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THE UNDERDIAGNOSIS OF ADHD IN BLACK FEMALES

Kiana Clerkley

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THE UNDERDIAGNOSIS OF ADHD IN BLACK FEMALES

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Kiana Clerkley

May 2022

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ABSTRACT

Background

Historically, Black women have continued to face discriminatory practices within the various branches of healthcare in America, including mental health.

Objectives

The aim of this study was to explore the reasons for and factors contributing to the underdiagnosis of Attention Deficit- Hyperactivity Disorder (ADHD) among Black females.

Methods

This study was conducted using both quantitative and qualitative methods by use of collecting self-report scales and conducting individual interviews. Eight Black women were recruited by posting fliers on social media accounts that served as ADHD support groups among women. I collected data with the results of the self-report scale and the responses from the interview questions. Data analysis was conducted by assessing the results of the ADHD self-report scale for the severity of symptoms and identifying the impact of undiagnosed ADHD through the interview responses.

Results

This study found significant negative impacts of undiagnosed ADHD among Black women. More specifically, the main barriers to Black females receiving mental health services were the social stigmas among the Black community, the lack of knowledge among mental health providers on the diverse

ADHD symptomatology, and the general mistrust of medical and mental health providers among Black women.

Conclusion

Findings from this study suggest that more Black women and other women of color are hired in positions of medical and mental health services to facilitate trust and increase awareness of the diverse ADHD presentation.

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CHAPTER ONE

INTRODUCTION

Background

Attention-Deficit/ Hyperactivity Disorder (ADHD) is a mental health disorder that interferes with various aspects of functioning and development. It is one of the more common neurodevelopmental disorders and is known for negatively impacting a person's social, academic and occupational activities. There are different types of ADHD which are characterized by inattentive symptoms, hyperactivity and impulsivity, or a combination of both.

For some, symptoms may continue to present strongly and cause significant impairment in their daily lives (Young et al., 2020). ADHD is typically recognized in children however; many individuals are not diagnosed until their late adolescence or adult years. For those who are not diagnosed appropriately with ADHD until later in life, they often struggle with some aspect of functioning and/or their mental health until receiving appropriate support to treat their symptoms.

Disparity in ADHD

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) states that clinical identification rates of ADHD in the United States for African American and Latino populations tend to be lower than in Caucasian populations (American Psychiatric Association, 2013). The rates of ADHD are higher for males and lower for African American populations (American

Psychiatric Association, 2013). Therefore, it may be safe to assume that rates for ADHD among Black women are significantly low as well.

ADHD Among Black Women

Black women continue to have a harder time getting a diagnosis later in life due to the lack of information and resources on ADHD in the Black community (Bradford, 2021). It is highly common that Black women do not advocate to be assessed for ADHD until later in their life. Many of these women do not seek an assessment until having a child who receives an ADHD diagnosis and begins to notice similarities in herself. ADHD and mental health as a whole are not heavily accepted topics amongst the majority of Black families. In fact, an overwhelming majority of Black parents have never even heard of ADHD and of the small percentage that have received very minimal reliable information about the disorder and in turn, they are uneducated about when to seek help for their children or themselves (Moody, 2016).

Consequences of Under-Diagnosis

The under-diagnosis of ADHD among Black females is associated with several negative outcomes. It may lead Black women to grow up feeling misunderstood and ashamed, which often leads to developing depression and/or anxiety. Among adolescent females, undiagnosed ADHD until later in life (Bradford, 2021) results in delayed achievement of personal awareness and understanding about their true symptoms. Moreover, other Black women may

never get the support they need at all and instead, remain discouraged in their daily lives while they are perceived as or feel less than others.

Gaps in Knowledge

Although mental health providers are aware of the underdiagnosis of ADHD among Black women, less is known about the reasons for the underdiagnosis of ADHD in Black females.

Purpose of Study

The lack of research on this topic intrigued me to develop a research question of my own: Why are Black females of all ages under diagnosed with ADHD? I aimed to explore the effects of racial disparities in the mental health, medical, and educational systems that have continuously failed to identify and address Black females with symptoms of ADHD.

Significance for Social Work Practice

ADHD is a disorder that needs more updated, expansive research that includes studies with diverse participants. Black women who seek help frequently do not find relatable information or resources because most clinicians are unable to pick up on the difference in symptomology in females. It was found that females with ADHD have a different set of symptoms and behaviors compared to their male counterparts, which reduces the likelihood of ADHD to be recognized

in females due to improper assessment, leaving many psychological needs unmet (Young et al., 2020). These women go in for support and are instead diagnosed with depression or anxiety and never get treatment for their symptoms of ADHD (Young et al., 2020). The findings of this study reinforce the need for more diverse research and mental health services for Black women with ADHD.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter consists of the examination and comparison of relevant literature to the topic of Black women being under-diagnosed with ADHD. The subsections will include racial bias with ADHD in Education, Identifying ADHD in girls and women, and ADHD diagnosis later in life. Finally, the last subsection of this chapter will discuss the theories used to understand and explain the effects and impact on women when they are not accurately diagnosed earlier in life. The theories included in this section are the Psychosocial Theory by Erik Erikson and the Critical Race Theory by Kimberle Crenshaw and Derrick Bell.

Diagnosis of ADHD Later in Life

Women who do not receive an accurate diagnosis until later in adulthood have many challenges in their personal lives and obligations. They were likely diagnosed with other mental health disorders such as depression, anxiety or even bipolar disorder and usually continue to get treatment for that diagnosis. Often, Black women dismiss their symptoms and overall experiences of interpersonal struggle because they are busy taking care of business or do not even wish to know that they have ADHD (Bradford, 2021). Additionally, Black women who have been diagnosed with other mental health disorders will be less able to recognize their true symptoms of ADHD and will likely remain untreated.

In an article published in the Journal of Abnormal Psychology, authors Elizabeth Owens and Stephen Hinshaw discuss the various outcomes among women with childhood ADHD. The longitudinal study that was discussed consisted of adolescent girls, both with and without a childhood diagnosis of ADHD while following them for 10 years. The results of this study concluded that the females were highly likely to develop depressive and anxiety disorders by reaching their young adulthood when not diagnosed appropriately (Owens, 2016). This article highlights the inevitable factors of women who develop internalizing disorders such as depression or anxiety and the likelihood of comorbidity with ADHD.

Women who are not diagnosed with ADHD in their adult years may struggle with daily activities at work, in their social life, or at home with their family responsibilities. With an ADHD diagnosis, a woman with those struggles would be able to understand the source and treat the symptoms of inattention and/or hyperactivity as such. Some women struggle with daily tasks in their households while experiencing untreated symptoms of ADHD. Not being able to keep up with daily tasks, especially as a mother, causes these women to feel a heightened sense of shame. The internalization of these feelings tend to mirror the symptoms of many mood disorders, which is why many are mis-diagnosed when seeking support as an adult. Once these women are seen by a psychiatrist or mental health provider, the true source of the symptoms are rarely recognized

and the provider will proceed to treat them for a disorder such as depression or anxiety (Bradford, 2021).

It is long overdue for clinicians and psychiatrists to collect new data and refresh the knowledge and resources used for a diagnosis of ADHD. As referenced earlier, Young et al. (2020) also states that partial reasoning for a late diagnosis of ADHD in women is because they have mastered a strategy in masking their struggle with ADHD. “Often these strategies have an adaptive or functional purpose, for example, enabling them to remain focused or sustain attention or to disguise stress and distress” (Young et al., 2020). This appears to be a common explanation for women with undiagnosed ADHD because Colzier discusses how Black women and women of all races attempt to cope with their interpersonal challenges before receiving a diagnosis for ADHD.

Colzier also talks about the errors most commonly made by clinicians when Black women seek support for their symptoms. She states that many clinicians fail to inspect the emotional piece of ADHD, which is usually one of the main triggers to recognizing the impact of ADHD on the ability to regulate obstacles such as motivation, organization, and procrastination (Bradford, 2021). It is evident that there is a large gap in research and trends of diagnoses when it comes to women with ADHD and the lack of accurate diagnoses is clearly producing a negative impact on their personal lives, mental health and well-being.

Racial Bias with ADHD in Education

ADHD is a developmental disorder that is often first detected when a child begins to start school, around the ages of 4 to 6. An article on racial disparities in ADHD diagnosis of adolescents states the relevant findings on this concern. A recent study discovered that even though Black children typically display more severe symptoms, they are diagnosed with ADHD at two-thirds the rate of their White adolescent peers (Morgan et al., 2020).

The study consisted of a longitudinal study to note symptoms of anxiety at 9, 24, 48, and 60 months of age. Morgan et al. wanted to find out which risk factors associated with an ADHD diagnosis by kindergarten entry, and whether racial/ethnic disparities in ADHD diagnosis occur by this time period. “Black children in the United States were 70% (1 – OR of .30) less likely to receive an ADHD diagnosis than otherwise similar White children. Hispanic children initially appeared to be underdiagnosed for ADHD” (Morgan et al., 2020).

This disparity in diagnoses has created a significant impact for Black children who meet symptomatic criteria for ADHD yet, are not recognized appropriately and do not get the support or services they need. An article by Myles Moody (2016) discusses the under-diagnosis and over-representation from the Journal of African American Studies. Black children being under-diagnosed with ADHD and over-punished within the school system is reflective of the long-standing, systemic racial inequality in America (Moody, 2016). The study highlights the historical impact of how Black children are viewed and treated in

the school system, which factors into their likelihood to be accurately screened for diagnosis.

The historical impact on how Black children are viewed in educational systems are only one factor in why there is such a disparity in adolescent diagnoses of ADHD. Other reasoning for the study outcomes may be that Black parents are more reluctant to seek a mental health diagnosis for their children, similar to how language barriers being a potential reason for the limited diagnoses of Hispanic children. It is also still likely that some clinicians have reservations about diagnosing minority children with ADHD (Morgan et al., 2020).

Both articles on the racial disparities of ADHD diagnoses for Black children describe the mistrust and lack of awareness that Black parents experience with both systems of education and mental health. Moody makes a similar point as Morgan et. al when highlighting the alternate factors that cause Black children to be under-diagnosed at a young age. Other reasons for limited diagnosis may include a lack of awareness about ADHD, minimal social networks in the Black community, and cultural misconceptions of students' behavior among school staff and personnel as well as social stigma attached to behavioral disorder (Moody, 2016).

Due to the limited research on Black children and adults with ADHD, most individuals do not identify with the symptoms that are described in available research because they cannot relate. It is clear that there is a need for more diverse research on ADHD that focuses on the ethnic experience of ADHD. The

purpose of the research study that was conducted by Moody (2016) is to examine how micro-processes lead to structural inequality within education for Black children.

Identifying ADHD in Girls and Women

Similar to the racial bias in diagnosing Black children with ADHD, women of all ages also face challenges with receiving an appropriate diagnosis. Low (2020) discusses why women remain undiagnosed with ADHD and describes the typical traits and symptoms that one may exhibit. Symptoms of ADHD in girls may be perceived as character traits rather than ADHD. For example, descriptors such as being spacey, a day-dreamer, forgetful, or chatty can be symptoms of ADHD but not addressed as such. Later when these women reach out for mental health support, they are diagnosed with depression or anxiety instead (Low, 2020). It is a common experience for women with ADHD to be misdiagnosed with a disorder such as depression or anxiety because the symptoms most often associated with ADHD are hyper-active or impulsive behaviors.

Currently, there is minimal research on how Black women and other women of color experience and present symptomatically when diagnosed with ADHD. A research article that studied a lifespan approach for guiding and identifying ADHD in women, written by Young et al. (2020). The study discusses how the prevalence of ADHD in males is partially impacted by segregating the data collected by gender, where the recorded symptoms from females are less typically regarded as ADHD compared to the males (Young et al., 2020). One

reason for this may be due to the inattentive symptoms being less recognized by mental health clinicians.

Additional factors that cause Black women to have lower rates of ADHD diagnoses are the cultural challenges that are faced regularly. In a podcast named Therapy for Black Girls, the host invited a guest speaker by the name of Inger Shaye Colzier, LCSW. She tells her story about how she was not diagnosed until her 50s and struggled greatly in college, grad school as well as her clinical career due to the unrecognized symptoms of ADHD. After being diagnosed with ADHD, she finally began to receive appropriate treatment and coaching for her symptoms. Some factors that contribute to the under-diagnosis of Black women are having an overwhelming load of responsibility and not being able to identify with any of the research that is available on mental health (Bradford, 2021). Inger Shaye describes the challenges that fellow Black women face while without an appropriate diagnosis of ADHD.

The research article written by Young et al. (2020) extensively discusses an expert consensus statement on providing guidance for the identification and treatment of ADHD in women. One significant feature of this research article was the explanation of how symptoms of ADHD are difficult to distinguish in women in different stages of development. "... experiences of ADHD symptoms often change over the course of development: hyperactivity may be replaced by feelings of 'inner restlessness' and discomfort; inattention may manifest as difficulty completing chores or work-based activities" (Young et al., 2020). These

women struggle with tasks such as filling out forms, remembering appointments and meeting deadlines which likely impact their success in their work and confidence in themselves. If they were given an accurate diagnosis of ADHD during their adolescence, it is likely that they would have received the appropriate support.

Theories Guiding Conceptualization

One of the theories that helped me understand this problem is the Psychosocial Theory by Erik Erikson. This theory, comprising eight stages, focuses on how personalities evolve throughout life as a result of the interaction between biologically based maturation and the demands of society (Zastro et al., 2018). It helps to conceptualize the concerns with my research topic because the research shows that most missed opportunities for accurate diagnosis of ADHD is during adolescence in the school setting. The aspect of this theory that supports and helps explain this idea is in the Industry vs. Inferiority stage.

Zastro et al. (2018) describe the significance of the industry vs. inferiority stage in an individual's life. He mentions that in this particular age group, children must be and feel productive and successful in their activities. The reading goes on to describe how school is a major focus in their lives therefore, it is important that they are able to master developmentally appropriate academic and relational skills (Zastro et al., 2018). This relates to the underdiagnosis of ADHD in Black females because they will often struggle with inattention and hyperactivity in the classroom and do not receive any assessments or support.

As described in the theory, failure in mastering academic skills often leads to internal feelings of inadequacy. Another stage of this theory that helps to explain the impact of underdiagnosis of ADHD is the identity vs. role confusion. The significance of this stage is attributed to the adolescents' task of maturing into their identity for adulthood. Zastro et. al discuss how children that acquire a sense of failure in school or social connections may develop a sense of inferiority amongst their peers (Zastro et al., 2018).

For example, if that child is struggling with clinical symptoms of ADHD and goes through life without adequate interventions and/ or support, they are likely to not grow up feeling confident in their identity. Any individual entering their stages of adulthood feeling inferior within their identity will likely continue to struggle in their social, educational and occupational areas of their life. These individuals will experience identity diffusion, which is a result of a "serious lack of decision and direction" according to Zastro et al. (2018).

Another theory that supports my understanding of this research topic is the Critical Race Theory (CRT), led and developed by Kimberle Crenshaw and Derrick Bell in the 1980s. "CRT not only posits race as the fundamental oppressive force in American society but also uses an intersectional viewpoint that recognizes the unique lived experience of individuals based on gender, class, ability level, and other axes of oppression (Crenshaw, 1991; Hill Collins, 1989)" (Haskins, 2015). Being a Black woman with ADHD is a direct example of how an intersectional viewpoint can be beneficial to discovering the root causes

in ethnic disparities. Similar to the prior research studies discussed, the Critical Race Theory (CRT) highlights how race is a prominent factor in the way an individual is viewed and treated systematically. Black parents and children are currently challenged with a lack of information, resources and network opportunities for their mental health concerns.

CRT can be used to draw connections between the structural and systematic racism that in turn, prohibits Black children from receiving adequate mental health screenings. “Applied to the current problem, privileging the voice of Black parents and children would increase our understanding of the diagnostic experience and subsequent mental health outcomes” (Ballentine, 2019). It is evident that the relevant research from the Psychosocial Theory and the Critical Race Theory is beneficial to understanding why Black women remain under diagnosed with ADHD.

CHAPTER THREE

METHODS

Introduction

This chapter described how this study was carried out. The sections discussed are the study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The purpose of this mixed-method study was to explore the factors that impacted Black women's receipt of mental health assessments and treatment for ADHD. The research design used to conduct this study was a combination of quantitative and qualitative measures to provide a more extensive understanding of the experiences and perspectives of Black women who may be underdiagnosed with ADHD or received a diagnosis later in their adult life.

Sampling and Recruitment

The sampling approach used was snowball sampling, a type of convenience sampling utilized to seek out Black women with ADHD symptoms. Individuals who were eligible to participate were those who met the following inclusion criteria: (1) aged 18 and over; (2) self-identify as a Black woman; (3) struggle with symptoms of ADHD. The ideal experience that was required in

these participants included an official diagnosis of ADHD or concerns of being undiagnosed with ADHD. There were not any specific geographic location requirements.

I recruited my participants by creating a flier to share on various social media (e.g., Instagram and Twitter) sites briefly describing the purpose and goals of the study and the need for participants. The initial flier advertised the topic of study, participant requirements, and requested a personal response if interested in participating.

Once they reached out in agreement to be a research participant, I emailed them a copy of the informed consent form and the self-report scale. Once I received the marked and dated consent form and self-report scale, I responded via email with a google form for participants to schedule their interview. Following the completion of this form, an email was sent with the confirmed date and time of the interview. This included an additional thank you to each participant for their contribution in the moving forward as well as an explanation of confidentiality. This recruitment strategy resulted in an interview with eight individuals.

Data Collection

I began collecting my data by conducting an informed consent process with each prospective participant. Those who agreed to participate in the study were then invited to complete collecting a set of self-report questionnaires the

severity of ADHD symptoms experienced and then a face-to-face interview. The study utilized an ADHD self-report scale (Kessler et al., 2005) and face-to-face interviews with both direct and open-ended questions as the tools through which I have collected data from the subjects.

The self-report questionnaires asked participants the frequency and intensity of their ADHD symptoms as adults. Each research participant was given the Self-Report ADHD Scale to complete on the severity of symptoms experienced. Two examples of questions on the scale are 'How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?' and 'How often do you have difficulty getting things in order when you have to do a task that requires organization?' with responses ranging from 'Never', 'Rarely', 'Sometimes', 'Often', 'Very Often'. The questionnaire also asked participants if their symptoms were ever recognized by an adult, teacher, or mental health professional as a child.

In the face-to-face interviews, I used both direct and open-ended questions to gather additional information about their current ADHD symptoms and life experience thus far (Clerkley, 2022). More specifically, there were questions related to participants' experiences in managing their symptoms of ADHD without receiving a diagnosis of ADHD until their adult life with a later diagnosis such as, 'What are the main areas of your life that you feel have been most affected by your symptoms of ADHD?'

Participants were also asked if they had ever received mental health services with interventions that were tailored to an ADHD diagnosis and if so, was it beneficial to the development of their coping strategies and symptom management. Each interview lasted between 20-30 minutes.

Protection of Human Subjects

The identity of the participants in the face-to-face interviews were kept completely confidential from the other individuals participating in the study. All interviews were conducted via zoom, where I was in a private room alone and the participants were also free to be in a quiet, private space of their choice. It was explained to each participant that although the zoom meeting was recorded for transcription, their answers were to remain confidential and anonymous in the data. I ensured the safety and confidentiality of this data by planning to only keep the recorded interviews and written transcriptions on my laptop for three years and keep them in a separate folder.

Lastly, I was and will continue to be sure to never leave my laptop or research data unattended or with easy access so that nobody besides myself would ever be able to view it. To further maintain the confidentiality of participants identity, each participant had a number to identify and distinguish the person being interviewed. This study was approved by the Institutional Review Board at CSUSB.

Data Analysis

The main data analysis technique was content analysis. First, I transcribed each interview into written form. Second, I identified the major themes present in the interviews and then grouping these themes into larger categories. I then created an excel spreadsheet to track and code for the responses that include the reasons why the participants feel they have been underdiagnosed in different stages of their life. With these codes, I finally analyzed all of the gathered data by themes and established the most highlighted responses of the participants to understand why Black women continue to be underdiagnosed with ADHD.

The quantitative data was derived from the results of the self-report scale questionnaire. I quantified the response options in order to get a sum total of the participants' frequency of symptoms experienced as the following: 'Never' (1), 'Rarely' (2), 'Sometimes' (3), 'Often' (4), and 'Very Often' (5). After calculating the sum of the participant's responses, I was able to identify the total range of frequency of symptoms experienced by the sample of participants.

Summary

This chapter described the study's use of qualitative and quantitative methods in order to conduct research on the underdiagnosis of ADHD in Black females. It discussed the study's design, sampling and recruitment, data collection and instruments, protection of subjects, and data analysis.

CHAPTER FOUR

RESULTS

Demographic Characteristics

My sample consisted of eight participants. All were Black women between the ages of 26 and 35. The mean age of the sample was 29 years old (SD = 3.28).

Clinical Characteristics

Most participants (n = 7) had received an official diagnosis, except one who was recommended to follow up with ADHD testing but never did. All participants were not diagnosed with ADHD until the age of 25 or older. Also, all participants reported a mix of both inattentive and hyperactive symptoms, which were experienced frequently, per the symptom-related questions in the interview protocol and the self-administered ADHD assessment.

Table 1: Themes and Subthemes

Themes and Subthemes Related to the Underdiagnosis of ADHD in Black Females		
Themes	Subthemes	n (%)
Impact on Daily Life	Finances	n (37.50)
	Self-esteem	n (75.00)
	Work/ Career	n (75.00)
	Personal care and space	n (87.50)
Impact of Late Diagnosis	Rough transition into adulthood	n (37.50)
	Unsuccessful treatment in MHS*	n (62.50)
Barriers to Black Women Seeking	Stigmas of Black community	n (50.00)
	Lack of knowledge	n (62.50)
	Mistrust in providers	n (100.00)
Note: MHS= Mental Health Services		

Themes Identified

Three themes were identified during the data analysis. These themes were the impact of ADHD on the daily lives of Black women, the result of receiving a late diagnosis and/or treatment for ADHD, and the barriers to Black women getting diagnosed with ADHD.

Impact of ADHD on the Daily Lives of Black Women

As evidenced by the interview responses, all of the participants were impacted by their symptoms of ADHD in various categories of their daily life. Each participant was asked to state the main areas of their life they felt had been most significantly impacted by their symptoms of ADHD. More than one third of participants (37.50%) reported that their financial responsibilities were significantly impacted by their ADHD. This included making late bill payments or spending unnecessarily, all of which was said to be most attributed to their

symptom of impulsivity. One participant stated, "I'm the person who forgets to pay rent. And so instead of having to pay just the right amount, now you got to pay late fees and I'm like, I could have avoided all this."

Additionally, 75.00% of participants reported that their ADHD left a large impact on their work and/or career responsibilities, such as staying on task and maintaining appropriate concentration and focus while at work. Seven out of participants (87.50%) also reported that their ADHD significantly impacted the upkeep of their personal environment and self-care. This was described to include the participants' household spaces, vehicles, and general hygiene. Similarly, 88% of participants reported that their ADHD had a direct impact on their self-esteem and self-image. One participant stated the following:

Work is a struggle... I just got in trouble for like, missing deadlines recently on my review so, work is always a thing. And then my house, you can't tell but it's quite a mess on a regular basis. It's, you know, those long, stimulating tasks that we hate doing.

Impact of Late Diagnosis of ADHD

The second theme that was identified from the participants' interview responses was the impact of receiving a late diagnosis of ADHD in adulthood, as opposed to during their childhood. More than a third of participants (37.50%) reported to struggle with having a successful transition into the responsibilities of adulthood. These responsibilities include beginning college, keeping a job, and managing their symptoms of ADHD.

For example, many participants commented on their difficulty with managing their independence in school such as making it to class on time, completing homework assignments, and maintaining general organization within their personal space compared to their peers. One participant commented on her experience of navigating adulthood with undiagnosed ADHD: "I'll be 31 in two days and I'm just now learning like, how to do this with my ADHD, and what works for me and how to like, take care of myself and get the things that I need."

Another unfortunate impact that the participants reported to experience as a result of getting a late diagnosis of ADHD was receiving improper mental health treatment. More than half of participants (62.50%) reported that they went through many years of unsuccessful therapeutic interventions and medications prior to being diagnosed with ADHD. All of these participants were seeing therapists and/or psychiatrists to treat a mood disorder. This includes treatment for depression, anxiety and bipolar disorder. One participant described her experience with mental health treatment prior to receiving a diagnosis of ADHD:

It wasn't sufficient because they were treating depression, but like I was still having ADHD symptoms that were right there and not being addressed. Before I had my current team of providers, I went through like several therapists and stuff who never even brought it up.

Barriers to Black Women Receiving Diagnosis of ADHD

Three barriers were identified. One of these barriers was the general lack of knowledge and accurate information available on ADHD. More than half of the

participants (62.50%) stated that they predominantly presented symptoms of inattention. However, ADHD is mostly commonly recognized for its hyperactive symptoms. Due to this factor, many, including educators, mental health providers, and family members, were unable to recognize the symptomology in young girls with ADHD because they present differently in girls compared to boys.

Half of the participants (50.00%) reported that cultural stigma upheld by their family was a large factor in their delay in treatment. For example, these particular Black women reported that their parents did not seek services or support for mental health due the belief that nothing was wrong or out of the ordinary. Similar to their teachers throughout their childhood education, their parents perceived their ADHD symptoms as “personality traits” and did not feel compelled to seek support. One participant stated, “Everyone just thought that was just my personality.” Another participant stated, “I needed that validation from a professional so my family could believe me and say that I wasn't just making things up... Black people and mental health it's kind of just like, dismissed or not taken well.”

Additionally, exactly half of the participants (50%) reported being recognized as “academically gifted” at a young age therefore, their internal struggles were often overlooked or dismissed due to their high academic performance in the classroom. One participant explained her experience with this barrier:

I was classified as 'gifted' so I was able to get stuff done in school and whenever I didn't, people just said that I wasn't living up to my potential or something. Even though I was telling people, things are difficult for me. Even though, you know I'm really great in this area, I'm still really struggling. But no one really wanted to hear that they just thought I was stubborn and lazy. Because I had shown that I was capable of getting things done and getting it done well.

The largest, most commonly recognized barrier to these Black women getting a diagnosis of ADHD was their general mistrust in their medical and mental health providers. Each of the eight participants (100.00%) in this study reported that they did not trust their providers to make culturally competent decisions for either diagnosis and treatment of their ADHD. Therefore, it took them a long time to seek sufficient support in receiving their diagnosis. Many participants also stated they had bad experiences when going for an assessment and since then, have not felt comfortable returning to a non-Black provider. For example, one participant stated her opinion based on her personal experience:

I think that I was diagnosed late because there's so many disparities in the healthcare system like the medical professionals don't know what to look for. Even the first time that I had met with a psychiatrist after I got my diagnosis and she knew I had ADHD, their approaches didn't feel very neuro divergent friendly.

The mistrust that these participants have in their medical and mental health providers throughout their life has had a significant impact on their delayed diagnosis of ADHD.

CHAPTER FIVE

DISCUSSION

Introduction

The main purpose of this research study was to determine why Black females of all ages are under diagnosed with ADHD. I explored the impact of racial disparities within the mental health and educational systems negatively impacted these women. I conducted this study using both quantitative and qualitative measures in the form of self-report scales and interview questions provided for eight participants. The findings of the study show that Black females are likely to be under diagnosed with ADHD due to the lack of understanding of the diverse symptomatology of ADHD, the impact of societal and community stigmas, and the mistrust in medical and mental health providers that Black females face.

Discussion

The aims of this study were to identify and explore the reasoning behind why Black females remain to be underdiagnosed with ADHD. According to the participant interview responses, the most significant findings were the observable barriers to Black females receiving mental health services. The main barriers to Black females to receiving mental health services that were discovered in this research were the social stigmas among the Black community, the lack of

diverse knowledge on ADHD symptomatology and the general mistrust of medical and mental health providers.

Barriers to Seeking and Receiving Mental Health Services

The most considerable barrier to Black females seeking and receiving a diagnosis of ADHD was the mistrust in the medical and mental health providers that are available to them. Each of the eight participants (100.00%) reported that they did not trust their therapists or psychiatrists to make culturally appropriate treatment decisions on their behalf. The high prevalence of this mistrust reported by these participants evidently suggests the impact of the historic maltreatment of Black people from medical and mental health providers.

Due to this mistrust, Black women are less likely to seek out mental health services, thus delaying appropriate diagnosis and treatment. This finding aligns with those reported in previous research on the underdiagnosis of ADHD in Black children where this disparity is stated to be a “reflection of the long-standing, systemic racial inequality in America” (Moody, 2016).

The next significant barrier that was identified to Black women seeking and receiving an ADHD diagnosis is the lack of general knowledge of the disorder symptomatology. Majority of the women participants (62.50%) reported that their lack of knowledge of symptoms was an obstacle to being diagnosed with ADHD. This barrier was perceived to affect individuals in need of diagnosis, the mental health clinicians that provide the neuropsychological assessments required for diagnosis, and participants’ families.

It can be assumed that these participants suffered from this lack of knowledge due to the minimal amount of diverse information available on the symptoms of ADHD that are present in minority females as opposed to in White males. This finding is consistent with other diagnostically similar samples that also explain the impact that limited understanding of ADHD symptoms has on girls and women to being diagnosed. Due to this limited understanding of symptoms, girls and women with ADHD are often diagnosed with mood disorders instead of ADHD when seeking mental health treatment (Low, 2020).

The third most critical barrier found to Black women seeking and receiving an earlier diagnosis of ADHD was the social stigmas around the Black community. Four out of the eight participants (50.00%) disclosed that the stigmatizing beliefs upheld by their Black family members, such as the avoidance of acknowledging areas of struggle as potential mental health symptoms.

It is likely that many of the participants' parents refrained from pointing out symptoms of ADHD because they were afraid to subject their children to any assessment or diagnosis that would result in increased stigmatization. These findings align with those stated in previous studies where it was noted that Black parents are more reluctant to seek mental health diagnosis for their children (Morgan et al., 2020).

Additional Findings

In addition to exploring barriers to receiving a diagnosis, it was found that Black women who grow up with undiagnosed ADHD are highly likely to suffer

from various forms of consequential misfortune. Some of these unfortunate impacts were seen to affect the daily lives of these individuals including areas of finances, self-esteem, career and personal care. Receiving a late diagnosis also appeared to have a negative influence on the effectiveness of their mental health treatment and their transition into adulthood.

This is consistent with previous findings that disclose the adversity faced in completing adulthood tasks of managing household responsibilities and previously scheduled interpersonal affairs (Young et al., 2020). Overall, all of the research findings support the research question in understanding the causes to the explanation of the underdiagnosis of ADHD in Black females. It appears as though Black women continue to be disadvantaged in receiving sufficient healthcare services, despite the many advancements for all health and medical systems over the years.

Limitations

One limitation of this study is that all of the participants were women who had higher levels of self-help habits and awareness. This can be inferred from the fact that the recruitment process was done over social media platforms and online support groups for Black women with ADHD. The women who are primarily on these types of social media pages are those who tend to be more aware of their experience with symptoms of ADHD and have begun to seek help. This is a limitation because women with undiagnosed ADHD or minimal

knowledge on their ADHD related symptoms are not as likely to be a part of online groups for women with ADHD.

Similarly, another limitation identified in this study is the presumption that these findings only reflect the barriers of those women who have already been made aware of how their symptoms of ADHD impacted their life. These findings are limited because the reported barriers to receiving an ADHD diagnosis is not inclusive of the barriers that women who are not aware of their undiagnosed symptoms of ADHD. Lastly, there are limitations to this study due to the small sample size because there is a lack of generalizability of the research findings to larger populations of similar demographics.

Conclusion

This study explored the contributing factors to the underdiagnosis of ADHD in Black females and the impact that ethnic disparities have on the medical and educational systems that fail to address and provide mental health services to Black females who suffer from symptoms of ADHD. This disparity reflects a need for the field of social work to provide diverse information, resources and treatment services on neurodevelopmental disorders such as ADHD. It is recommended that a portion of such treatment services should be dedicated to women and children of ethnic backgrounds in order to broaden the perspective of what ADHD looks like in all individuals.

Furthermore, the noteworthy findings in this study highlight the narrow scope of research that has been reviewed and replicated on ADHD in Black women and children. This indicates a necessity for more diagnostically similar research studies to be done, preferably with quantitative measures and larger samples. Lastly, there is a clear and compelling need for more Black women and other women of color to be hired in positions of medical and mental health services. The significant increase in trust and comfort that the participants experienced once paired with a Black clinician emphasizes the need for social work agencies to maintain a diverse staff to raise the likelihood of all clients having positive treatment outcomes.

APPENDIX A
IRB APPROVAL

Date: 4-26-2022

IRB #: IRB-FY2022-131
Title: The Underdiagnosis of ADHD in Black Females
Creation Date: 10-10-2021
End Date:
Status: **Approved**
Principal Investigator: Caroline Lim
Review Board: Main IRB Designated Reviewers for School of Social Work
Sponsor:

Study History

Submission Type	Initial	Review Type	Exempt	Decision	Exempt
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Key Study Contacts

Member	Role	Contact
Kiana Clerkley	Co-Principal Investigator	kiana.clerkley0420@coyote.csusb.edu
Caroline Lim	Principal Investigator	caroline.lim@csusb.edu
Caroline Lim	Primary Contact	caroline.lim@csusb.edu

APPENDIX B
RECRUITMENT FLIER



Participants Needed!

**Are you a Black Woman?
Have you been diagnosed
with ADHD after age 17 OR
Do you struggle with ADHD
symptoms yet, have not
been diagnosed?**

Please join my research study to help
identify the causes of
*UNDERDIAGNOSIS OF ADHD IN
BLACK FEMALES*

Send me an email to sign up!
007420420@coyote.csusb.edu



This study has been approved by the California State
University, San Bernardino Institutional Review Board

APPENDIX C
INFORMED CONSENT



WE DEFINE THE *Future*

School of Social Work

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
5500 University Parkway, San Bernardino, CA 92407
909.537.5501 | Fax: 909.537.7029
<http://socialwork.csusb.edu>

Informed Consent

The study in which you are asked to participate is designed to explain the contributing factors to understand why Black females are under-diagnosed with ADHD. The study is being conducted by Kiana Clerkley, graduate student under the supervision of Caroline Lim, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of the study is to explore the contributing factors that explain the significant low rates of diagnosed ADHD in Black women.

DESCRIPTION: Participants will be asked questions regarding their personal experience with symptoms of ADHD.

PARTICIPATION: Your participation in the study is 100% voluntary. You may refuse to participate in the study or discontinue your participation at any time without any consequences. Participants will be asked to provide verbal consent at the start of the audio recording.

CONFIDENTIALITY: Your responses will remain confidential and all data will be destroyed after 3 years following the completion of the study.

DURATION: The interview will take between 30 to 40 minutes to complete.

RISKS: The risks of participation in the study will be possible discomfort in answering questions asked. However, you will have the right to skip questions and terminate your participation at any time during the interview.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact the school of social work department.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2022.

I agree to have this interview be audio recorded:

___ YES ___ NO

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

___ YES ___ NO Date: _____

APPENDIX D

ADULT ADHD SELF-REPORT SCALE (ASRS-V1.1) SYMPTOM CHECKLIST

Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months.

	Never	Rarely	Sometimes	Often	Very Often
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?					
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?					
3. How often do you have problems remembering appointments or obligations?					
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?					
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?					
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?					
Part A					
7. How often do you make careless mistakes when you have to work on a boring or difficult project?					
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?					
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?					
10. How often do you misplace or have difficulty finding things at home or at work?					
11. How often are you distracted by activity or noise around you?					
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?					
13. How often do you feel restless or fidgety?					
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?					
15. How often do you find yourself talking too much when you are in social situations?					
16. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?					
17. How often do you have difficulty waiting your turn in situations when turn taking is required?					
18. How often do you interrupt others when they are busy?					
Part B					

How old were you when these problems first began to occur? _____

APPENDIX E
INTERVIEW QUESTIONS

Interview Questions

The purpose of this study is to understand the experiences of Black women who have experienced symptoms of ADHD with or without an official diagnosis to help explain the under-diagnosis of ADHD in Black females. Please answer all questions open and honestly to the best of your ability.

In your personal life or professional (past or present) environments...

1. Do you often forget, misplace or lose items?
2. Do you have trouble staying organized or managing your time wisely?
3. Do you find yourself avoiding long tasks or becoming restless and/or distracted when forced to do so?
4. Do you often find yourself having difficulty waiting your turn or listening thoroughly?
5. Do you often find yourself feeling restless or frequently feel like you're on the go?
6. Do you often talk excessively or interrupt others in conversation?

In your household or educational (past or present) environments...

7. Has a teacher or adult ever recommended you to be evaluated for ADHD?
8. Has a sibling or family member ever ridiculed or shamed you for displaying symptoms of ADHD?
9. At what age were you given a diagnosis of ADHD? If never diagnosed, at what age did you begin to notice that you may have undiagnosed ADHD?
10. What are the main areas of your life that you feel have been most affected by your symptoms of ADHD?

In general, based on your life experience thus far...

11. Have you ever received mental health services to treat your symptoms of ADHD?
12. Do you feel that the mental health services were appropriate and helpful to you in managing your symptoms of ADHD?
13. Why do you think you were diagnosed late or not at all diagnosed with ADHD?
14. Do you feel you can trust the clinical judgment of your therapist or psychiatrist to make culturally appropriate decisions?
15. Do you have any other information or insight you would like to share about your experience with symptoms of ADHD?

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