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Fall 2025

Teacher Internalization of the Model Minority Myth & ADHD Underdiagnosis in Asian American Students

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ABSTRACT

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterized by inattention, hyperactivity, and impulsivity. It is one of the most prevalent neurodevelopmental disorders in the United States, affecting approximately one in nine children as of 2022. Still, ADHD remains significantly underdiagnosed among Asian American (AA) children. This narrative review explores the role of teacher bias—particularly the internalization of the Model Minority Myth (MMM)—in contributing to the underdiagnosis of ADHD in AA students. The MMM stereotypes AA as uniformly high-achieving and well-behaved, which stands in conflict with expectations and perceptions of ADHD. Teacher perceptions of race and assumptions about academic performance have been found to impact the referral and identification of students for mental health and special education (special education) school services. In both of these contexts, AA students remain overlooked and underrepresented. This narrative review synthesizes existing research on racial disparities in ADHD diagnosis, the influence of teacher bias and stereotypes, and the implications of the MMM on academic achievement.

Keywords: *ADHD Underdiagnosis, Asian American, Model Minority Myth, Teacher Bias*

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Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common childhood neurodevelopmental disorders (Salari et al., 2023). In 2022, approximately 7.1 million children in the United States were diagnosed with ADHD (Danielson et al., 2024). Since 2016, the number of diagnoses has increased by one million (Danielson et al., 2024). ADHD is characterized by persistent patterns of inattention, hyperactivity, and impulsivity and is divided into three subtypes: predominantly inattentive, predominantly hyperactive/impulsive, and combined presentation (American Psychiatric Association, 2022). Diagnostic criteria for ADHD require symptoms to be present before age 12, with at least six symptoms of inattention and/or hyperactivity/impulsivity persisting for at least six months (American Psychiatric Association, 2022). A child's symptoms must be more severe than what is typical for their age and directly impair their social and academic/occupational functioning (American Psychiatric Association, 2022).

While ADHD has received increasingly more attention, the condition remains overlooked and underdiagnosed among certain major ethnic groups, most notably Asian Americans (AA) (Feng et al., 2024). The number of AA has been steadily increasing in the United States: from 2000 to 2019, the AA population grew by 81% (Budiman & Ruiz, 2021a), and it is projected to quadruple in size by 2060 (Budiman & Ruiz, 2021b). However, the rates of ADHD diagnosis remain the lowest of all major ethnic groups. Such a discrepancy may be related to the Model Minority Myth (MM) (Feng et al., 2024).

The term "model minority" was coined by sociologist William Petersen in 1966 to describe Japanese Americans who had overcome discrimination and achieved success due to their strong cultural values (e.g., discipline, respect for authority) and work ethic (Petersen, 1966). The stereotype originated from the successful stories of East Asian immigrants, particularly Chinese and Japanese Americans, in the late twentieth century (Wu, 2023). Under the Hart-Celler Act, also known as the Immigration and Nationality Act of 1965, many Chinese and Japanese immigrants were granted entry into the United States due to their above-average achievements and valuable cultural capital (Vang, 2025). This hyper-selection of the highly skilled and successful East Asian immigrants fueled the MMM (Kim & Falkner, 2022). Although the MMM has since been generalized to all AA (Russell & McCurdy, 2023; Vang, 2025), it remains most strongly associated with East Asians. According to Hwang (2021), "Brown Asians", including South Asians, Southeast Asians, and Pacific Islanders, are often subject to different, racialized stereotypes.

Over time, the MMM became so widespread that it implies a natural predisposition to academic and socioeconomic success (Walton & Truong, 2022). According to Yoo et al. (2010, 2015), the developers of the only measure of the Internalization of the MMM (IM-4), the MMM consists of two parts: "Achievement Orientation," which stereotypes AA as universally high-achieving and academically successful, and "Unrestricted Mobility," which assumes AA face little discrimination and enjoy equal opportunities. Though seemingly positive, the MMM has imposed a deceptive, monolithic narrative that whitewashes individual challenges and creates the conditions for systemic discrimination (Muramatsu & Chin, 2022). For over 55 years (Walton & Truong, 2022), the "model minority" stereotype has continued to affect AA of all ages, in all stages of life. The MMM manifests as early as elementary school, preventing AA

students from accessing necessary support services (Cheng et al., 2016; Guo et al., 2013).

Teachers can serve as risk or protective factors against the discrimination their students experience (Gale, 2020). Because teachers are humans before educators, they have inextricable biases (Crutchfield et al., 2020). They may externalize biases that they have not yet realized that they have internalized (Chin et al., 2020). Such biases are known as implicit biases, which can be understood as unconscious and unintentional forms of discrimination (Franci, 2023). Teacher bias is a "multidimensional construct" of implicit and explicit biases often unknown to teachers (Childs & Wooten, 2022). Teacher bias about a student's racial identity fuels prejudice and subtle acts of discrimination (Bruneau et al., 2020). Teacher bias may result in the discriminatory assessment of students' academic abilities and referrals to gifted special education and supportive services (Childs & Wooten, 2022), impacting students' educational, career, emotional, and behavioral outcomes (Quinn, 2020). Much of the research on teacher bias focuses on Black students to explain racial disparities in academic and disciplinary outcomes (Chin et al., 2020). However, teacher bias underlies the inequality and discrimination both Black and Asian students experience (Casey, 2023).

BACKGROUND

Substantial literature has focused on how teacher perceptions and biases impact the identification of ADHD in Black students. Feng et al. (2024) reviewed several studies that found that teachers rate Black students higher on ADHD measures, though it was unclear how much this was due to actual higher prevalence versus teacher racial biases (Kang & Harvey, 2020; Lawson et al., 2017). More recently, Kang (2023) found empirical evidence on the impact of teachers' implicit and explicit racial prejudice and stereotyping on how they perceived ADHD in Black children. White teachers' explicit racial ADHD stereotypes and higher levels of implicit racial prejudice than those of Black parents predicted more biased ratings of Black boys' symptoms and inflated ratings of hyperactivity (Kang, 2023). These studies highlight the significant impact of racial bias on whether teachers recognize ADHD and how they intervene.

Teacher perceptions of their students' academic achievement have a similar and similarly significant effect. Guo et al. (2013) found that AA students were four times less likely than Latino students to be referred for school-based mental health services (SBMHS), which was in part attributed to the adult gatekeepers, such as guidance counselors and teachers, who struggled to identify AA youth in need. According to Guo et al. (2013), low academic performance signals to teachers about potential underlying issues and increases their likelihood to intervene. Conversely, high school performance among AA strongly predicted their low referral rate for school-based mental health services (Guo et al., 2013). For students, preconceptions of their well-adjustedness and academic performance may downplay or mask their mental struggles (Cheng et al., 2016). Furthermore, Cheng et al. (2016) found that even in situations that should require mental health intervention, AA is dismissed as "functioning well" due to the MMM. Thus, high academic performance may limit high-achieving AA students' access to necessary support services.

Similarly, Wong & Landes (2021) speculate that teacher bias related to the perceived academic ability of AA students may overshadow signs of ADHD, given that teachers tend to perceive students with ADHD as low performing (Metzger & Hamilton, 2020) and AA students as high achieving (Okura, 2022;

Shi & Zhu, 2023). Metzger and Hamilton (2020) found that teachers were more likely to underestimate the academic performance of students labeled as having ADHD, even when they demonstrated grade-level ability. The tendency to associate the ADHD label with underperformance stands in contrast to the tendency to associate AA students with overachievement. Okura (2022) found that high school teachers rated Asian students more favorably than academically similar White counterparts in classroom attentiveness and performance, expectations for future educational attainment, and likelihood of being recommended for Advanced Placement and honors courses. Okura (2022) suggests that the positive appraisals for AA may stem from the perception of AA students as academically gifted, disciplined, and highly motivated. Shi and Zhu (2023) further evidence the treatment of AA students as "model minorities" and positive bias towards them in elementary and secondary school. Teachers were found to have rated Asian students more favorably to White students in the same class with identical standardized test scores in math and reading (Shi & Zhu, 2023). This incongruity between teacher expectations of academic performance in ADHD versus AA students may obscure recognition of ADHD in AA students (Feng et al., 2024). Thus, teachers' implicit racial biases, along with their preconceptions about academic achievement, have been suggested as contributing factors to the underdiagnosis of ADHD among AA (Feng et al., 2024; Wong & Landes, 2021).

Some studies have examined education professionals' biases to explain the underrepresentation of AA students in special education. Wang et al. (2021) found that educators were less likely to recommend AA than White students than to get evaluated for a learning disability and special education services. They attributed this disparity to the stereotype that "AA students are too academically successful to struggle." Similarly, Zhong (2023) examined how school psychologists' explicit and implicit attitudes toward AA students influenced their likelihood of referring them for special education services. Zhong (2023) identified an inverse correlation between the strength in endorsement of the MMM of Unrestricted Mobility and referral likelihood.

THE PROBLEM

While ADHD is one of the most commonly diagnosed neurodevelopmental disorders in children in the United States (Salari et al., 2023), it remains underdiagnosed among AA (Wong & Landes, 2021; Feng et al., 2024; Hoang, 2025). As symptom onset before age 12 is a diagnostic criterion for ADHD (American Psychiatric Association, 2022), most diagnoses are made during children's elementary school years. Thus, teachers are often the first to recognize signs of ADHD in their students and initiate the diagnosis process by referring their parents for formal evaluation (Glenn, 2024).

Still, teacher assessments are primarily influenced by and reflect their biases (Bennett, 2023). Indeed, racial identity may influence how teachers perceive their students' behavior, symptom presentation, and academic performance (Metzger, 2021), which poses a disadvantage for AA students when being evaluated for learning disabilities (Wang et al., 2021). Teacher bias about their AA students is both shaped by and reinforces the MMM, which has been pointed to as a cause for underreferral and underrepresentation of AA students to special education services (Kulkarni, 2017; Wang et al., 2021; Zhong, 2023). The MMM also has implications for AA students' academic achievement (Zhang, 2010) as teachers tend to have an inflated appraisal of AA students' abilities (Metzger & Hamilton, 2020; Okura, 2022). Dangerously, high academic achievement

has been found to lead adult gatekeepers at school to overlook AA students in need of mental health support (Guo et al., 2013; Cheng et al., 2016; Ly, 2019; Carroll, 2022; Li, 2023).

As the MMM and its implied academic expectation have posed barriers for AA accessing special education and mental health services, there has been similar speculation that the MMM would have a similar effect on ADHD underdiagnosis (Feng et al., 2024). However, the MMM itself has likely contributed to scholars' reluctance to study the academic needs and challenges of AA students (Fuentes-Packnick, 2023), including ADHD. Consequently, there remains a perceived gap in the literature on how teachers' internalization of the MMM and perception of AA students' academic achievement may jointly affect ADHD diagnoses in elementary-aged AA students. Furthermore, there appears to be a lack of empirical evidence on the extent to which teacher bias impacts the underdiagnosis of ADHD among AA.

OBJECTIVE

The objective of this narrative review is to examine how teachers' internalization of the MMM relates to the underdiagnosis of ADHD among AA students. The following sections will synthesize research on the impacts of teacher bias, the MMM, and academic achievement on the referral and diagnosis of ADHD for AA students.

NARRATIVE REVIEW

The Implications of Undiagnosed ADHD

Undiagnosed and untreated ADHD can lead to numerous consequences. According to French et al. (2023), individuals with undiagnosed ADHD are more likely to experience struggles with academics, employment, mental health (e.g., anxiety, depression, suicidal thoughts/behaviors), and substance abuse. Additionally, undiagnosed ADHD is associated with higher rates of crime offenses, incarceration, divorces, and driving accidents (French et al., 2023; Glenn, 2024). These adverse outcomes highlight the importance of the early identification and treatment of ADHD.

Teacher Role in ADHD Diagnoses

Teachers are critical to the diagnosis of childhood ADHD. They may first recommend a student to receive a clinical evaluation for ADHD and later provide evidence for their diagnosis (Wolraich et al., 2019). Teachers spend a substantial amount of time with their students and have unique insights into a child's social and academic behaviors. Thus, they are often the first to recognize signs of ADHD and refer parents to get formally diagnosed by a pediatrician or psychologist (Glenn, 2024).

The Vanderbilt ADHD Diagnostic Rating Scale – Teacher Informant

The Vanderbilt ADHD Diagnostic Rating Scale (VADRS) is one of the most common assessments for children ages 6 to 12 (Alqahtani et al., 2024). The VADRS comes in two versions: the Vanderbilt ADHD Parent Rating Scale (VADPRS) for parents (Wolraich, 2003) and the Vanderbilt ADHD Teacher Rating Scale (VADTRS) for teachers (Wolraich et al., 2013). The VADTRS includes 43 items to measure the presence and/or severity of ADHD and other childhood behavior and mental disorders (Alqahtani et al., 2024). The 18 items for ADHD based on DSM-IV criteria (9 for inattention and 9 for hyperactivity/impulsivity), 10 items for oppositional-defiant disorder, and 7 items for anxiety or depression are rated on a 4-point Likert scale (Wolraich et al., 2013). The 8 items for academic and classroom behavioral

performance are rated on a 5-point Likert scale (Wolraich et al., 2013).

Wolraich et al. (2013) report that while the VADTRS has high construct validity, it has low predictive validity. This finding suggests that this questionnaire alone cannot definitively diagnose ADHD. Findings from a systematic review and meta-analysis of the convergent and divergent validity of teacher rating scales for assessing ADHD symptoms, compared to two gold-standard methods (semi-structured clinical teacher interviews and structured classroom observations), validate the use of teacher rating scales for identifying ADHD symptoms in the classroom (Staff et al., 2020). However, teacher evaluations should be supplemented with parental reports to ensure an accurate diagnosis (Esposito et al., 2025). Having two informants gives a more comprehensive understanding of symptomology (Esposito et al., 2025; Martel et al., 2015).

Teacher & Rater Bias

Although tools like the VADTRS serve to standardize the assessment of ADHD, they rely heavily on teacher input and are therefore susceptible to rater bias (Wang et.al, 2021). Ratings may be biased due to projection bias or halo effects (Staff et al., 2020). Rater bias skews the validity of behavior rating scales, undermines their primary purpose of identifying individuals needing intervention, and leads to systematic overestimation or underestimation of actual behavior (Mason et al., 2014). According to Childs & Wooten (2022), both implicit (unconscious) and explicit (conscious) teacher bias about a student's racial identity (Kunemund et al. 2020; Harbatkin 2021) fuel prejudice and subtle acts of discrimination (Bruneau et al. 2020).

The Model Minority Stereotype

Stereotypes undermine ADHD diagnostic accuracy and equity (Visser et al., 2024). The more a student exhibits behaviors that align with ADHD stereotypes (e.g., getting easily distracted, being disruptive), the more likely teachers may be to label or treat them as having ADHD (Anderson et al., 2012; Ohan et al., 2011). However, those who do not conform may be overlooked.

Feng et al. (2024) reviewed potential explanations for the disparities in diagnosis and treatment of ADHD among AA children relative to other racial and ethnic groups. They suggested that one reason may be due to the contradictory stereotypes commonly associated with Asian students and students with ADHD. Teachers may tend to perceive East and South Asian students as well-behaved and reserved, while children with ADHD are seen as being more likely to have academic and disciplinary issues (Metzger, 2021). The conflict between teacher expectations of how AA children versus children with ADHD behave may hinder their ability to recognize ADHD in AA students (Feng et al., 2024). The "model minority" stereotype, in particular, is incongruent with behavioral expectations regarding ADHD. AA children with the predominantly inattentive ADHD subtype may be at particular risk for underidentification as their less disruptive behaviors conform to the MMM.

Implications of the MMM on Academic Performance

The MMM sets a standard of academic excellence that many AA students are pressured to achieve. The stereotype promise theory suggests that AA students' level of academic achievement is a self-fulfilling prophecy (Okura, 2022). As AA students internalize these expectations and perform accordingly, they reinforce the expectations for their high achievement.

According to Rommelse et al. (2017), teachers are less likely to flag "gifted" students for hyperactivity and attention problems, which is particularly concerning for AA students who are overrepresented in gifted programs. Long et al. (2023) examined whether racial disparities in gifted programs were due to early academic achievement or bias in the identification process. They studied a census of all students in a 3rd-grade cohort from the 2011–2012 school year across three states. White and Asian students were identified for gifted programs at notably higher rates (ranging from 13.3% to 27.0% and 18.2% to 40.5% respectively) than Black, Latinx, Free and Reduced-Price Lunch, and English Learner students, ranging from 13.3% to 27.0% and 18.2% to 40.5% respectively. Asian students were consistently overrepresented, which means that their proportion among identified gifted students was higher than that among their general student population. However, when controlling for 3rd-grade academic achievement, the overrepresentation of Asian students was significantly reduced. This finding suggests that early academic achievement strongly predicted gifted identification. Since AA students in public school have the highest enrollment percentage in "gifted and talented" programs, they may be at risk of being less likely to be reported by their teachers as having ADHD.

METHODOLOGY

This narrative review includes literature from the past 15 years, with the expectation of the seminal work of Wolraich (2003). This period was intentionally selected because it shows the persistence and progression of inequities that remain relevant today. Sources included peer-reviewed journal articles, meta-analyses, systematic reviews, literature reviews, translational research, dissertations, and theses. Five sets of search terms were cross-referenced using Google Scholar and the Harvard Hollis Library Catalog:

- Set One: "ADHD" AND "diagnosis", "underdiagnosis", "referral"
- Set Two: "Asian", "Asian American"
- Set Three: "model minority", "model minority myth", "bias", "stereotype"
- Set Four: "academic achievement", "academic performance", "gifted"
- Set Five: "teacher", "school"

In all searches, the Boolean operator "AND" connected terms from two or more sets (e.g., Set One AND Set Two; Set Two AND Set Three AND Set Four; Set One AND Set Five). Both backward and forward searching techniques were used to ensure comprehensive references. The snowball method, which involves looking through the reference lists of more recent articles, was used to identify earlier, foundational studies that were not to be found in the initial searches. Meanwhile, the "cited by" feature on Google Scholar was used on older studies to locate newer, state-of-the-art studies that had built upon their findings.

CONCLUSION

While the literature suggests that teacher biases, shaped by the MMM, may contribute to the underdiagnosis of ADHD among AA students, there is a perceived lack of empirical research. This narrative review serves as the rationale for an ongoing study by the author. The study will use a vignette-based experimental design that manipulates student race (Asian vs. White), academic achievement (High-achieving vs. Low-achieving), and ADHD symptomatology (Present vs. Absent). Teacher participants will be asked to evaluate fictionalized student case reports and rate the likelihood that they would refer the respective

student for an ADHD diagnosis. Additionally, the Internalization of the Model Minority Myth Measure (IM-4) will be used on participants to assess the extent to which they believe in the MMM. In conclusion, this review sought to advance understanding of how teachers' racialized expectations may contribute to disparities in ADHD identification among AA.

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