Culturally Responsive Assessments: Unraveling Structural Racism to support Black and Latinx Youth
May 2024

INTRO 00:00-00:20
Welcome to Partners for Advancing Health Equity, a podcast bringing together people working on the forefront of addressing issues of health justice. Here, we create a space for in -depth conversations about what it will take to create the conditions that allow all people to live their healthiest life possible.

00:30-01:07
CARYN:
This is part two of our discussion with Zoe Smith and Marcus Flaks, who are working to understand and address the effects of structural racism on neurodivergent adolescents with ADHD.
In this episode, we discuss the intersections of trauma, racism, and exposure to violence that affect Black and LatinX Adolescence. the idea of radical hope and liberation, and what needs to happen in the system and our society to improve the overall well -being of youth.

01:09-09:29
CARYN:
Another area that I think you all's work validates a lot of people's experiences, racism, and trauma, even thinking about exposure to violence, but there's all sorts of trauma. You know, I live in New Orleans, we are located here in New Orleans and we had a mass shooting outside of a nightclub last night and I am right now, you know, processing what happened and just feeling those things. And then I was like, oh, I have to get up here and do a podcast on Zoom. So I just, you know, think about, uh, youth and adolescence and how they have to process, um, things like trauma, like exposure to, um, violence. And so I was wondering if you all could explain, um, either broadly or in detail, or however you want to, how ADHD racism and trauma linked.

ZOE:
Yeah. Well, first, I just want to say, wow, it's a lot. And I think that there, this is something Marcus and me and our team talk about a lot is like being in community, but also, you know, learning about a mass shooting that affects people that look like you or that you love.
It is just impossible to go on and do work again.
And that has been a difficulty that we've been trying to navigate around the trauma that our youth are experiencing. And so I just want to say, I don't, I mean, there's not a great thing to say. It's like, damn, I don't think we can swear on this, but whoops. But it's just exhausting to keep going.
And when this, when this happens and right, like in Chicago, we had a few mass shootings this weekend and, you know, youth were killed, black youth were killed. And it's just so terrifying and disheartening.
And often it feels impossible to keep moving on and keep doing this work. And so, yeah, I just want to acknowledge that and say that that's something that we talk about a lot.

And as clinicians, how do I still think about Marcus? Like Marcus is like, how do I work on my thesis when I'm hearing about all this trauma? And it's really hard. It's not easy.

And I've been experiencing that as an early career faculty member. And oh, I want to get 10 year. I want to stay here as long as I can and writing and... thinking can be almost impossible when the world is just on fire and everything is happening.

And so something that we talk about in my team, and I saw it on Twitter and I don't remember who said it, I wish I could find it, is that there's this rug of oppression.

And if you're pulling on a string, and Marcus is pulling on a string, and I'm pulling on a string, or we're pulling on a few strings, we're going to start unraveling that rug. And so, you know, our goal is to eradicate racism and to increase mental health access to all families. And so doing this work and talking about the work is so important.

And it helps me to just remember, okay, I'm doing my best at pulling on my strings and I can't pull on everyone's strings and I have to trust that other people are doing that. So, but to answer your question, so it's really interesting. So I was trained in a ADHD lab at Virginia Commonwealth University.

We were a school-based intervention lab where we went to schools or trained mental health providers to do youth interventions schools because that's where kids are.

So let's do it there so that we don't have this research to practice gap of, oh, if you come here and do it with us, but then how does the community actually keep going?

And so we did a lot of ADHD work. I would do assessments for those projects. And we did not do a good job of assessing for trauma.

And then I went on internship at UChicago. And I was really excited because there was a specific trauma assessment rotation with Dr. Sonia Denizulu. And I was so excited to have matched there, to be there, because I was like, okay, this is, I need to learn how to really assess her trauma.

And so during, so I was part of the React Clinic, which is, oh gosh, okay, I don't exactly remember what it stands for, but you can look it up.

But it was basically focused on youth who experienced community violence and who or live in areas where they experienced community violence.

And they would come to us and we... would do an assessment where we would, um, is a little bit less involved as the, uh, the craft assessments, which is our project.

Um, but you would, you know, talk to the families, you talk to parent, talk to teen, talk to younger kids. It was all ages. Um, and we would assess for trauma. And what we found out was that there was a lot of neurodivergent youth.

There was a lot of kids who had ADHD, also was experiencing trauma. And so I was looking at the literature to just see, oh, you know, I guess, like I had this thought that something around there was happening, but I was like, what is really going on here? And there's not many people looking at ADHD and trauma.

And in particular, ADHD, it has really focused mostly on white, upper to middle class boys. And so the intersection of ADHD, racism, and trauma is that we just haven't been looking at it. And because we're not looking at it, because we haven't developed assessments and interventions specifically for youth who have ADHD, have experienced trauma, and are experiencing racism, which is a type of trauma; have a lot of different experiences than youth with ADHD who don't have those additional stressors, basically.

And so, really, these things, ADHD part of it is that you can struggle to focus or pay attention or recognize what's going on in your surroundings.
And so that can lead to, if you live in an area that is, it's not always safe to walk around, that can be really unsafe and can be really traumatic, and you can unfortunately end up experiencing more trauma than maybe you said are more in tuned, or you become in tuned and hyper-vigilant and then get a diagnosis of PTSD on top of that ADHD. And so really, we've been, that's been something we've been asking a lot about is like this, this discrimination that youth are experiencing, the discrimination they're experiencing in the healthcare system, which is, has led to a delay in diagnosis for black and brown youth. And unfortunately, even though the family, some of our families have gone to pediatricians, gone to other providers, we even had a family that had a full neuropsych assessment that when I read it, I was like, "This is very clearly ADHD. They weren't given a diagnosis at ADHD." The only thing I can think of is that that has to do with racism and discrimination, that they didn't believe the family or the neuropsych actual tests, the test showed that there was absolutely ADHD in the long history of ADHD. Woof, okay, I don't know. I don't know, Marcus, do you have anything to add about ADHD, racism, trauma, those connections?

09:29-10:49

MARCUS:
Yeah, I think the three things that they have in common is that they're labels.
Our teens know that they're struggling and whether-- it's ADHD, trauma or racism, it's affecting them in all different ways and they know it's affecting them. And for them, that's all that really matters.
And so they can get a diagnosis of ADHD, we can put discrimination in the report, we could talk about trauma, we can give a diagnosis of PTSD, but they're really here for support and to receive some kind of service.
And I think by... Moving away from being focused on the labels and instead thinking about how can we best support our teens is what really matters because at the end of the day racism can be just as painful as the trauma they experience walking home from school and their difficulties of experiencing discrimination because of their ADHD difficulties can be just as painful as experiencing racism, so, when we, as clinicians, as the field of psychology, focus on how can we support and build interventions for youth who are just experiencing difficult things in general, we can build a better society, a better society that's focusing on the needs of our teens and people who are going to eventually become adults.

10:50-15:31

ZOE:
Right, like something we've talked about a lot is that comorbidities like having multiple multiple diagnoses is more the rule, not the exception anymore, that our youths are struggling. The pandemic affected us as adults.

I know I still struggle to socialize normally. My executive functionings have gotten much worse since then, and partially probably because of the actual sickness, but also because of that shutdown, it really affected our development. And so we need to think about the youth that we're working with right now that happened during really pivotal developmental time periods when socializing with other teens, with other young people was really messed up, was really affecting them. And so we're seeing a lot more of multiple diagnoses.

And so just like Marcus said, and how I actually train. Marcus is also in my child treatment class and how I train people is not, okay, if you have ADHD, this is the first route.

Okay, if it's trauma, this is the first route, because a lot of our teens now or a lot of our kids that we're working with have this intersection of experiences. And so we need to assess and intervene in a way that is acknowledging that context and acknowledging those experiences.

And a lot of times, again, thinking about incentives for grants and for funding that in psychology, particularly in clinical psychology, it's been randomized control trials. And so people are trying to control every little thing and trying to pretend that we're chemistry or physics, where we can control things. And that's not... how humans are and so the interventions that we have that are called evidence -based we always have to ask evidence -based for whom? and it's not people who are experiencing these complex stressors at a young age and so the other thing that I forgot to mention is something called developmental trauma disorder and so this does not exist in the DSM but it is such a clear and evident experience that our black and /or Latino youth are experiencing, and it's not just them, but because these youth have this additive racism or xenophobia or other like a culturative stressors, it's becoming very apparent that this exists for them. And so what developmental trauma disorder looks like is kind of similar to how we can set complex PTSD. For those that don't know PTSD, the first criterion and the way that you ask about PTSD is you have someone pick the scariest event that they've experienced. But with racism, with complex trauma, with, you know, abusive healthcare and school systems, there's not just this one event where it's... like a car accident or an assault or something like that.

There's not just one really scary event. And so if we think about it, there's this allostatic load. There's this additional interactive effect of these complex traumas that we're experiencing.

And of course that affects adults too, but when we're thinking about developing bodies and brains, we really need to be understanding of how, when our brains and our social skills and our attachment and our build, how to build relationships and executive functioning, when we keep adding complex stressors, when we keep adding chronic, you know, oppressive experiences like racism, like sexism, like genderism, then our youth are really, really affected. And so that's something we also talk about with teens. And even though it's not a diagnosis in the DSM, we talk to them about that. We say, listen, I know PTSD doesn't really make sense. Like we think of PTSD, we think of adults, we think of war veterans, or we think of like a kid who got in a car accident.

And I get that that's not, you know, what your experience is. That's what fits right now for the DSM to get treatment. But what you're really experiencing is this kind of complex effect of trauma.
And we need to think about how we can make you as healthy and well as possible, knowing that unfortunately in this world, you're gonna keep experiencing discrimination and racism and other repressive experiences.

15:32-16:31

CARYN:
Thanks for explaining that. Thanks also for bringing up randomized controlled trials. And I'm victory anti -them for real people in the real world.
So I think that that example though, just talks about how these fields that we're in do not acknowledge or even understand, or even want to understand the real lived experiences of the people that they, that we want to help and that these fields presume, or at least they say that they want to help and they're not talking about, um, the real world. So, our appreciation, lifting that up, um, what I wanted to ask, though, is how each of you.

Sort of come to this work. What what? What's the background? How did you get here? Why are you doing this?

16:32-18:23

MARCUS:
I could start, so I started in a research lab at Rutgers Newark where I was working in a lab that was examining how Infants pick up threats in their environment and it was really interesting work, and I remember what we were seeing in the lab was that infants whose mothers had high levels of anxiety, the infants were more attuned to threats in their environment.
And this got me interested in intervention research, because if babies are showing signs of anxiety at one year's old, year and a half, two years. What's being done to help those kids when they get to preschool, kindergarten, first grade? That took me to my master's program, which was done during the pandemic, where I worked in a lab that was focused on adapting a social anxiety intervention for black adolescents.
And that was interesting because while we were going into the school to talk to them about social anxiety, we started with focus groups. And in those focus groups, you wanted to get their experiences abour social anxiety and what was like socializing at their school, but a lot of what we were hearing was, “I don't feel safe, like I'm not talking to people because not because I'm afraid, but because my like, if you say the wrong thing, you can get made fun of you can get bullied.” And so from there, I found Dr. Smith. It was a new lab. And so I was a little nervous coming in, being the first grad student, but I knew the work that she was doing was extremely important because she's one of the only researchers that I could find doing this work.

And so coming in as the first grad student and learning how to do clinical interviews, learning about the DSM has really shaped my clinical psychology grad school experience.

18:24-21:28

ZOE:
I'm so glad you're here, Marcus. I mean, Marcus is amazing. They're just the best. And I couldn't ask for a better first grad student. So I'm so glad to end.
Marcus wouldn't say this about themselves, but just has really shaped the lab and how we do things and how we think and how we see things and has just this brilliant mind for research.
And so I'm just so excited at that you're here here. So thank you. For me, how I came to the work was I knew I wanted to work with kids, but I knew I didn't want to be a teacher because I knew I didn't have the patience to be a teacher. And so the only other job I could think of to work with kids was being a child psychologist. And so I was like, "Let me just see how this goes." And I got really fortunate. I worked really hard, and I was able to kind of learn. I kind of lucked in to navigating the system a little bit.
I had some good vent doors, but there were some things that were really helpful in shaping my interests to this work. And so a big part of it is that I just feel like I'm always wanted to support the people that were getting left behind.
And so I was, you know, really, I was pretty successful in high school and college because I just, well, some parts of those times, some parts were a little hard. But academics was something that I was able to really work on, but I was able, I saw a lot of peers or a lot of other people who fell through the cracks or who experienced too many stressors at a young age that they just weren't supported.
And so I just thought, that is so unfair. That is not OK. And I have this sense of justice that is really strong. And so-- that really brought me to being a clinical psychologist and wanting to work with kids and particularly wanting to work with Black and /or Latino, Latine, Latino kids because of the racism and discrimination they're experiencing in the school system, in the healthcare system, in the world. And I was seeing, and now there's a lot more, but when I was getting trained, there were very few people, focused on supporting them I was like, "Well, what about us? Why can't we get support from people that have similar lived experiences?" That's what I've built our team around, is providing these culturally responsive assessments, interventions, positive mental health experiences for families that have similar lived experiences to people on my team, and that's really important to me.

21:29-23:39

CARYN:
So, you both talked about your training, actually, in that response, and, you know, you also talked about how this work is rooted in the lived experiences of Black and Latin A teens.

I guess I'm wondering, what is it like for you to do this work having received training that might not even broach the areas that you're working on?

MARCUS:
The best way I can put it is each visit, so to speak, is a new slate. I don't know what I'm going to go in expecting. I think that's for the best because each team is unique and they show up with their own set of experiences, their parents show up with their own set of experiences. And to Zoe's point, the way we do our work, the way we do our assessments has been done so little throughout the field.
And so we're taking the knowledge and what we learn from our families and from our visits, and hopefully we can train new people as new people come to the lab,
we'll train them, we'll write papers, we go to conferences and we really get to lay the groundwork for doing better assessments. And that's a really important but really challenging task.
And to that I will say as a grad student it's very difficult to balance being a grad student, being a clinician, but then also doing assessments for teens who are seeing some of the worst things that a child could see.
And the reason why there's no training on these topics is because not enough people have done the work to come together and be like, okay, how can we train people to do this better? And so hopefully by the time I'm a professor, by the time Zoe has tenure, there's more people who've been inspired by the work that we do, that we can finally come together and create training programs, we can create manuals, we can train teachers on trauma -informed teaching, we can start building the frameworks to doing more trauma -informed work.

23:40-26:45

ZOE:
Yes, I love that. I think the simple anwser is it's exhausting and it's frustrating that there's a lot of unlearning you have to do within clinical psychology because we do focus so much on the individual in psychology.
And we have to unlearn that individual interacts with systems, interacts with contacts, interacts with other people. And so we really need to unlearn the, okay, we're going to talk about diagnoses during assessments. And then in therapy, we're going to talk about coping skills. And we need to do a lot of unlearning and recognizing that there's a lot we don't know still because there hasn't been,
you know, there's a lot we don't know, but there's also a lot we do know if we just listen to people and what they're asking for. And that's what we do. We just listen. And then we do what people need us to do.
And we do talk about how frustrating it is, like, you know, a lot of us go into child clinical psychology because we want to help and support youth and their families.
And at the same time, we can't dismantle all of these systems that they're right now. We will, but we can't right now at this exact instant. That can be really heartbreaking.
I think that that's something we try to talk about. I think I always have individual meetings with grad students and I try to check in about that and we do it during lab

meetings because it's really hard to have this really intense assessment and then have to go write a paper for your social site class that may or may not be focused on systemic racism or oppression or other things.
It's really hard to task-switch. It's almost like code switching in academia and thinking about the way that we do assessments.
I often have to say, you know, when you go on your assessment practice, it's going to look different. It's going to look different. And here's how it looks different, because we recognize the racism in these standardized, these standardized assessments are really problematic. And so here's how we address those things during our, during our craft assessments. And so, but when you go to another place, they're probably not going to be doing that. And so you need to remember, and almost have to like code switch, task switch in, in that kind of, I don't want to call it learning environment, but I guess, yeah, like the are new and not as well-known and haven't done all of that, Marcus said, yeah, once Marcus creates this amazing center and as a professor and all of these things will have a lot more people doing this work, and right now, it's just not how everyone trains graduate students.

26:46-28:46

CARYN:
I'm going to give my two cents here. I'm going to give my two cents here and say that that's annoying. I often feel the same way that, you know, depending on who I'm talking to, even I think of it in terms of like a lens or like a world that I'm in, when I'm focusing and studying black people's health, that's what I do. I'm thinking totally differently than when I am interacting or talking with people who are looking at it from a totally different lens or worldview.
And it is additional work that practitioners and scholars who are doing this work in the way that which we're doing it have to do.
And it takes time and it takes energy. And I find that it makes things slower. And you mentioned being in a capitalist system several times.
And I just wanted to, I think I wanted to point that out for me as well as for our listeners that this is not easy and it takes additional energy.
What do you all think of that?

28:47-29:29

ZOE:
Big yes. It's exhausting and it's this additional labor that health equity scholars have to deal with and it's messed up and not taken into consideration for academic milestones, like these, like classes, like dissertations, and then publications, and then tenure, and all of these other things. It's not acknowledged. And then the people that are doing the problematic things are then the ones that often like vote on whether you pass your thesis or get keep your job.
And it's exhausting. And I've talked to a lot of other assistant professors who are black or Latina or Asian and we're struggling and our grad students are struggling because

often we bring in grad students who have similar lived experiences to the people that we serve.
And that was, you know, I have always been pretty vocal and pretty strong activist, even as a psychologist. But, you know, once Marcus came, I was like, no, we will not be treating you like this. We will not be treating our students like this. And of course I cared about all the other students too, but once, you know, I saw how our assessments were being done and how I teach my classes and the comparison to others. It's exhausting and it makes me angry all the time and it makes me worry about the health of myself and my students and, you know, everyone else who's dealing with this. It's, yeah, it's, it makes me angry. Honestly, it makes me really, really angry and frustrated.

30:00-32:07

MARCUS:
My first mentor told me that doing a clinical psych PhD is like working two full-time jobs, and I think at the time I could not conceptualize what that was like. Once I got here, I understood, but as Zoe was saying, there's still this added piece of the work that we do and how exhausting it is, and then switching back and existing within a system that doesn't look at it the same way we do. And just like Zoe, I'm exhausted as well. But getting to do that work is what keeps me going most of the time.
It's not going to classes or writing papers. It's the fact that I get to serve families. And that's what motivates me and keeps me going despite how tired I'm feeling.

ZOE:
Yeah, but that's not okay. It shouldn't be a full-time job. And, you know, we, yeah, I think like we, you know, thinking about systems and, you know, grad school as a system need to be more culturally informed on how and what we're asking students to do and how we're asking, you know, particularly clinical counseling school psychology students who have to do this extra clinical work on top of classes and research, how and also I think like even public clinic, you're going on internships, policy, there's these other outside things that we need to better account for, and we need to change the way we train people and what we expect of people in these programs.
Our students aren't saying, "Oh, I want it to be easy." They're saying, "Well, we just want to learn and take classes that are actually helpful and get experiences that are focused on the people that we want to serve and look like real people,
not just learning about evidence-based treatment that are RCTs that are super problematic and not evidence-based around us people." So yeah, I don't know.
I was going somewhere else with that, but I forgot, so.

32:08-32:55

CARYN:
That's okay. - Yeah, I just wanted to thank you all. for indulging that question because it's really more than, you know, as people where I'm from would say it's more than just a notion, you know, that this is additional work and thank you for using the word

exhausting it is. But I think something that is also more than just a notion is actually Zoe, when we had our first prep meeting, you used the terms radical hope and liberation. And those are also more than just a notion clearly it's needed from what we just said and actually our whole conversation.

So I'm wondering what that means for you all, what it looks like, and what are your thoughts on how to get it.

32:56-37:27

ZOE:

Yes, so I read, it was Dr. Della Mosley's paper on radical hope. I don't remember when it came out.

It was within the past five years, I think, and it just helped set my mindset. Thinking, so I'm not going to be the best at explaining this, but what it means to me, what radical hope means to me is recognizing the context and the reality of racism, of oppression, and being real about that.

And so I'm not gonna have this rose -colored glasses where I'm like, "Oh, maybe it doesn't exist." No, it exists, and it's harmful, and it's hurtful, and it's painful. And so I recognize the context, and then I get specific. So the families we serve right now are mostly in the Chicago area. Chicago is one of the most segregated cities in the world. And the area that Loyola is at is on the north side, which has been really gentrified and has become a predominantly white area, except for little pockets like around Loyola and Rogers Park, which again, Loyola is gentrifying and affecting the livelihood and the communities of people. And so, I have to recognize these things as a person who works for a university who is a part of a healthcare system, is part of the mental health system. And so I recognize these contexts. I'm really active in Chicago and learning and supporting certain youth centered and mental health centers activist groups and so that I recognize how our policies, how things are affecting the people that I see every day.

And so that's the context that I experience. So this is like, with radical hope, there's kind of like this context, current past historical context. And then there's the future.

And in the future, I believe that the things I'm doing now with recognizing all of that context, I'm going to eradicate racism. There's going to be a world where mental health experiences and the system is going to be well.

There's a world where all the families we work with are thriving, and that is focused on liberation and this radical hope that I have to believe that racism is going to get eradicated.

Is it going to be easy? No. Do we have to burn systems down? Absolutely. And I believe in that. And if I can't believe in that, for me, what am I doing?

Why wouldn't I? I mean, it's just, you have to, for me, I have to believe in that future. And I know what my goal is. And I think, okay, this is my goal. And I'm going to take steps to get there. And then the term liberation is something, you know, I think about, okay, I talk about the families we work with who have a lot of oppressive experiences.

And so, I mean, not to be super basic about it, but what's the opposite of oppression is... liberation. And so we need to strive for liberation and to dismantle and then build new systems that are not centered in white supremacy, that are not centered in racism

and sexism and land owning and capitalism. We need to eradicate all of those things going back to radical hope and then build a new world, this culture of wellness and community, and things that existed in the past, that we've seen with also many indigenous people, that that was the world that we were living in, and then colonizers kind of f*ck that up. So recognizing that and understanding how… I guess believing that we're going to get there. And that's a big part for me is that everything I do, no matter how big or small it might feel to me, is part of that and I live that and I try to teach that to as many people as possible.

37:28-42:24

CARYN:
Marcus, do you have any thoughts on that?

MARCUS:
No. No, Zoe always explains that absolutely perfectly.

CARYN:
Thanks, I agree. I agree. I thin. my next question would be relating to our project here at Tulane, Partners for Advancing Health Equity. We're a national collaborative that brings together different sectors such as academia, philanthropy, the private sector, government,
and community organizations to advance health equity. That being said, how do you feel your work should be understood and applied to other sectors like these that might not be thinking about health equity in the way, or in the ways that you all do?

ZOE:
It does go back to incentivizing on their level until we've done all the dismantling and burning down of systems.
Using language that private sector, that academia can understand. Again, this is like this third job of, okay, I'm over here being radical, and now I have to bring it back and be like, oh, but this is going to save you money because that's what a lot of people care about in a capitalistic system.
And with people being well and people being healthy and having mental health and physical health and just health, a community health, green spaces, like there's so many things that are going to make our world better and going to make people better, and it supports capitalism. Do I want it to support capitalism? No, that's not why I'm doing it, but that is how you can talk about it to people in different areas, talking about it in academia and having a diversity of thought and diversification of methods, not just all of us doing RCTs or all of us doing surveys, all of us doing quantitative work, we need to be thinking, we need to be diversifying those ideas in those areas and valuing that.
And so trying to show academia, show the private sector, show community organizations that this valuing this diversity of thought and for us like neurodiversity is a big thing that is beat down and beat out of people.

But if we valued it again though like people with ADHD the divergent thinking that exists is so amazing, and the world would be so much more fun and thoughtful and critical if we valued and lifted up those things.

And so I think that, however, we need to figure out how to like economize is not quite the right word; but just think about, okay, here are all these things that we know have made people well and healthier, and that allows them to be and do better things in this world.

And so trying to speak to people and incentivize this health equity work, we need to use the language that they're going to understand. And so, the other thing for me is that I am active in thinking about policy changes in meeting with community organizers that are focused on mental health equity and health equity in general.

For example, here in Chicago, we have this group called Good Kids Mad City other groups that now their names are blanking on them, but have been really focused on social justice, on restorative justice and mental health reform and have created this hashtag and this idea of treatment, not trauma. And so instead of increasing the police budget every year, maybe putting that money towards mental health and community and open spaces.

I mean, I was walking around Chicago was like 80 yesterday. It was 70 on Saturday. It was beautiful. And we just kept thinking, wow, wouldn't it be great if there was just a public park that's not just on the lake, which is not accessible to most people in our city? Cause that's where the wealthiest people live to just sit and be with people. And that would make a big difference and it would be a healthier, we would be a healthier Chicago mentally well place. And so, I don't actually know if I answered your question, but those are the thoughts that I had.

42:25-43:05

CARYN:

No, I think you did. And I think that for our listeners, I think it's always helpful if we could ask our... guests if there are a couple of key things or key takeaways that you want people to leave with, or you want to be sure that they leave with, because there's a lot more than a couple of key takeaways from our conversation, which I really appreciate, but I'm wondering if there are one or two or even three things that you would just want people to be sure to take away from this conversation.

43:06-44:58

ZOE:

Value lived experiences particularly focused on Black and /or Latina, Latine, Latino people and youth who have been systemically oppressed work towards liberation and every single thing you do that's towards liberation and dismantling oppression is powerful. And third, this work can be exhausting. So find community, you know, find community that makes a huge difference.

MARCUS:
I would say, one, youth are experts of themselves and never try to extinguish that light, listen to them because they'll tell you things that you probably have never heard of or could even think about. And then two, neurodiversity is great.
It's here in our society. It's always been here. And our world likes to pretend that it's not and they look down upon those who might identify with that.
But we all have it in one way or another. We're all our own flavors of neurodiverse. And the sooner that we all accept that, the sooner we can start building a better society

CARYN:
Thank you. Thank you for those final comments, but as well as for this whole conversation, I really appreciate you all engaging with me and I'm connecting with what you all are saying and doing, but I know that our listeners are... as well. So we really appreciate it. Thank you so much for being here and for your work.

ZOE:
Thank you so much. This was wonderful.
It's so important to be able to talk about this and, you know, we feel heard and that as we keep talking about that's important.

MARCUS:
Yes. Thank you for having us.

44:59-46:07

CARYN:
Of course. Of course. And thanks to our listeners.
We hope that you found this conversation engaging and we look forward to having you tune in for our next episode. And if you have any thoughts to add to the conversation, be sure to comment on our podcast episode page at Spreaker .com or on our social media channels. Thanks for listening.

EPISODE OUTRO
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It's part of the Tulane Institute for Health Equity and is supported by a grant from the Robert Wood Johnson Foundation. Until next time.