

Why Assessment Isn't One-Size-Fits-All

Tyler-Shea Diener, Ph.D. Candidate (Psychology), RMIT University

Co-authors: Dr. Merv Jackson, Dr. Mark Lee, Dr. Christine Grove, Dr. Vinh Nguyen

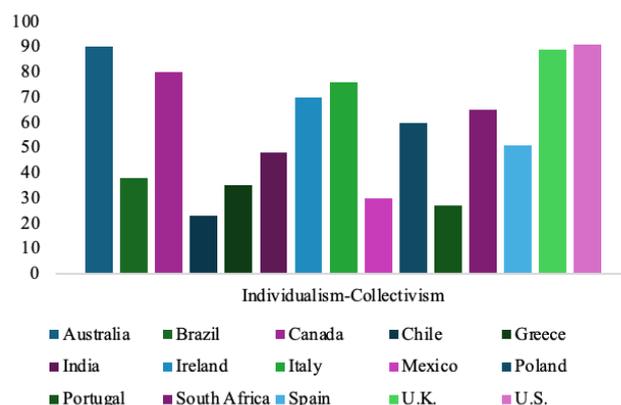
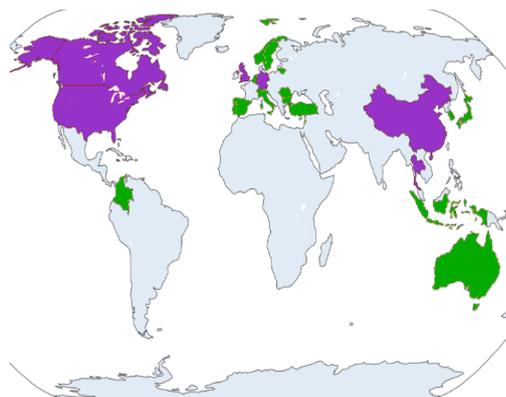
- Teachers play a crucial role in **ADHD identification** and **referral**
- However, teachers' ADHD evaluations **vary widely across schools** and **countries**
- This research aims to understand whether disparities in ADHD identification and referral reflect **genuine variation in children's behaviour**, or **differences in how teachers interpret ADHD**

Why This Matters in Schools

- Two teachers can **view the same behaviour** and **make very different identification and referral decisions**
- **Teaching experience, ADHD training, cultural values, confidence, and beliefs** can influence teachers' ADHD judgements, often **unconsciously**
- This can affect **equity in identification and referral**, particularly for **girls** and **minoritised students**

Overview of Studies

- **Study 1 (Review of the Literature)*** - Reviewed **25 studies** to examine whether **teachers from different cultural backgrounds** evaluate **ADHD differently** and explore what **factors** might **explain these discrepancies**
- **Study 2 (Online Survey)** - Examined how **418 K-12 teachers** (73.4% female) from **15 countries** responded to the **same behaviours** (based on four short videos). We then explored whether differences in their ADHD endorsement and severity ratings were linked to their **experience, training, cultural values, ADHD knowledge, or beliefs**



Key Findings

Study 1 (Review of the Literature):

- Teachers in **collectivist, high power-distance, and long-term-oriented countries** (e.g., East Asian countries) rated **ADHD symptoms more severely**. They were also **more likely to refer students for further assessment** than teachers in **individualistic, low power-distance, and short-term-oriented countries** (e.g., Australia)
- **Boys** and **students with lower grades** were **more likely to be perceived as exhibiting ADHD behaviours**
- Teachers who **believed ADHD is caused by biological factors** (e.g., genetics) were **more likely to suspect their students of having ADHD** and **communicate their concerns to parents** than teachers who **believed ADHD is caused by environmental factors** (e.g., diet or poor parenting practices)

Study 2 (Online Survey):

- **More experienced teachers** (years) were **less likely to recommend further ADHD assessment**; teachers who had **completed in-service ADHD training** rated symptoms as **more severe**
- Teachers with **collectivist values** were **more likely to think a child had ADHD** and **rate symptoms as severe** (except in the child exhibiting mainly hyperactive behaviour), both **within** and **across countries**
- Teachers who **felt more confident in their ADHD knowledge** were **more likely to endorse ADHD**; objective ADHD knowledge had no impact
- Teachers' **negative ADHD beliefs** had the **strongest influence** on whether they **thought a child had ADHD** and **how severe they judged their symptoms to be**

Conclusion and Recommendations

Key Takeaways

- Teachers' ADHD evaluations, in part, reflect their **experience, cultural values, confidence, and beliefs**—not just what they observe
- **Inequities** in school-based ADHD identification and screening practices may contribute to both the **over- and under-identification of ADHD**

Recommendations

- **Develop culturally valid tools** in consultation with the communities they are intended to be used by
- ADHD training should not only focus on knowledge acquisition but also on **reflective practice** and **strengthening teachers' confidence and competence** in applying what they know
- ADHD-focused initiatives should be **embedded within wellbeing and health-literacy strategies** to **reduce educator overload**
- Strategies should be **developed in partnership with teachers** to ensure training and support are **meaningful and practical**.

In Practice

In practice, schools should:

- Seek information from **multiple informants** and **settings** before making an ADHD referral
- Reflect on **cultural expectations of behaviour** when reviewing cases
- Pair **behaviour rating scales** with **structured observations** to support decision-making

This research does not suggest that teachers are biased intentionally. Rather, it highlights how professional experience, cultural frameworks, and beliefs can unconsciously shape teachers' ADHD evaluations, thus underscoring the importance of reflective practice, adequate training, and support.

For further information, please contact tyler-shea.diener@rmit.edu.au



*Study 1 - Diener, T.-S. L., Jackson, M., Lee, M. A., Grové, C., & Nguyen, V. (2025). Cross-cultural disparities in teachers' reports of ADHD symptoms and behavior: A scoping review. *Social Psychology of Education, 28*(135). <https://doi.org/10.1007/s11218-025-10092-y>