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ADHD at a Glance

What it is, how it shows up at work, and why it matters for how you lead.

3–6%	~74%	~50%	~$0
of working-age adults have ADHD — many undiagnosed	heritability: it's neurobiology, not willpower	of adults with ADHD also have an anxiety disorder	cost of about half of workplace accommodations (JAN)

WHAT ADHD IS

- A neurodevelopmental difference in the brain's self-management system — present from childhood, typically lifelong.
- Not an attention deficit — an attention regulation difficulty. Interest and urgency unlock focus; importance alone doesn't.
- Hyperfocus is part of the same wiring: intense absorption when work is novel, urgent, or fascinating.
- Often diagnosed late — especially in women and strong "maskers," who hide symptoms at exhausting personal cost.

Executive functions affected:

Working memory	Task initiation
Planning & prioritizing	Time perception
Emotional regulation	Self-monitoring

ADHD occurs at every level of intelligence and ambition — many high achievers have it, often at the cost of exhausting compensatory effort.

HOW IT SHOWS UP AT WORK

- Excellent complex work, careless slips in routine work
- Time blindness — deadlines feel abstract until imminent
- Procrastinate-then-sprint pattern on tedious tasks
- Strong starts, fading finishes — the last 10% is hardest
- Verbal asks evaporate; written ones get done
- Admin and inbox backlog despite working hard
- Restless in long meetings; fidgeting helps listening
- Interrupts, blurts ideas, overcommits impulsively
- Hyperfocus: hours lost in absorbing work, pings missed
- Feedback lands hard — visible discouragement

Everyone does some of this sometimes. ADHD is a persistent, impairing pattern — and this list is for empathy and better systems, never for diagnosing colleagues.

THE THREE PRESENTATIONS (DSM-5-TR)

Predominantly inattentive
Quiet and often missed — looks like disorganization, missed details, "zoning out." Common in women.

Predominantly hyperactive-impulsive
Inner restlessness, fidgeting, talking over people, impulsive commitments and decisions.

Combined
Both pictures at once, varying by day and context — the most common presentation in adults.

The hallmark is inconsistency.

Brilliant one week, scattered the next; superb on stimulating work, unreliable on routine work. Variability is the symptom — not a choice, and not a character flaw.

COMMON STRENGTHS creativity • hyperfocus • crisis calm • energy • pattern-spotting — individual: explore, don't assume

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Co-Occurring Conditions & the Manager's Playbook

ADHD rarely travels alone — and management style decides how much that matters.

ADHD RARELY TRAVELS ALONE

Anxiety disorders	~50%
Depression (lifetime)	~1 in 3
Sleep difficulties	majority
Substance use	~15%

Most adults with ADHD have at least one co-occurring condition; autism and learning differences (e.g., dyslexia) also overlap substantially.

ADHD × anxiety

Looks like: over-prepared yet behind, perfectionistic yet missing deadlines. Pressure tips into paralysis — use structure + reassurance.

Rejection sensitivity (RSD)

Criticism can land as near-physical pain. Don't withhold feedback — make it specific, behavioral, private, and kind.

DO

- ✓ Put asks, priorities & action items in writing
- ✓ Break big work into dated milestones + checkpoints
- ✓ Make the #1 priority explicit — and singular
- ✓ Give feedback fast, specific, behavioral, private
- ✓ Judge output and outcomes
- ✓ Normalize headphones, movement, flexible hours
- ✓ Ask "what helps you do your best work?" — then act

DON'T

- ✗ Rely on verbal instructions and memory
- ✗ Mark everything urgent and let them guess
- ✗ Save vague criticism for the annual review
- ✗ Diagnose, suggest testing, or ask about medication
- ✗ Share a disclosure beyond HR
- ✗ Read coping strategies as disrespect
- ✗ Quietly lower the bar — flex the path, not the standard

LOW-COST ACCOMMODATIONS THAT WORK

route formal requests through HR — then experiment and iterate

Written follow-ups · Noise-cancelling headphones · Dated milestones · Flexible start times · Agendas in advance · Recorded meetings · Protected focus blocks · Quiet workspace / WFH days · Body doubling · One source of truth for tasks · Movement breaks · Weekly planning check-in

IF SOMEONE DISCLOSES ADHD

1. **Thank them** — it took courage
2. **Keep it confidential** — you + HR only
3. **Ask what helps** — they're the expert
4. **Adjust & involve HR** — for formal routes
5. **Keep standards** — flex the path

THE GOLDEN QUESTION

"What's getting in your way — and what part of it can I remove?"

Never diagnose, suggest a diagnosis, or ask about medication — manage barriers, not labels.

Resources: askjan.org (accommodations) • chadd.org • add.org • eeoc.gov (ADA) • your EAP & HR team