



Attention Deficit Hyperactivity Disorder

Employee Success and Wellbeing in the Workplace

April 2022

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Contents

- 1. Introduction3
 - 1.1 What is Attention Deficit Hyperactivity Disorder?
 - 1.2 Adult Symptom Presentation
 - 1.3 Diagnostic Criteria
 - 1.4 Myths and Misconceptions
- 2. Rising Prevalence of Adulthood ADHD Diagnoses5
 - 2.1 Masked Symptoms
 - 2.2 Age Accommodating Diagnostic Criteria
 - 2.3 Persistent vs Symptomatic Adulthood ADHD
- 3. Impacts of a Late in Life ADHD Diagnosis.....8
 - 3.1 Psychosocial Impacts
 - 3.2 Responses to a Late in Life ADHD Diagnosis
- 4. Adulthood ADHD in the Workplace9
 - 4.1 Signs and Symptoms in the Workplace
 - 4.2 General Workplace Impacts
 - 4.3 Importance of Context
- 5. Adults with ADHD: Gender Differences.....11
 - 5.1 Gender Specific Symptom Presentation
 - 5.2 ADHD Impacts: Men vs Women
- 6. Common Co-occurring Conditions.....13
- 7. Treatment Solutions.....14
 - 7.1 Cognitive Behavioural Therapy
 - 7.2 Accommodating Workplaces
 - 7.3 Personal Coaching
 - 7.4 Workplace "Fit" as Intervention
 - 7.5 Medication
- 8. Multidisciplinary Team.....16
- 9. Role of Occupational Therapy.....17
- 10. Tips and Strategies for the Office Environment.....18
- 11. Summary.....20
- 12. References.....21
- 13. Figure References.....24
 - 13.1 Original Figure References

1. Introduction

1.1 What is Attention Deficit Hyperactivity Disorder (ADHD)?

ADHD is a neurodevelopmental disorder that is characterized by inattention, impulsivity, and hyperactivity.^{1,2} Many individuals believe that ADHD only pertains to a lack of attention, but it actually involves a dysregulated attentional system.³ In fact, ADHD can involve dysregulation in all aspects of daily functioning, including emotional dysregulation.³

Specifically, challenges stem from variations in executive functioning skills.³ These differences in executive functioning can lead to significant functional impairments across multiple domains of life including interpersonal relationships, family dynamics, education, occupation, and overall health-related quality of life.⁴

1.2 Adult Symptom Presentation

Despite adults and children sharing core symptoms of ADHD, adults can have subtle differences in how their symptoms manifest.⁵ For example, a common symptom observed among children is hyperactivity.⁵ This is characterized by chronic restlessness, fidgeting, and an inability to relax.⁵

In contrast, approximately 50% of adults with ADHD present with symptoms of hyperactivity.⁵ Instead, a predominant symptom of ADHD among adults is inattention.⁵ This is often associated with distractibility, lack of organization, and forgetfulness.⁵ The way impulsivity can present in adults with ADHD is through their social skills, including impatience with others and frequently interrupting people when they are speaking.⁵ Overall, there can be subtle variances in symptom presentation among adults with ADHD compared to children with ADHD.⁵

1.3 Diagnostic Criteria

The Diagnostic Statistical Manual (DSM) criteria continues to evolve as new research enhances our understanding.⁶ Among several neurodevelopmental disorders included in the DSM-5, most manifest early in life.⁶

Previously, ADHD required symptom onset to be demonstrated before age 7.⁶ Although this DSM-5 requirement for ADHD was modified from 7 to 12 years old, the criteria continues to make receiving a diagnosis in adulthood difficult to obtain.⁶ This is because ADHD symptoms may not be detected in childhood.⁶ Furthermore, identifying whether there was childhood-onset of ADHD in adults relies heavily on adults' recall of childhood symptoms.⁶ This is problematic since recall is commonly impacted in ADHD and general aging.⁶ This leads some ADHD experts to openly state that they "often ignore the childhood-onset criterion for adults."^{6(p675)} Overall, diagnostic criteria for ADHD may continue to evolve especially as adulthood ADHD diagnoses increase.⁶

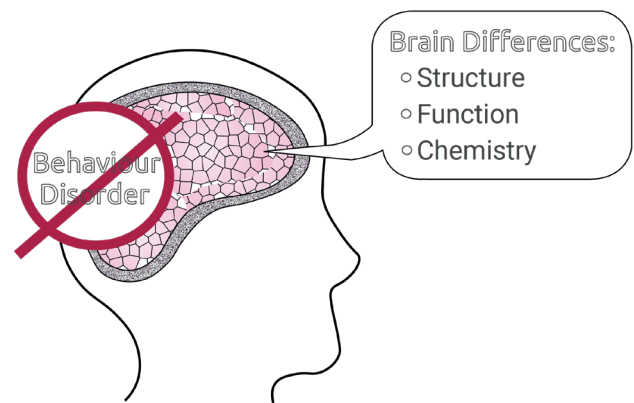


Figure a. ADHD is one of the most complex adult neurodevelopmental disorders - not to be confused with being a behaviour disorder.³

1.4 Myths and Misconceptions

Myth # 1: ADHD is Not a Real Disorder

The validity of ADHD has been called into question, with people arguing that ADHD is not a real disorder but instead “a mere cultural construct or a symptom of weak parenting.”^{7(p598)} Others assume that adulthood ADHD is a contrived diagnosis driven by the overmedicalization of daily life and drug marketing.⁸ These attitudes undermine efforts to secure an appropriate diagnosis and treatment for affected clients.⁸

See “Responses to a Diagnosis” section to understand a few individuals’ perspectives to first receiving their ADHD diagnosis.

Myth # 2: ADHD is a Disorder of Childhood

ADHD has long been viewed as a disorder restricted to childhood.⁷ Many believe that those with childhood ADHD automatically “grow out of it” when they reach adulthood.^{8(p1)} However, research indicates that the disorder does persist into adulthood.⁷ Around 15% of affected adults meet the full diagnostic criteria, and 65% meet partial criteria for ADHD at 25 years old.^{7,8} Evidence for the benefits of diagnosing and treating ADHD in adulthood is growing, however targeted adult ADHD services and programs remain rare.^{8,9}

Myth # 3: ADHD is Overdiagnosed

Some opponents of ADHD claim it is overdiagnosed, whereby they believe many with the diagnosis do not actually have ADHD.⁹ Evidence does not support that ADHD is overdiagnosed or that stimulant medications are over-prescribed.⁹ On the other hand, it has been suggested that ADHD may be more commonly undiagnosed and/or untreated.⁹ This is because symptoms can often be missed in childhood, confused with co-occurring conditions, and difficult to obtain a diagnosis in adulthood due to perpetuating negative beliefs and attitudes about ADHD.⁹

2. Rising Prevalence of Adulthood ADHD Diagnoses: Why Client Cases are Increasing

- At a Glance - The annual number of ADHD diagnoses in adults (ages 18+) have increased significantly faster in the last decade (2010-2021) than have diagnoses in children.⁶

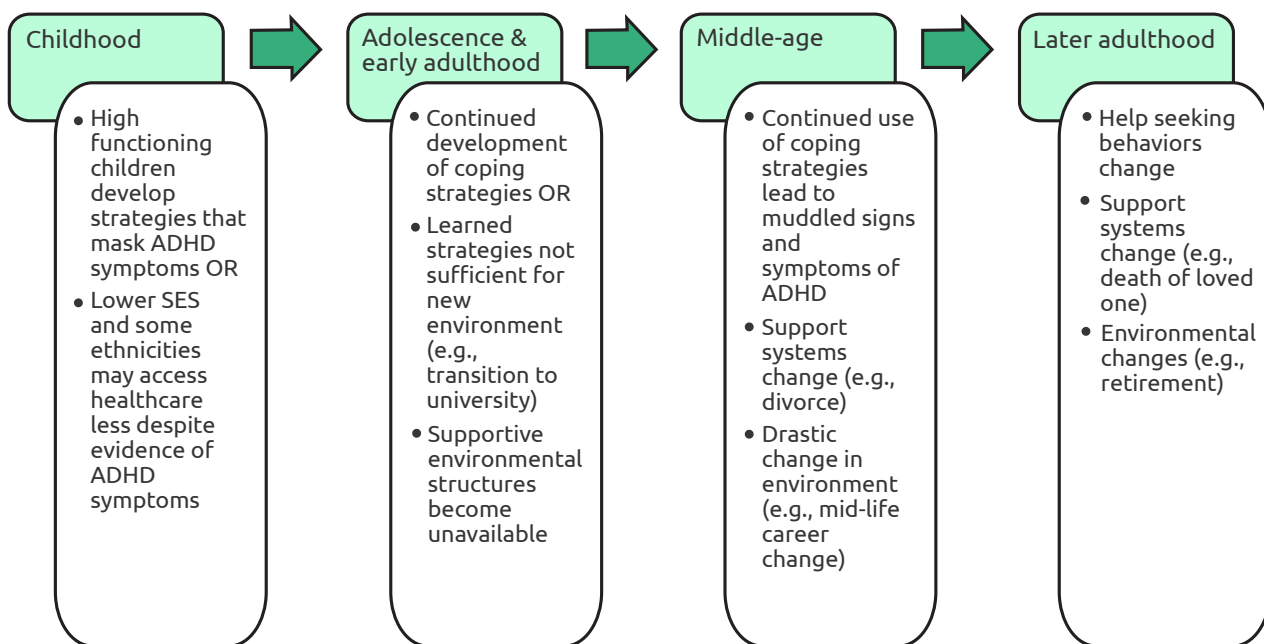


Figure A. "Lifespan factors accounting for late-detected ADHD in some individuals."^{A(p671)}

2.1 Masked Symptoms

Many individuals are receiving a diagnosis of ADHD for the first time in later adulthood.⁶ This may be due to past environmental supports no longer working or cognitive behavioural strategies that are no longer maintaining the low support needs seen in early life.⁶ For example, environments that value creativity, supportive adults, alternative classrooms, strong intellectual functioning, and resilience are all factors that allow individuals with ADHD to achieve success.⁶

Ironically, these supportive internal and external structures can also reduce the probability of ADHD being identified in childhood.⁶ This can lead to ADHD symptoms remaining "hidden" until they become "unmasked" later in life when demand begins to exceed capacity.^{6(p675)}

This is likely due to lifespan changes and the unique contexts we find ourselves in as we age, such as emerging financial independence, familial/child care demands, changing jobs, or death of a loved one.¹¹ In this way, structural changes that occur later in life tend to exacerbate ADHD symptoms and lead to increased functional impairment or an "unmasking" of symptoms.^{6(p675)}

Psychiatric co-occurring conditions may also mask the main symptoms of ADHD.¹² For example, an estimated 70-75% of adults with ADHD present at least 1 co-occurring psychiatric diagnosis.¹² Emotional instability is a particularly common feature of ADHD and can often be incorrectly diagnosed as mood and personality disorders.¹² In this way, childhood ADHD diagnoses may be underestimated as symptoms either go unnoticed or become masked by misdiagnosis.¹²

2.2 Age Accommodating Diagnostic Criteria

Another factor that may be contributing to the increase in adulthood ADHD diagnoses is the addition of age accommodating diagnostic criteria.¹² In version four of the DSM, diagnosing adult ADHD was more challenging.¹² Diagnostic criteria were not adjusted for developmental age or adapted to describe symptom presentation in different age groups.¹²

When the updated DSM-5 was released in 2013, the modified diagnostic criteria for ADHD was broadened to include adult symptom presentations in the ADHD diagnosis.¹² For example, descriptions, such as forgetful in paying bills, “difficulty remaining focused during lectures”, or “is uncomfortable being still for an extended time, as in restaurants, meetings” were added.^{12(p1096)} These age-adapted descriptions work to assist clinicians in applying the criteria across the lifespan.¹²

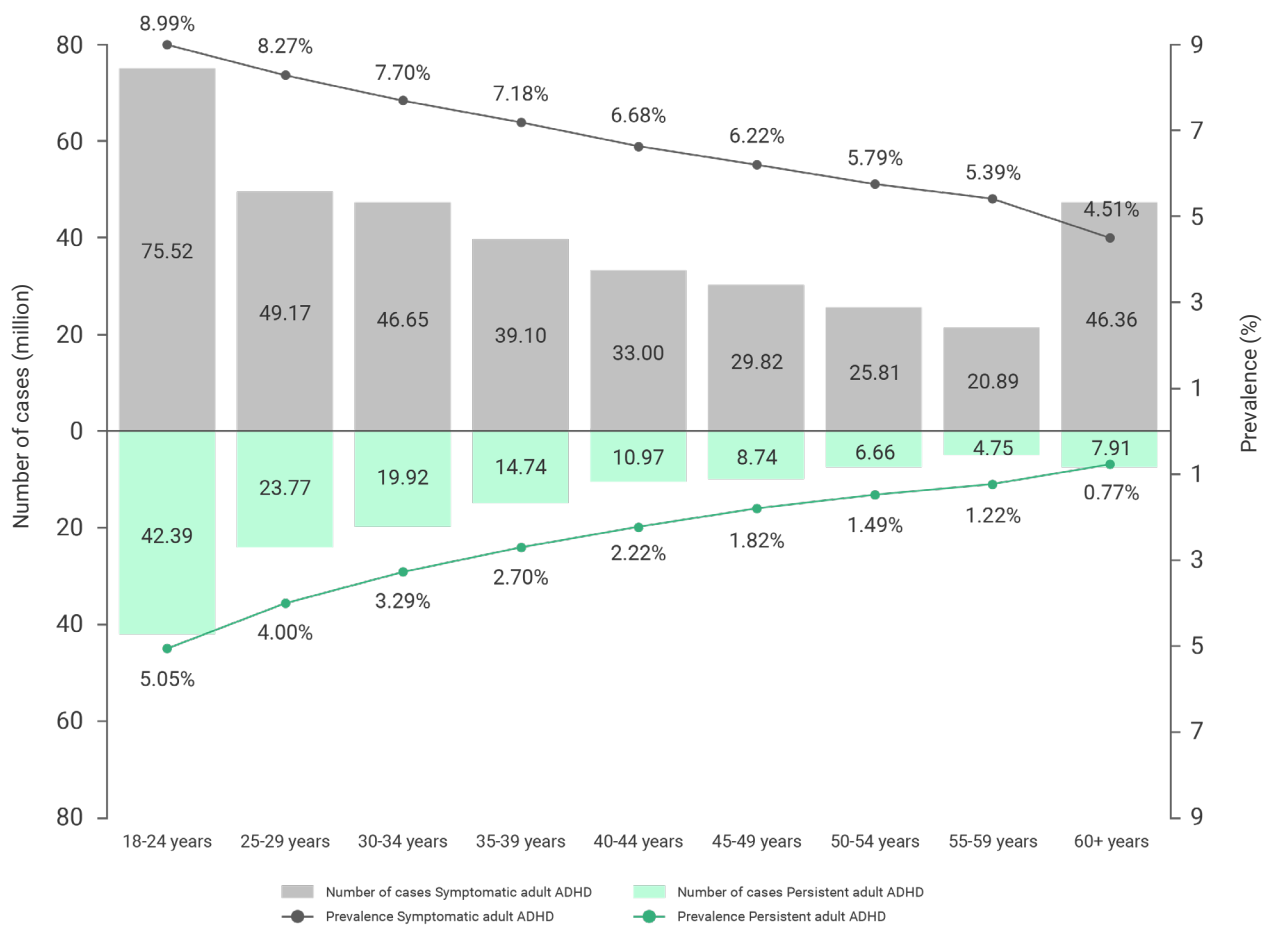


Figure B. "Estimated prevalence and cases of adult ADHD in 2020, by age group."^{B(p1)}

2.3 Persistent vs Symptomatic Adulthood ADHD

Persistent adulthood ADHD describes a childhood diagnosis of ADHD that persists into adulthood.¹⁰ Symptomatic adulthood ADHD describes an adulthood ADHD diagnosis regardless of having a childhood diagnosis.¹⁰ “By adjusting for the global demographic structure in 2020, the prevalence of persistent adult ADHD was 2.58% and that of symptomatic adult ADHD was 6.76%, translating to 139.84 million and 366.33 million affected adults in 2020 globally.”^{10(p1)} Consequently, it appears that adulthood ADHD is on the rise.¹⁰ As depicted in Figure B. above, the 18-24 year old age group generally represents the largest number of ADHD cases.¹⁰

Variables Leading to a Late-in-Life Diagnosis of ADHD

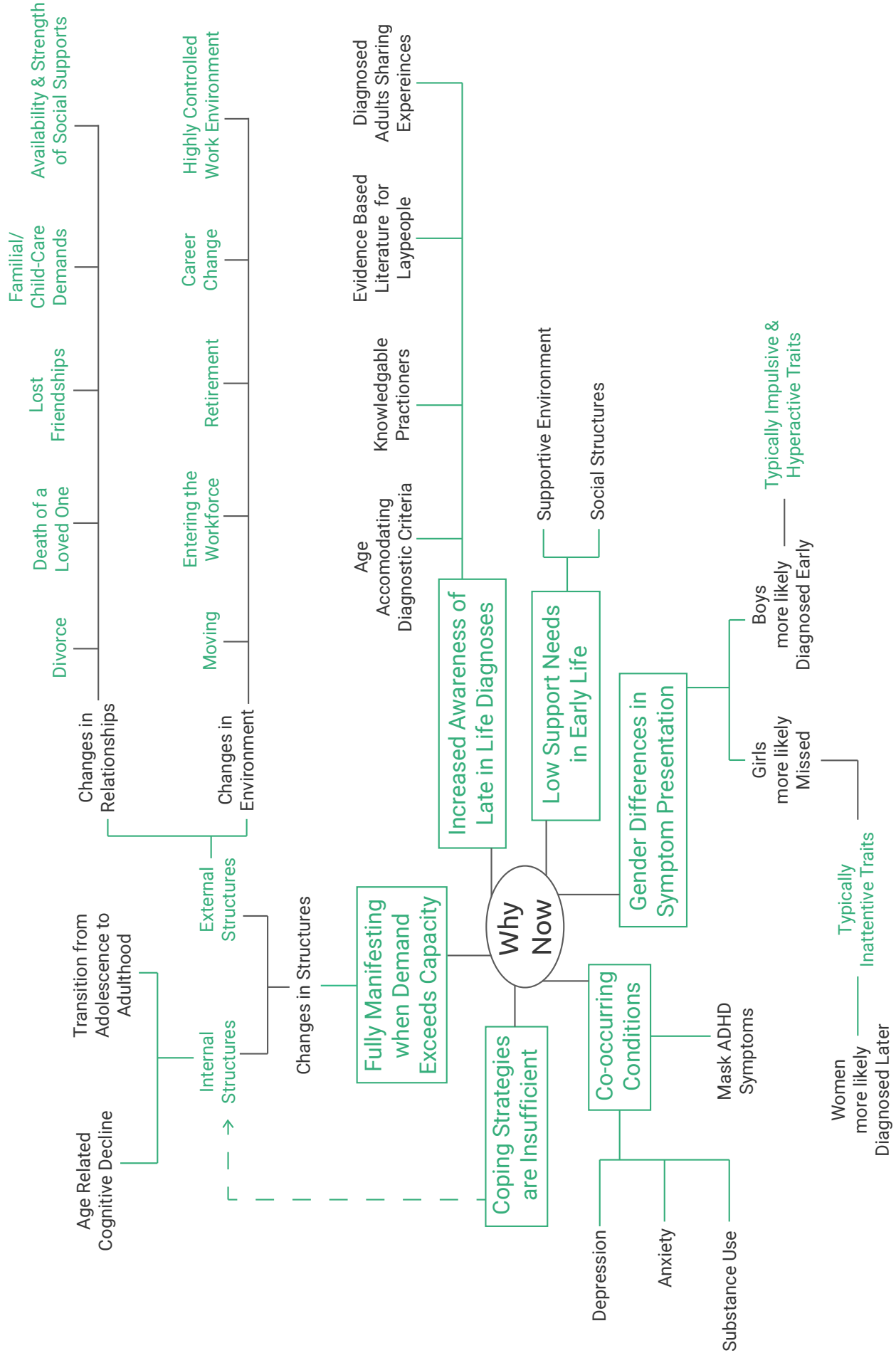


Figure b. 'Why Now' mind-map depicts how a multitude of variables may elicit a late-in-life diagnosis of ADHD. ^{3,6,11,12,19,20,21}

3. Impacts of a Late in Life ADHD Diagnosis

3.1 Psychosocial Impacts

Individuals who meet diagnostic criteria for ADHD and remain undiagnosed or untreated until adulthood are at a higher risk for adverse impacts.⁷ For example, many adults with a late in life ADHD diagnosis experience low self-esteem, negative self-image, and feel misunderstood.⁷

Unfortunately, adults with ADHD also face significant skepticism among healthcare professionals about their diagnosis and treatment due to their age.⁴ In contrast, adults who grew up with a childhood ADHD diagnosis tend to experience fewer adverse impacts.⁴ For example, adults diagnosed and treated in childhood report less psychosocial impacts and unmet needs compared to those with a later in life diagnosis.⁴ Lastly, those with a later in life ADHD diagnosis often experience a sense of failure, as well as missed and unfulfilled potential across multiple areas of life including relationships and work achievements.⁴

3.2 Responses to a Late in Life ADHD Diagnosis

“Tearful regret–If I’d known I had ADHD and had been treated for it, maybe I would still be married –husband left after many years saying, “You’re too emotional, too messy, too impulsive.”³

“I have felt re-energized in a very positive manner. I can manage not to ruminate too much on the problems I had as a child, and I am still glad that I am here, now, and learning for the rest of my life.”³

“I kind of enjoy and embrace my ADHD, now that I understand it. Others may have a problem with my forgetfulness and lateness, but that’s their problem! I like all of its aspects, from intuitiveness to creativity to empathy. Now, I accept who I am.”³

- Dr. Nadeau, ADHD Expert Webinars

4. Adulthood ADHD in the Workplace

4.1 Signs and Symptoms in the Workplace

Core ADHD symptoms manifest and impact function in a variety of ways within the workplace.⁵ For example, difficulties with executive functioning skills can lead to a lack of attentional time management skills, resulting in arriving late, missing deadlines, or scattered prioritization and completion of tasks with multiple steps.¹⁴ Hyperactivity, impulsivity, and emotional dysregulation symptoms may lead to interpersonal problems with colleagues.⁵

These core ADHD symptoms may present to neuro-typical colleagues as: interrupting others, acting before thinking, impatience, and disorganization in the workplace.⁵ Moreover, executive functioning difficulties can also impact organizational skills and working memory required for proper job performance like misplacing paperwork, forgetting appointments, or returning calls.^{1,5} Even though adults with ADHD can have strong work ethic, intellect, and motivation, it does not always match up with their performance.⁵

4.2 General Workplace Impacts: Adults With vs. Without ADHD

Individuals with ADHD tend to experience reduced levels of employment and productivity compared to neuro-typical peers.⁵ The period of time an individual with ADHD holds a job is often shorter, with employment turnover at a greater rate due to dismissal or resignation.⁵

Employers may be hesitant to hire an individual with ADHD due to symptom impacts such as greater work absences, reduced job performance, higher probability of workplace-related accidents or injuries, decreased earning power, and lower role performance.^{15,16} To keep up with job demands while combating prevalent symptoms, adults with ADHD often work harder to perform tasks.¹⁷ Combined with the ability of hyperfocus, adults with ADHD are also at an increased risk for workaholicism and burnout.¹⁸

4.3 Importance of Context

ADHD symptomatology is context-dependent.¹¹ For example, under-stimulating environments can cause distractibility that appears dysfunctional to neuro-typical observers.¹¹ However, in motivating and stimulating contexts, distraction diminishes.¹¹ This is reinforced by adults with ADHD who report better concentration in particular contexts, which becomes a strength, while in other environments it can result in difficulties.¹¹

Moreover, adults with ADHD report finding success in jobs that involve “mental challenge, novel or varied tasks, physical labour, hands-on work, or topics of intrinsic interest.”^{11(p165)} Having employment that complements the symptoms of ADHD, such as an environment that values highly creative work, would be advantageous.¹⁸ In this way, functional difficulties associated with ADHD can be seen as a mismatch between an individual's biology and the environment.¹¹



Figure C. "Adults with ADHD had significantly poorer self-ratings of overall work performance compared to those without ADHD."^{C(p63)}

Core Symptoms of ADHD

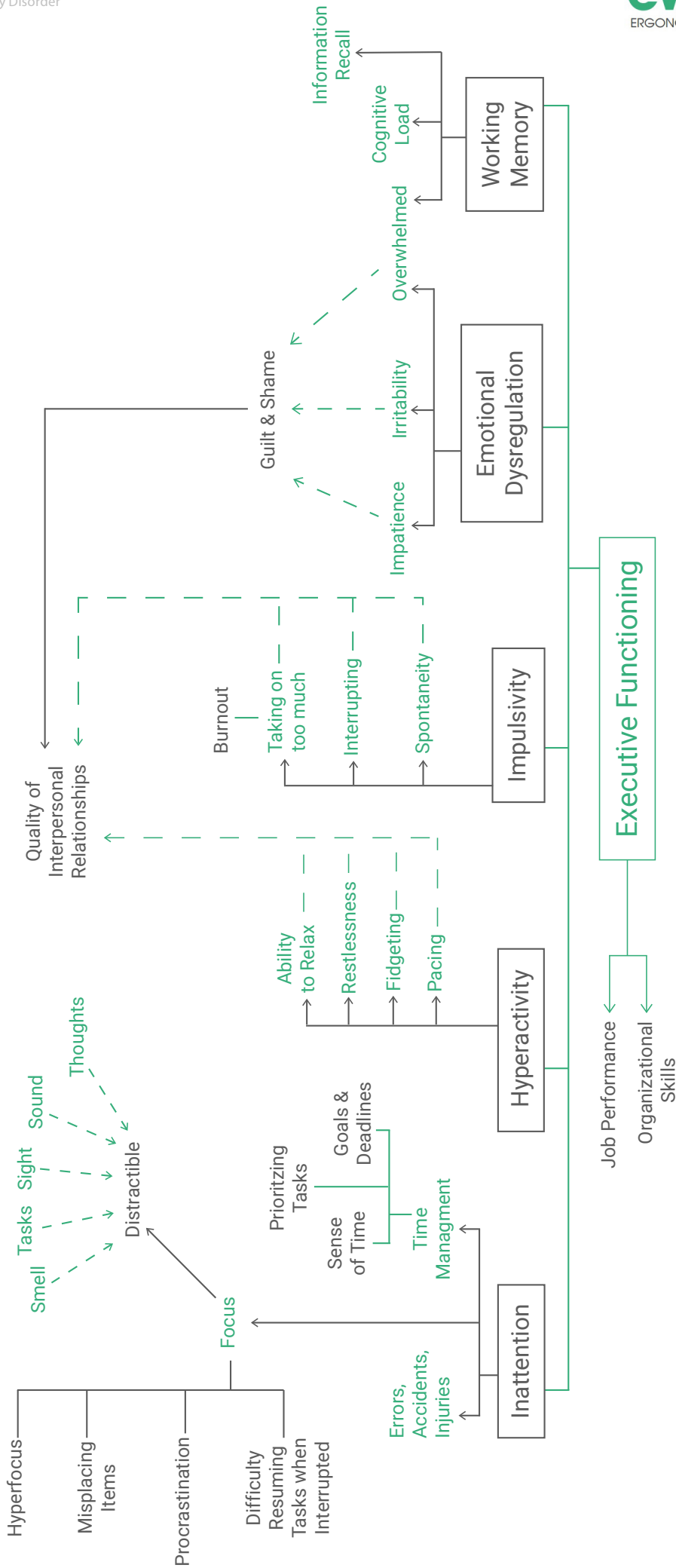


Figure c. 'Core Symptoms' mind-map describes the complexity of symptoms an individual with ADHD may experience with specific examples pertaining to the workplace. ^{1,5,14,15,16,17,18}

5. Adults with ADHD: Gender Differences

5.1 Gender Specific Symptom Presentation

Boys with childhood ADHD tend to be higher on hyperactivity, impulsivity, and externalizing problems compared to girls with childhood ADHD.^{19,20} In this way, girls with ADHD are more likely to be undiagnosed because they present with lower hyperactivity and oppositional behaviours that are stereotyped to ADHD in general.³ Instead, girls with childhood ADHD exhibit greater inattention, anxiety, affective symptoms, and internalizing problems.¹⁹ As girls are generally more likely to experience anxiety and depression, they are more likely to be diagnosed with these conditions while ADHD may again go unnoticed.³ In adulthood, women report greater severity and a higher level of total ADHD symptoms, including inattention, hyperactivity, and impulsivity as compared to adult men (See Figure 1 and 2).^{20,19} Suicidal ideation is also significantly greater for adults with ADHD, with an increased risk seen in women compared to men.¹⁹ Overall, gender differences appear to exist in symptom presentation of ADHD.

5.2 ADHD Impacts: Men vs Women

ADHD symptoms in women may increase the risk for negative experiences compared to men due to differences in social expectations and gender roles.²⁰ For example, women live in a social context where they are expected to be the primary parent, household manager, and work full-time.³ Women are also socialized to have “support jobs” that require strong executive functioning skills, such as a nurse, librarian, and teacher.³ Moreover, women with ADHD are more likely to be divorced by their partner without ADHD for not meeting traditional gender roles or social expectations.³ In contrast, men with ADHD are less often divorced from their partners without ADHD.³ As a result, women with ADHD are more likely to become single parents of children, which often leads to multigenerational impacts of ADHD.³ Furthermore, a qualitative study that examined the experiences of older adult women with ADHD found prominent themes, including “peer rejection,” and “feeling different.”^{7(p592)} Overall, the expression of ADHD symptoms, as well as the impact of ADHD appears to differ depending on the gender of the person.³

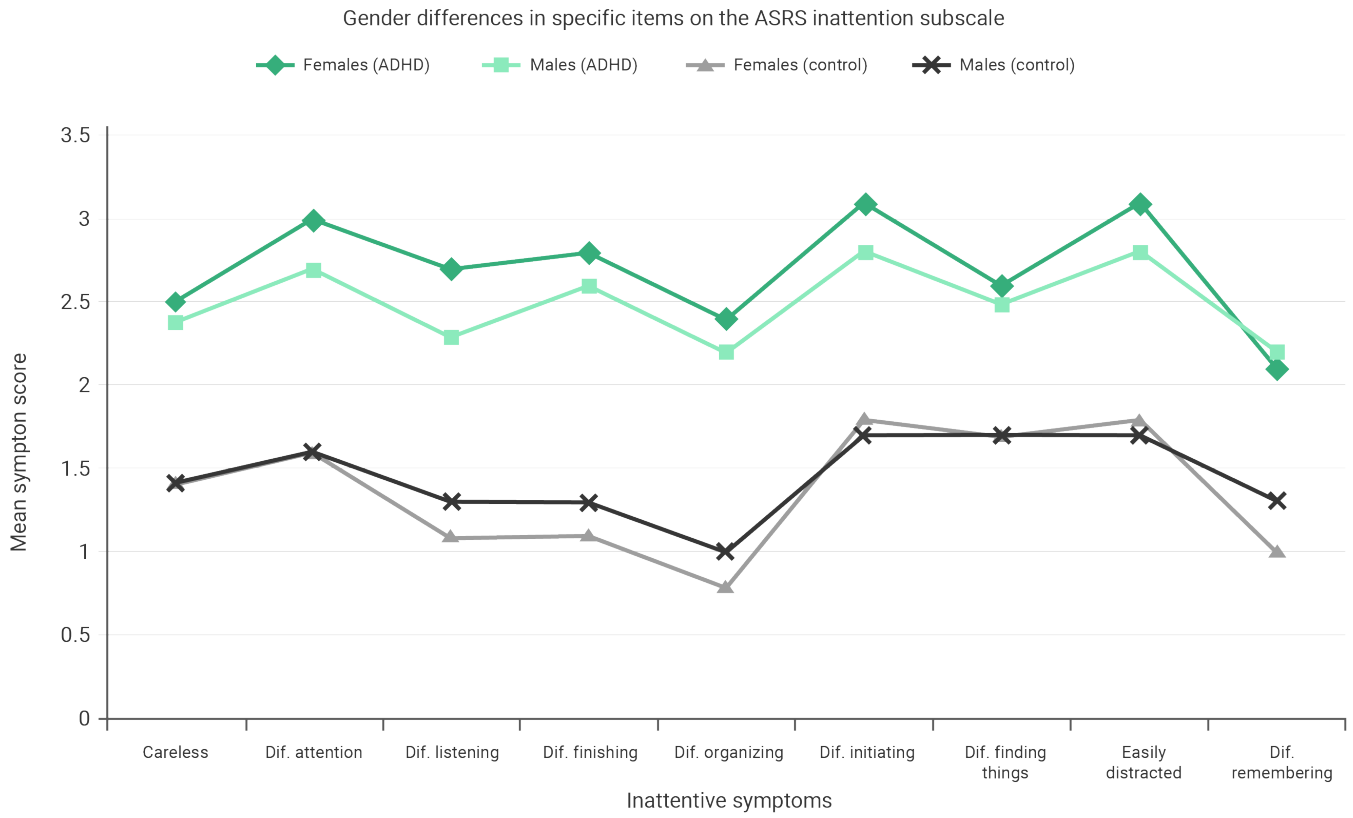


Figure D. "Mean symptom scores on the ASRS Inattention subscale in the ADHD and control groups."^{D(p964)}

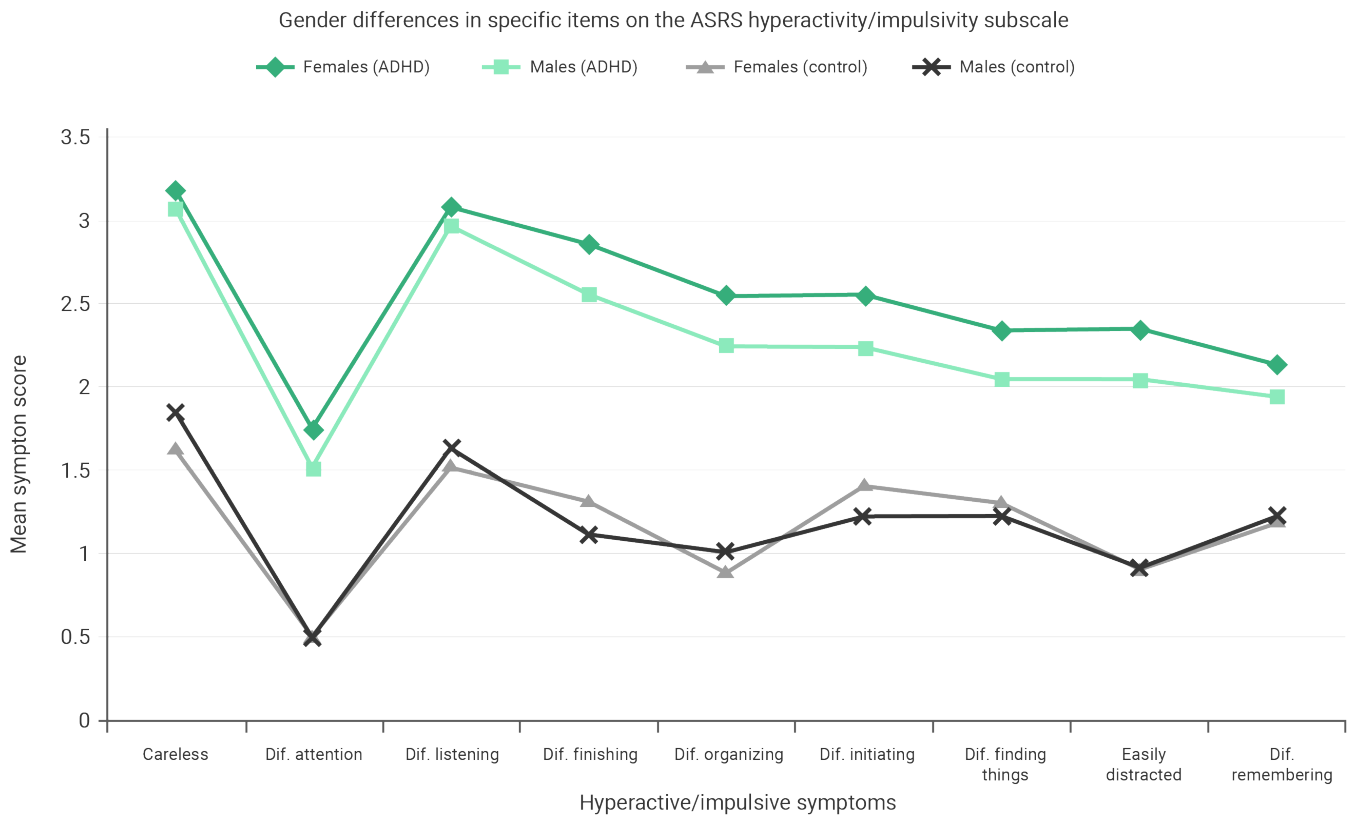


Figure E. "Mean symptom scores on the ASRS Hyperactivity/Impulsivity subscale in the ADHD and control groups."^{E(p964)}

6. Common Co-occurring Conditions

■ **At a Glance** - A high proportion of co-occurring conditions are associated with ADHD in adults.¹² Estimates indicate 70-75% of adults with ADHD have at least 1 other diagnosis.¹²

The most common co-occurring conditions for adults with ADHD are substance use disorders (SUDs), anxiety disorders, and mood disorders.^{12,21} Women with ADHD frequently present with co-occurring eating and mood disorders.¹² In contrast, men with ADHD frequently present with co-occurring SUDs.¹² Notably, the link between ADHD and SUDs is suggested to be bidirectional.²² For instance, higher rates of ADHD symptoms are found in the SUD population, while higher rates of SUD are found among the ADHD population.²² A “self-medication” hypothesis has been suggested to explain the higher rate of SUDs, where the use of alcohol/substances may be a means to alleviate symptoms of ADHD.^{22(p182)}

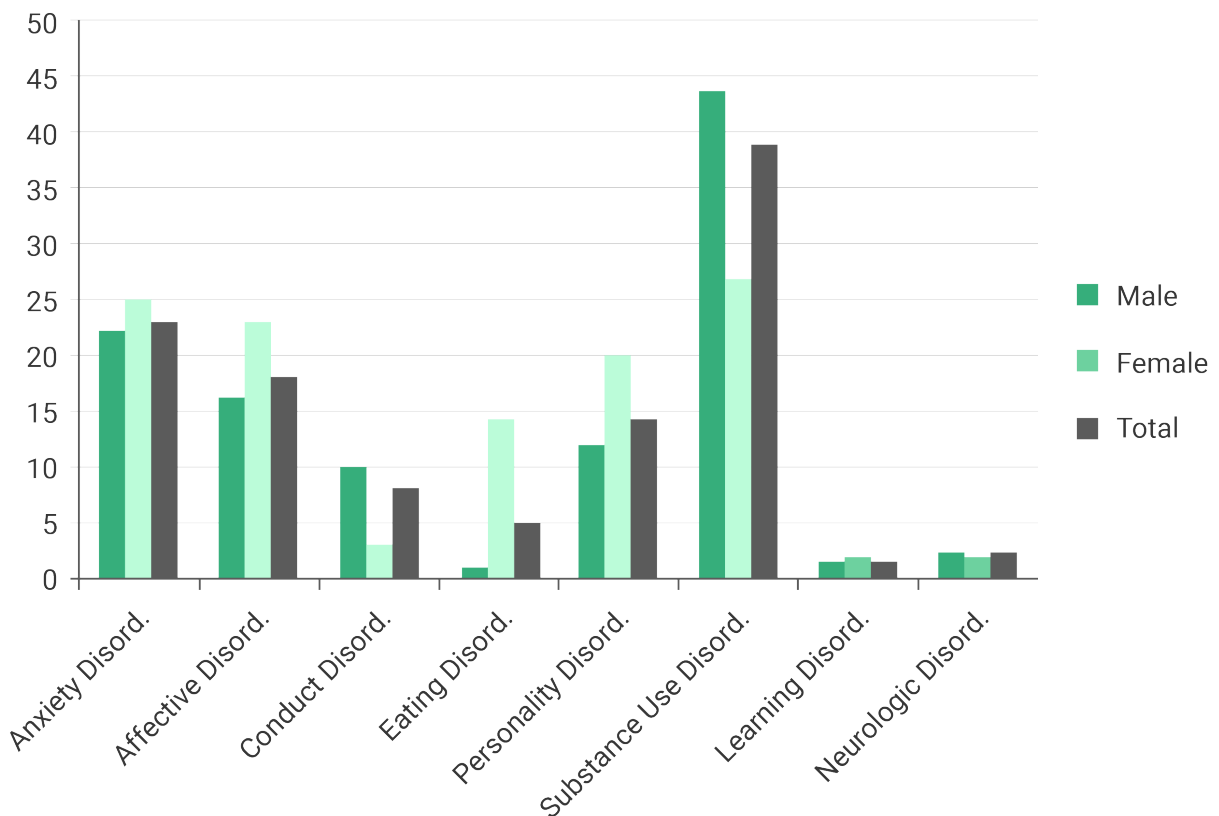


Figure F. "Type of associated psychiatric illness at the time of diagnosis of ADHD in adult patients."^{F(p1070)}

7. Treatment Solutions

- **At a Glance** - A holistic, multimodal approach to treatment for adults with ADHD appears to have greater effectiveness than a singular approach.⁴ While there are several strategies to consider, a compilation of approaches are listed below.

7.1 Cognitive Behavioural Therapy (CBT)

CBT is an evidence-based treatment that may assist adults with ADHD in learning various skills and strategies to manage challenges and setbacks by adopting a positive and realistic mindset.¹⁴ This treatment strategy aids adults with ADHD to overcome long standing negative messaging and attitudes about their condition.¹⁴ For example, reducing appraisals of themselves or of their experiences as evidence of failure or incompetence.¹⁴ One component of CBT that may aid in this message is providing education about ADHD (i.e., effects of ADHD on the brain, behaviour, and self-image, as well as its treatment) to deepen one's overall understanding of ADHD.¹⁴

Other components include providing training in organizing, planning, problem-solving skills, attentional skills, and cognitive restructuring (e.g., learning to adapt thoughts in distressing situations).¹⁴ Advantages of learning CBT strategies in group therapy include facilitating safe settings to meet people with similar problems and diminishing feelings of being misunderstood.⁷ Overall, CBT is an individual or group based treatment approach that adults with ADHD may benefit from.¹⁴

7.2 Accommodating Workplaces

Proactive employers who support and provide modified work or accommodations for adults with ADHD are valuable allies.¹⁸ Currently, accommodations are not applied for adults with ADHD in the same manner as adults with anxiety, depression, and musculoskeletal disorders.¹⁸ Accordingly, this places adults with ADHD at a disadvantage.¹⁸ Adults with ADHD have the right to seek workplace modifications that remove barriers and provide them with equal opportunity to perform job demands.²³ For example, the physical workplace can be altered to organize materials and minimize distractions.⁵

Employers can set up clear communication strategies including: how to ask for repetition, offering more time for responses, and simplifying or dividing information into parts to support adults with ADHD.²⁴ Employers can also set up time limits for various tasks and have routine breaks added to reduce the risk of workaholism and burnout for adults with ADHD.¹⁸ Technologies, such as day planners, timers, and electronic devices, can be utilized to assist in scheduling, planning, and other time management related concerns.⁵ In one case example, an employee with ADHD was experiencing difficulty with time management skills.⁵ In response, their supervisor made the job demands accessible by breaking down daily work tasks into smaller pieces.⁵ Over time, the employee needed less supervision and experienced success at work.⁵ Accordingly, having a supportive workplace environment is essential for adults with ADHD to thrive.⁵

7.3 Personal Coaching

An emerging treatment strategy for adults with ADHD is personal coaching.¹⁴ Coaching focuses on collaborating, developing, and applying practical strategies to support adults with ADHD to improve functioning in daily activities.⁵ For example, coaches can help adults with ADHD set realistic goals, formulate strategies to achieve those goals, and offer motivation to stay on course.¹⁴ Adults with ADHD who utilize personal coaching tend to report increased ability to achieve their goals and a greater awareness of how challenges with executive function skills impact their daily activities.⁵ Adults with known or suspected ADHD also reported coaching had a positive effect in workplace functioning by addressing distractibility, cognition, and social outcomes.⁵ Overall, managing ADHD at work may involve a combination of strategies that includes personal coaching to optimize work performance for adults with ADHD.⁵

7.4 Workplace “Fit” as Intervention

Identifying well-suited careers and workplaces for adults with ADHD is a key addition to treatment.¹¹ Context is important. Many adults with ADHD report that finding their “occupational niche,” allows them to be successful at work and overcome the challenges of their ADHD symptoms.^{11(p166)} For example, adults with ADHD thrive in jobs that entail creativity, spontaneity, multi-tasking, open discussion, and frequently changing tasks (e.g., teaching, sales) as opposed to sedentary, repetitive, and administrative positions requiring significant attention to detail.^{5,14}

Similarly, motivating and highly stimulating contexts that are “novel, challenging [with] fast-paced tasks, [and] concrete feedback” build upon the strengths of ADHD and increase productivity.^{11(p161)} Notably, choice can limit “workplace fit” due to factors external to the person, such as availability of diverse jobs and geographic location.¹¹ Overall, greater awareness of supportive work elements may allow adults with ADHD to find a better workplace/career match for more optimal outcomes.¹¹

7.5 Medication

Contrary to popular belief, evidence demonstrates that stimulant medications are not addictive, and that tolerance does not develop over time.^{22,25} In fact, an effective, safe, and first-line treatment for many adolescents or adults with ADHD is stimulant medication.²² This is because stimulant medications are often more effective than non-stimulant medications, as the benefits of the former tend to be experienced faster, such as within a few days.²² Non-stimulant medications are often prescribed as a second or third-line option and can take several weeks to have a therapeutic effect.²²

Research suggests that both stimulant and non-stimulant medications effectively reduce ADHD symptoms in adults.⁵ For instance, stimulant medications appear to be effective in 50-70% of adults.²⁶ However, if medication is not taken as prescribed (e.g. doses are missed/skipped or halted altogether), symptoms often return.²⁶

Rather than utilizing a singular treatment, research suggests that a combination of medication and therapy provide optimal treatment outcomes.²⁶ For example, individuals diagnosed later in life typically report successful symptom management with medication but continue to experience support needs.⁴ As a result, many with a late in life diagnosis express the need for additional psychological and educational support in combination with medication.⁴ For instance, consider the multi-modal approach of medication and coaching.²⁶ Medication-use can support coaching sessions by increasing sustained attention, supporting recall of appointment times, and increasing the likelihood of reaching goals set in sessions.²⁶ Ultimately, a combination of medication and other therapies is an important approach to treatment and is a critical discussion point for clients and their multidisciplinary healthcare team.^{4,26}

8. Multidisciplinary Team

While a comprehensive team is not always possible, varied professional perspectives is ideal, as this contributes to holistic care.²⁷ A multidisciplinary health care team may include:^{22,27}

- Family physician
- Psychiatrist
- Psychologist
- Counselor
- Coach
- Occupational Therapist
- Specialist ADHD nurse
- Social worker
- Addiction specialist
- Clients and their family

Multidisciplinary health care teams are critical to client success as a “one size fits all” model of care is not a viable option.^{27(p456)} Each professional perspective adds value to treatment – Psychologists, counselors, and coaches support the growth of emotional wellbeing and executive functioning skills; Psychiatrists and family physicians support symptom management through medication; Addiction specialists provide support with co-occurring substance use disorders; Clients and their families add crucial insight into daily living and provide feedback on treatment approaches.^{28,26,22} Overall, multiple professional perspectives are essential for individualized, comprehensive, and client-centred treatment.²⁷

9. Role of Occupational Therapy

- At a Glance - Occupational therapy encourages a holistic perspective within multidisciplinary healthcare teams and promotes comprehensive treatment planning.²⁹

Occupational therapists (OTs) support participation in the daily activities a client needs to do, wants to do, and is expected to do.²⁹ Specifically, OTs support adults with ADHD to carry out needed occupations including paying bills, planning meals, or meeting job requirements.²⁹ OTs also work collaboratively with clients to overcome barriers and enhance participation.²⁹ For instance, OTs can organize and adapt the work environment by advocating for necessary accommodations or modifications to facilitate job-fit.²⁹

The scope of OT does not entail diagnosing ADHD or prescribing medication. Instead, OT interventions support the management of ADHD symptoms.²⁹ For example, OTs promote behavioural change that facilitates organizational skills (e.g., having set times to sleep, eat and leave for work).²⁹ OTs also encourage self-management of ADHD symptoms through strategies like sensory regulation, stress management techniques, and routine adaptations.²⁹ For instance, OTs build emotional regulation with clients through mindfulness activities that develop recognition of emotions and strategies to self-regulate back to a calm state.²⁹ Additionally, relaxation techniques, like deep breathing exercises, meditation, and physical activity are shown to relieve hyperactivity or restlessness in clients with ADHD.²⁹ Findings suggest daily engagement in relaxation and recreation also promote work-life balance—an element often missing in the lives of adults with ADHD.²⁹ Overall, OTs provide a unique perspective and play a key role on multidisciplinary teams.

10. Tips and Strategies for the Office Environment

Environmental Strategies

Remove Distractions²⁸

- Turn cell phone off or “do not disturb” mode on
- Turn off disruptive notifications/alerts
- Shut down access to social media apps or websites

Screen Out Unpredictable Distractions^{28,29}

- Listen to quiet music
- Wear earplugs or headphones

Create Reminders Or Attention Triggers³⁰

- Visual reminders
 - Write on post it notes of various sizes and colours
 - Highlight crucial information
- Sound devices
 - Alarms, bells, beepers
- Tactile devices
 - Vibrating watches or phones

Seek Out Social Supports or Create a Supportive Environment to Facilitate Goal Achievement²⁸

Schedule Challenging Tasks When Outside Distractions are Low to Promote Concentration³⁰

Modify the Task

Make Tasks Shorter by Building in Regular Breaks^{28,31}

- After a maximum of 50 mins of continuous sitting, take a 5-10 minute walk break
- After 20 minutes of continuous standing, change positioning and go for a short walk

Pair Unpleasant Tasks with Pleasant Tasks to Increase Initiation and Motivation²⁸

- Listening to music while completing cleaning duties

Reward Task Completion to Acknowledge Successes²⁸

- Eating favourite snack after completing lengthy data entry

Break the Task into Smaller Pieces and Adapt into a To-Do Checklist²⁸

- Choose time-sensitive work tasks and simplify those tasks into a step-by-step list of items

Make the Task More Enjoyable by Building in Variety, Choice, or Turning it into a Game²⁸

- Making walk breaks more motivating by trying to beat ‘personal-best’ number of steps

Strategies for Stress Management and Emotional Wellbeing

Taking on More Than One Can Manage Can Lead to Burnout; Utilizing Assertive Skills are One Way to Facilitate a Healthy Balance³²

- “I can’t have lunch with you because I have a report that needs to be finished by tomorrow.”^{32(p5)}

Practice Mindfulness Meditation²⁸

- Headspace app
- The Mindful Movement Podcast

Replace Negative Self-Talk with Productive Self-Talk³⁰

- Replace “I’m so dumb” with “I’m trying my best”
- Replace “this is going to be a disaster” to “I can do hard things”

Rehearse Phrases in Advance to Practice How to Respond in an Emotionally Charged Situation^{28,33}

- “I understand that you would like me to work late, however ...”^{33(p364)}
- “I have already made some arrangements for this evening”^{33(p364)}
- “Perhaps I can come in early tomorrow to finish the work, rather than work late today”^{33(p364)}

Engage in a “Brain Re-Set” by Taking a Break from a Task and Returning a Few Minutes Later²⁸

Strategies for Working Memory and Time Management

Create a Checklist²⁸

Use Technology/Apps²⁸

- Wunderlist – Creates lists to manage tasks
- Instapaper – A bookmarking service to allow content to be read later
- Tile app – Uses Bluetooth tracking to keep track of belongings and find misplaced objects

Use Repetition to Assist with Information Recall²⁸

Use a Planning Template to Organize the Day and Promote Efficient Time Use²⁸

Set Clocks Ahead to “Trick Yourself” if Time Management, Such as Arriving Late, is an Issue²⁸

- Set clock 15 minutes ahead of time

Preplan to Minimize Surprises²⁸

Build Automaticity^{28,30}

- Do the same task at the same time every day to reinforce routine

Carry a Pen/Paper to Jot Down Important Information^{28,30}

Monitor Progress by Checking Off Items on a ‘To-Do’ List³⁰

Make a List of Things “Not” to do When Working³⁰

- Not organizing email

To Manage Incoming Emails, Install Automated Responses to Reduce Distractions³⁴

- “I am currently checking and responding to email twice daily at__ A.M. and__ P.M. If you require urgent assistance, please contact me via phone at (extension/ phone number). Thank you for understanding this move to help me serve you better”^{34(p1256)}

11. Summary

Key Points:

- Adulthood ADHD cases are on the rise as symptoms become “unmasked” later in life.^{6(p675)}
- Core symptoms of ADHD can manifest and impact function in various ways within the workplace.⁵
- Adverse consequences of a late in life ADHD diagnosis can be mitigated with a holistic, multidisciplinary approach to treatment.⁴

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