

ADHD Across Cultures: Why Assessment Isn't One-Size-Fits-All

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Background & Problem

Attention-deficit/hyperactivity disorder (ADHD) is the **most commonly diagnosed neurodevelopmental disorder** in Australian children, affecting between **6% to 10%** ^{1,2}

ADHD is characterised by **difficulties with attention &/or hyperactivity-impulsivity** ³

No biological marker is diagnostic for ADHD. Instead, diagnosis relies largely on **behaviorally defined criteria** ~ **subjective, arbitrary, & prone to personal & cultural biases** ^{4,5}

Raises concerns about **cross-cultural validity & reliability**



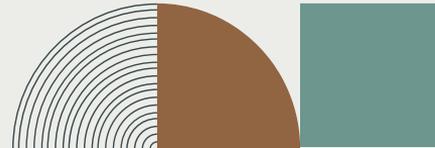
Teachers' Role in ADHD Assessment

The **first & most frequent informants** involved in identifying children with ADHD ⁶

Teachers' reports have known impacts on **diagnostic & treatment decisions** + **access to support** ^{6,7}

Yet **subjectivity** has been documented **in the ways in which teachers identify & refer ADHD** ^{5,8},

It is therefore important to understand **how teachers form these judgments, & which factors** influence their reports



The Influence of Culture

Validity of Rating Tools

ETIC-based diagnostic criteria ⁹ & behaviour rating scales ^{10,11}

Conceptualisations of ADHD

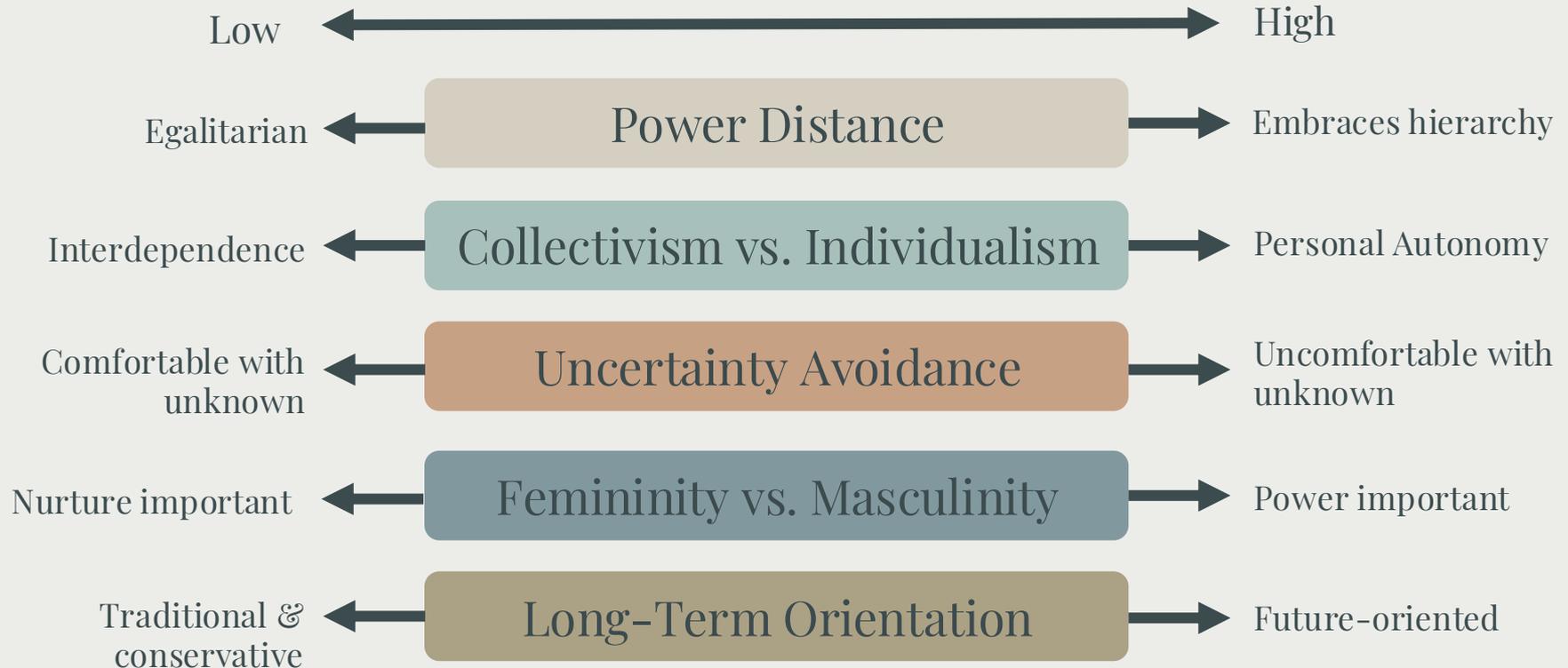
Teachers interpret ADHD symptoms in line with their **cultural values, beliefs & expectations of “appropriate” behaviour** ^{5, 12, 13}

Management of ADHD

Cultural background of the adult & the child can influence **referral & management decisions** + **initiation & adherence** to ADHD treatment ^{12,14}



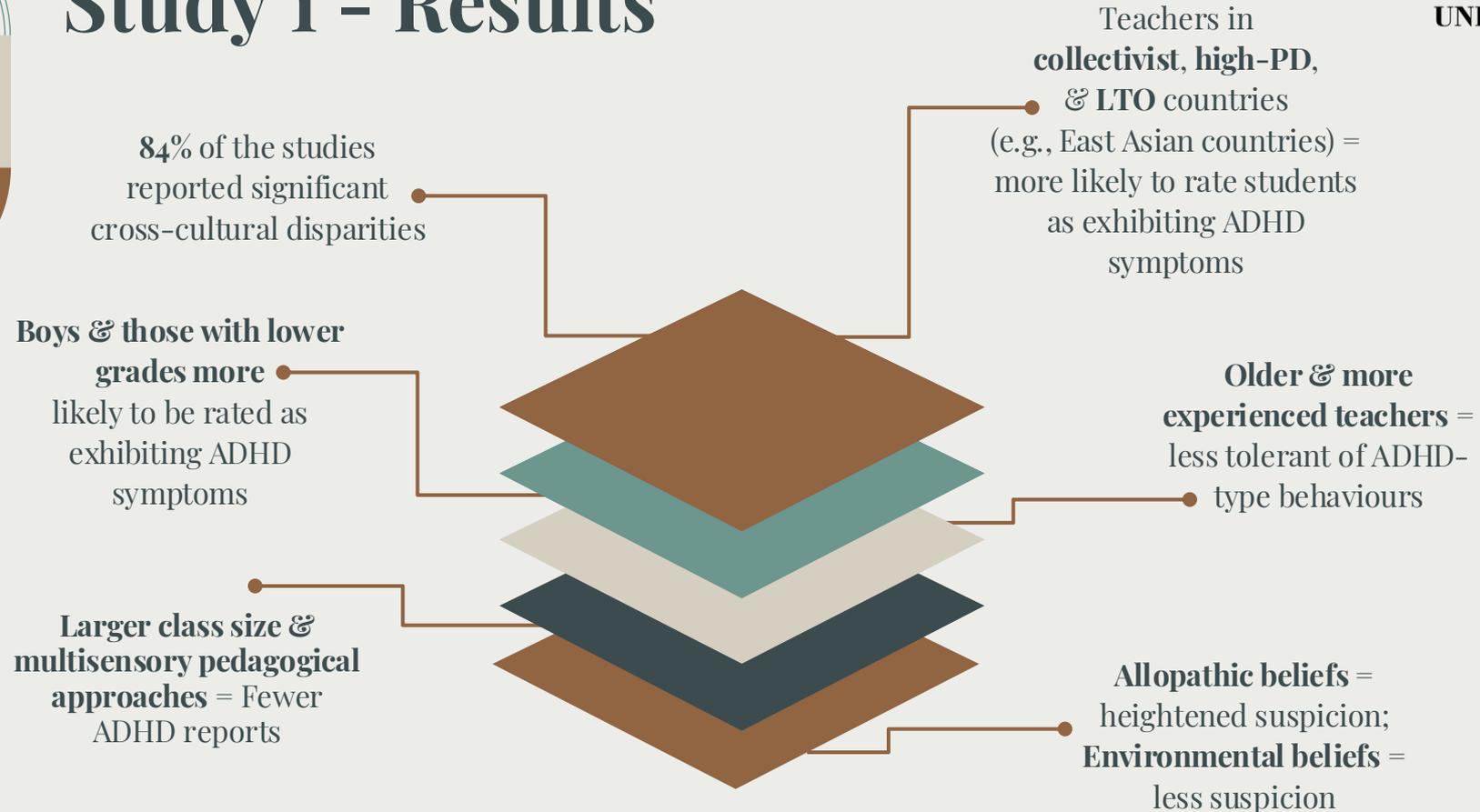
Hofstede's Cultural Dimensions



The Present Studies

- (1) Scoping review → mapped the nature & breadth of evidence exploring cultural bias in teachers' ADHD reports.
- (2) Cross-national survey of 418 K-12 teachers from 15 nations → examined whether teachers' ADHD endorsement & symptom severity ratings vary, & which factors influenced these decisions.

Study 1 - Results



Study 1 - Main Take Aways

1

Teachers' ADHD reports not only reflect the **presence or severity of symptoms**, but their **socio-cultural interpretations** of those symptoms

2

Teachers' severity ratings are highest in **nations that vary markedly** from those in which **tools** are developed → Calls into **question the cross-cultural validity** of ADHD rating scales

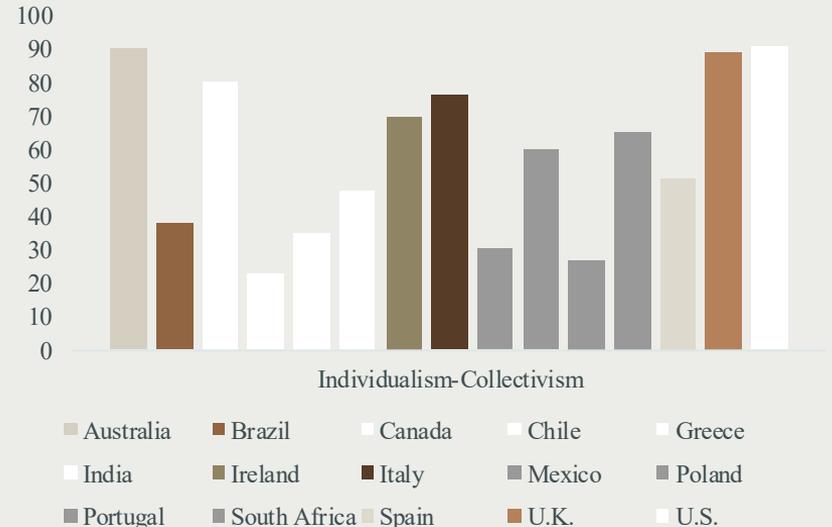
3

Cross-cultural ADHD literature is still in its **infancy** → where do these disparities arise & why?

Study 2 - Methodology

Participants (N = 418)	
Gender & Age	Female 73.4% 20-67 Yrs
Teaching Experience (Years)	0-4 Yrs: 34% 5-9 Yrs: 22.2% 10-14 Yrs: 15.1% 15+ Yrs: 28.7%
Race	White: 66.3% Black: 17% Asian: 5.3% Mixed: 8.4%
Role	General: 73% Special: 16.3% Well-being: 9.6% Language: 1.2%
Training	Preparatory Programs: 64.8% In-service: 53.5%
Taught a child with ADHD	Yes: 92.3%

Fig 3. Distribution of Recruited Nations across Hofstede's Individualism-Collectivism (N = 418)



Study 2 – Preliminary Findings

Knowledge & Attitudes

Teachers had **moderate knowledge** of ADHD (64%) & most (66.3%) reported **favourable attitudes** toward ADHD

Teacher Gender & Ethnicity

Female teachers & teachers of colour were more likely to **endorse ADHD & rate symptoms severely**

Endorsement & Ratings

Teachers were more likely to **endorse ADHD** for the **inattentive presentation**, yet **more likely to rate symptoms severely** for the **hyperactive-impulsive presentation**



Study 2 – Teachers’ ADHD Endorsements



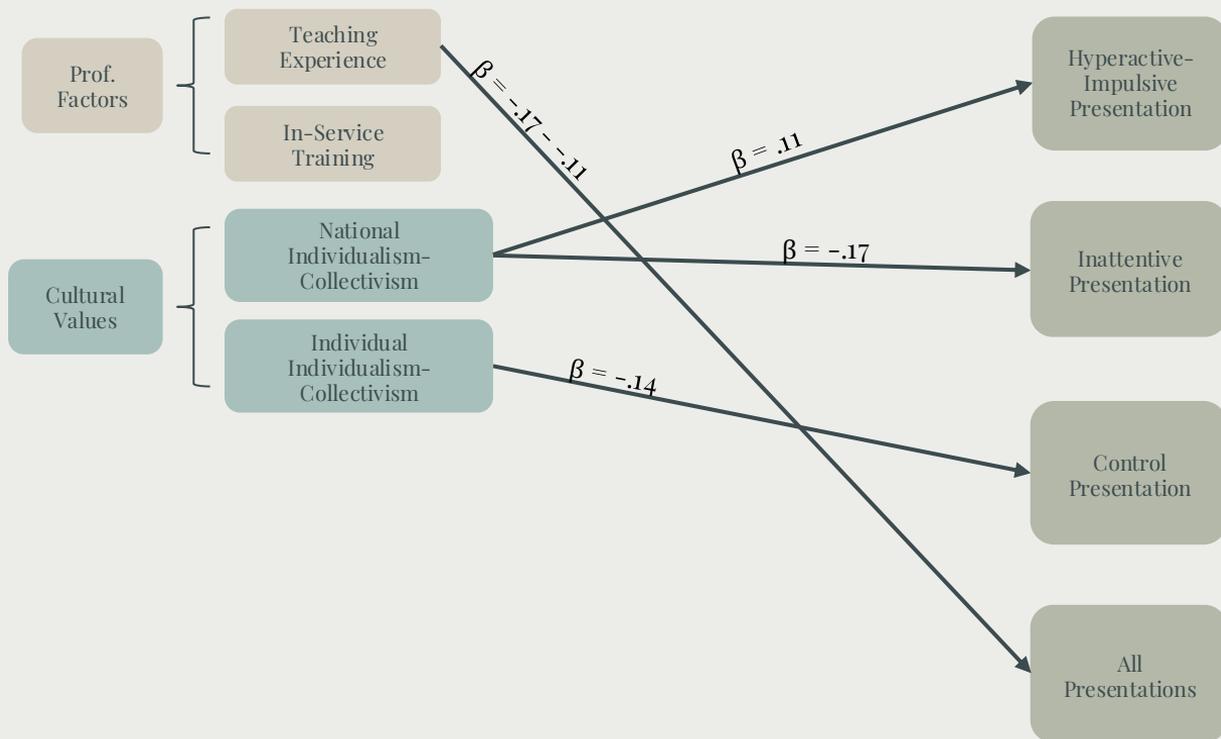
Key Takeaways:

More experienced teachers (years) were less likely to endorse ADHD

As teachers **accumulate classroom experience**, teachers may **adopt more conservative diagnostic thresholds**—potentially reflecting **professional enculturation**



Study 2 – Teachers' ADHD Endorsements

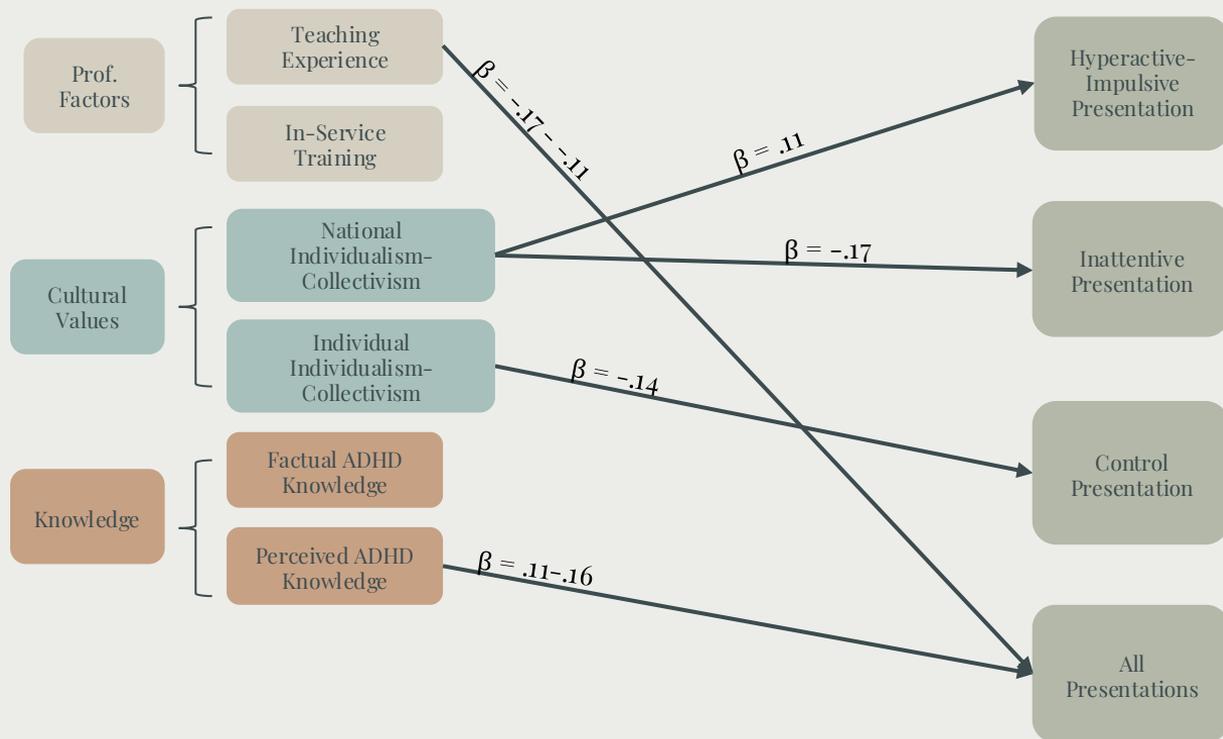


Key Takeaways:

National culture = more important in **clinically salient cases**—suggesting teachers rely more on their own cultural norms when behaviours are ambiguous

Teachers in **collectivist** nations (e.g., India) = **greater ADHD endorsement** for inattentive presentations; teachers in **individualistic** nations (e.g., Australia) = **greater ADHD endorsement** for hyperactive-impulsive presentations

Study 2 – Teachers’ ADHD Endorsements

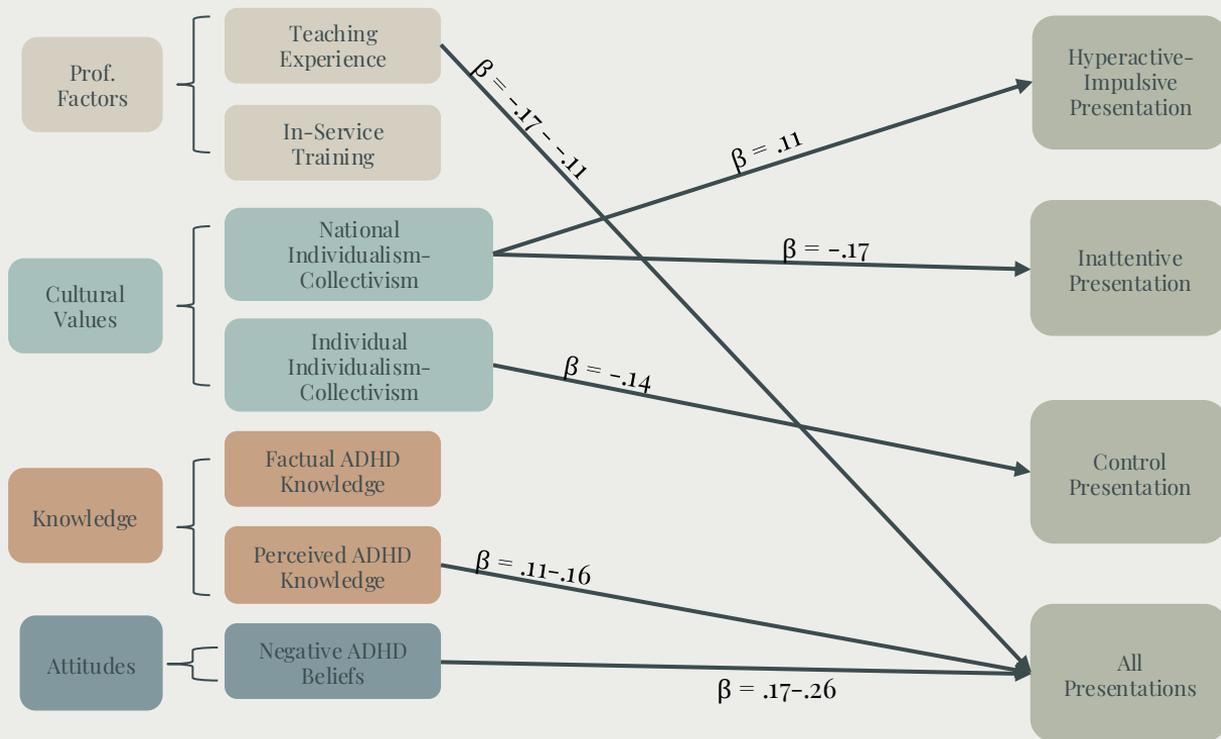


Key Takeaways:

Teachers’ **confidence in their ADHD knowledge** mattered more for endorsement decisions than what they **objectively knew**

Underscores the importance of teachers feeling **confident** and **competent** in their **understanding of ADHD**

Study 2 – Teachers’ ADHD Endorsements

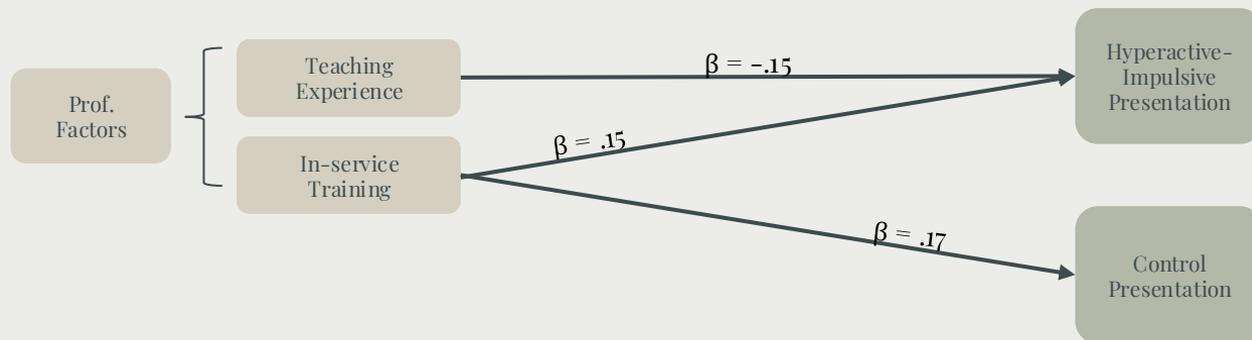


Key Takeaways:

Teachers’ **negative ADHD beliefs** were the **strongest influence on their endorsement decisions**; more negative beliefs = greater ADHD endorsement

Negative ADHD beliefs = a facilitator of identification???

Study 2 – Teachers' ADHD Severity Ratings

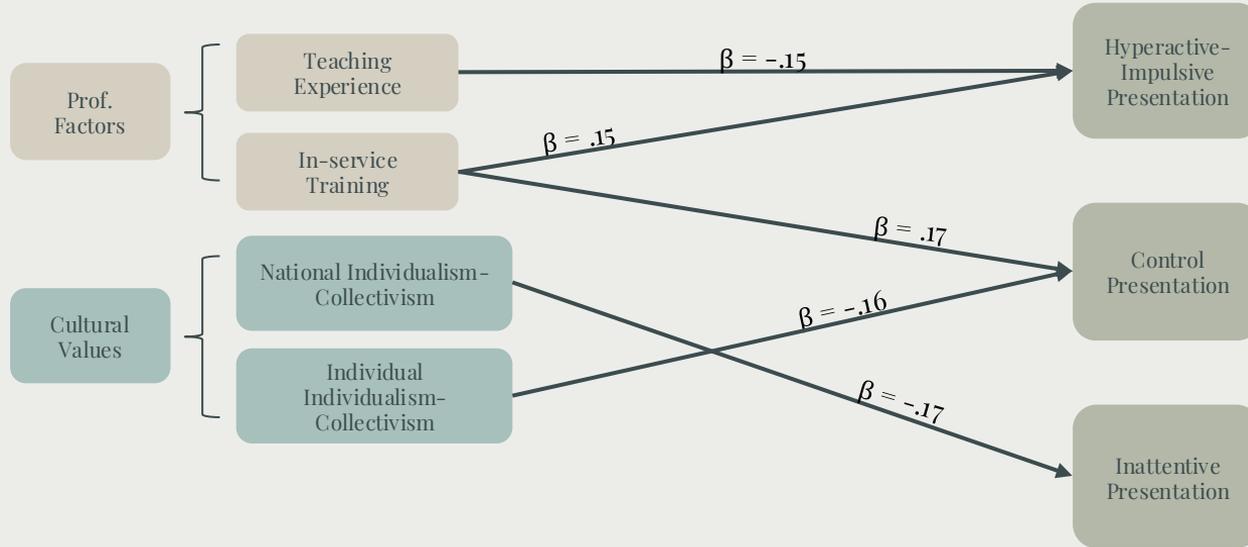


Key Takeaways:

Trained teachers rated symptoms more **severely**, especially in the **hyperactive-impulsive & control** presentations

Evaluating **overt behaviours** = **professional cues**;
evaluating **less overt behaviours** = **personal beliefs**

Study 2 – Teachers' ADHD Severity Ratings

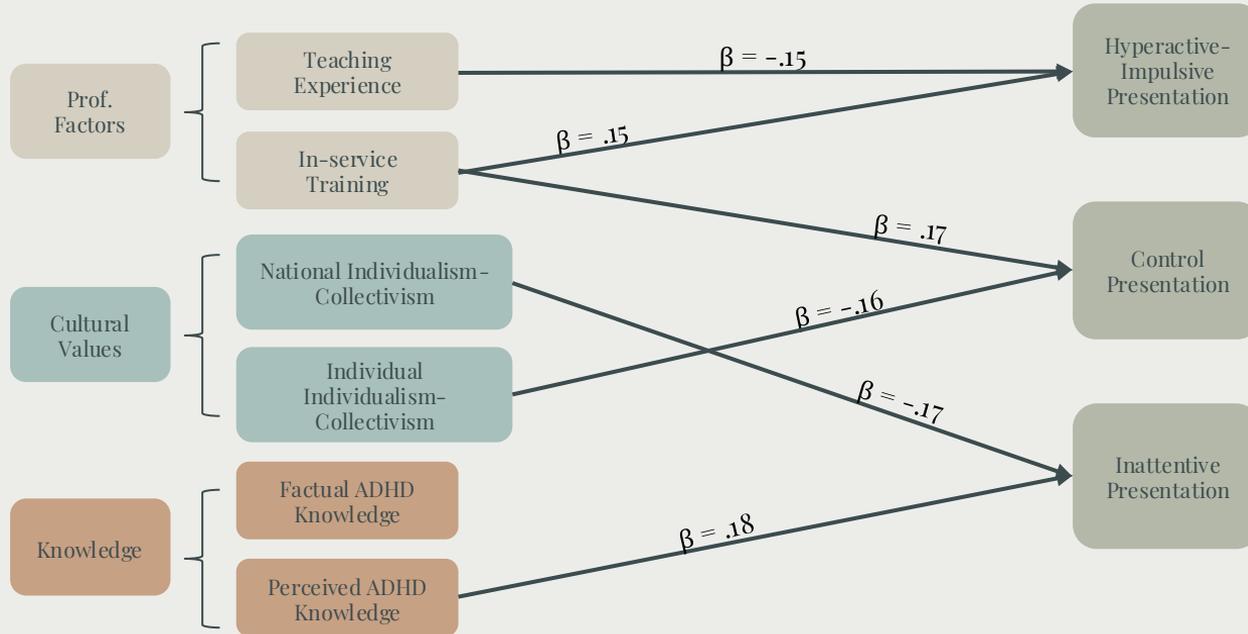


Key Takeaways:

Collectivist beliefs = lower tolerance toward ADHD-related behaviours

Cultural values play a role both **between** and **within individualistic and collectivist nations**

Study 2 – Teachers' ADHD Severity Ratings

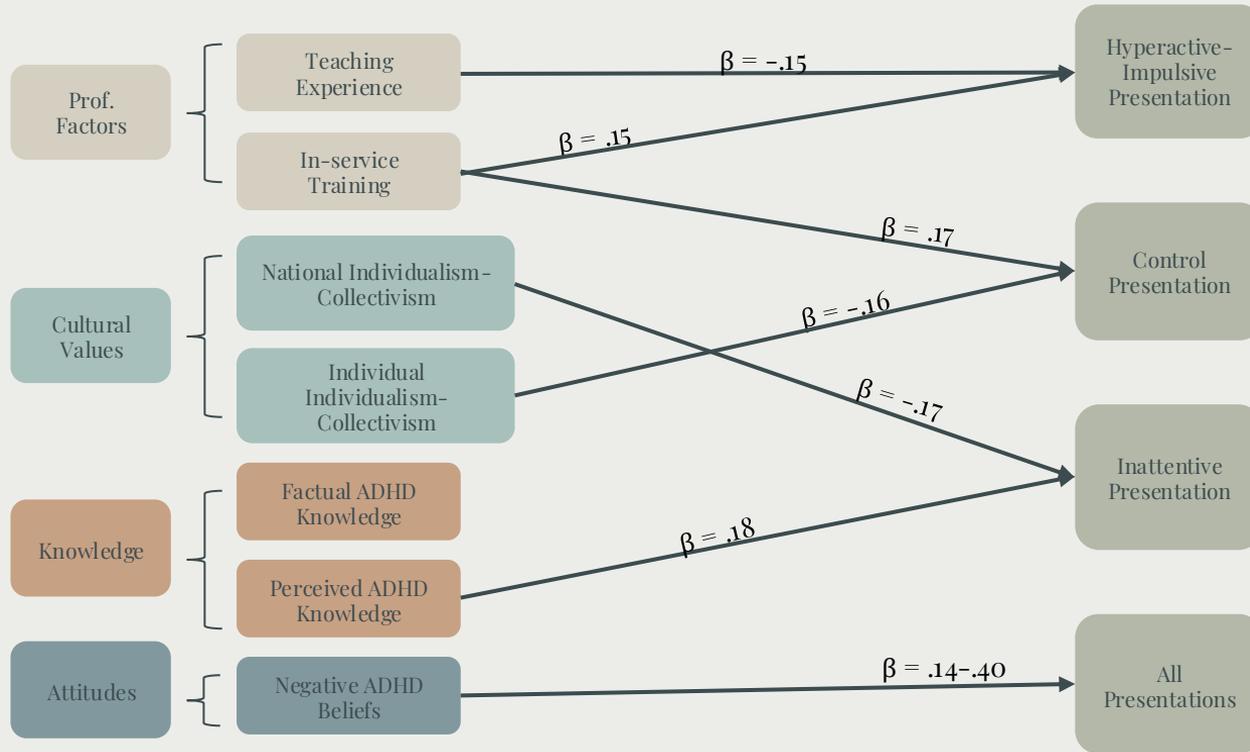


Key Takeaways:

Teachers' **confidence in their ADHD knowledge** matters more than what they **objectively know**



Study 2 – Teachers' ADHD Severity Ratings



Key Takeaways:

Teachers' **negative ADHD beliefs** were the **largest predictor** of their **ADHD symptom severity ratings**; **more negative ADHD beliefs = more severe symptom ratings**



What do our Findings Mean?

1

Reliable differences in teachers ADHD endorsement & severity ratings, even when **child behaviour is the same** → Evaluations are unconsciously **influenced** by **professional, cultural, & attitudinal frameworks**

2

This may affect **equity** in identification & referral, particularly for **girls or minoritised students**

3

Underscore the importance of **reflective practice, adequate training, & support**

Where to Next?

1

Increase **objectivity** in school-based ADHD assessment → **cross-cultural validity of ADHD rating tools; clearer instructions; multi-method assessment**

2

ADHD training & professional development → focus on building confidence & competence while promoting reflective practice

3

Coherent system design → ADHD-related initiatives should be embedded within broader well-being & health literacy strategies

Calling all Primary & Secondary School Teachers

We invite you to **share your experiences & perspectives on ADHD in schools**. Interviews will explore **how you understand & manage ADHD**, with the aim of **informing future training & assessment practices**. Participation will involve a **30-60 minute interview** via Microsoft Teams

If you are interested in taking part or would like to find out more, please contact **Tyler-Shea Diener** via email: tyler-shea.diener@rmit.edu.au

Any Questions?

Think of something at a later time?

Contact: tyler-shea.diener@rmit.edu.au

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*This research does not suggest that teachers are biased intentionally.
Rather, it highlights how professional experience, cultural frameworks, & beliefs
can subtly shape judgement, thus underscoring the importance of reflective
practice & adequate training & support.*

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