

**Multicultural Understanding of Child and Adolescent Psychopathology:
Implications for Mental Health Assessment**

Achenbach, T. M. & Rescorla, L. A.
New York: Guilford (www.guilford.com)
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It is by now a “truth universally acknowledged” that the contemporary psychologist practices in a world that has grown both increasingly diverse and increasingly interconnected. Mental health practitioners working in the United States must be aware of the racial, cultural, ethnic, and linguistic factors that impact the populations they serve, and gather and interpret assessment data with an eye to those factors. At the same time, practitioners in other countries have unprecedented access to assessment instruments that were developed primarily in the English-speaking world; they, too, are charged with coming to conclusions about the cross-cultural validity and utility of these instruments. These factors are perhaps nowhere as relevant as in the assessment and treatment of child and adolescent populations, who both represent the fastest-growing segment of the US minority population and are multiply influenced by the cultures in which they reside.

In recognition of our changing collective reality, the American Psychological Association (<http://www.apa.org/pi/oema/resources/policy/provider-guidelines.aspx>) exhorts practitioners to:

consider the validity of a given instrument or procedure and interpret resulting data, keeping in mind the cultural and linguistic characteristics of the person being assessed. Psychologists are aware of the test's reference population and possible limitations of such instruments with other populations.

In their meticulously-researched, academically-rigorous, and clearly-written volume, Achenbach and Rescorla answer this call. This is a challenging and academically precise book, requiring careful attention from the reader. In exchange, however, it leaves the reader with an in-depth understanding of multicultural assessment and its implications for diagnosis and prevention among children and adolescents.

The authors begin by explicating the two major approaches to understanding child and adolescent psychopathology: empirically-based or “bottom-up” approaches, and diagnostically-based approaches (“top-down”). This section introduces readers to the most commonly-used instruments in the assessment of child and adolescent psychopathology, including those comprised by the Achenbach System of Empirically-Based Assessment (AESBA), and those developed around DSM criteria (e.g. the DISC). It should be noted that this section of the book, which contains a discussion of the psychometric properties and validity findings for the assessment instruments under consideration, is likely to be of most interest to those who are themselves involved in research and test construction.

The authors then turn to a discussion of multicultural findings on scores obtained with empirically-based assessment instruments and the patterns of problems found with empirically-based instruments. This discussion provides ample support for the general multicultural validity of the ASEBA instruments, and identifies patterns of cultural, gender, and age differences in the findings. The authors’ clear and detailed reporting of gender and age differences in assessment

data paves the way for a discussion later in the book of how these factors might better be taken into account in considering how assessment data might best be interpreted for a child of a particular gender or age group- for example, attentional problems and excessive motor activity may be less typical and therefore more notable in a 16 year-old girl than in a 4 year-old boy, whereas the reverse might be true of internalizing symptoms.

Achenbach and Rescorla then move on to report on findings on the prevalence, correlates, and comorbidity of diagnostically-based disorders. This section contains a thought-provoking discussion of issues affecting the interpretation of top-down assessment instruments, such as the lack of standardization in diagnostic procedures across cultures. Perhaps of particular interest to the practicing clinician, the authors also consider the issues of how to understand discrepant data across multiple sources, such as parent and teacher report forms, how to understand what data may be missing from a “yes-no” diagnostic system, and how to interpret differences in test-retest findings across multiple assessments.

Among all the culture, age, and gender-specific findings discussed by the authors, one consistent finding emerges that should be of interest and concern to both clinicians working directly with children and adolescents and those involved in the development of policies and prevention efforts that impact their well being. Regardless of culture of origin, problem scores tend to be higher among children and adolescents in lower SES groups. Further, lower-SES children whose assessment scores place them in the problem range in childhood are less likely to show an amelioration of their problems at older ages. Achenbach and Rescorla encourage us to “look closely at such factors as attitudes, stressors, microenvironments, aspirations, role models, and adaptational competencies” that may serve as risk factors for children and adolescents in lower SES households and communities (Achenbach & Rescorla, 2007, p. 277.). The consistency of these findings cross-culturally, including in countries with universal access to healthcare, suggests that additional research and prevention efforts are needed to better understand and ameliorate the impact of being raised in a low-SES household or community.

Achenbach and Rescorla are researchers’ researchers- meticulous, rigorous, clear, and thoughtful. In this book, they provide us with the benefit of their collective wisdom and experience- a benefit which, in turn, will make a difference for the children and adolescents we serve.

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