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Assignment #3 􀂱 Essay

1. Write a 5-page essay addressing the following:

a. Create a hypothetical project for applied sociology (descriptive problem identification/diagnosis) based on a problem within an organisation you either work for/with or with which you are familiar.

b. social change. What might the intervention look like and how would it be implemented?

c. Evaluate ethical considerations for the above two scenarios.

d. Propose means by which the project outcomes could be evaluated or measured for effectiveness.

In Trinidad and Tobago, the Neurodivergent population is one group that the general population has limited knowledge of and what is needed for their betterment. Cerebral pluralism is the idea that each brain is different, some more different than others; which is the advent of the term “neurodiversity”. The term neurodiversity was coined by a sociologist in 1990 to describe conditions such as autism spectrum disorder, attention deficit hyperactivity disorder (ADHD), dyslexia, dyspraxia, and other neurological conditions characterised as less-typical cognitive variation [(Jenson et al., 2023)](https://www.zotero.org/google-docs/?1ivozI). There has been an increased call for inclusion by different advocacy groups for neurodivergent conditions, including Down syndrome. The Down Syndrome Family Network (DSFN) is one of the groups at the forefront of advocating for inclusivity in education and workplace in the country; this mission that they have embarked on will benefit from applied clinical sociology strategies and interventions to further the cause of down syndrome advocates and self-advocates.

The DSFN was founded by a father whose firstborn son is a person with Down syndrome; due to the lack of services and knowledge that was available to the public at that time, he decided to provide a solution to a problem he observed. The organisation’s goal is “to be the national advocate to be the solution for the value, acceptance and inclusion of people with Down syndrome through research, information and support [(*About Us: Down Syndrome Family Network*, 2016)](https://www.zotero.org/google-docs/?FqLoJm)”. They seek to provide a network where parents and caregivers of persons with Down syndrome can access the resources, support and answers they need to educate and develop the full potential of their charges. The DSFN collaborates with relevant organisations/associations to ensure parents and caregivers have the tools to support their children effectively. The DSFN believes that persons with Down syndrome need to live as normal a life as possible and be treated as valued members of society and entitled to the rights of every citizen of Trinidad and Tobago [(*About Us: Down Syndrome Family Network*, 2016)](https://www.zotero.org/google-docs/?oy9bMr).

Empowerment of the neurodivergent is essential as the neurotypical may unfairly assume they always know what is best for them; it implies that each individual becomes less subjected to and progressively more in control of their life. Individuals in groups and organisations can participate collectively and meaningfully in their decision-making process and the determination of the group’s orientations, and they share the power to take action, whether in the work environment or within different life groups [(Rhéaume, 2022)](https://www.zotero.org/google-docs/?ckwtQY). Within the Down Syndrome community, this empowerment may look different from individual to individual based on their level of intellectual ability and exposure.

Despite the efforts of the DSFN, there is a significant disconnect in actually seeing inclusion be established in the country. One of the important areas for improvement of inclusion, especially inclusive education in Trinidad and Tobago, is the severe understaffing of educators trained to assess special needs problems. It is rare for an assessed child to be in a public or typical school as the education system is unfortunately not adequately equipped to serve that community effectively. Effective Inclusive education includes four elements of inclusive education experiences for students with disabilities: educating them in settings typical for same-age peers, educating peers who do not have disabilities during instructional time, providing support, modifications, and services in the general education settings and creating an environment in which all students experience belonging, acceptance, membership, and value [(Gajewski & Forlin, 2017)](https://www.zotero.org/google-docs/?Bo2Jw4). Equipping the physical space of schools is vital for inclusion, but for inclusion to be meaningful, the actual learning that happens during inclusive instruction needs to be a critical consideration. Academics and social skills are essential; opportunities to interact with neurotypical peers is also relevant [(Gajewski & Forlin, 2017)](https://www.zotero.org/google-docs/?TdhRSE).

 Applied Sociology Interventions can aid the DSFN in their plight for inclusive education and better awareness for people with Down syndrome and, by extension, other neurodivergent persons and people with disabilities. In other less visible neurodivergent conditions, a better understanding is needed; in this author’s interactions with parents who have neurodivergent children, they are not always aware of where they can access help. They may also be aware that their child is developing differently, but due to some denial, they do not always pursue help. Non-disclosure is also often affected by sociocultural experiences and differences, including societal perceptions of autistic people that can be stigmatising; these issues are understudied in non-Western countries [(Lim et al., 2023)](https://www.zotero.org/google-docs/?vKCY2k). Further research is needed on the neurodivergent population which will aid in the policy development of persons.

People with Down syndrome may also benefit from the use of a team of health professionals, including, but not limited to, physicians, special educators, speech therapists, occupational therapists, physical therapists, and social workers. All professionals interacting with children with Down syndrome should provide stimulation and encouragement. Early interventions where parent and guardians are made aware of the level of care that their child will require throughout their lifetime is imperative. Although the DSFN hold quarterly meetings addressing various topics, they are only sometimes well attended. During pregnancy, when the mother becomes aware that there is a possibility of her having a child with Down Syndrome, medical facilities and clinics should pass these parents on to the DSFN so that they will be sensitised to what may be required in their child’s future. This would be in line with social inclusion as the Down Syndrome diagnosis is not only a medical diagnosis but also is of social importance. An encouragement of clinical sociology would be to encourage awareness to the medical fraternity, where they are aware of the various neurodivergent organisations and the assistance that they provide. Although healthcare professionals may share this information with patients, it isn’t the standard; policy must be changed to encourage professionals to inform their patients appropriately.

The Equal Opportunity Act and the National Policy on Persons with Disabilities are the two guiding policies in Trinidad and Tobago for neurodivergent persons and persons with disabilities. Although these policies exist, the accountability of organisations that uphold them is a significant issue. Despite countries having ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) Article 24, most still maintain partially segregated or fully segregated special education settings to provide for a large demographic of their children with special educational needs and disabilities. The UNCRPD vision of all countries moving to fully inclusive education systems has yet to be achieved since its ratification in 2009. Some critics consider the push for total inclusion flawed and unrealistic when theory, policy, research and practice are carefully examined [(Kauffman & Hornby, 2020)](https://www.zotero.org/google-docs/?pOLrmh).

Ultimately, the goal for the neurodivergent population is that they can live independently. Persons able to live independently would be a smaller group when compared to neurodivergent groups at large. Still, they would require specialised financial and life skills support and advice to enable them to live whole and independent lives [(Lurtz & Komarow, 2021)](https://www.zotero.org/google-docs/?Wq5uxE). A Clinical Applied Sociology intervention that can be implemented for neurodivergent young people which would be beneficial despite not having a fully inclusive society, is equipping families with practical information to empower their young people. Families of these young people will need resources and skills to prepare for this enormous transition with proactive planning regarding housing, employment, social support, and healthcare. Response to Intervention (RTI) and Multi-tiered System of Support (MTSS) are strategies that can be adapted to make it more holistic and incorporate the life and practical skills needed for them to function independently. Typically, the neurodiverse community, especially In Trinidad and Tobago, do not experience the regular growing pains and mess-ups that neurotypical individuals experience during their transition to adulthood. These learning opportunities, such as a first job and basic decision-making, are crucial for their transition to adulthood and successful independent living [(Lurtz & Komarow, 2021)](https://www.zotero.org/google-docs/?ct2GYq).

Neurodivergent individuals who are not visible, like people with Down syndrome, are more likely to not disclose their diagnosis to employers and colleagues due to a fear that they may be stigmatised [(Pryke-Hobbes et al., 2023)](https://www.zotero.org/google-docs/?zW3Xpp)**.** The Down syndrome population will possibly feel more discrimination in their pursuit of independent lifestyles. A strategy that the DSFN will have is actively approaching various organisations and recommending them for positions. They will also have to ensure that the members are well trained so that despite their perceived inabilities, they will be effective at the jobs they are tasked to do. Internship opportunities should also be pursued to empower these young people. The advocacy strategies can be evaluated by polling the general public and families connected to the DSFN. A workshop to educate the public where they can be given pre and post-tests, a session with school-age children will be appropriate as these mindset changes will begin in their youth and transfer to adulthood, whereas the evaluation of the families and people directly connected to the knowledge of services and the ability to access them after being connected to the DSFN.

The efficiency of the DSFN intervention relies on how well they can advocate for the Down Syndrome population of Trinidad and Tobago. This advocacy entails encouraging an inclusive society through policy reform and practicality, including training caregivers, self-advocates, and other stakeholders. There should be a change in the mindset of the population where they can ethically and respectfully engage the population of Down syndrome people, who are allowed to develop at their own pace.

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