Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists

American Psychological Association

Approved as APA Policy by the APA Council of Representatives, August, 2002

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Author Note: This document was approved as policy of the American Psychological Association (APA) by the APA Council of Representatives in August, 2002. This document was drafted by a joint Task Force of APA Divisions 17 (Counseling Psychology) and 45 (The Society for the Psychological Study of Ethnic Minority Issues). These guidelines have been in the process of development for 22 years, so many individuals and groups require acknowledgement. The Divisions 17/45 writing team for the present document included Nadya Fouad, PhD, Co-Chair, Patricia Arredondo, EdD, Co-Chair, Michael D'Andrea, EdD and Allen Ivey, EdD. These guidelines build on work related to multicultural counseling competencies by Division 17 (Sue et al., 1982) and the Association of Multicultural Counseling and Development (Arredondo et al., 1996; Sue, Arredondo, & McDavis, 1992). The Task Force acknowledges Allen Ivey, EdD, Thomas Parham, PhD, and Derald Wing Sue, PhD for their leadership related to the work on competencies. The Divisions 17/45 writing team for these guidelines was assisted in reviewing the relevant literature by Rod Goodyear, PhD, Jeffrey S. Mio, PhD, Ruperto (Toti) Perez, PhD, William Parham, PhD, and Derald Wing Sue, PhD. Additional writing contributions came from Gail Hackett, PhD, Jeanne Manese, PhD, Louise Douce, PhD, James Croteau, PhD, Janet Helms, PhD, Sally Horwatt, PhD, Kathleen Boggs, PhD, Gerald Stone, PhD, and Kathleen Bieschke, PhD. Editorial contributions were provided by Nancy Downing Hansen, PhD, Patricia Perez, Tiffany Rice, and Dan Rosen. The Task Force is grateful for the active support and contributions of a series of presidents of APA Divisions 17, 35, and 45, including Rosie Bingham, PhD, Jean Carter, PhD, Lisa Porche Burke, PhD, Gerald Stone, PhD, Joseph Trimble, PhD, Melba Vasquez, PhD, and Jan Yoder, PhD. Other individuals who contributed through their advocacy include Guillermo Bernal, PhD, Robert Carter, PhD, J. Manuel Casas, PhD, Don Pope-Davis, PhD, Linda Forrest, PhD, Margaret Jensen, PhD, Teresa LaFromboise, PhD, Joseph G. Ponterotto, PhD, and Ena Vazquez Nuttall, EdD.

The final version of this document was strongly influenced by the contributions of a working group jointly convened by the APA Board for the Advancement of Psychology in the Public Interest (BAPPI) and the APA Board of Professional Affairs (BPA). In addition to Nadya Fouad, PhD and Patricia Arredondo, EdD from the Divisions 17/45 Task Force, members of the working group included Maria Root, PhD, BAPPI (Working Group Co-Chair), Sandra L. Shullman, PhD, BPA (Working Group Co-Chair), Toy Caldwell-Colbert, PhD, APA Board of Educational Affairs, Jessica Henderson Daniel, PhD, APA Committee for the Advancement of Professional Practice, Janet Swim, PhD, representing the APA Board of Scientific Affairs, Kristin Hancock, PhD, BPA Committee on Professional Practice and Standards, and Laura Barbanel, PhD, APA Board of Directors. This working group was assisted in its efforts by APA staff members Shirlene A. Archer, JD, Public Interest Directorate, and Geoffrey M. Reed, PhD, Practice Directorate, who also jointly shepherded the document through the final approval process. The Task Force also acknowledges APA staff members Paul Donnelly, Alberto Figueroa, Bertha Holliday, PhD, Sarah Jordan, Joan White and Henry Tomes, PhD for their support.

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This document is scheduled to expire as APA policy by 2009. After this date, users are encouraged to contact the APA Public Interest Directorate to confirm the status of the document.

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Preface

All individuals exist in social, political, historical, and economic contexts, and psychologists are increasingly called upon to understand the influence of these contexts on individuals' behavior. The Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists reflect the continuing evolution of the study of psychology, changes in society-at-large, and emerging data about the different needs for particular individuals and groups historically marginalized or disenfranchised within and by psychology based on their ethnic/racial heritage and social group identity or membership. These Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change reflect knowledge and skills needed for the profession in the midst of dramatic historic sociopolitical changes in U.S. society, as well as needs from new constituencies, markets, and clients.

The specific goals of these Guidelines are to provide psychologists with: (a) the rationale and needs for addressing multiculturalism and diversity in education, training, research, practice, and organizational change; (b) basic information, relevant terminology, current empirical research from psychology and related disciplines, and other data that support the proposed guidelines and underscore their importance; (c) references to enhance on-going education, training, research, practice, and organizational change methodologies; and (d) paradigms that broaden the purview of psychology as a profession.

In these Guidelines, education refers to the psychological education of students in all areas of psychology, while training refers more specifically to the application of that education to the development of applied and research skills. We refer to research that

involves human participants, rather than research using animals or mathematical simulations. Practice refers to interventions with children, adolescents, adults, families, and organizations, typically conducted by clinical, consulting, counseling, organizational, and school psychologists. Finally, we focus on the work of psychologists as administrators, consultants, and in other organizational management roles positioned to promote organizational change and policy development.

These Guidelines address U.S. ethnic and racial minority[1] groups as well as individuals, children, and families from biracial, multiethnic, and multiracial backgrounds. Thus, we are defining "multicultural" in these Guidelines narrowly, to refer to interactions between individuals from minority ethnic and racial groups in the United States and the dominant European-American culture. Ethnic and racial minority group membership includes individuals of Asian and Pacific Islander, Sub-Saharan Black African, Latino/Hispanic, and Native American/American Indian descent, although there is great heterogeneity within each of these groups. The Guidelines also address psychologists' work and interactions with individuals from other nations, including international students and immigrants and temporary workers in this country.

The term "guidelines" refers to pronouncements, statements or declarations that suggest or recommend specific professional behavior, endeavors or conduct for psychologists (APA, 1992). Guidelines differ from standards in that standards are mandatory and may be accompanied by an enforcement mechanism (APA, 2001). They are intended to facilitate the continued systematic development of the profession and to help assure a high level of professional practice by psychologists. Guidelines are not intended to be mandatory or exhaustive and may not be applicable to every professional

and clinical situation. They are not definitive and they are not intended to take precedence over the judgment of psychologists. In addition, federal or state laws may supercede these Guidelines.

Scope of Guidelines

This document is comprehensive but not exhaustive. We intend to reflect the context and rationale for these Guidelines in multiple settings and situations, but also acknowledge that we expect the document to evolve over time with more illustrative examples and references. In the current document we will initially provide evidence for the need for multicultural guidelines with an overview of the most recent demographic data on racial/ethnic diversity in the United States, and the representation of racial/ethnic minorities in education and psychology. We then discuss the social and political developments in the United States and the profession of psychology that provide a context for the development of the Guidelines, and the fundamental principles on which we base the Guidelines. Each Guideline is then presented, with the first two Guidelines designed to apply to all psychologists from two primary perspectives: (a) knowledge of self with a cultural heritage and varying social identities; and (b) knowledge of other cultures. Guidelines # 3-6 address the application of multiculturalism in education, training, research, practice, and organizational change.

While these Guidelines have attempted to incorporate empirical studies of intergroup relations and ethnic identity, professional consensus, and other perceptions and experiences of ethnic and racial minority groups, it is beyond the scope of this document to provide a thorough and comprehensive review of all literature related to race, ethnicity, intergroup processes, and organizational development strategies to

address multiculturalism in employment and professional education contexts. Rather, we have attempted to provide examples of empirical and conceptual literature relevant to the Guidelines where possible.

Racial/Ethnic Diversity in the United States and Psychology

Individuals of ethnic and racial minority and/or with a biracial/multiethnic/multiracial heritage represent an increasingly large percentage of the population in the United States (Judy & D'Amico, 1997; United States Census Bureau, 2001; Wehrly, Kenney, & Kenney, 1999). While these demographic trends have been discussed since the previous census of 1990, educational institutions, employers, government agencies, and professional and accrediting bodies are now beginning to engage in systematic efforts to become more knowledgeable, proficient, and multiculturally responsive. Census 2000 data clarify the changes in U.S. diversity (U.S. Census Bureau, 2001). Overall, about 67% of the population identify as White. Of the remaining 33%, approximately 13% indicated they were African American, 1.5% American Indian or Alaskan Native, 4.5% Asian/Pacific Islander, 13% Hispanic, and about 7% indicated some other race. These categories overlap, since individuals were able to choose more than one racial affiliation. Racial/ethnic diversity varies greatly by state. Summarized in a series of maps by Brewer and Suchan from the Census 2000 data (2001), high diversity states (those with 60-77% racial/ethnic minority groups) tend to be on the coast, or Mexican border and include California, Texas, Arizona, New Mexico, and Virginia. In addition to these, however, medium-high diversity (49%-59% racial/ethnic minority groups) states are found across the country, and include Maryland, New York, Illinois, Washington State, Nevada, Colorado, Montana, Alaska, North

Dakota, South Dakota, Minnesota, Wisconsin, Michigan, Arkansas, Louisiana, Alabama, and North and South Carolina.

In the past 10 years, percentage-wise, the greatest increases are reported for Asian American/Pacific Islanders and Latinos/Hispanics, and in some parts of the country, White European Americans are no longer a clear majority of the population. Brewer and Suchan (2001) found that diversity increased in all states in the country, and in parts of some states increased as much as 34%. States that had the most growth in diversity varied geographically, including the Midwest (Nebraska, Iowa, Kansas, Eastern Colorado), South (Georgia, Florida, Texas, and Oklahoma), and Northwest (Idaho, Oregon). In addition, for the first time, Census 2000 allowed individuals to check more than one racial/ethnic affiliation (U.S. Census Bureau, 2001). While only 2.4% of the U.S. populations checked more than one racial affiliation, 42% of those who checked two or more races were under 18, indicating an increase in the birthrate of biracial individuals. Certainly, the United States is becoming more racially and ethnically diverse, increasing the urgency for culturally responsive practices and services.

Ethnic, racial, and multiracial diversity in the population is reflected in higher education. This is important to psychologists because it reflects changes in the ethnic composition of students we teach and train. College enrollment increased 62% for students of color between 1988 and 1998 (the latest data available), although college completion rates differed among Whites and racial/ethnic minority students. College completion rates in 2000 (U.S. Census Bureau, 2001) for White individuals between 25-29 years was 29.6%, compared to 17.8% for African Americans, 53.9% for Asian/Pacific Islander Americans, and 9.7% for Hispanics. Corresponding statistics in 1991 vs. 1974,

were 24.6% vs. 22% for Whites, 11% vs. 7.9% for African Americans/Blacks, and 9.2% vs. 5.7% for Hispanics. Data for Hispanics were first collected in 1974; data for Asian/Pacific Islanders were not collected until the mid-90's. Clearly these data indicate that racial/ethnic minority students are graduating at a lower rate than White students, but the data also show that they are making educational gains.

Completion of a psychology degree is particularly germane to these Guidelines, since obtaining a college degree is the first step in the pipeline to becoming a psychologist. The National Center on Educational Statistics collects information on degrees conferred by area, reported by race/ethnicity. Their latest report (NCES, 2001) indicates that 74,060 bachelor's degrees were awarded in psychology last year, 14,465 master's degrees were awarded in psychology, and 4310 doctoral degrees were awarded in psychology. Of those degrees, the majority was awarded to Whites (72% of Bachelor's and master's degrees and 77% of doctoral degrees). African Americans received 10% of both bachelor's and master's degrees and 5% of doctoral degrees, Hispanics received 10% of bachelor's degrees and 5% of both master's and doctoral degrees, Asian/Pacific Islanders received 6% of bachelor's degrees, 3% of master's, and 4% of doctoral degrees in psychology. American Indians received less than 1% of all the degrees in psychology. Compared to the percent of the population for each of these minority groups, noted above, racial/ethnic minority students are underrepresented at all levels of psychology, but most particularly at the doctoral level, the primary entry point to be a psychologist.

Thus, racial/ethnic minority students, either because of personal or because of environmental reasons (e.g., discrimination and barriers due to external constraints),

progressively drop out of the pipeline to become psychologists. The racial representation within the profession of psychology is similarly small. Kite et al., (2001) reported that the numbers of ethnic minority psychologists were too small to break down by ethnicity. Indeed, in 2002, APA membership data indicated that 0.3% of the membership is American Indian, 1.7% is Asian, 2.1% is Hispanic, and 1.7% African American (APA Research Office, 2002a), clearly delineating the serious under representation of Psychologists of Color within the organization. Representation is slightly better within APA governance in 2002–1.7% of those in APA governance are American Indian, 3.6% are Asian, 5.1% are Black, and 4.8% are Hispanic (APA Research Office 2002b).

These Guidelines are based on the central premise that the population of the United States is racially/ethnically diverse, and that students, research participants, clients and the workforce will be increasingly likely to come from racially/ethnically diverse cultures. Moreover, educators, trainers of psychologists, psychological researchers, providers of service, and those psychologists implementing organizational change are encouraged to gain skills to work effectively with individuals and groups of varying cultural backgrounds. We base our premise on psychologists' ethical principles to be competent to work with a variety of populations (Principle A), to respect others' rights (Principle D), to be concerned to not harm others (Principle E), and to contribute to social justice (Principle F; APA, 1992). We believe these Guidelines will assist psychologists in seeking and using appropriate culturally centered education, training, research, practice and organizational change.

Also informing these Guidelines is research, professional consensus, and literature addressing perceptions of ethnic minority groups and intergroup relationships

(Dovidio & Gaertner, 1998; Dovidio, Gaertner, & Validzic, 1998; Gaertner & Dovodio, 2000), experiences of ethnic and racial minority groups (Sue, 1999; Swim & Stagnor, 1998; USHHS, 2000, 2001), multidisciplinary theoretical models about worldviews and identity (Arredondo & Glauner, 1992; Helms, 1990; Hofstede, 1980; Kluckhohn & Strodbeck, 1961; Markus & Kitayama, 2001; Sue & Sue, 1977); and the work on cross cultural and multicultural guidelines and competencies developed over the past 20 years (Arredondo et al., 1996; Sue, Arredondo, & McDavis, 1992; Sue et al., 1982). Although the authors acknowledge that the issues addressed in these Guidelines are increasingly important to consider in a global context, the Guidelines focus on the context within the United States and its commonwealths or territories such as Puerto Rico and Guam.

Definitions

There is considerable controversy and overlap in terms used to connote race, culture, and ethnicity (Helms & Talleyrand, 1997; Phinney, 1996). In this section we define the following terms that will be used throughout these Guidelines.

Culture. "Culture" is defined as the belief systems and value orientations that influence customs, norms, practices, and social institutions, including psychological processes (language, care taking practices, media, educational systems) and organizations (media, educational systems; Fiske, Kitayama, Markus, & Nisbett, 1998). Inherent in this definition is the acknowledgement that all individuals are cultural beings and have a cultural, ethnic, and racial heritage. Culture has been described as the embodiment of a worldview through learned and transmitted beliefs, values, and practices, including religious and spiritual traditions. It also encompasses a way of living informed by the historical, economic, ecological, and political forces on a group. These definitions

suggest that culture is fluid and dynamic, and that there are both cultural universal phenomena as well as culturally specific or relative constructs.

Race. The biological basis of race has, at times, been the source of fairly heated debates in psychology (Fish, 1995; Helms & Talleyrand, 1997; Jensen, 1995; Levin, 1995; Phinney, 1996; Rushton, 1995; Sun, 1995; Yee, Fairchild, Weizmann, & Wyatt, 1993). Helms and Cook (1999) note that "race" has no consensual definition, and that, in fact, biological racial categories and phenotypic characteristics have more within group variation than between group variation. In these Guidelines, the definition of race is considered to be socially constructed, rather than biologically determined. Race, then, is the category to which others assign individuals on the basis of physical characteristics, such as skin color or hair type, and the generalizations and stereotypes made as a result. Thus, "people are treated or studied as though they belong to biologically defined racial groups on the basis of such characteristics" (Helms & Talleyrand, 1997).

Ethnicity. Similar to the concepts of race and culture, the term "ethnicity" does not have a commonly agreed upon definition; in these Guidelines we will refer to ethnicity as the acceptance of the group mores and practices of one's culture of origin and the concomitant sense of belonging. We also note that, consistent with Brewer (1999), Sedikides and Brewer (2001), and Hornsey and Hogg (2000), individuals may have multiple ethnic identities that operate with different salience at different times.

Multiculturalism and Diversity. The terms "multiculturalism" and "diversity" have been used interchangeably to include aspects of identity stemming from gender, sexual orientation, disability, socioeconomic status, or age. Multiculturalism, in an absolute sense, recognizes the broad scope of dimensions of race, ethnicity, language,

sexual orientation, gender, age, disability, class status, education, religious/spiritual orientation, and other cultural dimensions. All of these are critical aspects of an individual's ethnic/racial and personal identity, and psychologists are encouraged to be cognizant of issues related to all of these dimensions of culture. In addition, each cultural dimension has unique issues and concerns. As noted by the Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients (APA, 2000), each individual belongs to/identifies with a number of identities and some of those identities interact with each other. To effectively help clients, to effectively train students, to be most effective as agents of change and as scientists, psychologists are encouraged to be familiar with issues of these multiple identities within and between individuals. However, as we noted earlier, in these Guidelines, we will use the term multicultural rather narrowly, to connote interactions between racial/ethnic groups in the U.S. and the implications for education, training, research, practice, and organizational change.

The concept of diversity has been widely used in employment settings, with the term given greater visibility through research by the Hudson Institute reported in *Workforce 2000* (Johnson & Packer, 1987) and *Workforce 2020* (Judy & D'Amico, 1997). The application of the term began with reference to women and Persons of Color, underrepresented in the workplace, particularly in decision-making roles. It has since evolved to be more encompassing in its intent and application by referring to individuals' social identities including age, sexual orientation, physical disability, socioeconomic status, race/ethnicity, workplace role/position, religious and spiritual orientation, and work/family concerns (Loden, 1996).

Culture-centered. We use the term "culture-centered" throughout the Guidelines to encourage psychologists to use a "cultural lens" as a central focus of professional behavior. In culture-centered practices, psychologists recognize that all individuals including themselves are influenced by different contexts, including the historical, ecological, sociopolitical, and disciplinary. "If culture is part of the environment, and all behavior is shaped by culture, then culture-centered counseling is responsive to all culturally learned patterns" (Pedersen, 1997, p. 256). For example, a culture-centered focus suggests to the psychologist the consideration that behavior may be shaped by culture, the groups to which one belongs, and cultural stereotypes including those about stigmatized group members (Gaertner & Dovidio, 2000; Major, Quinton, & McCoy, in press; Markus & Kitayama, 1991; Steele, 1997).

Historical and Sociopolitical Developments for Guidelines

There are a number of national events, APA-specific developments, and initiatives of other related professional associations that provide an historical context for the development of multicultural and culture-specific guidelines, with a focus on racial/ethnic minority groups. Nationally, in 1954, the Supreme Court struck down the "separate but equal" doctrine of segregated education. Benjamin and Crouse (2002) note that in addition to setting the stage for greater social equity in education, *Brown vs Board of Education* was an important turning point for psychology, because it was the "first time that psychological research was cited in a Supreme Court decision" (p. 38). A decade later, the 1964 passage of the Civil Rights Act set the stage for sociopolitical movements and the development of additional legislation to protect individual and group rights at national, state, and local levels. These movements and resulting legislation have

specifically addressed the rights of equity and access based on gender, age, disability, national origin, religion, sexual orientation, and of course, ethnicity and race. However, it is also important to note that movements to dismantle Affirmative Action in California, Michigan, and Texas, are sociopolitical efforts that threaten the advancement of the rights of individuals and groups historically marginalized.

National issues regarding healthcare and mental health disparities for ethnic/racial minority groups culminated in psychologists playing a role in President Clinton's dialogue in the mid 1990's about race and racism, and in the U.S. Surgeon General's Reports in 2000 and 2001. The national debates also led to noteworthy organizational structural changes. For example the National Institute of Mental Health established an office in Minority Research in 1971, and reorganized to incorporate ethnic minority focused research in all areas in 1985, including justifications for diversity of research populations. Findings from this funded research have been instrumental in setting policies specific to racial/ethnic minority groups.

Psychologists' perspective of the role of race in education has been addressed for nearly a century (a historical perspective is provided by Suzuki & Valencia, 1997). Indeed the construct of race, culture, and intergroup relationships have been areas of research for psychologists since nearly the beginning of psychology, including Clark & Clark (1940), Allport (1954), and Lewin (1945) (see Duckitt, 1992, for a historical review).

Within the profession of psychology, attention to culture as a variable in clinical practice was first mentioned at the Vail Conference of 1973 (Korman, 1974). One of the recommendations from this conference was to include training in cultural diversity in all

doctoral programs and through continuing education workshops. Attention to appropriate training based on multicultural and culture-specific constructs and contexts continued through the next two decades. The APA Committee on Accreditation's "Accreditation Domains and Standards" included cultural diversity as a component of effective training in 1986 and continuing to the 2002 guidelines (APA, 2002). These efforts recognize the importance of cultural and individual differences and diversity in the training of clinical, counseling, and school psychologists. Subsequently, the training councils of these disciplines began to incorporate cultural diversity into their model programs, including the Council of Counseling Psychology's model training program in counseling psychology (Murdock, Alcorn, Heesacker, & Stoltenberg, 1998), and Standards of the National Council of Schools and Programs of Professional Psychology (Peng & Nisbett, 1999).

Concomitantly, changes to reflect greater attention to cultural diversity were occurring through structural and functional changes within the APA organization. The Office of Ethnic Minority Affairs (OEMA) was established in 1979. A year later the Board of Ethnic Minority Affairs (BEMA) was established. BEMA was charged with promoting the scientific underpinning of the influence and impact of culture, race, and ethnicity on individuals' behavior, as well as advancing the participation of ethnic minority psychologists within the organization. BEMA established a Task Force on Minority Education and Training in 1981, and a second Task Force on Communication with Minority Constituents was formed in 1984. In 1990, the Board for the Advancement of Psychology in the Public Interest (BAPPI) was formed, as was the Committee on Ethnic Minority Affairs (CEMA). These entities replaced BEMA within APA's governance

structure. The Commission on Ethnic Minority Recruitment, Retention, and Training was formed in 1994, and published a report and 5-year plan to increase the number of students in psychology. These multiple efforts of APA and the Divisions began to culminate in the production of policy. The *General Guidelines for Providers of Psychological Services* were "developed with the understanding that psychological services must be planned and implemented so that they are sensitive to factors related to life in a pluralistic society such as age, gender, affectional orientation, culture and ethnicity" (APA, 1987).

In 1990, APA published the *Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations* (APA, 1990). Following this, the 1992 revision of the Ethics code included Principle D: Respect of People's Rights and Dignity, which states in part, "Psychologists are aware of cultural, individual, and role differences, including those related to age, gender, race, ethnicity, national origin, …" (p. 1598). The Ethics code also contains ethical standards related to cultural diversity related to competence (1.08), assessment (2.04), and research (6.07 and 6.11).

The current Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change have developed as a result of the sociopolitical environment within the United States and the resulting work of psychologists within the professional organization. While there have been a variety of organizational initiatives that have focused on race and ethnicity, these Guidelines are the first to address the implications of race and ethnicity in psychological education, training, research, practice and organizational change. These Guidelines are the latest step in an on-going effort to provide psychologists in the United States with a framework for services to an

increasingly diverse population and to assist psychologists in the provision of those services. In effect, there is a societal and guild/organizational history steadily indicating a rationale for attending to a multicultural and culture-specific agenda more formally.

Introduction to the Guidelines: Assumptions and Principles

These Guidelines, as noted earlier, pertain to the role of psychologists of both racial/ethnic minority and non-minority status in education, training, research, practice, and organizations, as well as to students, research participants, and clients of racial/ethnic heritage minority heritage. In psychological education, training, research, and practice, all transactions occur between members of two or more cultures. As identity constructs and dynamic forces, race and ethnicity can impact psychological practice and interventions at all levels. These tenets articulate respect and inclusiveness for the national heritage of all cultural groups, recognition of cultural contexts as defining forces for individuals' and groups' lived experiences, and the role of external forces such as historical, economic, and socio-political events.

This philosophical grounding serves to influence the planning and implementation of culturally and scientifically sound education, research, practice, and organizational change and policy development in the larger society. To have a profession of psychology that is culturally informed in theory and practice calls for psychologists, as primary transmitters of the culture of the profession, to assume the responsibility for contributing to the advancement of cultural knowledge, sensitivity, and understanding. In other words, psychologists are in a position to provide leadership as agents of prosocial change, advocacy, and social justice, thereby promoting societal understanding, affirmation, and appreciation of multiculturalism against the damaging effects of individual, institutional,

and societal racism, prejudice, and all forms of oppression based on stereotyping and discrimination.

The Guidelines for Multicultural Education and Training, Research, and Practice in Psychology are founded upon the following principles:

1. Ethical conduct of psychologists is enhanced by knowledge of differences in beliefs and practices that emerge from socialization through racial and ethnic group affiliation and membership and how those beliefs and practices will necessarily affect the education, training, research and practice of psychology (Principles D and F, APA Code of Ethics, 1992; Council of National Associations for the Advancement of Ethnic Minority Issues, 2000).
2. Understanding and recognizing the interface between individuals' socialization experiences based on ethnic and racial heritage can enhance the quality of education, training, practice, and research in the field of psychology (American Council on Education, 2000; American Council on Education and American Association of University Professors, 2000; Biddle, Bank, & Slavings, 1990).
3. Recognition of the ways in which the intersection of racial and ethnic group membership with other dimensions of identity (e.g., gender, age, sexual orientation, disability, religion/spiritual orientation, educational attainment/experiences, and socioeconomic status) enhances the understanding and treatment of all people (Berberich, 1998; Greene, 2000; Jackson-Triche, Sullivan, Wells, Rogers, Camp, & Mazel, 2000; Wu, 2000).
4. Knowledge of historically derived approaches that have viewed cultural differences as deficits and have not valued certain social identities helps psychologists to

understand the under representation of ethnic minorities in the profession, and affirms and values the role of ethnicity and race in developing personal identity (Coll, Akerman, & Cicchetti, 2000; Medved, Morrison, Dearing, Larson, Cline, & Brummans, 2001; Mosely-Howard & Burgan Evans, 2000; Sue, 1999; Witte & Morrison, 1995).

5. Psychologists are uniquely able to promote racial equity and social justice. This is aided by their awareness of their impact on others and the influence of their personal and professional roles in society (Comas-Díaz, 2000).
6. Psychologists' knowledge about the roles of organizations, including employers and professional psychological associations are potential sources of behavioral practices that encourage discourse, education and training, institutional change, and research and policy development, that reflect rather than neglect, cultural differences. Psychologists recognize that organizations can be gatekeepers or agents of the status quo rather than leaders in a changing society with respect to multiculturalism.

Commitment to Cultural Awareness and Knowledge of Self and Others

Guideline #1: Psychologists are encouraged to recognize that, as cultural beings, they may hold attitudes and beliefs that can detrimentally influence their perceptions of and interactions with individuals who are ethnically and racially different from themselves.

Psychologists, like all people, are shaped and influenced by many factors. These include, but are not limited to, their cultural heritage(s), various dimensions of identity including ethnic and racial identity development, gender socialization, and socioeconomic experiences, and other dimensions of identity that predispose individual psychologists to certain biases and assumptions about themselves and others.

Psychologists approach interpersonal interactions with a set of attitudes, or worldview, that helps shape their perceptions of others. This worldview is shaped in part by their cultural experiences. Indeed, cross-cultural and multicultural literature consistently indicates that all people are "multicultural beings," that all interactions are cross-cultural, and that all of our life experiences are perceived and shaped from within our own cultural perspectives (Arredondo et al., 1996; Brewer & Brown, 1998; Fiske et al., 1998; Fouad & Brown, 2000; Markus & Kitayama, 1991; Pedersen, 2000; Sue et al., 1992; Sue et al., 1982; Sue, Ivey, & Pedersen, 1996).

Psychologists are encouraged to learn how cultures differ in basic premises that shape worldview. For example, it may be important to understand that a cultural facet of mainstream culture in the United States is a preference for individuals who are independent, focused on achieving and success, who have determined (and are in control of) their own personal goals, and who value rational decision-making (Fiske et al., 1998; Markus & Kitayama, 1991; Oyserman, Coon, & Kemmelmeir, 2002). By contrast, individuals with origins in cultures of East Asia may prefer interdependence with others, orientation towards harmony with others, conforming to social norms, and subordination of personal goals and objectives to the will of the group (Fiske et al., 1998). A preference for an independent orientation may shape attitudes towards those with preferences for same, or other orientations. This preference is a concern when a different orientation is unconsciously and automatically judged negatively (Greenwald & Banaji, 1995).

The perceiver in an interaction integrates not only the content of the interaction, but also information about the target person, including personality traits, physical appearance, age, sex, ascribed race, ability/disability, among other characteristics (Kunda

& Thagard, 1996). All of these perceptions are shaped by the perceiver's worldview, and organized in some coherent whole to make sense of the other person's behavior. The psychological process that helps to organize the often-overwhelming amount of information in perceiving others is to place people in categories, thereby reducing the information into manageable chunks of information that go together (Fiske, 1998). This normal process leads to associating various traits and behaviors with particular groups (e.g., all athletes are more brawn than brain, all women like to shop) even if they are inaccurate for particular, many, or even most individuals.

The most often used theoretical framework for understanding approaches that emphasize attention to categories has been social categorization theory, originally conceptualized by Allport (1954). In this framework, people make sense of their social world by creating categories of the individuals around them, which includes separating the categories into in-groups and out-groups (Brewer & Brown, 1998; Fiske, 1998; Hornsey & Hogg, 2000; Tajfel & Turner, 1986; Turner, Brown & Tajfel, 1979). Categorization has a number of uses, including speed of processing and efficiency in use of cognitive resources, in part because it appears to happen fairly automatically (Fiske, 1998).

Relevant to these Guidelines are factors that influence categorization and its effect on attitudes towards individuals who are racially or ethnically different from self. These include a tendency to exaggerate differences between groups and similarities within one group and a tendency to favor one's in-group over the out-group; this, too, is done outside conscious processing (Fiske, 1998). In-groups are more highly valued, more trusted, and engender greater cooperation as opposed to competition (Brewer & Brown,

1998; Hewstone, Rubin, & Willis, 2002), and those with strongest in-group affiliation also show the most prejudice (Swim & Mallett, 2002). This becomes problematic when one group holds much more power than the other group or when resources among in-groups are not distributed equitably, as is currently the case in the United States.

Thus, it is quite common to have automatic biases and stereotypic attitudes about people in the out-group, and for most psychologists, individuals in racial/ethnic minority groups are in an out-group. The stereotype, or the traits associated with the category become the predominant aspect of the category, even when disconfirming information is provided (Kunda & Thagard, 1996) and particularly when there is some motivation to confirm the stereotype (Kunda & Sinclair, 1999). These can influence interpretations of behavior and influence people's judgments about that behavior (Fiske, 1998; Kunda & Thagard, 1996). Automatic biases and attitudes may also lead to miscommunication, since normative behavior in one context may not necessarily be understood or valued in another. For example, addressing peers, clients, students, or research participants by their first name may be acceptable for some individuals, but may be considered a sign of disrespect for many racial/ethnic minority individuals who are accustomed to more formal interpersonal relations with individuals in an authority role.

Although the associations between particular stereotypic attitudes and resulting behaviors have not been consistently found, group categorization has been illustrated to influence intergroup behavior including behavioral confirmation (Stukas & Snyder, 2002), in-group favoritism (Hewstone et al., 2002), and subtle forms of behaviors (Crosby, Bromely, & Saxe, 1980). Psychologists are urged to become more aware and sensitive to their own attitudes towards others as these attitudes may be more biased and

culturally limiting then they think. It is sobering to note that, even those who consciously hold egalitarian beliefs, have shown unconscious endorsement of negative attitudes toward and stereotypes about groups (Greenwald & Banaji, 1995). Thus, psychologists who describe themselves as holding egalitarian values and/or as professionals who promote social justice may also unconsciously hold negative attitudes or stereotypes.

Given these findings, many have advocated that improvements in intergroup relationships would occur if there was a de-emphasis on group membership. One way that this has been done is that those who have desired to improve intergroup relationships have taken a "color-blind" approach to interactions with individuals who are racially or ethnically different from them. In this approach, racial or ethnic differences are minimized, and emphasis is on the universal or "human" aspects of behavior. This has been the traditional focus in the United States on assimilation, with its melting pot metaphor, that this is a nation of immigrants that together make one whole, without a focus on any one individual cultural group. Proponents of this approach suggest that alternative approaches that attend to differences can result in inequity by promoting, for instance, categorical thinking including preferences for in-groups and use of stereotypes when perceiving out groups. In contrast, opponents to the color-blind approach have noted the differential power among racial/ethnic groups in the United States, and have noted that ignoring group differences can lead to the maintenance of the status quo and assumptions that racial/ethnic minority groups share the same perspective as dominant group members (Schofield, 1986; Sidanius & Pratto, 1999; Wolsko, Park, Judd, & Wittenbrink, 2000).

While the color-blind approach is based in an attempt to reduce inequities, social psychologists have provided evidence that a color-blind approach does not, in fact, lead to equitable treatment across groups. Brewer and Brown (1998), in their review of the literature, note "…ignoring group differences often means that, by default, existing intergroup inequalities are perpetuated" (p. 583). For example, Schofield (1986) found that disregarding cultural differences in a school led to reestablishing segregation by ethnicity. Color-blind policies have also been documented as playing a role in differential employment practices (Brewer & Brown). In these cases, the color-blind approach may have the effect of maintaining a status quo in which Whites have more power than do People of Color. There is also some evidence that a colorblind approach is less accurate than a multicultural approach. Wolsko et al., (2000) for example, found that when White students were instructed to adopt a color-blind or multicultural approach, those with a multicultural approach had stronger stereotypes of other ethnic groups as well as more positive regard for other groups. White students in a multicultural approach also had more accurate perceptions of differences due to race/ethnicity and used category information about both ethnicity and individual characteristics more than those in the color-blind condition. Wolsko et al. concluded, "When operating under a color-blind set of assumptions, social categories are viewed as negative information to be avoided, or suppressed. … In contrast, when operating under a multicultural set of assumptions, social categories are viewed as simply a consequence of cultural diversity. Failing to recognize and appreciate group similarities and differences is considered to inhibit more harmonious interactions between people from different backgrounds." (p. 649)

Consistent with the multicultural approach used by Wolsko et al. (2000), culture-centered training and interventions acknowledge cultural differences and that worldviews differ among cultures, as do experiences of being stigmatized (Crocker, Major, & Steele, 1998). This perspective is discussed more fully in Guideline #2. However, knowing all there is to know about a person's ethnic and racial background is not sufficient to be effective unless psychologists are cognizant of their positions as individuals with a worldview and that this worldview is brought to bear on interactions they have with others. As noted earlier, the worldview of the client, student, or research participant, and psychologist may be quite different, leading to communication problems or premature relationship termination. This does not argue that psychologists should shape their world view to be consistent with clients and students, but rather that they are able to be aware of their own worldview to be able to understand others' frame of cultural reference (Ibrahim, 1999; Sodowsky & Kuo, 2001; Triandis & Singelis, 1998).

The literature on social categorization places all human interaction within a cultural context, and encourages an understanding of the various factors that influence our perceptions of others. These premises suggest that the psychologist is a part of the multicultural equation; therefore, on-going development of one's personal and cross-cultural awareness, knowledge, and skills is recommended. Fiske (1998) notes that automatic biases can be controlled with motivation, information, and appropriate mood. Given the above research, psychologists are encouraged to explore their worldview—beliefs, values, and attitudes – from a personal and professional perspective. They are encouraged to examine their potential preferences for within group similarity, and realize that, once impressions are formed, these impressions are often resistant to

disconfirmation (Gilbert, 1998). Moreover, psychologists are encouraged to understand their own assumptions about ways to improve multicultural interactions and the potential issues associated with different approaches. Psychologists' self-awareness and appreciation of cultural, ethnic, and racial heritage may serve as a bridge in cross-cultural interactions, not necessarily highlighting but certainly not minimizing these factors as they attempt to build understanding (Arredondo et al., 1996; Hofstede, 1980; Ibrahim, 1985; Jones, Lynch, Tenglund, & Gaertner, 2000; Locke, 1992; Sue, 1978**;** Sue & Sue, D., 1999; Triandis & Singelis, 1998).

The research on reducing stereotypic attitudes and biases suggest a number of strategies (Hewstone et al., 2002) that psychologists may use. The first and most critical is awareness of those attitudes and values (Devine, Plant, & Buswell, 2000; Gaertner & Dovidio, 2000). The second and third strategies are effort and practice in changing the automatically favorable perceptions of in-group and negative perceptions of out-group. How this change occurs has been the subject of many years of empirical effort, with varying degrees of support (Hewstone et al.,). It appears, though, that increased contact with other groups (Pettigrew, 1998) is helpful, particularly if in this contact, the individuals are of equal status and the psychologist is able to take the other's perspective (Galinsky & Moskowitz, 2000) and has empathy for him/her (Finlay & Stephan, 2000). Some strategies to do this have included actively seeing individuals as individuals, rather than as members of a group, in effect decategorizing (Brewer & Miller, 1988). Another strategy is to change the perception of "us vs. them" to "we," or recategorizing the out-group as members of the in-group (Gaertner & Dovidio, 2000). Both of these models have been shown to be effective, particularly under low-prejudice conditions and when

the focus is on interpersonal communication (Brewer & Brown, 1998; Hewstone et al., 2002). In addition, psychologists may want to actively increase their tolerance (Greenberg, Solomon, Pyszczynski, Rosenblatt, & et al. 1992) and trust of racial/ethnic groups (Kramer, 1999).

Thus, psychologists are encouraged to be aware of their attitudes and work to increase their contact with members of other racial/ethnic groups, building trust in others and increasing their tolerance for others. Since covert attempts to suppress automatic associations can backfire, with attempts at suppression resulting in increased use of stereotypes (Macrae & Bodenhausen, 2000), psychologists are urged to become overtly aware of their attitudes towards others. It has been shown, though, that repeated attempts at suppression have been found to lead to improvements in automatic biases (Plant & Devine, 1998). Such findings suggest that psychologists' efforts to change their attitudes and biases help to prevent those attitudes from detrimentally affecting their relationships with students, research subjects and clients who are racially/ethnically different from them.

Guideline #2: Psychologists are encouraged to recognize the importance of multicultural sensitivity/responsiveness, knowledge, and understanding about ethnically and racially different individuals.

As noted in Guideline #1, membership in one group helps to shape perceptions of not only one's own group, but also other groups. The link between those perceptions and attitudes are loyalty to and valuing of one's own group, and devaluing the other group. The Minority Identity Development model (Atkinson, Morten, & Sue, 1998) is one such example applying to ethnic/racial minority individuals but also to others who have

experienced historical oppression and marginalization. The devaluing of the other group occurs in a variety of ways, including the "ultimate attributional error" (Pettigrew, 1979), the tendency to attribute positive behaviors to internal traits within one's own group, but negative behaviors to the internal traits of the out group (although Gilbert, 1998, suggests that the ultimate attribute error may be culturally specific to individually oriented cultures, such as the United States). In the United States, then, the result may be positive, such as ensuring greater cooperation within one's group, or negative, such development of prejudice and stereotyping of other groups. Decades of research and multiple theories have been developed to reduce prejudice of other groups, most developing around the central premise that greater knowledge of, and contact with, the other groups will result in greater intercultural communication and less prejudice and stereotyping (Brewer & Miller, 1998; Gaertner & Dovidio, 2000). Brewer and Miller delineate the factors that have been found to be successful in facilitating prejudice reduction through contact among groups: social and institutional support, sufficient frequency and duration for relationships to occur, equal status among participants, and cooperation. It appears, as discussed in Guideline #1, that attention to out-group stereotyping reduces prejudice (Reynolds & Oakes, 2000), as does overt training to reduce stereotyping (Kawakami, Dovidio, Moll, Hermsen, & Russin, 2000).

It is within this framework that psychologists are urged to gain a better understanding and appreciation of the worldview and perspectives of those racially and ethnically different from themselves. Psychologists are also encouraged to understand the stigmatizing aspects of being a member of a culturally devalued "other group." (Crocker et al., 1998; Major et al., in press). This includes experience, sometimes daily,

with overt experiences of prejudice and discrimination, awareness of the negative value of one's own group in the cultural hierarchy, the threat of one's behavior being found consistent with a racial/ethnic stereotype (stereotype threat), and the uncertainty (e.g., due to prejudice or individual behavior) of the attribution of the stigmatizing comments and outcomes.

Understanding a client's or student's or research participant's worldview, including the effect of being in a stigmatized group, helps to understand his/her perspectives and behaviors. Racial and ethnic heritage, worldview, and life experiences as a result of this identity may affect such factors as the ways students present themselves in class, their learning style, their willingness to seek, and trust the advice and consultation from faculty, their ability and interest in working with others on class projects (Neville & Mobley, 2001). In the clinical realm, worldview and life experiences may affect how clients present symptoms to therapists, the meaning that illness has in their lives, motivation and willingness to seek treatment, social support networks, and perseverance in treatment (Anderson, 1995; USDHSS, 2000, 2001). People of Color are underrepresented in mental health services, in large part, because they are less likely to seek services (Kessler et al., 1996; Zhang, Snowden, & Sue, 1998). The Surgeon General's report on culture and mental health (2001) strongly suggests, "cultural misunderstanding or communication problems between clients and therapists may prevent minority group members from using services and receiving appropriate care" (p. 42). One way to address this problem is for psychologists to gain greater knowledge and understanding of the cultural practices of clients.

Psychologists are encouraged to increase their knowledge of the multicultural bases of general psychological theories and information from a variety of cultures and cultural/racial perspectives and theories, such as Mestizo psychology (Ramirez, 1998), psychology of Nigrescence (Cross, 1978; Helms, 1990; Parham, 1989, 2001; Vandiver, Fhagen-Smith, Cokley, Cross, & Worrell, 2001; Worrell, Cross, & Vandiver, 2001), Latino/Hispanic frameworks (Padilla, 1995; Ruiz, 1990; Santiago-Rivera et al., 2002) Native American models (Cameron, in press; LaFromboise & Jackson, 1996), biracial/multiracial models (Wehrly et al., 1999; Root, 1992) specific to racial/ethnic minority groups in the United States. In addition, psychologists are encouraged to become knowledgeable about how history has been different for the major U.S. cultural groups. Past experiences in relation to the dominant culture including slavery, Asian concentration camps, the American Indian holocaust, and the colonization of the major Latino groups on their previous Southwest homelands contribute to some of the sociopolitical dynamics, influencing worldview. Psychologists may also become knowledgeable about the psychological issues and gender related concerns related to immigration and refugee status (Cienfuegos & Moneli, 1983; Comas-Díaz & Jansen, 1995; Espin, 1997, 1999; Fullilove, 1996).

As noted in Guideline #1, one of the premises underlying these Guidelines is that all interpersonal interactions occur within a multicultural context. To enhance sensitivity and understanding further, psychologists are encouraged to become knowledgeable about federal legislation including the Civil Rights Act, Affirmative Action, and Equal Employment Opportunity (EEO) that were enacted to protect groups marginalized due to ethnicity, race, national origin, religion, age, and gender (Crosby & Cordova, 1996).

Concomitantly, psychologists are encouraged to understand the impact of the dismantling of Affirmative Action and anti-bilingual education legislation on the lives of ethnic and racial minority groups (Fine, Weis, Powell, & Wong, 1997; Glasser, 1988).

Built on variations of the social categorization models described in Guideline #1 ethnic and racial identity models such as the Minority Identity Model (Atkinson et al., 1998) noted earlier have also been developed for specific racial/ethnic minority groups (Cross, 1978; Helms, 1990; Parham, 1989, 2001; Ruiz, 1990; Vandiver et al., 2001; Worrell et al., 2001). These models propose that members of racial/ethnic minority groups initially value the other group (dominant culture) and devalue their own culture, move to valuing their own group and devalue the dominant culture, and integrate a value for both groups in a final stage. These models are key constructs in the cross cultural domain, and psychologists are encouraged to understand how the individual's ethnic and racial identity status and development affects beliefs, emotions, behavior and interaction styles (Brewer & Brown, 1998; Fiske et al., 1998; Hays, 1995; Helms & Cook, 1999). This information will help psychologists to communicate more effectively with clients, peers, students, research participants, and organizations and to understand their coping responses (Crocker et al., 1998; Major et al., in press; Swim & Mallet, 2002). Psychologists are encouraged to become knowledgeable about ethnic and racial identity research including research on Asian, Black, White, Mexican, Mestizo, minority, Native American, and biracial identity models (Atkinson et al., 1998; Cross, 1991; Fouad & Brown, 2000; Helms, 1990; Hong & Ham, 2001; Phinney, 1991; Ramirez, 1998; Root, 1992; Ruiz, 1990; Sodowsky, Kuo-Jackson, & Loya, 1997; & Wehrly et al., 1999). Additionally, psychologists may also learn about other theories of identity development

that are not stage models, as well as other models that demonstrate the multidimensionality of individual identity across different historical contexts (Santiago-Rivera et al., 2000; Oetting & Beauvais, 1990-1991; Oyserman, Gant, & Ager, 1995; Robinson & Howard-Hamilton, 2000; Root, 1999; Sellers, Smith, Shelton, Rowley, & Chavous, 1998; Thompson & Carter, 1997).

Education

Guideline #3: As educators, psychologists are encouraged to employ the constructs of multiculturalism and diversity in psychological education.

Psychology has historically focused on biological determinants of behavior versus historical and sociopolitical forces (Bronstein & Quiana, 1988). Some have expressed fear of creating stereotypes by addressing cultural differences, discussed earlier as the color-blind approach (Ridley, 1995), fear of categorization processes such as cognitive and behavioral confirmation biases (Wolsko et al., 2000) and a discomfort with discussing difficult and uncomfortable subjects (Abreu, 2001). Sue and Sue (1999) describe another historical concern –ethnocentric monoculturalism – which is characterized, in part, by a belief in the superiority of one's own group and inferiority of another's group and the use of power to impose one's values on the less-powerful group. Finally, in part, the omission of culture in psychology has stemmed from a belief that culture and multiculturalism are not legitimate areas of study (Bronstein & Quiana, 1988; Betancourt & Lopez, 1993; Fowers & Richardson, 1996; Hall, 2001). This has been manifested in preventing graduate students from conducting cross-cultural and multicultural research; non-acceptance of manuscripts in this area due to studies with small samples; lack of available measures to assess the effects of multicultural training;

and the emphasis on quantitative versus qualitative research (CNPAAEMI, 2000; Sue et al., 1998). These concerns have extended to incorporating a culture-centered approach to education as well. However, scholars and cross-cultural researchers began calling for a revision of psychology education and training to incorporate a more culture-centered perspective in the mid 1980's. In this document, the context of education refers to teaching of psychology at the undergraduate and graduate levels as well as in clinical and research supervision, advisement and mentoring, and continuing post-graduate education.

In the past two decades, studies have documented an increase in programs that have incorporated an emphasis on cultural diversity into the curriculum in graduate programs as well as in internship settings (Constantine, Ladany, Inman, & Ponterotto, 1996; Lee et al., 1999; Ponterotto, 1997; Quintana & Bernal, 1995; Rogers, Hoffman, & Wade, 1998). This infusion is based both on the premise that multicultural and culture-specific knowledge in education is effective in producing more competent researchers, educators, therapists, and other applied practitioners, as well as adhering to accreditation guidelines to incorporate diversity into the curriculum.

As discussed in Guideline #1, all interactions are cross-cultural and, by extension, all classroom interactions are multicultural. Thus, these Guidelines apply to teaching about multiculturalism as well as to the practice of teaching in general. Multicultural education has been found to promote student self-awareness and to increase their therapeutic competence (Brown, Parham, & Yonker, 1996; D'Andrea, Daniels, & Heck, 1991; Pope-Davis & Ottavi, 1994). Multicultural and culture-specific education may also help to counteract stereotyping and automatic social processes leading to prejudice against ethnic minority individuals (Abreu, 2001; Steele, 1997).

The benefits of diversity as well as the teaching from culture-centered perspectives have been reported by a variety of researchers and organizations (American Council on Education & American Association of University Professors, 2000; Chang, Witt, Jones, & Hakuta, 2000). It has been found that individual, institutional, and societal benefits result from a culture-centered perspective. At the individual level, benefits include an enhanced commitment to work toward racial understanding. Institutional advantages may be found for employers, who have a workforce with greater preparation in cross-cultural understanding. Societal benefits may be located, for example, in institutions of higher education, where scholars conduct research addressing issues of gender, race, and ethnicity as well as research on affirmative action in the workplace (American Council on Education & American Association of University Professors, 2000).

Other forces of change influencing attention to culture in education come from accrediting bodies. For example, the California Postsecondary Education Commission (1992, cited in Grieger & Toliver, 2001) mandated that all postsecondary institutions in California bear responsibility for creating an equitable environment for all students, and prepare them to function in a multicultural setting. As previously noted, the APA Committee on Accreditation (COA), which accredits training programs in counseling, clinical, and school psychology, now requires programs to document the ways that they have both included education about diversity for students, and have attended to creating an ethnically/racially diverse faculty and student body (APA, 2002).

During the past 10-15 years, more reports and perspectives about best practices and guidelines for cross culture-centered education and training have emerged.

Psychologists in the role of educators in multicultural training have reported on the excitement of teaching, conducting research, and providing supervision (Arredondo, 1985; Constantine, 1997; Grieger & Toliver, 2001; Kiselica, 1998; Rooney, Flores, & Mercier, 1998; Stone, 1997). At the same time, they acknowledge that, by focusing on ethnic/racial issues, approaches, literature, projects, and so forth, they often encounter resistance from students and professional colleagues (Ponterotto, 1998; Sue et al., 1998). Unlike other psychology coursework, multicultural coursework moves into what is viewed as more personal domains beyond listening skills and personality theories. Culture-centered faculty introduce material many students have never thought about, may not care about, and may have reluctance to engage in, even if the course work is required (Jackson, 1999). Thus the challenges for faculty, advisors, and supervisors require multiple skills to ensure a safe learning environment, an ability to know the course content, and to manage emotions that emerge (Abreu, 2001; American Council on Education & American Association of University Professors, 2000; Chang et al., 2000; Lenington-Lara, 1999).

Psychologists as educators strive to become knowledgeable about different learning models and approaches to teaching from multiple cultural perspectives. In order to go beyond a single multicultural counseling course or to mention in passing that the racial/ethnic diversity is increasing in the United States, it is suggested that educators include statements of philosophy and principles in course syllabi that guide the multicultural educational focus (Leach & Carlton, 1997). Psychologists are encouraged to review philosophical models that influence multicultural training. These include race-based models (Carter, 1995; Helms, 1990); theories regarding oppression (Atkinson,

Morten, & Sue, 1998; Freire, 1970; Katz, 1985); Multicultural Counseling and Therapy (MCT) (Sue et al., 1996); Multicultural Facets of Cultural Competence (Sue, 2001); common factors within psychotherapy and healing (Fischer, Jome, & Atkinson, 1998; Frank & Frank, 1998) and multicultural competency-based models (Arredondo & Arciniega, 2001; Arredondo et al., 1996; Middleton, Rollins, & Harley, 1999). In addition, the research on intergroup biases and categorization theories described in Guidelines #1 and #2 suggest that optimal intergroup contact is predicted by equal status among those interacting (e.g., teacher and students), cooperation as opposed to competition, perspective taking, and empathy (Finlay & Stephan, 2000; Gaertner & Dovidio, 2000; Galinsky & Moskowitz, 2000; Hewstone et al., 2002; Pettigrew, 1998). These models and approaches, then, may be used to encompass didactic courses across the curriculum (e.g., learning about career theories and practices related to various cultural groups) as well as assessment, organizational behavior, clinical practice and supervision, and research approaches.

Literature based on tried and effective approaches is available to assist psychologists in adapting and creating new curricula, infusing multicultural and culture-specific concepts into research, assessment and clinical course work, and in developing more culturally sensitive and inclusive learning environments for faculty, staff, and students alike (Arredondo, 1999; Arredondo & Arciniega, 2001; Lee, 1999; Evans & Larabee, 2002; Manese, Wu, & Nepomuceno, 2001; Pope-Davis & Coleman, 1997; Ridley et al., 1997; Sue, 1997). Psychologists as educators are encouraged to consider these approaches when designing culture-centered curriculum. Rather than attempt to cover culture-specific and multicultural material in one course, psychologists are

encouraged to consider ways to make the multicultural focus thematic to the educational program.

It was previously noted that resistance to multicultural coursework and to the assigned Faculty of Color, who are often charged with teaching a single course on multicultural issues or practices, is not uncommon (Abreu, 2001; Jackson, 1999; Mio & Awakuni, 2000). Several studies report on issues of emotions, including resistance, that may be stirred up when a multicultural course is taught or when course content addresses multicultural perspectives. These studies investigated variables such as racial prejudice, individual and collective guilt, and other forms of emotional reactions (Jackson, 1999; Reynolds, 1995; Shanbhag, 1999; Steward et al., 1998). Psychologists as educators may need to anticipate a range of emotional reactions and be prepared to understand and facilitate respectful discussion and disagreement. Accordingly, psychologists may also want to examine a study in which students indicated that the professors' amiability, non-judgmental demeanor, enthusiasm, self-disclosure, and overall leadership in the class were sources of encouragement and positive modeling (Lenington-Lara, 1999). Findings support the importance of this posture by faculty when teaching about multicultural issues. While this is challenging to maintain, psychologists are encouraged to consider the implications of this study.

Psychologists as educators are encouraged to continue to be knowledgeable about research findings about the effects of multicultural counseling and psychology coursework (Constantine & Yeh, 2001; Holcomb-McCoy & Myers, 1999; Kiselica, 1998; Klausner, 1998; Koeltzow, 2000; Manese et al., 2001; Parker et al, 1998; Ponterotto, 1998; Pope-Davis, Breaux, & Lui, 1997; Salvador, 1998; Sevig & Etzkorn, 2001;

Sodowsky, Kuo-Jackson, Richardson, & Corey, 1998) and general undergraduate education (American Council on Education & American Association of University Professors, 2000; Chang et al., 2000).

Research

Guideline # 4: Culturally sensitive psychological researchers are encouraged to recognize the importance of conducting culture-centered and ethical psychological research among persons from ethnic, linguistic, and racial minority backgrounds.

Major demographic shifts in the United States (noted earlier) are underway. These population shifts have resulted in different constituencies for which new and expanded psychological research will be necessary. The aging baby boomers, new immigrants particularly from China, India, Mexico, and the Philippines, younger individuals of Latino heritage (Judy & D'Amico, 1997), and the growing biracial populations will likely require new research agendas (Ory, Lipman, Barr, Harden, & Stahl, 2000). Additionally, according to the U.S. Census Bureau (2001), a greater share of Americans speak a language other than English at home (27 million speak Spanish, 1 million or more speak Chinese, French, German, Tagalog, Vienamese, Korean, and Italian). Expanding age, cultural and linguistic diversity, just as three examples, have implications for research in a wide variety of psychological specialty areas, including, but not limited to, developmental, gender, health, school, clinical, counseling, and organizational aspects of psychology.

The treatment of culture in psychological research has shifted in the past century from ignoring cultural variables to treating culture as a nuisance variable. Thus, for example, early research participants were White males, yet the results were assumed to

generalize to the entire population. Feminists began to call attention to this, and to decry the bias inherent in this practice (Grady, 1981; Keller, 1982; Sherif, 1979) as did early multicultural researchers (Katz, 1985; Korchin, 1980; Sue & Sue, 1977; Triandis & Brislin, 1984). Both groups questioned the practice of using White middle class males to define normal behavior, and that all behavior that differed from White norms was either described as deviant or less desirable. The result was a movement to incorporate gender and ethnicity/race in research studies as a nuisance variable, rather than as a central contextual variable that helps to explain human behavior. Compounding this practice was failure to consider within-group differences of an ethnic minority group, such as regional differences, socioeconomic status, education, and national origin, e.g., Blacks who may have come from Africa, Haiti, or the United States, voluntary or involuntary. The fundamental problem remained that when research does not adequately incorporate culture as a central and specific contextual variable, behavior is misidentified, pathologized, and, in some cases, psychologists are at risk of perpetuating harm (Hall, 2001; Rogler, 1999; Sue et al., 1998; Sue & Sue, 1999). As an example, Kwan (1999) found in a study of the comparison of the MMPI in China and the United States, that on some MMPI scales, Chinese subjects' scores were elevated relative to the norms in the United States. Not incorporating a culture-centered perspective might lead a researcher to conclude a high level of psychopathology in the Chinese sample. Kwan questioned, however, whether the elevated scales may have been the result of cultural influences, which would lead to a different conclusion for this study, and one presumes, in treatment based on the test scores. As another example, Reid (2002) noted the decades of conclusions about women's and racial/ethnic minority students' lack of educational

attainment from research studies that focused on the students' lack of individual achievement rather than in social disadvantage. Again, using a culture-centered perspective would lead to different conclusions in these studies, as well as in the application of this research in school systems and college admissions.

A number of scholars have voiced concerns about the cultural limitations of psychological research in the United States. First, as noted above, when human behavior is viewed as individualistically determined, culture is viewed as a nuisance variable – something to be controlled and statistically manipulated rather than a central explanatory variable (Perez, 1999; Quintana et al., 2001). Second, although scholars began to heed the call for culturally diverse samples in research, many research samples continue to be predominantly White and middle class with People of Color underrepresented in these samples. When the samples are racially diverse, they are much more likely to be samples of convenience, which may not be representative of the target group, such as samples of college students representing all Asian Americans. This affects the external validity of a study, or to whom the findings may be generalized (Fuertes, Bartolomeo, & Nichols, 2001; Sue, 1999). Sue (1999) suggests that psychological science has ignored external validity problems, and that we have erred in the direction of inaccurately generalizing from findings based on small subsets of people to the population at large.

A third concern is that all People of Color are presumed to be similar, and, as discussed in Guideline #1, large within-group differences are ignored (Fouad & Brown, 2000; Quintana et al., 2001). In fact, the CNPAAEMI (2001) Guidelines for Research in Ethnic Minority Communities (2000) describes the great within-group heterogeneity of all the major racial/ethnic groups in the United States, as does the Surgeon General's

Report on race, culture and mental health (USDHHS, 2000; 2001). Indeed using only African Americans from the southern United States and generalizing from this sample to all African Americans would raise questions about the appropriateness of doing so. Similarly, there are studies that make reference to Native Americans, overlooking the fact that there are more than 550 tribes in the United States. Psychologists are encouraged to consider the multidimensionality of ethnic, linguistic, and racial minority individuals and groups when planning research studies.

Finally, some scholars have voiced concerns that racial/ethnic communities do not directly benefit from studies in which their members participate. These concerns have led to calls for research to be designed explicitly to be of benefit to the participants' communities (CNPAAEMI, 2000; LaFromboise & Jackson, 1996; Marin & Marin, 1991; Parham, 1993). To insure fidelity to the community that will be involved in the study, psychologists are encouraged to develop relationships with leaders and/or cultural brokers who may be essential brokers in the community. Even though researchers may have a particular design and implementation plan in mind, through collaborations with members of the community and potential participants, they are likely to develop credibility and trust. They also are likely to develop a more beneficial study to the community.

Thus, psychological researchers are encouraged to be grounded in the empirical and conceptual literature on the ways that culture influences the variables under investigation, as well as psychological and social science research traditions and skills. This may be divided into three areas, research design, assessment, and analysis.

Research generation and design. This first area begins with the research question that is asked. Goodwin (1996) delineates this as three steps: generation of the research question, suitability of the research question, and then piloting the research question. All three steps are influenced by the researcher's cultural milieu. For example, Fiske (1998) notes that the perceptions of Whites by racial/ethnic minority individuals are rarely studied, because most researchers are White, and they are more interested in the perceptions of their own group towards others. This is consistent, as we noted in Guidelines #1 and #2, with preferences for in-group vs. out-group in social categorization. Clearly, one's cultural worldview helps to shape the questions one has about behavioral phenomena. This is not necessarily a problem unless the researcher believes that his or her worldview is universal and objective. Davis, Nakayama, and Martin (2000) suggest that this is the fallacy of objectivity, followed by the fallacy of homogeneity, the latter defined as the assumption that all members of a group are similar. Psychological researchers are encouraged to be aware of the cultural assumptions on which their research questions are based (Egharevba, 2001).

Related to the research question is choosing culturally appropriate theories and models on which to inform theory-driven inquiry (Quintana et al., 2001). Psychological researchers are encouraged to be aware of, and if appropriate, to apply indigenous theories when conceptualizing research studies. They are encouraged to include members of cultural communities when conceptualizing research, with particular concern for the benefits of the research to the community (Fontes, 1998; LaFromboise, 1988). This may include involving representatives from the population and the host communities in research design, sampling, and inviting feedback from the community in the final

written versions of the report (Gil & Bob, 1999; Rogler, 1999). Culturally centered psychological researchers are encouraged to consider the psychological (rather than demographic) contextual factors of race, ethnicity, language, gender, sexual orientation, socio-economic status, and other social dimensions of personal experience in conceptualizing their research design (Fouad & Brown, 2000; Quintana et al., 2001).

Culturally centered psychological researchers are encouraged to seek appropriate grounding in various modes of inquiry and to understand both the strengths and limitations of the research paradigms applied to culturally diverse populations (Atkinson, 1985; Costantino, Malgady, & Rogler, 1986, 1994; Highlen, 1994; LaFromboise & Foster, 1992; Marin & Marin, 1991; Sue, S., 1999; Sue & Sue, 1999; Suzuki, Prendes-Lintel, Wertlieb, & Stallings, 1999). They strive to recognize and incorporate research methods that most effectively complement the worldview and lifestyles of persons who come from a specific cultural and linguistic population; e.g., quantitative and qualitative research strategies (Hoshmand, 1989; Marin & Marin, 1991; Ponterotto & Casas, 1991). This may include being knowledgeable about the ways in which ethnic and racial life experiences influence and shape participants' responses to research questions (Clarke, 2000; Kim, Atkinson, Umemoto, 2001; Westermeyer & Janca, 1997).

Assessment. The second area of research is assessment. Culturally sensitive psychological researchers strive to be knowledgeable about a broad range of assessment techniques, data generating procedures, and standardized instruments whose validity, reliability, and measurement equivalence have been investigated across culturally diverse sample groups (CNPAAEMI, 2000; Helms, 1992; Marin & Marin, 1991; Padilla, 1995; Spengler, 1998). They are encouraged not to use instruments that have not been adapted

for the target population, and they are also encouraged to use both pilot tests and interviews to determine the cultural validity of their instruments (Samuda, 1998; Sue, 1999). They are encouraged to be knowledgeable not only about the linguistic equivalence of the instrument (e.g., that it is appropriately translated into the target language), but also the conceptual and functional equivalence of the constructs tested. In other words, they are encouraged to ascertain whether the constructs assessed by their instruments have the same meaning across cultures, as well as the same function across cultures (Rogler, 1999). In this, psychological researchers are urged to consider culturally sensitive assessment techniques, data-generating procedures, and standardized instruments whose validity, reliability, and measurement equivalence have been tested across culturally diverse sample groups, particularly the target research group(s). They are encouraged to present reliability, validity, and cultural equivalence data for use of instruments across diverse populations.

Analysis and Interpretation. The final area of consideration in culturally sensitive research is analysis and interpretation. In analyzing and interpreting their data, culturally sensitive psychological researchers are encouraged to consider cultural hypotheses as possible explanations for their findings, to examine moderator effects, and to use statistical procedures to examine cultural variables (Quintana et al., 2001).

Finally, culture-centered psychological researchers are encouraged to report on the sample group's cultural, ethnic, and racial characteristics and to report on the cultural limitations and generalizability of the research results as well. It is also recommended that researchers design the study to be of benefit to participants, and to include participants in the interpretation of results. They are encouraged to find ways for the

results to be of benefit to the community, and to represent the participants' perspectives accurately and authentically (CNPAAEMI, 2000).

Practice

Guideline #5: Psychologists strive to apply culturally-appropriate skills in clinical and other applied psychological practices.

Consistent with previous discussions in Guidelines # 1 and # 2, culturally-appropriate psychological applications assume awareness and knowledge about one's worldview as a cultural being and as a professional psychologist, and the worldview of others' particularly as influenced by ethnic/racial heritage. This Guideline refers to applying that awareness and knowledge in psychological practice. It is not necessary to develop an entirely new repertoire of psychological skills to practice in a culture-centered manner. Rather, it is helpful for psychologists to realize that there will likely be situations where culture-centered adaptations in interventions and practices will be more effective. Psychological practice is defined here as the use of psychological skills in a variety of settings and for a variety of purposes, encompassing counseling, clinical, school, consulting, and organizational psychology. This Guideline further suggests that regardless of our practice site and purview of practice, psychologists are responsive to the Ethics Code (APA, 1992). In the Preamble to the Ethics Code is language that advocates behavior that values human welfare and basic human rights.

Psychologists are likely to find themselves increasingly engaged with others ethnically, linguistically, and racially different from and similar to themselves as human resource specialists, school psychologists, consultants, agency administrators, and

clinicians. Moreover, visible group membership differences (Atkinson & Hackett, 1995; Carter, 1995; Cross, 1991; Helms, 1990; Herring, 1999; Hong & Ham, 2001; Niemann,

2001; Padilla, 1995; Santiago-Rivera et al., 2002; Sue & Sue, 1999) may belie other identity factors also at work and strong forces in individuals' socialization process and life experiences. These include language, gender, biracial/multiracial heritage, spiritual/religious orientations, sexual orientation, age, disability, socioeconomic situation, and historical life experience; e.g., immigration and refugee status (Arredondo & Glauner, 1992; Davenport & Yurich, 1991; Espin, 1997; Hong & Ham, 2001; Lowe & Mascher, 2001; Prendes-Lintel, 2001). Projections regarding the increasing numbers of individuals categorized as ethnic and racial minorities have been discussed earlier in these Guidelines. The result of these changes is that in urban, rural, and other contexts, psychologists will interface regularly with culturally pluralistic populations (D'Andrea & Daniels, 2001; Ellis, Arredondo, & D'Andrea, 2000; Lewis, Lewis, Daniels, & D'Andrea, 1998; Middleton, Arredondo, & D'Andrea, 2000).

However, while Census 2000 shows that the population of the United States is more culturally and linguistically diverse than it has ever been (U.S. Census Bureau, 2001), individuals seeking and utilizing psychological services continue to under represent those populations. With respect to clinical/counseling services, Sue and Sue (1999) highlighted some of the reasons for the underutilization of services, including lack of cultural sensitivity of therapists, distrust of services by racial/ethnic clients, and the perspective that therapy "can be used as an oppressive instrument by those in power to…mistreat large groups of people" (p. 7). A number of authors (Arroyo, Westerberg, & Tonigan, 1998; Dana, 1998; Flaskreud & Liu 1991; McGoldrick, Giordano, & Pearce,

1996; Ridley, 1995; Santiago-Rivera et al., 2002; Sue, et al., 1998; Sue, Bingham, Porche-Burke, & Vasquez, 1999; Sue & Sue, 1999) have outlined the urgent need for clinicians to develop multicultural sensitivity and understanding.

Essentially, the concern of the authors noted above is that the traditional, Eurocentric therapeutic and interventions models in which most therapists have been trained are based on and designed to meet the needs of a small proportion of the population (White, male, and middle-class persons). Ironically, the typical dyad in psychotherapy historically was a White middle-class woman treated by a White middle-class therapist. These authors note that Eurocentric models may not be effective in working with other populations as well, and indeed, may do harm by mislabeling or misdiagnosing problems and treatments.

Psychologists are encouraged to develop cultural sensitivity and understanding to be the most effective practitioners (therapists) for all clients. The discussion that follows, however, will primarily relate to therapeutic settings where individual, family, and group psychotherapy interventions are likely to take place. The discussion addresses three areas: focusing on the client within his or her cultural context, using culturally appropriate assessment tools, and having a broad repertoire of interventions (Arredondo, 1999, 1998; Arredondo et al., 1996; Arredondo & Glauner, 1992; Costantino et al., 1994; Dana, 1998; Duclos, Beals, Novins, Martin, Jewett, & Manson, 1998; Flores & Carey, 2000; Fouad & Brown, 2000; Hays, 1995; Ivey & Ivey, 1999; Kopelowicz, 1997; Lopez, 1989; Lukasiewicz & Harvey, 1991; Parham, White, & Ajamu, 1999; Pedersen, 1999; Ponterotto & Pedersen, 1993; Prieto, McNeill, Walls, & Gomez, 2001; Rodriguez &

Walls, 2000; Root, 1992; Santiago-Rivera et al., 2002; Seeley, 2000; Sue, 1998; Sue, Ivey, & Pedersen, 1996).

Client-in-context. Clients might have socialization experiences, health and mental health issues, and workplace concerns associated with discrimination and oppression (e.g., ethnocentrism, racism, sexism, ableism, and homophobia). Thus, psychologists are encouraged to acquire an understanding of the ways in which these experiences relate to presenting psychological concerns (Byars & McCubbin, 2001; Fischer et al., 1998; Flores & Carey, 2000; Fuertes & Gretchen, 2001; Helms & Cook, 1999; Herring, 1999; Hong & Ham, 2001; Lowe & Mascher, 2001; Middleton, Rollins, & Harley, 1999; Sanchez, 2001; Sue & Sue, 1999). This may include how the client's worldview and cultural background(s) interact with individual, family, or group concerns.

Thus, in client treatment situations, culturally and socio-politically relevant factors in a client's history may include: relevant generational history (e.g., number of generations in the country, manner of coming to the country); citizenship or residency status (e.g., number of years in the country, parental history of migration, refugee flight, or immigration); fluency in "standard" English (and other languages or dialects); extent of family support or disintegration of family; availability of community resources; level of education, change in social status as a result of coming to this country (for immigrant or refugee); work history, and level of stress related to acculturation (Arredondo, 2002; Ruiz, 1990; Saldana, 1995; Smart & Smart, 1995). When the client is a group or organization in an employment context, another set of factors may apply. Recognizing these factors, culturally centered practitioners are encouraged to take into account how contextual factors may affect the client worldview (behavior, thoughts, or feelings).

Historical experiences for various populations differ. This may be manifested in the expression of different belief systems and value sets among clients and across age cohorts. For example, therapists are strongly encouraged to be aware of the ways that enslavement has shaped the worldviews of African Americans (Cross, 1991; Parham et al., 1999). At the same time, the within-group differences among African Americans and others of African descent also suggest the importance of not assuming that all persons of African descent will share this perspective. Thus, knowledge about sociopolitical viewpoints and ethnic/racial identity literature would be important and extremely helpful when working with individuals of ethnic minority descent. Culturally centered practitioners assist clients in determining whether a "problem" stems from institutional or societal racism (or other prejudice) or individual bias in others so that the client does not inappropriately personalize problems (Helms & Cook, 1999; Ridley, 1995; Sue et al., 1992). Consistent with the discussion in Guideline #2 about the effects of stigmatizing, psychologists are urged to help clients recognize the cognitive and affective motivational processes involved in determining whether they are targets of prejudice (Crocker et al., 1998). Psychologists are also encouraged to be aware of the environment (neighborhood, building, and specific office) and how this may appear to clients or employees. For example, bilingual phone service, receptionists, magazines in the waiting room, and other signage can demonstrate cultural and linguistic sensitivity (Arredondo, 1996; Arredondo et al., 1996; Grieger & Ponterotto, 1998).

Psychologists are also encouraged to be aware of the role that culture may play in the establishment and maintenance of a relationship between the client and therapist. Culture, ethnicity, race, and gender are among the factors that may play a role in the

perception of, and expectations of therapy and the role the therapist plays (American Psychiatric Association, 1994; Carter, 1995; Comas-Díaz & Jacobsen, 1991; Cooper-Patrick et al., 1999; Seely, 2001).

Assessment. Consistent with Standard 2.04 of the APA Ethics Code (American Psychological Association, 1992), multiculturally sensitive practitioners are encouraged to be aware of the limitations of assessment practices, from intakes to the use of standardized assessment instruments (Constantine, 1998; Helms, 2002; Ridley, Hill, & Li, 1998), diagnostic methods (Ivey & Ivey, 1998; Sue, 1998), and instruments used for employment screening and personality assessments in work settings. Clients unfamiliar with mental health services and who hold worldviews that value relationship over task may experience disrespect if procedures are not fully explained. Thus, if such clients do not feel that the therapist is valuing the relationship between the therapist and client enough, the client may not adhere to the suggestions of the therapist. Psychologists are encouraged to know and consider the validity of a given instrument or procedure. This includes interpreting resulting data appropriately and keeping in mind the cultural and linguistic characteristics of the person being assessed. Culture-centered psychologists are also encouraged to have knowledge of a test's reference population and possible limitations of the instrument with other populations. When using standardized assessment tools and methods, multicultural practitioners exercise critical judgment (Sandoval, Frisby, Geisinger, Scheuneman, & Ramos-Grenier, 1998). Multiculturally sensitive practitioners are encouraged to attend to the effects on the validity of measures of issues related to test bias, test fairness, and cultural equivalence (APA, 1990, 1992; Arredondo, 1999; Arredondo et al., 1996; Dana, 1998; Grieger & Ponterotto, 1995;

Lopez, 1989; Paniagua, 1994, 1998; Ponterotto, Casas, Suzuki, & Alexander, 1995; Samuda, 1998).

Interventions. Cross-culturally sensitive practitioners are encouraged to develop skills and practices that are attuned to the unique worldview and cultural backgrounds of clients by striving to incorporate understanding of client's ethnic, linguistic, racial, and cultural background into therapy (American Psychiatric Association, 1994; Falicov, 1999; Flores & Carey, 2000; Fukuyama & Ferguson, 2000; Helms & Cook, 1999; Hong & Ham, 2001; Langman, 1998; Middleton, Rollins, & Harley, 1999; Santiago-Rivera et al., 2002). They are encouraged to become knowledgeable about the *APA Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations* (APA, 1990) and *Guidelines for Research in Ethnic Minority Communities* (CNPAAEMI, 2000). They are encouraged to learn about helping practices used in non-Western cultures within as well as outside the North American and Northern European context that may be appropriately included as part of psychological practice. Multiculturally sensitive psychologists recognize that culture-specific therapy (individual, family, and group) may require non-traditional interventions and strive to apply this knowledge in practice (Alexander & Sussman, 1995; Fukuyama & Sevig, 1999; Ridley, 1995; Santiago-Rivera et al., 2002; Sciarra, 1999; Society for the Psychological Study of Ethnic Minority Issues, Division 45 of the American Psychological Association & Microtraining Associates, Inc., 2000; Sue et al., 1998; Sue & Sue, 1999). This may include inviting recognized helpers to assist with assessment and intervention plans. Psychologists are encouraged to participate in culturally diverse and culture-specific activities. They are also encouraged to seek out community leaders, change agents, and

influential individuals (ministers, storeowners, non-traditional healers, natural helpers), when appropriate, enlisting their assistance with clients as part of a total family or community-centered (healing) approach (Arredondo et al. 1996; Grieger & Ponterotto, 1998; Lewis et al., 1998).

Multiculturally sensitive and effective therapists are encouraged to examine traditional psychotherapy practice interventions for their cultural appropriateness, e.g., person-centered, cognitive-behavioral, psychodynamic forms of therapy (Bernal & Scharoon-del-Rio, 2001). They are urged to expand these interventions to include multicultural awareness and culture-specific strategies. This may include respecting the language preference of the client and ensures that the accurate translations of documents occur by providing informed consent about the language in which therapy, assessments, or other procedures will be conducted. Psychologists are also encouraged to respect the client's boundaries by not using interpreters who are family members, authorities in the community, or unskilled in the area of mental health practice.

Organizational Change and Policy Development

Guideline #6: Psychologists are encouraged to use organizational change processes to support culturally informed organizational (policy) development and practices.

Psychology exists in relationship to other disciplines, organizations, and facets of society. As a dynamic profession, our education prepares us to be change agents, promulgators of new knowledge through research that informs policies in different sectors of society, and as organizational leaders in the profession, the private sector, government agencies, and other work environments. In the application of our skills in a wide range of organizations and contexts, psychologists are encouraged to become

knowledgeable about the possible ways to facilitate culturally informed organizational development of policies and practices.

This Guideline is designed to inform psychologists about the following: (1) the contemporary and future contexts that provide motivators for psychologists' proactive behavior with organizational change processes; (2) perspectives about psychologists in transition; (3) frameworks and models to facilitate multicultural organizational development; and (4) examples of processes and practices reflective of psychologists' leadership in the development of culture-centered organizations. Supporting this Guideline are contextual data that provide a rationale for positioning multiculturalism as thematic to structures, functions, and strategic planning within an organization as well as example of changes in psychology policies and practices.

Changing Context for Psychologists

While the debate about multiculturalism continues within psychology with varying and mutually exclusive perspectives (Betancourt & Lopez, 1993; Fowers & Richardson, 1996; Gergen, 2001; Sue, 2001) looking externally not just internally becomes increasingly necessary. Psychology education, research, and practice today is driven by multiple societal forces introduced by other disciplines and the consequences of world-wide events. Cloning, global terrorism, genetic research breakthroughs, the efficacy of different medications for both health and mental healthcare,world-wide migration, and environmental climate change are but a few of the external forces influencing our work and training. In addition, as noted earlier, continuing increases of ethnic minority and non-English speaking populations in the U.S., the gap between the richest and the poorest in the United States continues to accelerate; top 10 states for this

gap have been identified (U.S. Census Bureau, 2001), the aging and longer living baby boomers, and changing family patterns have implications for psychology-at-large.

The demographic shifts and implications for education discussed earlier in the introduction also have implications for employment projections, such as who works, where they will work, and how their work may change. For example, the demographic changes noted earlier include a growth in the population between 50-65, the so-called "aging baby boomer." Ethnic/racial minority elderly account for a significant proportion of the overall increase in longevity in the United States and their rates of growth are expected to exceed those of Whites over the next 50 years (Ory et al., 2000). There is a greater need for psychologists working with the elderly overall, and a need for them to be able to work with a racially/ethnically diverse population, as well as working with employers and organizations as they cope with an aging work force.

In another demographic shift, it is projected that 50% of new entrants to the workforce between 1994 and 2005 will be women of all ethnic groups (Judy & D'Amico, 1997); psychologists will be called upon to help women make work and family choices, help employers cope with the transitions to the work force, and ideally, help communities understand and develop resources as more families have both parents working (Haas, Hwang, & Russell, 2000). As another example, Latinos are the youngest ethnic/racial group and the fastest growing one as well (U.S. Census Bureau, 2001); they will be entering schools in greater numbers, as well as representing a greater proportion of the workforce. Psychologists will likely be called upon to help school systems, organizations, and communities cope successfully with these transitions. In addition, U.S. organizations are dealing with global and rapid technology evolution, more global

integration in to the U.S. economy, national and global deregulation, and quick economic growth in heretofore-underdeveloped nations (Judy & D'Amico, 1997). All of these examples have implications for psychology, as psychologists will be called upon to engage with other disciplines and sectors of society, including government agencies, in attempting to forge new policies and guidelines that promote human development, knowledge-building, and societal improvement. While these forces will, of necessity, influence our own work, we are also uniquely trained to help others cope with these changes. All of these data and forces highlight the necessity of institutional change particularly for the delivery of health and mental health services (Schlesinger & Gray, 1999) psychology education, and employment practices.

Psychologists in Transition

The changing landscape of psychology is also apparent as we consider psychologists who have entered political life, psychologists as administrators in healthcare institutions and employee assistance programs (EAP), as deans and provosts in higher education, in the CIA (Psychologists in the CIA, 2002), and as consultants to corporate entities. All of these roles involve psychologists in different types of functions and systems driven by forces cited in *Workforce 2020* and of course involved with people of different social identities and professions (Judy & D'Amico, 1997).

Examples of changes in policy and practices have also come from within the profession. In 1993, the Massachusetts state licensing board approved a regulation change, requiring doctoral coursework and internship experiences with multicultural and cross-cultural foci (Daniel, 1994). Georgia passed a similar change in 2000. More recently, the state of New Mexico passed legislation that now allows psychologists to

prescribe medication, recognition of our scientific roots. Part of the rationale for change in prescription privileges was to provide greater access for rural patients and clients with mental health concerns, which includes a large number of People of Color. When such policies go into effect, there are challenges and opportunities that ensue for training programs, internship sites, and institutions that hire psychologists.

Examples of change within APA were cited in the introductory section. In addition, the organization has sponsored initiatives such as the development of guidelines to address concerns of women (Fitzgerald & Nutt, 1986) and gay, lesbian, and transgendered individuals (APA, 2001), creation of guidelines for conducting research with linguistic minority populations (CPNAAEMI, 2000) and for providing health care and culture-specific mental health services (APA, 1990; CPNAAEMI, 2002); and through interdivisional efforts promoted by the Committee on Division/APA Relations (Arredondo, 2000). The establishment of a number of Divisions with a special interest focus in the last 15-20 years is also noteworthy. Divisions that have developed to address health psychology, the study of peace, conflict, and violence, addictions, interests of men, international psychology, and pediatric psychology are a few examples of psychologists' organizational change behavior. These organizational outcomes are indicative of psychologists' responsiveness to societal changes. It is unlikely that new Divisions will be established for all current and emerging issues. Psychologists are encouraged to continue to apply learning organization principles. One of the primary principles is to scan the environment and anticipate trends and changes allowing for a systemic proactive rather than reactive response.

Frameworks and Models for Multicultural Organizational Development

Psychologists play a variety of roles in a society that is undergoing rapid change, and are therefore encouraged to familiarize themselves with methods, frameworks and models for multicultural organizational development (Adler, 1986; Arredondo, 1996; Cox, 1993; Cox & Finley, 1995; Garcia-Caban, 2001; Sue, 2001). These models, among others, provide blueprints for planning for organizational change that may lead to cultural awareness and knowledge and result in a "best practices" approach for culture-centered organizations. In addition, a culture-centered focus provides processes for weaving together contextual forces, the mission of the organization, and development of people that may lead to enhanced and culturally proficient and inclusive systems and practices. Most of these models or frameworks describe attributes at particular phases or statuses, and cognitive, affective, and behavioral processes that will promote multicultural organizational change and growth. For example, Cross, Bazron, Dennis, and Issacs (1989) have outlined a cultural competence continuum with stages and indicators from "cultural destructiveness" to "cultural proficiency." Underscoring work in global businesses, Adler (1986) offers three models: parochial, ethnocentric, and synergistic. The latter is described as a response to organizational cultural diversity, "In synergistic organizations members believe that . . . the combination of our ways and their ways produces the best ways to organize and work" (p. 87).

To assist organizations in clarifying their approach to multiculturalism and diversity, Thomas and Ely (1996) conceptualize a continuum of philosophical positions that range from fairness and equity to valuing diversity. Sue (2001) offers another conceptualization through his multidimensional facets of cultural competence model. He

posits cultural competence at individual, professional, organizational, and societal levels. By bringing in the societal foci, Sue is also addressing issues of social justice and responsibility, and opportunities for psychologists' change agency.

Based on empirical research, Cox (1993) proposes organizational transformation based on the interplay of the climate for diversity, individual outcomes, and organizational effectiveness. His model has three states: monolithic, pluralistic, and multicultural. Each state is influenced by the interplay between the climate for diversity, individual (employee) outcomes, and organizational effectiveness on a number of criteria. Another scientifically informed model outlines a development process with various stages and tasks that lead to a multicultural and diversity-centered organization (Arredondo, 1996). Unlike other models, this is not a typology but rather a data-driven approach to promote organizational change and development through a focus on multiculturalism and diversity. Among the stages are planning for a diversity initiative, a self-study, and an evaluation of measurable objectives. This developmental approach has served as the basis for conducting applied research in more than 50 organizations such as social and mental health agencies, colleges and universities, and the private sector.

One of the most comprehensive reviews of organizational cultural competence models, instrumentation, research and focus was prepared by Garcia-Caban (2001). She identified 19 instruments used to conduct organizational research in a variety of domains including relational behavioral styles, cultural competence in service delivery, and psychologists' knowledge, attitude and behavior skills.

Borrowing from the work of organizational change consultants, psychologists can become knowledgeable about recommendations from learning organization models

(Morgan, 1997; Senge, 1990). These advocate for organizations to anticipate environmental change, "developing an ability to question, challenge and change operating norms and assumptions" (Morgan, 1997, p. 90), and engage in new planning. By so doing, psychologists, prepared as change agents, have the opportunity to apply clinical and research methodology to promote goal-oriented systems change with measurable outcomes.

Examples of Multicultural Practices within Organizations

Psychologists are encouraged to review examples of multicultural organizational change that are reported in publications from a variety of sources within APA, as well as from the American Counseling Association and management journals. These evolutionary processes of change are both deliberate and systemic (e.g., Arredondo & D'Andrea, 2000; D'Andrea, Daniels, & Arredondo, 1999; D'Andrea et al., 2001). Examples from both APA and the American Counseling Association point to behaviors at the professional organization level with implications for the practice of psychology. Thematic to these examples is the role of leadership, sustained attention to diversity-related objectives, and changes in policy and practices that make the organization operationalize its mission of inclusiveness and pluralism. Division 17, Counseling Psychology; Division 35, Society for the Psychology of Women; Division 44, Society for the Psychological Study for Lesbian, Gay, and Bisexual Issues; Division 51, Society for the Psychological Study of Men and Masculinity; and Division 42, Psychologists in Independent Practice all have dedicated slates or positions for an ethnic/racial minority psychologist on their executive councils or as representatives to the Council of Representatives. Division 12, Society of Clinical Psychology, has recently voted to have

an ethnic minority slate for Council of Representatives when two positions are vacant at the same time. Additional examples come from Divisions 12, 17, and 35 that have subcommittees or sections to address ethnic/racial minority objectives. Finally, Division 45, Society for the Psychological Study of Ethnic Minority Issues has added a "diversity" Member-at-Large position, inviting representation from a member who is not a person of color (all other positions have traditionally been Persons of Color). These are practices that operationalize a given Division's mission and objectives to promote multiculturalism and diversity, and organizational change. By the same token, APA's immediate response to the terrorist attacks of September 11, 2001, and the work of individual psychologists within their communities are ways that psychologists have responded quickly to a changing world.

The strategies applied by these Divisions and the organization parallel ones that have taken place in the employment sector for more than 15 years, and that undoubtedly will continue. Moreover, psychologists are well suited to be central to these structural changes as well as likely candidates to implement these new developments. For example, universities have begun to create positions for campus diversity directors and ombudspersons. Both roles often require knowledge and skills that are psychological and well-grounded in the understanding of diversity and multicultural issues. Accrediting bodies, including the Joint Commission for Accreditation of Hospital Organizations (JCAHO) and the National Council on Accreditation of Teacher Education (NCATE) require that institutions demonstrate how they address diversity. Industries of all types, from the government, media, sports, recreation, hospitality, hi-tech, and manufacturing (e.g., aviation, consumer products) have diversity and multiculturalism in their business

plans. With the presence of psychologists from different specializations in non-traditional and other disciplinary contexts (e.g., CIA) as noted previously, knowledge and understanding of these Guidelines seems very timely.

Psychologists as Change Agents and Policy Planners

The focus on organizational change and policy development in these Guidelines highlights the multiple opportunities for psychologists, regardless of our specialty domains, to lead change and influence policy. The Surgeon General's report on gaps in mental health care for ethnic minorities in the United States is one example (USDHSS, 2000, 2001). Psychologists representing different specializations were involved in the development of this report, sharing their research and other data that have contributed to a compelling document. Psychologists are often called upon to provide expert testimony to legislative bodies, boards of directors, and the courts on issues that involve ethnic/racial minority individuals and groups. Though it may appear that we are speaking from our informed voices as psychologists, psychologists' participation in these venues reflects the potential for policy development and structural organizational change.

Psychologists are encouraged to become familiar with findings from specific psychology training program self-studies and empirical studies (e.g., Rogers, Hoffman, & Wade, 1998), that can provide information about how different constituencies (faculty, students, staff, and community partners) experience psychology training programs. These experiences may be evaluated on organizational climate criteria: interpersonal respect and valuing, curriculum, policies and practices, advisement and mentoring, research methodology flexibility, resource availability and support, rewards and recognition, community relations, and professional development for faculty and staff.

Practices such as mentoring, promoting cross-racial dialogues, reducing in-group and out-group behavior, recruitment and selection processes, and the infusion of multicultural and diversity concepts in traditional psychology education (undergraduate through continuing education) have been demonstrated to be effective mechanisms for systems change (Fiske, 1993; Major et al., 1993; Schmader et al., 2001; Thomas & Gabarro, 1999). The expanding literature from social psychology on stereotype threat (Steele, 1997), tokenism (Wright & Taylor, 1998), social stigma (Crocker et al., 1998), the social identity approach (Haslam, 2001), and social cognition (Eccles & Wigfield, 2002) as these relate to organizational diversity can inform objectives and processes of change. Psychologists are encouraged to become familiar with practices that can be replicated to different organizational settings thereby leading to multicultural organizational enhancement and policy development.

Promoting organizational change through multiculturalism and diversity offers psychologists opportunities to learn about best practices and also view the domain of multicultural development as an opportunity for personal and professional growth. Psychological interventions in organizations are not new, but there are various approaches that can be examined and integrated in to one's leadership within an educational department, agency, or business.

Traditional and evolutionary perspectives in applied psychology (Colarelli, 1998), and models of organizational change (Hofstede, 1986; Lewin, 1951; Morgan, 1997) can guide behavior that allows psychology to bridge with the multiple communities with which it interacts. Psychologists are encouraged to become familiar with leadership literature (Greenleaf, 1998; Nanus, 1992) as this offers constructs and descriptions of

roles relevant to psychologists in policy planning. In effect, policy development is a change management process, one that can be informed by the vision, research, and experiences of psychologists.

Conclusion

Psychology has been traditionally defined by and based upon Western, Eurocentric, and biological perspectives and assumptions. These traditional premises in psychological education, research, practice, and organizational change, and have not always considered the influence and impact of racial and cultural socialization. They also have not considered that the effects of related biases have, at times, been detrimental to the increasingly complex needs of clients and the public interest. These Guidelines were designed to aid psychologists as they increase their knowledge and skills in multicultural education, training, research, practice and organizational change.

Readers will note that these Guidelines are scheduled to expire in 2009. This document was intended as a living document. The empirical research on which the rationale for the various guidelines are based will continue to expand, as will legislation and practices related to an increasingly diverse population. The integration of the psychological constructs of racial and ethnic identity into psychological theory, research, and therapy has only just begun. Psychologists are starting to investigate the differential impact of historical, economic, and sociopolitical forces on individuals' behavior and perceptions. Psychology will continue to develop a deeper knowledge and awareness of race and ethnicity in psychological constructs, and to actively respond by integrating the psychological aspects of race and ethnicity into the various areas of application in

psychology. It is anticipated that, with this increased knowledge base and effectiveness of applications, the Guidelines will continue to evolve over the next seven years.

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Footnote:

1. **The term Person/s of Color is preferred by some instead of minority because of the technical definition the latter term connotes.