INTRODUCTION

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Over 20 years ago, when the first edition of this book was published (Geisinger, 1992), it would have been impossible or near impossible to include focused discussions on a single type of psychological testing of Hispanics (e.g., clinical assessment, educational testing, employment testing). There simply were too few measures that had been validated for such use, and the research at that time was too sparse. Fortunately, much has changed since then, to which the breadth of the coverage in these pages will attest. The chapters in the first edition covered the gamut of testing: personality and clinical assessment, as well as classroom testing in education, managerial assessment, employment testing, the measurement of acculturation, and also psychometric and legal issues in testing language minorities such

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1The impetus for the first edition of this book was “The Psychological Testing of Hispanics” conference, organized by the author. It took place in 1991 at Fordham University in New York City as part of that University's sesquicentennial celebration and was partially funded by the American Psychological Association.

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as Hispanics. This volume concerns clinical and counseling testing almost exclusively. Many of these assessment themes are also covered in this volume; they are augmented by discussions of more specialized forms of testing that have been developed in the interim.

Population changes that were likely to come in the next decades were discussed by Eyde (1992) and several other contributors to the first edition. Foci that emerged were the impeding explosion of the Hispanic/Latino population in the United States, the need to ensure fairness in the assessment of Hispanics, concerns over the use of standardized measures developed in English in America with Hispanic populations, the diversity of Hispanics within our society, and the need for research and development of measures more explicitly aimed at Hispanic and Latino cultures. Eyde’s chapter noted, “The demographer Davis has predicted that ‘Hispanics could number some 47 million and comprise 15% of the population by the year 2020, displacing [non-Hispanic] blacks as the country’s largest minority.’ (Davis, Haub, & Willette, 1983, p. 3)” (p. 168). In fact, these estimates were large underestimates.

The U.S. Census Bureau reported in 2013 that the Hispanic population of the United States was 53 million as of July 1, 2012—some 8 years before it had been predicted that they would number only 47 million. These numbers undeniably made individuals of Hispanic or Latino origin the nation’s largest ethnic or racial minority. Hispanics constituted 17% of the nation’s total population. Indeed, 1.1 million Hispanics were added to the nation’s population between July 1, 2011, and July 1, 2012. This number is close to half of the approximately 2.3 million people added to the nation’s population during this same period. And none of these numbers include those Hispanics or Latinos who are in the country illegally and who are not counted by the Census, numbers estimated to be perhaps 9 million individuals (see Chapter 13, this volume).

Taken on the basis of its Hispanic population alone, the United States represents the second-largest population of Hispanics in the world, trailing only Mexico. This increase in Hispanic population has dramatically changed the complexion of the United States demographically and, as should be expected, affects the demand for psychological services, including testing. That many members of the Hispanic/Latino population face acculturation, language differences, immigration, and economic concerns enhances the need for psychological services to an even greater extent than might have been anticipated purely from the population increases alone.

A third justification for this volume can be found in Chapter 1. In describing a new reference that provides information about tests available in Spanish, Carlson and Gonzalez report, “The impetus to develop PPE [Pruebas Publicadas en Español; Schlueter, Carlson, Geisinger, & Murphy, 2013] owes to a growing recognition that more and more tests in the English language that were included in MMY [Mental Measurements Yearbook; Carlson, Geisinger,
& Jonson, 2014] or TIP [Tests in Print; Murphy, Geisinger, Carlson, & Spies, 2011] offered Spanish versions or components.” Thus, we believe that the need for this volume is clear, considering population increases, the need for psychological services for members of this heterogeneous group, and the changing and improved availability of psychological measures for use with Hispanic clients.

It should perhaps be noted that the terms Hispanic and Latino are not interchangeable. Hispanic is more often used when referring to individuals from Caribbean and Spanish cultures and is a more generic term; Latino is used more commonly with those from Mexico and to some extent, Central and South America. (Not all Latinos necessarily speak Spanish.) Because various chapters in this book, and indeed research in psychology more generally, use both terms, the terms used by specific authors have remained as the authors first penned them. They must be understood as overlapping but distinct terms. Indeed, in 2000, the U.S. Census asked people to identify whether they were either Hispanic or Latino; in 2010, they were asked whether they were Hispanic, Latino, or Spanish.

That the market influence on the increasing need for psychological assessments of Hispanics has changed the testing of Hispanics in this country cannot be understated. During the early 1990s, as part of a research project on the use of testing with Hispanics, I had a conversation about the quality of the adaptation of a well-known English language measure into Spanish with the chief executive officer of a major U.S. testing company. This executive agreed that the test did not meet professional standards for testing, but was being offered for sale purely as a service for those who needed a measure of intelligence in Spanish. Frankly, the scaling of the test had significant methodological issues (López & Romero, 1988; López & Taussig, 1991; Maldonado & Geisinger, 2005).

The chapters of this volume, which detail assessment methods in intellectual, neuropsychological, personality, and other clinical measures, demonstrate that the psychological testing of Hispanics has indeed come of age. In 1991, Velásquez and Callahan (1992) believed that the only measure that could be discussed seriously in terms of clinical use with Hispanic clients was the Minnesota Multiphasic Personality Inventory (MMPI; Hathaway & McKinley, 1940). They cited published studies of commonly used clinical measures with Hispanics. Of the 65 studies they located, 61 used the MMPI, three the Rorschach, and one the Thematic Apperception Test (TAT). No published clinical studies were identified that used the California Personality Test, the 16 Personality Factor Questionnaire (16PF), the Beck Depression Inventory (BDI), or the Comrey Personality Scales. A total of 38 studies using these measures with nonclinical Hispanic populations were found. Of these, 25 used the MMPI, six the Rorschach, two studies each used the TAT and the California Personality Inventory, and one each used the 16 PF, the BDI, and the Comrey
Personality Scales. Velásquez and Callahan therefore focused on the MMPI. Since that time, an entire volume has appeared that has demonstrated the appropriateness of using adaptations of the MMPI–2 and the MMPI–A with Hispanic clients (Butcher, Cabiya, Lucio, & Garrido, 2007). That a specific measure constituted the grounding for a chapter in 1992 could now justify an entire research-based volume some 15 years later is indicative of the rapid and science-based changes going on in practice and in the industry today.

Chapter 1 in this volume demonstrates the explosion of measures available in Spanish to the extent that a reference was needed to provide guidance in helping users to identify and select the best measures for a given use. As mentioned previously, Carlson and Gonzalez document that many widely used English language measures developed and used in the United States have translations or adaptations in Spanish.

In Chapter 2, F. A. Ortiz discusses Mexican personality assessment and documents that many measures adapted for this purpose appear to replicate U.S. results when used with Mexicans. However, some measures were not found to demonstrate equivalent validity in the form of similar factor structure, for example, when used with Mexicans. In other cases, the differences are more subtle. Although replication is relatively common, test developers often need to adapt or exclude the English items that lack cultural relevance in the Mexican culture. In addition, statistical analyses have found some significant decreases in scale reliability or item factor loadings, and statistical evidence has been found of differential item functioning when comparing English items with their Spanish counterparts. Given that at least two thirds of the Hispanic population in the United States is of Mexican origin, it is not surprising that the vast majority of test research with Hispanics has been performed with those of Mexican heritage.

Although Puerto Ricans are the second largest population of Hispanics in the United States, they represent only about one sixth of the Mexican population. The psychological testing research with Puerto Ricans is probably proportionate to their smaller population, although in Chapter 3 Boulon-Díaz indicates that much progress is being made, with active psychological associations on the island leading the way to much advancement in testing. In fact, psychological assessment has a strong history in Puerto Rico. Puerto Rico as a commonwealth of the United States is arguably closer culturally to the United States than is Mexico, but much of the testing work there is still based on the translation and adaptation of measures into Spanish. A special focus has been on the development of Puerto Rican norms of many measures that are used there. Boulon-Díaz provides evidence of the growth of advanced instruction in psychology among Puerto Rican colleges and universities and, from my perspective, it could be argued that testing is even more important in Puerto Rican psychology than it is on the mainland. As groups of Hispanics from other countries
and regions immigrate into the United States, research will be needed to justify acceptable test use, especially when cultural differences among the immigrants make these newer Hispanic/Latino immigrants to the United States somewhat different from those other Hispanics and Latinos who have to date been the primary individuals welcomed into our country (although it may be a wishful thought that immigrants are indeed welcomed).

In Chapter 5, Weiss, Prifitera, and Munoz demonstrate some optimistic breakthroughs. Although there have been historical differences in the assessment of intelligence between non-Hispanic whites and Hispanics in our society, this chapter provides evidence that these differences are shrinking over time (as also predicted by S. O. Ortiz and Melo in Chapter 6) and are largely influenced by both socioeconomic status (SES) and parental education. As these variables become less differentiated across groups, the resultant indexes of intelligence should become more similar or even identical.

In Chapter 6, S. O. Ortiz and Melo also provide excellent examples of some cultural differences between Hispanic groups. Another point made by the authors is the necessity of comprehensive training for those performing assessments of Hispanics. Along with competence in language, competence in the psychometrics of testing and the influence of language fluency and acculturation on tested performance is also critical. S. O. Ortiz and Melo also demonstrate that knowledge of subscale differences among Hispanic test takers can greatly inform the professional delivering and interpreting the assessment.

In Chapter 7, Puente, Ojeda, Zink, and Portillo Reyes provide the somewhat surprising result that even in neuropsychological testing, where physiology would appear most important, test results when assessing Hispanics are influenced by language, acculturation, SES, and educational level. These authors believe that the advance in neuropsychological testing of Hispanics has not kept pace with the population growth, and hence the development, validation, and norming of such measures for Hispanics is greatly needed.

In Chapter 10, Dana demonstrates that many other measures are now available for use with Hispanic clients as well. The research strategies for determining whether measures can be used with Hispanics are also reasonably available and documented (e.g., Geisinger & McCormick, 2013; van de Vijver & Leung, 1997). Dana also provides both a philosophical and an empirical orientation to the use of adapted, English, and Spanish assessments with those who are not from the dominant culture in our society.

Similarly, in Chapter 9, Gallardo and Gomez emphasize that clinical interviewing represents an important set of techniques that help therapists to understand clients within the cultural and contextual settings from which they come and in which they find themselves currently. Such orientations are essential for understanding the behavior of Hispanic/Latino clients, perhaps far more so than for clients from the majority culture. Moreover, Chapters 9
and 10 both emphasize the extreme need for culturally sensitive and aware therapists and counselors. To become culturally sensitive and aware, such individuals have to understand the cultures from which Hispanic clients have come. That such experiences are quite diverse in and of themselves is a point also made clear in Chapters 6 and 11.

In Chapter 11, Edwards and Cardemil describe the need to understand the often culturally based values of Hispanics in our society. They document specifically that cultural experiences and values have been seen as influencing the perception, identification, and definition of mental illness among individuals in addition to the manifestation and expression of psychiatric symptoms. They present a model (ADDRESSING) in which individuals are perceived within a broad framework of individual differences that are based on a number of important sociodemographic characteristics, including age, disability, religion, ethnicity, sexual orientation, SES, indigenous heritage, national origin (including refugee or immigrant status), and gender. Such a perspective is especially useful because it accentuates the need to not see Hispanics and Latinos singly in terms of their ethnicity and heritage. Edwards and Cardemil also describe how such values can be assessed using clinical interviewing or quantitative scales. The central role of the clinician in combining these various influences toward the end of understanding behavior is critical. Ultimately, clinicians must help clients understand their behavior, and attending to these potential influences is of acute importance.

Chapters 12 and 13 focus on two of the most common psychological conditions: anxiety and depression. These chapters present culturally appropriate techniques for assessing these conditions and beginning treatment planning. What should be clear from these two chapters is that there are now numerous measures for assessing these conditions within Latino/Hispanic subpopulations in our society. Understanding the differences and similarities between Hispanics and those of European extraction in our society in terms of anxiety and depression is important for understanding the results of such measures. And as noted in Chapters 4, 7, and 10, these measures simply cannot be straight translations of the English measures; they must be adapted to the particular experiential backgrounds of these groups. The measures discussed in these chapters, in the context of a culturally sensitive clinical interview, indeed represent gold standards of the clinical assessment of Hispanics in our society today.

Stress is often an underlying and contributing factor in many psychological concerns. Therefore, Chapter 14 presents important information on the assessment of stress in Hispanic populations. Assessment of such stress, including acculturative stress, is clearly not yet at the level of development found in the assessment of anxiety and depression in this population. Nevertheless, assessment of stress may be an important aspect of a comprehensive assessment of a Hispanic or Latina/o client seeking services. Better
measures in this area are needed; it is clear that the kinds and causes of stress found in Americans who are born in the United States are likely to be quite different than those in the Hispanic and Latino populations in this country, especially those of immigrants and their entire families. Moreover, many such individuals are likely to be of low SES, struggling with the English language, and experiencing difficulties as they navigate societal systems so different from their home cultures. Imagine the stresses on married Latino men working in the United States to send funds to their families in other countries. There are few similar stresses that would be felt in the majority culture in our society, even when families are necessarily divided geographically.

One central concept in the study of individuality is gender and gender identity. Chapter 15 deals with these concepts and related ones with special reference to the Latino community, where such statuses may have been slower to be accepted than in American society in general. However, some measures are beginning to be developed that help assess these constructs. This area is clearly one where additional research is needed, including validation of the existing measures and the development of new ones. In this chapter, Sánchez provides evidence as to how cultural values influence sexual identity in the Latino community. For example, several chapters in this volume mention the importance of familismo, the critical relevance of extended family to one’s development. In this context, Sánchez reports that Latinos who engage in public disclosure of their gay or lesbian sexuality often do so much closer to home than their non-Hispanic counterparts. Such information underscores both the relevance of culture in understanding behavior and the necessity to understand the complexity of behavior.

Psychology’s interest in diversity is one of the true strengths of our field, both academically and professionally. That the nation’s largest minority group is also one that has emerged from a variety of cultures different from the dominant culture of the United States and whose members often use English as a second language makes psychological service provision more complex. The intents of this book are to move our field ahead in its ability to deal with Hispanics and Latinos/as, to celebrate and share the accomplishments that have transpired over the recent decades in this endeavor, to revel in the diversity within the United States, and to open our eyes more to the international community that is increasingly being found in this country.

REFERENCES


