



ADHD

Best practice guidelines

Recommended supplement: Social model of disability

Definitions

'**ADHD**' stands for **attention-deficit/hyperactivity disorder**, which is a neurodiverse condition. Although 'disorder' is part of its name, ADHD is a form of **neurodiversity** and is not necessarily a deficit or something unfavourable. ADHD simply causes individuals to have a different neurological experience to neurotypical individuals.

In the Diagnostic Statistical Manual (DSM) 5—a broad resource used for the diagnosis of different disorders, disabilities, and mental health issues—the characteristics of ADHD are broken into two groups: **inattentive characteristics**, and **hyperactive-impulsive characteristics**. Some people are diagnosed as showing predominantly inattentive characteristics of ADHD, and other people are diagnosed as showing predominantly hyperactive-impulsive characteristics of ADHD. Sometimes, people show characteristics from both groups; this is referred to as **combination presentation**. ADD (attention-deficit disorder) is an outdated term for what is now referred to as inattentive-type ADHD.

These labels are not set in stone for any individual, as each person's experience of ADHD may grow and change over their lifespan. Each person with ADHD will have a different experience of their characteristics and symptoms, and how they interact. Two people with ADHD are likely to relate strongly, but will also have notable differences in their neurodiversity.

Identity and community

In the ADHD community, ADHD is generally not viewed as a deficiency; instead, it is viewed as a different—and equally valid—way for human brains to function. ADHD is also often embraced as a core component of a person's identity. The difficulty of having ADHD comes from the fact that the statistical majority of people's brains work a different way, and societal structures and norms are built to support people without ADHD. This relates to the **social model of disability**.

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Diagnosis

Some people within the ADHD community have an **official diagnosis** from a doctor or psychiatrist. A person may get this diagnosis as a child, a teenager, or an adult. Having an official diagnosis may allow a person to be eligible for certain services, supports, or accommodations in different places.

Other people may be **self-diagnosed**. This means they have identified the characteristics of ADHD within themselves, but have not received an official diagnosis from a doctor or psychiatrist. A person may self-diagnose at any age, but children and teenagers tend to need greater guidance from the adults in their life to make decisions about their health and wellbeing.

Someone may self-diagnose for several reasons: they may not want the stigma or baggage that comes with an official label; they may not be able to afford to see a doctor or psychiatrist to get a diagnosis; or they may live in an area where they do not have access to someone who can diagnose them professionally.

Self-diagnosis is also more common in marginalised communities whose presentation of ADHD symptoms is less understood. The diagnostic criteria and common presentations of ADHD are mostly representative of white, cisgender, straight men with ADHD. The structure and history of ADHD diagnoses may prevent some groups from receiving a diagnosis, such as women and people of other marginalised genders; queer and trans folks; people of colour; and people with mental illness or other disabilities in addition to ADHD.

It's important to note that doctors, psychiatrists, and other medical professionals may be a useful resource that allows someone with ADHD to access assistance. However, it's equally important to recognise that many people with ADHD (and within the broader disabled community) have been disregarded, dismissed, excluded, and discriminated against by health and medical professionals.

These professionals may perpetuate a **medical model** perspective on ADHD. This means undue blame is placed on the individual for the difficulties they face. In this model, ADHD is framed as a deficit or something that is 'wrong' with someone, rather than as a different and equally valid way to function. These professionals may also prevent people from accessing a service, or dismiss and disregard the experiences of the person and favour their own medical knowledge instead.

Both official and self diagnoses are valid, and people with either sort of diagnosis can identify as someone with ADHD or consider themselves part of the ADHD community.



Stereotypes and stigma

There are many stereotypes surrounding ADHD, who it affects, and what it is like. This includes the misconception that ADHD is largely a condition found in children but not adults. Misconceptions like this limit the support and respect adults with ADHD receive and emphasise an idea that children will 'grow out' of their ADHD by the time they reach adulthood. Such thinking invalidates the ADHD experience of adults and is harmful, in addition to being inaccurate.

The hyperactive-impulsive characteristics of ADHD are most commonly known. This means that the inattentive, quieter, less obtrusive aspects of ADHD may not be noticed. Children and adults who exhibit more inattentive traits may have their experiences disregarded, or attributed to a personal failing rather than to their ADHD.

Similarly, there are several assumptions that ADHD is a condition affecting predominantly cisgender boys and men. These assumptions stem from the perpetuated stereotypes of how ADHD presents from the narrow perspective of cisgender boys and men. Because of the self-reinforcement that these stereotypes cause, other groups of people are diagnosed less often and have their presentation of ADHD characteristics dismissed and overlooked.

Furthermore, children and adults with ADHD are often misunderstood and mistreated by caregivers, peers, and those within their schools and workplaces. Often, this plays out as ADHD traits and characteristics being attributed to the individual's (poor) behaviour and treated as though it is within their control to change. They may be called lazy, selfish, or unmotivated, or made to feel like they are not intelligent or clever. This can lead to depression, self-harm, and higher rates of mental health issue and suicide.

Experience

It's important to remember that every person with ADHD has a different experience of ADHD. They will look, sound, communicate, understand, move, and behave in a way that is unique to them and their own ADHD experience.

Looking at the two broad presentations of ADHD, a person with **predominantly inattentive presentation** may have trouble focusing, remembering, organising, and/or finishing tasks. Distractibility is a common



trait, making it difficult for individuals to pay attention to details, follow instructions or conversations, or stay on-task with long or tedious activities.

Someone who has **predominantly hyperactive-impulsive presentation** may experience restlessness, fidget frequently, tell long-winded stories, interrupt others, talk excessively, or have trouble sitting still for long periods. Impulsivity is a common trait often leading to sudden actions without consideration of adverse outcomes.

Each individual will not fit neatly into either of these two broad presentations—and that's okay. There are many different ways someone will experience ADHD, and many different ways it will present itself to those around them. All experiences should be respected.

Regardless of a person's experience of ADHD, this experience will also be impacted by other aspects of their identity. This will include their gender, ethnicity, sexuality, mental health, any other health and wellbeing issues they experience, where they live and the support available to them, and the society they exist and participate within. This overlap is called **intersectionality**, and refers to how multiple aspects of someone's identity, way of life, and environment can intensify the challenges, stigma, difficulties, and discrimination they may face.

Related concepts

Executive dysfunction is an umbrella term for experiencing difficulties in high-level cognitive areas, such as planning things, making decisions, starting and performing tasks, problem-solving and managing your time. People with ADHD may present with executive dysfunction.

People with ADHD may also experience **hyperfocus**. This refers to periods of intense focus on a topic or activity, and not being aware of time passing or what's around you. This can lead to difficulty switching tasks or transitioning between activities.

Rejection sensitive dysphoria (RSD) is another common ADHD characteristic. It means you are particularly sensitive to being rejected, being criticised or made fun of, and feeling as though you let people down. This can lead to intense feelings of disappointment and a fixation on the rejection or criticism.



Another common experience of those with ADHD is **time-blindness**. This refers to difficulty tracking the passage of time and other time management issues. A person may be unaware of how long it will take them to complete tasks or not notice how much time has passed while engaging in a task or activity.

Hyperactivity refers to high bursts of physical, mental, or emotional energy. **Impulsivity** refers to making quick decisions without appropriate consideration, and may appear as recklessness. These two characteristics are symptoms of ADHD for some people, and tend to be a common assumption for what ADHD is in totality.

Workplace support

Within the workplace, it is important to hold space for a variety of work and communication styles. The following are key areas to focus on when managing someone with ADHD.

- Allow them to openly share their feelings and concerns about workload, tasks, and priorities.
- Pay close attention to whether they are currently overwhelmed, and learn strategies to de-escalate the situation if they are.
- Provide reassurance that they are within a safe work environment, and that you are there to work with them to find a solution.
- Have regular check-ins about where they think they would like to improve, and share some areas you would like to discuss further to better support them. These should be a space to brainstorm and iterate on their work process, organisation skills, and task management. Keep these regular and follow a familiar agenda within them, to build routine and expectations.
- Enable them to build and own their processes for work tasks. Avoid micromanaging.
- Create positive and meaningful feedback loops around areas they are succeeding in.
- Be clear about areas where there is potential for growth, and avoid only sharing negative feedback without also providing constructive steps for improvement.
- Reinforce that it is okay to need to improve at work, and that growth and development is part of everyone's work journey.

Representation in media

Existing representation of ADHD in the media is typically implicit, with the book, movie, show, or game never explicitly referring to a character as having ADHD. There are many lists of characters who could potentially have ADHD based on their character traits (such as Tigger from the Winnie the Pooh series, Luna Lovegood from Harry Potter, or Bart Simpson from The Simpsons).



People with ADHD would benefit from more explicit representation of the condition. This could include characters using ADHD treatments and medications, referencing strategies typically used by people with ADHD to improve concentration or focus, or explicitly referring to themselves as having ADHD to other characters. However, it is important to challenge stereotypical depictions of ADHD and instead create nuanced representations that exhibit a combination of realistic symptoms and coping mechanisms. Avoid creating characters based on neurotypical assumptions.

When creating a protagonist or main character with ADHD, involve writers and consultants with lived experience of ADHD to provide an authentic perspective.

Resources

The ADD Resource Centre: DSM-5 criteria

<https://www.addrc.org/dsm-5-criteria-for-adhd/>

Truncated version of the DSM-5 diagnostic criteria for ADHD.

ADHD Alien: Rejection sensitive dysphoria

<http://adhd-alien.com/2019/07/16/rejection-sensitive-dysphoria/>

Comic describing rejection sensitive dysphoria.

Better Health: Attention deficit hyperactivity disorder

<https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/attention-deficit-hyperactivity-disorder-adhd>

ADHD definition provided by Victoria, Australia.

Center for Developing Children: Executive function and self-regulation

<https://developingchild.harvard.edu/science/key-concepts/executive-function/>

Harvard resource describing executive function and self-regulation.