Industrial and Organizational Psychology
PERSPECTIVES ON SCIENCE AND PRACTICE

A Question of Values

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We, an industrial and organizational (I–O) psychologist and a mental health practitioner, applaud Hays-Thomas and Bendick's work with the Society for Human Resource Management's (SHRM) Diversity and Inclusion (D & I) Standards Task Force. As we read about the formidable challenges facing this group, one potential challenge that jumps out is managing a group of people with different values because managing D & I in organizations involves making value judgments. In Sue and Sue's (2008) classic text, *Counseling the Culturally Diverse: Theory and Practice*, they devote a small section of their book to multicultural organizational development. One of the key principles of multicultural organizational development is that it ''takes a social justice perspective (ending of oppression and discrimination in organizations)'' (p. 305). If the task force is composed of individuals with widely different values and ideas about social justice, it may be difficult to make progress.

Sue and Sue (2008) state that the multicultural journey is ''likely to arouse deep feelings of guilt, defensiveness, anger, sadness, hopelessness, and anxiety'' (p. 5), and that conflict is inevitable and not necessarily unhealthy. One of the reasons for these strong emotions is because moving toward multicultural competence requires the participant to take a stance and accept certain values (e.g., social justice), assumptions (e.g., the views of the dominant group are not inherently superior), and beliefs (e.g., certain groups have been and still are oppressed). For the psychologists on SHRM's D & I Task Force, these efforts may be less difficult given that two of the five main principles in the *APA's Ethical Principles of Psychologists and Code of Conduct* (2010) are justice and respect for people's rights and dignity. Because the core principles in SHRM's (2007) code of ethics are consistent with APA's, one being fairness and justice, hopefully the team will be able to agree on certain values, assumptions, and beliefs.

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In examining the underlying values that the members of SHRM's D & I Standards Task Force bring to the table, it might be beneficial to explore what Sidanius and Pratto (1999) call the legitimizing myths that people hold to justify social inequality or social equality. An example of the former would be the Protestant work ethic, while an example of the latter would be the universal rights of man [sic]. If fundamental differences exist, at least they can be brought into the open.

Over the past 30 years, the various mental health fields and the field of education have cobbled together their own standards of what it means to be a multiculturally competent mental health practitioner or educator. However, these efforts focus primarily on the individual, not the organization. The counseling psychologists have made some headway in developing some theories and models for developing multicultural competence on an organizational level. In 2002, the APA published *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists*. The 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). The document consists of six guidelines. The one that is most relevant for SHRM's D & I Standards Task Force is the sixth: ''Psychologists are encouraged to use organizational change processes to support culturally informed organizational (policy) development and practices.'' Under Frameworks and Models for Multicultural Organizational Development, for example, psychologists, especially those working as organizational change agents, are encouraged to familiarize themselves with theories and models of multicultural organizational development, such as those by Adler (1986); Arredondo (1996); Cox (1993); Cross, Bazron, Dennis, and Issacs (1989); Garcia-Caban (2001); Sue (2001); and Thomas and Ely (1996). It comes as no surprise that these authors are all counseling psychologists because the document was created, in part, by members of APA's Division 17.

Nieto, Boyer, Goodwin, Johnson, and Smith (2010, p. xx) feel that many of ''today's diversity strategies, such as diversity recruitment, are largely about how organizations look on the outside.'' They feel that these efforts fail to challenge an organization's deeper structures, which reflect dominant social norms. Thus, members of underrepresented groups are forced to assimilate, which can be painful. Such an assimilation can happen along multiple, intersecting levels of identity. Hays' (2001) ADDRESSING framework, an acronym that demarcates the various dimensions of a person's identity, namely, Age, Developmental/acquired Disability, Religion, Ethnicity, Socioeconomic level, Sexual Orientation, Indigenous heritage, National origin, and Gender, is useful to chart a person's shifting levels of power and privilege. Nieto et al. (2010) extend the Hays model to explore how people can have unearned privileges because of some identities, thereby having ''agent'' status, while simultaneously having no privilege along other identity markers, thereby having ''target'' status. For example one can be White, able-bodied, and rich, thereby enjoying agent status on the levels of ethnicity, ability, and socioeconomic status, while being female and lesbian might make the same person a target on account of gender and sexual orientation. These statuses can make communication more complex and complicated.

In Nieto et al.'s (2010, p. 103) agent skills model, the skills progress from indifference, distancing, inclusion, awareness, to allyship. Nieto et al. note that the message of organizations that are at the level of inclusion skills is that difference is not bad and that members of underrepresented groups are welcomed and received. According to the authors, ''Inclusion has a subtext: that people who are members of target groups are okay as long as they're not too different from Agents'' (p. 115). Although inclusion is better than indifference or distancing, Nieto et al. feel that after inclusion, awareness

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and allyship are needed. Agents need to become aware of the institutional oppression against target groups and aware of their own power and privilege within those institutions. Agents then need to work towards reducing institutional discrimination and advocating for social change. Nieto et al. acknowledge that nobody works on these skills all the time, but a commitment to self-change and organizational change is needed by those in power.

Nieto et al.'s (2010, p. 145) target skills model begins with survival skills, with empowerment skills in the middle, and recentering skills at the end. Empowerment involves acknowledging oppression, studying its dynamics, and resisting it. They note, ''When we use Empowerment skills, we appreciate ourselves and other members of our Target group, as well as our own group's norms, culture, and style'' (p. 162). Recentering involves defining oneself and one's own norms, and working against systems of oppression (both internalized oppression as well as external sources of oppression) in concert with other oppressed groups.

What kind of organizational change will SHRM's D & I Standards Task Force advocate? In Cross et al.'s (1989) six-stage continuum of organizational cultural competence, the middle stages of their model are described as cultural blindness and cultural precompetence. In these stages there may be some awareness of organizational shortcomings and some inclusion by recruitment of members of underrepresented groups into the halls of power, but they warn of a false sense of accomplishment. In the organizations with cultural competence and proficiency, there is continuous individual and organizational self-reflection, interventions developed to meet the needs of diverse populations, and changes in organizational practices to reduce institutional discrimination. Will models such as Cross et al.'s be used to set goals that require greater efforts, or will middle-of-the-road goals be set because they are more realistic and more likely to be adopted?

Organizations in the middle stages of cultural competence might ask themselves whether they want to move towards being a more culturally competent organization, because in Nieto et al.'s (2010) agent and target skills models, members of the organization might be at the inclusion and empowerment skills level. At that level a great deal of anger can be brought into the open, and agents and targets require interventions to help them understand and process the anger so that conflict can be dealt with in a meaningful way. Those organizations that choose to embody cultural proficiency will need strategies and interventions for building allyship and recentering skills at the individual, group, and organizational levels so that multicultural competence becomes part of the organizational DNA.

Hays-Thomas and Bendick (2013) decry the lack of rigorous research to guide the design of practical D & I policies and practices and a limited knowledge base to help separate ''correct recommendations from incorrect ones, identifying which advice is based on hard evidence, and understanding under what conditions the advice will apply.'' Such a lack of rigor also plagues the various mental health fields in terms of how cultural competence is measured. For example, the few well-researched and oft-used measures of cultural competence are self-report measures where practitioners self-report on their perceived competence. There is one assessment that is an other-report measure that is meant to be used by supervisors or peer counselors to measure clinician/trainee cultural competence, and some authors have revised for use with clients, but to this date, there is no measure that is a clear client measure of clinician cultural competence. So the question of metrics to measure cultural competence continues to elude mental health practitioners.

Kumas-Tan, Beagan, Loppie, MacLeod, and Frank (2007) point out some flaws that might be cautionary for the work of SHRM's D & I Task Force. Kumas-Tan et al. (2007) identified multicultural assessment literature as mostly *Other*-focused, with controversies about the definition and, therefore, measurement of the construct

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with little guidance provided by the literature. Another issue that Kumas-Tan et al. (2007) identified regarding extant measures of cultural competence was that ''most of them were developed without patient input and normed on predominantly white, middle-class, highly educated populations'' (p. 548). In their study, they identified six prominent assumptions embedded in the measures: (a) Culture is equated with race/ethnicity, and (b) it is conceptualized as an attribute possessed by the ethnic or racialized Other where the Other carries the problem, (c) cultural incompetence is in practitioners' lack of familiarity with the Other and (d) in the practitioners' discriminatory attitudes toward the Other, (e) cross-cultural healthcare is about White practitioners working with ethnic or racialized minority groups, and (f) cultural competence is about being confident in oneself and comfortable with others. In short, despite an intersectional model becoming more widely used in counseling, psychology, and other mental health fields, the assessment literature appears to be lagging behind. Perhaps the current measures of multicultural competence and incompetence within organizations possess some of the same limitations.

We share Hays-Thomas and Bendick's passion to improve multicultural competence at an organizational level, and we appreciate this opportunity to offer our insights. We wish Hays-Thomas, Bendick, and SHRM's D & I Task Force good wishes with the important journey on which they have embarked.

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