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Nadia X. Avila
California State University, Monterey Bay

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The Underdiagnosis of ADHD in Children of Color

Nadia Avila

There is an underdiagnosis of ADHD in children of color. Morgan et al., (2013) found that from kindergarten to eighth grade, children from each racial/ethnic minority group were less likely to be diagnosed with ADHD than white children. Hispanic children had a 56% lower chance of receiving an ADHD diagnosis than white children (Morgan et al., 2013). The odds for African-American children and children of other races were 36% and 48% lower, respectively than white children (Morgan et al., 2013). Children who were raised by English-speaking parents increased the chances of an ADHD diagnosis (Morgan et al., 2013). Children from the western United States were less likely to be diagnosed than those in the Midwest (Morgan et al., 2013).

ADHD is a childhood disorder that is characterized by a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development (The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, 2013). Children who go undiagnosed may experience difficulties in their daily life, which can cause problems at home or school. Children of color are less likely to receive an ADHD diagnosis compared to white children, which potentially leads to an underdiagnosis (Morgan et al., 2013). In this paper I will argue that the underdiagnosis of ADHD in children of color may be the result of their parents' and teachers' lack of knowledge about the disorder. I will also provide evidence that another potential reason for the underdiagnosis of ADHD in children of color is from racism among teachers.

PARENT OF COLOR'S LACK OF KNOWLEDGE OF ADHD

To begin, I will summarize some of the evidence that supports the argument that parents of color lack knowledge on ADHD and that may be a reason why children of color are underdiagnosed. Bussing et al., (1998) found that African-American parents were less likely to have heard about ADHD than white parents (69% versus 95%), their exposure to ADHD information was less recent (26% versus 51%), and fewer estimated knowing some or a lot about ADHD (36% versus 70%). Only 55% of African-American parents indicated personally knowing someone with ADHD compared to 84% of white parents (Bussing et al., 1998).

At the same time that African-American parents had less information than White parents about ADHD, there is also evidence of racial differences about common misconceptions about ADHD. More African-American parents viewed sugar as triggering the development of ADHD opposed to white parents: 59% of African-American parents stated that consuming too much sugar was the cause of ADHD compared with 30% of white parents (Bussing et al., 1998). Only 10% of African-American parents were certain that sugar did not cause ADHD in contrast to 37% of white parents (Bussing et al., 1998). African-American parents were less likely to

Nadia Avila received a B.A. in psychology with a minor in human development from California State University, Monterey Bay in Fall 2022. She is currently pursuing a master's in school psychology.

Culture, Society, and Praxis

ascribe ADHD to having genetic origins and use medical labels to refer to this condition (Bussing et al., 1998). Three quarters of African-American parents compared to 91% of white parents indicated believing ADHD had genetic causes, while 25% of African-American parents applied a medical label (e.g. ADHD, ADD, Hyperactivity) than 62% of white parents (Bussing et al., 1998). Significantly more African-American parents (32%) than white parents (9%) labeled their child as “bad” (Bussing et al., 1998).

Misconceptions can include beliefs about the effectiveness of medication for ADHD. In contrast to white parents, African-American parents were less certain that ADHD could be treated with medications, with 38% of parents endorsing medication as definite treatment mode, 46% expressing that medication *may* help, and 12% indicated not knowing (Bussing et al., 1998). 58% of white parents were sure that ADHD could be treated with medication, 36% thought medication could help, and only 3% revealed not knowing (Bussing et al., 1998). Olaniyan et al., (2007) found that despite some African-American parents having positive views on ADHD medication, other parents had negative views and believed that “hugs and kisses” and “being talked to” were all children needed. African-American parents were apprehensive about medication due to its sedating side effects and potential addiction. The issue of ADHD medication is complex due to the misconceptions surrounding it.

Negative perceptions of ADHD medication may be the result of where parents of color receive their information from. Significant ethnic differences were found in which information sources parents actually use and which they would prefer to use (Bussing et al., 1998). 18% of African-American parents reported receiving ADHD information from doctors, compared to 29% of white parents. This is notable since parents

in both groups listed the doctor as their preferred information source in equal proportions (Bussing et al., 1998). White parents were more likely to report using the library or written sources of information, such as medical journals or newspapers, to become informed on ADHD (Bussing et al., 1998).

While African-American parents may not have the same information about ADHD as white parents which may lead to an underdiagnosis of ADHD in children of color, coming from a different country can also contribute. The results of a study by Schmitz and Velez (2003) found that Mexican mothers used Spanish in a higher proportion of the interviews than Puerto Rican mothers or Mexican-American mothers. Puerto Rican mothers were significantly less likely to be married than Mexican and Mexican-American mothers (Schmitz & Velez, 2003). Mexican mothers were less likely to report their child as impulsive than Mexican-American and Puerto Rican mothers (33.3%, 54.8%, and 53.3%, respectively) (Schmitz & Velez, 2003). Puerto Rican mothers were more likely to report their child as restless than Mexican and Mexican-American mothers (48.3%, 29.6%, and 32.4%, respectively) (Schmitz & Velez, 2003). Mothers who used Spanish in the larger proportion of interviews were slightly more likely to report their child as restless in the 1996 interviews than mothers who used Spanish less often in the interviews (Schmitz & Velez, 2003). Mexican mothers not being as acculturated than Mexican-American and Puerto Rican mothers may indicate a greater likelihood of perceiving ADHD behaviors as normal as they assimilate into the dominant Anglo culture (Schmitz & Velez, 2003).

Parents of color who come from a different country may have a harder time viewing their child’s behaviors as unusual, which could also contribute to an

Culture, Society, and Praxis

underdiagnosis. Roughly half of Latino parents (49%) were able to correctly identify 75% or more of the symptoms in the video they were shown as concerning (Gerdes et al., 2013). 59% of Latino parents were also able to correctly recognize at least 75% of inattentive symptoms as concerning and 42% of Latino parents were able to correctly recognize at least 75% of hyperactive/impulsive symptoms as concerning (Gerdes et al., 2013). Latino parents indicated having fluctuating beliefs about the likelihood that the ADHD behaviors would go away on their own (Gerdes et al., 2013). When Latino parents were asked to identify potential barriers to seeking help, the themes that popped up were: lack of professional understanding/interest, inappropriate referral, stigma, seeking help is too much work, and difficulty accepting diagnosis (Gerdes et al., 2013). Nearly three quarters of Latino parents blamed ADHD on the parents or family rather than genetics implying a lack of awareness in Latino parents (Gerdes et al., 2013). Parents of color may view their child's behaviors as normal and not concerning as a result of their lack of understanding of ADHD. The cultural background of the parent is important since it affects their ability to accept a behavior as either normal or abnormal in their child which may cause an underdiagnosis of ADHD (AlAzzam & Daack-Hirsch, 2015).

TEACHERS' LACK OF KNOWLEDGE OF ADHD

When it comes to the underdiagnosis of ADHD in children of color, parents' lack of understanding is not only to blame—teachers may be as well. The results of a study by Perold et al., (2010) revealed a substantial lack of knowledge about ADHD among teachers. The percentage teachers received on the overall score of correct responses was 42.6%, which indicates knowledge, 35.4% for “don't know” responses, indicating a lack

of knowledge, and 22% for incorrect responses, which may point to misperceptions (Perold et al., 2010). Scuitto et al., (2015) found that teachers who scored high in knowledge of ADHD were likely to score somewhat higher on misconceptions. This result indicates that despite teachers being knowledgeable on ADHD, they still held misconceptions on the disorder. It is possible that the ADHD workshops that teachers participated in are less effective or unintentionally strengthen misconceptions. Pre-existing beliefs about ADHD may not be covered in these workshops or not disproved specifically in their training (Scuitto et al., 2015).

Teachers having pre-existing beliefs towards ADHD can cause them to believe other misconceptions. A high percentage of teachers responded incorrectly to a popular misconception that children with ADHD have strict routines or rituals, which is more characteristic of autism spectrum disorders (Scuitto et al., 2015). This might mean that teachers have a hard time differentiating autism symptoms from ADHD symptoms, which can lead to an impact on the help-seeking process (Scuitto et al., 2015). In a study by Poznanski et al., (2018), the most common misconception teachers endorsed was that diets are usually not helpful in treating ADHD in children. 54.3% of teachers endorsed diets being helpful in treating children with ADHD (Poznanski et al., 2018). Teachers also commonly reported a lack of knowledge about ADHD (Poznanski et al., 2018). Teachers not being able to identify ADHD symptoms in students may be a reason for the underdiagnosis of ADHD in children of color.

Although parents' and teachers' lack of knowledge about ADHD can contribute to the underdiagnosis of ADHD in children of color, it is possible that the underdiagnosis of ADHD in children of color is a result of racism within teachers. The findings of a

Culture, Society, and Praxis

study by Jacobsen et al., (2019) suggest extreme racial disparities between black and non-black children in the way they are disciplined at school. Harris (2013) found the race of the child could be a predictor in the type and level of discipline received by elementary school students. Data from Harris (2013) also supports the notion that African-American elementary school students with ADHD are disciplined at significantly higher levels than their white peers: white students received more lesser forms of discipline (verbal warnings and seat relocation), while African-American students received more of the higher forms of discipline (detention and office referral).

RACISM WITHIN THE K-12 SYSTEM

Racism within teachers may contribute to children of color having a higher chance at receiving more punishments when compared to their white peers. Results from Jacobsen et al., (2019) found the probability of suspension or expulsion in African-American boys to be three times that of Hispanic boys and nearly five times that of white or other-race boys. For African-American girls, the risk is nearly four times higher than of Hispanic girls and more than six times that of white or other-race girls (Jacobsen et al., 2019). The results of this study suggest that racism is a possible reason as to why African-American children are overlooked when it comes to ADHD.

Due to the disruptive nature of ADHD, teachers may opt to punish children of color rather than view their behavior as a concern. Children with ADHD will typically be disruptive and exhibit behaviors outside the norms in school environments (Moody, 2016). These disruptive behaviors may cause African-American students to be disciplined more harshly than their white peers as a result of schools' tendencies to see the behaviors of African-American students differently than

when white students exhibit the same behaviors (Moody, 2016). African-American children with ADHD may experience the negative outcomes of the disorder and engage in delinquent behavior at school. This leads to their school punishing them, which is especially harmful for African-American students who are already punished more harshly compared to their white peers (Moody, 2016). African-American children were 70% less likely to get diagnosed with ADHD than white children (Moody, 2016). Hispanic children were 50% less likely and children of other races/ethnicities were 46% less likely (Moody, 2016). African-American students who display disruptive behaviors because of their undiagnosed ADHD are possibly overlooked due to racial prejudices. It is possible that there are prejudices against other children of color that prevent them from receiving an ADHD diagnosis.

While conducting this research, I have come to the conclusion that both sides of my argument are possibly responsible for the underdiagnosis of ADHD in children of color. After researching both arguments, I realized that the lack of knowledge surrounding ADHD in parents of color and teachers along with racism among teachers may both contribute to the underdiagnosis of ADHD in children of color. When parents lack knowledge about ADHD, they may normalize the behaviors of their child and have no concern, which may play a part in the underdiagnosis. It is similar with teachers; when teachers do not have sufficient knowledge about ADHD, they may just view the student as unruly and punish them. When you add possible racism into the mix, teachers with negative perceptions on children of color may punish children of color at higher frequencies and more severely—which potentially leads to an underdiagnosis of ADHD in children of color.

Culture, Society, and Praxis

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