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# Advocating for Marginalized, Neurodivergent Children from a Socially Responsible Neuropsychology Framework

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Neurodivergent youth often report a history of traumas due to teasing, bullying, social rejections, harmful interventions, and assessments that focus on deficits. Such experiences multiply in children of color and those of linguistic minorities who are subjected to personal and collective racism. Neurodiversity and assessment discussions often exclude this segment of the population, leaving it disproportionately vulnerable for accessing mental healthcare and special-education services, thereby limiting their opportunities for independence. Bridging this gap and practicing within a socially responsible neuropsychology framework requires a careful examination of the intersection among neurodivergence and race, ethnicity, and language.

Steve Silberman, author of *Neurotribes*, noted that Black children and their relatives are profoundly under-represented in genetic databases employed for autism research. The Autism Genetic Resource Exchange identified only 2.3% of their subjects as Black, despite the fact that Black individuals account for roughly 13% of the population. The Center for Disease Control and Prevention reports that children of color may be diagnosed with autism up to two years later than their White counterparts. This is a sobering fact considering that early interventions are critical for the development of language and social skills. Some research shows that the gap is closing, although there is still work to do.

With respect to Attention-Deficit Hyperactivity Disorder (ADHD), Black kindergarten children in the United States are 70% less likely to receive an ADHD diagnosis than their White counterparts, despite similar behavior profiles (Morgan et al., 2014). By tenth grade, White children are nearly twice as likely to receive diagnoses of ADHD as Black children (Coker et al., 2016). According to the Department of Education, Black girls are six times as likely to be suspended from school as White girls. In Spanish-speaking families, diagnoses are further delayed by difficulties in communicating with teachers about behavioral problems in the classroom (Wong & Hughes, 2006), and by tendencies to normalize hyperactivity in young children, especially boys (Haack et al., 2019).

Recognizing the role of schools is critical. In the past, students were assessed using tests biased against students of color and those of linguistic minorities resulting in their disproportionate placements in special-education classes (see *Diana v. State Board of Education* and *Larry P. v. Riles*). In recent years, however, research has shown that Black and Hispanic students are less likely to be placed in special education than their White peers who have similar academic and behavioral difficulties (Samuels, 2019). Children whose special-education eligibility is delayed and whose school-based services are denied face chronic underachievement and emotional harm.

Developing and using culturally and linguistically nuanced neuropsychological assessment practices is a matter of social justice (Diaz-Santos et al., 2019; Suarez et al., 2016). We can no longer afford to perpetuate a system that leaves behind under-represented populations by taking a “good-enough” approach. This begins by recognizing the limitations of mainstream neuropsychology in its applicability to culturally diverse patients (i.e., eliciting crucial information pertaining to a child’s early development). Deciphering erroneous information based on cultural and racial biases increases the efficacy of assessment models in relationship to patients and their families, in order to gather more reliable and meaningful data. Although tests may be designed to assess students with cultural and linguistic diversity, clinicians must familiarize themselves with the research in order to understand when and how to use these testing measures.

Bilingualism poses a significant complication for assessing neurodiverse children. Studies show neuroanatomical differences that emerge as early as the age of 10 in bilingual children that may have important implications for language development, executive functioning, and the manifestation of



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neurodevelopmental disorders (Pliatsikas et al., 2020). Clinicians are thus responsible for determining the role of language in their assessments; how language exposure and proficiency may have affected developmental and academic trajectories, and what measures would best elicit reliable objective data to construct meaningful inferences for these children. Canas et al. (2020) reviewed these and other important considerations when working with bilingual children, specifying the need to identify the language these children use, and whether their scores are typical of dual-language learners, and if test results offer a fair representation of these children's skills and abilities, given the limitations of current measures and norms.

Setting aside the difficulties diverse families face in accessing mental healthcare, there are problems within the field of neuropsychology itself that disproportionately affect diverse families, such as their difficulties in implementing clinicians' recommendations due to lack of resources in their geographical areas, lack of financial resources to pay for recommended services, long wait lists, confusion about how to make medical appointments, and the resistances of schools and teachers (Elias et al., 2020). The parents least likely to implement recommendations are those belonging to a racial or ethnic minority; those with an income of \$41,000 a year, or less; and those having 12th-grade education or less (Fisher et al., 2020).

Promoting equity within one's practice often challenges one's attitudes and beliefs, necessitating thinking about how services can best benefit neurodivergent children and adolescents. Educating oneself about the harm that assessment practices often inflict on students of color and those of linguistic minorities is a first step. Neuropsychologists who are interested in practicing within an intersectional framework should consider expanding their perspectives and the roles they play. Adding multiple follow-up sessions may improve the coordination of care and long-term outcomes for diverse families (Fisher et al., 2020). Neuropsychologists may need to implement non-traditional treatment modalities, given that traditional therapies historically have neglected intersectional individuals. They should also introduce adolescents and young adults to peers with similar narratives, which can be transformative (e.g., Unicorn Squad, ADHD Babes, and The National Coalition for Latinx with Disabilities). Ethical guidelines recommend that they provide low-cost and pro bono services, which should not fall disproportionately on psychologists of color or those working with linguistic minorities, but should be a shared responsibility among all neuropsychologists and other assessment experts. Lastly, the field needs professional allies and peer consultants, in a normalization that would go a long way in improving clinical cultural competency.

In short, equitable care often requires making choices that are uncomfortable, impractical, and unprofitable, but neuropsychological assessment is primed for a paradigm shift. Although the growing momentum for greater representation and inclusion of neurodivergent and culturally diverse populations may be slow, we are better equipped now to treat those

who are most vulnerable, and we are even more committed to mitigating the harm that traditional practices have caused. ▲

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References are available on the LACPA Website [www.lacpa.org](http://www.lacpa.org).

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