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Rehabilitation and Psychological Evaluations of Claimants of Portuguese and Puerto Rican Background

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REHABILITATION AND PSYCHOLOGICAL EVALUATIONS OF
CLAIMANTS OF PORTUGUESE AND PUERTO RICAN BACKGROUND

BY

RUI R. RODRIGUES

A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF

DOCTOR OF PHILOSOPHY

IN

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Abstract

This study outlines specific steps for guiding bilingual psychologists in the administration of psychological testing instruments. The study delineates the discrimination of subtle behavioral responses, the identification of various forms of low motivation, evasiveness, and malingering during the assessment procedure.

One hundred disability immigrant claimants of Portuguese and Puerto Rican background took part in this study. Data on file from their psychological reports was analyzed and two hypotheses were tested. The findings indicate that there is a strong relationship between the subjects' cognitive functioning, their adaptive behavior, and academic achievement in their native countries. There was also a significant relationship revealed between low motivation/malingering behavior and cognitive functioning.

The results of this study cannot be generalized to the rest of the Portuguese/or Puerto Rican population. However, this study's results are relevant to the typical Portuguese and Puerto Rican claimant who is unemployed and is seeking disability benefits in the states of Rhode Island and Massachusetts. It is hoped that this study will help the respective Rehabilitation Commissions improve their ability to serve claimants of limited English ability by improving their assessment procedures and in facilitating the identification of more appropriate working environments and rehabilitation opportunities.

Steps for conducting a structured bilingual interview are explained. The implications for the future training of psychologists are discussed in terms of non-discriminatory testing assessment procedures, treatment and ethnic sensitivity, and public policy.

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Introduction

Most claimants who apply for disability benefits from Rhode Island Social Rehabilitation Services and the Massachusetts Rehabilitation Commissions claim emotional-related problems and state that they cannot work. The claimants are referred to psychology consultants who assess their level of dysfunction and ability to work in a competitive environment.

The majority of ethnic referrals from Southeastern Massachusetts and Rhode Island are Puerto Rican and Portuguese, and they usually do not speak English. Most of them have little schooling and cannot read or write even in their native languages. They have poor testing skills and little knowledge of United States history, culture, and its competitive value system.

The psychological instruments used to assess the claimant's abilities are officially chosen by the Massachusetts and Rhode Island Rehabilitation Commissions. These instruments have been normed on American populations, but have not yet been standardized with ethnic individuals of Hispanic and Portuguese background. As a consequence, the instruments need to be interpreted with caution. The measures selected for psychology consultants by the rehabilitation commissions include the Wechslers, behavioral adaptations, projective techniques, structured interviews, and the psychologist's clinical skills with the non-English speaking population.

In the assessment of the non-English speaking individuals, there are various disparities that cannot be explained through traditional interpretations. For example, according to Satler (1974), when testing bilingual individuals, it has been found that the Wechsler's performance IQ is invariably higher than the verbal IQ. However, with the American normal population, the verbal IQ is usually higher than the performance IQ. Also, it is commonly accepted (Satler, 1974) that drawing practice or lack of it will not affect the quality of drawing in the Draw-a-Person Test. During the last fourteen years of experience assessing Portuguese, Cape Verdians, and Hispanics, this investigator has consistently found that the level of schooling is what affects the quality of drawing in this test. In a study of Mexican and American children, cultural differences in experiential background were pointed out revealing that drawing capabilities are related to the level of schooling, socio-economic level, and degree of westernization (Satler, 1974).

According to Anastasi (1976), the performance subtests of the WAIS-R, the Bender Gestalt, Draw-a-Person, and Progressive Matrices have been found to be less culturally biased and less culturally loaded than are other tests. For cultural reasons, the performances of immigrants in the various psychological assessments need to be interpreted using more appropriate tests, criteria, and norms. This is because the results of the psychological evaluations have profound implications not only for the choice of cognitive classification (e.g. retarded, borderline, normal), but also for the decisions

to be made by the rehabilitation medical examiner. Once all the tests and assessments are completed by the psychology consultants, the medical examiner makes a decision to award or deny the claimant's disability benefits. S/he evaluates the claimant's capacity for rehabilitation, making a decision as to whether the claimant can work in a competitive environment or in a sheltered milieu.

Purpose and Application of this Study

This study has attempted to delineate interpretive steps for the medical examiners and administrative judges who have the responsibility to decide which claimants may receive disability benefits, vocational rehabilitation, and/or employment in a competitive or sheltered environment.

To the writer's knowledge, this research has been the first time that rehabilitation and disability claimants of Puerto Rican and Portuguese background have been studied. Several research data bases (e.g., ERIC, Public Affairs Information Services, Psychological Abstracts, and Doctoral Dissertation Abstracts) have been screened for the following combination variables:

- Disability, rehabilitation, psychological, and achievement evaluations of Puerto Ricans and Portuguese claimants.
- Profile of Portuguese and Puerto Rican individuals who have been awarded disability benefits.

According to the computer printouts, no published data address-

sing these issues is currently available.

This writer is trilingual in Spanish, Portuguese, and English, and bicultural in Portuguese and English. During the past four years he has been a consultant to the Rhode Island and Massachusetts Rehabilitation Commissions and in that capacity evaluated many claimants of Puerto Rican and Portuguese background.

Due to the claimants' culturally different linguistic and academic backgrounds, the probability of non-biased assessment of the claimants by the examiners is likely to be low. This probability is based on the scarcity of culturally fair psychological and adaptive assessment procedures, as well as the virtual absence of psychologists who are bilingual/bicultural in Spanish and Portuguese. When evaluating non-English speaking claimants, there are no established guidelines upon which to base the interpretation of the results of psychological evaluations. The medical examiners and administrative judges often cannot choose the claimants who are disabled and may need rehabilitation, or the ones who are ineligible to receive disability benefits. As a consequence, most of these decisions are ultimately reached in court appeals which may take two and three years.

The decision concerning a claimants' eligibility to receive disability benefits is very important to the individual and his/her family because it affects the well-being of the home, to the government because it affects the allocation of public funds and personnel, and to the taxpayer because it may affect tax rates. From a national perspective, there are bil-

lions of dollars at stake and millions of families that are affected personally by all the State Rehabilitation Commissions' decisions.

Rehabilitation

The Rehabilitation Act of 1983 mandates programs to provide vocational rehabilitation services to persons who have physical or mental handicaps. The regulations provide funding for a thorough diagnostic study which must include an appraisal of the person's intelligence, educational achievement, personal and social adjustment, work experience, work behavior patterns, ability to acquire occupational skills, capacity for successful job performance, and employment opportunities. This information is used by an administrative judge to develop an individualized written rehabilitation program. During the period in which vocational rehabilitation services are being provided, the legislation requires a thorough reassessment of the individual's progress at least once in every 90 day period. As with most recent federal legislation, eligibility requirements are to be applied without regard to the person's sex, race, age, creed, color, or national origin (Massachusetts Rehabilitation Commission, 1983).

The claimants who truly are disabled as a result of a mental health condition need to be counseled by therapists who are fluent in the client's language and are sensitive to their cultural background (Moitoza, 1984). Based on the experimenter's experience in counseling immigrants of Portu-

Chinese and Hispanic origin for the last fifteen years and the literature on immigrants, (Moitza, 1984:1980, Rodrigues, 1979; Ribeiro, 1981; Richmond, 1973; Langelle, 1972) the following reasons often contribute to their maladaptive behavior and lack of competency.

For the Portuguese male alcohol dependency does not have a negative connotation. It is often one of the ways the Portuguese immigrant can turn to in order to alleviate his loneliness and despair (Ferreira, 1976; Rosa, 1980). The Portuguese have the second highest alcoholism rate in Europe after the French, according to Ferreira. After emigrating to this country, this alcohol dependency is probably exacerbated due to the increased level of stress and fewer resources. Many of the male claimants in this study had a history of alcohol abuse.

There is an unusually high degree of somatic complaints with these populations including headaches, chest pains, muscular aches, dizziness and stomach aches. Pseudo-hallucinations often are linked to religious beliefs and the supernatural. Self-induced seizures and anxiety attacks are an accepted form of expression for many Puerto Ricans. Often Espiritualistas and folkhealers are consulted by these families to solve their maladaptive problems. These problems can be the result of "olhado", evil influence, or other unknown factors.

It is important for the therapist to understand the family structure and where the authority lies. In the Portuguese family there is usually a patriarchal, formal communica-

tion system. The Puerto Rican families in the Boston area have for the most part a matriarchal system and rely on the extended family. Both Portuguese and Puerto Ricans are caught between two worlds, there are push-pull factors between the native country and New England making it very difficult to successfully adapt. The adaptation process vary dependent upon the individual, family, and ethnic community resources.

Many immigrants prefer to return to their native country rather than face the challenges of learning a new language, culture, and a different way of life. The claimants who would benefit from counseling and rehabilitation usually can not receive it, since there are very few bilingual therapists and mental health resources tailored to these non-English speaking populations. The lack of bilingual resources is elaborated in more detail in the discussion chapter.

Puerto Rican Background and Historical Origins

The population of Puerto Rico is 4.3 million. Spanish is the mother tongue of most Puerto Ricans with English used relatively widely as a second language. Roman Catholicism is the predominant religion. The climate is mostly tropical with an average yearly temperature of 77 F. In the nineteen fifties, the economy was agricultural and based on the sugar cane, dairy products, fruit and vegetables, and livestock. Currently, the economy depends on a mixture of industry, tourism, and fishing. The main sources of employment are pharmaceuticals, electronics, machinery, liquor (rum), textiles,

and tourism.

In terms of its historical origins, according to the Institute of Puerto Rican Culture, in Pre-Columbian times Puerto Rico was the frontier between Taino Indians of the Arawak group and the Caribs. Spain ruled Puerto Rico from the sixteenth century to 1898 when the United States acquired the island in the Spanish American War.

Presently, Puerto Rico is a commonwealth, not a state. Puerto Ricans are citizens of the United States, but do not have the same political representation in the United States Congress as Americans from other states. Some segments of the Puerto Rican population have favored independence, others advocate statehood, but the majority prefers the present status of Commonwealth (Richards, 1983).

The United States has spent four billion dollars on aid to Puerto Rico through federal aid programs. However, these programs have not been successful in creating jobs. According to unemployment statistics of the seventies and early eighties, one out of three is unemployed and sixty percent of Puerto Ricans qualified for foodstamps on the island (Richards, 1983).

Due to the lack of opportunities and a shift from an agricultural to a more industrial and sophisticated technology for which most Puerto Ricans were not prepared, one third of the population has migrated to the Continental United States in the last fifteen years. Puerto Rico has the lowest per capita income in the United States. The unemployment of Puerto Ricans on the mainland of United States is also

high, but no accurate statistics are available from the Department of Labor because Puerto Rico is grouped in Hispanic category. According to this department, the Hispanic unemployment in this country has a range from 20% to 40% unemployment in the last five years or three times higher than the American white population.

In the United States mainland due to a combination of various factors Puerto Ricans have been unable to secure jobs as a result of limited educational background, language, and cultural differences. In the early 1970's Puerto Ricans began moving between the island and the mainland as well as on the mainland in great numbers depending upon the location of economic opportunities and family ties. The situation on the island worsened with the world wide recession of 1982-84. As a result of the plentiful supply of oil, seven of eight petrochemical plants closed in Penuelas, the main industrial base of the island and the main source of employment (Richards, 1983).

Campos, from Hunter College's Center for Puerto Rican Studies in New York City, (1985) pointed out that Puerto Ricans "always keep on the move" from their island to New York City to another mainland city, and possibly to another, then maybe back to Puerto Rico. For many Puerto Ricans their inability to adapt successfully to new environments precipitates crises and mental health dysfunctions such as anxiety attacks, depression, psychosomatic complaints, and other severe maladaptive problems (Campos, 1985). The high number of their applications for disability benefits in Rhode Island and Massachu-

setts is an indication of their difficulty in coping with American culture and norms.

Puerto Ricans did not become an identifiable ethnic group in Massachusetts and Rhode Island until the late sixties and their population has been dramatically increasing since then. According to the 1980 census 141,043 Puerto Ricans were living in Massachusetts with 19,361 in Boston alone. Such figures are not entirely accurate because the census underestimates non-English speaking minorities who are traditionally not fully reported. In addition, some census reported (1980), 746 Puerto Ricans lived in the Allston and Brighton area; in the Back Bay-Fenway 580; Charlestown 211; North Dorchester 5,487; South Dorchester 864; East Boston 190; Hyde Park 215; Jamaica Plains 3,234; North End 20; Roslindale 443; Roxbury 4,938; South End 2,491; West End 48; West Roxbury 34.

Many Puerto Ricans have worked as migrant workers in the tobacco fields and cranberry bogs of southeastern Massachusetts. After each season many workers did not return to Puerto Rico, and instead settled in the Boston area.

More than 10 percent of Puerto Rican populations travels frequently between the island and the mainland of the United States. This commuter movement is a different kind of migration. This commuting works against the assimilation of Puerto Ricans into the American culture and also against the acceptance of returning Puerto Ricans in their homeland, especially children going to school.

One half of Hispanic adults including Puerto Ricans in

Boston have not graduated from high school (Boston Globe April 13, 1986). Nationally, 41.9 percent of Puerto Rican families live in poverty compared to 11.6 percent of all Americans.

Definition of Portuguese in This Study

The Portuguese immigrants who have been investigated in this study have been limited to the island of St. Michael, the largest in the Azorean Archipelago. The Azorean immigrant described in this study is different from the other Portuguese living on the European continent and the Madeira Archipelago because the Portuguese living in those regions are a product of different political, historical, economical, and cultural traditions (Rogers, 1980).

Expectations and Resettlement Problems of the Azorean Immigrant

For the Portuguese family, the decision to move from Portugal to the United States has been an extremely painful and complicated choice. Usually, the decision to emigrate to the United States has been based on an attempt by families to resolve financial problems encountered in Portugal. In reality, however, one set of problems is merely exchanged for another; economic deprivation is traded for an uncertainty about the worth of the Portuguese values and heritage (Clymer, 1977). Furthermore, the feeling of loneliness, backwardness, and ostracism by the Portuguese-American peers has been a harsh but typical reality for the Portuguese (Smith, 1976; Wolforth, 1978). These Azoreans are limited by a number of

barriers regardless of their age or social background (Moitoza, 1979, 1980, 1984).

An Azorean immigrant family coming to an industrial country like the United States for the first time usually has never seen a factory before, let alone worked in one. Its members have probably lived all their lives in a peasant or fishing community using traditional production methods and preindustrial technology. The hours and rhythms of work and employment have been determined by the seasons and by the natural needs of plants and animals. The discipline and strict time-keeping required by industrial work, therefore, requires a painful change in the habits of the immigrant family. Urban life too can prove difficult and confusing. People coming from small villages have to adjust to new methods of exchanging and distributing goods (Rodrigues, 1979).

The Azorean immigrant is thrown, without a period of transition, into the hectic life of industrial cities where the relationships between people are impersonal and where the rhythm of life and employment is governed by formalized man-made rules based on the rationality of the production process. In addition, the newly arrived Azorean family comes into contact with different types of food and an unfamiliar cold, damp temperature and climate when moving to Rhode Island and Massachusetts.

Arriving from a land which presents contrasting social structures and a different historical and economical base, the Azorean family also brings with itself limited educational background. Forty percent of the population of Portugal is illiterate. Generally, the Azorean immigrants represent the poorest classes whose educational standards are likely to have been even lower than the national average for Portugal.

The term "literacy" is only part of the basic educational problem, since a large number of people count as "literate" even though they can only write their names. To obtain employment in Rhode Island and Massachusetts, these individuals depend upon personal contacts and word of mouth rather than utilizing newspapers. Many of the semi-literate Azorean immigrants are not equipped to find their way through a modern urbanized society since they lack the basic knowledge necessary for learning the English language and above all for gaining any sort of vocational training.

Usually, the newly arrived immigrants are in debt, sometimes heavily in debt to whomever helped pay for the voyage to the United States. In some instances, families are separated while the wage earners save the money required to pay the transatlantic fare of those in the Azores. After their arrival to the United States, the Portuguese families

who have employment are extremely hardworking, and often each family member works two or more low paying jobs. Frequently, working age (16 years old) children are pulled out of school to work. For the goals of the immigrant family, economic achievement is high on the priority list, whereas educational goals for children are not. Since education does not lead to any immediate economic gratification, parents consequently do not encourage education. Rather education is tolerated (Ribeiro, 1981; Rogers, 1974, 1980).

A very high percentage of Portuguese children drop out of school before high school graduation. The dropout rate of Portuguese in Providence was 90% in 1973. From the investigator's experience as a member of the Providence School Department's Limited English Proficiency Task Force, it appears that the dropout rate has remained at that rate. Most teenagers have named economic factors as their reason for dropping out; they claimed that they must work full time to help support their household. However, most educators have agreed that the causes of dropping out have been more complex and include language difficulties, placement of immigrant children in grades far below the usual age levels, and differences between the Portuguese and American educational systems.

This overwhelming inability to adapt to the American educational system has locked many Portuguese families into the same pattern of low-paying, unskilled jobs. Lack of the familiarity with the language and the cultural mores may leave the recent immigrant vulnerable to exploitation. In contrast, the Portuguese-American with a longer family

history in this country may not want to be associated with the immigrants' particular set of difficulties. There may be conflict between the desire to assimilate into the American mainstream, and the simultaneous desire to preserve another cultural heritage.

Similarities and Differences between the Azorean and Puerto Ricans

There are some similarities and differences between the Azorean immigrants and the Puerto Ricans who have migrated to the continental United States. Some of the similarities experienced by both groups include: a low socio-economic and education level, the need to learn the English language and American culture, similar cooking ingredients and cuisine, living on islands where the climate is moderate and warm in contrast to New England's cold, harsh winters, both islands having an agricultural history and economy with the Azores still being agricultural and Puerto Rico having that kind of economy ten years ago, and both having the same religion Roman Catholicism. In addition, both groups of immigrants have been subjected to various degrees of exploitation by the Spanish and Portuguese governments.

Puerto Ricans are born citizens of the United States and hold American passports and thus have minority status. As a consequence, they have access to American employment and educational opportunities more readily than Portuguese who are not a recognized minority group. On their island Puerto Ricans receive federal aid for social, medical, and bilingual programs.

Their island is also closer to the United States than the Azores so that returning to Puerto Rico is not such a financial hardship. In terms of the nuclear and extended family, the Azorean family has remained together within the patriarchal system. The Puerto Rican family living in New England has usually a matriarchal single-parent structure and children have more step-fathers and step-brothers and sisters than the Portuguese (Rodrigues, 1977; Moitoza, 1980; Campos, 1985; Richards, 1983).

Cross Cultural Testing Issues and Testing Procedures

Generally, cross cultural tests have attempted to rule out one or more variables along which cultures vary. One of those variables is language. Therefore, tests were developed where no verbal or reading material was presented only verbal instructions by a speaker of the same language and culture of the subject being tested (Oakland, 1977).

Another variable in which cultures or sub-cultures differ from one another is in the modality of speed. The tempo of everyday life, or the rate at which tasks are carried out, is usually culturally slower for the subjects of this study as compared to other people who live in the major urban centers of New England. The motivation to hurry, and the value associated with the fast performance, varies depending upon the sub-culture of each geographic area. The speed of life of Ponta Delgada is slower than in Lisbon, and the tempo of life in the small villages of St. Michael, Azores is slower than

in Ponta Delgada, its capital.

In some cases, cross cultural tests have tried not only to eliminate the weight value of speed by allowing extra time to complete the tasks, but also by putting emphasis on the process by which the individual completes the task rather than just on the correct answer. In the performance sub-tests the standard administration procedures of the WAIS-R manual were followed. The claimants who did not complete the tasks on time obtained a zero or a partial correct response. Afterwards, additional time was provided if the claimants expressed motivation to complete the tasks (full credit was not given to the claimant even if s/he was able to complete the task correctly) since extra effort usually indicates a measure of the claimant's problem solving style and motivation (Rappaport, 1976). This effort should be taken into consideration when making the final evaluation and recommendations, or adjustments could be made, in a real life situation, according to the examiner's clinical judgement.

Chapter II

Hypotheses

The review of the published literature of the Portuguese and Puerto Rican population did not indicate any research of the sort involved in this study. The writer's experience as a consultant to the Rhode Island and Massachusetts Rehabilitation Commissions led him to conclude that the relationship between cognitive development and academic attainment needed to be studied with these ethnic populations.

The concept of adaptive behavior is defined by Doll (1965) as the degree to which the individual is able to function and maintain his/herself independently, and the degrees in which s/he meets satisfactorily the culturally imposed demands of personal and social responsibility. The American Association on Mental Deficiency (Grossman, 1973) officially adopted the position that any diagnosis of mental retardation must be substantiated with judgement of a deficit in adaptive behavior, as well as a deficit in intellectual ability.

Adaptive behavior is a comprehensive measure of a person's ability to work and perform daily routines and should be required of all evaluations. Adaptive behavior discriminates among abilities that are not measured by the Wechsler and other cognitive tests. Presently, the Massachusetts Rehabilitation Commission rarely requires an adaptive behavior evaluation from the psychologist consultants. There,

fore, most psychological report results are incomplete and they may reflect an inaccurate profile of the claimant's overall abilities.

Presently, the rehabilitation commissions' medical examiners assume that non-English speaking claimants who are functionally illiterate and whose IQs fall within the retarded and borderline levels of intelligence 1.) do not have the cognitive capacity to learn a vocational skill and 2.) are unable to hold a job in a competitive work environment.

The above premises have led the investigator to propose the following hypotheses:

Hypothesis I:

Cognitive development among non-English speaking Portuguese and Puerto Rican is related to a.) the level of academic attainment in native country and b.) to their adaptive behavior life skills.

Psychologists and medical examiners have found it difficult to interpret the claimants' test behavior. Testing responses vary in terms of the subject's motivation, test resistance, uncooperativeness, and faking and malingering behavior. Faking and malingering behavior was defined by the DSM-III, 1980, as "the voluntary production and presentation of false or grossly exaggerated physical or psychological symptoms". Examples of such behavior include superficial compliance with test instructions, evasiveness, and low motivation to complete easy tasks (Rappaport, 1976; Anastasi, 1982).

Some claimants fear the results of their evaluation because a higher IQ may result in their disqualification to receive disability benefits. Therefore, some claimants may try to fake or malingering in their responses. In order to identify the claimants who truly were impaired versus the ones who just want to be awarded benefits, the following hypothesis was proposed:

Hypothesis II:

Claimant's faking and malingering-behavior responses are different from the claimants who truly have cognitive deficits and impairments.

Method

Subjects

The investigator studied the data from 100 claimants who had immigrated to continental United States in the last seven years. On half of them (51) were from Puerto Rico, but presently living on the mainland United States and the other half of the sample (49) was comprised of Azorean Portuguese who live in Rhode Island and Southeastern Massachusetts. The sample had an equal proportion of men and women. All claimants had applied for disability benefits, and all stated that they were unemployed at the time of their psychological assessment. The sample represented three age categories: from 15 to 30 years old, from 31 to 55 years old, and from the age of 56 and older. Their educational background is divided into two literacy levels. The first educational level ranges from zero to fourth grade and the second level ranges from fifth to twelfth grade.

Claimants lived in the poorest cities of both states. New Bedford, Fall River, Brockton, Providence, Pawtucket, and Taunton had some common denominators. Housing is cheaper than the surrounding communities. The educational systems still need significant changes. In some communities, the student dropout rate is fifty percent (e.g., Fall River) in the high school alone (Dropout Committee, 1985). Each of these cities had the highest unemployment rates in Massachusetts and Rhode Island. Their industrial base is comprised of manu-

facturing, textiles, and jewelry, all of which have become vulnerable to foreign competition. The employment opportunities have traditionally been poor in these cities (Fall River Fact Book, 1984).

All of these variables probably have contributed to a lower economic climate and poor employment opportunities. The cities where the subjects resided had the highest unemployment rates in Massachusetts and Rhode Island and had the highest percentage of individuals on public assistance and/or receiving disability benefits (Commonwealth of Massachusetts, 1984).

Statistical Procedures

A Canonical Correlation Analysis was carried out to statistically test Hypothesis I. It evaluated the relationship between the cognitive measures and academic attainment and adaptive behavioral skills.

A Chi Square was performed to test Hypothesis II. A Factor Analysis of the Low Motivation Scale was performed, as well as the Cronbach Alpha.

Other Procedures

As a consultant to the Rehabilitation Commission, the investigator had access to the data from all subjects on file.

Instruments

Low Motivation Scale

This scale was developed for the study since a similar instrument is not available in the published literature. The scale has been designed to detect the various variables and dimensions that comprise the "Faking and Low Motivation" of disability claimants described in connection with Hypothesis III.

The various manifestations of faking and low motivation of subjects while being tested psychologically involve a variety of responses and behaviors including test resistance, evasiveness and superficial compliance with test instructions (Rappaport, 1976), malingering (American Psychiatric Association, DSM-III, 1980), indicators of low motivation in testing (Anastasi, 1976), and non-verbal communication cues during the interview and the psychological assessment. Examples of body language include: claimant's frequent yawning, disruptive behavior, self-induced seizures, getting up every ten minutes and moving around during the evaluation.

This scale was originally comprised of fifteen items. Each item score ranges from zero to one (see appendix I). A high score in this scale can be interpreted as the claimant having a very low motivational level, a significant high degree of faking, and a high probability that the claimant was not performing to the best of his/her abilities. The information was recorded during the administration of a battery

of psychological tests. The scale items are based on information from the following instruments: WAIS-R performance sub-tests, Wechsler Memory, Raven Progressive Matrices, Bender Gestalt Test, Draw -a-Person Test, and from unusual behavior recorded when the claimant was assessed.

Revised Low Motivation Scale

There were five items that were dropped from the original scale because they did not discriminate well or were poorly written items. One item that was omitted was drawing stick figures. When the claimant had difficulty drawing a full person with clothes, it could be interpreted as poor drawing ability or lack of schooling rather than an expression of uncooperative behavior. Item number nine was omitted because the discrepancy of more than one digit in similar subtests in WAIS-R and the Wechsler Memory could be the result of distractibility or chance rather than intentionally not remembering the same number of digits.

Item number ten was deleted from the old scale because the population tested was comprised of a great number of functionally illiterate claimants with no schooling or testing experience. These subjects were not used to the time limited tasks that comprised the performance sub-tests. As a result, the claimants' IQ scores were below 70, not as a consequence of malingering behavior, but due to low non-verbal abstract reasoning skills, lack of testing experience, as well as, cultural factors.

Item fourteen was removed, since scoring less than 27 in the digit symbol of the WAIS-R, could be interpreted to mean that the claimant had slow psychomotor skills and visual spatial deficits and was not deliberately trying to be slow.

The factor analysis of the revised scale indicated that two factors account for 52% of the total variance. The items comprising factor I are 1,3,4,7,8,10 and this factor accounts for 38.8% of the variance. It is labeled the chronic faking and active disruptive factor. The reliability analysis of the six items yielded a standardized item alpha of .833. Factor II items 5,6,9 is labeled as passive and low motivation factor. In this factor, claimants project a more subtle resistance and their behavior is not as direct as in factor I.

Table 1

Rotated Matrix (Orthogonal) for Factors I and II of the
Low Motivation Scale

item	Loadings		Commonalities
	I	II	
X1	.89		.82
X4	.88		.78
X10	.86		.75
X3	.72		.53
X8	.58		.44
X7	.42		.17
X5		.70	.49
X6		.68	.46
X9		.48	.24

$$\lambda_I = 3.49; \lambda_{II} = 1.20$$

proportion

total variance = .52

Table 2

Chronic Faking and Active Disruptive Factor I Correlation
Matrix (N= 100)

	1	3	4	7	8	10
item 1	1.00					
item 3	.57	1.00				
item 4	.83	.50	1.00			
item 7	.28	.16	.35	1.00		
item 8	.45	.31	.44	.21	1.00	
item 10	.76	.58	.68	.24	.47	1.00

Internal Consistency Coefficient Alpha = .83

Table 3

Passive/Low Motivation Correlation Matrix- Factor II (N=100)

	5	6	9
item 5	1.00		
item 6	.17	1.00	
item 9	.10	.04	1.00

Internal Consistency Coefficient Alpha = .26

The Coloured Progressive Matrices Sets A, Ab, B (see Appendix 3, pp. 57) was developed by J.C. Raven in 1947, and was revised in 1960. These matrices differentiate between degrees of cognitive development or impairment. They also point out where the individual is, or is not, to what extent, and relative to other individuals able to organize spatial perceptions into systemically related wholes. These Coloured Matrices are arranged to evaluate cognitive development up to the point where the person is sufficiently able to reason by analogy to adapt this way of thinking as a consistent method of inference.

According to Raven, the matrices can be used with people "who cannot understand or speak the English language, with people suffering from physical disabilities, aphasias, cerebral palsy, or deafness, as well as people who are intellectually sub-normal or have deteriorated". These sets A, Ab, B, in color have shown a re-test reliability of .90 with older children and adults (3,665) according to the manual.

Sets A, Ab, B comprised of 36 problems which are arranged in order of difficulty. To achieve a correct answer, the subject needs to distinguish identical figures from the different figures, and to perceive similar from dissimilar figures. The maximum scores of each set of matrices is 12. The maximum score is 36.

The Wechsler Adult Intelligence Scale-Revised (WAIS-R) performance sub-tests assess non-verbal skills and perceptual-motor abilities. The sub-tests are designed to evaluate the

following functions: incompleteness, visual alertness, visual-motor organization, anticipation, visual perception and sensory-motor feedback, coordination, and differentiation of essential details. The sub-tests are comprised of Picture Completion, Picture Arrangement, Block Design, Object Assembly and Digit Symbol. According to David Wechsler, (WAIS-R manual, 1981) the sub-tests measure mostly non-verbal abstract reasoning and cognitive development.

WAIS-R performance IQ had a reliability coefficient parallel form of .93. The WAIS-R manual did not publish the validity coefficients, but it mentions that the eleven tests that comprised the WAIS-R are originated from the WAIS and the Wechsler-Bellevues Intelligence Scale.

Factor analytic research by Cohen's study (1957), of the WAIS standardization sample found the presence of a single general factor that accounted for about half of the total variance. It also identified three major factors; "verbal comprehension" factor, a "memory" factor, and a "perceptual organization" factor. The perceptual organization factor correlates highly with the performance sub-tests, especially Block Design and Object Assembly. This factor may encompass a combination of the perceptual speed and spatial visualization factors according to Cohen.

The Bender-Visual Motor Test is another measure of cognitive functioning. The test is comprised of eight cards. The client copied each design on a white paper, usually in less than ten minutes. It was developed by Bender ⁱⁿ 1946 and

is designed to detect perceptual-motor deficits and visual-motor short-term memory. A scoring system has been developed by Koppitz.

The Bender Gestalt Test had a .74 concurrent criterion-related validity in the Pascal and Suttel cross validation study (1951). Retest reliability was .70 in the original normal sample of 474 subjects within a 24-hour interval. According to authors of the test, performance on the test is independent from drawing ability, but is related to level of education. According to Anastasi, (1976) the Bender-Gestalt has a high validity as a measure of intellectual level and as a predictor of academic achievement.

Goodenough-Harris Drawing a Test (1963) is based on a revision of the Goodenough Draw-a-Man Test which was originally developed in 1926. It places emphasis on the individual development of conceptual thinking, rather than artistic skill. A total of 73 scorable items are selected on the basis of age differentiation, and specific body parts, clothing details, proportion, and other developmental features.

The reliability of the Draw-a-Man Test with 386 fourth grade children in a retest correlation after one week interval was .68 and split-half reliability was .89 and a scorer reliability of .90 by a different scorer. The scorer-reliability by the same scorer was .94.

The Draw-a-Man Test correlates highest with test of reasoning, spatial aptitude, and perceptual accuracy. According to Harris (1963), test performance may reflect the degree of acculturation into Western Civilization. This test

usually takes less than five minutes to complete.

The administration includes the following directions.

"Make your drawing here. Draw a picture of a (wo)man, not just (her) his head and shoulders."

Grade Attained

The grade achieved in the subject's native country is an important independent measure. The attained grade as referred in this study is the maximum amount of years in school. For example, the claimant may have completed the third grade before immigrating to this country. It gives an approximate index of the client's academic skills. No published information has been found by the writer focusing on the relationship between cognitive development and academic attainment with the Portuguese and the Puerto Rican individuals.

However, according to Satler (1974) "minority individuals are usually less motivated towards academic achievement, less competitive in the cognitive realm, and less exposed to intellectually stimulating materials at home". It has been suggested by Oakland (1977) that ethnic minority groups are more likely to have low scores in psychological tests because these tests are interpreted from a culture bound perspective.

From the administrative procedure of this study, the grade was ascertained when claimants filled out application forms requesting disability benefits.

The Vineland Social Maturity Scale (Doll, 1965) has been used with bilingual and culturally different individuals. This scale measures adaptive behavior and the ability of the individual in coping with the social demands and responsibilities of daily existence. The items of the scale (appendix h) are arranged in order of increasing average difficulty, and represent progressive maturation in self-help, self-direction, locomotion, occupation, communication and social relations. The total raw score of each individual is converted to equivalent social-age values which reflect the claimant's maturity and life experience.

This scale is helpful in differentiating individuals who are retarded from the ones who have more advance adaptive life skills (e.g. ability to hold a job, be financially responsible for self and family).

The Vineland Scale is one of the measures being used to test hypothesis I. Adaptive behavior is one of the dependent variables in the Canonical Correlation Analyses regression equation. The Vineland was standardized on 620 cases, including 10 males and 10 females at each year from birth to 30 years. A retest reliability of .92 is reported for 123 cases, the retest intervals varying from one day to nine months. No other psychometric properties are reported in the manual (Doll, 1965).

Chapter III

ResultsDistribution Statistics

In the Raven Progressive Matrices, the scores ranged from 6 to 25 with a mean score of 14. A perfect score of 32 indicates that the claimant had scored all items correctly. The standard deviation was 3.5.

In the Wechsler performance I.Q. the scaled scores ranged from 45 to 99 with a mean I.Q. of 71 and a standard deviation of 12. Below 70, the I.Q. is interpreted as being in the mental retarded range, between 70 and 79 within the borderline level of intelligence, and within 80 and 90 in the low average range, and finally between 91 to 110 within the average range. The performance subtests are less language loaded than the verbal subtests. However mosts performance subtests are time limited and do not recognize a correct answer after time has expired. The amount of effort of each client was recorded in the the Motivation Scale.

In the Harris Draw-a-Person-Test the I.Q. ranged from 40 to 95 with a mean of 65 and a standard deviation of 10.5. Most subjects had no drawing experience which propably accounts for the low mean of 65. The I.Q classification is similar to the Wechsler I.Q. ranges.

In the Bender Gestalt test, the scores ranged from 1 to a maximum frequency of 25 errors, and a mean of 10.5 and a standard deviation of 6. The lower the score means that the

claimants have good visual-motor coordination and well develop spatial-motor integration skills.

The adaptive behavior or level of functional skills was measured by the Vineland Maturity Scale. The scores ranged from 60 to 110 with a mean of 80.6 and a standard deviation of 9.7. Most claimants scored within the low average range or from 80 to 89. Above 90, the claimants are considered to be adaptively functioning within the normal range.

On the Low Motivation Scale the scores ranged from 1 to 10 with a mean of 2.8 and a standard deviation of 2.6. A low score indicates high motivation and cooperation during the disability evaluation, with a very low probability of faking and low motivation.

Testing of Hypotheses

With regard to hypothesis I that "cognitive development among non-English speaking Portuguese and Puerto Ricans is related to a.) the level of academic attainment in native country and b.) to their adaptive behavior life skills", a canonical correlation was performed to test the hypothesis with the results reported in tables 4 and 5. In table 4 the canonical correlation indicates that adaptive behavior and cognitive development is significant at .001 level.

Table 4
Testing of Hypothesis I

Summary of Canonical Correlation Analysis (N=100)

Canonical Variate	Eigenvalue (λ)	R_c	Wilks Λ	F	dfs	P
First	1.96367	.81	.28565	7.84	20,180	<.001
Second	0.18124	.39	.84657	1.83	9,91	>.05

Canonical Coefficients

<u>Left Hand</u>		<u>Right Hand</u>	
Ravens Rs	.27642	Grade	.45013
Wechsler P. IQ Rs	-.01025	Adaptive Behavior	.72536
Draw-A-Person IQ	.20819		
Bender Gestalt	-.62401		

In the analysis only the first eigenvalue was found to be statistically significant, hence the canonical coefficients associated with the first eigen vector are the only ones to be interpreted. The interpretation may be found in table 5.

Table 5

Hypothesis I

Canonical Correlation (R_c)Left HandRight Hand

$R_{c1} = .81$

High+

Raven.27642

Wechsler.01025

DAP.20819

Bender-.62401

LH	RH
	.72 (adaptive)
	.45 (grade)
-.62 (Bender)	

Grade.45013

Adaptive.72536

High-

The data of this table reveal that low Bender Gestalt scores (a good performance with only a few errors) are associated with high adaptive behavior and grade level achieved in native country. Eigenvalue is significant at $P < .001$.

Table 5

Hypothesis II

Cognitive Functioning

		50-69IQ	70-100IQ
Low Motivation Scale	≥ 5	18	5
	≤ 4	30	47

N=100

 $\chi^2=10.958$

P<.001

d.f.=1

It is concluded that cognitive functioning of claimants and low motivation behavior are significantly associated.

$$\phi = .33$$

$$\phi_{\max} = .56$$

$$\frac{\phi}{\phi_{\max}} = .59$$

strength of association

The upper limit of the phi coefficient is not necessarily 1.00 as is the case of measurement of relationship, it is rather a measure of association. The maximum value of phi is determined by marginal splits, hence in evaluating the strength of the association indicated by a given phi coefficient it is necessary to determine the ratio of phi over phi max. The data of this table shows considerable amount of the association as evidence of the .59 ratio.

Hypothesis II states that claimant's faking and malingering-behavior responses, as measured by the Low Motivation Scale, are different from those of the claimants who truly have cognitive deficits. The chi square presented in table 6 supports Hypothesis II and is significant at the .001 level.

Table 7 describes the relationship between cognitive functioning and motivation utilizing a breakdown between Portuguese and Puerto Ricans. A chi square analysis of the differences could not be performed due to the failure to meet one of the assumptions of that statistic that there must be at least five subjects for each cell. However, the association is obviously strong. This finding will be explicated in the discussion.

Table 7

Cognitive Functioning and Motivation

50-69 I.Q.

70-100 I.Q.

		50-69 I.Q.	70-100 I.Q.
		≥ 5	4
Motivation Scale	Puerto Ricans	14	5
	≤ 4	14	31
	Puerto Ricans	16	16

Chapter IV

Discussion

Hypothesis I was significantly tested. In testing Hypothesis I, the Bender Gestalt Test was found to highly relate to both adaptive behavior and grade achieved in native country. The Bender requires that the subjects copy from a visual design rather than drawing a person from their memory as required in the Draw-a-Person Test. This phenomenon suggests that the Bender may be less culturally biased for low functioning and illiterate populations than is the Draw-a-Person Test. It is therefore recommended that this test be given with all evaluations. In addition, it is a good measure of visual-motor and spatial abilities.

The claimants' cognitive ability as measured by the Harris Draw-a-Person test was found not to contribute heavily to the relationship between the left-hand and right-hand variables in the Canonical Correlation Analysis that was performed. A possible reason for this is that in evaluating general cognitive development with this technique it is difficult to measure low functioning populations who have elementary academic skills and who many have had illiterate backgrounds with little or no drawing skills experience.

Most claimants scored very low in this test suggesting that drawing practice and school exposure may be related to cognitive development. This test may likely involve the measurement of a level of acculturation to Western values. The

literature has predominantly indicated that there is no relationship between drawing experience and scores on this test (Sattler, 1974).

In the Bender Gestalt, the negative correlation of $-.61$ indicates that most claimants scored low since they made few errors. Having a low score means that the claimant had good visual-motor integration skills and fine spatial abilities. The strong relationship between performance in the Bender Gestalt and adaptive behavior and academic achievement achieved in native country is supported by the research literature (Anastasi, 1982) It states that performance in the Bender is apparently independent from drawing ability, but is significantly related to the amount of education.

Several researchers (Piaget, 1980; 1974; 1967; Siegler, 1981) have described the cognitive abilities involved in the performance of the Bender as Figural Learning. Piaget studied children and their capacity to learn about concepts; of geometry and construction of quantities, proportionality, perspective and space. According to Piaget this particular kind of Figural Learning occurs at the Operational stage of thinking. Another researcher, Siegler, 1981, developed the "Quality Information Model" based on the concept of visual proportionality which had been used by Piaget to test for the attainment of "Formal Operation" of cognitive development. Siegler's model is based on Figural Learning. It involves figures of balance-scale-tasks with explicit specific sequence of steps that the individual has to perform through the visual-motor modality.

The results of Hypothesis I and the Figural Learning and Cognitive models of Piaget and Siegler have practical implications for the assessment of non-English immigrants. As noted in this study, non-English speaking claimants perform better in the visual-motor modality by the use of figures, drawings, and other visual medium which requires little or no understanding of language. This mode of learning has implications in terms of teaching new concepts in bilingual and English as a second language instruction, as well as in training non-English speaking claimants to learn vocational skills.

Hypothesis II was significantly tested. The items that correlate highly with the subject's low motivation include the following: history of past reports indicating that behavior, disruptive behavior, distractibility, completing items too fast, significant deviations and differences between Wechsler performance evaluations IQ and its intrascatter, failing of easy items and successful completion of hard items, and major discrepancies on the subject's performance on various tests.

The Low Motivation Scale's factor analysis indicated that Factor I labeled the Chronic Faking and Disruptive Factor, comprised of items number one, four, three, seven, eight, and ten, is characterized by 1.) claimants' previous history of faking and malingering as reported in past medical, psychiatric, and psychological reports; 2.) being unable to sit still for less than ten minutes despite no known history of medical or physical problems; 3.) bizarre behavior including self induced seizures, anxiety attacks, and hyperventilation; 4.) test intra-

scatter in the WAIS-R performance sub-tests varying more than 2 s.d.; 5.) significant change more than 1 s.d. between last WAIS-R performance results and previous results. The internal consistency coefficient for the 6 items that comprise this factor is .83 which suggests rather high homogeneity among them.

When psychologists observe the above behaviors or response pattern, it is important to indicate it in their reports. These observations and patterns point out the level of motivation and will help the medical examiner and administrative judge to decide whether the claimant is disabled and or s/he should warrant disability benefits.

Puerto Rican claimants had a significant high number of responses on the Low Motivation Scale. This phenomenon may be related to their dependence on federal benefits during the last decades. The psychosomatic behaviors that a significant number of Puerto Rican claimants manifest could be fostered by their cultural conditioning and state dependence.

The Portuguese claimants, for the most part, are not aware of the various federal programs and benefits in the United States. Claimants who do apply for disability have traditionally had chronic mental health problems and their testing behavior seems to be representing their cognitive functioning and their well developed pathologies.

The results of this study cannot be generalized to the rest of the Portuguese and/or Puerto Rican population. However, this study's results are a good representation of the typical Portuguese and Puerto Rican claimant who is unem-

ployed and is seeking disability benefits in the states of Rhode Island and Massachusetts. It is hoped that this study will help the rehabilitation commissions improve their ability to serve claimants of limited English ability by modifying its assessment procedures and in facilitating the opening of more appropriate working environments and rehabilitation opportunities.

Bilingual Interview

As an increasingly number of claimants apply for benefits of non-English speaking background, it is important that their testing behavior, cognitive, and cultural profiles be interpreted by bilingual/bicultural psychologists as the literature indicates (Oakland & Phillips, 1973, 1977; Moitza, 1984, 1980).

Some guidelines are suggested when interviewing non-English speaking claimants. The client's interactions during the evaluation should be recorded noting the various behaviors comprising the Low Motivation Scale. Rapport with the client is very important. If the psychologist speaks in the same language it will help in establishing trust and a more open interview early in the session. If the family is providing an interpreter, as it happens in most cases, a structured interview should be conducted; otherwise, the reliability of the information may be poor.

The interview in the client's native language should consist of: dates of school attendance, length of residence in

the various cities and dates of migration, length of employment and description of past job responsibilities, adaptive functioning before and after emigration(s), history of disabilities in school and history and frequency of hospitalizations, diagnosis and prognosis from past medical reports, family structure and descriptions of assigned tasks in the family, range of interests and hobbies, attitudinal changes toward this country and unusual push-pull factors in the emigration process.

Work Environment and Adaptive Behavior

The results indicate that claimants, most of whom function academically at a very low level and who are in many cases illiterate in their native language, could function adaptively close to the average range in their culture. If similar jobs were available in this country requiring their dominant language, these claimants would probably become successfully employed.

Jobs should be available in the fishing and the agrarian industries (e.g. farming, landscaping, shipbuilding, fishing) for claimants from those backgrounds by contracting in the private sector. The federal and local governments should provide tax incentives to these companies during the first couple of years for training the claimants with previous experience in those areas. The subjects should be helped with vocational and rehabilitation bilingual counselors.

Claimants who have more learning and cognitive potential

and are from more sophisticated backgrounds should receive vocational training in the various jobs. Where their language and problem solving skills can be used (e.g. offices, bilingual school programs, local government agencies) these job sites should be emphasized.

Implications for the Future Training of Psychologists

There is a need for the training of bilingual psychologists and other mental health professionals by local universities (see Figure I). By the year 2000 approximately twenty five percent of this country's population will be born outside of the United States. Most of these immigrants are from Hispanic speaking countries from Central and South America where political governments are unstable and economic conditions are weak. Morgan (1985) indicated that by the year 2020 the Hispanic population in this country will number 47 million and will become the largest American minority group.

Michael Devine, Chief of the Rhode Island Office of the U.S. Department of Immigration (Providence Journal, November 23, 1986) estimates that between 35,000 and 40,000 Spanish speaking immigrants have come to Rhode Island since the mid-sixties. Though legal immigration from Spanish speaking countries has averaged only 1,500 people each year over the past decade, Devine estimates that anywhere from 10,000 to 15,000 Hispanics come to Rhode Island illegally. In terms of Southeast Asian immigration patterns, the Rhode Island Office of Refugee

Resettlement keeps a tally of the number of refugees living here. Its current estimates are 2,300 to 2,317 Hmongs, 5,609 to 6,600 Cambodians, 3,170 to 4,300 Laotians and 488 to 500 Vietnamese (Providence Journal, December 14, 1986).

Shortage of Bilingual Psychologists

Many immigrants prefer to return to their native country rather than face the challenges of learning a new language, culture, and a new way of life. Few immigrants receive counseling in this country since there are only a few bilingual therapists in this area of the United States (See Figure I).

For example, in the present Civil Service List for positions in Massachusetts for the Principal and Chief Psychologist there are only three Portuguese or Spanish surnames out of 150 names. Furthermore, local universities have not committed themselves to recruit and hire students and faculty from minority, linguistically, and culturally different backgrounds to address the issue of developing ethnic sensitivity and delivery of services to these minorities (Providence Journal, May 11-13, 1986).

Title VI of the Civil Rights Act of 1964 prohibits mental health centers, the recipients of federal funds, from discriminating against clients on the grounds of race, color, or national origin. Among the discriminatory practices, there are subtle factors that impair the delivery of mental health services. Among these factors are: 1.) limited outreach to lin-

Figure 1

Survey of Bilingual Psychologists Servicing Claimants' Catch-
ment Areas *

	Language Fluency	
	Portuguese	Spanish
Providence Center, R I	0	0
Child Development Center, R I	0	0
Community Counseling Center, R I	0	0
R. I Youth Guidance Clinic, R I	0	0
Ega Monis Clinic, Cambridge Hospital, MA	1	0
Butler Hospital, R I	1	0
Bradley Hospital, R I	0	0
Taunton State Hospital, MA	0	0
Corrigan M. H. C., MA	1	0
New Bedford M. H. C., MA	0	0
Mass. M. H. C., MA	0	1
Bay Cove M. H. C., MA	0	0
West Ros Park M. H. C., MA	0	0
Lemuel Shattuck Hospital, MA	0	0
Brookline M. H. C., MA	0	0
Providence School Department, R I	0	0
Pawtucket " " "	0	0
Central Falls " " "	0	0
East Providence " " "	0	0
New Bedford " " MA	1	0
Taunton " " "	0	0
Fall River " " "	1	0

1-Psychologist

I- Psychiatrist

* The survey was conducted by the investigator based on interviews with Executive Directors and Chief Psychologists of the above agencies.

guistic minorities; 2) lower percentage of Portuguese and Hispanic clients than exist in the catchment area population (e.g. less than 1% of the Portuguese population is served by the Department of Mental Health in the Fall River Area, where the Portuguese population exceeds 50%); 3.) lower percentage of minority staff and advisory board members than exist in the catchment area populations; 4.) inaccessible location; and 5.) lack of bilingual/bicultural staff members from secretaries to therapists and administrators.

This situation exists in the neighborhoods where the claimants for this study live and were not counseled by the following Department of Mental Health agencies: Bay Cove Mental Health Center; West Ros Park Mental Health Center, Roslindale and Roxbury; Lemuel Shattuck Hospital, Jamaica Plain; Massachusetts Mental Health Center, Boston; Region V Department of Mental Health, Taunton, Brockton, Fall River, and Attleboro areas; Providence Center, Providence; and Community Counseling Center in the Pawtucket and Central Falls catchment areas (see Figure 1).

It is mandated by the Rehabilitation Act of 1983 that vocational rehabilitation services be provided during the three months the claimant receives disability benefits. However, since there are very few bilingual rehabilitation counselors, most clients do not receive any services. In fact, ninety percent of the claimants in this sample had received disability benefits for many years and were not counseled for their mental health problems.

It is evident that all mental health centers surveyed in

this study have not hired a sufficient number of bilingual psychologists who are fluent in Portuguese or Spanish, to meet the needs of non-English speaking clients as mandated by the Mental Health Law Act of 1968, 405.1038(c), which states that "Psychologists, consultants, and supporting personnel are adequate in number and by qualifications to assist in essential diagnostic formulations, and to participate in program development, and to establish appropriate treatment programs".

The shortage of bilingual/bicultural psychologists as documented in Figure 1, will not change significantly unless some dramatic steps are taken to address this issue. Attention should be given to develop non-discriminatory assessment testing procedures that are validated to each ethnic population. In addition, more commitment is needed from local universities to train and recruit psychologists to address the various areas of research, assessment, treatment, and public policy as it relates to the delivery of mental health services of the non-English speaking populations. Federal, state, and private funds should be allocated to develop those programs. Those mental health professionals who become bilingual in Spanish and Portuguese should improve their employability and potential for promotions. Agencies that offer cultural sensitivity workshops to their staff about ethnicity and how to best relate to the immigrant family would obviously be more competent than the ones that ignore this type of inservice training. The results of this study support the above conclusions.

Summary

This study outlines steps for guiding psychologists in the administration of psychological testing instruments to bilingual and monolingual Portuguese and Puerto Rican applicants for disability benefits. The study also delineates the discrimination of subtle behavioral responses and the interpretation of various forms of low motivation, malingering, and evasiveness during the assessment procedure.

Psychologists have not been usually trained to assess non-English speaking and culturally different populations while studying in graduate school or working professionally. Presently, there are only a handful of bilingual psychologists who are fluent in Portuguese or Spanish.

There is a need to increase the number of bilingual psychologists as consultants to the Rehabilitation Commissions and to change the evaluation procedures. Often psychological reports provide insufficient information about the claimant's skills and learning potential. As a result, the medical examiner of the Rehabilitation Commission cannot properly designate which claimant can work or, alternatively should receive disability benefits. The outcome of most claims are decided in court, taking many years before they are adjudicated.

One hundred disability claimants of Portuguese and Puerto Rican background took part in this study. Data on file from their psychological reports was analyzed and two hypotheses

were tested. The findings indicate that there is a strong relationship between the claimants' cognitive functioning, their adaptive behavior, and academic achievement in native country. There was also a significant negative relationship between low motivation behavior and cognitive functioning.

The results of this study cannot be generalized to the rest of the Portuguese and Puerto Rican population. However, the study's results are relevant to the typical Portuguese and Puerto Rican claimant who is unemployed and is seeking disability benefits in Rhode Island and Massachusetts.

As part of the introduction and the literature research, a needs assessment was performed to identify bilingual psychologists and mental health providers where the largest concentration of Portuguese and Puerto Ricans live. In the Massachusetts and Rhode Island human service agencies in which a sample survey was conducted, it was found that only a couple of psychologists worked in the schools and three part-time psychiatrists worked as consultants to hospital staff and do not treat directly clients.

These findings have profound implications in terms of future planning of financial resources, treatment and sensitivity to these non-English speaking populations. The lack of services violates the Rehabilitation Act of 1983 which mandates programs to provide vocational rehabilitation to persons who have physical or mental handicaps and the eligibility requirements are to be applied without regard to the person's sex, race, age, creed, color, or national origin.

Finally, attention should be given to develop non-discriminatory assessment testing procedures that are validated for

each population. In addition, more committment is needed from the local universities to recruit and train bilingual psychologists in the areas of assessment, treatment, and public policy.

Appendix 1

Original Low Motivation Scale

- | | score |
|---|-------|
| I 1- Previous history of faking and malingering as reported in past medical, psychiatric, and psychological reports. | ----- |
| 2- During each $\frac{1}{2}$ hour claimant yawns more than ten times. | ----- |
| * 3- Claimant's eye contact with examiner during assessment is minimum. While talking with examiner, claimant's eye contact is less than 25% during the entire assessment. | ----- |
| I 4- Claimant being unable to sit still for less than ten minutes (e.i., asks to leave office during short intervals when according to medical reports the claimant can sit for long periods of time without difficulty). | ----- |
| I 5- Examples of bizarre behavior during assessment (e. i., self-induced seizures, anxiety attacks, hyperventilation and other behaviors which are not a result of medical and physical impairments according to reports received from the Rehabilitation Commission). | ----- |
| II 6- In the Raven Matrices, the claimant has an inconsistent identification of correct responses and/or failing in the easier items. These matrices increase in difficulty in sets A, Ab, and B. | ----- |
| * 7- Drawing of stick figures and the absence of minimal developmental features in the Draw-a-Person-Test. The claimant is asked to draw a complete person with all parts of the body and dressed with his/her proper clothes. | ----- |
| II 8- Completing the nine drawings of the Bender Gestalt in less than three minutes (unless they are drawn correctly). | ----- |
| * 9- To have significant discrepancies between the digit span of the WAIS-R and the similar test in the Wechsler Memory's digits forward and backward. Maximum discrepancy being no more than one digit when the tests are repeated. | ----- |
| * 10- Claimants who are not illiterate in their native language and have not been diagnosed with neurological impairments should not achieve a perform- | |

- | | score |
|--|-------|
| ance I.Q. in the WAIS-R below the borderline level
of cognitive functioning. | ----- |
| I 11-Test intrascatter in the performance sub-tests of
the WAIS-R which varies more than two standart devi-
ations of the performance I.Q. | ----- |
| I 12-Erratic scoring in the WAIS-R performance sub-tests.
Claimant consistently scores in the very hard tasks
but fails in the simpler tasks. | ----- |
| III 13-Giving up easily most items in less than 60" in the
Object Assembly, and in less than 30" in the Picture
Arrangement of the WAIS-R. | ----- |
| * 14-Scoring less than 27 in the Digitt Symbol of the
WAIS-R. | ----- |
| I 15-Change of more than one standart deviations between
present performance I.Q. on the WAIS-R and the previous
psychological evaluations in the last two years (and
when it has not been reported any significant organic
deterioration such as a stroke, or the result of a
major car accident or illness). | ----- |

I- Items that correlate with factor I

II-Items that correlate with factor II

* -Items that have been deleted from the Original Low
Motivation Scale.

Appendix 2

Low Motivation Scale-Revised

	score
I 1- Previous history of faking and malingering as reported in past medical, psychiatric, and psychological reports.	-----
2- During each $\frac{1}{2}$ hour claimant yawns more than ten times.	-----
I 3- Claimant being unable to sit for less than ten minutes.	-----
I 4- Examples of bizarre behavior during assessment.	-----
II 5- In the Raven Matrices, the claimant has an inconsistent identification of correct responses and or failing in the easier items. These matrices increase in difficulty in sets A, Ab, and B.	-----
II 6- Completing the nine drawings of the Bender test in less than three minutes (unless they are drawn correctly).	-----
I 7- Test intrascatter in the performance sub-tests of the WAIS-R which varies more than two standart deviations of the performance I.Q.	-----
I 8- Erratic scoring in the WAIS-R performance sub-tests. Claimant consistently scores in the very hard tasks and fails in the simpler tasks.	-----
II 9- Giving up easily most items in less than 60" in the Object Assembly, and in less than 30" in the Picture Arrangement of the WAIS-R.	-----
I 10- Change of more than one standart deviation between present performance I.Q on the WAIS-R and the previous psychological evaluations in the last two years.	-----

COLOURED PROGRESSIVE MATRICES (1947)

J. C. Raven
Sets A, A_B, B

me

Sex

Age

ool

Grade

t Begun

Test Ended

Total Time

A		A _B		B	
1		1		1	
2		2		2	
3		3		3	
4		4		4	
5		5		5	
6		6		6	
7		7		7	
8		8		8	
9		9		9	
10		10		10	
11		11		11	
12		12		12	

Total Score

Percentile

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Vineland Social Maturity Scale

BY EDGAR A. DOLL, Ph.D.

Name: Last First Sex Grade Date Year Month Day
 Residence: School Born: Year Month Day
 I.Q. Test Used When Age: Years Months Days
 Occupation: Class Years Exp. Schooling
 Employer's Occupation: Class Years Exp. Schooling
 Employer's Occupation: Class Years Exp. Schooling
 Informant: Relationship Recorder
 Informant's est. Basal Score*
 Indicators Additional pts.

MARKS:

Total score
 Age equivalent
 Social quotient

Age Periods

Category†	Score*	Items	LA Mean
C	1	"Crows"; laughs	.25
SHG	2	Balances head	.25
SHG	3	Grasps objects within reach	.30
S	4	Reaches for familiar persons	.30
SHG	5	Rolls over	.30
SHG	6	Reaches for nearby objects	.35
O	7	Occupies self unattended	.43
SHG	8	Sits unsupported	.45
SHG	9	Pulls self upright	.55
C	10	"Talks"; imitates sounds	.55
SHE	11	Drinks from cup or glass assisted	.55
L	12	Moves about on floor	.63
SHG	13	Grasps with thumb and finger	.65
S	14	Demands personal attention	.70
SHG	15	Stands alone	.85
SHE	16	Does not drool	.90
C	17	Follows simple instructions	.93

† Key to categorical arrangement of items:
 SHG — Self-help general C — Communication L — Locomotion
 SHD — Self-help dressing SD — Self-direction O — Occupation
 SHE — Self-help eating S — Socialization

* For method of scoring see "The Measurement of Social Competence."

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