from others, such as family members, healthcare providers, and educators, in the form of interviews or record reviews can provide further information about a client's systemic ecosystem to more meaningfully contextualize results on cognitive tests. It can offer insights into barriers the client faces in various settings, illuminate strengths that may be present in some settings and not in

others, and corroborate testing observations and/or results in order to strengthen confidence in the validity of the results (Benuto, 2013; Hays, 2022). By honoring the multidimensional and complex nature of client's presenting issue, gathering collateral information can demonstrate an investment in the client's holistic situation, which can facilitate rapport. It can strengthen confidence in test results that need to be interpreted with caution. For clients that are less-verbally oriented, relying on collateral sources may relieve some pressure to communicate in a way that is not comfortable for them (Hays, 2022).

Test Selection

The appropriateness of administering a particular cognitive test to a Latinx/e client must be carefully assessed on a case-by-case basis. In her 2013 book "Guide to Psychological Assessment with Hispanics", Lorraine Benuto advances a view that gold-standard psychological services should not be withheld despite the limited inclusion of Latinx/e individuals in the research that informed them unless there is clear evidence or a rationale against such use. She reviewed the strengths and weaknesses of the most common and/or relevant IQ tests to use with Latinx/e clients with the support of research done on Hispanic populations. Given the ever-evolving nature of clinical research, choosing the most appropriate test for a particular client requires staying up to date on the latest versions of IQ tests and research on these measures that is specific to the Latinx/e population. Given that Benuto's book was published in 2013 and the culture sensitivity movement has only gained momentum since then, a thorough review of the literature on this topic and latest test versions (WISC-V and WAIS-IV for example) should be done regularly to make the most ethical decisions around test selection.

The first consideration when choosing the most appropriate test is the test language(s) that would most accurately capture a bilingual client's cognitive abilities. It should be first noted that the most psychometrically sound and empirically supported cognitive measures are based on monolingual cognition and do not take into account the unique language acquisition process of bilinguals, and thus potentially differences in cognitive development and academic skill acquisition (Kester & Peña, 2022; Rhodes et al., 2005). There are a variety of recommendations in the literature for deciding the most appropriate language of assessment for bilinguals given the tests currently available. The Ochoa and Ortiz Multidimensional Assessment Model for Bilingual Individuals, often cited in the literature, provides a tool to make this decision when testing students in kindergarten through seventh grade. It uses CALP scores in each language based on the WMLS, instructional program/history, and current school grade to make recommendations among the following four options: non-verbal assessment, assessment in the native language, assessment in English, and bilingual assessment. Within this framework, bilingual assessment is defined as a situation in which the examiner and examinee both use either language as needed or desired throughout the testing process and it is only recommended as a secondary or optional mode of assessment due to the lack of research available to inform evaluation and interpretation. Nonverbal assessments are recommended for students who have not attained CALP in either language, minimal or emergent CALP skills with scores of 3 or less, regardless of educational placement or history (Rhodes et al., 2005). Olvera and Cerrillo (2011) also created a bilingual assessment model based on CALP. They consider it appropriate and non-discriminatory to administer an English-language assessment if English-language proficiency has been established and, likewise, to administer a Spanish-language assessment if Spanish-language proficiency has

been established. Proficiency is defined as having CALP scores of 4 or 5 on the WMLS, which are considered intermediate and advanced levels of fluency respectively (Olvera & Cerrillo, 2011). If a client is not sufficiently proficient in either English or Spanish, which would represent a CALP scores of 3 or below on the WMLS, the recommendation is to test in one language and then repeat testing in the other. This dual-language testing method is only deemed necessary when considering eligibility decision or a possible disability. In the latter case, a lack of evidence of a disability in the first language tested (scores in the below average range or lower) eliminates the need to test in the second language because learning disabilities must be present in both languages (Olvera & Cerrillo, 2011). That being said, Gollan et al. (2008) argue the importance of testing in both languages whenever possible because it offers the most comprehensive picture of a bilingual individual's cognitive functioning.

Another important consideration in selecting a cognitive measure is the appropriateness of the test norms. Unfortunately, there is no consensus around what exactly is considered adequate representation in assessment norms (Rhodes et al., 2005). Additionally, current testing norms are not stratified in a way that accounts for the factors that are shown to most impact the performance of Latinx/e clients: language proficiency, educational background, economic status, and acculturation levels (Thaler & Jones-Forrester, 2013). Various publications point out that racial or ethnic inclusion in the norms is not a strong enough proxy for cultural fairness as it does not equate to the acculturative or cultural differences that adversely affect performance (Rhodes et al., 2005; Ortiz, 2002). Nevertheless, test makers have leaned on ethnic and racial inclusion and some measures of socioeconomic status in the norms as a way to capture cultural differences. If using ethnicity and race as a justification for norm inclusion, the literature

recommends against interchangeably using norms for Mexican-Americans and Hispanics in the United States from other countries given the heterogeneity within the category "Hispanic" (Fujii, 2017). The trend has been to match the normative data set to the racial and ethnic demographics of the US population based on census data, which oversamples Mexican-Americans and undersamples Latinx/e-identified individuals with origins in all other Latin American countries.

To make things even more complicated, there is limited validity in the use of norms based on a monolingual population for bilingual individuals as research has demonstrated that bilinguals perform differently than monolinguals on a variety of cognitive measures depending on the language developmental stage and task type (Puente et al., 2013a). Despite the lack of substantial representation of bilinguals in the norms for gold standard English-language tests, the plethora of research on the standardized testing performance of English Language Learners allows for the results to be interpreted based on empirical evidence (Ortiz et al., 2016; Rhodes et al., 2005). If a client has sufficient proficiency in both English and Spanish, it may be preferable to test them in English as the results can be interpreted more confidently in the context of this body of research (Ortiz et al., 2016).

For tests translated into Spanish, it is important to ensure that they have been adapted and translated according to best practices. The test manual should outline the methods used to adapt the test's content to be valid within the cultural context of the Latinx/e person being tested, which is especially important if they have a low level of acculturation (Cofresí & Gorman, 2004). The translation of the test itself needs to have been completed by multiple trained translators with native proficiency in the target language and experience in both the culture from which the English test originated and the target culture (Trent et al., 2018). Best practices also

dictate following rigorous guidelines that involve not simply demonstrating literal equivalence of but also cognitive equivalence of the English and translated version through field testing (Puente et al., 2013b; Trent et al., 2018). The WISC-V Spanish is an example of a cognitive test that was adapted and translated through such a rigorous process. Each item and all subtest directions were reviewed by a group of carefully chosen bilingual psychologists and researchers who represented most Latin American countries in the Spanish-speaking normative sample, which included children living in the United States from Mexico, the Caribbean, and other countries in Central and South America with efforts to undersample the US/Mexican population as compared with Census percentages. Each item went through multiple procedures to ensure validity across Hispanic cultures and equivalence to the English version, resulting, for example, in changes to item content, item order, and scoring rules when necessary. Scores on the Spanish version were equated to the full US samples and adjustments are made to the verbal comprehension scores depending on the extent to which a child's environment supports Spanish language development (Muñoz et al., 2019). It should also be noted that nonverbal tests are not inherently culturally unbiased and would need to be scrutinized for cultural appropriateness (Puente et al., 2013b).

Decisions about which cognitive measure to administer are complex as they require balancing all of the cultural, linguistic, and demographic variables discussed above to maximize validity with the support of appropriate norms and/or research.

Test Administration

Modifying test administration is a common approach used to mitigate the impact of test bias for culturally and linguistically diverse individuals. These modifications are often referred to as "testing of limits" and includes strategies such as accepting responses and providing instructions in either of the client's spoken languages, defining a key word and or relating that word to their cultural context, offering additional instruction or coaching prior to task administration and/or during sample item administration, repeating items, removing or extending time limits, extra probing or querying of incorrect responses, and disregarding discontinue criteria (Ortiz et al., 2016; Geva & Wiener, 2015; Ortiz 2002). The performance of balanced bilinguals benefits the most from being able to flexibly use both languages during testing (Gollan & Silverberg, 2001). However, Gollan et al. (2008) recommends against language switching during timed tasks due to the cognitive cost involved in doing so. For clients with a low level of acculturation and/or who are not test-wise, it can be beneficial to spell out Euro-American cultural expectations underlying the testing procedures prior to administration, such as working quickly and independently, guessing even when unsure, and the nature of forced choice questions (Singh et al., 2021). Some cognitive tests explicitly permit the use of some of these strategies. For example, the WISC-V-Spanish allows for examinees to provide answers in either English or Spanish and for specific alternative words to be used in the test instructions to account for linguistic differences. However, the WISC-V-Spanish manual explicitly states that test directions cannot be read in English even if requested by the child.

More often than not, these modification strategies require breaking from the standardized administration, which would render the quantitative results invalid. It may be beneficial to

administer the test in its entirety in adherence to standardized administration and noting behaviors that may be indicative of test bias. Then, subtest performance deemed to be impacted by cultural and linguistic biases could be re-administered as a way of collecting qualitative data to inform the interpretation of the results and recommended interventions for the client (Ortiz, 2002). Alternatively, the test can be administered using a non-standardized administration from the start. However special care is needed with regards to the reporting of this data given potential validity issues of this method of administration (see "Assessment Report" section below).

Test administration offers an opportunity to take note of a Latinx/e client's behavior that can be later used to contextualize the client's performance with a sensitivity to cultural and linguistic factors. Behaviors to pay special attention to during test administration include body language, eye contact, tone of voice, and speech patterns (Acevedo-Polkavich et al., 2007). Contradictions between verbal and nonverbal behaviors can indicate a need for clarification with the client in order to avoid misinterpretation (Hays, 2022).

Data Interpretation

While eliminating test bias is not possible, providers can take steps to minimize it as much as possible within the constraints of their identities and the current state of the field of psychological assessment. The steps outlined above with regards to data collection, test adaptation, and test administration can both facilitate more accurate results and provide data needed to properly contextualize those results culturally, linguistically, and socio-economically. The most common general guideline for interpretation with clients who are not well represented in the testing norms is to do so "with caution." On this topic, Benuto (2013) emphasizes the importance of corroborating the test results by comparing them with multiple sources, including

other test results, information gathered through the intake process, behavioral observations, and collateral information. She suggests that results are more likely to be valid if they are supported by these various sources and more likely to be invalid if they contradict each other. The data can also be compared to qualitative data that was drawn from any non-standardized test administration that followed an initial standardized administration of the test. This recommendation becomes substantially more critical for bilinguals, clients with a low level of acculturation to Euro-American culture and whose culture of origin is significantly different from Euro-American culture and clients with a low socioeconomic status as the performance of Latinx/e individuals suffers most as a result of these factors.

In addition to data convergence, available research can be leveraged to validate, invalidate, and/or properly contextualize test results. As mentioned above, there is extensive research evaluating the performance of English-language learners on English-language cognitive assessments. The Culture-Language Interpretative Matrix is a widely recognized tool that leverages this data to illuminate the cultural loading and linguistic demand of the subtests of cognitive assessments. This can be used to guide decision making on what tests can be used, as they relate specifically to language proficiency and level of acculturation (Ortiz, 2002; Rhodes et al., 2005; Flanagan et al., 2013). However, the C-LIM should not be solely relied on to make decisions and interpretations because research on the use of this tool with English-language learners has demonstrated concerns about accuracy (Calderón-Tena et al., 2022). Research on bilingualism and the performance of Latinx/e populations on specific cognitive testing measures can be used to support the interpretative process. For example, research on bilinguals, including those that are considered English-dominant, demonstrates a difference in performance compared

to their monolingual counterparts on a variety of language measures due to their inherently different verbal processes. On the one hand, they are often at a disadvantage on certain language measures, especially those that require the production of low-frequency words. On the other hand, their bilingualism does not appear to impact them on other measures, such as complicated verbal list-learning tasks (Gollan et al., 2008). Another example is the availability of supplemental Hispanic base rates on the Weschler Intelligence Scale for Children Fifth Edition (WISC-V) that are stratified based on the educational distribution of Hispanics living in the United States. This allows for a performance comparison with the general population in the United States but also to the Hispanic population in the United States (Muñoz et al., 2019).

Assessment Report

The first consideration for the report is the language in which it is written. The report most likely needs to be written in English in order to facilitate the implementation of recommendations by the client's providers. Spanish-language quotes can be included in the report alongside an English-language translation in parenthesis. There are a few options to consider for a client and/or their family who would be best served by receiving the testing results in Spanish. The report can, of course, be written in both languages. If time and resources do not allow for this, the English-language report can be verbally translated into Spanish during the feedback session. An abbreviated Spanish-language report can be produced that highlights diagnosis, recommendations, and resources in conjunction with a verbal Spanish-language translation of the rest of the report.

When writing the assessment report, it is worth keeping in mind that potential readers may not be well-versed in Latinx/e culture and the complex limitations of using cognitive tests

with a bilingual Latinx/e population. For this reason, it is important to include disclaimers and explanations that capture this knowledge and cite scientific literature to support them. Behavioral observations and test results need to be explicitly contextualized based on a client's linguistic, cultural, and socioeconomic environment to prevent providers from overly pathologizing clients due to a lack of cultural knowledge (Hays, 2022). Thaler & Jones-Forrester (2013) also specifically recommend outlining the selected test's limitations (including those of translated and adapted versions of English-language tests), the appropriateness of the normative data set for the client, the evaluator's linguistic and cultural limitations, and the testing conditions. Care should be taken in the decision of whether or not to report on scores based on determinations of validity. Any modifications to the test administration that deviate from the standardized protocol must be thoroughly documented (Ortiz, 2002; Geva & Wiener, 2015). Given potential validity issues, test scores obtained through non-standardized administration should only be used if withholding scores needed for decision-making would negatively impact the client. A disclaimer needs to be included about the use of non-standardized administration given the lack of another test or form of administration that would address the cultural and linguistic differences between the client and the test norming sample. In this case, it is important to indicate that the test scores should only be viewed as estimates and supported by other test data to make recommendations regarding decision-making (H. Pazos, personal communication, May 7, 2023).

There are a few Latinx/e cultural trends to consider for the recommendation section of the report. On the one hand, Latinx/e immigrants are less likely to access mental health services than their US-born counterparts due to a variety of barriers such as documentation status/lack of insurance and related fears, cultural and linguistic differences, distrust of systems, poverty and

lack of transportation, and confusion about service eligibility. These barriers can be minimized by making referrals that consider these barriers and by communicating these considerations with clients. Given that Latinx/e immigrants may not be aware of the potentially traumatic impact of their immigration journey, for example, it can also be beneficial to provide related psycho-education and to explain how mental health services can help. On the other hand, the Latinx/e community in general tends to proactively utilize community organization for resources and support, especially when recommended by providers they trust and especially with regards to their children for whom they often "do whatever it takes" (Grafft et al., 2022). Finally, there is a narrative that is communicated by the dominant Euro-American culture that they should speak to their children in English at home due to the higher status of the English language in the United States. This harmful cultural messaging can be counteracted by recommending that Spanish-speaking parents speak to their children in Spanish with support from the literature on the advantage of bilingualism, including positive impacts on executive functioning in the long term and on an individual's sense of connection to their heritage and family (Puente et al., 2013a). Recommendations are more likely to be considered and implemented if the clients' input was integrated in the report, including their particular referral questions, concerns, and hopes for the evaluation process (Hays, 2022).

Feedback Session

Some considerations for the feedback session are similar to those of the intake interview. Giving clients the option of inviting important others, such as family, to the feedback session and attending to their cultural contexts, values, and reactions may serve to honor cultural values around family and community and to help clients to absorb and apply the information (Reynaga-Abiko, 2005). However, the feedback session has the distinct purposes of helping clients understand their strengths and weaknesses and how best to address these within the context of their cultural and linguistic strengths and barriers. It will be important to communicate information in a way that is adapted to the clients' language and literacy level and to their cultural worldview in order to optimize the absorption of this information. This process can be facilitated through visuals, reinforcement of key points in non-technical terms, attunement to cultural beliefs, and analogies based on the culturally familiar concepts (Geva & Wiener, 2015).

The feedback session can be a valuable opportunity to collaborate with the client and other attendees in order to gather further information for the report. This can serve to reconcile contradictions in the data, such as between verbal responses and non-verbal behavior or between testing results and other data collected throughout the assessment process. It could serve to gather information that clients may not have felt comfortable sharing when rapport was not yet established as early as the intake process. Eliciting client input about cultural and linguistic interpretations can also strengthen confidence in assessment findings. Any additional information gathered during the feedback session can be added to the report and documented as gathered during this phase of the assessment process.

The feedback session can be a useful tool to address the many barriers potentially facing Latinx/e clients. Assessment providers can facilitate a warm hand-off to referring agencies by providing the contact information for Spanish-speaking providers who are currently accepting clients with some personalized information about the potential goodness of fit. Clinicians can serve as champions for client self-advocacy while also providing information about advocacy organizations for additional support (Geva & Wiener, 2015). It can be particularly powerful to summarize the strengths of the client and their family system and/or community as articulated by them and as observed during the assessment process, including consideration of culturally-related factors, such as personal strengths, interpersonal supports, and environmental conditions. Specific examples of such factors pride in one's culture, commitment to helping one's group through social action, cultural-specific networks, or an alter to honor deceased family members/ancestors (Hays, 2022).

Part II: Illustrative Case Vignette

I will now use the case of Raquel to illustrate ways to apply the suggestions outlined in the first part of this paper. Raquel and her parents are not based on any one client but rather are a composite of past clients and a product of my imagination. All information included in this case vignette has been de-identified.

We received a call from Mrs. Diaz who, in Spanish, requested a cognitive evaluation for her daughter Raquel who was 5 years and 7 months old. Mrs. Diaz informed us that Raquel was referred by her kindergarten teacher due to concerns about a potential developmental disability based on the school's determination that she was below grade level. On the phone, Mrs. Diaz was encouraged to schedule an intake interview at a time that would work for both her and Mr.

Hernandez, who was identified as Raquel's other primary caregiver. She was also asked to bring a copy of Raquel's latest Individualized Educational Program (IEP) and any assessment reports that were previously completed.

Greeting/Welcoming Clients

Given that Mrs. Diaz spoke to me in Spanish over the phone, I greeted and welcomed Raquel's parents in Spanish when they arrived in my office. I respected the value of "formalismo" by referring to them as "Doña Diaz" and "Don Hernandez" and used the "Usted" form of address to acknowledge their position of authority as parents. Before jumping into informed consent, I adopted a stance of "personalismo" by taking my time to engage Mrs. Diaz and Mr. Hernandez in informal conversation about their trip to my office this morning. I empathized with the stress of driving in the snow during the morning rush hour and offered some minor self-disclosure by sharing that I too was getting tired of the winter weather even though I am used to it as someone from the east coast. They responded by talking about their slow adjustment to the cold months after moving to the U.S. from Mexico and we spoke back and forth about this transition until there was a natural break in the conversation. I attended to their needs as though they were guests in my own home by offering "un cafecito, un te, o un vaso de agua" (a coffee, tea or glass of water) and indicated the location of the restroom in case they wanted to use it before we got settled in for our meeting. I took note that they responded positively to "personalismo" by warmly sharing about themselves in an open and relaxed manner. I took this as a sign to continue to engage in the traditional Latinx/e interpersonal style while continuing to monitor reactions to this relational approach. I also noted that they did not

switch between Spanish and English and followed their lead of continuing to speak exclusively in Spanish.

Informed Consent

I started the intake interview by outlining the agenda for the day: 1) orient them to the assessment process, including a review of their rights and our office policies 2) an interview in which I would ask them questions in order to get to know them and their daughter, to understand their wishes, concerns, and expectations, and to best serve them in this process. Before beginning the discussion about informed consent, I explained that we would be reviewing legal documents and highlighted the importance of talking about their rights in the most appropriate language. I offered that, for most people, the best language for this conversation is the one in which they have received the most amount of academic instruction. Mrs. Diaz volunteered that she only had basic conversational skills in English and would thus feel more comfortable speaking in Spanish. Mr. Hernandez said he felt comfortable in either language but only received schooling in Spanish. We decided as a group to proceed in Spanish. I provided both parents with a Spanish-language copy of my legal documentation and one English-language copy given Mr. Hernandez's self-reported bilingualism. I told them they would be able to take these documents home with them to review it "tranquilamente" (at their own leisure) after the appointment.

I first explained that anything that they share about themselves with me is considered "Información de Salud Protegida" ("Private Health Information") and that I would need their written permission to disclose this information to anyone else except in several specific cases and then proceeded to outline the exceptions to confidentiality. I acknowledged the potential difference between the laws in the United States and Mexico around child abuse and emphasized

that some behaviors that may not be unusual in Mexico are considered illegal and thus reportable in the United States. I also spelled out that these laws also apply to providers of care to children, including teachers, school staff, and healthcare providers. I outlined the procedure that would occur should I be required by law to break their confidentiality for maximum transparency and trust-building. I explicitly mentioned that any information they choose to provide that may be extra sensitive, such as their documentation status, would not be included in the written documentation.

After ensuring that confidentiality was understood by both parents, I asked them about their familiarity with counseling and/or assessment services in order to gauge how much detail to go into during our discussion about informed consent. They shared that this was their first experience with psychological assessment and that they had no prior history of counseling services for their family. I offered them the option of summarizing the contents of the documents or reading them out loud in order to reduce the shame barrier for clients who may not be confident with their reading skills. I summarized all of the main points, adjusting the level of detail based on their level of engagement and checking in about potential questions and concerns throughout the discussion. I made sure to spell out their rights, including their right to a second opinion, to ask questions about the psychological services they receive, to discontinue services at any time, and to engage legal resources in case their rights are violated during the course of these services. I explained the role of the state's licensing regulatory agency and pointed out their contact information on the paperwork as potentially useful to address ethical breaches with any healthcare provider. Mrs. Diaz expressed appreciation for this information, which was new to her and shared that no one had ever taken the time to explain her rights to her.

While reviewing the assessment process, I shared my philosophy about the important influence of culture and identity on one's experience and on the testing process. I highlighted that, while the types of tests that we would be doing with Raquel are meant to objectively measure her abilities, the tests themselves are not culture-free and factors such as learning English as a second language, the level of assimilation to the white dominant culture in the US, and access to resources, can influence performance. I explained that I can get a better sense of how valid the test will be for Raquel by asking her and her family questions that will help me better understand these factors. I let them know that there is a brief questionnaire in their packet of paperwork for them to fill out at the end of our meeting to also answer some of these questions. This questionnaire, included in the Appendix of this paper, is my original work that was created based on Acevedo-Polkavich's definition of SES. It is intended to capture aspects of SES that are not already built into the intake interview (i.e. per capita household income and occupational status) (Acevedo-Polakovich, 2006).

Before completing the discussion around informed consent, I invited Raquel's parents to share their expectations, wishes, and concerns about the process. Mrs. Diaz identified a concern about Raquel's teachers underestimating Raquel's abilities, to which Mr. Hernandez nodded his head. When asked to elaborate, they described feeling dismissed by the school after several unsuccessful attempts to get specifics from Raquel's teachers about her academic difficulties. They mentioned lacking clarification after attending Raquel's IEP meeting a few months prior and noted that the Spanish to English translation process was not smooth. I thanked them for this information and expressed hope that we might be able to answer at least some of their questions during this assessment process. In order to address potential cultural mistrust and begin to gather

acculturative data, I normalized the experience of discrimination of Latinx/e individuals in the United States and asked what their experience of discrimination has been like and whether they believe that Raquel has had problems in school because she is culturally different. They shared that they have not noticed Raquel being treated differently at school, but they themselves have felt looked down on, ignored or taken advantage of as Mexicans in the United States. Finally, I asked them both if there was anything about their identities, culture, and/or values that they think would be important for me to know in order to inform our process together. Mrs. Diaz shared that their family is Catholic, goes to church every Sunday, and values respect and taking care of one another in their community. I responded by saying that religion can be a great source of spiritual and social support and may serve them well in managing difficulties and barriers in life. Mr. Hernandez added that they both want their children to be able to have success at school and in life and welcome as many resources and suggestions as possible to help them with that. I reflected back my sense that they care deeply about their family and that I would be able to support them by providing some referrals and recommendations in the report and feedback session.

Intake Interview

I prefaced the clinical interview by communicating that I would be asking Mr. Hernandez and Mrs. Diaz a multitude of questions, some of which may feel too personal or sensitive, and inviting them to let me know if they are not comfortable answering or just need more time to get to know me before they answer the question. In order to emphasize a strengths-based approach, I started with an open-ended question about their daughter: “Como usted describe a Raquel?” (“How would you describe Raquel?”). I then asked them to identify their questions about

Raquel's functioning, as her parents. The intention behind this question was to center their needs in the assessment process alongside the referral question from Raquel's school and to empower them to be an active part of the process. They expressed concerns about Raquel's communication, which they described as not as fluid and clear in pronunciation as her peers, and about the potential negative impact of remote schooling during the COVID-19 pandemic on Raquel's learning. Mrs. Diaz began to tell detailed stories about their family's experience with remote learning in the last year. In order to move the interview along while honoring Mrs. Diaz and her narrative style, I expressed delight about these stories and asked Mrs. Diaz for permission to jump in with questions about Raquel's educational history.

Outside of the standard assessment intake interview questions, I covered specific areas that would allow me to make choices about test selection and language and to inform interpretation of the test results and recommendations. I asked Raquel's parents about moves Raquel had experienced in her lifetime and I learned that they have lived in the same house since she was born. They identified that Spanish was Raquel's first language. I asked them about languages spoken at home and by whom (mostly Spanish with occasional words in English when speaking with siblings), languages spoken in social settings that Raquel engages in (mostly Spanish with some English spoken with certain friends at school), Raquel's language of academic instruction since she began pre-kindergarten at age 3 (Spanish only for the first 2 years, bilingual for the last 4 months), and the language of the speech and language therapy she received since age 2 (Spanish only). I opted to ask some of the sample acculturation questions proposed by Rhodes et al. (2005) to deepen my understanding of Raquel and her family's level of acculturation beyond what I already knew about her (i.e. country of origin, basic language

exposure, academic history, family values.) I chose to do this rather than administer an acculturation measure due to time constraints and the simplicity of the testing battery (one cognitive test only). I asked Raquel's parents about their and their child's social affiliations (with people who have similar and/or different cultural backgrounds), communication style and any changes in communication style observed in themselves and Raquel over time, and their cultural traditions, belief, and values and whether they are still consistent with their cultural heritage as well as whether Raquel's behavior seems consistent with their culture. Raquel's parents provided the following information: They have had minimal meaningful social contact since moving to the United States outside of phone calls with family members and friends back in Mexico. At school, Raquel had mostly interacted with children of Mexican origin since starting formal academic instruction a little over 2 years ago. Outside of school, Raquel spends most of her time with her parents and siblings. They described their communication style as consistently respectful and polite since moving to the United and their traditions, beliefs, and values as strongly rooted in their cultural heritage as Mexicans and their hometown, with family and religion as their most important values. Regarding social history, I asked Raquel's parents about stressors they have experienced, including financial and cultural/linguistic barriers, as well as their "sistema de apoyo" (support system), in other words whether they have people nearby who are readily available to talk to about their problems. I learned that Mr. Hernandez was unemployed and waiting for his immigration papers and that Mrs. Diaz felt stretched thin in trying to both work and parent at the same time. They described having limited social support nearby as their family is spread out across Mexico and other states in the US and minimal time to make new social connections. In asking about Raquel's exposure to potentially traumatic events or stressors, I

named examples, including physical and sexual abuse, natural disasters, and exposure to discrimination towards herself or other family members. Raquel's parents denied a history of trauma.

I ended the interview by focusing on strengths and collaboration. I asked Raquel's parents to identify her cognitive and socio-emotional strengths and then solicited their recommendations for me to help her complete testing smoothly. Mrs. Diaz shared that she would be more comfortable if she could be in the room with us during testing. When asked about why this was important to her, Mrs. Diaz shared that she wanted to be in the know about what was happening since it had been so hard to get clear information from Raquel's school. I validated this need and her desire to be involved in this important process. In the spirit of transparency, I also expressed that, for some, parents could be a soothing presence and help a child feel at ease and, for others, they may be distracted in wanting to interact with their parent in the middle of the test or feel pressure to perform well to impress their parents which could negatively impact their performance. I gained consent from Mrs. Diaz to try the following approach: involve Mrs. Diaz in the rapport-building phase prior to testing in which I planned to play a game with Raquel and complete testing with Mrs. Diaz in the waiting room. We agreed that I would share my impressions of the testing process with Mrs. Diaz immediately after the testing session and provide a more detailed debrief during the feedback session with plenty of opportunities to ask questions. Mrs. Diaz and Mr. Hernandez both seemed comfortable with this approach. A Euro-American-centered interpretation might label Mrs. Diaz's request as intrusive or enmeshed. I reminded myself to assume normality within the context of culture and experience until proven otherwise by data collected throughout the assessment process. Within this context of

"normality," I considered that the request could be culturally-influenced by values of "familismo," in which family members are considered interdependent and problem-solving tends to occur collectively within the family. Additionally, or alternatively, the request could be an understandable response to negative systemic experiences of being shut out by providers.

After asking all necessary intake questions, I asked Mr. Hernandez and Mrs. Diaz whether there was anything that I had not asked them about that would be important for me to know to best serve them and their daughter throughout this process. They did not share any additional information at this time. I expressed gratitude for all that they had shared with me and highlighted the strengths that I had perceived during our first meeting. These included their resilience in dealing with complex systemic stressors, their dedication to their child's learning and wellbeing, and their commitment to their religion as a way to feel grounded in their faith and their identities. Before saying goodbye, I reminded them to complete the questionnaire in their welcome packet (see Appendix).

Collateral Information

Prior to the testing administration session, I reviewed Raquel's IEP documentation. The report demonstrated that her cognitive and communication skills had been evaluated at school about 2 years ago when she was 3 years old and in pre-kindergarten using the Communication and Cognitive domains of the Development Assessment of Young Children-Second Edition (DAYC-2) in Spanish, which measure her receptive and language skills and conceptual skills including memory, planning, decision-making, and discrimination. Based on this testing, she was diagnosed with a 33-50% communication delay with an expressive language score in the below

average range and a receptive language score in the average range. She was determined to be in the average range in the cognitive domain.

I obtained permission from Mrs. Diaz and Mr. Hernandez to contact Raquel's teachers. I spoke with both of her teachers over the phone and learned that it was the English-language teacher who was concerned about Raquel's academic functioning, while her Spanish-language teacher actually felt that Raquel's academic functioning was more advanced in some ways than her peers, particularly as it related to math and her socio-emotional skills.

Language Assessment

Based on information gathered from parents and the IEP report, I suspected that Spanish was Raquel's dominant language despite having some abilities to speak English. Spanish was her first language, appeared to be the primary language used in social contexts (both at home and with friends), the language of instruction for her first 2 years of school, and the language of the speech and language therapy she received since age 2. She was, however, reported to speak minimal English with her siblings, some English with select friends, and to have received a bilingual education this academic year (last 4 months). Previous assessments had been completed in Spanish and they occurred prior to her increased use of English this academic year.

I greeted Raquel and Mrs. Diaz in Spanish when they arrived at our office for testing. We started by playing with the toys of Raquel's choice in the presence of Mrs. Diaz per our plan. Once rapport had begun to be built, I invited Raquel to switch from speaking Spanish to English. After conversing in English for about 5 minutes, I utilized the technique of storytelling, which is a recommended informal method of assessing language proficiency (Rhodes et al., 2005). I asked Raquel if she could tell me about the plot of her favorite movie or book first in English and then

in Spanish. I observed that she had greater fluency in Spanish, including a larger vocabulary (10-word vs. 4-word sentences), more sophisticated vocabulary (using words such as "mandibula" which means "mandible"), and more complex grammar and sentence structure in Spanish. I also noted that she seemed to have a preference for English with select academic words (i.e. colors). I praised Raquel's bilingual language abilities in order to counter social messages she may have received around Spanish being inferior to English and to minimize the impact of these messages on her performance. Regarding the quality of her speech, I noticed that she occasionally said words that were unintelligible to me and that she appeared to have some pronunciation difficulties in both English and Spanish (most notably pronouncing "r" and "t" sounds like "l" and "s" sounds respectively). I decided against doing a formal assessment of her language abilities as it became clear that she had an advanced to fluent level of CALP in Spanish and emergent level of CALP in English through informal assessment, observation, and teacher observations. According to The Ochoa and Ortiz Multidimensional Assessment Model for Bilingual Individuals, the recommended mode of assessment for Raquel is in her first language given her grade, instructional program and history, and language profile (Profile 6: L1 fluent/L2 emergent) (Rhodes et al., 2005).

Test Selection

Given all of the data gathered up until this point, I decided that I needed to use a cognitive test that had been appropriately translated into Spanish and adapted for use with Latinx/e populations. There are limited cognitive testing options that are appropriate for a 5-year-old who is primarily Spanish speaking. Had Raquel been 6 years old, I would have considered the WISC-V-Spanish because it is an IQ test that was specifically normed on and designed to be used with

Hispanic children ages 6 to 16 living in the United States whose dominant language is Spanish (Holdnack et al., 2019). The Weschler Preschool and Primary Scale of Intelligence-Fourth Version (WPPSI-IV) is available in Spanish, however it was created and normed based on a Spanish-speaking population living in Spain and thus not valid for Mexican children. Similarly, The Reynolds Intellectual Assessment Scales has been translated into European Spanish and can be used with individuals as young as 3, however the normative sample makes its generalizability outside of European Spanish-speaking individuals uncertain (Thaler & Jones-Forrester, 2013). Given Raquel's age, ethnicity, and language abilities, the Differential Abilities Scale – Second Edition – Early Years Spanish supplement seemed to be the best option available at the time of testing. It is a cognitive assessment measuring verbal, non-verbal, and spatial reasoning for children ages 2 to 6 and 6 to 11 (Elliott, 2012). The translation of the DAS-II into Spanish involved "a rigorous process of back-translation, expert review, pilot testing, and equivalency testing including a sample of 395 Spanish-speaking children" and professionals representing Mexico were involved in this process (Williams et al., 2014). The DAS-II-Early Years Spanish Supplement normative sample seemed appropriate for Raquel as a Spanish-dominant bilingual Mexican-American child with parents who both reported 7 years of formal education. It consists of all Spanish-speaking Hispanic children of any race living in the United States with Mexico well-represented as a linguistic country of origin. Amongst participants of Raquel's age, English-Spanish bilinguals represented about 31% of the sample versus about 69% Spanish-speaking monolinguals. Amongst participants of Raquel's age with Mexico as a linguistic country of origin, parent education levels of 8 years or lower represented about 13% of the sample (Elliott, 2012). Due to stratification limitations, it cannot be known if the normative sample is similar

enough to Raquel based on level of acculturation, CALP language proficiency, and economic status. However, additional advantages of the DAS-II-Spanish given Raquel's previously diagnosed communication delay is the inclusion of a nonverbal composite score, the wide range of abilities captured in the test, and the flexibility in administration across age groups.

Test Administration

Based on the evaluation of her bilingual language proficiency, I administered the DAS-II-Early Years-Spanish to Raquel in Spanish. I followed the test manual's rules for standardized administration, which includes some linguistic flexibility for bilingual individuals. The DAS-II-Spanish manual permits responses in English on all the core subtests and allows for prompting in English on the Verbal Comprehension subtest in the event that the examinee does not appear to understand the task in Spanish and/or if they do not respond promptly to the item (Elliott, 2012). So, at the onset of testing, I informed Raquel that I would be asking her questions in Spanish and that she always had the option of answering in either Spanish or English. At the onset of the Verbal Comprehension subtest, I let her know that, for the test only, she could also ask me to repeat any item in English. During the test administration, Raquel did not ask for the questions to be repeated in English and did not appear to struggle with understanding the Spanish-language prompts, so I deemed it unnecessary to do so. However, she did spontaneously provide about one third of her responses on the "Naming Vocabulary" subtest in English, which were accepted.

I made sure to carefully observe and jot down Raquel's behaviors throughout testing process, including during informal interactions. I noted particular strengths, including her strong visual-spatial and social skills that seemed beyond what would be expected for her age. During testing, I noticed that she seemed eager to speed along the process by, for example, interrupting

demonstration instructions with the correct answer and by turning the stimulus pages on her own to go the next item. On the Pattern Construction subtest, I observed her constructing one of the early items upside down and verbalizing that she had done that on purpose. After the test was completed according to the standardized protocol, I decided to return to the Matrices subtest for testing of limits due to notable impulsivity observed during the administration of this subtest. I re-administered the items that were missed the first time around and administered items beyond the discontinue rule in order to assess whether impulsivity might have impacted her performance on this subtest. I did not notice any evidence of linguistic or cultural factors impacting her performance as she seemed to very quickly and decisively provide answers to each subtest and fluidly provided answers in English as needed. Therefore, I did not test limits as a response to the impact of these factors.

Data Interpretation

On the DAS-II – Early Years – Spanish, Raquel's Nonverbal Reasoning and Spatial scores were significantly higher than her Verbal Reasoning scores, to a degree that was statistically significant. Regarding Verbal Reasoning, she performed in the above average range on the Verbal Comprehension subtest but performed in the low range on the Naming Vocabulary subtest. Given that the latter subtest measures expressive language ability while the former subtest measures receptive language ability, I hypothesized that the discrepancy between her performance on these two subtests could be attributed to her reported expressive language delay. Since the verbal data from the DAS-II was corroborated by the data from her DAYC-2 results and both her parents and my observations about her expressive communication difficulties, I thought there was sufficient evidence to conclude that Raquel's lower Verbal Reasoning score

was likely not attributable to her bilingual language status but rather to her communication delay. Given the statistically significant differences between the cluster scores, my opinion was that her General Abilities Score was likely an underestimate of her abilities and that her Special Nonverbal Composite Score was likely a more valid estimate of her overall cognitive ability and this score was in the Above Average range. I hypothesized that the discrepancy between her English-language and Spanish-language teachers' assessment of her academic functioning was a product of Raquel's uneven abilities across both languages rather than a cognitive issue.

In interpreting the test data, I also had to consider the potential impact of cultural and economic variables on Raquel's test performance. Based on the DAS-II-Early-Years-Spanish test norms, Raquel seems to be adequately represented given that Spanish-dominant bilingual Latinx/e children, including those of Mexican origin specifically, were a significant part of the sample and parents with an education level of under 8 years were also represented. Based on the parent interview, Mrs. Diaz and Mr. Hernandez appeared to have a low level of acculturation and they perceived Raquel to be similarly culturally oriented. However, Raquel had been exposed to prior cognitive testing in the US and had been receiving academic instruction in the US for more than 2 years at the time of testing, including most recently 4 months of bilingual language instruction. Therefore, I determined that Raquel's level of acculturation was high enough to not create a major data confound, but it could still have impacted her performance. However, it is difficult to ascertain to what extent level of acculturation was impactful given that the normative sample was not stratified based on this variable. I became more confident that the impact was minimal through my observation of her test performance, in which she exhibited comfort, speed, and decisiveness in responding to test items.

That being said, I did identify four areas that could have impacted Raquel's performance on the DAS-II-Early Years-Spanish. The first was the fact that test was translated from English to Spanish, which can alter the difficulty of the test despite deliberate efforts that Person made to equalize the translation. The second is that bilingual children were not as well represented in the normative data sample as monolingual Spanish speakers, and thus Raquel had to be compared to peers with different language and cognitive development processes than her. The third was Raquel's SES, which was deemed to be low based on the information collected on Raquel's family, including a per capital household income that fell below the federal poverty, her parents having each had about 7 years of education, her parents' occupational status (mom was a house cleaner, dad was unemployed), and the family's limited interpersonal resources and documentation status. Unfortunately, the DAS-II's normative sample is not currently well stratified based on all of these aspects of SES though it does account for parent educational level. The fourth was her level of acculturation, which could have had an impact on her performance despite her decent exposure to Euro-American culture.

Assessment Report

I wrote the assessment report in English due to time and resource constraints and given that the referral source was Raquel's school and that her English-speaking teacher was the one who was concerned about her cognitive abilities. Any Spanish-speaking words that I quoted directly in the document for accuracy included an English translation in parenthesis.

I clearly highlighted the limitations of the testing process for Raquel and her family throughout the report in every section in which quantitative findings were presented. As outlined above, these included the limitations of a translated test and a test whose norms might not have

adequately represent Raquel's unique bilingual cognitive process, her family's low SES, and her moderate level of acculturation. I cited scientific literature to highlight the potential impact of these limitations and included disclaimers about the need to interpret Raquel's performance with caution due to these limitations which could lead to an underestimate of Raquel's performance. I supported my findings with information provided by Raquel's parents, collateral information from Raquel's teachers and her IEP report, and my behavioral observations. Regarding the latter, I pointed out that Raquel gave the impression of having advanced cognitive and social skills and of exceeding her actual performance on the cognitive evaluation. I highlighted the speed and accuracy of her responses and noted that, when she did get simple items wrong, she seemed to either manipulate the rules in order to make the task more challenging or complete the task impulsively seemingly out of boredom and a desire for a higher level of cognitive stimulation. This led me to include, in the recommendation section, an encouragement to Raquel's teachers to consider providing her with more advanced materials with English language supports if she presented in class as disengaged.

Given that Latinx/e individuals often experience significant barriers to services, I recommended specific services that are tailored to the Latinx/e community to increase the likelihood of a successful referral. Given her family's self-reported limited social support, I recommended a parenting support group run in Spanish by mostly Latinx/e -identified individuals and specifically designed to empower families in this community. Raquel's family also expressed concerns about the level of communication they were getting from Raquel's school. In addition to encouraging that they advocate for their needs within the school system, I recommended that Raquel's teachers share curriculum and other information in Spanish so that

parents can reinforce skills at home in their dominant language and also included a referral to an organization that specifically advocates for Latinx/e-identified individuals. Finally, as a way to counter dominant cultural narratives around English-language supremacy, I recommended that Mr. Hernandez and Mrs. Diaz speak to Raquel in Spanish in order to maintain her bilingual language abilities and connection to her heritage.

Feedback Session

For the feedback session, we made sure to find a time that worked for both Mr. Hernandez and Mrs. Diaz since they were the two caregivers in Raquel's life and to attend to each of their reactions and needs. This involved checking in with Mr. Hernandez periodically as he was less verbally communicative than Mrs. Diaz during this session.

Given that the written assessment report was in English, I took the time to translate the intake interview section line by line. I asked them to correct any misinformation or suggest additional information that would be valuable to include in the report. After the session, I added this information in the report with a note that it was provided during the feedback session.

I made sure to verbally address the concerns that Raquel's parents articulated during the intake interview, including Raquel's communication skills, the possibility that she is being underestimated, and the communication difficulties they experienced with staff at her school.

When reviewing test results, I was careful to use non-technical language that mirrored Raquel's parents' language usage. I explained my interpretation of the testing findings within the context of cultural, linguistic, and socio-economic factors outlined in the report and elicited their input on my interpretation. During this process, they expressed relief that my findings supported their concern about the potential for Raquel's abilities to be underestimated and even

corroborated with personal anecdotes about my hypothesis that she sometimes disengages with tasks that are too easy for her.

I emphasized the parents' and Raquel's strengths throughout the feedback session in order to counter narratives that they may have received about themselves because of their ethnicity and/or immigration and socio-economic status. Given Mr. Hernandez's disclosure about his immigration status during the intake interview, I verbally discussed with the family the potential impacts of immigration-related stressors, including emotional difficulties, financial strain, family tension, and difficulties with identity, connection, and belonging. I recommended that they reach out for mental health referrals if they experienced any of these things and wanted to get support. I explained that I could refer them to Spanish-speaking providers that were familiar with the kind of stressors they may be experiencing specifically as Mexican immigrants. I did not include this in the report both to protect their privacy and since it was not directly relevant to the referral question and made sure to tell them so.

At the end of the session, I invited questions and feedback from Raquel's parents and encouraged them to schedule a follow-up session if they had outstanding questions about the evaluation following the feedback session.

Case Vignette Reflections

Through my work with Raquel and her family, I learned that a culturally and linguistically-responsive assessment requires a robust foundation of knowledge about Latinx/e culture and socio-political history and about the impact of cultural, identity, and linguistic factors on cognitive test performance, but this competence is not static (as all these factors are constantly evolving) and can only be considered a starting point. Flexible adaptations must be made to

respond to the unique cultural and linguistic factors that present themselves throughout the process and to come up with creative relational and interpretive solutions that bridge cultural and linguistic differences that are inherent to this process. I learned that the onus is on me to create the kind of environment that would allow for Raquel and her family to feel welcomed, understood, and cared for enough to be able to participate in the process in a way that maximized information sharing and corroborating and testing performance and contextualization. In order to reduce tester bias, I challenged myself to respond to internal judgements about Raquel and her family by considering my cultural lens on their behavior and by reminding myself of my stimulus value as a white, non-Hispanic, highly educated, young, female professional in the mental health field. Within my cultural context, I have internalized the importance of taking care of my own individual needs by asserting boundaries and of being wary of enmeshment dynamics in my family. This helped me to re-consider my snap judgment of possible enmeshment when Mrs. Diaz requested to be present in the room with Raquel during test administration and to take her request seriously while also considering how it would impact the validity of the test results. By the end of the assessment process, with more behavioral data collected, I was able to reconceptualize this request as appropriate and normative within the culture of familismo and as a response to past experiences of marginalization around Raquel's education.

Summary

In conclusion, the adaptation of the cognitive assessment of a bilingual Latinx/e client starts with building rapport by demonstrating a commitment to understanding them through their worldview, eliciting and highlighting their strengths, and responding to linguistic and cultural interpersonal needs and expectations. Formal and/or informal language assessment is critical to

ensure that every step of the process is occurring in a language that optimizes rapport, comprehension, and testing performance and interpretation. In addition to language proficiency, level of acculturation, SES, and education are amongst the most important variables to assess as they most impact the performance of Spanish speakers on neuropsychological tests. All of this information must be carefully considered to inform the selection of the most culturally and linguistically appropriate cognitive test, test administration approach (including decisions around deviation from standardized administration), and test interpretation. Even if a client is well matched in a test's norms based on country of origin, considerable limitations may remain in the form of issues related to test translation, the use of a monolingual test for a bilingual individual with inherently different cognitive processes, and limited representation of SES and level of acculturation in the normative sample. Given these limitations, it is especially important to utilize multiple sources of information (i.e. educational records, collateral interviews, and behavioral observations) to corroborate or invalidate results. The feedback session presents an opportunity to provide recommendations and referrals that directly and proactively address potential socioeconomic barriers to support and treatment.

Appendix: Client Intake Questionnaire

Name: _____ Date of Birth: _____ Age: _____

Gender: _____

Years of education for each caregiver in household:

_____

_____

_____

Occupation of each caregiver in household:

_____

_____

_____

Total household yearly income – choose one:

- ☐ $10,000 or below
- ☐ Over $10,000 to $20,000
- ☐ Over $20,000 to $30,000
- ☐ Over $30,000 to $40,000
- ☐ Over $40,000 to $50,000
- ☐ Over $50,000 to $60,000
- ☐ Over $60,000 to $70,000
- ☐ Over $70,000

Number of people in household: _____

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