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A GUIDE FOR PEOPLE LEADERS

Supporting Employees with ADHD

Understanding neurodivergence on your team: what ADHD is, how it shows up at work, the conditions that travel with it, and the practical strategies and accommodations that help people do their best work.

INSIDE ADHD 101 • Signs & symptoms • Co-occurring conditions • Strategies • Accommodations • Scripts • Quick reference

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1. Why This Guide Matters

An estimated **3–6% of working-age adults** have ADHD, and a large share of them have never been diagnosed — many learn they have it only in adulthood, often after years of being told they were careless, lazy, or not living up to their potential. On a team of twenty people, the odds are good that at least one person is working with an ADHD brain, whether or not they (or you) know it.

That matters for you as a people leader for a simple reason: **management style is one of the biggest environmental factors in whether an employee with ADHD thrives or burns out.** The same person can be a top performer under one manager and on a performance plan under another, with no change in effort or ability. The difference is usually structure, communication, and psychological safety — all things you control.

ADHD also rarely travels alone. Around **half of adults with ADHD also have an anxiety disorder**, and roughly one in three will experience depression. Understanding how these conditions interact helps you read situations accurately — for example, recognizing that the employee who seems simultaneously overcommitted, perfectionistic, and behind on deliverables may be managing both ADHD and anxiety, not a motivation problem.

> **You don't need a diagnosis to manage well**
>
> Most of the strategies in this guide are simply good management: clear priorities, written follow-ups, broken-down deliverables, timely feedback. They help everyone and single out no one. You should never wait for — or ask about — a diagnosis before making work more navigable. Manage the barriers you can see, not the label you can't.

This guide is written for managers, not clinicians. It will help you understand the condition, spot where work systems and ADHD brains collide, respond well if someone discloses, and build an environment where neurodivergent employees can deliver. It will **not** equip you to diagnose anyone — and as you'll read in Section 5, you shouldn't try.

2. ADHD 101: What It Is — and What It Isn't

A neurodevelopmental condition, not a character trait

Attention-Deficit/Hyperactivity Disorder (ADHD) is a **neurodevelopmental condition** — a difference in how the brain develops and regulates itself, present from childhood and typically lifelong. It involves differences in brain networks that rely on the neurotransmitters dopamine and norepinephrine, particularly circuits connecting the prefrontal cortex (the brain's planning and self-control hub) with deeper structures that govern motivation and reward.

ADHD is one of the most heritable conditions in psychiatry — heritability is estimated at roughly **70–80%**, on par with height. It is not caused by laziness, bad parenting, too much screen time, or a lack of willpower. The international scientific consensus (Faraone et al., 2021, endorsed by over 80 authors and 400+ expert signatories) is unambiguous: ADHD is a valid, well-documented disorder with a strong neurobiological basis.

Think "executive function," not "attention span"

The most useful mental model for a manager is that ADHD is a difference in **executive function** — the brain's self-management system. Executive functions include:

- **Working memory:** holding information in mind while using it (instructions, multi-step tasks, what you walked into the room for).
- **Task initiation:** starting tasks — especially tedious ones — without an external trigger or deadline pressure.
- **Planning and prioritization:** sequencing work, judging what matters most, estimating effort.
- **Time perception:** sensing how much time has passed and how much a task will take (often called "time blindness").
- **Emotional regulation:** modulating frustration, excitement, and reactions to criticism.
- **Self-monitoring:** noticing one's own pace, volume, and impact on others in the moment.

Crucially, ADHD is **not a deficit of attention but a difficulty regulating it**. People with ADHD can often focus intensely — even excessively — on work that is interesting, novel, urgent, or challenging. This state, called **hyperfocus**, is why the same employee who can't get through expense reports may produce a brilliant analysis overnight. The ADHD nervous system is largely **interest-driven rather than importance-driven**: knowing a task matters doesn't reliably generate the activation needed to start it. This is neurology, not attitude.

The three presentations

The DSM-5-TR (the standard diagnostic manual) recognizes three presentations. Adults frequently show the inattentive or combined picture; overt physical hyperactivity tends to fade with age and become internal restlessness.

Presentation	Core picture	How it often looks in adults
Predominantly inattentive	Difficulty sustaining attention, organizing, and following through; distractible; forgetful; loses things.	Quiet, often missed entirely — especially in women. Looks like disorganization, missed details, "zoning out" in meetings.
Predominantly hyperactive-impulsive	Restlessness, difficulty waiting, interrupting, acting before thinking.	Inner restlessness, fidgeting, talking over people, impulsive commitments or purchases, impatience in slow meetings.
Combined	Meets criteria for both domains.	The most common adult presentation — a mix of both pictures, varying by day and context.

Myths vs. facts

Myth	Fact
"ADHD is a childhood thing — adults grow out of it."	Symptoms persist into adulthood for the majority. Presentation changes (less visible hyperactivity, more internal struggle), but the condition remains.
"Everyone's a little ADHD these days."	Everyone is occasionally forgetful or distracted. ADHD is a persistent, impairing pattern across settings, present since childhood — a difference of degree so large it becomes a difference of kind.
"They can focus when they want to — I've seen it."	Variable attention is the hallmark of ADHD, not evidence against it. Interest and urgency unlock focus; importance alone does not.
"ADHD means low intelligence or low ambition."	ADHD occurs at every level of intelligence and ambition. Many high achievers have ADHD — often at the cost of exhausting compensatory effort.
"Medication is just a crutch."	ADHD medications are among the most effective treatments in psychiatry and reduce accidents, injuries, and depression risk in studies. Treatment choices are private medical decisions — never a manager's business to suggest or question.

3. Signs and Symptoms at Work

Below is how core ADHD symptoms commonly translate into workplace behavior. Two cautions. First, **everyone shows some of these sometimes** — what distinguishes ADHD is persistence, intensity, and impact across situations. Second, this list is for building empathy and better systems, **not for diagnosing colleagues**. Many conditions (and plain overload) produce similar behavior.

Symptom domain	How it can show up at work
Sustained attention	Drifts in long meetings; skims documents and misses details; careless errors in routine work alongside excellent complex work; starts strong on projects, struggles to finish the last 10%.
Working memory	Forgets verbal instructions or commitments made in passing; loses track of multi-step requests; needs to be told things more than once; relies heavily on notes, or struggles because they have none.
Time blindness	Chronically underestimates how long tasks take; runs late to meetings (or arrives very early to compensate); “five more minutes” becomes an hour; deadlines feel abstract until they’re imminent.
Task initiation & procrastination	Delays starting tedious tasks (reports, expenses, email) for days, then completes them in a deadline-fueled sprint; admin backlog grows while engaging projects get done brilliantly.
Organization & prioritization	Cluttered inbox or workspace; difficulty deciding what to do first when everything feels equally urgent; juggles too many open threads; misplaces files or equipment.
Hyperactivity (adult form)	Fidgeting, pen-clicking, leg bouncing; difficulty sitting through long sessions; prefers walking meetings; may seem restless or impatient rather than physically overactive.
Impulsivity	Interrupts or finishes others’ sentences; blurts ideas out of turn; sends emails before fully thinking them through; volunteers for too much; makes quick decisions that sometimes pay off and sometimes don’t.
Emotional regulation	Quick frustration when blocked; visible discouragement after criticism; enthusiasm that can overwhelm a room; feelings recover quickly but run hot in the moment.
Hyperfocus	Loses hours in absorbing work — sometimes the wrong work; skips lunch, misses messages and meetings while locked in; produces exceptional output when interest and skill align.

The hallmark is inconsistency

If one theme defines ADHD at work, it is variability: brilliant one week, scattered the next; exceptional on stimulating work, unreliable on routine work. Managers often read this as a choice ("they can do it when they care"). It isn't. Inconsistency is the symptom. Judging an ADHD employee by their worst routine task — or assuming their best work proves the rest is laziness — both miss the mark.

Masking: the symptoms you don't see

Many adults — disproportionately women and people diagnosed late — have spent decades **masking**: suppressing fidgeting, triple-checking everything, working nights to hide slow output, scripting spontaneity, mimicking organizational systems that don't come naturally. Masking is why a struggling employee can look fine. It is also exhausting; the constant compensatory effort is a major driver of the anxiety and burnout covered in the next section. If a previously "fine" employee suddenly drops in performance, consider that the mask may have become unsustainable — not that they stopped caring.

Strengths — real, but individual

Many people with ADHD bring distinctive strengths: divergent, creative thinking; high energy and enthusiasm; calm and clarity in genuine crises (urgency finally matches the brain's wiring); pattern-spotting and idea generation; willingness to challenge stale processes; deep wells of hyperfocus for the right problem. Teams that channel these strengths get real advantages.

One caution: don't flip the stereotype. Not every person with ADHD is a creative dynamo, and framing ADHD as a "superpower" can feel dismissive to someone fighting daily logistics. **Treat strengths as hypotheses to explore with the individual, not assumptions to assign them.**

4. Common Co-Occurring Conditions

Comorbidity — having more than one condition at once — is **the rule with ADHD, not the exception**. Most adults with ADHD have at least one co-occurring condition, and the combination often shapes workplace behavior more than ADHD alone. The figures below are approximate ranges from large epidemiological studies; individual experiences vary.

Anxiety disorders — the most common companion

Around **half of adults with ADHD also meet criteria for an anxiety disorder** (generalized anxiety, social anxiety, panic disorder, and others). The relationship runs in both directions:

- **ADHD generates real consequences** — missed deadlines, forgotten commitments, criticism — and years of those consequences teach the brain to expect failure. The anxiety is often rational, learned vigilance.
- **Anxiety becomes a compensation strategy.** Many adults with undiagnosed ADHD run on worry: panic supplies the urgency their brain needs to start tasks. They may look like driven perfectionists while privately white-knuckling every deliverable.
- **Each makes the other worse.** Anxiety consumes working memory and concentration, deepening ADHD symptoms; ADHD disorganization gives the anxiety fresh material daily.

What the combination looks like at work: an employee who over-prepares yet misses deadlines; checks work repeatedly but still makes slips; says yes to everything out of fear of disappointing, then drowns; avoids asking clarifying questions because they "should already know"; seems simultaneously highly conscientious and behind. Punishing this person with more pressure typically tips them into paralysis, not productivity — structure and reassurance work far better than urgency.

Depression

Roughly **one in three adults with ADHD** will experience a depressive episode, often emerging after years of effort that never quite lands ("I work twice as hard for half the result"). Watch for a shift from the person's baseline: flattened enthusiasm, withdrawal, slower output across the board — different from ADHD's characteristic up-and-down variability. Depression is treatable; your role is connection and signposting (EAP, benefits), not diagnosis.

Emotional dysregulation and rejection sensitivity

Intense emotional responses are increasingly recognized as central to adult ADHD. Many people describe **rejection sensitive dysphoria (RSD)** — a sudden, almost physical pain in response to perceived criticism, exclusion, or disappointing someone. (RSD is a widely used descriptive term, not a formal diagnosis.) A manager's offhand "this needs work" can land as "you have failed." This doesn't mean withholding feedback — people with ADHD generally want and need more feedback, not less. It means delivering it with precision and care: specific, behavioral, private, and explicitly anchored in your confidence in them (see Section 8 for scripts).

Sleep problems

A majority of adults with ADHD report chronic sleep difficulties, and delayed sleep phase — a body clock shifted hours later than typical — is especially common. The employee who is foggy at 8:30 a.m. and sharp at 4 p.m. may not be undisciplined; their neurology may simply run on a different schedule. Where the role allows, flexible start times are one of the highest-impact, lowest-cost accommodations available.

Substance use

Adults with ADHD have elevated rates of substance use disorders (roughly 15% in large U.S. surveys), often beginning as self-medication for restlessness, sleep, or focus. Notably, **appropriate ADHD treatment is associated with lower substance-use risk**, not higher. Handle any concern here as you would for any employee: through HR and EAP channels, with privacy and without assumptions.

Autism and learning differences

ADHD overlaps substantially with autism (the combination is sometimes informally called "AuDHD") and with specific learning differences such as dyslexia and dyscalculia. An employee may therefore have needs beyond classic ADHD ones — for example, explicit communication norms, sensory-friendly workspaces, or alternatives to dense written material. The practical lesson is the same throughout this guide: ask the individual what helps, rather than working from a template.

> **Why comorbidity matters to you**
>
> Co-occurring conditions change the picture. Pure-ADHD strategies (more structure, more deadlines) can backfire for an anxious employee if delivered as pressure. The safest universal approach: reduce ambiguity, add structure collaboratively, keep feedback specific and kind, and make support resources (EAP, benefits, HR) easy to find without requiring anyone to explain why they're asking.

5. Your Role — and Its Limits

You manage performance, not diagnoses

Your job is to define expectations, remove barriers, give feedback, and support your people. It is **never** to identify, suggest, or probe for a medical condition. Even well-intentioned amateur diagnosis ("Have you ever been tested for ADHD?") is inappropriate, can damage trust, and may create legal exposure for your organization.

Never do the following

- Suggest an employee has ADHD or any condition, or recommend they "get checked out."
- Ask whether someone has a diagnosis, takes medication, or is in treatment.
- Share an employee's disclosed condition with anyone except HR partners who need to know — not your peers, not the team, not your own manager as gossip.
- Treat a disclosure as a performance problem in itself, or let it color ratings and opportunities.
- Promise specific accommodations unilaterally — route formal requests through HR so they're done properly and consistently.

If an employee discloses ADHD

Disclosure takes courage; many people have had it used against them. Your first response sets the tone for everything after.

1. **Thank them.** "Thank you for telling me — I know that's not always easy."
2. **Keep it confidential.** Say so explicitly: "This stays between us and HR if you choose to involve them."
3. **Ask, don't assume.** "What helps you do your best work? What gets in the way here?" They are the expert on their own brain.
4. **Agree on practical next steps** — often small workflow adjustments you can make immediately within your authority.
5. **Offer the formal route.** Mention that HR can discuss formal accommodations, without pushing. Some people want adjustments, not paperwork.
6. **Keep expectations intact.** Accommodations change how work gets done, not whether it gets done. Maintaining real standards is respectful; quietly lowering them is not.

The legal landscape (in brief)

In the United States, ADHD can qualify as a disability under the **Americans with Disabilities Act (ADA)** when it substantially limits major life activities — which adult ADHD often does. For covered employers (15+ employees), this generally means:

- A duty to provide **reasonable accommodations** unless doing so causes undue hardship.
- An **interactive process**: a good-faith dialogue between employer and employee about what adjustments would work.
- **Confidentiality** of medical information, kept separate from personnel files.
- **No retaliation** for requesting accommodations or disclosing a condition.

Employees do not need to use legal terms to trigger obligations — “I’m having trouble concentrating in the open office because of a medical condition” can be enough to start the interactive process. **When in doubt, loop in HR early.** Similar protections exist elsewhere (e.g., the UK Equality Act 2010, Canadian human rights codes); multinational teams should confirm local rules.

> **Disclaimer**
> This section is a general orientation, not legal advice. Laws vary by jurisdiction and facts matter. Always involve your HR partner or employment counsel on specific situations.

6. Day-to-Day Management Strategies

These practices follow a principle called **universal design**: build the environment so the structure that ADHD brains require is simply how the team works. Everyone benefits; no one is singled out.

Communicate so it sticks

- **Put it in writing.** Follow every significant verbal request with a short written version (chat or email). Working memory fails; inboxes don't.
- **One ask per message.** Three requests buried in one paragraph reliably become one completed task. Separate them, or use a numbered list.
- **Make priority explicit.** "This is the most important thing on your plate this week" beats an unspoken assumption. If everything is urgent, an ADHD brain will pick by interest, not importance.
- **Say what "done" looks like.** Ambiguity is fuel for both procrastination and anxious over-polishing. Define scope, audience, and quality bar up front.

Design tasks for momentum

- **Break large projects into milestones with dates.** "Due in six weeks" is invisible to a time-blind brain; "outline Friday, draft on the 20th, final on the 30th" creates real signals.
- **Build in checkpoints, not surveillance.** A standing 15-minute check-in normalizes course correction before things slip — far better than discovering a problem at the deadline.
- **Pair boring with engaging.** Where possible, balance routine work with stimulating work in the same week. A role that is 100% repetitive admin is a poor fit for most ADHD brains; one with variety can be a brilliant fit.
- **Protect focus blocks.** Context-switching is exceptionally expensive for ADHD. Defend meeting-free blocks and don't expect instant replies during deep work.

Run better meetings

- **Send agendas in advance** so people can prepare rather than process in real time.
- **Capture actions in writing** — owner, task, date — and circulate them. Never rely on everyone remembering verbal assignments.
- **Normalize movement and fidgeting.** Doodling, standing, fidget tools, and walking 1:1s help many people listen better, not worse.
- **Keep them short and purposeful.** Attention for a 90-minute status meeting is scarce in every brain; in an ADHD brain it may be gone by minute 20. Build in breaks for long sessions.

Give feedback that lands

- **Fast and specific beats slow and general.** “The client section of yesterday’s report had three data errors” is usable; “your attention to detail needs work” (six weeks later, in a review) is just pain.
- **Behavior, not character.** Address the missed deadline, not “carelessness.” Character verdicts trigger rejection sensitivity and shut down problem-solving.
- **Sandwich intent, not compliments.** Open with your actual stance: “You’re doing well here and I want to keep it that way — so I need to flag something.” Certainty about where they stand calms the threat response.
- **Praise specifically, too.** Many adults with ADHD have heard mostly criticism since childhood. Concrete recognition (“your reframing in that meeting saved the deal”) is high-octane motivation.

Shape the environment

- **Offer quiet options:** noise-cancelling headphones as accepted norm, quiet rooms, or remote days for heads-down work. Open offices are hostile terrain for distractible brains.
- **Flex the schedule where the role allows.** Judge output, not hour-by-hour visibility. A later start that matches someone’s alertness curve costs nothing and can transform performance.
- **Support tooling.** Task managers, shared project boards, calendar blocking, and meeting-recording tools externalize executive function. Let people use what works for them.

Use 1:1s well

- **Keep a consistent cadence** — predictability lowers anxiety and creates a natural checkpoint rhythm.
- **Use a shared running agenda** both of you add to during the week, so important items survive until the meeting.
- **Ask the unblocking question:** “What’s getting in your way, and what part of it can I remove?” — then actually remove it.

7. Reasonable Accommodations

Formal accommodations are adjustments agreed through HR; informal ones are simply flexible management. Most cost little or nothing — in Job Accommodation Network (JAN) employer surveys, **about half of all accommodations cost $0**, and most of the rest involve a modest one-time cost. The table below maps common ADHD-related challenges to accommodations that work.

Challenge	Accommodations that help
Distraction in the workspace	Noise-cancelling headphones; quiet room or low-traffic desk placement; permission to work remotely for focus-heavy tasks; “do not disturb” signals honored by the team.
Holding instructions in memory	Requests confirmed in writing; recorded meetings or AI transcription; checklists and templates for recurring processes; permission to record verbal instructions.
Time management & deadlines	Interim milestones with dates; calendar reminders and time-blocking; brief weekly planning check-in; realistic deadline negotiation up front rather than heroics at the end.
Task initiation & sustained effort	Breaking projects into smaller deliverables; “body doubling” (working alongside a colleague); scheduled focus blocks; rotating tedious duties across the team where possible.
Organization & prioritization	Shared task board with explicit priorities; a single source of truth for requests (not scattered across chat, email, and hallway asks); periodic workload review.
Restlessness in long sessions	Standing desk; movement breaks in long meetings; walking 1:1s; fidget tools without commentary.
Morning alertness / sleep phase	Flexible start time; scheduling demanding meetings in the employee’s sharper hours; core-hours model instead of fixed 9-to-5.
Overwhelm & anxiety spikes	Advance notice of changes where possible; agendas before high-stakes meetings; one manager voice for priorities (not competing directives); access to EAP made visible to all.

Process tip: when an employee requests an accommodation, your job is openness and speed, not adjudication. Say “let’s figure out what works,” involve HR for anything formal, try things, and iterate. Accommodation is rarely a single decision; it’s a short series of experiments.

8. Conversation Scripts

Words matter, especially with employees whose history with authority figures is bruising. Adapt these to your voice.

Raising a performance concern (no diagnosis known or needed)

> *"I want to talk about the monthly report — it's been late three times running. You're clearly working hard and the quality is strong when it lands, so I don't think this is about effort. I'd like to figure out together what's getting in the way and what would make it easier. What does the path to 'done' look like from your side?"*
>
> Why it works: names the issue specifically, separates behavior from character, presumes good faith, and invites the employee to reveal barriers — which is where solutions (and sometimes disclosures) come from.

Responding to a disclosure

> *"Thank you for trusting me with that — I know it's not a small thing to share. It stays between us, and HR only if you want their help. Can you tell me what tends to help you work at your best, and what about how we operate gets in your way? Some things I can change this week; for anything formal, HR can walk you through options whenever you're ready."*
>
> Why it works: gratitude, explicit confidentiality, the employee as expert, immediate practical help, and the formal route offered without pressure.

When someone is visibly overwhelmed

> *"You've got a lot on your plate right now. Let's look at the list together — if everything can't happen, I'd rather choose what slips than have it choose itself. What's the one thing that most needs to happen this week?"*
>
> Why it works: takes prioritization — an executive function — and shares the load, without judgment. For an employee with ADHD and anxiety, a manager explicitly authorizing triage is enormously regulating.

Phrases to retire

Instead of…	Try…
“You just need to try harder / focus more.”	“What would make this easier to start?”
“Have you been tested for ADHD?” / “Are you on something for that?”	(Nothing. Never appropriate.) Address the work: “Let’s figure out what’s getting in the way.”
“Everyone’s a little ADHD.”	“Thanks for telling me — what helps?”
“I shouldn’t have to remind you.”	“Let’s set up a system so neither of us has to rely on memory.”
“Why can’t you do this? The deck you built last week was amazing.”	“The deck was excellent. This kind of task seems harder — what’s different about it?”

9. Quick Reference: Do & Don’t

A one-page summary to keep handy.

Do	Don’t
Put requests, priorities, and action items in writing.	Rely on verbal instructions and memory.
Break big projects into milestones with real dates and checkpoints.	Hand over a large goal with a distant deadline and silence in between.
Make the #1 priority explicit and keep it singular.	Mark everything urgent and let them guess.
Give feedback fast, specific, behavioral, and private.	Save vague criticism for the annual review.
Judge output and outcomes.	Judge desk time, response speed, or how organized someone looks.
Normalize headphones, fidgeting, movement, and flexible hours.	Read coping strategies as disrespect or disengagement.
Ask “what helps you do your best work?” — then act on the answer.	Assume one employee’s ADHD works like another’s.
Keep disclosures confidential; involve HR for formal accommodations.	Diagnose, speculate, ask about medication, or share someone’s condition.
Hold real standards while flexing the path to meet them.	Quietly lower the bar, or treat accommodation as favoritism.
Recognize effort, progress, and strengths concretely.	Notice only the misses.

10. Resources & References

For managers and HR

- **Job Accommodation Network (JAN) — askjan.org.** Free, expert guidance on accommodations for ADHD and other conditions; the single best practical resource for employers.
- **EEOC — eeoc.gov.** U.S. guidance on the ADA, reasonable accommodation, and the interactive process.
- **CHADD — chadd.org.** Children and Adults with ADHD: evidence-based education, including workplace materials.
- **ADDA — add.org.** Attention Deficit Disorder Association: adult-focused resources, including workplace toolkits.
- **Your EAP and benefits team.** Know what your organization already offers — coaching, therapy coverage, assessment pathways — so you can signpost without prying.

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> **About this guide**
>
> This guide is for general educational purposes. It is not medical, psychiatric, or legal advice, and it is not a tool for identifying ADHD in yourself or others. Diagnosis and treatment belong to qualified clinicians; accommodation decisions belong with HR and counsel. If an employee appears to be in significant distress, your role is human connection and signposting to professional support — your EAP, their doctor, or in a crisis, emergency services.