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Developing Understanding through Global Case Studies
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Stepping into Action

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The Role of Neuropsychologists in Social Justice Advocacy

Mirella Díaz-Santos, Kendra Anderson, Michelle Miranda, Christina Wong, Janet J. Yañez, and Farzin Irani

Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

(APA, 2017)

Neuropsychology is political.

(Suarez, 2021)

Introduction

In the United States, the murders of George Floyd, Breonna Taylor, Rayshard Brooks, and so many others by police officers and civilians, as well as the synergistic double pandemic of COVID-19 and racial inequities, have propelled issues of justice, equity, diversity, and inclusion to the forefront of national and organizational initiatives and dialogues. Regional, national, and international neuropsychology conferences and publications are increasingly including didactics, discussion spaces, and papers on these topics. Even so, how many of us (neuropsychologists) still struggle with unsettled feelings about injustice? Is raising awareness of these topics enough? Is passive learning without any action acceptable? Could our silence continue to maintain injustice? How many of us even really understand what advocacy is and what it could look like in neuropsychology? And perhaps most importantly, how many of us wonder whether our field should play a more active role in social justice advocacy?

This chapter is a call for neuropsychologists to step into action as social change agents. We focus on US-based race-relations due to our awareness of the historical context and systemic structures in the United States. We simultaneously invite our international neuropsychology colleagues to also consider their respective roles in social justice advocacy. We review advocacy-related historical and ethical considerations in neuropsychology in North America and highlight some reasons why neuropsychologists generally avoid engaging in advocacy and what the realities are that deter neuropsychologists from social justice advocacy in particular. We then provide specific ways on how neuropsychologists can transition from advocacy awareness to action. We propose a shift in frame of reference toward a transformational learning approach that emphasizes how we know. We use an ecological systems framework toward advocacy to suggest opportunities for neuropsychologists to dismantle inequities across microsystems, mesosystems, exosystems, and macrosystems. Concrete suggestions and examples of how neuropsychologists can engage in bite-sized, larger scaled, and transformative advocacy efforts are included. Lastly, we point to where equity and advocacy can lead neuropsychology, i.e., toward transformational justice and social responsibility in neuropsychology (SRN).

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Advocacy Is Clearly Mandated in Competency and Ethical Guidelines

APA’s 2011 competency benchmarks for professional practice include measures of advocacy involving empowerment and systems change at the practicum, internship, and postdoctoral levels. This advocacy benchmark is defined as taking “actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.”

In the field of neuropsychology, advocacy is also a relevant functional competency area in clinical neuropsychology training models across the world. Some neuropsychologists have tried to encourage advocacy related to forensic neuropsychology practice, public sector changes in the veteran’s administration, influence policies impacting reimbursements and favorable practice climates for neuropsychologists and to increase awareness about other aspects of neuropsychological practice (see 2010 Special Issue on advocacy in The Clinical Neuropsychologist). Yet, neuropsychology and psychology have been slow to create actionable change related to promoting human rights for all. Analysis of the history of the American Psychological Association (APA) reveals that social justice advocacy has been neglected, despite the illusion of the field being built on universal human rights principles.

One barrier for neuropsychologists to step into becoming active social change advocates in collaboration with marginalized and minoritized communities could be the misperception that there is no explicit ethical mandate for psychologists to engage in social justice advocacy. Yet, the APA ethics code Human Relations standard ensures that we avoid unfair discrimination and harm to the public. Aspirational principles also ask us to “recognize that fairness and justice entitle all persons access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists” (Principle D: Justice). We additionally have an obligation to safeguard the welfare and rights of those we serve (Principle A: Beneficence and Nonmaleficence) and to be aware of our professional and scientific responsibilities to the specific communities in which we work (Principle B: Fidelity and Responsibility). This calls on us to recognize the socio-economic hardships, health care disparities, and systemic racism faced by the communities we serve; examine and change our own personal racial biases; and remove institutional and social barriers that impede neuropsychologists’ academic, career, or personal-social development. Yet, neuropsychologists avoid engaging in social justice advocacy despite a clear mandate to do so from our own ethical code and competency guidelines.

Why Do Neuropsychologists Generally Avoid Engaging in Advocacy?

Historically, there has been hesitancy from psychologists to engage in advocacy efforts broadly, which could be related to a lack of awareness about public policy issues and perceived lack of knowledge to discuss these issues competently. Additional rationalizations for neuropsychologists to avoid engaging in advocacy may involve excuses such as “it’s not in my backyard,” “nothing is wrong, so we do not need to act,” “others are taking care of it,” “I can’t make a difference,” “I don’t have time,” “I don’t know how to get involved,” and “advocacy is uncomfortable because it is emotional, not scientific.” There may also be a lack of understanding of a clear pathway for advocacy or “advocagnosia.”

Practice guidelines already exist to enable neuropsychologists to advocate effectively. Many scholars who work with culturally diverse populations have made tangible recommendations about the provision of neuropsychological evaluations to more diverse cultural communities (2010 Special Issue on advocacy in The Clinical Neuropsychologist). Yet, such recommendations have yet to be widely adopted as a gold standard or mainstream “best practice.”

Buttressing individual providers’ unawareness and discomfort, there is a systemic or cultural avoidance of social justice advocacy within the field. Neuropsychology as a specialty has taken on
the values of the larger system it is embedded in (i.e., healthcare, science, academia). The culture of neuropsychology remains political, patriarchal, individualistic, largely made up of members who are not from underrepresented groups, and uses Western values as the gold standard.16–19 As a result, the field is inadvertently perpetuating and maintaining the same systems of oppression that underscore health disparities (e.g., diagnostic, treatment) in marginalized and minoritized communities.

What Are the Realities Deterring Neuropsychologists from Engaging in Social Justice Advocacy?

Bias

Racism and cultural incompetence threaten the health of patients and providers. The United States Centers for Disease Control in April 2021 finally named racism as a public health threat.20,21 However, as a predominantly white, gendered-binary, Catholic, middle-high class, monolingual, highly educated, and able-centered discipline,17,18 neuropsychology continues to rely on largely monolingual, mono-cultural neuropsychological assessment strategies and providers, which is likely to make it irrelevant in the healthcare marketplace by the year 2050 (e.g., Relevance 2050 Initiative of the American Academy of Clinical Neuropsychology22).

Being satisfied with the status quo, or with halfway measures toward culturally competent practices, exemplifies racial bias. It is important to recognize that the pervasive inequality mindset and practices may be masked by a façade of equal rights and access that continues to perpetuate known health disparities. Many still state that a minimal acknowledgment of cultural competencies without consistent, meaningful change is “the best they can do,” and when pressed may follow with, “Well, this is better than nothing.” Words like these have a history rooted in longstanding racial and cultural inequality of wealth and power. “Something is better than nothing” or the British version, “for better is half a loaf than no bread,” dates back to the book, “The Proverbs of John Heywood: Being the ‘Proverbs’ of that Author Printed 1546.” John Heywood, a Roman Catholic in England, fled to Belgium when Elizabeth I (a Protestant) took the crown in 1564. A similar proverb made it in the United States when Madison and Jefferson were discussing the Constitution between 1788 and 1789: “If we cannot secure all our rights, let us secure what we can.” This was approximately 168 years after the inception of chattel slavery in Virginia by a Dutch ship to the nascent British colonies when slavery was legal. We, as neuropsychologists, must acknowledge the roots of our own narratives when justifying our inactions toward equity and social justice.

Tax and Trauma

The same inequities that are present in the broader US society are also present in the disproportionate burden carried among our marginalized and minoritized colleagues. These inequities have been described as “the minority tax,” which is the tax of extra responsibilities placed on minoritized faculty in the name of efforts to achieve diversity.23 This is when neuropsychologists from underrepresented and marginalized groups end up spending more time working on efforts related to equity, diversity, and inclusion because they feel obligated (or targeted by their own institutional leaders) to address disparities in the communities they represent or value serving these communities.23 However, this work may not always be valued by their institutions or considered as promotion-earning work.23 This leaves these providers and researchers overburdened as they may still need to meet demands of their institutions while trying to serve underserved communities. This tax is not only unfair, but the burden itself is a form of racism that exacerbates disparities in the field.

In addition, colleagues who experience daily micro/macroaggressions, oppression, and the constant barrage of current events where people from our communities are losing their lives through
hate crimes, police brutality, and gun violence are at increased risk for experiencing psychological harm or ethno-racial trauma.\textsuperscript{24} Chavez-Duenas, Adames, Perez-Chavez, and Salas\textsuperscript{24} define ethno-racial trauma as “the individual and/or collective psychological distress and fear of danger that results from experiencing or witnessing discrimination, threats of harm, violence, and intimidation directed at ethno-racial minority groups. This form of trauma stems from a legacy of oppressive laws, policies, and practices” (p. 49). Increasing awareness of the extra burden and trauma being inflicted on neuropsychologists from underrepresented groups and equitable allocation of financial resources (including base salary and startup packages) are the first steps that can lead the field toward taking action for creating equity.

\textbf{Differing Perspectives}

In the past year, many in our field have made a pledge toward equity and social justice (see 2021 Special Issue on White Privilege in The Clinical Neuropsychologist). Others in health care have continued to struggle with acknowledging, naming, and accepting the structural racism that has given some the privilege of even denying its very existence. A recent example is the Journal of the American Medical Association’s 2021 Podcast on “Structural Racism for Doctors – What Is It?” where two white men physicians debated the existence of structural racism under the claim that no physician is racist. The podcast has since been withdrawn after a massive backlash from the medical community (https://jamanetwork.com/journals/jama/pages/audio-18587774).

Within the context of these arguments, there appears to be one common thread: The concept of equity is constantly contested and susceptible to different interpretations. Equity is used synonymously to refer to “fair,” “just,” and “impartial.” Some define it as “fair and respectful treatment of all people.” Based on these interpretations, it will seem that many of us are engaging in equitable practices while pledging to raise our awareness of our own prejudices, implicit bias, and covert-overt micro and macro-aggressions/transgressions, and individual racism. Yet, these interpretations of “equity” are lacking since equity is supposed to target actions toward structures that disproportionately allocate wealth and power to privileged groups.\textsuperscript{25}

Unfortunately, these differing perspectives in conversations often become polarized and dissolve quickly into conflicts between those with opposing views, which escalate toward “cancel culture” (that is, the tendency to avoid engagement altogether and stop listening to alternative perspectives). Unsurprisingly, we as a field have rarely transitioned to a reciprocal “reflective discourse/dialogue” perhaps based on our own fears of being labeled incompetent and/or racist.\textsuperscript{26,27}

Many have raised discomfort and expressed disapproval of neuropsychology becoming “political” and, consequently, voluntarily removing themselves from the critical dialogues. Silence, withdrawal, and inaction are actions that sustain systems of oppression, giving some the privilege to deny that oppression even exists. To make progress, honest dialogues need to occur. We need to avoid tendencies to disengage from difficult dialogues and silence important reflective conversations about equity, diversity, and inclusion. Valuable social justice-related conversations are often directed “back-channel” or toward “cultural neuropsychology” forums alone. This could be viewed as modern iterations of historical “cultural erasure and cultural genocide” when dominant cultures of oppressors and colonizers insidiously attempt to negate, suppress, remove, and ultimately erase the voices and lived experiences of “subordinate” cultures/groups from history.\textsuperscript{28}

By systematically isolating the voices of those from underrepresented communities, the social control of wealth and power gets maintained by a small elite group, and “cultural neuropsychology” remains siloed. At a systems level, those in power can benefit from continuing to create policies that defend their own interests, thus maintaining and furthering access to power without consideration of all voices and perspectives.\textsuperscript{29} This does not serve all neuropsychologists and the communities we
serve. Instead, we need to create and embrace safe spaces to reckon with our collective discontent (e.g., shame, guilt, and fear in response to internal biases) as such reckoning is imperative to our collective liberation from the toxicities of racism, as well as to the relevance of our field.22

**How Can Neuropsychologists Step into Action?**

We questioned *why* the field of neuropsychology has been slow to meaningfully integrate advocacy and social justice practices despite calls to action19 and awareness of methods to increase advocacy in neuropsychological practice.5 Now we turn to *how* do we transition from knowledge acquisition and awareness to intentional action by leaders and majority of neuropsychologists instead of just a few. How do we transition from being diagnosticians to becoming agents of social change?

**Transformational Learning**

One pathway lies in reflecting upon how we teach advocacy and equity, diversity, and inclusion practices in neuropsychology. While commitments of the current political and field-specific movements toward equity, diversity, and inclusion are encouraging, our collective approach toward social justice and advocacy remains *transmissional* with an emphasis on improving *what* we know through webinars, trainings, and superficial conversations.30,31 A “transmissional” approach is one that conveys information but doesn’t give neuropsychologists a framework for processing or understanding what they are learning or applying it to their own preconceptions or to their everyday practice.

Yet, sustainable integration of social justice advocacy is most effective when learning is *transformational*, with an emphasis on changing *how* we know.32,31 The transition from advocacy awareness to action will require a fundamental shift in our “frame of reference,” in which we critically analyze the concepts, values, and associations that define the worldview of our field through transformational learning.31 For example, the deleterious impact of socio-economic and health inequities on cognition has been well-documented.33,34 Yet, little practical guidance exists on *how* neuropsychologists can incorporate this information into their day-to-day practice, such as how to align their clinical interview questions, test selection, and report recommendations with principles of equity and social justice.

Our existing *frames of reference* are “structures of assumptions through which we understand our experiences,”335 (p. 5) and serve as the catalyst to our actions. To date, the frame of reference for neuropsychology has largely been oriented toward dominant culture, which has manifested as a lack of inclusivity and diversity in our clinical and research practices, normative data, and training curricula. Thus, considering the theory of transformative learning may offer insight regarding how to move neuropsychology toward intentional, transformative change in equity, inclusion, and social justice advocacy.

Mezirow30 asserts that the process of transforming frames of reference begins with “disorienting dilemma(s) that challenges an individual’s current worldview, followed by self-examination and critical assessment of previously held assumptions and values” (p. 22). Individuals then engage in “reflective discourse” by sharing their discontent (e.g., shame, guilt, and fear in response to internal biases) and evolving perspective with others for reciprocal validation.30,32 That is, *transformational learning is relational and collectivist by nature and cannot be accomplished through individual, one-off efforts.*32 Next, learners explore new ways of being (roles) and relationships that are better aligned with their new perspective and develop a plan to garner the requisite competence and skills to test these new roles. Finally, individuals build self-confidence in their new frame of reference by integrating it with their lived experience. *Action is the ultimate reflection of true transformation* (see Mezirow30 and Kitchenham36 for a comprehensive review).
The parallels of Mezirow’s work to the current status of advocacy in the field of neuropsychology are uncanny. We have witnessed this very process through our collective experience of the double pandemic of COVID-19 and racial inequity (disorienting dilemmas) that challenged American ideologies of meritocracy and universalism. These events served as a catalyst for neuropsychologists to examine their contributions to maintaining the status quo (self-examination). Now, more than ever, trainees, researchers, and providers have been engaging in dialogue (reflective discourse) about next steps to take to adopt antiracist policies and dismantle structural racism in the field. Action-oriented courses on allyship and bystander training have proliferated. We have reached a critical decision crossroad, though. Where are we going from here? The next step to enact transformational change is to integrate our new frame of reference with lived experiences. Now, it is imperative that we “walk the talk.” Transformational learning, collectivism, and social action are inextricably linked. Indeed, “education without social action is a one-sided value because it has no true power potential. Social action without education is a weak expression of pure energy. Deeds uninformed by educated thought can take false directions” (p. 164).

Social justice advocacy is a collective responsibility to which we must all contribute; otherwise it will not fully manifest into meaningful change. It is time for neuropsychologists to fully step into our “true power potential” by actively engaging in social justice activism in solidarity or risk leading our field in the direction of irrelevance. To this end, the following section outlines tangible strategies to get involved in social justice advocacy. We utilize Bronfenbrenner’s ecological systems framework (microsystem, mesosystem, exosystem, and macrosystem levels) to provide a graded, developmental approach for transitioning to a social change agent.

### A Systems Approach to Advocacy

How an individual relates to and is influenced by their immediate environment and greater social contexts can be examined at the microsystem, mesosystem, exosystem, and macrosystem levels. Factors at each of these levels influence each other and contribute to inequalities in healthcare services and outcomes.

The **microsystem** level advocacy focuses on knowledge of the relationship between individual patients and their immediate environment, including their family, friends, colleagues, place of work, and religious institutions. **Mesosystem** advocacy involves addressing inherent, reciprocal connections among an individual’s microsystems. For example, a patient may no longer be able to work due to a neurological condition, which might increase financial stressors and conflict within the family microsystem. **Exosystem** advocacy is oriented toward enacting change in large-scale systems that may indirectly affect the patient, such as at the organizational, state, regional, and federal levels. Finally, **macrosystem** advocacy targets addressing the overarching societal and cultural ideologies, such as the predominance of individualism within US culture, that perpetuate bias and disparities.

Opportunities for neuropsychologists to engage in the process of dismantling inequities across variables such as race, ethnicity, gender, religion, sexuality, disability status at each of these levels are described below (see Figure 5.1).

### Bite-Sized Advocacy: Advocating at the Micro- and Mesosystem Levels

For those who may feel overwhelmed by the process of engaging in social justice advocacy, a sustainable approach may be to start with “bite-sized” advocacy by incorporating advocacy into everyday actions in your clinical and research practices. Goodman et al. proposed six key elements in social justice advocacy: (i) ongoing self-examination, (ii) sharing power, (iii) giving voice, (iv) facilitating conscious raising, (v) building strengths with patients, and (vi) equipping patients...
with tools that promote social change. Examples of how to implement this model to incorporate social justice advocacy in clinical service and research are included below.

**Self-Examination**

Neuropsychologists are encouraged to engage in ongoing self-examination and cultivate self-awareness, as these practices are often cited as the first steps to making meaningful progress toward becoming a social change agent. It is important to identify our own privileges within intersectional identities, reflect on what we have been taught to believe about ourselves and our worlds, and learn how inequities are formed and maintained. For instance, prior to meeting with a patient, some self-reflective questions to consider may include: (i) What assumptions might I have about the patient? (ii) Do I have the appropriate knowledge base to effectively serve this patient (e.g., knowledgeable about appropriate norms or linguistic expertise)? (iii) Would the patient be best served by consulting with a colleague or referring to another provider? Regarding self-examination of broader advocacy efforts, Ratts and Ford developed the Advocacy Competencies Self-Assessment Survey (ACSA) for assessing one’s advocacy competency across domains of patient empowerment, patient
advocacy, community collaboration, system advocacy, public information, and social/political advocacy. Assessing strengths and areas of growth is critical, as this knowledge informs where to “anchor” your efforts in advocacy for maximum impact.

**Sharing Power**

It is important to develop a critical consciousness about power differentials that exist between patients and providers, supervisors and trainees, managers and staff, investigators, and research participants. Tyler et al. suggest that neuropsychologists be equipped to identify the impact of social determinants of health (SDoH: https://www.cdc.gov/socialdeterminants/index.htm) in patients’ healthcare. Neuropsychologists may be the first to identify unmet needs, witness the effects of inequities, unjust policies, and barriers to access adequate health care. When possible, neuropsychologists can then use their power to identify disparities and obtain resources for their patients. One such example is illustrated by the Spanish TeleNP Assessment and Research (STAR) Consortium, which rapidly formed to guide and support neuropsychologists serving Hispanic/LatinX populations during the COVID-19 pandemic. Specific barriers to telehealth identified in these communities included not having required equipment (e.g., computer, internet access) or a quiet space to have a private discussion or complete testing, and lack of technical knowledge. Highlighting these needs has promoted advocacy within healthcare and research institutions to address these barriers by providing technology and patient education/support, effectively increasing access to teleneuropsychology services by underserved communities.

**Consciousness Raising and Giving Voice**

Consciousness raising involves raising awareness of the role of racism, sexism, discrimination, socio-economic, and other cultural factors that impact well-being, while giving voice entails providing a safe and nonjudgmental platform for patients to share narratives about their lives, questions, and goals. For example, within the assessment process, neuropsychologists might facilitate discussion during the clinical interview about societal factors impacting patients’ well-being and functioning and include these factors in the social history of the report. Cultural differences including linguistic barriers may prevent patients from accessing care or receiving equitable care. Subsequently, giving voice would involve amplifying the patient’s narrative to improve accessibility of healthcare services to diverse communities. This may include advocating for materials to be provided in multiple languages and providing interpretive services at no cost to the patient. Similarly, in the context of research, consent forms and research measures should be offered in commonly spoken languages within the recruitment area. Hiring outreach and research coordinators and having principal investigators who are familiar with diverse groups and understand different cultural views about participating in research can help improve the experience for the participant and increase the diversity of research cohorts. Further, empowering communities to take the lead in shaping research design and participant recruitment within their community is another way to give voice and agency.

**Building Strengths and Equipping Patients with Tools**

Focusing on the strengths of patients is critical in social justice advocacy at the level of direct patient care. In the context of the neuropsychological evaluation, neuropsychologists could elicit patients’ and their family’s strengths by asking about cultural protective factors during the clinical interview, giving self-report measures that specifically query about positive aspects of their support systems (e.g., Positive Aspects of Caregiving Questionnaire), and directly discussing...
patient’s strengths evidenced on testing during the feedback session. During the course of an evaluation, sharing power may manifest as a neuropsychologist providing a patient with educational resources and directly assisting her/him/them in navigating the social safety net in the healthcare system and community. Taking care to build connections with non-profit organizations and state agencies is another way to alleviate burdens through partnerships, with the ultimate intention of empowering patients and their families to become advocates in their healthcare.

**Large Scale Advocacy: Advocating at the Exosystem Level**

Neuropsychologists and our professional organizations are involved in exosystem level advocacy via promoting legislation and policies that improve access to healthcare services and address needs of underserved communities. This work may involve practice organizations advocating for neuropsychological and psychological services to be included in healthcare coverage plans. Given the complexity of navigating local, regional, and national policies, the benefits of *coordinated advocacy* are demonstrated by the Inter-Organizational Practice Committee (IOPC), which was formed in 2012 and consists of practice chairs of several national neuropsychology organizations. The IOPC published a model of 360 Degree Advocacy that includes the IOPC, national neuropsychology organizations, state, provincial, or territorial associations (SPTAs), regional neuropsychology organizations, and the American Psychological Association Practice Organization (APAPO).

At the federal level, the APAPO has highly impacted the Current Procedural Terminology (CPT) coding system and facilitated neuropsychologists’ involvement in the CPT Editorial Panel (i.e., Drs. Antonio E. Puente and Neil Pliskin). Advocacy for healthcare coverage of neuropsychological testing and other services still has a long way to go. From a social justice perspective, the lack of reimbursement for the additional time and effort required for culturally informed neuropsychological evaluations may contribute to providers not engaging in this type of work. Rather than accepting the constraints of the current healthcare system, we need to bring these issues to the forefront of advocacy agendas and push for changing the larger systems in which we function in order to provide equitable care to our patients. One option may be to advocate for billing systems to include additional add-on codes for reimbursement of cultural complexity reimbursements. Another incentive could be licensing boards providing continuing education credits for literature reviews required for culturally responsive evaluations.

Neuropsychologists can also impact federal-level policies related to access to care by responding to calls for action. For example, APA organized a call to action of members to amplify the message to support permanent Medicare coverage of audio-only tele-behavioral health services and to co-sponsor the Tele-Mental Health Improvement Act (S. 66048) in the Senate. For these types of requests, templated responses (with the option to add in personal examples) and information about contacting one’s representatives make contributing to advocacy efforts easier for members. High response rates demonstrate that our field will not tolerate policies that limit access to care for many ethnic/racial minoritized communities. Neuropsychologists are encouraged to take the initiative to write, call, or make contact with their representatives and, as a constituent, voice support for measures that have the potential to improve the lives of underserved or oppressed individuals. We have a duty to contribute to our collective voice at the federal level and can no longer ignore these requests. Becoming an active member, joining legislative and advocacy committees, and running for leadership positions in state-level psychology organizations are identified as some of the most effective ways to create meaningful change to benefit neuropsychology practice and our patients. Most professional organizations in neuropsychology have ethnic minority and/or advocacy committees with core missions to improve access to quality neuropsychological services for underserved individuals (see Table 5.1).
In addition to advocacy for access to healthcare and favorable practice climates, neuropsychologists can and should play a role in addressing larger issues of social justice. For example, culturally united sister organizations that have emerged recently include the Asian Neuropsychological Association (ANA), Society for Black Neuropsychology (SBN), and Hispanic Neuropsychological Society (HNS). These groups have joined together on several initiatives to address systemic racism and social justice issues within neuropsychology and beyond. In response to the tragic deaths of George Floyd, Breonna Taylor, and many others, these organizations made official statements to be resolute in efforts to fight against systemic racism and racial health inequities. Other actionable steps have included encouraging members to support the Justice in Policing Act (H.R. 1720[49]) and resist Immigration and Customs Enforcement policies that affect the international community within the United States. SBN, HNS, and ANA also collaborated on providing powerful culturally relevant webinars (e.g., cultural humility, addressing microaggressions, advocacy in neuropsychology). Spurred by SBN leadership, these three sister organizations along with the National Academy of Neuropsychology (NAN), submitted statements calling upon State and Federal legislative bodies to ban the death penalty for offenses committed prior to age 21. As neuropsychologists, we were uniquely positioned to comment on this issue based on our expertise in brain development research. Other examples of neuropsychological organizations joining larger advocacy efforts include the ANA Advocacy Committee working with Stop AAPI Hate, an advocacy group for Asian Americans and Pacific Islanders, to provide resources for addressing racism, bullying, harassment, and trauma of youth and adults, which escalated during the COVID-19 pandemic. The Queer Neuropsychological Society is the newest collaborative partner for cultural identity based groups in the field.

**Transformative Advocacy: Advocating at the Macrosystem Level**

If the specialty of clinical neuropsychology would like to affect real, impactful, and lasting change, it will need to consider the culture of its own field. As discussed earlier, neuropsychology has taken on the mainstream culture of the academic system in which it is embedded. If we take a look at the history of academia, we will see that the culture of universities was inherited from European universities and was based on hierarchies, elitism, and exclusion.50 The United States, like other countries such as New Zealand, then superimposed their own pioneering culture onto this inherited culture and added individualism, toughness, and physical prowess.50 These are characteristics of a patriarchal society, where senior-level males have dominion over junior-level males and are allied by the descent in the male line.51 This culture and system maintains racism, sexism, prejudice, and oppression, which is harming our colleagues, students, and patients/clients. One alternative structure for the field would be to transition to a matriarchal culture that is founded on an egalitarian system, as opposed to a hierarchy, where cooperation, collaboration, community, collectivism, and nurturing are paramount values.52

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**Table 5.1 Professional organizations and committees addressing inequality in neuropsychology**

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<th>Organization/Committee</th>
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<td>American Psychological Association (APA)</td>
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<tr>
<td>Society of Clinical Neuropsychology—APA Division 40 (SCN)</td>
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<tr>
<td>SCN Division 40 Ethnic &amp; Minority Affairs Subcommittee</td>
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<tr>
<td>National Academy of Neuropsychology (NAN)—Culture and Diversity Committee</td>
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<tr>
<td>International Neuropsychological Society (INS)—Culture Special Interest Group</td>
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<tr>
<td>American Academy of Clinical Neuropsychology (AACN)—Relevance 2050 Initiative</td>
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<td>Society for Black Neuropsychology (SBN)</td>
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<td>Hispanic Neuropsychological Society (HNS)—Social Justice and Advocacy Committee</td>
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<td>Asian Neuropsychological Association (ANA)—Advocacy Committee</td>
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<td>Cultural Neuropsychology Council (CNC)</td>
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<td>Queer Neuropsychological Society (QNS)</td>
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The main statement is that there is a desperate need to create change. It may take a long time to get to this level of change in our field; however, this type of real change is imperative in order to not only retain our colleagues from underrepresented groups and encourage/attract students from underrepresented groups to be a part of this field, but also to provide the type of services our diverse patients and clients deserve. In order to initiate this kind of change, the leadership in our field and each individual will need to do their part.

Tangible steps that can be taken include:

- Individuals in leadership roles who model behaviors that are in line with matriarchal values such as inclusive decision-making, transparency, and consistency.
- Creating a vision that includes social justice and advocacy at all levels in the field, from graduate programs, to training sites, to professional spaces.
- Improving the culture of institutions for diverse faculty and trainees by diversifying the workforce to decrease isolation experienced by many individuals from underrepresented groups.
- Changing current promotion systems in academic institutions that emphasize and reward research productivity above all other activities, while advocacy work often goes unrecognized, and remains constantly devalued in promotion.

Table 5.2 summarizes the steps involved in advocacy at each level.

Where Can Equity and Advocacy Lead Neuropsychology?

We have honestly discussed what, why, and how neuropsychology can integrate advocacy and social justice practices. We turn now toward answering the question, where can equity and advocacy lead neuropsychology? The answer is toward transformational justice and greater social responsibility.

Transformational Justice

A framework is urgently needed for our collective shift in frame of reference. Transformational justice is a well-known framework in the field of criminology designed to create change in social systems. Specifically, transformative justice “is defined as transformative change that emphasizes local agency and resources, the prioritization of process rather than preconceived outcomes and the challenging of unequal and intersection power relationships and structures of exclusion at both the local and the global level”\(^{53}\) (p. 340). It shifts the focus from reducing health disparities (i.e., restorative justice) to transforming the roots of the harm (i.e., structural “isms”). One example in neuropsychology is the treatment recommendations for a patient diagnosed with diabetes from a low-income, underserved, marginalized, and minoritized community. A typical recommendation is to modify the diet to be more aligned with the Mediterranean diet. Although an evidence-informed treatment recommendation, it inadvertently obscures the structures (racial segregation, red-lining, increase prevalence of fast-food chains, and liquor stores) sustaining this medical condition. Partnering with community organizations to advocate for increased numbers of affordable grocery stores and parks is instead a transformative action toward equity and social justice for the patient and their community. Other examples include the intention of ending conditions such as poverty, trauma, isolation, heterosexism, cis-sexism, xenophobia, white supremacy, misogyny, ableism, mass incarceration, forced displacement, residential segregation (including gentrification) and slavery.

The slow movement toward equity and social justice within psychology is also likely driven in part by the unchanged composition of our structural leadership. Historically, many fields, including neuropsychology, have engaged in restorative justice,\(^{54,55}\) where the onus is on the individual,
### Table 5.2 Steps to advocacy in neuropsychology at each level

<table>
<thead>
<tr>
<th>Level</th>
<th>Steps to Advocacy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Micro- and mesosystems level</strong></td>
<td></td>
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<tr>
<td>Self-examination and self-awareness</td>
<td></td>
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<tr>
<td>• Complete the Advocacy Competencies Self-Assessment Survey©</td>
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<tr>
<td>• Understand your own identity development and intersectionality of identity</td>
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<tr>
<td>• Identify your own privileges (e.g., educational, gender, race, etc.)</td>
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<tr>
<td>• Reflect on your beliefs, values, assumptions, and worldview</td>
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<tr>
<td>• Learn how inequities are formed and maintained</td>
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<tr>
<td>• Consider power differentials between patients, providers, and institutions</td>
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<tr>
<td>Education and training</td>
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<tr>
<td>• Students: Request instruction and guidance on incorporating advocacy into your training and professional development</td>
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<tr>
<td>• Faculty: Create a curriculum that includes principles of social justice and involvement in advocacy work</td>
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<tr>
<td>• Attend presentations and seek continuing education on advocacy and socially responsive neuropsychology</td>
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<tr>
<td>Patient care</td>
<td></td>
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<tr>
<td>• Identify unmet needs, unjust policies, and barriers to adequate care for your patients</td>
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<tr>
<td>• Develop understanding of your patients’ social, cultural, community environment</td>
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<tr>
<td>• For assessments, seek options for testing in preferred language, use appropriate norms, and include strengths/protective factors</td>
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<tr>
<td>• During feedback, provide patients with resources in their community and education to navigate the health system</td>
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<tr>
<td>Access to services</td>
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<tr>
<td>• Provide informational materials and interpretive services in different languages</td>
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<tr>
<td>• Educate treatment providers on the importance of using interpretive services and avoid using family members to replace interpreters</td>
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<tr>
<td>• Offer options for low-cost healthcare for those in financial need</td>
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<tr>
<td>• Provide transportation, lodging, community resources, respite, and childcare if needed</td>
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<tr>
<td>• Offer telehealth options and address technology barriers</td>
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<tr>
<td>Community involvement</td>
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<tr>
<td>• Provide outreach and community education to increased patient awareness of neuropsychology and how to gain access to services</td>
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<tr>
<td>• Build relationships and trust with community-based organizations</td>
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<tr>
<td><strong>Exosystem level</strong></td>
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<tr>
<td>Professional organizations</td>
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<tr>
<td>• Become an active member in national, state, and/or regional organizations in psychology and neuropsychology</td>
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<tr>
<td>• Join a cultural neuropsychology organization and/or advocacy and social justice committee</td>
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<tr>
<td>• Serve as a mentor and/or sponsor students from under-represented groups to attend conferences</td>
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<tr>
<td>Training guidelines and accreditation</td>
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<tr>
<td>• Urge APA to include social justice and advocacy competencies for program and training site accreditation</td>
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<tr>
<td>Healthcare coverage</td>
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<tr>
<td>• Advocate for add on codes for cultural complexity reimbursements to improve access to services</td>
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<tr>
<td>• Respond to calls for action to contact representatives to support healthcare access and social justice policies</td>
<td></td>
</tr>
<tr>
<td>• Build relationships with representatives in your district and keep them informed of relevant issues</td>
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<tr>
<td>• Provide expert opinion to policy makers to improve access for patients and address disparities</td>
<td></td>
</tr>
<tr>
<td>Policy and legislation</td>
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<tr>
<td><strong>Macrosystem level</strong></td>
<td></td>
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<tr>
<td>Culture of the field</td>
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<tr>
<td>• Model behaviors consistent with matriarchal values (e.g., collaboration, community, collectivism, and nurturing)</td>
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<tr>
<td>• Make efforts to diversify workforce and support recruitment and retention of diverse trainees</td>
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<tr>
<td>• Reward advocacy work through promotions, bonuses/raises, and time release from other responsibilities</td>
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</tr>
<tr>
<td>• Provide support (e.g., self-care opportunities) to trainees and colleagues who are actively engaging in advocacy</td>
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and the primary focus is on human violations and the need for healing and restoration of individuals and relationships. The transformative justice movement ignited by Ruth Morris in the late 1990s challenged such restorative justice approaches because it did not address issues of oppression, injustices, social inequities, and the sociopolitical and economic context driving the conflicts.36

The movement of advocacy in neuropsychology more recently reflects the transition from restorative justice to transformative justice. This has been depicted in our colleagues from underrepresented communities creating support spaces and trying to reclaim power. Unity among new cultural neuropsychology groups such as SBN, ANA, HNS, and QNS promotes systemic change by elevating voices and lived experiences of marginalized and minoritized communities. Through this approach, transformative justice resists the “one-size justice” fits all justice across space and time. It embraces the process and its continual iterations as more individuals join the movement. If the world is to be transformed, we need everyone to transform and everyone to be voluntarily involved in critical dialogue together. We understand that not everyone wants to engage in transformative justice. We also understand that their engagement means social status and financial loss. However, we also understand that not engaging in this transformative justice movement will increase irrelevance of the field.

Social Responsibility in Neuropsychology

Relatedly, the field can earnestly implement an ethical framework of SRN that suggests that “each person, organization, and institution have an inherent responsibility to act in a manner that promotes the positive growth of, and protects the rights of every individual”57 (p. 17). When the field can move toward a more equitable and collectivistic culture and share the responsibility of diversity, social justice, and advocacy work, we can reduce harm, support the success of all members, and provide the quality of care that our patients/clients, trainees and research participants deserve.

Conclusion

Neuropsychology has the opportunity to learn from other fields (i.e., community psychology, counseling psychology, nursing, public health, sociology, anthropology) and to blaze a new trail that can effectively protect, include, and nurture all of its constituents equitably rather than equally. This chapter integrated transformative learning and transformative justice frameworks to anchor equity and social responsibility in neuropsychology while highlighting step-by-step suggestions for neuropsychologists on how to engage in advocacy work on a consistent, daily basis. We intentionally seek to raise critical consciousness, or conscientization, in which we as individuals become aware of, acknowledge, and reckon with the pervasive history of structures predetermining the lived experiences and conditions of both the oppressor and the oppressed.58–60 Only then can we engage in an interactive process in which true reflection leads to transformative action,54 specifically directed at transforming structures of oppression. The time has come for neuropsychologists to step into our roles as social change agents alongside underserved and historically marginalized communities.

Lilla Watson, an Aboriginal elder, activist, and educator from Queensland, Australia, used these words to capture the “why and how”: “If you have come to help me, you are wasting your time. If you have come because your liberation is bound up with mine, then let us work together.” Our role as social agents is not to save people and show them the way to salvation. Our role is to save ourselves from the perceptions and attitudes perpetuating colonial and capitalistic mentalities that are corroding our teachings, science, and practice. The time is now to be awakened and take action. Our own humanity depends on it.
References


