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Their perspective of career, at this point, was more as a means to actualize their organizing principles than to become something or assume a role external to themselves. They were seemingly more creative in the way they approached their life's work and more interested in flexibility, satisfaction, meaning, and synergy.

Finally, the participants expressed significant changes in their values and perspectives on life following these career changes. These shifts were away from a goal orientation—striving for wealth, recognition or fame, or compliance with the wishes of others. They were toward a process orientation, harmony with an internal value system (which was often inclusive of a spiritual component), and a desire to serve others.

#### Conclusion

For the participants of this study, career change was a phenomenon embedded in a broader process of growth and development. The participants utilized the career change as an opportunity to create a more synergistic relationship between their organizing principles and involvements. This more congruent relationship permitted new and previously excluded aspects of their personalities to be integrated into their lives. They wanted to be happier and more fulfilled, and most were successful.

The model that emerged from the data is tentative and tied directly to the life perspectives and experiences of only 10 individuals. Additional studies need to be done, and modifications in the model may result.

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# Career Assessment With Culturally Different Clients: Proposing an Integrative-Sequential Conceptual Framework for Cross-Cultural Career Counseling Research and Practice

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In response to the need for theoretical models to guide counseling and conceptualize career assessment with culturally different clients, the authors propose an integrative-sequential conceptual model for cross-cultural career counseling research and practice. This framework consists of five stages: (a) emergence of career and vocational problems, (b) help-seeking and career services utilization, (c) evaluation of career and vocational problems, (d) career interventions, and (e) outcomes of career interventions. This model may be useful in guiding both career psychology research and career assessment and interventions with culturally different clients.

With the increasing cultural diversity of the population in the United States (Johnson & Packer, 1987), there has been a corresponding increase in the attention being paid to these culturally different individuals' needs for culturally appropriate career counseling services (see Leong, 1995). In this article culturally different clients refers to those persons who are not members of the dominant cultural group in the United States, namely, White European Americans. Over the last decade, more and more has been written about how to provide effective counseling services to these culturally different clients. One example is the Handbook of Multicultural Counseling (Ponterotto, Casas, Suzuki, & Alexander, 1995), and, within the vocational psychology area, there is Leong's (1995) edited volume, Career Development and Vocational Behavior of Racial and Ethnic Minorities.

A significant trend within the literature has been the development of theoretical models to guide counseling with culturally different clients (e.g., Sue, Ivey, & Pedersen, 1995). Within the field of career psychology, a variety of models have also been proposed (e.g., Fouad & Bingham, 1995;

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Leong, 1993; Leong & Brown, 1995). In an attempt to add to this growing literature, the authors propose an integrative-sequential conceptual model for cross-cultural career counseling research and practice. This model may be useful in guiding career psychology research, career assessment, and interventions with culturally different clients.

The model's conceptual framework is based closely on a model developed for minority mental health research by Rogler, Malgady, and Rodriguez (1989). Although their model was developed for minority mental health research, we believe that it is quite applicable to understanding career assessment and interventions with racial or ethnic minorities; this model is adapted for use in cross-cultural career counseling in this article. Many of the studies reviewed are concerned with mental health and psychotherapy, but they are relevant for the understanding of career assessment and career interventions. We will define cross-cultural career counseling in which the client and the counselors are from different racial, ethnic, or cultural groups. This model is proposed to guide cross-cultural career psychology research as well as career assessment and interventions, because it is comprehensive, integrated, sequential, and sensitive to cultural context.

According to Rogler et al. (1989), in order to understand the mental health of ethnic minority groups in this country, it is important to have an integrated and sequential model that accounts for the cultural context in which mental health services are provided. This argument also applies to career counseling services. They proposed a five-stage integrated sequential model to guide minority mental health research. According to the model. cultural factors influence not only what happens within each stage, but also the transition from one stage to another. By adapting their model to cross-cultural career counseling and career assessment, we propose a similar five-stage model (see Figure 1). In this model, the first stage is the emergence of career and vocational problems. All too often, both in theories and in career counseling practice, counselors forget that the career problems clients bring to a session, first emerge within their homes, their workplaces, and their communities, and not our consulting rooms. At this stage, cultural differences in conceptions of normality and work will influence which experiences are perceived as a career problem. For example, two clients could perceive similar experiences and concerns very differently. One might see these concerns as career problems amenable to counseling, whereas the other, due to cultural differences, might not. How a client's family or ethnic community reacts to the emergence of a career problem is another important factor in this stage.

The second stage is help-seeking and career services utilization. As illustrated, the cultural factors in Stage 1 directly influence Stage 2. That is, how culturally different clients conceive of work and normality will, in turn, influence their attitudes toward seeking professional help for career problems. For example, for some culturally different youth, not knowing what they are going to do for a career at the end of high school may not be viewed as a problem, especially if they live in a community where most available jobs are low paying or not intrinsically satisfying nor dignified. Stage 2 is

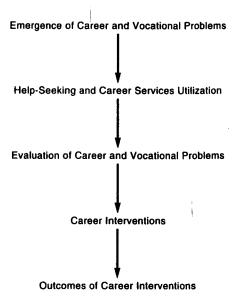


Figure 1. Integrative framework for cross-cultural career counseling research and practice. From Hispanics and Mental Health: A Framework for Research (p. 2), by L. Rogler, R. Malgady, and D. Rodriguez, 1989, Malabar, FL: Krieger. Copyright © 1989 by Robert E. Krieger.

concerned with all the various cultural factors that influence whether culturally different clients will seek career counseling. For example, an important question in this stage is whether different racial and ethnic minority groups underutilize career counseling services and why. This stage is also where counselors would be interested in determining who referred the client for career counseling (e.g., self, social network, professionals) and how the client felt about it (e.g., accepted the referral or resisted it for months). As is done in the minority mental health literature, it would be important for counselors to assess whether different cultural factors serve as barriers to culturally different clients seeking career counseling services. Cultural factors that may influence underutilization of career counseling services include: (a) lack of bicultural and bilingual staff, (b) lack of culturally appropriate services, and (c) cultural mistrust or systems distrust.

The third stage is reached once the threshold has been passed, and an individual, either alone, with the support of the family, or under pressure from the family, seeks professional help for career or vocational problems. The third stage is the evaluation of career and vocational problems. It should be noted that the threshold itself is influenced by cultural factors in

the same way that this evaluation process is influenced by those factors. This stage has also been referred to as "cultural factors influencing diagnosis and assessment." There is a considerable body of literature that has examined the impact of cultural differences on the diagnostic and evaluation process. To the extent that career assessment guides career interventions, any misdiagnosis or misassessment in the diagnostic interview due to cultural biases in our theoretical models or to training biases among career practitioners is likely to lead to culturally inappropriate career interventions. Besides the intake or diagnostic interview, another area of concern is the use of psychological instruments to evaluate career problems and their treatment and outcome.

At the end of the evaluation process, two outcomes are possible. The client is either assigned to some form of career counseling or is determined to be not in need of intervention. This brings the process to stage 4, career interventions. If some career intervention is recommended, then the same cultural factors that operated in the evaluation process also enter into the career counseling process (see Leong, 1986; Sue & Morishima, 1982). In many approaches to career counseling, a significant portion of the time in counseling is concerned with the interpretation of vocational and personality tests results.

At the end of the career counseling services, the client returns fully to the community. This stage is outcomes of career interventions. The client's status and functioning at the end of the treatment process is the "bottom line" and the primary outcome of the counseling enterprise.

The following describes some of the cultural factors that may influence this five-stage model of cross-cultural career counseling and illustrates its value. In view of the theme of this special issue, we will focus on career assessment issues in the delineation of the model. However, it is important to understand the entire cross-cultural career counseling process as outlined in the five-stage model. All too often, both in research and in practice, counselors pay primary attention to only the evaluation and intervention stages of the model.

# Stage 1: Emergence of Career and Vocational Problems

For culturally different clients, what gets defined as a career or vocational problem that is amenable to career counseling is influenced in part by their culture's conceptions of what is normal and expected within one's work life. As mentioned earlier, cultural differences in conceptions of normality and work influence which experiences will be recognized as a career problem. Hence, cultural differences in values, norms, and expectancies play an important role in the emergence, recognition, and acceptance of career and vocational problems in racial and ethnic minority communities. Triandis's (1994) concept of subjective culture includes relevant information about an individual's culturally based explanatory models and beliefs. Whereas these elements of subjective culture are carried around by individuals as "cultural models" to guide their behavior and choices, cultural context serves as another major and external factor influencing the emergence of career and vocational problems.

The work of Arthur Kleinman in distinguishing between disease and illness is relevant here. According to Kleinman (1980, 1988), a disease is an objective entity or process that can be diagnosed and identified (e.g., influenza or AIDS), whereas an illness is a person's subjective experience and response to a disease. As expected, there is considerably more variation in patterns associated with the illness as opposed to the disease. Indeed, culture is proposed to significantly influence the illness process, and there is considerable research evidence to support this proposition. Whereas there is no disease entity within the field of vocational psychology on which to anchor the research, the relevance of Kleinman's work is that counselors need to avoid the error of assuming that career problems (e.g., career indecision) are objective entities like diseases, when, in fact, they are more like illnesses, with considerable subjectivity and cultural loading.

Much in the same way that there is objective and subjective career success, there are objective and subjective concepts of career and vocational problems. Regarding career success, two assistant professors could have identical objective indicators of success (e.g., 25 journal publications, 2 federally funded grants totaling \$650,000, having just received promotion and tenure) and yet give different subjective ratings of their success. On a scale of 1-10, the first professor might choose 9 out of 10 in her rating of her success so far in academia, whereas the second professor might choose 6 out of 10 in his rating, due to his perfectionism and Type A personality. In terms of concepts of career problems, two persons could have had similar work events occur to them and yet have different subjective experiences. For example, both of them could have been recently promoted, but the first worker might be happy, whereas the second worker might be experiencing an increased level of stress and strain. Using Super's (1980) concepts of the life-career rainbow and career salience, a counselor might observe that the first worker is very happy with the promotion, because his worker role is very salient, whereas his other roles have been relatively neglected. For the second worker, although his worker role is quite salient, his role as a husband and father to three children is equally salient and he views this promotion as a threat to the quality of his family life and commitments. Hence, he may seek career counseling to sort things out and get help to manage this stressful transition. The first worker, on the other hand, would be very surprised if anyone suggested that he seek career counseling for his promotion.

Yet another example of culture's influences on the emergence of career and vocational problems is the research on individualism and collectivism as value orientations. According to Triandis (1994), persons from individualistic cultures tend to develop a sense of self that is centered around the individual's needs, concerns, and perspectives (e.g., I oppose a waiting period for getting a gun even if it means that more criminals can get guns and use them in their crimes) at the expense of group needs and concerns. On the other hand, persons from collectivistic cultures tend to develop a sense of self that is centered around the reference group's needs, concerns, and perspectives (e.g., I will volunteer for this kamikaze mission even if it means certain death, because it may result in our country's winning this battle) and are more likely to subjugate their individual needs and concerns.

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These individualistic and collectivistic value orientations, in turn, give rise to independent (individualistic) and interdependent (collectivistic) conceptions of the self (Markus & Kitayama, 1991). Theoretically, persons who have an independent concept of the self would tend to view their career choices as a matter of implementing their self-concept as proposed by Super (1957), which involves integrating one's interests, needs, and abilities. On the other hand, persons who have an interdependent concept of the self would tend to view their career choices as a matter of balancing individual needs and interests with the needs and concerns of the primary reference group. It is therefore not surprising that when students from many third world countries (which tend to be collectivistic) are asked about their career choices, they tend to talk in terms of what their families. communities. and countries need in the form of human resources, rather than in terms of their individual interests and needs. Hence, cultural differences in value orientations influence not only whether something is recognized as a problem, but also what type of a problem it is conceived to be.

Another example of career research demonstrating the importance of this dimension (i.e., conceptions of work and career problems) is Super's (1982) work with his international team, which studied the relative importance of work across many countries. The meaning and differential salience attributed to work across cultures was clearly recognized by Super and his colleagues. Research on differential salience and variations in the meaning of work across racial and ethnic minority groups in the United States is an important but relatively unexplored area within vocational psychology. Theoretically, such cultural variations would be significant determinants of how ethnic minority clients conceive their career status and also what becomes recognized and labeled as a career problem in need of professional assistance. Clearly, more research is needed in this area of cross-cultural career counseling.

To summarize, it is apparent that culture influences the conceptions of what is normal and abnormal in one's work life. Hence, the meaning of work and labeling of events encountered in one's education and work as career or vocational problems are culturally mediated and subjective experiences much like the "illness narratives" delineated by Kleinman (1988). Cultural norms and values as well as cultural contexts are very important mediators of the emergence of career problems in the community. Career counselors and researchers need to understand these variations in subjective cultures to understand the emergence of career and vocational problems in the communities and why some seek career counseling and others do not. These cultural differences in conceptions of work and career may also help us identify factors related to culturally different clients' patterns of utilization of career services.

## Stage 2: Help-Seeking and Career Services Utilization

#### **Recognizing Barriers**

The culturally different individual's transition from identifying a career problem and being a prospective career client in Stage 1 to actually seeking professional career services and entering the client role to deal with the

problem in Stage 2 depends on a variety of factors. One key factor concerns the extent to which the prospective client's racial or ethnic group in general uses counseling and mental health services. As has been widely noted (see, for example, Akutsu, Snowden, & Organista, 1996; Sue & Sue, 1990), many racial and ethnic minority groups tend not to use traditional mental health services. Instead, they may turn to more informal help-giving networks such as nuclear and extended family, friends, community, traditional folk healers, clergy, and other naturally available supports. The culturally different individual may avoid professional counseling because of cultural sanctions against discussing personal issues and revealing emotionally laden material outside of the family or other group. This often relates to issues of mistrust of mental health and related health and social service systems as well as to the need to protect the sanctity and integrity of the family over and above all else. At the same time, many racial and ethnic minority individuals may believe a permanent job will never be a reality, so they never seek career services, because they do not perceive a problem in the first place. However, when the culturally different individual faces an educational or vocational problem, the likelihood of seeking career services may increase, because he or she may perceive such problems as more circumscribed, concrete, specific, and nonemotionally based (Sue & Sue). Consequently, racial and ethnic minority group members may seek career counseling more readily than they seek other types of mental health services (e.g., see Tracey, Leong, & Glidden, 1986 ). It therefore becomes vitally important for counselors who deal with issues of work and career to understand and use culturally appropriate processes and goals (Leong, 1993).

Factors inherent in the organization and delivery of counseling services also have been cited as preventing many racial and ethnic minorities from seeking career services (Rogler et al., 1989). These factors include counseling center characteristics such as a monolingual and monocultural staff, offering services inappropriate to the culturally different client's needs, and institutionalized racism and discriminatory practices. In terms of such institutional barriers, a recent study by Akutsu and his colleagues (1996) found that language issues alone do not account for differences in help-seeking patterns among culturally different groups. This finding underscores the importance of recognizing the potentially interactive effects of several variables on minority individuals' underutilization of counseling services.

Value differences between many culturally different groups, on the one hand, and the traditional structure and process of counseling, on the other, also may prevent culturally different individuals from seeking professional help (Sue & Sue, 1990). Traditionally, counseling means interpersonal interaction and communication, significant levels of client self-disclosure, and moving toward individualistic goals such as self-actualization, self-realization, self-efficacy, and self-awareness. As part of this process, career assessment requires clients to self-disclose and discuss their interests, values, personality characteristics, and other traits. These traditional counseling processes and goals often run counter to culturally different individuals' typically more collectivistic value orientations (e.g., see Leong, 1993).

Markus and Kitayama (1991) used several anecdotes to contrast the United States and Japan as examples of countries whose dominant cultures promote individualism and collectivism, respectively. A very telling anecdote in part concerned an attempt to enhance worker productivity at a small company in Texas. The company directed its employees to glance in the mirror and say "I am beautiful" 100 times each day prior to leaving for work. In contrast, a Japanese-owned supermarket in New Jersey started each day by inviting employees to hold hands and tell each other person that he or she is beautiful. This poignant example typifies how majority American culture advances individualism through encouraging people to "maintain their independence from others by attending to the self and by discovering and expressing their unique inner attributes" (Markus & Kitayama, 1991, p. 224). In marked contrast, the example shows how Japanese culture encourages people to attend to others, fit in, and live in harmonious interdependence. In terms of the present example, this implies an attitude toward work as primarily for self-betterment (individualism) versus for the common good (collectivism). Culturally different individuals who espouse more collectivistic value orientations may not seek counseling in an individualistic context that promotes individualistic values inconsistent with their emphasis on relationships and attending to group norms and expectations.

#### **Removing Barriers**

Assessing the culturally different client's worldview represents a crucial step toward removing barriers to help-seeking and facilitating the career counseling and assessment process (Ibrahim, Ohnishi, & Wilson, 1994). Understanding and intervening with clients in terms of how culture influences their worldview emerges as a vitally important part of the assessment process, as will be illustrated further in Stage 4 of the model. Further, it becomes important, if not essential, to recognize culture as a powerful contextual referent through which people impart meaning to their experiences. Indeed, the culturally different client's racial and ethnic background directly affects how life experiences will be interpreted and assimilated into a conceptualization of self.

Offering culturally relevant outreach services and community-based programs that meet individuals in their own environments represents additional ways of removing barriers and delivering services more effectively. Counselors may need to get out of the office to consult with culturally different individuals and establish effective relationships with them where they feel more comfortable. Group approaches that reflect the often more communal and collective nature of culturally different people also may effectively break down cultural barriers. In addition, offering culturally specific services that account for language, ethnic, and other cultural variables in the delivery of services seems key (Akutsu et al., 1996). Indeed, Akutsu and his colleagues cited several studies reporting increases in use of and duration of involvement in services among ethnic minority clients participating in ethnic-specific programs established in their home communities.

#### Referral for Career Counseling and Assessment

For many culturally different clients, natural help-seeking and lay referral systems in their communities typically serve as the basis for their entry into formal career counseling. When a problem occurs and is recognized as such, the prospective culturally different client typically taps existing and culturally acceptable supports such as friends, family, and clergy to deal with the problem. Contact with such supports, in turn, may lead to a referral for additional assistance from a professional in an academic, agency, business, governmental, private, or other setting.

In examining referral patterns among nearly 7,000 African, Asian, Hispanic, and White American clients, Akutsu and his colleagues (1996) identified significant differences in the sources that prompted individuals within these groups to enter into mainstream and ethnic-specific mental health counseling programs. They found that, compared to Whites, ethnic minorities in both types of programs were more likely to be referred by natural help-giving and lay referral sources (e.g., family, friends, and health and social services). More specifically, Asian Americans and Hispanic Americans more often accessed the mental health system after first being involved in lay referral networks and community-based programs. African Americans more often entered the system via self-referral. Similar patterns might be expected in referral for career counseling services.

Broadly speaking, the career assessment process commences with a client's initial referral for career counseling. In Stage 2 of the integrative conceptual framework, the counselor realizes the importance of determining precisely the nature and source of the client's referral for career services. Many individuals who seek help with resolving career or work-related concerns presume that career counseling will essentially mean taking tests. Through identifying the source of the referral, the counselor learns about the client's particular expectations for counseling and about the client's perspective on, and investment in, dealing with the problem. In crosscultural career counseling situations, this often means attending more closely to connections between the referral source and the individual client. That is, the counselor must determine, through dialogue and careful attending, how the client-other relationship enters into what the client expects, in terms of the overall process and outcomes of counseling as well as how any specific interventions (e.g., career assessment) might impact not only the client as an individual, but also the familial and cultural context within which the client lives.

#### Stage 3: Evaluation of Career and Vocational Problems

Once a culturally different individual decides that he or she has a career or vocational problem amenable to professional assistance, a career counselor or career counseling agency would be contacted. At this stage, two events usually take place. First, the career counselor conducts an intake interview in which the client's career problem is evaluated and assessed. Oftentimes, this diagnostic interview results in the second event, the client's taking some career and personality tests. A discussion of the cultural factors related to these two evaluation dimensions follows.

# **Cultural Formulation Model for the Diagnostic Interview**

In discussing the assessment and evaluation stage of the integrative conceptual model for career counseling, it may be instructive to review recent developments within the field of psychiatric diagnosis (Mezzich, 1995). In addition to the problems of reliability, the content limitations of traditional psychiatric diagnosis create another set of problems. More specifically, existing classification systems do not capture important idiographic and sociocultural factors. Furthermore, current psychiatric diagnostic systems such as the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association [APA], 1994) represent the clinician's perspective only (top, down). There is increasing recognition of the value of a bidirectional approach to clinical diagnosis—top, down and bottom, up. The bottom, up approach takes the perspectives of the client and the client's family and significant others. The existing literature points to the fact that focusing on the client's personal perspective is fundamental.

Research shows that cultural factors are major moderators and mediators of clinical diagnosis, psychological assessment, and the psychotherapeutic process. Numerous authors have written about the role of cultural factors in clinical diagnosis and assessment (e.g., Jones & Thorne, 1987; Mezzich, 1995). In April 1991, the National Institute of Mental Health (NIMH) organized a conference in Pittsburgh, where a group of cultural experts met with representatives of the APA DSM-IV task force to discuss issues related to culture and diagnosis. At this meeting, several opportunities for including the cultural dimension within DSM-IV were discussed, including the possibility of a sixth axis—a cultural axis.

The diagnostic axes in DSM-III (APA, 1980) and DSM-III-R (APA, 1987) were designed to contextualize schemas, and appeared to be a promising way to incorporate cultural factors into DSM-IV (Mezzich, 1995). However, because the axes are linked to domains assessed with standardized instruments, it was determined that the axis approach to cultural factors would not work, due to the absence of standardized, psychometrically validated, and widely accepted instruments. The cultural axis concept was criticized as being unworkable and insufficient. There were also concerns about whether the axis format would yield any clinically useful information. After much deliberation, it was decided that an idiographic and narrative approach to cultural factors in diagnosis would be superior to nomothetic typology. This led to a push for the cultural formulation approach, which involves a framework for guiding clinicians toward constructing a narrative description of the client's cultural background and characteristics. In view of "the complexity of the cultural matrix which requires flexibility and the use of all the resources of natural language" (Mezzich, 1995, p. 653), it was determined that a more appropriate approach would be to use a cultural statement articulated in the form of a cultural formulation (Lewis-Fernandez, 1996).

As a result of this 1991 meeting, a culture and diagnosis group was established with the support of the NIMH Office of Special Populations, its goal to prepare the cultural formulation guideline. A draft of the Cultural

Formulation Guideline was presented in January 1991 to the DSM-IV task force, which, in turn, recommended pilot testing the guideline. The pilot project included the application of the guideline to sets of cases from the four major ethnic minority groups (African Americans, American Indians, Asian Americans, and Hispanic Americans). The pilot testing led to the revision of the cultural formulation proposal, which consisted of an introduction, five key elements, and four illustrative cases.

In 1994, the cultural formulation proposal was finally published in DSM-IV in Appendix 1, but only the first two parts of the proposal were included. The four illustrative cases were not included in the final version. In addition, the Cultural Formulation Guideline was published in the same appendix as the Glossary of Culture Bound Syndromes, which has created some additional problems. Despite the secondary role afforded to the cultural formulation model in DSM-IV, the NIMH Group on Culture and Diagnosis has continued to push ahead with the cultural formulation proposal. The group is preparing a booklet that describes the Cultural Formulation Guideline, which will be distributed to medical schools and other mental health training programs. The group is also compiling a cultural casebook, that will consist of hundreds of cases using the Cultural Formulation Guideline (Lewis-Fernandez, 1996).

We have presented this brief history of the Cultural Formulation Model for Psychiatric Diagnosis, because we would like to recommend that the model be used as a basis for career counselors to conduct diagnostic interviews with clients. The cultural formulation model takes into account important cultural dimensions of the client's cultural background that might influence the counselor's assessment of the nature and extent of the client's career and vocational problems. These same cultural factors proposed to play an important role in psychiatric diagnosis may also play a significant role in the assessment and understanding of clients' career and vocational problems. The five dimensions of the cultural formulation model are as follows:

- 1. Cultural identity of the individual.
- 2. Cultural explanation of the individual's career problem.
- 3. Cultural factors related to psychosocial environment and levels of functioning.
- Cultural elements of the relationship between the individual and the counselor.
- Overall cultural assessment for diagnosis and the career counseling plan.

In the first dimension, it is believed that clients' cultural identities and acculturation levels are major moderators of their conceptions of career problems as well as of their responses to counseling interventions (e.g., Leong, 1985, 1986; Leong & Chou, 1994; Leong & Gim-Chung, 1995). It is therefore important for the counselor to note the client's ethnic and cultural reference groups and his or her level of identification with the culture of origin versus the host culture (i.e., United States). A quick index of this would be the client's language ability, use, and preference. More elaborate

measures are available for the various racial and ethnic minority groups (see Leong, 1995).

The second dimension of the cultural formulation model is the client's cultural explanations of his or her career problems. This includes the client's conceptions of the origins, nature, and meaning of the career problem. Using Triandis's (1994) concept of subjective culture, the purpose of this dimension of the formulation is to collect relevant information on the client's culturally based explanatory models and beliefs about the problem.

The third dimension of the model recognizes that problems do not exist in vacuums but, instead, are embedded in a complex web of social and cultural contexts. The purpose of this dimension is to identify social stressors and social supports in the client's psychosocial environment that may facilitate or inhibit addressing the client's career problem. Cross-cultural psychologists and counselors have long recognized that families, kinship networks, and work groups play different roles and have differential influences on clients from different cultures.

The fourth dimension is concerned with the cultural elements of the relationship between client and counselor. These cultural elements, if not identified and understood, may become barriers to effective counseling and positive outcomes. In one sense, this dimension of the cultural formulation model has received the most attention in the cross-cultural counseling literature (see Ponterotto, Casas, Suzuki, & Alexander, 1995). The cultural elements include such issues as class-based, language-based, and culture-based barriers to the establishment of an effective counseling relationship (see Sue & Sue, 1990). Leong (1993) has also discussed these elements as the use of culturally inappropriate processes in the counseling interview or the selection of culturally inappropriate goals.

The fifth and final dimension of the model is an overall assessment of how cultural factors may influence the diagnosis and evaluation of the career problem as well as the career counseling plan. It is based on information from the previous four dimensions and provides a summary of the overall impact of cultural considerations on individual case formulations. Although we are recommending the use of this cultural formulation model in crosscultural career counseling, a related and equally important recommendation is the need for researchers to empirically evaluate the "value-added" aspects of this model (i.e., do clients of counselors who use this model have better rapport in the counseling relationship and more positive counseling outcomes than clients of those who do not?)

#### Guidelines for the Cross-Cultural Use of Career and Personality Tests

As pointed out by Marsella and Leong (1995), before career and personality dimensions can be assessed across cultural boundaries, it is necessary to determine the linguistic, conceptual, scale, and normative equivalencies of the instruments (e.g., Dana, 1993; Marsella & Kameoka, 1989).

According to Marsella and Leong (1995), linguistic equivalence refers to the similarity between the language of origin and the host language. This term acknowledges the importance of administering tests in the language

preferences of the participants being evaluated. Linguistic equivalence is mainly concerned with translation. Accurate translation is best achieved when back-translation methods are used. Therefore, back translation is used to develop an accurate foreign language translation of an English language instrument. However, it does not affect the validity of the instrument. As a process, it is used to provide an accurate linguistic translation that facilitates comprehensibility. Clearly, by itself, the simple translation of materials from one language into another language is no guarantee that the instrument is valid or appropriate for use in another culture. What is needed are other kinds of psychometric equivalencies that ensure cultural validity.

Conceptual equivalency refers to the similarity in the nature and meaning of a concept (Marsella & Leong, 1995). For obvious reasons, this is considered more basic than any of the other equivalencies. Many psychology constructs developed and used in Western psychology do not have the same connotative meanings in non-Western cultures. Clearly, the absence of conceptual equivalence in cross-cultural studies can have dangerous consequences. Therefore, Marsella and Leong have recommended the use of ethnosemantic procedures (e.g., Marsella, 1987) before beginning comparative studies, in order to identify similarity in meanings and behavior patterns. These procedures provide a foundation for testing and establishing cultural equivalence. Basically, ethnosemantic procedures involve (a) eliciting the universe of terms in a particular domain (e.g., the emotions), (b) ordering the terms according to various dimensions (e.g., good-bad, strong-weak), (c) assessing their meanings through word association and antecedentconsequence methods, and (d) mapping their behavioral or action components through observation or behavior intention scales. The result is an "emic" perspective of the construct one chooses to study or at least a better understanding of the biases associated with using the construct.

Scale equivalency refers to the cultural comparability of the scales that are used in the assessment instrument (Marsella & Leong, 1995). It has also been referred to as metric equivalence. For example, many career and personality instruments use a true-false scale format. However, in many non-Western cultures, answering questions as simply true or false is extremely difficult, because situational factors, rather than overriding principles, determine the appropriate action or behavior. Many non-Western cultural groups also have difficulty with Likert and Thurstone scales. They simply do not scale their world in this kind of linear or graduated fashion. Indeed, in many instances they have no idea what the scale even means.

Normative equivalence is probably the form of equivalence that is most familiar and understandable to professional psychologists (Marsella & Leong, 1995). Basically, normative equivalence requires that norms be available for the group being studied. For example, if the norms for a particular career test are based on Western college students, and a counselor tries to use them for Vietnamese immigrants, the conclusions are likely to be questionable. Some additional issues in cross-cultural career assessment are covered in the next section.

#### Stage 4: Career Interventions

#### Selecting Culturally Appropriate Career Interventions

After identifying and evaluating the client's problems in Stage 3, the counselor and client move to selecting and using appropriate career interventions in Stage 4. Career interventions take many forms and ultimately make up any activity designed to enhance an individual's ability to make optimal career decisions (Spokane, 1991). Assessment constitutes a primary career intervention and often represents a fundamental element of the career counseling process (Betz, 1992; Herr, 1994; Spokane). Indeed, the founding of the Journal of Career Assessment reflects the centrality of assessment in the science and practice of career counseling and development. Stage 4 of the integrative conceptual model of cross-cultural career counseling also recognizes the vital role of assessment in career counseling and specifically attends to cultural dynamics that influence the gathering and use of assessment data.

## **Assessment as Cross-Cultural Career Intervention**

Rooted in the individual differences tradition and Parsons' (1909) personenvironment matching model, career assessment takes many forms including paper-and-pencil tests and inventories, assessment components of computerassisted career guidance systems (Herr, 1994), vocational card sorts, structured interviews, and autobiographical methods (Savickas, 1992). This broad range of methods available to the counselor reflects both logical positivist tradition, with its focus on objective measurement of quantifiable traits (e.g., abilities, interests, and values), and emerging perspectives on career assessment that add to positivist approaches by assessing the client's subjective experiences (see Savickas).

In the positivist tradition, the counselor engages the client in career assessment to heighten the client's awareness of his or her interests, aptitudes, abilities, skills, values, personality, and other traits. Adding the subjective perspective on career assessment takes account of life themes and personal experiences that shape career decision making. Consistent with the goals of culturally appropriate career counseling (Leong, 1993), using objective and subjective assessment strategies together permits the counselor to identify the client's traits and elicit his or her unique worldview. Converging these two approaches potentially "enriches career assessments because counselors can count the interests and abilities that a client possesses as well as understand how that client intends to use these interests and abilities in fashioning a career" (Savickas, 1992, p. 337).

Support for blending objective and subjective perspectives on career assessment in culturally appropriate career counseling comes from a recent review of the literature on race and ethnicity in career assessment (Subich & Billingsley, 1995). These authors noted that traditional objective assessment instruments appear very useful in working with culturally different clients. They hastened to add that much of this literature also recommends augmenting such assessments with subjective data that take account of the client's cultural experiences and the environmental conditions

within which the client lives. Found (1993) went further in pointing out that the culturally different client may distrust traditional career assessment tools, perceiving them as instruments of power and discrimination. Therefore, understanding the client's cultural characteristics and maintaining flexibility in using both quantitative and qualitative assessment methods within a client-counselor relationship of trust and respect represents perhaps an optimal approach to effective and comprehensive career assessment with the culturally different client (Leong & Leung, 1994; Subich, 1996).

This process of comprehending the client's culture really begins with the counselor's developing basic multicultural competencies through his or her training program (Hartung, 1996; Swanson, 1993), continuing education, selfstudy, and other relevant activities. Cross-cultural career counseling competency further requires that the counselor conceptualize the career assessment process as it unfolds and emerges within an integrative conceptual framework encompassing the initial emergence, referral for, and evaluation of career problems as well as test interpretation and monitoring of intervention outcomes. Within this framework, establishing a working alliance with the client sets the stage for career assessment as a career counseling intervention that derives naturally from the culturally skilled counselor's thorough evaluation of the client's problem and determination of a need for such assessment (Leong & Leung, 1994). In an integrative approach to cross-cultural career counseling, the counselor selects specific career assessment strategies appropriate to the client's cultural identity, worldview, acculturation level, developmental stage, language proficiency, and other salient variables assessed prior to formal vocational assessment (see Ibrahim et al., 1994; Martin & Farris, 1994). Such a culturally comprehensive career assessment approach seeks to maximize the counselor's understanding of the client and the client's ability to meaningfully engage in and benefit from the assessment process.

#### **Cultural Dynamics of Interpreting Assessment Data**

Interpreting assessment results tentatively and within the context of the client's cultural background represents crucial objectives for the counselor working within an integrative framework who wishes to use career assessment results effectively, in a culturally relevant and sensitive manner (Betz & Fitzgerald, 1995; Fouad, 1993; Leong & Leung, 1994; Subich & Billingsley, 1995). Culturally relevant and sensitive career assessment means that in Stage 3 the counselor comprehends specific cultural factors such as values, norms, gender, class, and acculturation level that affect the career counseling and assessment process (Leong & Gim-Chung, 1995). It also means that the counselor collaborates with the client throughout all stages of the counseling process to form a working partnership of mutual respect and openness. This serves in Stage 4 to create a counseling environment conducive to designing an assessment protocol tailored to the client's specific needs and using assessment results in culturally relevant and meaningful ways (Bowman, 1995). Although it recognizes and attends to individual differences, culturally relevant and sensitive career assessment also takes account of commonalities that exist among people. Conducting career assessment and interpreting assessment data in a cultural context thus ultimately means managing the influence on the assessment and counseling process of cultural emics, or variables unique to the client that are expected to differ across cultures, and cultural ethics, or variables common to people that are expected to be universal across cultures (see Triandis, 1994).

Responding to deficiencies and gaps in the career assessment literature, a surge of articles, books, and book chapters in recent years (e.g., Fouad. 1993; Leong, 1991; Leong, 1995; Marsella & Leong, 1995; Martin, 1995; Subich & Billingsley, 1995; Walsh, 1994; Walsh & Osipow, 1995) have advanced our knowledge and understanding of ways to more appropriately conduct career assessment with culturally different individuals (defined in the present article as people from minority or traditionally underrepresented groups living in the United States such as Native Americans, African Americans, Asian Americans, and Hispanic Americans; see Sue & Sue. 1990). In Stage 4 the counselor applies this knowledge, as well as a specific understanding of the client, in a collaborative effort to help the client derive meaning from the assessment results. Drawing appropriate conclusions about, and making meaning of, the assessment data require integrating such data with other cultural information acquired in earlier stages of the counseling process (Leong & Leung, 1994). As the counselor moves to interpret the assessment data with the client, the counselor must be mindful that the culturally different client may not feel comfortable with broad or deep self-disclosure. Consequently, the assessment data obtained may reveal "large chunks of missing items, with response sets at both extremes (high-low, like-dislike) or with highly socially desirable responses" (Fouad, 1993, p. 6).

To interpret the assessment results, the counselor adapts a model such as that proposed by Tinsley and Bradley (1988). In this way the counselor (a) prepares himself or herself for the test interpretation, (b) prepares the client for the test interpretation, (c) delivers the assessment results, and (d) solicits as much feedback as possible from the client toward integrating formal assessment data with the client's self-conception. The counselor personally readies for test interpretation by confirming his or her technical expertise and facility with the instruments used, being especially aware of issues of test bias, cultural response sets, and so on. Counselor preparation further involves considering how the test data might be integrated with knowledge of the client's particular cultural background. The counselor also prepares by reflecting on the particular worldview, biases, and assumptions he or she brings to the interpretation process. The counselor prepares the client for test interpretation by reviewing the purposes of the assessment, asking the client about his or her reactions to the assessments used, and soliciting the client's beliefs about what the data might reveal. Delivering the test results requires presenting the information clearly, in nontechnical language, and with an awareness of biases that may be operating in the counselor's theoretical approach (Fouad, 1993). In presenting the results, the counselor must also remain sensitive as to how

the client might perceive the results and must convey the information realistically and positively (Goodyear, 1990). Finally, the counselor follows up with the client after they have formally interpreted the results to confirm and integrate the client's use of the assessment data. Above all, the counselor approaches test interpretation cautiously and hesitantly, suggesting possible meanings of the data and encouraging the client to validate, expand, clarify, or offer different interpretations based on the client's own unique worldview and understanding of the assessment results.

#### Summary

In this article, we have introduced an integrative-sequential conceptual framework for cross-cultural counseling research and practice. We hope that this framework, which is more comprehensive than previous ones, will serve as a valuable guide to future research on cross-cultural career counseling and assessment. Most of the existing models for cross-cultural career counseling and assessment tend to pay attention to only the third and fourth stages in the current framework (i.e., evaluation of the career problem and career interventions). A review of the existing literature using the current conceptual framework quickly points out that there is a dearth of research for Stages 1 and 2 (i.e., emergence of career problems and helpseeking and career service utilization). For example, there is little or no research on whether racial and ethnic minorities underutilize career counseling services as they do mental health services (see Sue, Zane, & Young, 1994). Furthermore, despite the excellent work by Spokane and his colleagues (see Spokane, 1991) on career intervention outcomes with the general population, there is no empirical work on career intervention outcomes for racial and ethnic minorities; this is why the last section of the current framework was not fully discussed in this article. As mentioned earlier, we also believe that this framework is more sensitive to cultural contexts, which is an often neglected dimension in counseling research. The current framework also encourages counselors to pay attention to the transitions between the stages as well as to what occurs within the stages.

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# The Career Assessment of Persons With Disabilities: A Review

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This article presents a comprehensive career assessment model for working with persons with disabilities. This model includes the use of a comprehensive assessment of aptitudes, achievement, vocational interests, career maturity, and career-related self-efficacy as well as vocationally relevant medical, psychological, and vocational information. Finally, a process to integrate the information for use in career counseling is proposed. This process includes the use of a computerized transferability of skills analysis and job matching system to integrate the information and generate a listing of potential avenues for career exploration.

The purpose of this article is to outline a comprehensive model for the career assessment of persons with disabilities by integrating theory and research that can be used to arrive at career directions for persons with disabilities. The components of a comprehensive career assessment are:

- 1. Comprehensive case review and analysis:
- 2. Vocational assessment including evaluation of the following:
  - (a) vocational interests, (b) vocational aptitude and intelligence factors, (c) career-related personality factors,
  - (d) career maturity, (e) achievement levels (educational),
  - (f) work evaluation, and (g) self-efficacy:
- 3. Development of a residual functional capacities evaluation that includes (a) determining an unadjusted vocational profile (UVP), (b) developing a residual employability profile (REP),
  - (c) use of a computerized transferability of skills analysis and job matching system, and (d) using the REP in counseling.

"The notion of human assessment as a means of knowing and understanding another person has been with us for a long time. Human behavior has been assessed in a variety of settings and by individuals in many different disciplines" (Walsh & Betz, 1995, p. 1).

Evaluation is important, because it usually comes at the beginning of the rehabilitation process and has grave consequences for those not found

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