

## FEATURE ARTICLE

## *A Critical Approach to ADHD Diagnosis and Treatment for Racially Diverse Students*

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### Introduction

Students from culturally and linguistically diverse backgrounds are disproportionately represented in special education (Cooc & Kiru, 2018). National trends of Attention Deficit Hyperactivity Disorder (ADHD) indicate significant variance in the diagnosis, prevalence and symptom ratings by race and ethnicity, gender, and age (King-Sears et al., 2022; Epstein et al., 2005; National Survey of Children's Health, 2022). Considering the present racial and ethnic mismatch between the teacher workforce and the student population (National Center for Education Statistics, 2023), this article suggests that to address the issue of challenging behavior, school personnel must transform the way they interpret and intervene when students exhibit what is alleged to be challenging behavior.

### Prevalence Rates Among Racially Diverse Students

There has been an increase in the number of children diagnosed with ADHD over the years. According to the Center for Disease Control (CDC), approximately three in four children diagnosed with ADHD receive treatment for their symptoms including medications and behavior therapy (Centers for Disease Control [CDC], 2021). Although ADHD symptoms can continue through adulthood, data for treatment is often centered around individuals under 18. We also know that the racial background of the parent influences



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their willingness to engage in help-seeking behaviors and their preference for treatment of ADHD for their children, which may influence diagnostic trends.

According to the National Survey of Children's Health (2022), inclusive of all ethnicities, the prevalence of ADHD across the United States varies from 2% to 13% of children between 3- and 17- years old. When averaged across states, the prevalence is 10%. There is considerable range between the highest and lowest prevalence rates among various regional areas (13.2% - 7.2%) as compared to the average. We also know that most children labeled with ADHD are between the ages of 12 to 17 years of age. Using the same data source, we can see that there are significant differences in prevalence rates when considering students from racially diverse backgrounds. As an example, when intersecting for

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race, Black children are more likely to be diagnosed with ADHD than their Asian counterparts. We also know that boys are more than 2xs as likely as girls to receive an ADHD diagnosis.

The disproportional representation of school-aged children of color who are referred to special education due to behavioral challenges demonstrates the importance of taking a closer look at ADHD referral and treatment practices. Historical trends indicate that factors such as gender, race, ethnicity, socioeconomic status, home language, and geographical location are significantly related to whether a student is identified with ADHD.

## The Current Study

Our study emerged out of a systematic review of qualitative, quantitative, and mixed methods studies that focused on racially diverse parents' perspectives about eligibility and treatment aspects of their children, when identified with ADHD (King et al., 2022). The article titled, *A Critical Approach to Reducing Referrals for Diverse Students At-Risk of ADHD* (Banks et al., 2025), is published in *Multiple Voices: Disability, Race, and Language Intersection in Special Education*. This article is a conceptual analysis of the findings and offers practical solutions to making the multi-tiered systems of support (MTSS) process more equitable and inclusive.

## Discrepancies in Diagnostic Processes for Racially Diverse Students

As noted by multiple researchers, cultural differences between the teacher and student can contribute to perceptions of behavior styles and may result in educational decisions that result in misdiagnosis of children of color. Their misbehavior and inattention may be perceived to stem from an innate tendency to be active or noncompliant. Some teachers' implicit biases about children of color may cause them to believe that a particular race of children is naturally aggressive or apathetic toward schooling, and therefore prone to undesirable behaviors (e.g., Linton, 2014). Implicit bias and historical stereotypes about cultural behavioral differences may cause African American and Latine students to be disciplined, rather than assessed and treated, and subsequently the root cause is overlooked when identifying the function of behaviors.

For example, early reading difficulty often manifests as behavioral disorders (or avoidance), as a result teachers often overlook reading challenges. It is important for teachers to understand implicit assumptions about diverse students' behaviors which may contribute to mislabeling of students

with learning disabilities (Garb, 2021). For example, findings indicate that students who are girls, Latine, and/or living in a home where English is a second language are less likely to receive services for ADHD (Rhinehart et al., 2021). Educators must be aware of how language and cultural differences impact student academic and behavior outcomes.

Studies that focused on parental reports of diagnostic rates and medication usage for youth with ADHD indicated that White youth are more likely to be diagnosed and receive medication treatment for ADHD symptoms (Coker et al., 2016). In contrast, studies which examine physician medical records show that Black youth are more likely to be diagnosed with a disruptive behavior disorder (ODD) or conduct disorder (CD) than White youth.

## Where do We Start?

We can start by developing dispositions that reflect cultural humility. The concept of cultural humility is rooted in the fields of medicine and public health, and it was developed in response to concerns that cultural competence and multicultural education, or simply attaining cultural knowledge, were not enough to disrupt systemic inequities and disparate health outcomes. The four core values of cultural humility are: (1) an openness to interacting with culturally diverse individuals; (2) self-awareness or an understanding of one's own implicit biases, values, and beliefs; (3) a process of mutual and respectful dialogue and information seeking; and (4) a lifelong process of self-reflection and critique. Cultural humility is a "lifelong commitment to self-evaluation and self-critique, to redressing power imbalances" (Tervalon & Murray-Garcia (1998, p. 117). Cultural humility engages educators in the work of truly knowing their diverse students and themselves so they can actively disrupt cultural bias and oppression.

A difficulty with the diagnosis of ADHD is its failure to grapple with the inherent power imbalance related to cultural differences. Students whose behaviors fall outside of the dominant cultural norms are referred for behavior interventions more frequently; as a result, behaviors that are deemed appropriate within a specific context are reinforced and others are characterized as disabling or disruptive. It is possible that the use of cultural humility can positively affect collaboration and decision making during the referral and diagnostic processes in typical treatment settings.

## What works for racially diverse families?

It is important that educators develop an understanding of how families interpret and experience diagnostic procedures.

Approximately 82.5% of children with ADHD receive either medication or other mental health treatment for their ADHD symptoms (Coker et al., 2016). When deciding the type of treatment, a survey conducted to explore parent beliefs found that parent understanding of and belief of the causes of ADHD are the most influential in deciding the types of treatments parents seek out for their children once diagnosed with ADHD (Pham et al., 2010). As a result, family members' treatment preferences depend on their access to information and clear understanding of multiple treatment options.

## What works for teachers?

Educators and school personnel must be knowledgeable about multiple treatment options and adopt the principles of cultural humility. This allows educators and clinicians to consider ways to use culturally affirming behavioral supports and ways to adapt evidence-based practices to align with the culture of the child and family. Creating opportunities for parents to be engaged in the intervention is an important first step. A pilot study explored the cultural values of Latine families in order to adapt evidence-based parent training programs for youth with ADHD (Gerdes et al., 2015).

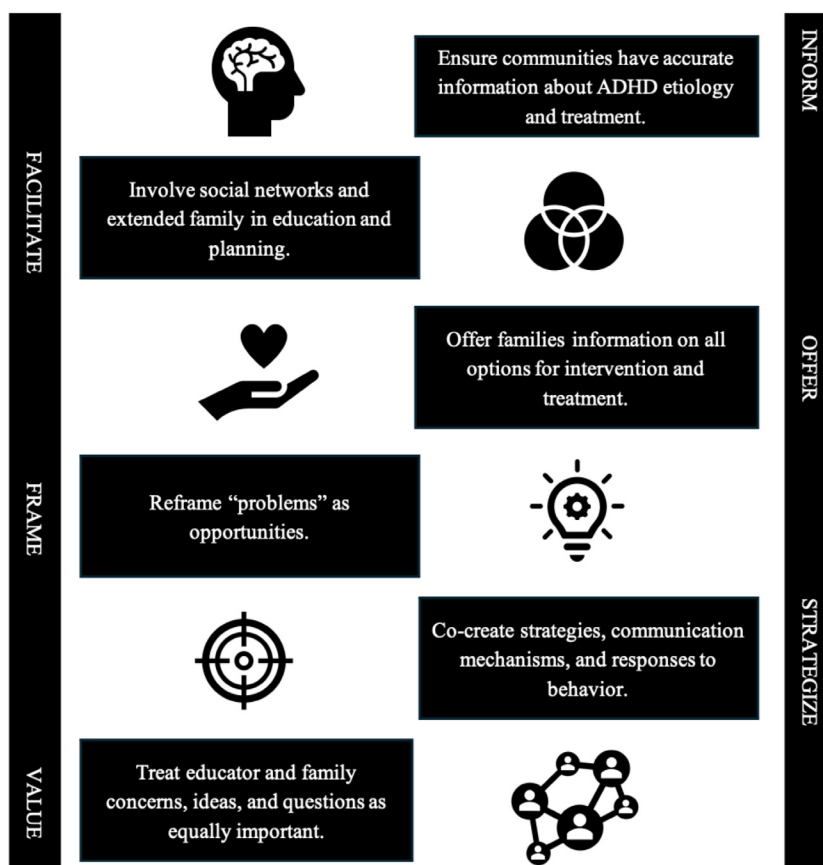
Global adaptations were created from the conversations with parents who participated in focus groups. Londono et al. (2023) defined culturally sensitive adaptations to behavior intervention as those that incorporate universal norms (e.g., parent-child dyad) with the specific cultural group norms (e.g., Asian families) and consider individual norms (e.g., specific family). After implementing these adaptations, all families reported high satisfaction with the training and 80% of children demonstrated improvements in ADHD symptoms and 40% of parents reported improvements in both parental and familial functioning (Gerdes et al., 2015).

## Practical Application

The first step is to inform the family about the characteristics of ADHD. Facilitate conversations with parents and those who support the parents. Offer multiple options about treatment. Reframe differences in behavior as opportunities and distinguish between which behaviors may need interventions, and which are simply unique to the child. The last two areas highlight the importance of collaborating with families to identify strategies and solutions (*See Figure 1*).

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*Figure 1. Framing Diagnosis and Treatment of ADHD in Racially Diverse Students*





Teachers should invite parents to be a part of the problem-solving team. Family members can provide insight into the student's academic and behavioral performance in school and at home. Parents are also able to assist in developing a better understanding of the teacher's interpretation of the student's needs. Involving the parent ensures that there is communication between the teacher and parents.

Prior to being diagnosed with a disability, it is important that a response to intervention problem-solving team is assembled. The response to intervention team should consist of individuals who are culturally and linguistically diverse and have knowledge of the curriculum or expected behaviors. A knowledgeable and diverse intervention team will increase the likelihood that students will receive a non-biased evaluation and an appropriate education in the least restrictive environment.

Framing the diagnosis and treatment of ADHD for racially diverse students requires acknowledging the disparities in access, addressing stigmas related to the intersection of race and disability, recognizing differing cultural beliefs about ADHD, and building reciprocal relationships between parents and educators. 🌱

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## Author Note

We have no conflicts of interest to disclose. Correspondence regarding this article should be sent to Joy Banks, George Mason University, Division of Special Education and Disability Research, Finely Hall, 4400 University Drive, Fairfax, VA 22030

## Dear DLD members, past, present, and future,



**Thank you!** I am grateful to serve as the president for the Division for Learning Disabilities (DLD) this year, following in the footsteps of dedicated professionals and leaders in the field. As I reflected on what I wanted to share in this message, I re-read presidential messages from years past and was reminded of DLD's long-standing dedication to promoting positive outcomes for individuals with learning disabilities through advocacy, outreach, and education.

With the "Access for All" membership drive CEC offered in March of this year, I am excited to welcome over 6,000 new members to our DLD community! As one of the larger subdivisions of the Council for Exceptional Children (CEC), our mission at DLD is to support students with learning disabilities, the educators who teach them, and the researchers who examine and develop the effective practices used in that teaching.

Our Board of Directors is fully engaged in implementing our 2023-2028 Strategic Plan which includes increasing communication and engagement with members. With that in mind, each of our Committees has identified ways to support our "value-add" efforts for members to connect with quality resources on effective practices and engage with each other throughout the year.

We live in a time of unprecedented access to online content, but it can be difficult to wade through the noise and parse out fact from fiction, or quality from quackery. DLD is your organization for high-quality research and evidence-based practices in the areas of learning disabilities, such as dyslexia, dysgraphia, and dyscalculia, as well as attention difficulties, such as attention deficit hyperactivity disorder (ADHD). Here are a few of the resources we offer to our members:

- a peer-reviewed journal, *Learning Disabilities Research & Practice* (LDRP)
- Lunch & Learn and Sip & Study sessions (monthly 30-minute webinars including a short content presentation and time for Q&A)
- a newsletter, *New Times for DLD*
- advocacy and engagement opportunities within the field and division
- additional resources on our website: [www.teachingld.org](http://www.teachingld.org)

Please stay connected through any (or all!) of these methods:

- website: [www.teachingld.org](http://www.teachingld.org)
- Bluesky: [teachingld.bluesky.social](https://teachingld.bluesky.social)
- X: @TeachingLD
- Facebook: DLD\_Division for Learning Disabilities
- Email: [Pres@TeachingLD.org](mailto:Pres@TeachingLD.org)

*With gratitude for all you do to support individuals with learning disabilities,*

**Lisa Goran, Ph.D, CCC-SLP**

*University of Missouri*

*President, Division for Learning Disabilities (DLD)*

# COMMITTEE UPDATES

## Public Policy Committee Update, Elizabeth Zagata, Chair

Given the ever-changing cuts and changes at the federal level, the DLD Public Policy Committee has been busy! The Committee coordinated a February 15 “Call to Action” email to all DLD members regarding the recent federal changes in education. On April 9, the Committee hosted DLD’s inaugural Lunch & Learn event featuring Kuna Tavalin, CEC’s Senior Policy Advisory, and Elizabeth Zagata, DLD’s Public Policy Chair. The session was well attended, and participants were eager to learn more about how they can engage in advocacy work.

Since the inauguration, DLD has signed on to a letter regarding the Secretary of Education nomination, and two letters regarding the potential dismantling of the Department of Education. CEC also has four current “Action Alerts” on prioritizing special education funding, preserving the Department of Education, supporting special education research, and rejecting private school vouchers. Learn more and contact your representatives about these important issues by visiting <https://exceptionalchildren.org/takeaction>.

If you are looking for additional ways to engage in advocacy work, CEC makes it easy:

- Read the Policy Insider section by Senior Policy Advisor Kuna Tavalin in Special Education Today, CEC’s weekly newsletter delivered every Friday.
- Attend Kuna’s periodic *What’s Happening in Washington?* webinars live or watch the recordings anytime in the CEC Library, including the most recent session held on April 15.
- Plan to be at the Special Education Legislative Summit July 13-16 in Washington, DC.
- For more details, visit <https://exceptionalchildren.org/policy-and-advocacy>

The DLD Public Policy Committee always welcomes new members so reach out to **Elizabeth Zagata** at [ezzagata@gmail.com](mailto:ezzagata@gmail.com) if you’re interested.

## Current DLD Public Policy Committee members:

Elizabeth Zagata, *Chair*  
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Gino Blinkert  
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Denise Fountain  
Lisa Goran  
Charlotte Gregor  
Cassandra Hall  
Emily Hardenman  
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Lisa Thompson Sousa  
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Delyla Ovalle-Bowyer

## Research Committee Update, Shawn Datchuk, Chair

Dr. Shawn Datchuk (University of Iowa) is the chair of the DLD Research Committee. This was his first year in the role, previously assumed by Dr. Michael Solis (University of California, Riverside). The research committee consists of six members: Drs. Ben Clarke (University of Oregon), Chris Doabler (University of Texas), Alexis Boucher (University of Tennessee), Elizabeth Stevens (University of Kansas), Leah Zimmermann (University of Iowa), and Dayna Russell Freudenthal (Mount St. Joseph University). The DLD Research Committee tasks involved awards, creation of evidence-based infographics, and collaboration with editors of Learning Disabilities Research & Practice (LDRP) on ways to promote the journal.

For awards, the Research Committee managed the award nomination and scoring process for several DLD awards: Samuel A Kirk Award, Jeannette E. Fleischner Career Leadership Award, and the John Wills Lloyd Outstanding Doctoral Research Award. For infographics, we worked with a cross-disciplinary team of scholars to create brief descriptions of evidence-based practices for special educators. For collaborating with LDRP, we’re working on promotional and educational materials to disseminate per LDRP issue.

Finally, special thank you to committee members for their service. Two members, Drs. Clarke and Doabler, finished their terms at the end of 2024.

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### Communications Committee Update, Debbie Holzberg, Chair

#### DLD Members,

It is my pleasure to share an update on the work of the Communications Committee. We recently completed a content analysis of previous issues of *New Times* for DLD to identify topic gaps. Using this information, we've begun planning future issues, which will cover topics such as culturally inclusive practices, executive function and self-regulation, and differentiation and inclusion in general education classrooms—just to name a few.

That said, we want to hear from you! We're asking for your input on what you'd like to see covered in upcoming

issues of *New Times*—and we'd love for you to consider contributing! An email with a link to a brief survey was recently sent out. If you missed it, don't worry—you can find it here: [bit.ly/4jhsdy3](https://bit.ly/4jhsdy3). Please submit your responses by June 1st. We can't wait to see your ideas!

If you have questions about the DLD Communications Committee or are interested in joining us, feel free to reach out to me at [dgholzberg@ncat.edu](mailto:dgholzberg@ncat.edu).

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## DLD Student Poster Session @ CEC 2026

Each year, DLD hosts a student poster session during our reception at the CEC convention. It is a great opportunity for undergraduate and graduate students to present their work. A call for proposals for the CEC 2026 Convention and Expo in Salt Lake City, UT will be published on the DLD website ([teachingld.org](https://teachingld.org)) in late fall. Send questions to **Emily Singell** at [eljwww@missouri.edu](mailto:eljwww@missouri.edu).

**Save the Date!**



# CEC 2026

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