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Editorial: Recommendations on inclusive language and transparent reporting relating to diversity dimensions for the *Journal of Pediatric Psychology* and *Clinical Practice in Pediatric Psychology*

Avani C. Modi
Cincinnati Children's Hospital Medical Center, Division of Behavioral Medicine and Clinical Psychology, University of Cincinnati-College of Medicine

Sarah J. Beal
Cincinnati Children's Hospital Medical Center, Division of Behavioral Medicine and Clinical Psychology, University of Cincinnati-College of Medicine

Stephen P. Becker
Cincinnati Children's Hospital Medical Center, Division of Behavioral Medicine and Clinical Psychology, University of Cincinnati-College of Medicine

Katelynn E. Boerner
Department of Pediatrics, University of British Columbia
BC Children's Hospital Research Institute

E. Thomaseo Burton
Department of Child and Adolescent Psychiatry and Behavioral Sciences, Children's Hospital of Philadelphia, Philadelphia, PA

Diane Chen
Potocsnak Family Division of Adolescent and Young Adult Medicine & Pritzker Department of Psychiatry and Behavioral Health, Ann & Robert H. Lurie Children's Hospital of Chicago
Departments of Psychiatry & Behavioral Sciences, and Pediatrics, Northwestern University Feinberg School of Medicine

Lori E. Crosby
Cincinnati Children's Hospital Medical Center, Division of Behavioral Medicine and Clinical Psychology, University of Cincinnati-College of Medicine

Marisa E. Hilliard
Department of Pediatrics
Baylor College of Medicine and Texas Children's Hospital

Anna M. Hood
Division of Psychology and Mental Health, Manchester Centre for Health Psychology
University of Manchester, UK

Nicole Kahhan
Division of Psychology & Neuropsychology

Nemours Children's Health

Emily Law
Department of Anesthesiology & Pain Medicine, University of Washington School of Medicine

Kristin Long
Department of Psychological and Brain Sciences
Boston University

Meghan E. McGrady
Cincinnati Children's Hospital Medical Center, Division of Behavioral Medicine and Clinical Psychology, University of Cincinnati-College of Medicine

Rachel Sweenie
Cincinnati Children's Hospital Medical Center, Division of Behavioral Medicine and Clinical Psychology

Idia B. Thurston
Department of Health Sciences and Applied Psychology,
Northeastern University

Cecelia Valrie
Department of Psychology, Virginia Commonwealth University

Yelena P. Wu
Department of Dermatology, University of Utah
Huntsman Cancer Institute

and

Christina L. Duncan
Department of Psychology, West Virginia University

Note: Authorship order is alphabetical, except for the journal Editors being first and last authors.

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Editorial: Recommendations on inclusive language and transparent reporting relating to diversity dimensions for the *Journal of Pediatric Psychology* and *Clinical Practice in Pediatric Psychology*

In 2023, the incoming Editors of the *Journal of Pediatric Psychology* (JPP) and *Clinical Practice in Pediatric Psychology* (CPPP), Drs. Avani Modi and Christina Duncan, respectively, both identified enhancing reporting practices for diversity, equity, and inclusion (DEI) in pediatric psychology as a top priority (Duncan, 2023; Modi, 2023). These efforts build upon a 2021 JPP editorial led by Dr. Tonya Palermo and a team of Associate/Assistant Editors declaring a public commitment to being an anti-racist journal and providing guidance for reporting on race and ethnicity in JPP articles (Palermo et al., 2021). The rationale for these efforts stems from the likelihood that (a) terminology used in previous articles published in our journals resulted in harm to people with marginalized identities, (b) past research lacks generalizability of results because study samples lacked representativeness; and (c) past articles published in our journals likely perpetuated white supremacy culture by using white culture as the norm and comparing other cultures/identities to the white norm. Moreover, our current efforts strive to address a broader set of diversity dimensions, using the ADDRESSING Framework (Hays, 2016) as guidance, with the goal of enhancing the rigor and inclusiveness of pediatric psychology science. Thus, the Editors convened a working group of current and past JPP and CPPP Associate Editors and Editorial Board members, as well as DEI content experts. The aims were to generate consistent reporting guidelines for diversity dimensions across the journals and to inform best practices for future research in pediatric psychology. The working group found many detailed, existing checklists and guidelines on inclusive language and transparent reporting relating to DEI (American Psychological Association, 2023b; Buchanan et al., 2021; Letzen et al., 2022; Matsui

et al., 2020; Miller et al., 2019; Williford, Sweenie, et al., 2023). However, no comprehensive guidelines were available that captured the specific context of pediatric psychology (e.g., developmental/family considerations), while also being broadly applicable across the field (e.g., not focused on a specific condition or symptom).

This editorial introduces revised guidelines on diversity dimensions for both JPP and CPPP. Acknowledging that this is a rapidly evolving area of science, the updated guidelines represent a living document that will exist online within the Instructions for Authors of both journals, which will be updated yearly. We present the first iteration of the guidelines, which we are referring to as "Version 1" given that we anticipate future updates. We also suggest relevant resources for implementation of the guidelines (see Figure 1), with examples of how these apply to the manuscript types published in our journals (see Table 1).

For authors, we recognize that assessing and reporting across a range of diversity dimensions is an evolving process, and existing data will be in different places on the continuum of optimal practices. Thus, these guidelines may be applied differently based on current phases of research and practice and are based on the researcher's available sources of data. For authors working with existing datasets or medical record systems, we ask for transparent descriptions of data collection methods, even if those methods do not adhere to these guidelines. The authors should discuss the implications of those methods and make specific suggestions for future work that align with these guidelines. For those planning future work, we encourage consulting these guidelines during planning, implementation, analysis, interpretation, and dissemination stages. Nevertheless, we acknowledge that researchers may not develop their methodology in response to a specific journal's guidelines and may need to follow the guidelines of a funding agency, for example. Finally, we acknowledge that DEI encompasses a broad range of constructs and that

these guidelines are neither exhaustive nor applicable to all situations. We encourage authors to thoughtfully reflect on aspects of the guidelines that are pertinent to their own work, include additional relevant constructs, and exclude those that do not apply, as appropriate.

Authors' Positionality Statement

At the time of this manuscript submission, the authors provided self-reported information regarding their personal diversity dimensions to inform this positionality statement. We are individuals representing Generation X and the Millennial Generations. Ninety percent of us are able-bodied. We represent various religious and spiritual orientations, including Agnostic, Atheist, Christian, Jewish, and Secular (i.e., nothing in particular). Our racial/ethnic identities include Asian (Far East and South), Black (African American, African and Afro-Caribbean), White-Non-Hispanic, and White-Acadian. Our backgrounds include coming from the USA, India, Nigeria, and European countries (e.g., England, France, Germany, Greece, Ireland, Italy, Lithuania, Russia, and Scotland). Approximately one-fourth of us speak more than one language. During childhood, our socioeconomic backgrounds varied from Lower to Middle-Upper Class while it currently represents Middle to Upper Class (subjectively rated). Approximately 16% of us are first-generation college students. Our sexual orientations include bisexual, heterosexual, and pansexual, with some of us preferring not to answer. Most of us identify as women (90%) and 10% identify as men.

As pediatric and developmental psychologists, we work at the intersection of multiple fields and are expected to keep abreast of standards in psychology and medical disciplines. With our expertise and respective roles, it is our responsibility to promote the highest standards of inclusive language and transparent reporting in our multidisciplinary teams and publications, even beyond JPP and CPPP. It is equally incumbent on us to humbly acknowledge the

limitations of our knowledge, be transparent about our frame of reference, and recognize the expertise of people and communities with lived experience of the conditions and disparities we aim to understand and address in our research.

Process in Developing the Diversity Dimensions Checklist

A subset of co-authors created this checklist to guide pediatric psychology science and writing. The ADDRESSING framework is a model that recognizes the complexities of individual identity (Hays, 2016). This framework guided the concepts and areas of foci for the checklist (i.e., age and generation, developmental disability/acquired disability, religion, ethnicity/race, socioeconomic status, sexual orientation, indigenous group, national origin/language, and gender; see Figure 2). Two individuals conducted literature searches and contacted experts in the field to identify best practices for assessment and reporting on each aspect of the ADDRESSING framework. The JPP/CPPP editorial teams provided further feedback and modifications on the initial checklist. The modified checklist was then shared on the American Psychological Association (APA) Society of Pediatric Psychology (Division 54) listserv for open feedback from members. Membership feedback included questions about how the exhaustive checklist would be used by the journals, the need to incorporate international perspectives, the need to consider checklist items when developing science and not solely during the dissemination phase, and the need for additional categories beyond the ADDRESSING framework in the future. We incorporated feedback from membership and sent the revised Diversity Dimensions Checklist to an international SPP member (i.e., European-Spain) for further feedback with a lens toward ensuring the checklist was not US-centric. From this additional feedback, the Diversity Dimensions Checklist was finalized for this editorial (Figure 1).

Suggestions for how the Diversity Dimensions Checklist can inform research best practices

The Diversity Dimensions Checklist is applicable along the continuum or stages of research - e.g., research planning, data collection (in research, routine clinical practice, and electronic medical records), analysis and interpretation, dissemination, and critiquing or peer-review, as well as for training and mentorship practices. In terms of *planning or preparing for research*, the checklist could encourage new directions that incorporate one or more DEI elements described in the checklist and thereby influence the selection of populations to enroll. For example, an author whose field has historically focused on families with high incomes may commit to making active efforts to recruit children and families from a wide range of socioeconomic levels and consider ways to reduce the impact of socioeconomic disparities, such as access to medical care, on recruitment and, ultimately, generalizability of findings (i.e., external validity). By increasing the diversity of the study sample, the research will better represent a broader range of experiences that a particular (health) population may have. In addition, Participatory Action Research (Baum et al., 2006) is a framework of enquiry that improves science through the structured collaboration between researchers and those having lived experience with the physical and/or mental health condition(s) of interest. Finally, being more inclusive in our participants for devising or adapting interventions and testing their feasibility, acceptability, and efficacy should ultimately improve our clinical practice. Overall, these efforts may enhance our field's ability to avoid missing or obscuring certain experiences due to homogenous, biased samples.

We intend for the Diversity Dimensions Checklist to prompt authors to use or create measures that capture important DEI-related characteristics of their population. Researchers can work in partnership with community members to develop demographic surveys, ensuring that the questions use appropriate, understandable language and terminology. Accordingly, the checklist

could also inform *data collection* for research, such as decisions about how and when to administer certain measures and/or create new ones. For instance, if data are collected in the context of clinical care where these DEI variables are not usually obtained, a demographic survey could be incorporated into other routine measures administered for clinical purposes, such as an intake form or ongoing symptom assessment.

When collecting data on DEI-related dimensions, it is important to assess intersectionality to facilitate nuanced insights into the complexity of participants' lived experiences. We also want to acknowledge that such a comprehensive goal is one that can be tackled as a team via research partnerships – e.g., through a Participatory Action Research approach, as described above. However, constraints may exist - such as resources, time, or geographical restrictions (e.g., a graduate student collecting dissertation data may have limited resources to be able to pursue in-person recruitment; insufficient funding may prevent a researcher recruiting from multiple geographic areas that could have enhanced the diversity of the sample). Despite these constraints, the Diversity Dimensions Checklist can facilitate a team's awareness as to what DEI data they have represented in their sample and why certain DEI-related dimensions are critical to best understand the population of interest. For example, authors should be attuned to the characteristics of samples on which questionnaires were developed and validated, which may not represent the participants being recruited (American Psychological Association, 2023b). Although constraints can occur, our aspiration should be to overcome them to engage in the best practices possible.

In terms of *analysis and interpretation*, authors can use the Diversity Dimensions Checklist as a resource in their process of defining and describing groups included in their research (e.g., on different diversity dimensions, as suggested by APA Journal Article Reporting

Standards [JARS]), move beyond group comparison analyses, and when possible, take an intersectional approach. With respect to group comparisons, for example, authors should use a DEI-informed perspective to choose which comparisons to make based on the representation of individuals enrolled, rather than grouping different participants together simply to attain adequate cell sizes or frame one group as "normative" (e.g., *t*-test comparing White participants to Black participants, instead of a single comparison of White participants to all participants of color). Of note, this may result in some individuals (e.g., due to small sample size) being excluded from some analyses; detailed reporting of sample size for each analysis will therefore be necessary. When collapsing across groups, researchers should provide a clear rationale, describe specifically what was done, and address the limitations and implications of the decision for interpreting results. Similarly, the potential impact of the research setting, measures or variables targeted, and other factors should be carefully considered in the context of sample characteristics when interpreting study results. Interpretation should also take into consideration the historical and systemic context of diversity dimensions and explicitly name sources of oppression and harm when describing existing disparities in a population; i.e., the use of systems-centered language (O'Reilly, 2020) is strongly recommended.

The Diversity Dimensions Checklist has relevance for the *dissemination and critique of research* (e.g., conference presentations, manuscript reviews, grant reviews). Rather than simply noting sample homogeneity as a study limitation, it is critical that authors discuss the potential impact on study results when the sample lacks diversity. Likewise, when gathering retrospective data in a clinical setting, authors are encouraged to consider what changes could be made to the protocol to obtain key demographic characteristics to appropriately describe their sample. If unable to find a feasible solution, the authors should acknowledge why the data could not be

collected and why it is important to fully describe the population in subsequent work. When discussing DEI-related future directions in research, authors can avoid more general statements such as "future research should…" and instead state specific, improved practices that their team commits to making as it pertains to measuring diversity of identities and addressing diversity dimensions. Another important aspect of dissemination is sharing research findings with the community that contributed to the design and/or participated in the research. This community-first approach expresses appreciation to the community, demonstrates the impact of their involvement, helps empower community members to understand their needs and address them, and builds relationships that may encourage future research collaborations (Crosby et al., 2023; Hines et al., 2011; Williford, McTate, et al., 2023). Further, the Diversity Dimensions Checklist can serve as a guide for evaluating diversity dimensions when engaging in peer review of journal articles, grant proposals, and other scholarly products.

Finally, the Diversity Dimensions Checklist has utility in *training and mentoring* undergraduate and graduate students, postbaccalaureate trainees, doctoral interns, and post-doctoral fellows in the field of pediatric psychology. Course instructors can use the checklist to discuss articles used in formal classroom and less formal guest lectures or presentations. Research labs can review and discuss this checklist regularly to identify action steps to improve DEI-related practices, as described above. Such practices can create a culture within the classroom and lab environment that prioritizes ongoing cultural humility and DEI in the research context, models transparency and rigor in reporting, and improves research and clinical practices. Such steps are critical to fostering a broader culture shift in the field of pediatric psychology.

Future Directions

Using the Diversity Dimensions Checklist is a necessary step for the field of pediatric psychology to work toward a more decolonized science and increase awareness of the ways in which our field has contributed to the harms against diverse, minoritized, and marginalized groups (American Psychological Association, 2021a). Using this evolving Diversity Dimensions Checklist to embed DEI principles may help cement them as a sustained part of the research culture and facilitate equity and inclusion in data collection, analysis, interpretation, and dissemination. However, language constantly adapts and changes; some words take on different meanings and new words are introduced. Collective terminology or group labels are often context-dependent, and formerly neutral or favored terms can become derogatory or offensive. Therefore, we conceptualize the Diversity Dimensions Checklist as a "living document" that will need to be edited and updated. We commit to revisiting and updating the Diversity Dimensions Checklist yearly and solicit feedback from the larger community of youth, caregivers, students, psychologists, and communities we serve.

The creation of a Diversity Dimensions Checklist is only one part of the larger transformation needed in our science and practice. However, several DEI characteristics remain infrequently reported, indicating the critical need for such resources in our research community. For example, most recent research published in high-impact medical journals do not report ethnicity or socioeconomic status, and authors rarely discuss this omission as a limitation (Buttery et al., 2022). Further, there is evidence that grant funder reporting requirements (e.g., for ethnicity or sex assigned at birth) can make real-world improvements to the representativeness and reporting of clinical trials. For instance, since the publication of the National Institutes of Health (NIH) mandated reporting standards for specific demographic characteristics, ethnic-minoritized groups have been *overrepresented* in pediatric clinical trials compared to the general

U.S. population, demonstrating that enhanced guidelines can contribute to improved demographic representation (Lee et al., 2023).

Although we do not view this proposed Diversity Dimensions Checklist as a mandate for how research is planned, implemented, and reported, we hope it is a resource that helps shift how this field conducts and reports research in relation to DEI and drives change toward equitable healthcare delivery. Taking systematic action to improve consideration of DEI in our research, via employing strategies like the Diversity Dimensions Checklist, is necessary to push equity from aspirational to standard research practice. It is also possible that by using the Diversity Dimensions Checklist and transparent reporting on these issues, the pediatric psychology research community can inform new mandates for grant funders by demonstrating utility. The Society for Pediatric Psychology might assist in these goals through our special interest groups highlighting the distinct needs of their pediatric populations, or the JPP student journal club might discuss articles that demonstrate best practices. Our journals also welcome submissions relevant to using the Diversity Dimensions Checklist to keep the conversation going, share experiences and advice, and advance equitable change.

Figure Legends

Figure 1. Diversity Dimensions Checklist

Figure 2. ADDRESSING Framework

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Table 1. Application of Diversity Dimensions Checklist in Study Design and Manuscript Preparation*

Article Type	Considerations: Study Design	Considerations: Manuscript Preparation
Original Research		
• Cohort and Observational Studies • Brief Reports†	- Include diverse perspectives when formulating research questions and developing study design and procedures. o Engage members of the group or population of interest (e.g., Participatory Action Research). - Be intentional about addressing diversity dimensions: o Build into study aims. o Choose relevant outcome measures that were validated with a diverse sample within the population of interest.	- Follow American Psychological Association (APA) Style Guidelines on Bias-Free Language and Journal Article Reporting Standards for Race, Ethnicity and Culture (https://apastyle.apa.org/jars/rec-table-1.pdf) throughout the manuscript. - Clearly state the categories used to collect race and ethnicity data and the source of the data.

	○ Define inclusion/exclusion criteria *a priori* to ensure enrollment/recruitment of a representative sample. ○ Evaluate metrics of study flow (e.g., recruitment, enrollment, retention rates) and rates of assessment completion to understand potential biases in study participation that may influence interpretation of findings. - Use appropriate translation/interpretation resources at every phase of the study (i.e., recruitment, data analysis, interpretation of findings).	- Diversity dimensions, including race and ethnicity of the study population should be reported in full in the Results section and/or in a participant characteristics table. ○ All race and ethnicity categories represented in the sample should be reported individually rather than collapsing data across categories. - Clearly acknowledge limitations of the sample due to lack of racial or ethnic representation and the implications thereof. - When interpreting race and ethnicity findings and recognizing limitations, avoid making assumptions that whiteness is the norm and forming conclusions that could
• Intervention Studies ○ Randomized Clinical Trials ○ Pilot and Feasibility Trials	- Be intentional about measuring diversity dimensions. ○ Identify enrollment targets *a priori* and build these targets into recruitment plan and IRB.	

○ Non-Randomized Trials • Brief Reports†	○ Examine feasibility and acceptability data separately according to dimensions of diversity. ○ Determine criteria for advancing to the next step of intervention evaluation (i.e., "go / no go" decisions). - In exit interviews or acceptability measures, query relevance of intervention goals and alignment with participants' needs and values. - Track feasibility metrics separately according to dimensions of diversity (e.g., is it feasible to enroll Spanish-speaking participants using these recruitment approaches and to deliver the intervention via an interpreter?).	be interpreted as placing blame on an underrepresented population.

	- Describe how the intervention was culturally tailored to the group of interest; include validation data when available. - Specify and consider the positionality/identities of those individuals (e.g., therapists) delivering the intervention.	
• Qualitative Analyses	- Qualitative research is discovery driven (as opposed to hypothesis driven) and iterative in nature. Thus, transparency in describing group selection / inclusion is imperative in applying diversity dimensions. - Engage members of the group or population of interest in study development. - Craft qualitative research questions with awareness of diversity dimensions and cultural	- Describe methods of sample selection and include descriptive characteristics about the sample. - Clearly describe recruitment and sampling strategies. - Acknowledge limited generalizability of small and selective samples. - Discuss how findings inform future research and how iterations of the work can be inclusive of more diverse samples (e.g.,

	differences. For example, if interviewing groups of mothers, consider how motherhood is defined. - Use appropriate translation/interpretation resources at every phase of the study. When possible, analyze data in its original language. - Reduce potential for implicit and explicit biases in study design and implementation, coding and categorization of data, and interpretation of findings. ○ Engage the research team in reflexivity processes.	when qualitative work directs future mixed-methods or quantitative studies). - Consider including a positionality statement to describe the identities of the research team.
• Quality Improvement†	- Consider strategies to incorporate principles of health equity and racial equity. - Consider strategies to center the needs and preferences of historically underserved groups.	- Explicitly acknowledge gaps in health outcomes across dimensions of diversity ○ Discuss how these originate and are perpetuated by systematic oppression based on relevant dimensions of

	- Incorporate frameworks that use a health-equity lens and center the needs of patients and families by involving them at every stage of the project (e.g., Community-Based Participatory Research). - When available, make use of high-quality race, ethnicity, and language (REAL) data collected in the electronic health record. - Select outcomes that measure improvements in clinical outcomes *and* improvements in equity across dimensions of diversity.	diversity such as race, ethnicity, sexual orientation, or language.
• Economic Evaluation[†]	- Select interventions that were developed with attention to dimensions of diversity (e.g., sample characteristics, appropriate measures). - Select outcomes that reflect equity and are relevant across dimensions of diversity.	- Consider reporting non-health benefits (i.e., spillover effects) that highlight diversity dimensions. - Discuss possible equity concerns inherent in common economic evaluation paradigms

	- Evaluate the differential costs and benefits of interventions according to dimensions of diversity. - When using modeling as the basis for economic evaluations, ensure that the source of information (e.g., previous studies, national databases) and assumptions of the model incorporate dimensions of diversity. - Conduct economic evaluations separately for groups that vary on dimensions of diversity and use these findings to guide decision-making. - Carefully consider equity when making decisions based on economic evaluations and account for differential impacts across dimensions of diversity.	and outcomes (e.g., quality-adjusted life years [QALY]) and identify ways to account for variability among participants and their circumstances.

• Single Subject Studies o N-of-1 Studies o Case Studies†	- Consider single subject studies an opportunity to: o Demonstrate efficacy of interventions in members of understudied populations. o Examine efficacy of cultural adaptations and modifications. o Optimize implementation of diversity dimensions within clinical settings. o Provide guidance in areas where best practices are not yet established. - Collect relevant participant- and practice-based data. - Select clinically meaningful outcome measures with attention to DEI principles.	- Consider ethical implications of reporting potentially identifying demographic information in case presentation. - Highlight individual variability in outcome measures. - Discuss generalization of findings to other populations. - Describe steps taken to address bias. - Make recommendations to address systemic issues uncovered in the study. - Describe modifications to standardized protocols based on patient characteristics, including dimensions of diversity and cultural background. - Discuss potential areas for further empirical study.

Review Articles		
• Scoping Reviews • Systematic Reviews / Meta-Analyses • Topical Reviews	- Consider diversity dimensions in the search and inclusion criteria for the review (e.g., what might be lost by excluding non-English language articles?). - Include DEI keywords in search strategy. - Extract data related to diversity dimensions for included studies (including inclusion/exclusion criteria and study demographics) and comment on what this means for the generalizability of findings. - Review the equity chapter in the Cochrane Handbook.	- Report composition of the review team and the positionality/background of those conducting the review and extracting the evidence. - Consider reporting outcomes separately in relation to different diversity dimensions to highlight both divergences in findings, as well as gaps in the literature. - Discuss the ways in which biases (e.g., in what is funded, published) in the reviewed literature may contribute to the findings of the review.

*We have organized these considerations by article type to minimize repetition and maximize readability. As many of these considerations are applicable across multiple article types, we encourage readers to consider how each may be applied most broadly when designing studies and preparing manuscripts. †This article type is not published in the *Journal of Pediatric Psychology*; however, please note, these research topic areas are encouraged in JPP via other article types.

Figure 1. Diversity Dimensions Checklist

Paper section	Checklist Item
CROSS-DOMAIN CONSIDERATIONS	
General	Consider whether you should use person-first or identify-first language based on the preferences of your patient population (ensure you obtain feedback from participants and/or their caregivers/families), as well as published guidelines if available (e.g., (Association of Diabetes Care and Education Specialists, 2023). You may also wish to include a rationale for the terms selected (e.g., “In this paper, we will switch between person first and identity first language due to the different preferences of self-advocates”).
General	Review current language-related guidelines as preferred language changes over time. (see APA’s inclusive language guide and recommendations in the APA Style bias-free language guidelines)(American Psychological Association, 2021c).
General	Do not identify any population as being "at risk" or “high risk” based on a diversity dimension, and instead, describe the unique barriers and social contexts faced by individuals with specific identities that may make participation in research or other social settings more challenging.
General	Do not use language that places blame on individuals or groups of people (e.g., hard to reach). Instead use terms that acknowledge the structural, systemic, and historical factors that contribute to disparities (e.g., underserved, communities or individuals who have been marginalized). For additional information on bias-free language, see (American Medical Association, 2021; American Psychological Association, 2020).
General	As definitions of diversity dimensions are not universal and may differ around the world, detail the context of the research study (American Psychological Association, 2023b).
Title & Keywords	Include diversity dimensions relevant to the research question. Refrain from using verbiage that implies that White participants are the normative population.

Authorship	Acknowledge community partners and provide an author contribution statement(National Information Standards Organization, 2023). Include community partners in the writing process and author list when possible (American Psychological Association, 2023b).
Authorship	Include an author positionality statement, see Equity, Diversity, and Inclusion Toolkit for Journal Editors(American Psychological Association, 2021b).
Abstract	Report on diversity dimensions of relevance to the study question to the extent that space allows.
Introduction	Discuss the strengths and limitations of the theoretical framework (e.g., theoretical framework was developed with a group whose diversity dimensions differ from those of the sample) and relevant literature (e.g., lack of research including populations with specific diversity dimensions)(American Psychological Association, 2023b).
Methods	Detail how diversity dimensions informed the research design (e.g., recruitment methods tailored to meet the needs of different populations) and who was involved in the research design (e.g., patient partners) (American Psychological Association, 2023b).
Methods	Describe the population from which participants were recruited, inclusion/exclusion criteria, and recruitment procedures (i.e., efforts to recruit a sample whose diversity dimensions reflect those of the larger population; recruitment materials/procedures tailored to specific groups; oversampling procedures)(American Psychological Association, 2023b).
Methods	State the categories used to collect diversity dimension data, with the ability to choose all that apply and the inclusion of a “Prefer Not to Answer” option. Alternatively, make sure participants have the option to skip questions or select “don’t know.”
Methods	Indicate which diversity dimension variables were collected for a specific study. Include the reason the diversity dimension(s) was collected for the study.
Methods	Include an explanation of who identified the diversity dimension and the source of the classifications used (e.g., self-report, caregiver-report, electronic health record).

Methods	Consider and report on the implications and limitations of using measures across different populations (e.g., measures which may have limited applicability across various samples) (American Psychological Association, 2023b).
Results	Report data transparently. For example, if you provided participants with multiple response options, report those response options rather than just a subset of the options provided. Note: this does not dictate how categories are used in analyses – authors may conduct statistical analyses with response options combined as appropriate to their study goals and methods, with appropriate rationale.
Discussion	When describing racism, identify the form (interpersonal, institutional, systemic), the mechanism by which it may be operating, and other intersecting forms of oppression (such as based on sex, gender, sexual orientation, age, regionality, nationality, religion, or income) that may compound its effects. For further details, see (Boyd et al., 2020).
Text and Tables	List demographic information in alphabetical order (e.g., Asian, Black, and White) in text and tables.

Paper section	**Checklist Item**
DOMAIN: AGE AND GENERATIONAL INFLUENCES	
General	Age denotes two important characteristics about an individual: 1. Place in the life cycle (e.g., child, adolescent. young adult, middle-aged, older adult). The developmental stage study participants are in should be clear, ideally in the manuscript title and abstract. This may be very specific (e.g., toddler) or broad (e.g., young person) depending on the focus of the study. Report and justify the age range or other criteria used by the investigator to define a developmental stage (e.g., adolescence as the second decade of life; (Petersen, 1988)) 2. Membership in a cohort of individuals who were born at a similar time. If age is used in this manner, clarify the conceptualization of generational influence (e.g., millennials, generation

	X, baby boomers, the silent generation, the greatest generation) (Pew Research Center, 2015) and report birth year ranges for cohorts.

DOMAIN: DISABILITY STATUS **Note.** This section is also relevant to individuals with mental health and/or neurodevelopmental disorders but who do not identify as having a disability per the ADDRESSING framework. Please note that terminology evolves over time but we are using the addressing framework as our current guide. Terms like "diversabilities", etc. may also be used as appropriate.	
General	Be sensitive when using terms like "disorder," "impairment," "abnormality," and "special" to refer to disability. The word "condition" is often an appropriate substitute, but these terms do not have universal agreement in the field (National Center on Disability and Journalism, 2021).
General	Consider how to best reference and define the severity or nature of a condition. For example, high and low functioning may not be acceptable. Words like "severe" imply judgement. Instead, use neutral, objective terms, including the definition and assessment of terms used.
General	Avoid language that implies restriction (e.g., wheelchair bound).
General	Avoid slurs, euphemisms (e.g., special needs, differently-abled) and excessive/negative labels (e.g., brain damaged, AIDS victim) when referring to individuals or groups of people. Of note, it is possible that some terms are used to reflect data sources, names of policies, or identification in administrative data. For example, although the term "special needs" is generally discouraged, the term "children with special health care needs" is used in the medical literature (Heath Resources and Services Administration, 2022).
General	Avoid overdramatized words (e.g., threat, risk, danger) when discussing constructs associated with disability. Consider using "increased likelihood" instead of "increased risk".
General	Refrain from solely using a medical model of disability. Instead, acknowledge the unique barriers and social contexts faced by individuals that may make participation in research or other social settings more challenging.

Methods	Prioritize self-report over proxy or surrogate report when appropriate depending on the participant's level of functioning and/or developmental level.
Methods	Consider conflicting classifications of disability (e.g., how federal policies may determine eligibility for or define a disability vs. how an individual or another research study defined disability).
Methods	Design the measure to be able to assess multiple disabilities and multiple types of disabilities for the same participant.
Discussion	Integrate social implications of disability.

DOMAIN: RELIGION AND SPIRITUAL ORIENTATION	
General	Be sensitive when using terms and classifying participants based on their religion and spiritual orientation. Measures are intended only for the purpose of describing the population participating in the study, and not as a proxy for other phenomena (e.g., political views).
Discussion	Consider the culture and cultural implications of an individual's religion, and how an individual's spiritual orientation may differ from a larger religious group's social norms.

DOMAIN: ETHNICITY AND RACE	
General	Name specific groups when comparing racial/ethnic groups, rather than using a collective reference like "non-White."
General	Only use "multiracial" and "multiethnic" if the specific categories these terms comprise are defined (e.g., more than one race), or if the terms were predefined in a study or database to which participants self-selected. For example, if participants were allowed to choose multiple races on a demographic form which led to them being placed in a "multiracial" or "multiethnic" category, specify this.

General	Capitalize the names of races, ethnicities, and tribes (e.g., African American, Asian, Black, Cherokee Nation, Hispanic, Jewish, White). Use lowercase for the terms “multiracial,” “biracial,” and “multiethnic”.
General	Do not use hyphens in multiword names, even if the names act as unit modifiers (e.g., write “Asian American participants” not “Asian-American participants”).
General	Do not use racial and ethnic terms in noun form (e.g., Asians, Blacks) but in adjective form (e.g., Asian participants, participants who are Black).
General	If the term African American or Black is used to describe participants in studies involving populations in the United States, do not use the two terms interchangeably unless both terms were formally used in the study (e.g., data collection form).
General	Refer to an Indigenous group as a “people” or “nation” rather than as a “tribe” unless the people group has identified tribe as their preferred term – in which case this should be specifically stated in the methods section. There are specific designations for people from specific locations, such as Native Hawaiian and Pacific Islanders, which are used when appropriate. The nation or peoples are specified, when possible (e.g., Inuit, Iroquois, Mayan, Navajo, Nez Perce, Samoan). For example, in reference to persons indigenous to North America (and their descendants), Aboriginal, Indigenous, and Native have been used and there is no consensus on the optimal term.
General	Use Hispanic, Latino or Latina, Latinx, and Latine for people of Spanish-speaking or Latin American descent or heritage. As with other terms, these terms can include people from other geographic locations. Note that there may be age group and geographic location preferences related to these terms and these terms have different connotations.
General	Use the term Asian American when describing those who identify with Asian descent among the US population. However, individuals’ self-identified countries of origin should be included when known. Describe persons of Asian ancestry according to their country or regional area of origin (e.g., Cambodian, Chinese, Indian, Japanese, Korean, Sri Lankan, East Asian, Southeast Asian) when possible. Although the United States Census Bureau categorizes individuals from

	the Middle East and Northern Africa (MENA) as White (United States Census Bureau, 2022), describe study participants from the Middle East and North African regions using their nation of origin (e.g., Egyptian, Iranian, Iraqi, Israeli, Lebanese) whenever possible.
General	Avoid abbreviations of categories for race and ethnicity unless there are space constraints (e.g., in tables and figures) or to avoid long, repetitive strings of descriptors.
General	Treat culture as a separate construct from race and ethnicity. For additional guidance specific to cultural considerations, see (American Psychological Association, 2023b).
Methods	Describe race and ethnicity variables collected. If any race and ethnicity characteristics that were collected are not reported, state the reason (Flanagin et al., 2021). If collection was required for a funding agency (i.e., NIH), note it. For example, "Reporting race and ethnicity in this study was mandated by the National Institutes of Health, consistent with the inclusion of Women, Minorities, and Children policy."
Methods	When race and/or ethnicity are included as primary predictors or covariates, provide a scientific rationale and report the variance accounted for instead of describing race/ethnicity as being "controlled for." (American Psychological Association, 2023b).
Results	Use racial and ethnic categories instead of collective terms (e.g., people of color) when possible. When possible, use specific categories, recognizing these categories will differ based on 1) the databases or surveys used, 2) the requirements of funders, and 3) the geographic location of data collection or study participants. Avoid the category "Other." Terms related to groups of people (e.g., minority, minoritized, marginalized, racialized) should be used based on the specific population or research focus at time of publication, noting that there is not current consensus and terminology can change rapidly. Note that this reporting guidance does not dictate how race and ethnicity categories are used in analyses – authors may conduct statistical analyses with race and ethnicity variables combined as appropriate to their study goals and methods, with appropriate rationale.
Discussion	Avoid assumptions and conclusions that whiteness is the norm or that White participants are the reference group. (Buchanan et al., 2021). If differences in racial or ethnic groups are present,

	discuss these differences in the context of historical policies and structural challenges and/or if such differences reflect differences in other contextual variables (e.g., SES)(American Psychological Association, 2023b).
Discussion	Avoid conclusions that may be interpreted as placing blame on racialized or minoritized populations. Name systems of oppression (e.g., racism)(American Psychological Association, 2023b).
Discussion	Consider whether the racial and ethnic representation of the sample presents limitations and, if so, clearly acknowledge implications (e.g., limited generalizability due to homogeneity of the sample). If data on racism or discrimination were not collected and race and ethnicity are being used as a proxy for racism or discrimination, authors should acknowledge this limitation in the interpretation of their findings. For further information on available scales of discrimination, see (Williams, 2016).

DOMAIN: SOCIOECONOMIC STATUS (SES)	
General	Avoid terms that ascribe conditions to groups of people (e.g., the poor) and instead use person-first language and define income levels (e.g., people whose self-reported annual income was below the federal poverty level or World Bank guidelines). For additional information, see the American Psychological Association inclusive language guidelines (American Psychological Association, 2023a).
Methods	Be thoughtful about what information you are/are not collecting. For example, consider what information is/is not needed to report back to funders or research sponsors, or what SES questions are needed to situate your research within the broader field (e.g., use validated measures or categories consistent with federal guidelines to ensure generalizability/comparability across study populations).
Methods	If SES is not the focus of your research, ask only what you need to know to characterize the sample. If SES is the focus, select items/measures that are culturally appropriate to your population. Be prepared to explain to participants why you are asking for sensitive information.

	If asking about things like food insecurity, homelessness, etc., include information about available resources or social services when possible (e.g., food pantries, shelters).
Results	If you provided participants with ranges for annual income or education, or multiple options for insurance status, present the percentage in each category in your demographics table, rather than just the majority (e.g., 96% public insurance, 3% private insurance, 1% self-pay, rather than only reporting 96% had public insurance). Note: As with ethnicity and race, this does not dictate how categories are used in analyses – authors may conduct statistical analyses with SES variables combined consistent with their study goals and methods, with appropriate rationale.
Discussion	Situate the discussion in the broader sociocultural context of your study population, especially if you are examining SES as a predictor or outcome, are working with a historically marginalized population, and/or examined SES as a covariate.

DOMAIN: SEXUAL ORIENTATION	
General	Language related to sexual orientation has evolved rapidly. Use the terms people use to identify themselves (American Psychological Association, 2020).
General	Use the umbrella term “sexual and gender minorities” to refer to multiple sexual and/or gender minority groups or write about “sexual orientation and gender diversity”.
General	Abbreviations such as LGBTQ, LGBTQ+, LGBTQIA, TSLGBTQIA+, and 2SLGBTQIA+ may be used to refer to multiple groups. The form “LGBT” is considered outdated, but there is no consensus about alternative abbreviations including or beyond LGBTQ to use. If you use the abbreviation LGBTQ (or a related one), define it and ensure that it is representative of the groups about which you are writing. However, if in doubt, use one of the umbrella terms rather than a potentially inaccurate abbreviation.
General	When using specific terms for orientations, define them if there is ambiguity. For example, the adjective “gay” can be interpreted broadly, to include all genders, or narrowly, to include only men, so define “gay” or use the phrase “gay men” to clarify the usage. By convention, the term

	"lesbians" is appropriate to use interchangeably with "lesbian women," but "gay men" or "gay people" should be used, not "gays."
General	Avoid the terms "homosexual" and "homosexuality." Instead, use specific, identity-first terms to describe people's sexual orientation (e.g., bisexual people, queer people). The terms "straight" and "heterosexual" are both acceptable to use when referring to people who are attracted to individuals of another gender.
Methods	Use self-report or collection of administrative data that originates from self-report instead of proxy report or other indicators. For example, adolescent self-report is preferred to caregiver report, and self-identification is preferred over behavior classification (e.g., a young person may self-identify as straight even with sexual behaviors that involve a partner of the same sex or gender as the young person).
Discussion	Situate the discussion in the broader sociocultural context of your study population, especially if you are examining sexual orientation as a predictor or covariate.

DOMAIN: INDIGENOUS GROUP AND MARGINALIZED ETHNIC GROUPS	
Methods	Indigenous refers to those peoples with pre-existing sovereignty who were living together as a community prior to contact with settler populations, most often – though not exclusively – Europeans. Indigenous is the most inclusive term, as there are Indigenous peoples on every continent throughout the world – such as the Sami in Sweden, the First Nations, Métis, and Inuit in Canada, Mayas in Mexico and Guatemala, and the Ainu in Japan – fighting to remain culturally intact on their land bases (UCLA Office of Equity Diversity and Inclusion, 2023). Consistent with this definition, "Indigenous" is often included as a racial category. For communities where the term "Indigenous" does not resonate with participants and other terms for marginalized ethnic groups are more appropriate (e.g., "Gypsies"), those terms should also be included as a category. Avoid using colonial language (e.g., stakeholders; see (Sharfstein, 2016) and treat ethnicity as separate from culture. (American Psychological Association, 2023b).

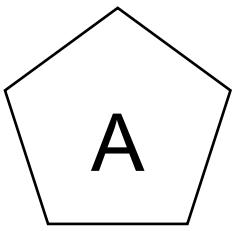
Discussion	Avoid conclusions that may be interpreted as placing blame on Indigenous populations. Name the forms of oppression (e.g., impact of colonialism) related to the interpretation of study findings.

DOMAIN: NATIONAL ORIGIN	
General	National origin is defined as where a person (or their family) is from and includes individual attributes such as: a person's birthplace, ethnicity, ancestry, culture, and preferred language. Remember that all these concepts, including ethnicity, are different from an individual's race as people can share the same nationality but be of different ethnic groups and people who share an ethnic identity can be of different nationalities (American Association of University Women, 2022).
Methods	Collect and report information on national origin only when appropriate, ideally with the rationale specified and a "Prefer Not to Answer" option provided (American Psychological Association, 2023b).

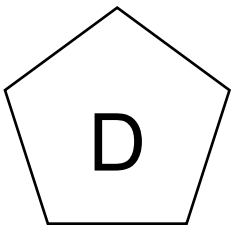
DOMAIN: GENDER IDENTITY	
General	Language related to gender identity has evolved rapidly. Use the terms people use to define or identify themselves (American Psychological Association, 2020).
General	As "sex" and "gender" are often inappropriately used interchangeably, clearly state which term you are using and the operational definition you are applying. Use the term "gender" when referring to people as social groups, or an individual's identity or expression of gender, and clearly define which facet of gender is being measured (e.g., gender identity, role orientation, expression). Use "sex" when referring to designed or assigned sex at birth (generally based on visualization of external genitalia as part of a medical exam or with a birth certificate and rarely biologically confirmed).
General	Explicitly designate information about the gender identities of the participants making up their samples (e.g., whether participants are transgender, cisgender, or other gender identities) rather

	than assuming cisgender identities. If assessing both sex assigned at birth and gender identity, use two questions rather than inferring sex assigned at birth from gender (DeChants et al., 2021; Lett & Everhart, 2022). If in doubt, use the umbrella term "sexual and gender minorities" to refer to multiple sexual and/or gender minority groups, or write about "sexual orientation and gender diversity."
General	Diverse terms are used by transgender and gender diverse people, and gender diverse is a generally agreed-upon umbrella term when defining and describing a person's identity. These terms are generally used in an identity-first way (e.g., "transgender people," "gender diverse people"). However, there is some variation in the field. Use identity labels that are in accordance with the stated identities of the people you are describing, and clearly describe how you are using such identity labels within your writing.
General	To reduce the possibility of stereotypic bias and avoid ambiguity, use specific nouns to identify people or groups of people (e.g., women/girls, men/boys, transgender men/boys, trans men/boys, transgender women/girls, trans women/girls, cisgender women/girls, cisgender men/boys, gender-fluid people).
General	Do not refer to the pronouns that transgender and gender-nonconforming people use as "preferred pronouns" because this implies a choice about one's gender. Rather, use "pronouns" or "identified pronouns," and when writing about an individual use that person's pronouns.
General	Avoid using combinations such as "he or she," "he/she," or "(s)he" as alternatives to the singular "they" because such constructions imply an exclusively binary nature of gender and exclude individuals who do not use these pronouns.
General	Avoid gendered endings such as "man" in occupational titles (e.g., use "police officer" instead of "policeman"; also "homemaker" instead of "housewife"). Use terms for conditions or experiences that are gender inclusive when possible (e.g., "menstruating and pregnant people", "people who breastfeed", "endometriosis affects menstruating people").
Methods	When reporting the genders of participants in the Methods section, reflect each of the categories offered and endorsed by the study participants.

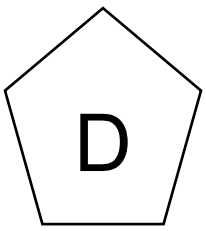
Methods	Use self-report or administrative data that originates from self-report instead of proxy report or other indicators. For example, adolescent self-report is preferred to caregiver report.
Discussion	Situate the discussion in the broader sociocultural context of your study population, especially if you are examining gender as a predictor or covariate.



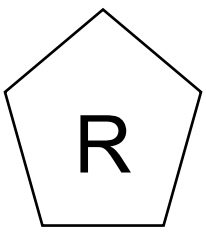
Age and Generation



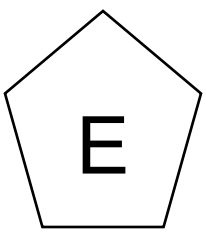
Developmental Disability



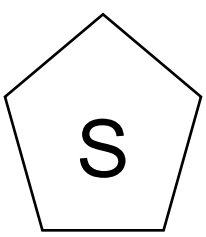
Disability (Acquired)



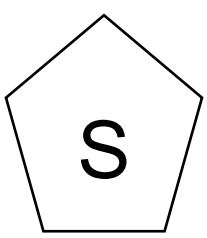
Religion



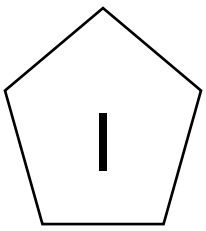
Ethnicity and Race



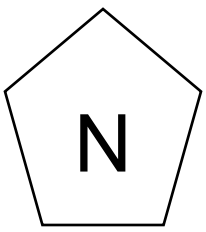
Socioeconomic Status



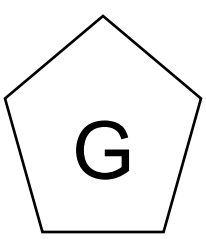
Sexual Orientation



Indigenous Group



National Origin



Gender

Adapted from Hays (2016)