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# Assessing the Adaptive Behavior of Youths: Multicultural Responsivity

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Nearly 25 years ago, Allen-Meares and Lane appraised the status of adaptive behavior assessments in use at the time, citing their usefulness and relevance to the overall assessment of school children. This article revisits those instruments and examines select current instruments to gauge whether they include the multicultural sensitivity required to fairly assess the growing diverse populations of school children. Many of the popular adaptive behavior assessment instruments have not been normed with a wide array of racial groups or with cultural considerations in mind. This leads to suggestions of how social workers in particular may ensure that referred students are assessed fairly.

KEY WORDS: *adaptive behavior; assessment; children; race and culture; school*

Allen-Meares and Lane (1983) authored an article in NASW's *Social Work* journal titled "Assessing the Adaptive Behavior of Children and Youths," which appraised the status and use of adaptive behavior as a concept and measurement tool that would work in the school system. *Adaptive behavior*—or the ability of a person to function in society, in a group, or in a classroom according to specific standards of behavior and ability—is one factor practitioners consider when completing holistic assessments of the level of care and services necessary. At the time of the Allen-Meares and Lane article, adaptive behavior instruments and theories were gaining recognition and use among school social workers as they strove to accurately assess students to determine who among them was eligible for special education programming.

The use of formal measurement was not an entirely novel concept within the school setting. School psychologists and special resource personnel frequently presented data from various instruments that measured or quantified performance, IQ, speech, motor skills, and other indicators. Many of these instruments were limited to the in-school behaviors or cognitive abilities of the child. However, at the time, the ability to assess a child's whole experience was trending toward a more comprehensive set of measurements as a complement to those more typically administered. Because school social workers are knowledgeable about the importance of a holistic approach and understand how environment affects behavior, they were ideally suited to assess the adap-

tive behavior of pupils identified as candidates for special education services.

As often is the case with trends, whether societal, educational, or professional, it is prudent to examine the tools that have been developed concomitantly and the way they have been used. Although several of the assessment instruments discussed by Allen-Meares and Lane (1983) are still in use, many others have been developed. In addition, although Allen-Meares and Lane discussed one culturally sensitive instrument called the System of Multicultural Pluralistic Assessment (SOMPA), the consideration of cultural and ethnic factors in assessment has gained more importance given the increasing ethnic and racial diversity within certain school systems.

Furthermore, cultural and ethnic factors are of particular relevance as the overrepresentation of ethnic minority students in special education classes has been documented by researchers whose work spans the past 40 years (Harry, Sturges, & Klingner, 2005; Hosp & Reschly, 2004). In 1998, approximately 1.5 million ethnic minority children were identified as mentally retarded, as having emotional problems, or as having a specific learning disability (Civil Rights Project, 2002), with nearly 60 percent of those children being African American or Native American. The Children's Defense Fund (2005) cited Osher, Sims, and Woodruff's (2002) report, which stated that in 39 states, African American children are twice as likely to be labeled mentally retarded. Atkins-Burnett (2006) suggested that although troubling, these statistics, taken as a whole and con-

textualized in light of economic status, environment, and so forth, might not be as troubling if those so identified were then provided with "adequate supports" to bolster their academic success. However, once labeled, ethnic minority children are less likely to receive instruction in a mainstream classroom, are more likely to face harsher discipline than that received by their peers, and are less likely to graduate. Outside of school, African American students, in particular, face a greater rate of unemployment and arrest (Children's Defense Fund, 2004).

When ethnic minority population growth and the information regarding overrepresentation is considered in conjunction with the recent reauthorization of the Individuals with Disabilities Education Improvement Act (IDEA) (U.S. Department of Education, 2004), which includes specific language on preventing this overrepresentation, now is a particularly appropriate time to revisit the status of these adaptive behavior assessment scales. Not only does IDEA seek to prevent the overinclusion of ethnic minorities in special education, but also its language guarantees that all students with potential disabilities be included in the assessment process, with appropriate accommodation as necessary to "measure the academic achievement and functional performance of [any given student]" (IDEA, § 1412, 24).

Overrepresentation is not the only reason to norm assessment instruments with different ethnic and cultural considerations. The face of the United States is quickly changing to include growing populations of students who reflect a larger American diversity. On the basis of the 1990 data, the U.S. Census Bureau (1992) projected that by 2050 the fastest growing population in America will be Hispanic, with growth in the Asian or Pacific Islander populations following closely behind. Similarly, the African American population will double in size, whereas the white, non-Hispanic population will remain stagnant (Day, 1996).

With these factors in mind, this article updates definitions, discusses theories and assessment criteria, revisits the different adaptive behavior instruments presented in the 1983 Allen-Meares and Lane article, presents several additional instruments used in today's schools, and examines important psychometric properties relevant to the growing diversity of U.S. schools. Furthermore, it appraises the importance of cultural competence and provides practical suggestions for how social workers may ensure culturally sensitive assessments.

## DEFINITION OF ADAPTIVE BEHAVIOR

Adaptive behavior literature has regularly pointed to a definition provided by the American Association on Mental Retardation (AAMR) as the accepted standard. It is important to note that adaptive behavior has been a component of AAMR's definition of mental retardation since approximately 1961, and the factors that constitute adaptive behavior assessment have evolved over time as the definition itself has changed. It is also important to note, relevant to the following discussion, that although AAMR's definitions of mental retardation and adaptive behavior have changed over the course of additional research, one of the criteria for application has not: In both the 1992 and the 2002 AAMR definitions of mental retardation, a person's culture is explicitly mentioned as a basic assumption in any assessment (Wehmeyer, 2003).

According to the most recent definitions put forth by AAMR (2002), *adaptive behavior* is defined as "the collection of conceptual, social, and practical skills that people have learned so they can function in their everyday lives." AAMR presents three core skill groups as a framework for analysis, each with numerous subcategories. The three core groups include *conceptual skills*, the basic educational concepts that a person acquires over time; *social skills*, the friendships, social interactions, and so forth, that a person forms or experiences over time; and *practical skills*, the everyday life skills or events that a person prepares to engage in over a lifetime.

It is common belief within the research community that to provide successful assessments at any level, there first must be a clear definition of that which is being assessed. In this case, a recent investigation into adaptive behavior scales and their use today has revealed the lack of a universal or standard definition. However, the concept of adaptive behavior as self- and social sufficiency runs throughout the literature and instruments, as does a consistent reference to the AAMR definition mentioned in the preceding paragraphs. Typically, age is considered in a standard measure, specifically in relation to developmental norms for a given age group.

## THEORETICAL UNDERGIRDING

In the absence of a set definition of adaptive behavior or a standard set of assessed behaviors, it is important to draw attention to the supporting theoretical frameworks and perspectives that undergird adaptive behavior assessment.

### **Ecological Perspective**

In their article, Allen-Meares and Lane (1983) focused on the ecological perspective as the primary premise of assessment. *The Social Work Dictionary* (Barker, 2003) defines the *ecological perspective* as “an orientation in social work and other professions that emphasizes understanding people and their environment and the nature of their transactions. Important concepts include *adaptation, transactions, goodness of fit* between people and their environments, *reciprocity*, and *mutuality*” (p. 136).

The ecological perspective cannot be discussed without reference to Bronfenbrenner’s (1979) seminal definition of the environments in which a person interacts. These environments include the *microsystem* (the child himself or herself), the *mesosystem* (the child’s interaction with his or her environment), and the *macrosystem* (the attitudes and ideologies of the child’s surrounding culture).

As evidenced by the measures for adaptive behavior listed earlier, the ecological perspective remains highly relevant in the assessment process. A child’s ability to function at one age, on one day, and in one setting cannot be evaluated without also considering the people and places with which he or she comes in contact, as well as the effects of society at large.

### **Family-Systems Perspective**

This assessment structure allows for assessment of the child within the familial framework, where the family’s evolution, the family members’ interplay, and the members’ levels of dependency might be crucial factors in the child’s development, behavior, or both.

Both the ecological and family-systems perspectives speak directly to the necessity to consider factors of culture, ethnicity and race, and socioeconomic status in assessments. Culture “affects the [individual’s] display of language, behaviors, and beliefs” (Van Acker, 2006, p. 381). When children are assessed without consideration of these factors, practitioners run the risk of improper identification and placement and the resultant potential for additional behavior and learning problems.

### **Developmental Perspective**

The use of a developmental, normative-developmental, or cognitive-behavioral framework in the assessment of children focuses on the interplay between the child’s social and emotional devel-

opment during the formative (and most critical) years of development and on future learned and adaptive behaviors. To describe how children alter their behavior over a lifetime, researchers and practitioners have developed and used several different theories, including the influential contributions of Jean Piaget, B. F. Skinner, Albert Bandura, and Lev Vygotsky. In the school environment, where learning is the primary goal for students, the developmental perspective is critical, and consequently school social work practitioners should take extra care in understanding its implications.

### **Humanistic Perspective**

The humanistic approach to assessment allows a practitioner to examine an individual’s feelings of responsibility and the effects these may have on his or her behavior. School social workers should use this approach specifically when focusing on the importance of a student’s feeling of ownership or investment in his or her own education as an aid to reducing problem behaviors. This approach would prioritize maintaining learning and social environments free of threats to increase individual responsibility and to reduce behavioral problems (Cohen & Spenciner, 1998).

### **Eclectic Perspective**

Finally, the eclectic perspective embraces fundamentals from a variety of perspectives and uses them as a whole in the assessment process. Family, environment, genetics, and the child’s own concepts of self-determination are all factors that are observed and documented to provide a full assessment.

## **ASSESSMENT CRITERIA**

### **General Considerations**

In general, adaptive behavior scales are sensitive enough to assist or inform a practitioner in a global sense but are less useful for identifying specific areas of deficiency or skills that are lacking or in need of refinement (Bieleki & Swender, 2004). Before using any assessment tool to measure adaptive behavior, the practitioner must address several preliminary questions and criteria (a comprehensive list of questions may be obtained from the author). The Allen-Meares and Lane (1983) article listed four such questions:

1. Does the instrument define and operationalize adaptive behavior in a manner that concurs

with the social worker's own and the school's, district's, or state agency's perception of adaptive behavior?

2. Does the purpose for which the instrument was constructed adequately match the purpose for which the social worker intends to use it?
3. Does the instrument exhibit acceptable *normative* (the ability to measure the examinee against a representative sample) and *criterion-based* (the ability to measure the examinee in relation to stated criteria) referencing characteristics?
4. Does the instrument's use require excessive expense or reorganization of the social worker's practice?

These questions remain important and pertinent criteria in the selection between the instruments in use today, as evidenced by recent publications by the Center for Family and Community Partnership (2001), which published two lists of considerations for choosing standardized/normative tests or criterion-referenced measures as assessment tools, and by the recent articulation of psychometric properties by Sattler and Hoge (2006), including reliability, validity, and population characteristics.

It is imperative to note that the use of one singular assessment process or tool may not be the most effective way for a practitioner to approach any given situation. Mash and Hunsley (2005) cited Evans and Meyer (1985) and Mash and Terdal (1997) in their discussion of evidence-based assessments, in which they stated the following:

Child assessment by its very nature involves the use of ongoing decision-making processes, often requiring an integration of information obtained at different ages, from repeated assessments... using multiple methods... informants... and settings, and not just the utilization of psychometric methods. (p. 364)

### **Additional Considerations**

Other factors play a role in the use and relevance of a given scale. Some factors that may prove critical to a holistic approach to assessment include culture, ethnicity, gender, language, socioeconomic status, geographic region, family structure, how the student behaves outside of the school environment, and the student's degree of school readiness.

Particularly relevant to the following discussion are the factors of ethnicity and culture. Although ethnicity is typically associated with a particular group or national origin, *culture* is defined as "a set of values and beliefs that is learned and adopted as a result of living with a group of people" and includes the influence of religion, language, tradition, and accepted laws (Craig & Tassé, 1999, p. 119).

Lewis (1998) suggested the following four steps to ascertain the appropriateness and reliability of assessment instruments when considering an instrument for use with a student who identifies with a specific culture.

1. Decide whether the content of the test and the norm or comparison group is appropriate for a linguistically, ethnically, racially, or culturally different client.
2. Evaluate the data available to ascertain whether the test performance of a diverse client may be due to culturally biased characteristics of the tests.
3. Determine the reliability and validity of translated and adapted instruments with a non-English speaker and other linguistically different clients.
4. Choose assessment devices that have been developed with the intention of making them as fair as possible—in other words, reliable and valid.

It is important to mention that test bias has been at the center of many legal disputes on the overrepresentation of ethnic minorities in special education classes, including *Larry P. v. Riles* (1979), and *Parents in Action on Special Education (PASE) v. Joseph P. Hannon* (1980). These cases and others resulted in the finding that assessment tools—commonly IQ tests—were neither necessarily culturally sensitive nor typically the sole determining tool practitioners used when recommending special education placement. Similarly, the courts found that there were factors other than race (for example, economic status, environment) that had the potential to affect a child's recommendation for placement.

### **MEASURES OF ADAPTIVE BEHAVIOR**

After answering some or all of these questions about the best instrument to use, the practitioner should find that he or she has a wide variety of choices

that might meet his or her needs and those of the school system.

The Allen-Meares and Lane (1983) article presented the following four scales of adaptive behavior assessment in wide use at that time:

1. The Adaptive Behavior Inventory for Children (ABIC) (Mercer & Lewis, 1978) is an instrument designed for use as one part of a complete assessment procedure, the SOMPA. It is not suitable for use in an assessment for interventions or programming that requires detailed criteria.
2. The American Association on Mental Deficiencies' (AAMD) Adaptive Behavior Scale—Public Schools Version (ABS-PSV) (Lambert, Windmiller, & Cole, 1975), which was subsequently modified into the ABS—School, Second Edition (ABS-S:2) (Lambert, Nihira, & Leland, 1993), began as an adaptation of the Adaptive Behavior Scale—Standard Version (Nihira, Foster, Shellhaas, & Leland, 1969) and differed from the original in two important ways: Fifteen items deemed not appropriate for rating by teachers were removed, and the tool was normed for use in public schools, allowing teachers, rather than the child's caregivers, to make the primary assessments.
3. The Vineland Social Maturity Scale (VSMS), designed by Edgar Doll in 1953, is the oldest model available. The instrument provides one comprehensive score, termed *social age*, which can be loosely translated to an IQ-like social quotient.
4. The Children's Adaptive Behavior Scales (CABS) (Richmond & Kicklighter, 1980) were relatively new and controversial in early 1980. This instrument allows a trained representative in psychoeducational testing to directly administer the assessment in the vein of an IQ test.

(A table highlighting the psychometric properties of these instruments and others can be obtained from the author.)

Allen-Meares and Lane (1983) also touched on a then relatively new instrument, the SOMPA, created by Mercer and Lewis (1978) in response to the misclassification as mentally retarded of children with different cultural backgrounds and language

barriers. On the basis of the Wechsler Intelligence Scale for Children—Revised (WISC-R) (Wechsler, 1974), SOMPA was the “first attempt to reduce the stigmatization of minority children and foster multicultural, multilingual programs” (Lewis, 1998, p. 229).

Drawn on a sample group that represented equal numbers of Hispanic, African American, and white students, SOMPA assesses the following three aspects of a student's educational needs: medical, social systems, and pluralistic. Opinions on the utility and psychometric strength of SOMPA were rarely in shades of gray. Although some researchers raised concerns—particularly about its psychometric strength—others, leaders in their field, thought that the SOMPA hailed the future of multicultural assessment (Hines, 1981). Although described as “a very promising development in the field of testing” (Nuttall, 1979, p. 289), its greatest potential stemmed from its theoretical framework rather than from its cultural sensitivity. A search of recent literature and a discussion with a local practitioner has indicated that SOMPA is no longer a leading topic of research or discussion.

#### THE EVOLUTION OF ASSESSMENT SCALES

Over the past 25 years, the scales mentioned earlier have either evolved, have been revised, or are no longer widely used. It is important to note that the titles of scales may have changed over time, but many of the psychometric properties have remained the same. Similarly, many new instruments have been authored and found to be useful and effective in assessment.

Of the original four scales discussed in detail in the Allen-Meares and Lane (1983) article, only two remain in regular use throughout school systems today: The AAMD's ABS-PSV continues to be used under the title of the AAMR ABS:S2, and the VSMS is now used as the Vineland Adaptive Behavior Scales, Second Edition (Vineland-II) (Sparrow, Cicchetti, & Balla, 2005).

In addition, a new scale, the Scales of Independent Behavior—Revised (SIB-R) (Bruininks, Woodcock, Weatherman, & Hill, 1996), has emerged as a viable tool, as has an instrument that is based on the SIB-R—the Inventory for Client and Agency Planning (ICAP) (Bruininks, Hill, Weatherman, & Woodcock, 1986). Other instruments currently used to assess adaptive behaviors include the Adaptive Behavior Assessment System—Second Edition

(ABAS-II) (Harrison & Oakland, 2003) and the Batelle Development Inventory (2nd ed.) (BDI-2) (Newborg, 2005).

### **The AAMR ABS:S2**

Revisions to the AAMR Adaptive Behavior Scale, such as the ABS:S2, drawn in part from new research data, have increased its validity and reliability. The standardization sample group came from 40 different states and was stratified using gender, race, residence, and geographic region, but again there is no indication that the ABS:S2 has been normed for use with specific cultures or ethnic groups.

### **The Vineland-II**

Perhaps the most widely used and popular assessment instrument, the Vineland-II, has been used to validate other assessment tools and scales and to assess a vast array of developmental challenges, such as autism, fragile X syndrome, language delays, psychiatric disorders, and children with attention-deficit/hyperactivity disorder (Winters, Collett, & Myers, 2005).

The standardization sample was stratified by race, gender, community size, geographic region, and socioeconomic status, and the publisher indicated that the new norms were based on U.S. census data. However, there is no indication that the test has been normed for use with any specific cultures or ethnicities.

### **SIB-R and ICAP**

The SIB-R assesses both adaptive and maladaptive behaviors for infants and adults through age 80. Of the available scales, this is the only one with a form specifically for the blind. Note too that the SIB-R is the only one of the instruments discussed herein that specifically lists Hispanic origin in its standardization review.

The standardization sample was chosen to represent the 1990 U.S. census data and was stratified on the basis of gender, race, Hispanic origin, occupational status, geographic region, and type of community. Although the sample was drawn to roughly correspond to 1990 U.S. census data, the Midwest region was overrepresented in the sample.

Unlike most of the instruments discussed, the ICAP uses the measure of adaptive behavior as a way to directly assess services that students, clients, or patients might need. Parents, teachers, guardians, or other care providers may either complete the as-

essment themselves or avail themselves of a service provider, such as a social worker (Hill, 2005).

The ICAP was normed with a population of 1,764 people ranging in age from 0 to 50. No further norming information could be located at the time of this publication.

### **ABAS-II**

The ABAS-II maintains the basic structure of its original version but now consists of five forms instead of the previous three. It is "the only instrument to incorporate current AAMR guidelines for evaluating the three general areas of adaptive behavior (Conceptual, Social, Practical)," and to "assess all 10 specific adaptive skills areas specified in the DSM-IV" (Harcourt Assessment, 2006).

The instrument was standardized in two parts: The parent/primary caregiver and teacher/daycare provider forms were standardized by using 2,100 individuals, stratified by race and ethnicity, level of education, and gender as reflected in 2000 U.S. census data. The teacher, parent, and adult forms were standardized with a sample of 5,270 people, stratified by race and ethnicity, level of education, and gender as reflected in 1999 U.S. census data. Note that there is no indication that the ABAS-II has been normed for use with specific cultures or ethnic groups.

### **BDI-2**

Designed to assess a child's early development, the BDI-2 instrument is available in two forms—screening and full assessment. The BDI-2 was standardized using a sample of 2,500 children. Results were stratified by age, geographical location, socioeconomic status, gender, and race in relation to the 2001 U.S. census data.

The publisher specifically indicated that reviews were conducted on all items for gender and ethnicity concerns (Newborg, 2005). The instrument is available in a Spanish version.

Although many of the instruments listed earlier have been normed with U.S. Census Bureau data, it is imperative to note that this information may not complete a comprehensive picture of a given location. In fact, undercounting of ethnic minorities is an ongoing problem (U.S. Census Bureau, 1992).

### **Brief Impairment Scale**

Achenbach (2005) and Mash and Hunsley (2005) remarked that assessments and the norming, vali-

dation, and reliability of these assessments must be tested among diverse cultural groups to support and advance the empirical undergirding of the instruments. Up to the point of their reviews, they noted that this has not been the case (Achenbach, 2005; Mash & Hunsley, 2005). However, there appears to be one exception to their claim.

Bird et al. (2005) discussed their unpublished Brief Impairment Scale (BIS), a "multidimensional scale of functional impairment for children and adolescents" (p. 699). Although no specific mention is made of mental retardation or adaptive behavior, the instrument "provides a global measure of impairment that can complement, not replace, standardized assessments that link impairment to specific diagnosis" (p. 700). The instrument was translated and culturally adapted following a specific set of criteria. The BIS sample was administered in Spanish in Puerto Rico and in English in New York. Subsequently, the samples were considered representative of the population from which they were drawn, and findings were generalizable to those populations.

Although promising, at this point in time the BIS appears to stand alone among assessment instruments and may, in fact, be limited in its use. It is not suggested for use in clinical diagnosis, although Bird et al. (2005) pointed out that federal requirements for assessment do not require the use of specific assessment tools. The authors also noted that, although the BIS was tested in two samples that differed from one another, each sample consisted of a single ethnic group. Bird and fellow authors joined Mash and Hunsley (2005) and Achenbach (2005) in advocating for testing with other diverse populations.

### **CULTURAL RESPONSIVITY**

In their discussions of fortifying evidence-based criteria for child and adolescent assessment, both Mash and Hunsley (2005) and Achenbach (2005) highlighted the lack of cultural consideration in much of the assessment realm and not merely in the instruments discussed earlier. Achenbach pointed out that cultural consideration is necessary for many reasons, including the growing potential for professionals to serve populations that are different from their own and the rising populations of immigrants, refugees, and native-born ethnic minorities.

Winters and colleagues (2005) joined a growing group of those who advocate testing assessment instruments with more culturally diverse populations

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to assess how variation in expectation for normative behavior (which can also be present within a culture) should influence scale development, scoring, or recommended cutoffs. In the clinician-rated scales, the rater would need to be knowledgeable about these variations to avoid under- or over-rating functional impairment, and many clinicians lack this knowledge base. (p. 334)

In the absence of definitive and comprehensive testing among varied cultures, some important questions for practitioners to consider when using these instruments are discussed in the following subsections.

### **How Does Culture Affect Behavior?**

In today's multicultural, economically stratified, global society, it is important for administrators of assessments to espouse the developmental perspective undergirding assessment theory and thus be conscious of how the design of an instrument may not take into account either the child's learning context during critical stages of development or his or her cultural norms. Behaviors and learning mechanisms may vary greatly across cultures and ethnicities, and consequently that diversity may affect the child's performance or the outcome of the assessment. In addition, when the child's racial makeup or socioeconomic status is not represented by the population used in the norming of an instrument, it is vital that interpretation of the assessment scores be considered in light of this fact. Improper classroom placement can potentially create further problems.

The majority of tests used today are still standardized by means of a white, middle-class perspective. "Some social scientists claim that traditional assessment measures cannot indicate the true potential of minorities because those instruments are geared to the values, information, learning styles, environmental influences, and cognitive structures that are common to the middle-class lifestyle" (Samuda, 1998, p. 4). In addition, "it must be remembered that minority children who do well on IQ tests as a whole come

from homes that convey the same values, the same aspirations, the same environmental circumstances, and the same attitudes as the majority white middle class in America" (Samuda, 1998, p. 6).

According to Lewis (1998), no test "can be considered culture-free, although some can be thought of as culture-reduced instruments" (p. 222). Several actions may be undertaken to help reduce the cultural effects of assessment instruments. For example, the Kaufman Assessment Battery for Children (K-ABC) (Kaufman, 1983), an intelligence test, allows administrators to verbally or nonverbally "communicate the nature of the task" to the child and to accept answers if "they are given in subcultural slang or foreign language" (Lichtenberger, Kaufman, & Kaufman, 1998, p. 25). Additional actions may include removing time restraints, incorporating nonverbal formats, and replacing single procedure and single score instruments with those that are more diverse (Lewis, 1998).

### **What Can Social Workers Do to Ensure that Culture Is Being Accounted for in the Assessment Process?**

Social workers can play a large role in raising the levels of cultural competence within their schools, particularly in child assessment. One of the main foci of social work is improving the fit of the person in the environment, and this is one specific instance in which having a comprehensive understanding of the student and how he or she behaves in a specific context or as a part of a cultural group is required to determine the most appropriate placement and programming.

If one takes into account the ecological perspective of assessment as discussed earlier, cultural competence in this context must include understanding how culture can affect behavior in each of the ecological systems. Assessment of the microsystem takes into account what individuals—specifically the student, the family, and the student's teachers—are doing. The mesosystem then indicates assessment of the connection between the student and his or her educational process. It is at this point that a school social worker may raise questions such as, "Does our school promote cultural identity and expression, or does it stress assimilation?" Finally, the macrosystem prompts practitioners to investigate how cultural norms and school policy can affect the student's school community. A social worker can promote change in this interaction if he or she finds that

those connections lead to the oppression of people from different cultures, backgrounds, or races. It is important to understand the relationship among all three systems, especially the school's role in the child's life. As Caple and Salcido (2006) pointed out, the school can act as "a center of cultural development for children and for the developing community" (p. 301).

Although there is some debate on exactly how cultural competence manifests itself within the profession, Sue (1981) set the initial criteria for what social workers must assess in themselves to become successful in evaluating cultural factors in others, including self-awareness of their own culture, biases that may result, and any particular power this might give them in a client relationship; awareness of how a client's culture affects his or her worldview and actions; and the ability to use this information in creating or selecting informed interventions for the client. Sue and Sue (1990) later refined the concept of cultural competence, stressing the importance of the following three factors: beliefs/attitudes, knowledge, and skills. These three factors are intimately connected to the notion of informed interventions. It is imperative for social workers to remain cognizant of their local cultures, the social climate toward specific populations, demographics of their area, and cultural norms that differ from their own or from that of the majority.

### **CONCLUSION**

In the final analysis, it is evident that instruments for the assessment of adaptive behaviors have, in fact, changed with the times. Although Allen-Meares and Lane (1983) were on the forefront in reviewing the use of these instruments, especially in regard to special education placement, the past 25 years have introduced new and different instruments for social workers to use. However, it is evident that the element of culture has not yet become a standard component. Although some instruments have been normed with a small sample of ethnic or racial data, most have not. The fact that ethnic minority children are disproportionately referred for special education suggests that the consideration of culture could help eliminate problems that may arise from a child being misclassified. As culture continues to play a vital role in child and family development, it is the duty of the social worker to remain vigilant in considering the role of culture in adaptive behavior.

Although the instruments discussed in this article offer valid and reliable measures for use in the assessment of children, it remains imperative that social workers use them in addition to, and not in isolation from, their own education, practice wisdom, observation, and other sources of data, including psychological reports, student grades, teacher and parent observations, and environmental assessments. When selecting an assessment tool, practitioners should keep in mind that a sensitive and accurate assessment calls for a holistic approach to evaluation. **SW**

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## Stress Disorder Treatment Unit (SDTU) Program Director

North Chicago VA Medical Center, North Chicago, Illinois

North Chicago VAMC is located on Rt. 137 (Buckley Road) next to the

Naval Training Center Great Lakes in Northern Illinois, approximately 10 miles from the Wisconsin border. The medical center is an affiliated facility with appropriate acute care components including primary and secondary medical care, ambulatory surgery and rehabilitation medicine to support an aging veteran population.



The Post-Traumatic Stress Disorder (PTSD) Treatment Program at the North Chicago VA Medical Center is seeking an experienced clinician-administrator to serve as its Program Director. The PTSD Treatment program includes an outpatient PTSD Clinical Team (PCT) and a well-established 26-bed residential treatment program with a national reputation for delivering specialized treatment for PTSD. The PTSD Treatment Program is transforming itself into a Center of Excellence for the evidence-based treatment of combat-related behavioral disorders, a process in which the Program Director is expected to provide leadership.

The North Chicago VA Medical Center and its partner institution, the Great Lakes Naval Hospital, are engaged in a dynamic process that will transform the two institutions into a single, state-of-the-art, first in the nation Federal Health Care Center by 2010. The Medical Center, a Dean's Committee Hospital, affiliated with Rosalind Franklin University of Medicine and Science/the Chicago Medical School, offers residency training in psychiatry and an accredited internship program in psychiatry and provides a complete continuum of psychiatric treatments. *Academic appointments are available for eligible candidates.*

The Program Director will be responsible for leading, coordinating and directing the activities of the program's multidisciplinary clinical team, providing clinical services, participating in educational activities and stimulating and supporting program-related research. Administrative, clinical, and research experience and knowledge of evidence based interventions for PTSD are highly desirable.

The qualified Social Worker we seek should have a Master's degree in Social Work from a school of Social Work accredited by the Council on Social Work Education and be a Licensed Clinical Social Worker (LCSW).

VA offers a competitive salary and a generous federal benefits package including paid vacation, 10 paid holidays, health/life insurance, sick leave, and retirement system plus 401(k). *Applicants selected for these positions may be eligible for maximum award consideration under the Federal Education Debt Reduction Program.*

Forward CV, resume or application to:

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