Does Everyone Have AD/HD?

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Regional Assessment Resource Centre (RARC)

www.queensu.ca/rarc

Our vision is to enable students with neurodevelopmental disabilities to thrive in post-secondary education.

Services provided under 4 pillars:

Transition

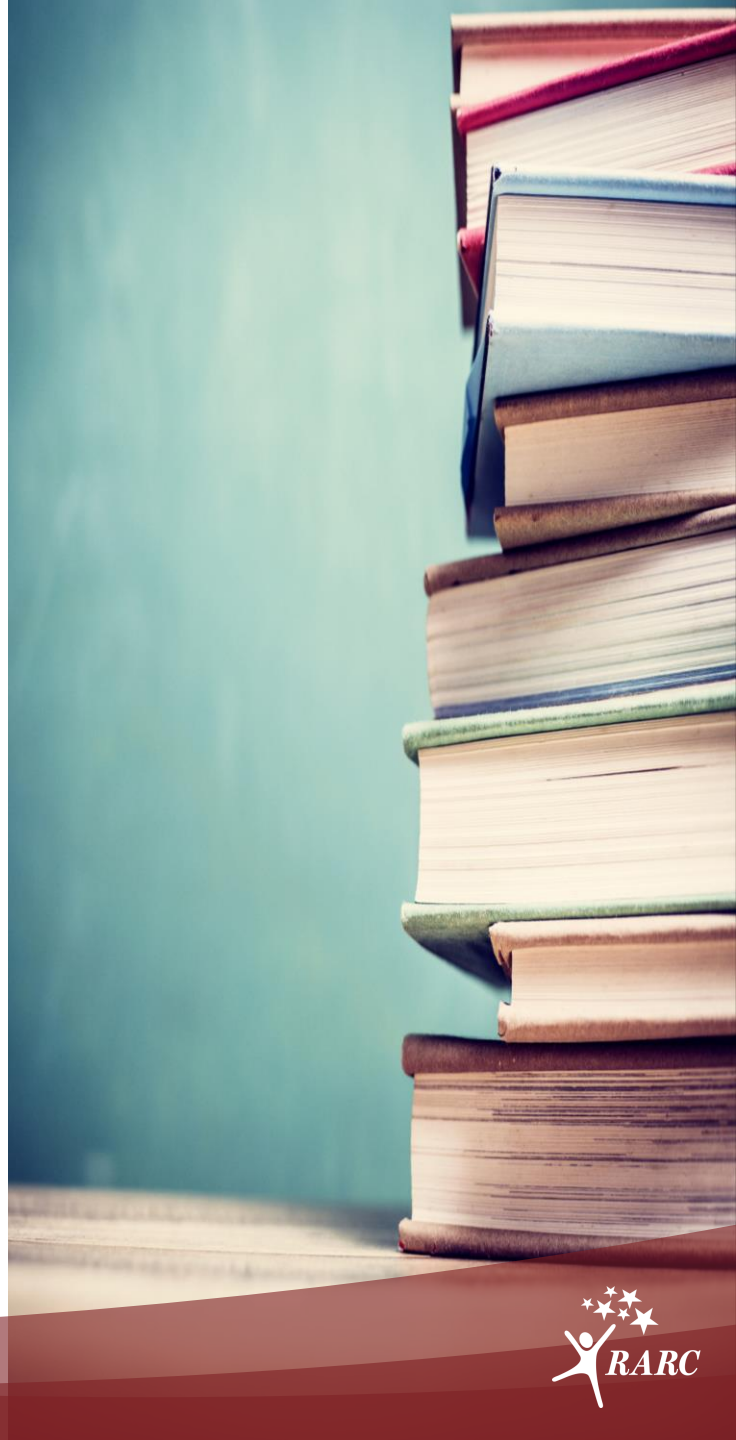
Research

Training

Assessment

Learning Objectives:

- Discuss the trend of increasing AD/HD diagnoses.
- Explore possible reasons for increased diagnoses of AD/HD.
- Review appropriate assessment practices and reasonable supports to address AD/HD symptomology in the post-secondary environment.



AD/HD – WHAT IS IT?

- **Attention Deficit/Hyperactivity Disorder** (AD/HD) is the current term for a specific **neurodevelopmental disorder** seen in both children and adults that is comprised of **developmentally inappropriate levels of inattention, hyperactivity, and/or impulsivity**, that **impair** a person's functioning.
- Some individuals have problems with all three types of symptoms, whereas others have problems primarily with inattention, or primarily with hyperactivity/impulsivity.
- According to Russell Barkley, a leading researcher within the field of ADHD, the **predominant features** of this disorder include:
  - **Poor sustained attention or persistence of effort to tasks**
  - **Excessive task irrelevant activity or activity that is poorly regulated to the demands of a situation.**
  - **Impaired response inhibition, impulse control, or the capacity to delay gratification**

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AD/HD- What Is It?

- Given the wide variety of functional impairments experienced by individuals with ADHD in adulthood, accurate diagnosis and treatment is paramount.
- Research has demonstrated that, relative to non-ADHD controls, adults with ADHD are more likely to experience significantly:
  - lower rates of job stability (Murphy & Barkley, 1996),
  - lower income (Biederman & Faraone, 2006; Jangmo et al., 2021),
  - greater romantic relationship maladjustment (Eakin et al., 2004; Murphy & Barkley, 1996),
  - greater friendship problems (Harpin et al., 2016; McKee, 2017; Stickley et al., 2017),
  - more traffic violations, license suspensions, vehicular crashes, and related injuries (Barkley, 2004; Barkley & Cox, 2007; Jerome et al., 2006),
  - as well as lower life expectancy and elevated mortality rates (Dalsgaard et al., 2015; London & Landes, 2016).

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Increasing Rates of AD/HD

- AD/HD is a relatively common neurodevelopmental disorder that affects approximately 7.2% of school-aged children (American Psychiatric Association [APA], 2022).
- Research suggests that up to half of those diagnosed with AD/HD in childhood no longer meet diagnostic criteria for this condition as adults (Caye et al., 2016), which may explain the lower base rate identified in adults, previously reported as between 2.5-4.5% (Kessler et al., 2006; Simon et al., 2009; Song et al., 2020).
- Recently, however, concerns have been raised regarding the rapid rise in (and possible overdiagnosis of) AD/HD in adolescents and emerging adults, particularly in North America (Abdelnour et al., 2022; Gascon et al., 2022; Kazda et al., 2021).

Increasing Rates of AD/HD

- Some examples:
  - The province of Quebec showed a 350% increase in AD/HD diagnoses in adolescents and young adults between 1999 and 2010, and the number diagnosed in the United States quintupled over this same time period (Gascon et al., 2022).
  - A study from BC found a nearly four-fold overall increase in the incidence of new adult AD/HD cases since the pandemic, with rates growing faster in females. The monthly incidence rate for the 17-24 age group in this study jumped from a pre-pandemic average of 22.1 cases per 100,000 population to 75.8 cases per 100,000 population post-pandemic (Hu et al., 2025).
  - From 2021 to 2022, the number of unique claimants for AD/HD medication, ages 18 and over, grew by 24.5 per cent according to data from Manulife.

Percentage of Students with Disabilities at College and University

	Disability Category	Colleges				Universities			
		2019-20	2020-21	2021-22	2022-23	2019-20	2020-21	2021-22	2022-23
NON PHYSCAL DISABILITIES	Mental Health related disability	32%	32%	31%	44%	41%	42%	40%	43%
	Learning disabilities	24%	25%	27%	31%	17%	16%	18%	14%
	Attention-deficit/hyperactivity disorder	11%	13%	11%	1%	15%	17%	15%	24%
	Autism Spectrum Disorder	4%	5%	4%	7%	4%	2%	2%	3%
	Addiction	0%	0%	0%	0%	0%	1%	0%	0%

Source: Students with Disabilities Reporting Data 2024, Ministry of Colleges and Universities

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Reasons for Increasing Diagnoses

Reasons for the increased rates of diagnosis have been postulated:

1. Condition now better identified or might even still be **underdiagnosed**?

OR

2. Increased rates may reflect an "artificial" **diagnosis epidemic** (Batstra & Frances, 2012; Paris et al., 2015; Thomas et al., 2015) due to inadequate assessment practices.

Supporting the second hypothesis: Relevant research demonstrates that most diagnostic reports submitted by individuals seeking academic accommodations at postsecondary institutions or on medical licensing exams due to ADHD failed to document that all five DSM diagnostic criteria were met before rendering the diagnosis (e.g., Joy et al., 2010; Nelson et al., 2019; Weis et al., 2019).

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DSM-5: INATTENTIVE SYMPTOMS

- Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities
- Often has difficulty sustaining attention in tasks or play activities
- Often does not seem to listen when spoken to directly
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace
- Often has difficulty organizing tasks and activities
- Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- Often loses things necessary for tasks or activities
- Is often easily distracted by extraneous stimuli
- Is often forgetful in daily activities

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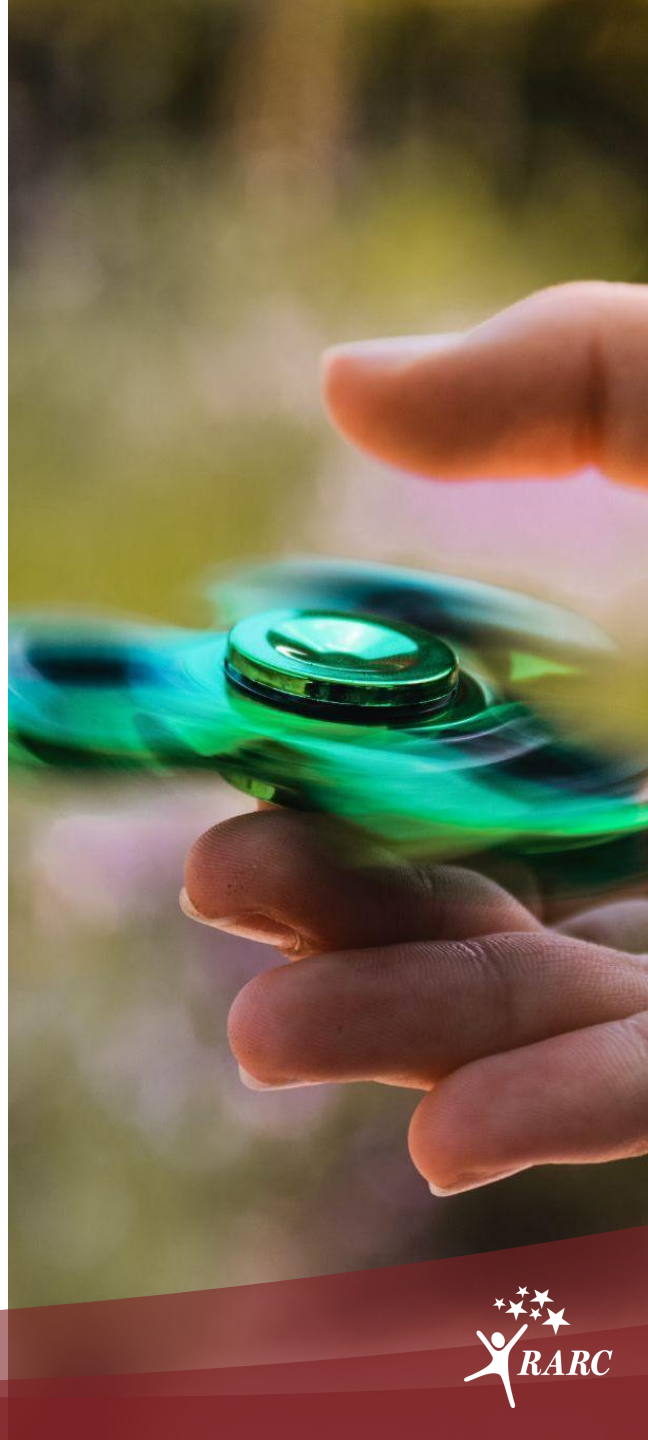
DSM-5: HYPERACTIVE-IMPULSIVE SYMPTOMS

- Often fidgets with or taps hands or feet or squirms in seat
- Often leaves seat in situations when remaining seated is expected
- Often runs about or climbs in situations where it is inappropriate
- Often unable to play or engage in leisure activities quietly
- Is often “on the go,” acting as if “driven by a motor”
- Often talks excessively
- Often blurts out an answer before a question has been completed
- Often has difficulty waiting his or her turn
- Often interrupts or intrudes on others



Only Symptoms?

Symptoms are 1 criteria, but must also have:

- **Chronicity:** evidence before age 12
- **Pervasiveness:** evident across environments
- **Clinical significance:** causes impairment

Also….

- Other factors that may “mimic” symptoms need to be ruled out

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Is It AD/HD or Mental Health Symptomology?

- Research has long documented the impact of mental health conditions on cognition and behaviour (Castaneda et al., 2008; Gotlib & Joormann, 2010; Rayner, Jackson, & Wilson, 2016).
- In fact, diagnostic criteria for many anxiety and mood disorders, as well as those related to exposure to acute or prolonged stressors, include “difficulty concentrating or mind going blank,” “diminished ability to think or concentrate,” “problems with concentration,” “restlessness or feeling keyed up or on edge,” and “psychomotor agitation.” (APA, 2013).
- Even when not to the extent of clinical diagnosis of a disorder, we know that young adults without ADHD diagnoses often report experiencing symptoms of ADHD (Harrison, 2004; Suhr & Johnson, 2022; Weis & Waters, 2023) especially when they experience high levels of stress, depression, and/or anxiety (Harrison, Alexander & Armstrong, 2013; Lewandowski et al., 2008; Suhr & Johnson, 2022).

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Is It AD/HD or Mental Health Symptomology?

- In recent years, there have been several environmental pressures that might lead to the experience of ADHD-like symptoms in adolescents and emerging adults.
- For instance, the recent COVID-19 pandemic has caused many children, teens, and young adults to report increased levels of stress, anxiety, and depression (Robinson et al., 2022; Statistics Canada, 2021; World Health Organization, 2022), with younger adults (18-34) and women experiencing disproportionately high prevalence.
- Indeed, 25% of Canadians age 18+ screened positive for symptoms of depression, anxiety, or PTSD in the spring of 2021, up from 21% in the fall of 2020.

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AD/HD symptoms in assessment seeking post-secondary students: Has the COVID-19 pandemic made a difference?

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Abstract

Objective: Anecdotally, individuals reporting symptoms of Attention Deficit/Hyperactivity Disorder (AD/HD) seem to have increased over the past few years, particularly since the onset of the Coronavirus disease 2019 (COVID-19) pandemic. As such, this study aimed to objectively investigate the validity of this observation.

Method: Using archival data from 667 students assessed in a University-based clinic between 2018 and 2024, self-reported AD/HD symptoms on the Conners' Adult AD/HD Rating Scales-Self-Report: Long Version (CAARS-S:L) were compared across three time periods: pre-COVID (n = 407), during COVID (n = 110), and post-COVID (n = 150).

Results: Results indicate a significant increase in reported symptoms of inattention/memory, impulsivity/emotional lability, DSM-IV inattentive and hyperactive-impulsive symptoms, total AD/HD symptoms, and AD/HD index after the pandemic. Notably, there was a significant increase in problems with self-concept during and after the pandemic, and there were no significant changes in symptoms of hyperactivity/restlessness across all time points. However, the actual rate of diagnosed AD/HD in the sample did not significantly change across these periods.

Conclusions: The findings support anecdotal observations and suggest that the pandemic may have exacerbated AD/HD-like symptoms in an assessment-seeking post-secondary population, even among individuals without formal AD/HD diagnoses. Increases in reported AD/HD symptoms may be related to COVID-19 pandemic factors such as heightened stress, disrupted routines, and increased screen time. The results underscore the need for careful diagnostic practices and further research on the impact of environmental factors on AD/HD symptomatology in young adults.

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Is It AD/HD or Mental Health Symptomology?

- These young adults may seek to find a cause for their current symptoms, not understanding that attention and concentration difficulties are common to many psychiatric disorders (e.g., mental health disorders, substance use disorders; Sibley, Rohde et al., 2018).
- Unfortunately, diagnosing clinicians may not appreciate that the base rate of conditions that mimic the symptoms of AD/HD is often much higher than that of AD/HD in the general population (Harrison et al., 2021).
- As such, failure to rule out these other more prevalent conditions that can mimic symptoms of AD/HD would easily result in a false positive diagnosis.

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Is It AD/HD or Medical Issues?

- **Sleep**
  - Sleep problems can cause ADHD-like symptoms, and many conditions like sleep-disordered breathing, restless legs syndrome, and circadian rhythm disturbances can lead to daytime inattention, hyperactivity, and impulsivity. These symptoms can be so similar to ADHD that they might lead to a misdiagnosis.
- **Thyroid**
  - Thyroid problems can cause ADHD-like symptoms, as thyroid hormones are crucial for brain function and development. Hyperthyroidism can manifest as anxiety, irritability, and hyperactivity, while hypothyroidism can cause fatigue, memory impairment, and sluggishness.

Is It AD/HD or Medical Issues?

- **B12**
  - Low B12 can cause symptoms similar to ADHD, such as issues with concentration, attention, and fatigue. This is because B12 is crucial for the production of neurotransmitters like dopamine, which are involved in attention and focus, and for healthy central nervous system function.
- **Iron**
  - Low iron can cause symptoms similar to ADHD because iron is essential for brain functions like dopamine production and nerve myelination, which are linked to attention, focus, and mood.

Is It AD/HD or Medical Issues?

- **Problematic Alcohol or Substance Use**
  - Problematic alcohol or drug use can produce ADHD-like symptoms by impairing attention, impulse control, and emotional regulation. Alcohol and drugs interfere with neurotransmitters like dopamine and norepinephrine, which are crucial for concentration.
- **Perimenopause/Menopause**
  - Perimenopause and menopause can cause ADHD-like symptoms because the decline in estrogen affects brain chemicals like dopamine and serotonin, which are crucial for focus, mood, and executive function. This can lead to increased brain fog, difficulty concentrating, memory issues, emotional sensitivity, and trouble with executive function.

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Is It AD/HD or Social Media?

- Misinformation on social media platforms such as TikTok may also be responsible for more young adults now believing they may have AD/HD (Pugle 2022; Yeung et al., 2022).
- Yeung, Ng, and Abi-Jaoude (2022) reviewed popular TikTok videos about AD/HD and found that approximately half of the videos analyzed (52%) were misleading, with non-health care professionals uploading most of these videos (49 out of 52 videos).
- This is concerning in that provision of such inaccurate information can lead previously non-symptomatic students to report higher levels of AD/HD symptoms (Privitera et al., 2015).
- Additionally, the proprietary TikTok algorithm, which shows users similar videos over time, may further propagate misleading ADHD-related videos, thus increasing the risk for the development of an illness identity disorder.

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Is It AD/HD or Social Media?

- Furthermore, use of digital media has been linked to teens developing symptoms of AD/HD.
- For instance, Ra et al. (2018) followed 2,587 fifteen-year-olds who reported no evidence of significant AD/HD symptoms at the start of the study. They monitored symptom reports over the next two years while also tracking digital media usage. Results showed a significant association between higher frequency of digital media use and subsequent endorsement of AD/HD symptoms. The authors suggest that high digital media usage may promote learning and practicing behaviors often characteristic of AD/HD (i.e., constant distractions, multitasking, impulsivity, need for constant stimulation and boredom when not experiencing high, fast paced stimulation, problems waiting), leading to the creation of AD/HD-like symptoms in these teens.

Is It AD/HD or Social Media?

- These findings are troubling because we know that teens frequently use electronic and social media.
- Prior to COVID-19, 70% of Canadian teenagers reported using social media multiple times a day, with 21% of teens (especially teenage girls) admitting to spending over 5 hours a day on social media, and 11% (mainly boys) spending over 5 hours a day playing video games.
- The Ontario Student Drug Use and Health Survey (CAMH, 2019) reported that 19% of high school students reported moderate-to-severe addiction to technology, including preoccupation, loss of control, and experience of withdrawal symptoms.
- All of these findings suggest that other causes may well exist for the increased reports of AD/HD-like symptoms in teens and young adults.

Is It AD/HD or Societal Demands?

- What is often overlooked in the assessment of AD/HD are questions regarding whether the symptoms reported by the patient are actually reasonable (and normative) responses to high amounts of professional, societal, and/or familial demands.
- All people have limits to their cognitive resources and sometimes the situational demands exceed these resources.
- Adult patients, often women, frequently present with concerns that they feel that they are not as effective as they “should be” in meeting daily demands.
- Sibley (2021) makes reference to the fact that AD/HD-like symptoms limited to extremely demanding environments do not meet criteria for diagnosis of AD/HD.
- As such, it is important to remain cautious to ensure that “the difficulties people have in meeting society's expectations should not all be labeled as mental disorders” (Frances, 2013, p. 186).

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Is It AD/HD or Seeking of Secondary Gain?

- Pressures to perform and achieve academically have also been blamed for the rise in students who exaggerate or fabricate symptoms in an effort to obtain academic accommodations or stimulant medication (e.g., Johnson & Suhr, 2021; Marshall et al., 2021).
- Many studies have shown not only how easily teens and young adults could convincingly feign symptoms of AD/HD (e.g., Booksh et al., 2010; Harrison et al., 2007; Jachimowicz & Geiselman, 2004; Sollman et al., 2010), but also that the base rate of feigned ADHD is likely much higher than the actual base rate of ADHD in the general adult population (e.g., 18% in Harrison & Edwards, 2010; 22% in Marshall et al., 2010; 22% in Martin & Schroeder, 2020; 31% in Suhr et al., 2008; 47% in Sullivan et al., 2007; although see also Mascerenhas et al, 2023).

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Is It AD/HD or Seeking of Secondary Gain?

- The symptoms associated with AD/HD are typically assessed using face-valid questions, making it easy to endorse clinically significant symptoms (Booksh et al., 2010; Jachimowicz & Geiselman, 2004; Quinn, 2003), even by uninformed adults (Harrison et al., 2007; Sollman et al., 2010).

- Numerous simulation studies have demonstrated that non-treatment seeking individuals (postsecondary students, in particular), can easily complete various AD/HD behavior rating scales in a manner that mimics AD/HD.

ADULT ADHD SELF-REPORT SCALE (ASRS-V1.1) SYMPTOM CHECKLIST

Patient: _____ **Date Completed:** _____

Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during your appointment.	Never	Rarely	Sometimes	Often	Very often
PART A					
How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?					
How often do you have difficulty getting things in order when you have to do a task that requires organization?					
How often do you have problems remembering appointments or obligations?					
When you have a task that requires a lot of thought, how often do you avoid or delay getting started?					
How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?					
How often do you feel overly active and compelled to do things, like you were driven by a motor?					
PART B					
How often do you make careless mistakes when you have to work on a boring or difficult project?					
How often do you have difficulty keeping your attention when you are doing boring or repetitive work?					
How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?					
How often do you misplace or have difficulty finding things at home or at work?					

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Why Is Accurate Diagnosis Important?

As numerous researchers have discussed (e.g., Frazier et al., 2008; Harrison, 2006; Harrison et al., 2007; Harrison, Green, & Flaro, 2012; Marshall et al., 2021; Suhr et al., 2008; Sullivan et al., 2007; Tucha et al., 2014), there are strong societal interests in preventing false-positive diagnoses of AD/HD, including:

- the substantial costs of unnecessary assessments and treatments;
- treatment with potentially addictive/dangerous medications, putting patients at risk of adverse events;
- misuse or diversion of medication
- failing to treat the true problem;
- unjustified use of limited medical resources;
- unjustified access to disability-related funding or grants;
- passive support of drug use;
- disadvantaging other students who also experience distress or functional impairment, but are not granted access to academic accommodations;
- dilution of research samples such that those identified as AD/HD are really suffering from something else; and
- damage to public confidence in clinical diagnostic practices and the diagnosis of AD/HD itself.

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Five Components to Accurate Diagnosis of AD/HD

Criterion A: Sufficient Symptoms

- To satisfy Criterion A, which concerns the presence of the constellation of symptoms and behaviours suggestive of possible AD/HD, clinicians are advised to:
  - Administer both self-report and observer rating scales for symptoms of AD/HD.
  - Use behavioural rating scales which include or allow the calculation of symptom validity indices to allow consideration of the validity of scores obtained.
  - Should positive findings of credible symptom reporting be identified, further evaluation of the remaining four components is recommended.

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Five Components to Accurate Diagnosis of AD/HD

Criterion B: Lifespan Chronicity

- To satisfy Criterion B:
  - Prior to age 12 there must be clear evidence of several (we suggest six or more) symptoms of AD/HD, specifically inattention, hyperactivity, and/or impulsivity.
  - Although some researchers and clinicians have purported the presence of “Adult- Onset ADHD” which would negate this criterion, neither DSM-5 nor recent research on this matter (e.g., Sibley, Rohde et al., 2018) have supported the existence of this criterion.
  - As such, practicing professionals are encouraged to adhere to consensus criteria for the diagnosis of ADHD, which include the presence of symptoms of ADHD prior to the age of 12, remembering that an individual’s subjective recall is not sufficient to satisfy this criterion.

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Five Components to Accurate Diagnosis of AD/HD

Criterion C: Contextual Stability

- To satisfy the third diagnostic criterion:
  - Several AD/HD symptoms must be present across environments, ensuring contextual stability.
  - A neurodevelopmental disorder, such as AD/HD, is always present, and thus should be evident in different spheres of the individual's life, though symptoms may be more or less impairing depending on the demands of the different environments.
  - This information is often obtained by a thorough clinical interview, discussing functioning in the client's day-to-day life around their various "occupations."
  - Obtaining collateral information from family members, employers, legal documents, and other sources can also be helpful to fully understand the client's functioning across environments (APA, 2022).

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Five Components to Accurate Diagnosis of AD/HD

Criterion D: Clear Evidence of Functional Impairment

- Clinicians should thoroughly assess for evidence of functional impairment, with self-reported perceptions of impairment interpreted within the context of existing records and documents regarding functioning, such as academic transcripts, work performance evaluations, and performance on high stakes exams.
- Administration of neuropsychological measures may also be helpful to document areas of cognitive impairment that may be contributing to the client's reported challenges. However, given the vulnerability of these measures to distortion, inclusion of performance validity tests is required to ensure that results obtained are not due to non-credible responding.

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Five Components to Accurate Diagnosis of AD/HD

Criterion E: Ruling out AD/HD 'mimics' as a primary cause for reported symptoms

- To first diagnose AD/HD in an adolescent or emerging adult, clinicians must confirm that AD/HD symptoms were not primarily caused by any other, more common conditions and/or issues.
- To explore this thoroughly, clinicians are encouraged to conduct a thorough clinical interview that includes an exploration and timeline of past and present mental health, medical functioning (including sleep, substance use), and behaviour (including discussion of technology use and environmental demands).
- Failing to identify any of these more common conditions may lead to over-diagnosis of AD/HD and inappropriate treatment planning and support.

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Assessment Recommendations

Self-report questionnaires for AD/HD are not diagnostic. Self-report questionnaires of symptoms are useful to determine whether there is a possibility of AD/HD, in that there is a very low probability that one has AD/HD if the person is below the clinical threshold on a screening measure for AD/HD. On the other hand, a positive result only indicates that AD'HD “can” be considered as a diagnosis, but further assessment is required. A thorough assessment for AD'HD, especially in adolescents and young adults, must include not only historical and collateral opinions but also rule out other reasonable causes. **Comprehensive assessment is required.**

Assessment Recommendations

Functional impairment can and should be evaluated. While the DSM gives little guidance on what constitutes "impairment," research has demonstrated the myriad of challenges experienced by individuals with AD/HD across environments. These areas can and should be fully explored, bolstering self-report information with collateral reports and a review of relevant documents (e.g., academic transcript, employment performance reviews, legal documents). Given the subjective nature of AD/HD symptoms, evidence of impairment is clearly required to determine the presence of a clinically significant disorder. **Impairment matters.**

Assessment Recommendations

Validity is paramount. Symptom credibility should always be investigated objectively during an AD/HD evaluation. Since clinicians are not good at recognizing when their clients are not performing or responding credibly (Dandachi-FitzGerald et al., 2017; Guilmette, 2013), they must administer at least one SVT and two stand-alone PVTs during an AD/HD assessment (Sherman et al., 2020). Failure to consider suboptimal effort, symptom exaggeration, and/or non-credible responding may lead to inappropriate diagnosis and access to resources and services that should be dedicated to individuals who truly suffer from a clinically significant and impairing disorder. **Validity must be considered.**

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Assessment Recommendations

Think horses not zebras. When one hears hoofbeats the cause is almost always a horse and not a zebra. Similarly, clinicians should first consider what are the more common, and potentially more likely, causes of a client's reported inattention and/or hyperactivity symptoms before considering the lower base rate condition of AD/HD as the primary cause. Many higher base rate problems can cause symptoms that mimic AD/HD, and COVID stressors have increased the presence of AD/HD mimics, especially in adolescents and emerging adults. Further, with easy access to misinformation on social media, increased rates of technology use, and high demand characteristics of many environments, individuals are often presenting to professionals believing that AD/HD may explain their perceived difficulties. Practitioners must fully explore these other, higher base rate, conditions and issues, ensuring that they are not missing the true cause of the individual's symptoms. **Consideration of base rates is key.**

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Supporting Students with AD/HD Symptoms

- Regardless of whether an individual seeking assessment for ADHD is conferred a diagnosis or not, they are often in need of some interventions, supports, and strategies to help them feel more effective in their daily life.
- If not diagnosed, they may still benefit from recommendations to address areas of challenge identified in the assessment, such as working with a Learning Strategist or Counsellor to strengthen their time management, organization, and/or learning skills/work habits, implementing structured routines into their life, and addressing any medical/psychological factors that are affecting their functioning.

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Supporting Students with AD/HD Symptoms

If the individual is experiencing AD/HD and is pursuing postsecondary education and/or employment, functional impairment is expected, and they would qualify for accommodations or supports to ensure equal access to the academic and/or employment setting.

- It should be kept in mind, however, that a diagnosis alone is not sufficient evidence of the need for accommodations.
- What must also be shown is how the symptoms of the diagnosed condition interfere with the person's equal participation in a task or activity (Roberts, 2012).
- Additionally, while mitigation of symptoms by means of medication or compensation techniques cannot be taken into account when making the diagnosis of AD/HD, accommodations are required only for symptoms that cannot be managed by these treatments.

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Supporting Students with AD/HD Symptoms

- Studies show that students with AD/HD do not require extra test-taking time to participate equally (Jansen et al., 2018; Miller et al., 2015; Pritchard et al., 2016).
- Instead, stop-the-clock breaks to allow the student opportunities to get up and move around may be more appropriate.
- They may require a quiet setting in which to write, but studies have shown that this is not always a helpful accommodation for those with ADHD and may often interfere with test-taking activity (e.g., Lewandowski, Wood & Lambert, 2015: Lovett, Lewandowski & Carter, 2019).
- Note-taking support, perhaps using a recording tool, such as OneNote, Otter.ai, or Smart Pen, may be beneficial should pharmacological treatment not be sufficient to reduce attentional challenges.
- Further, referral to a Learning Strategist to help the student strengthen their study, time management, and organization skills is typically very helpful as a support.

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Questions?

SAVE THE DATE!

2026 RARC WORKSHOP

MAY 21 & 22, 2026

KINGSTON, ON

THURSDAY, MAY 21	FULL DAY
FRIDAY, MAY 22	MORNING

Thank You!

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