
Three Markers of Culturally Conscious ADHD Care

A Framework for Serving Communities of Color

People of color face significant disparities in ADHD diagnosis and treatment. Research published in JAMA Psychiatry and large-scale studies using electronic health records from 50 U.S. healthcare organizations confirm that Black and Latino children are consistently underdiagnosed and undertreated compared to white peers. This is not because ADHD is less prevalent, but because systemic barriers, cultural factors, and diagnostic bias stand in the way. Culturally conscious care is not optional. It is a clinical and ethical necessity. The Society for ADHD and Co-Occurring Conditions identifies three concrete markers that define what this care looks like in practice.

1

Faith-Sensitive Treatment Planning

Faith and spirituality are not peripheral concerns for many communities of color. They are central to identity, coping, and healing. Research consistently shows that African Americans have the highest rates of religious participation of any racial or ethnic group in the United States, and that positive religious coping, drawing strength, hope, and meaning from faith, is linked to significantly lower rates of depression and anxiety. A peer-led spirituality-based intervention with Black participants in New York City found significantly reduced odds of moderate to severe depression, alongside increased social support and sense of community.

Culturally conscious providers ask about spiritual life at intake, explore whether faith is a source of strength or tension, and integrate spiritual supports such as prayer, faith community connection, or pastor collaboration when the individual desires this. This approach also requires understanding that for some in faith communities, mental illness carries spiritual stigma. Providers who acknowledge this reality, rather than dismiss it, build the trust necessary for meaningful engagement. Importantly, faith integration into treatment does not require providers to share a client's beliefs. It requires respect, curiosity, and cultural humility.

"When we recognize a patient's spirituality as a legitimate part of their coping system, engagement improves. People feel seen. They feel that their values matter as much as their diagnosis."

— Elijah Mudryk, Clinical Psychology Doctoral Candidate, University of Mississippi, published in APA journal Practice Innovations, 2025

2

Trauma-Informed Intake

ADHD symptoms and trauma responses overlap significantly. Impulsivity, inattention, and emotional dysregulation can reflect either condition or both simultaneously. The American Academy of Pediatrics and SAMHSA both identify trauma-informed screening as an essential part of any intake evaluation. For communities of color, this is especially critical. Exposure to adverse childhood experiences (ACEs), chronic stress, racial trauma, poverty, and community violence is disproportionately high, and these stressors directly affect ADHD presentation and treatment outcomes. A culturally conscious intake asks directly about adverse experiences and current stressors, uses trauma-informed language, avoids re-traumatization, and screens across multiple domains, not just behavioral symptoms. Providers who account for context rather than presenting behavior alone are more likely to arrive at accurate diagnoses and effective treatment plans.

3

Culturally Aware Communication

Language barriers, family decision-making structures, stigma, and cultural norms about mental health all shape whether a family engages with ADHD care and whether they stay. A landmark meta-analysis of 76 studies found that culturally adapted mental health interventions produced moderately strong benefits overall, with interventions conducted in clients' native language twice as effective as those in English only, and interventions targeted to a specific cultural group four times more effective than mixed-group delivery. Culturally aware communication means providers understand and respect the family structure influencing decision-making, use language and terminology that resonates, address stigma directly without dismissing it, and adapt their explanations of ADHD to the cultural frameworks of the family. This includes awareness of how ADHD behavior may be interpreted through a cultural lens, and how implicit bias in clinicians and educators can distort symptom recognition.

THE EVIDENCE BASIS FOR THIS FRAMEWORK

Racial Disparities in ADHD Diagnosis

Coker et al. (2016). Racial/ethnic disparities in ADHD diagnosis and treatment. *Pediatrics*. | Cooke et al. (2024). Large-scale analysis reveals racial disparities in ADHD and conduct disorders. PMC / NCBI (TriNetX dataset, 849,281 patients, 50 U.S. healthcare organizations).

Trauma-Informed Care & ADHD

American Academy of Pediatrics (2021). Trauma-Informed Care. *Pediatrics*, 148(2). | SAMHSA. Trauma-Informed Care in Behavioral Health Services. NCBI Bookshelf, Chapter 6.

Faith Integration & Mental Health Outcomes

Mudryk et al. (2025). Religious coping and mental health in Black Americans. *APA Practice Innovations*. | Hankerson & Weissman (2012). Church-based health programs for mental disorders among African Americans. PMC. | Pierre et al. (2021). Peer-led spirituality-based intervention outcomes. PMC.

Culturally Adapted Interventions

Griner & Smith (2006). Culturally adapted mental health interventions: A meta-analytic review. *Psychotherapy Theory, Research, Practice, Training*. (76 studies). | Lau et al. (2022). Culturally adapted digital mental health interventions for ethnic/racial minorities: A systematic review and meta-analysis. PubMed.

The Society for ADHD and Co-Occurring Conditions is the only ADHD organization in the United States with a dedicated focus on the faith community. We are a faith-informed, community-rooted secular nonprofit serving neurodivergent individuals, faith communities, and historically marginalized populations with science-backed, evidence-based resources and training.

www.societyforadhd.org | info@societyforadhd.org