2.12 The Community Genogram

The Intersection of Positive Psychology and the Practice of Counseling and Psychotherapy

Sociocultural and Individual Differences

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10.08.5.4.3 Assessment process

Once psychologists have begun to form a working alliance with the family, the assessment may begin. The psychologist who gathers family assessment data in a culturally sensitive manner communicates a respect of the cultural diversity of families (Hanson, Lynch, & Wayman, 1990). In conducting a family evaluation, the ways in which the family's culture impacts on their symptom presentation and interactional patterns must be considered (Zayas et al., 1996). Evaluators must be mindful of the ways in which their own culture may

affect the assessment process. In addition to cultural biases influencing the assessment of intellectual, psychiatric, and behavioral functioning, these biases may impact upon the evaluator's perception and evaluation of family functioning (Canino & Spurlock, 1994; Dana, 1993). Given the growing literature on cultural considerations in assessing psychological symptoms and psychiatric conditions in people across the life span (e.g., Alarcon, 1995; American Psychiatric Association, 1994a; Canino & Spurlock, 1994; Gaw, 1993), and in diagnosing psychiatric disorders in the recent *Diagnostic and statistical manual of mental disorders* (4th ed.; DSM-IV) (American Psychiatric Association, 1994b), our comments on assessment only address considerations pertinent to families.

During the evaluation, the clinician must gather information about the ethnic, racial, and religious background of the family and data about the historical and current political, social, and economic conditions of the family's cultural group. The construct of a genogram may be useful (McGoldrick & Gerson, 1985). Genograms, which graphically provide personal data regarding individual members (e.g., ethnicity, religion, current residence), and information about family structure, relationships, and patterns, enable the psychologist and family to develop systemic hypotheses about family functioning and its connection to the larger family and sociocultural context.

Some therapists question the appropriate timing and nature of genogram construction with families from certain cultural groups. Boyd-Franklin (1989) asserted that with African-American families, genogram work may be most meaningful later in the treatment after trust has been established, rather than during the evaluation. Similarly, Odell et al. (1994)have noted that since constructing a genogram may elicit painful memories for many immigrant and refugee families, this technique may sabotage the development of the initial working alliance and thus may best be introduced during the intervention. For

many families who have lost a loved one due to sociopolitical conditions (e.g., Holocaust survivors, Bosnian refugees), projective genogramming elicits effectively distressing) yet important information and feelings (F. W. Kaslow, 1995). Thus, while genograms may be an important assessment tool with families from most cultural groups, the family's cultural background should inform the timing of this task.

An assessment strategy related to the genogram, but devised for work with diverse family groups, is the culturagram (Congress, 1994). With the culturagram, psychologists glean information from the family regarding: reasons for immigration, length of time in the community, citizenship status, language spoken at home and in the community, health beliefs, major holidays, and values on family, education, work, gender roles, religion, and money. Constructing a culturagram enables clinicians to ascertain the effects of culture on the family system and to individualize ethnically similar families. As a result, clinicians are more culturally empathic and more able to empower the families with whom they work.

Enumerable tools and methodologies have been devised to assess multiple aspects of family functioning. These include self-report scales, micro- and macroanalytic coding schemas to code interactional patterns, and projective techniques (for review, see Fredman & Sherman, 1987; Jacob, 1987; L'Abate & Bagarozzi, 1993). Unfortunately, few of these measures or coding schemas have been developed, normed, or empirically tested for specific cultural groups, and thus their utility across groups remains questionable (Dana, 1993). In addition, generalizations about findings gleaned from using standard assessment protocols must be limited and made with caution. Given the scarcity of culture-free assessment strategies, the assessor must take the family's cultural context into account when interpreting findings from assessment protocols not standardized with the family's cultural group. This

requires including an evaluation of culturally valid constructs (e.g., racial or ethnic identity, level of acculturation, belief systems, culture-specific syndromes) (Lasry & Sayegh, 1992; Phinney, 1990b). For example, the psychologist may use Gushue's (1993) recent adaptation of Parham and Helms (1985b) Black and White interaction model for assessing and working with families. This assessment strategy enables the clinician to incorporate cultural identity data in making an initial family assessment.

The final phase of the assessment process is problem definition and goal-setting. Cultural variables that may impact this phase include the role of authority, preferred decision-making strategies, the view of psychological problems and potential solutions, and culturally based values. Thus, with Latino families, the goals should address immediate and concrete concerns (Ho, 1987). These families prefer to focus on goals that affect family subsystems, particularly the parent-child subsystem, rather than individual family members or the marital dyad. When working with many Asian-American families, it is recommended that the goals be well-defined, objective, and address practical matters. Asian-American families prefer the therapist to be confident and active in the goal-setting process, while simultaneously communicating respect for the family (Ho, 1987). With Native American families, goal-setting should be collaborative. Given the value on interdependence in the Native American community, all relevant nuclear and extended family members should be included in setting intervention goals (Ho, 1987). When setting goals with low-income, African-American families, a mutual process should be assumed, with a focus on survival needs and the incorporation of an ecostructural framework (Ho, 1987).

In addition to setting goals specific to the given family, many culturally competent practitioners recommend that cultural intentionality and bicultural competence be defined as therapeutic goals for families across cultural groups

who seek mental health services (Boyd-Franklin, 1989; Ivey, Ivey & Simek-Morgan, 1993; Szapocznik et al., 1984). Cultural intentionality refers to the ability to communicate competently with others within the cultural group and with individuals from multiple cultural backgrounds. Bicultural competence connotes the simultaneous processes of accommodating to the host culture and retaining aspects of the culture of origin.