Stand For Izzy

Best Practices for Intersectionality
and Suicide Prevention

Kimberly Applewhite, PsyD

Licensed Clinical Psychologist
Program Coordinator, Dialectical Behavior Therapy Program
Utah Center for Evidence Based Treatment
Co-founder, The Black Clinicians
Adjunct Instructor, Department of Psychiatry
University of Utah

Slido Interaction

Go to www.slido.com and use code

#566665

slido

Why are you here today?

ⓘ Start presenting to display the poll results on this slide.

Overview

- Remembering Izzy Tichenor
- Problem and Context
- Identifying Ethical Principles
- Clinical Implications
    - Intersectional Perspectives
    - Power and Privilege in Schools - Racism and Bullying
- Intersectional Suicide Risk
- Ethics and Advocacy

Remembering Izzy

Isabella "Izzy" Faith Tichenor passed away on November 6, 2021 at the tender age of 10.

Izzy was born in Salt Lake City, Utah on May 15, 2011 to parents Brittany Tichenor and Diondre Jones. She was a beautifully unique soul - full of love and kindness. She was bright and gifted. She touched the hearts of so many. She loved to sing, dance, and be the best sister to her siblings. She wanted to be a professional dancer in New York or a professional cheerleader when she grew up. She also enjoyed gymnastics, time with family and spending time in praise and worship to Jesus Christ, her Savior.

Larkinmortuary.com
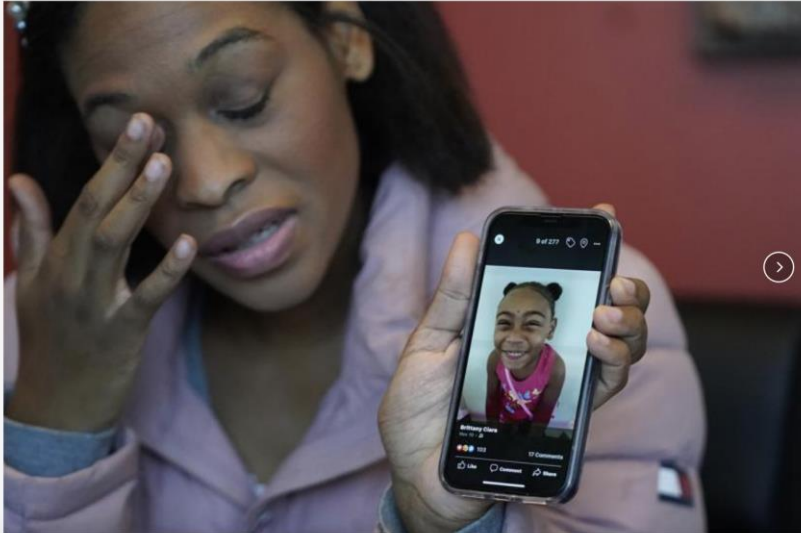
Problem and Context

Death of bullied Utah girl draws anger over suicides, racism

By BRADY McCOMBS   December 2, 2021

DRAPER, Utah (AP) — When her 10-year-old daughter tried spraying air freshener on herself before school one morning, Brittany Tichenor-Cox suspected something was wrong with the sweet little girl whose beaming smile had gone dormant after she started the fifth grade.

She coaxed out of Isabella "Izzy" Tichenor that a boy in her class told her she stank after their teacher instructed the class that they needed to shower. It was the latest in a series of bullying episodes that targeted Izzy, who was autistic and the only Black student in class. Other incidents included harassment about her skin color, eyebrows and a beauty mark on her forehead, her mother said.

Tichenor-Cox informed the teacher, the school and the district about the bullying. She said nothing was done to improve the situation. Then on Nov. 6, at their home near Salt Lake City, Izzy died by suicide.

Davis County School District

- Black and Asian Americans account for 1% of students in the district (~700)
- District was evaluated by DOJ Civil Rights Division
  - Widespread racial harassment of Black/Asian students
  - Hundreds of documented uses of N-word and other racial epithets
  - Harsher discipline for students of color in district
  - Students of color were denied ability to form student groups
- District was found to be "deliberately indifferent" to student complaint
- "When I was crying out for help for somebody to do something, nobody even showed up for her" - Brittany Tichenor-Cox

"Who's Responsible for Racism in Davis County and the Rest of Utah?"

RADIOWEST

In the News

Utah teachers fight against curriculum bill that would require materials be posted online 30 days in advance

The bill still passed 4-2 in committee, though, with support from Utah Parents United.

Identifying Ethical Principles
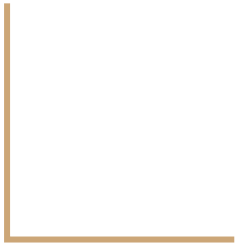
Solving ethical dilemmas necessitates identifying the ethical principles being violated.

APA Ethical Principles

Ethical Principle	Sample Sentence from Description in Ethical Code
A. Beneficence and Nonmaleficence	"Psychologists strive to benefit those with whom they work and take care to do no harm."
B. Fidelity and Responsibility	"Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work."
C. Integrity	"Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology."
D. Justice	"Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists."
E. Respect for People's Rights and Dignity	"Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination."

SOURCE: American Psychological Association, 2002.

What perspectives are being left out of our ethics code?

Other Ethical Perspectives

- Ethical guidelines can unwittingly be used to advance cultural oppression (Sue, 2015)
- Society of Indian Psychologists - "Effective psychology is contextual and relational. Competent psychology is honest. Honest psychology recognizes culture."
- National Latina/o Psychological Association - universal value of connectedness, collective consciousness, language diversity, heterogeneity, justice
- Association of Black Psychologists - consubstantiation, responsibility, restraint, respect, reciprocity, commitment, courage

Competence

2.01 Boundaries of Competence

(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies

Competence

2.02 Providing Services in Emergencies

In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

Is a crisis an emergency?

LaShawn Williams, LCSW, EdD

Relational Change Strategist
Owner, Relational Spaces
Founder, Utah Center for Connection
Co-founder, The Black Clinicians
Assistant Professor of Social Work, Salt Lake
Community College

NASW CODE OF ETHICS

Ethical Responsibilities to Clients

1.01(c) Social workers should obtain education about and seek to understand **the nature of social diversity and oppression** with respect to race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, and mental or physical disability.

NASW CODE OF ETHICS

Ethical Responsibilities as Professionals

4.02 Discrimination (b)

Social workers should not **practice, condone, facilitate, or collaborate with** any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, or mental or physical disability.

Our Professional Identity & Responsibility

First, Do No Harm...

Are we moving toward/behaving like the professionals and people we say we want to be?

If, and more likely, **WHEN** we are not - we owe it to ourselves to notice it, unhook ourselves from the thoughts/feelings/sensations and seek the support or supervision/mentoring to help us move towards our ethical, professional & personal values

Clinical Implications

Laura Rowley, PhD

Licensed Clinical Psychologist
Acting Program Director, Assessment and Testing Program
Utah Center for Evidence Based Treatment

Diagnosis

- DSM-5 Criteria outlines two core domains of deficits in Autism Spectrum Disorder (ASD)
- Social communication and interaction
  - Social emotional reciprocity
  - Nonverbal communication
  - Developing, maintaining, understanding relationships
- Restricted and repetitive patterns of behavior
  - Stereotyped/repetitive movements
  - Insistence on sameness, routines, rituals
  - Highly restricted or fixated patterns of interest
  - Low or high reactivity to sensory input and/or unusual interest in sensory aspects of environment

Autism in the Population

- 1 in 54 children diagnosed
- Occurs in all ethnic/racial groups
- Prevalence is increasing across all groups...
  - Are we overdiagnosing or better at recognizing?
- ...but we are still not capturing some
  - 1:4 or 1:3 ratio of girls to boys receiving diagnosis
  - ASD diagnosis among white children exceeded black children by 7% and Hispanic children by 22% in 2014

Maenner et al., 2016

Racial/Ethnic Disparities

- Autism prevalence is reported to be highest among non-Hispanic white children, lower in Hispanic, Black, and Native American children, and highly variable in Asian/Pacific Islanders.
- Research hypothesizes several reasons:
  - Language barriers
  - Limited economic resources
  - Access to health services
  - Schedule flexibility to obtain comprehensive evaluations
  - Limited awareness of ASD and ability to report symptoms

Becerra et al., 2014; Imm, White, & Durkin, 2019; Madell et al., 2009

Psychosocial Factors

- More intellectual disability and language delays observed in Hispanic and black children with ASD
- Black children 5.1 times more likely to be misdiagnosed with conduct disorders
- Black parents reported fewer concerns about behaviors like delayed speech and repetitive behaviors, and reported more disruptive behaviors
- Racial biases - providers do not listen or validate Black parents' concerns about their child's behavior

Becerra et al., 2014; Imm, White, & Durkin, 2019; Madell et al., 2009; Sochet et al., 2020

Disparities in Treatment

- Insurance coverage of evidence based treatments vary by states
- Medicaid does not cover ABA in many states
- Limited providers specialized in assessment and diagnosis of autism
- Especially from underrepresented minority groups
- Research in development of evidence-based treatment excludes or does not report racial groups
- Dearth of providers and researchers from minority groups
  - People from underrepresented minority groups who are trained in science and medicine are much more likely to study and care for disenfranchised minorities than White scientists and practitioners

Jones & Mandell, 2020; West et al., 2016

Ways to Reduce Gaps

- Recruit and support researchers and clinicians from minority groups
- Psychoeducational programs and parent groups
- Peer mentors
  - Social support
  - Sharing information navigating systems
  - Bridge between provider and client
- Parent Training/Coaching
  - Evidence-based models for managing child behavior
  - Needs to be culturally tailored

Jones & Mandell, 2020; Magaña, 2019

Intersectionality and Peer Victimization

- In a study among 1057 children with ASD, it was concluded that nonwhite children have a 159% greater chance of being bullied often rather than have never been bullied alternative to white children
- Children who are Black/African American were more likely than any other race to perceive school as an unsafe place due to the likelihood of bullying travelling to, from, and at school
- Features of ASD contribute to increased victimization
  - Lack of social skills
  - Barriers to communication
  - Emotional dysregulation
  - Lack of positive relationships with peers

Forrest et al., 2019; Humphrey, 2021; Shelly et al., 2021

Prevention

- African American and White children are less expected to be victims of bullying when expressing contentment within their families
- The following factors decrease the risk of peer victimization in ASD and diverse children
  - Family communication
  - Family affection
  - Guardian involvement in school

Hong et al., 2020; Humphrey, 2021

Sloan Strike, PhD

Licensed Clinical Psychologist
Anxiety and Mood Program
Utah Center for Evidence Based
Treatment

What is Bullying?

Bullying is unwanted, aggressive behavior that involves a real or perceived imbalance of power. The aggressive behavior is repeated, or has the potential to be repeated, over time.

- Physical bullying
  - Shoving, hitting, kicking, tripping, spitting
- Verbal bullying
  - Teasing, threatening, name-calling, taunting, yelling, harassing
- Social bullying
  - Spreading rumors, gossiping, intentionally excluding, or silent treatment

https://www.mcleanhospital.org/essential/mental-health-impact-bullying-kids-and-teens

Who is likely to be bullied?

- Fighting vs. bullying
  - In bullying there is an imbalance of power in some way - strength, size, cognitive ability, popularity
  - Children who bully often target other children who seem "different"

- Children are most likely to be bullied based on:
  - A physical or cognitive disability
  - Weight
  - Race or ethnicity
  - Sexual orientation
  - Family's financial status
  - Social skills

- About one-fifth of high school students experienced bullying during the past 12 months
- Children with special needs are at greater risk of bullying due to a lack of peer support, which has been shown to prevent and protect against bullying

https://www.stopbullying.gov/bullying/special-needs

Figure 2. Percentage of students ages 12–18 who reported being bullied at school during the school year, by race/ethnicity: Selected years, 2009 through 2019
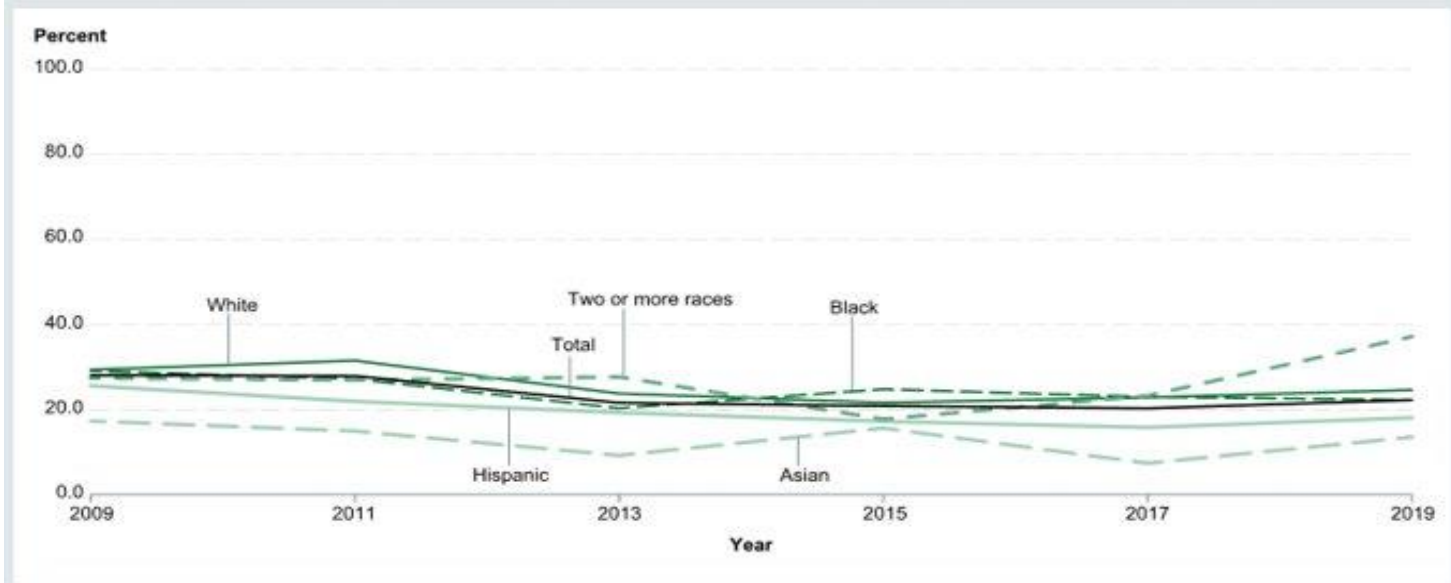
NOTE: "At school" includes in the school building, on school property, on a school bus, and going to and from school. Race categories exclude persons of Hispanic ethnicity. Pacific Islander and American Indian/Alaska Native are included in the totals but omitted from this figure, because data for these two groups did not meet report standards for all or some of the years.

SOURCE: U.S. Department of Justice, Bureau of Justice Statistics, School Crime Supplement (SCS) to the National Crime Victimization Survey, 2009 through 2019. See *Digest of Education Statistics 2020*, table 230.40.

Roles Kids Play

*Important not to label kids as either "bullies" or "victims" as it may:

- Send the message that the child's behavior cannot change
- Fail to recognize the multiple roles children might play in different bullying situations
- Disregard other factors contributing to the behavior such as peer influence or school climate

Effects of Bullying

- Bullying is considered an Adverse Childhood Experience (ACE)
- Among bullied students, 15.5% missed one or more days of school because of safety concerns during the past 30 days
- Bullied students are more likely than their peers to:
  - Be depressed, lonely, and anxious
  - Experience headaches, stomachaches, tiredness, and poor eating
  - Engage in self-harm, think about suicide or plan for suicide
- Connection between bullying and traumatic stress

Responding to Traumatic Stress and Bullying

Teachers, parents, and other trusted adults can help by:
- Ensuring the child or teen is safe and seek ways to prevent future bullying experiences
- Talking through what happened and why, to help clear up misconceptions about their role in the traumatic event
- Teaching stress management and relaxation techniques, to help them cope
- Some children may also need professional help to treat stress related from bullying and/or other traumatic experiences

Prevention

- Bullying often happens out of sight of parents or teachers, and fewer than half of all students who experienced bullying in school report it to authorities

- Parents, school staff, and other caring adults have a role to play in preventing bullying. They can:
  - **Help kids understand bullying**. Talk about what bullying is and how to stand up to it safely. Tell kids bullying is unacceptable. Make sure kids know how to get help.
  - **Keep the lines of communication open.** Check in with kids often. Listen to them. Know their friends, ask about school, and understand their concerns.
  - **Encourage kids to do what they love.** Special activities, interests, and hobbies can boost confidence, help kids make friends, and protect them from bullying behavior.
  - **Model how to treat others** with kindness and respect.

Prevention

Supporting Special Needs and Preventing Bullying at School
- Strategies to address student's special needs at school can also help to prevent bullying and have positive outcomes for all students, especially tactics that use a team approach, foster peer relationships, and help students develop empathy. Some strategies include:
- Engaging students in developing high-interest activities in which everyone has a role to play in designing, executing or participating in the activity.
- Providing general up-front information to peers about the kinds of support children with special needs require, and have adults facilitate peer support.
- Creating a buddy system for children with special needs.
- Involving students in adaptive strategies in the classroom so that they participate in assisting and understanding the needs of others.
- Conducting team-based learning activities and rotate student groupings.
- Implementing social-emotional learning activities.
- Rewarding positive, helpful, inclusive behavior.

slido

When does a teacher become a bully?

ⓘ Start presenting to display the poll results on this slide.

When does a mental health professional become a bystander?

ⓘ Start presenting to display the poll results on this slide.

slido

How do we as mental health providers increase parents' success with interacting in school environments?

ⓘ Start presenting to display the poll results on this slide.

Intersectional Suicide Risk

General Suicide Statistics

- Suicide is second leading cause of death among older adolescents to young adults and the third leading cause of death among youth ages 10-14 in the United States
- Rate of suicide completion increased 35% from 1999 to 2018, with recent declines in rates
- Between 2007 and 2017, US suicide rates for 10- to 24-year-olds increased by 56%
- In study by Mental Health America rating prevalence of mental illness and access to mental health care, Utah rated 50%
- Suicide is the leading cause of death in Utahns age 10-24

CDC, 2021; Gardner Policy Institute, 2020

Interpersonal Psychology Model of Suicidality
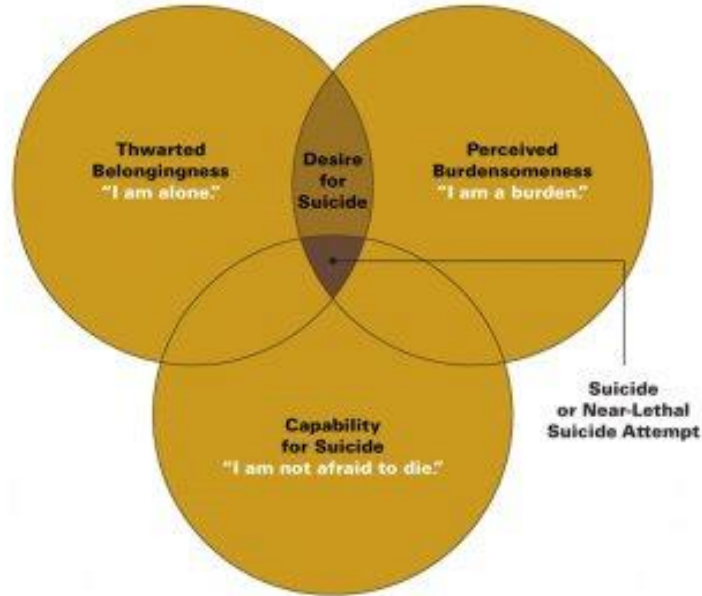
Black Children

'What's Going on With Our Black Girls?'
Experts Warn of Rising Suicide Rates.

Researchers have uncovered worrisome trends among Black youth.

151

73%

Between 1991 and 2017, while the rates of suicide for White, Hispanic, and Native American high school teens decreased, the rates for Black youth **increased by 73%.**

80%

Of the completed suicides in the Black community, **eighty percent** are from **men**.

Black women **attempt** suicide more than Black men.

5-11

The rates of suicide completion in the Black community for the age group of **5-11** is increasing faster than for any other ethnic group, and outpaces Whites.

US Surgeon General Report, 2001; Bridge, Horowitz, & Fontanella, 2018)

15-17

In this age range, the biggest increases of suicide rates occurred for Black adolescents from 2003-2017, with the annual increases for girls being higher than for boys.

Sheftall et al, 2021

2007-2017

Black youth suicide rate nearly doubled with Black children under 13 being twice as likely to die by suicide than their White peers.

Office of Health and Human Services, 2020

9.8%

Percentage of Black or African-American teenagers who attempt suicide
(compared to 6.1% of whites)

15%

Black survey respondents had seriously considered suicide in the past 30 days compared to about 8% of Whites in late June 2020.

Czeisler et al, 2020 (CDC)

Suicide Rates for Black Populations, United States 2010-2019
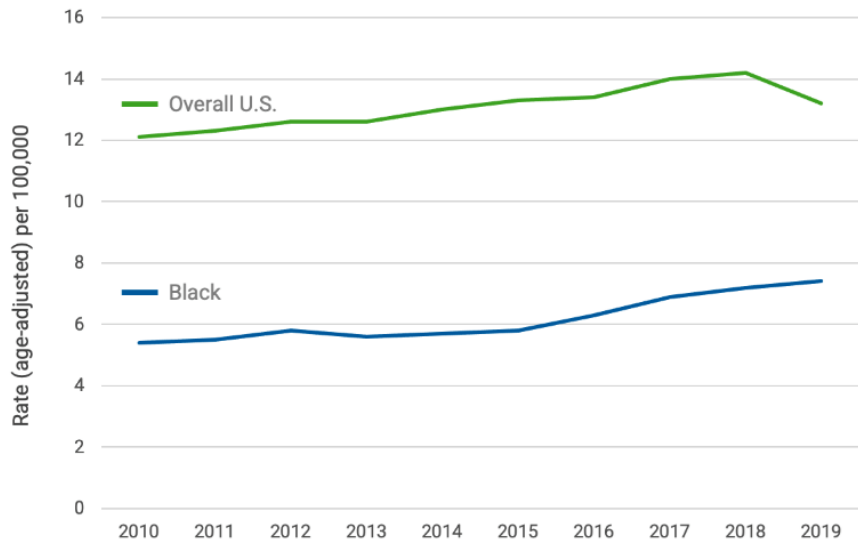
Downward trend in suicide for general US, not for Black population, still 60% lower
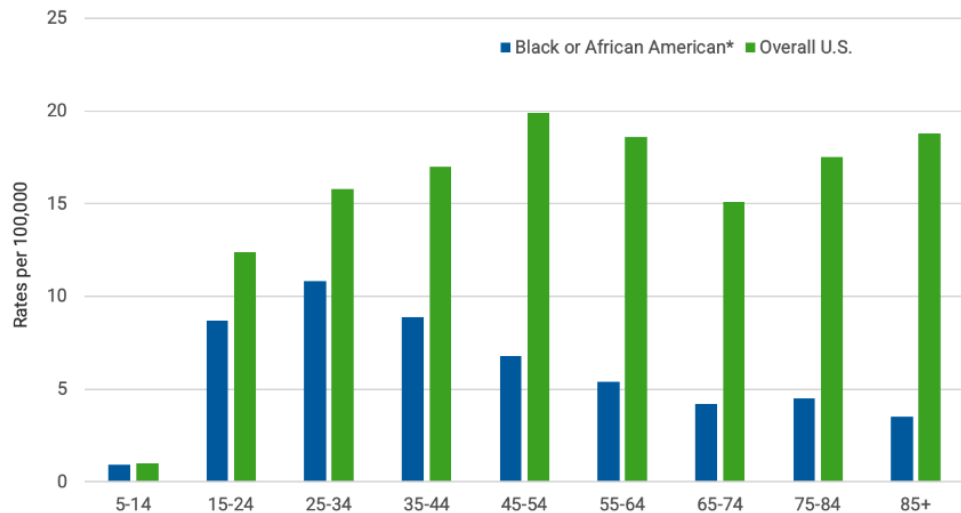
Suicide rates for black population peak in adolescence and then decline over time.

Suicide Prevention

from apa.org

From "My Life is Worth Living" Animated Series

"We have missed an opportunity."

Arthur C. Evans

CEO of APA

apa.org

Children with an Autism Spectrum Disorder diagnosis

Suicide Risk in ASD individuals

- Study in Sweden indicated individuals with ASD are 10x more likely to die by suicide than in general population
- 2 out of 3 adults with ASD report having considered suicide (Cassidy et al, 2014)
- Depression, anxiety, bullying, and ADHD are comorbid conditions increasing suicide risk
  - ASD children at age 10 have more depression sx than peers, persist for 8 years, worsened by bullying experiences (Raj et al, 2018)
- May be exacerbated by difficulties in communication, difficulty in interpreting emotional expression, or lowered threshold for self-harm behavior
- Many best practices for suicide prevention in this population are unknown due to ASD exclusion from studies

Pelton et al, 2020

Autistic traits

Autistic traits

Thwarted belonging
"I am alone"

Perceived burden
"I am a burden"

Autism diagnosis (moderator)

Autism diagnosis (moderator)

Suicidal capability

Traumatic life events

Lifetime suicidality
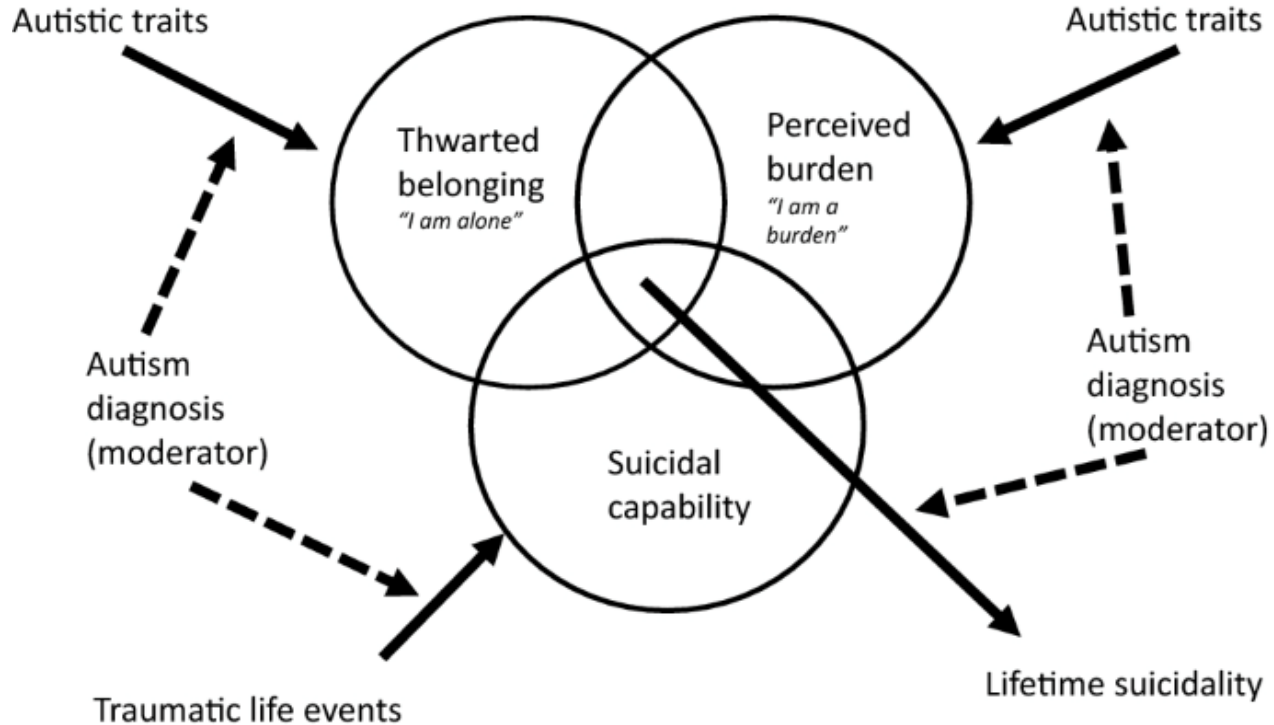
How does the Joiner model help depict intersectional perspectives that may have interacted in Izzy's life?

ⓘ Start presenting to display the poll results on this slide.

Tekulvē Jackson-Vann, LMFT, CLFE

Marriage and Family Therapist
Founder, Two Brothas Counseling
Co-founder, The Black Clinicians

Ethics of Advocacy

Reflexivity

Carl Sallee, PsyD

Licensed Clinical Psychologist
Postdoctoral Fellow
Utah Center for Evidence Based
Treatment

Modern Forms of Racism

- "Blend of traditional values coupled with antiminority effect" (Liu and Mills, 2006, p. 84)
- Symbolic racism vs. aversive racism (Sue et al., 2007)
- Racism pervades today through implicit assumption of traditional white, patriarchal, Eurocentric American cultural values are universal standard of superiority or "correctness"
  - Over-pathologizing behavior of members of other racial groups
  - Categorizing out-group members as morally corrupt/wrong
  - Making assumptions about stereotypes

Modern Forms of Racism

ASPECTS & ASSUMPTIONS OF WHITENESS & WHITE CULTURE IN THE UNITED STATES

White dominant culture, or *whiteness*, refers to the ways white people and their traditions, attitudes and ways of life have been normalized over time and are now considered standard practices in the United States. And since white people still hold most of the institutional power in America, we have all internalized some aspects of white culture — including people of color.

Rugged Individualism
- The individual is the primary unit • Self-reliance
- Independence & autonomy highly valued + rewarded
- Individuals assumed to be in control of their environment, *"You get what you deserve"*

Family Structure
- The nuclear family: father, mother, 2.3 children is the ideal social unit
- Husband is breadwinner and head of household
- Wife is homemaker and subordinate to the husband
- Children should have own rooms, be independent

Emphasis on Scientific Method
- Objective, rational linear thinking
- Cause and effect relationships
- Quantitative emphasis

History
- Based on Northern European immigrants' experience in the United States
- Heavy focus on the British Empire
- The primacy of Western (Greek, Roman) and Judeo-Christian tradition

Protestant Work Ethic
- Hard work is the key to success
- Work before play
- "If you didn't meet your goals, you didn't work hard enough"

Religion
- Christianity is the norm
- Anything other than Judeo – Christian tradition is foreign
- No tolerance for deviation from single god concept

Status, Power & Authority
- Wealth = worth
- Your job is who you are
- Respect authority
- Heavy value on ownership of goods, space, property

Future Orientation
- Plan for future
- Delayed gratification
- Progress is always best
- "Tomorrow will be better"

Time
- Follow rigid time schedules
- Time viewed as a commodity

Aesthetics
- Based on European culture • Steak and potatoes; "bland is best"
- Woman's beauty based on blonde, thin – "Barbie"
- Man's attractiveness based on economic status, power, intellect

Holidays
- Based on Christian religions
- Based on white history & male leaders

Justice
- Based on English common law
- Protect property & entitlements
- Intent counts

Competition
- Be #1
- Win at all costs
- Winner/loser dichotomy
- Action Orientation
- Master and control nature
- Must always "do something" about a situation
- Aggressiveness and Extroversion
- Decision-Making
- Majority rules (when Whites have power)

Communication
- "The King's English" rules
- Written tradition
- Avoid conflict, intimacy
- Don't show emotion
- Don't discuss personal life
- Be polite

Smithsonian NMAAHC @NMAAHC · Jul 16, 2020
Replying to @NMAAHC
Our goal in doing so was to contribute to a discussion on this vitally important subject that millions of Americans are grappling with.

Since yesterday, certain content in the "Talking About Race" portal has been the subject of questions that we have taken seriously.

Smithsonian NMAAHC @NMAAHC

We have listened to public sentiment and have removed a chart that does not contribute to the productive discussion we had intended.

The site's intent and purpose are to foster and cultivate conversations that are respectful and constructive and provide increased understanding.

2:35 PM · Jul 16, 2020

♡ 533   💬 Reply   🔗 Copy link

Read 443 replies

Acknowledging Blindspots

- Even white clinicians who express values of ethnic equality can still fall into patterns of racist behavior by not examining blindspots
- Finding blindspots on occasion may not counter generational transmission of implicit biases
- Recognizing that you have engaged in racism does not make you a bad person and does not need to lead to shame
- However, congruence with outwardly expressed values requires effortful behavior and attitudinal change

White Racial Identity Development

01	Contact	• In this stage, white people's necessity to come to terms with "otherness" is low
02	Disintegration	• Confronted with discomfort at unearned advantages because of whiteness
03	Reintegration	• "Go colorblind" • Invalidates reality of lived experiences of non-white individuals
04	Pseudo-Independent	• Seeking growth through contact with non-white individuals • cognitive awareness of having privilege because of whiteness
05	Immersion/ Emersion	• Seeking growth with other white individuals • Beginning to adopt anti-racist stance
06	Autonomy	• Positive associations with white identity while engaging in non-racist ways

Helms, 1995

White Racial Identity Development

Knowles & Peng, 2005

- Less exposure to non-white people = less implicit "white" self-concepts
- Incorporating white in-group membership into self-concept = shame and embarrassment re: black historical oppression
- People who identified with white in-group tended to exclude mixed-race people from white identification

White Privilege - "unearned advantages of being White in a racially stratified society (which) has been characterized as an expression of institutional power that is largely unacknowledged by most White individuals"

Pinterits, Poteat, & Spanierman, 2009

Attitudes about White Privilege

- Guilt/shame
- Awareness
- Remorse
- Anticipated cost of addressing
- Willingness to confront

Attributional Styles

- Multiple Sufficient Causes

  - many causes that are sufficient on their own, so only one explanation is sufficient
  - Often leads to "denial" or "distancing"
    - White privilege threatens meritocracy and Tarnishes in-group status

    - Threatened meritocracy → guilt and denial
    - Tarnished in-group status → shame and remorse

- Multiple Necessary Causes

  - Many causes are necessary to contribute
  - Can lead to "dismantling"

Why Do White Clinicians Shy Away?

Lack of Awareness

- Institutional power
- Cultural conditioning
- Educational privilege

Emotional Avoidance

- **Guilt/Shame** → denial or distancing
- **Remorse** → denial
- **Fear of losing privilege** → denial, color-blindness, defending the status quo
- **Fear of messing up** → staying quiet/doing nothing
- **Defensiveness/Shame** → defending whiteness and status quo

Why Do White Clinicians Shy Away?

Awareness
Acknowledging
Reflecting

Accepting status
quo

Thinking and
behaving beyond
conditioning in line
with one's values

Avoiding painful
emotions

Accepting painful
emotions

Awareness
Acknowledging
Reflecting
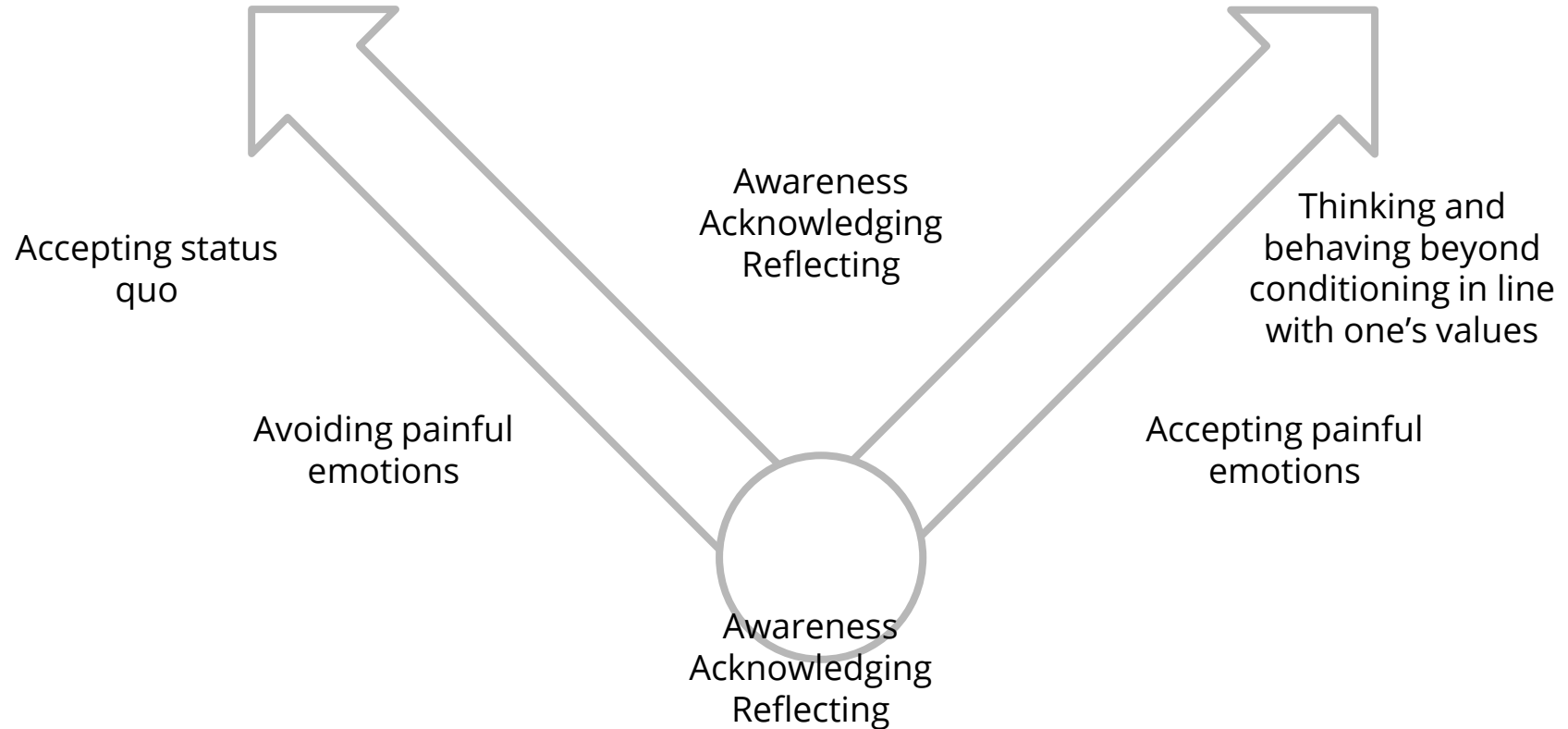
slido

What keeps you away from advocacy?

ⓘ Start presenting to display the poll results on this slide.

Rae Duckworth

Operating Chairperson
Black Lives Matter Utah

Discussion

References

References

- Helms, J. E. (1995). An update of Helms's white and people of color racial identity models. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 181-198). Thousand Oaks, CA: Sage.
- Jones & Mandell. To address racial disparities in autism research, we must think globally, act locally. 2020. *Autism.24(7).* https://doi.org/10.1177/1362361320948313
- Knowles, E. D., & Peng, K. (2005). White selves: Conceptualizing and measuring a dominant-group identity. *Journal Of Personality And Social Psychology, 89*, 223-241. http://dx.doi.org.georgefox.idm.oclc.org/10.1037/0022-3514.89.2.223
- Liu, J. H., & Mills, D. (2006). Modern racism and neo-liberal globalization: The discourses of plausible deniability and their multiple functions. *Journal Of Community & Applied Social Psychology, 16*, 83-99. http://dx.doi.org.georgefox.idm.oclc.org/10.1002/casp.847
- Maenner MJ, Shaw KA, Baio J, et al. Prevalence of Autism Spectrum Disorder Among Children Aged 8 Years — Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2016. MMWR Surveill Summ 2020;69(No. SS-4):1–12. DOI: http://dx.doi.org/10.15585/mmwr.ss6904a1external icon.
- Magaña, S. (2019). Disparities in Autism Treatment, Diagnosis, and Services. Invited speech given at Autism Speaks Congressional Panel on racial and ethnic disparities in autism services, Washington, DC. Retrieved from https://www.autismspeaks.org/sites/default/files/Sandy%20Magana%20Disparities%20Briefing%20PPT.pdf
- West E. A., Travers J. C., Kemper T. D., Liberty L. M., Cote D. L., McCollow M. M., Stansberry Brusnahan L. L. (2016). Racial and ethnic diversity of participants in research supporting evidence-based practices for learners with autism spectrum disorder. Journal of Special Education, 50(3), 151–163.
- Pinterits, E. J., Poteat, V. P., & Spanierman, L. B. (2009). The White Privilege Attitudes Scale: Development and initial validation. *Journal Of Counseling Psychology, 56*, 417-429. http://dx.doi.org.georgefox.idm.oclc.org/10.1037/a0016274
- Ćolić M, Araiba S, Lovelace TS, Dababnah S. Black Caregivers' Perspectives on Racism in ASD Services: Toward Culturally Responsive ABA Practice. Behav Anal Pract. 2021 Jun 2:1-10. doi: 10.1007/s40617-021-00577-5. Epub ahead of print. PMID: 34093981; PMCID: PMC8171225.
- Becerra, T. A., von Ehrenstein, O. S., Heck, J. E., Olsen, J., Arah, O. A., Jeste, S. S., Rodriguez, M., & Ritz, B. (2014). Autism spectrum disorders and race, ethnicity, and nativity: a population-based study. *Pediatrics, 134*(1), e63–e71. https://doi.org/10.1542/peds.2013-3928
- Matson, J. L., Worley, J. A., Fodstad, J. C., Chung, K.-M., Suh, D., Jhin, H. K., ... Furniss, F. (2011). A multinational study examining the cross cultural differences in reported symptoms of autism spectrum disorders: Israel, South Korea, the United Kingdom, and the United States of America. Research in Autism Spectrum Disorders, 5(4), 1598–1604.
- Travers, J. C., Tincani, M., & Krezmien, M. P. (2013). A Multiyear National Profile of Racial Disparity in Autism Identification. The Journal of Special Education, 47(1), 41–49.
- Shochet, I. M., Orr, J. A., Kelly, R. L., Wurfl, A. M., Saggers, B. R., & Carrington, S. B. (2020). Psychosocial resources developed and trialled for Indigenous people with autism spectrum disorder and their caregivers: a systematic review and catalogue. International journal for equity in health, 19(1), 134. https://doi.org/10.1186/s12939-020-01247-8
- Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist, 62*, 271-286. http://dx.doi.org.georgefox.idm.oclc.org/10.1037/0003-066X.62.4.271
- Humphrey, E. (2021). Bullying Experiences Among Families and Children with Autism Spectrum Disorder, Developmental Delay, or Varying Ethnicities. The Eleanor Mann School of Nursing Undergraduate Honors Theses Retrieved from https://scholarworks.uark.edu/nursuht/161
- Hong, J. S., Ryou, B., & Piquero, A. R. (2017). Do family-level factors associated with bullying perpetration and peer victimization differ by race? Comparing European American and African American youth. Journal of Interpersonal Violence, 35(21-22), 4327–4349. https://doi. org/10. 1177/0886260517714441
- Forrest, D. L., Kroeger, R. A., & Stroope, S. (2019). Autism spectrum disorder symptoms and bullying victimization among children with autism in the United States. Journal of Autism and Developmental Disorders, 50(2), 560–571. https://doi. org/10. 1007/s10803-019-04282-9
- Shelley, W. W., Pickett, J. T., Mancini, C., McDougle, R. D., Rissler, G., & Cleary, H. (2017). Race, bullying, and public perceptions of school and university safety. Journal of Interpersonal Violence, 36(1-2). https://doi. org/10. 1177/0886260517736272