

Attention Deficit/Hyperactivity Disorder (AD/HD) 101

Beth Pollock, Ph.D., C.Psych.
Clinical Director, RARC



Regional Assessment Resource Centre (RARC)

RARC is a Centre of Excellence housing clinical psychologists, educators, transition specialists and researchers.

Services provided under 4 pillars:



Transition



Research



Training



Assessment

Learning Objectives:

- Summarize the **DSM-5 diagnostic framework**
- Describe **prevalence, recent trends, and common reasons** students may present for ADHD evaluation.
- Recognize the **strengths and limitations of typical documentation** submitted for accommodations.
- Make **evidence-based accommodation decisions** and recommend supports that match functional limitations rather than diagnosis alone.



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**

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).

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.

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).

Majority of GPs think ADHD is 'overdiagnosed', suggests Pulse survey



anilakkus via Getty Images

By Harry Hetherington | 18 September 2026



Listen
6 min



Exclusive Seven in 10 GPs think adult ADHD is 'overdiagnosed', including nearly half who think it is 'very overdiagnosed', a Pulse survey has suggested.

More than eight in 10 patients referred to adult ADHD services receive a positive diagnosis, GPs in the survey also estimated.

The Pulse survey of more than 800 GPs suggested that, on average, 81.3% of patients referred were ultimately diagnosed with ADHD, based on a midpoint analysis of responses.

Official review says autism and ADHD at risk of being over-diagnosed, but rise in mental distress is 'very real'



Katie Williams
Live reporter



An official review in England has found young people are at risk over being over-diagnosed with ADHD and autism.

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



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?

Five components to confirm diagnosis:

- A. Sufficient symptoms (inattention and/or hyperactivity)
- B. Several symptoms present before age 12 (lifespan chronicity)**
- C. Symptoms in two or more settings (contextual stability)**
- D. Symptoms cause functional impairment (clinical significance)**
- E. Symptoms not primarily explained by another condition (rule out mimics)**

Why is Assessment Complicated in the Post-Secondary Population?

- Poor retrospective recall of childhood symptoms
- Missing childhood records
- Challenges obtaining objective information on functional impairment
- No “prototypical” cognitive profile
- High prevalence of mimics
- Incentives (accommodations, meds)



RACING
THOUGHTS



DISTRACTED
EASILY



DIFFICULTY
WITH
ORGANIZATION
& PLANNING



DIFFICULTY
WITH FOCUS
& ATTENTION



PROCRASTINATION



FORGETTING
THINGS



TIME
MANAGEMENT
CHALLENGES



MENTAL
& PHYSICAL
FATIGUE



Documentation

- Psychoeducational or Neuropsychological Assessment not always available
- Diagnosis and functional impairment often communicated on institutional Medical Verification Form or Certificate of Disability
- Specific institutions have their own documentation requirements:
 - [ADHD ASSESSORS' ASSESSMENT DOCUMENTATION CHECKLIST](#)
 - [ADHD_Documentation.pdf](#)



ADHD and Functional Impairments

It's not just about the diagnosis — it's about how it affects daily life, including academic success.



Social and Emotional

- Impulsivity in social situations
- Frustration and low tolerance for setbacks
- Increased anxiety or overwhelm



Energy and Motivation

- Inconsistent energy levels
- Difficulty sustaining effort
- Feels mentally and physically drained



Self-Care

- Neglects healthy eating
- Skips exercise or medical appointments
- Harder to maintain routines



Learning

- Difficulty processing information
- Needs more time to read and study
- Trouble with note-taking and recall



Sustained Attention

- Easily distracted
- Difficulty staying focused
- Mind wanders, especially during lectures or reading



Time Management

- Underestimates time needed
- Misses deadlines
- Procrastinates, even when feeling motivated



Organization

- Struggles to keep track of tasks
- Disorganized notes and materials
- Difficulty prioritizing



Executive Functioning

- Trouble planning and initiating tasks
- Difficulty with multi-step tasks
- Loses track of progress



Sleep

- Trouble falling or staying asleep
- Ruminates or feels "wired"
- Fatigue affects daytime functioning



Functional Limitations

Area	None	Mild	Moderate	Severe	Unknown/ Cannot Assess	Comments/Additional Information
Attention/concentration	☐	☐	☐	☐	☐	
Short-term memory	☐	☐	☐	☐	☐	
Long-term memory <i>(please attach testing results)</i>	☐	☐	☐	☐	☐	
Information processing (verbal)	☐	☐	☐	☐	☐	
Information processing (written)	☐	☐	☐	☐	☐	
Managing distractions (internal)	☐	☐	☐	☐	☐	
Managing distractions (external)	☐	☐	☐	☐	☐	
Managing emotions/stress	☐	☐	☐	☐	☐	
Executive Functioning						
Organization	☐	☐	☐	☐	☐	
Planning	☐	☐	☐	☐	☐	
Problem solving	☐	☐	☐	☐	☐	
Sequencing	☐	☐	☐	☐	☐	
Time management	☐	☐	☐	☐	☐	
Speaking	☐	☐	☐	☐	☐	
Mobility (sit, stand, walk)	☐	☐	☐	☐	☐	
Pain	☐	☐	☐	☐	☐	
Fatigue	☐	☐	☐	☐	☐	
Handwriting	☐	☐	☐	☐	☐	
Typing/keyboarding	☐	☐	☐	☐	☐	
Other:	☐	☐	☐	☐	☐	

Structured Evidence-Based Approach

Accessibility Advisor Worksheet

Student Name: _____

Student ID: _____

Date of Meeting: _____

Advisor Name: _____

Diagnosis & Relevant Accessibility Information

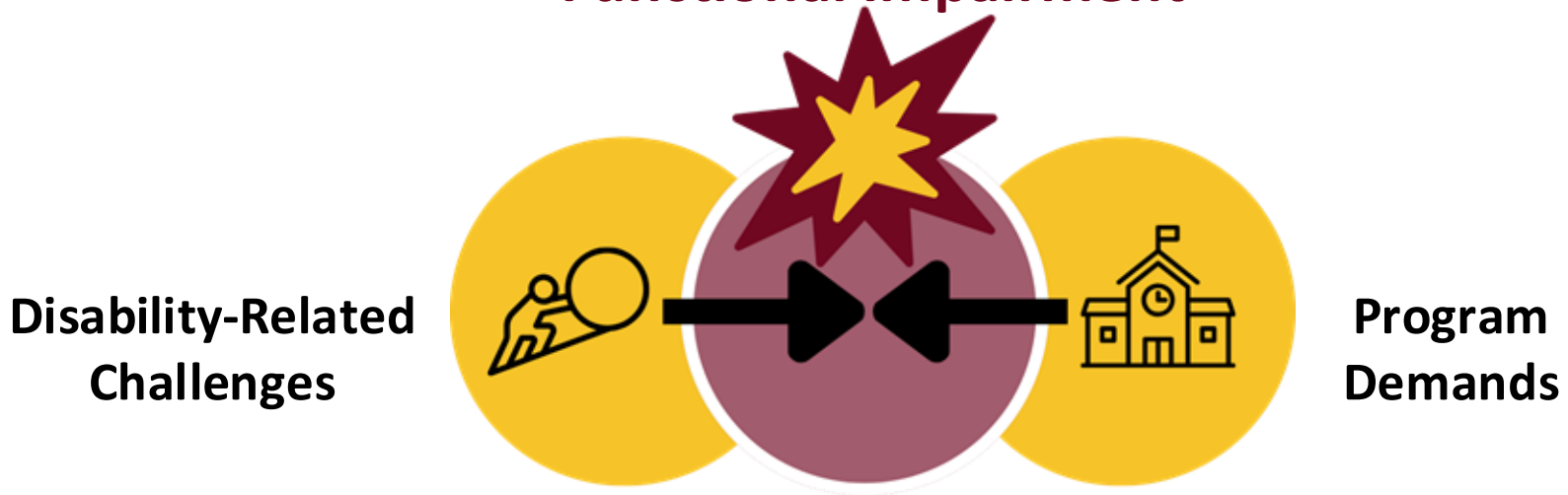
- **Diagnosis:**
 -
- **Additional Notes on Diagnosis:**
(Include any details that provide context to the student's disability. For example, severity, frequency, or any situational triggers.)

Identified Disability-Related Challenges	Disability-Related Functional Impairments Anticipated in the Context of their Program	Linking Functional Impairments to Supports & Accommodations		
(Describe the challenges that the student experiences in relation to their disability, based on documentation and discussion with the student.)	(Identify the primary functional impairments that are anticipated to significantly impact the student's ability to access the curriculum. This should include academic, environmental, and social aspects of their program.)	(Link the student's identified functional impairments to potential accommodations, learning strategist support, or other relevant institutional/community resources.)		
		Useful tool: https://queensu.qualtrics.com/jfe/form/SV_do3AfDFH8pUpwMe		
	Program:	Accommodations	Learning Strategies	Other Supports

Determining the Impairment

- Where disability related challenges and environmental or program demands collide is where barriers (functional impairments) form.

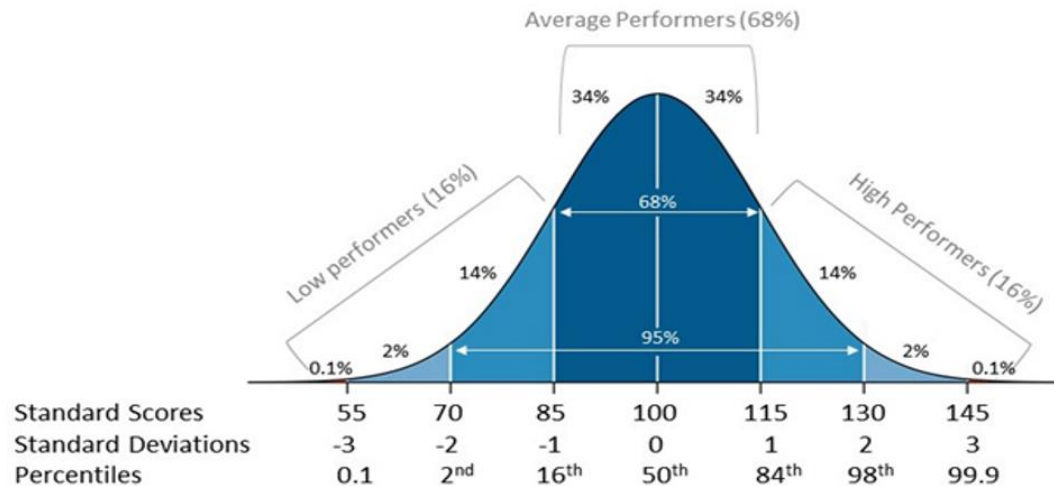
Functional Impairment



Functional Impairments in PSE

- Functional impairments focus on how a student's disability manifests in their specific learning environment.
- For our purposes, we will define functional impairments as:

“Academic barriers resulting from a disability”



Capturing Functional Impairment: Student's Perspective

How do your attentional challenges affect your ability to complete day-to-day academic activities?

You indicated that you tend to use a recording device to take notes. What issues would you experience without access to this support?

When faced with competing deadlines in the past, what has been the biggest challenge?

Case Study #1

Daniel, a third-year student, submits a brief letter from his physician confirming a diagnosis of AD/HD. The letter recommends 50% additional time on all tests, a reduced-distraction room, and deadline flexibility. It states that these accommodations are recommended because AD/HD “affects attention and executive functioning.”

Daniel explains that he has always had AD/HD which he manages with medication, with no history of academic accommodations. Marks historically and currently are strong. However, his friend recently told him that he should be accessing accommodations based on his diagnosis. He cannot identify a specific pattern of unfinished tests, missed deadlines, or other academic barriers.



Case Study #2

Sam has a comprehensive psychoeducational assessment confirming AD/HD. The report describes clinically significant executive-functioning difficulties, particularly planning, task initiation, organization, and monitoring progress on long-term work. Sam reports missing project milestones and struggling to coordinate group assignments.

Sam requests 50% additional time on every examination. The report does not identify slow processing, unusually slow work pace, or difficulty completing examinations within standard time limits. Sam says extra time would reduce stress and make it easier to feel prepared.



Case Study #3

Sarita is a second-year student who reports struggling substantially to manage her academic workload, with variable marks across courses taken. In addition to her challenging academic program, she describes having primary parenting responsibilities for 3 children and working 30 hours a week to support her family financially. Sarita recently saw her GP due to feeling overwhelmed and was diagnosed with AD/HD. Recommendations were made for academic accommodations including a reduced course load, extra time for assessments, and dedicated tutoring.



Questions?



Regional Assessment Resource Centre:



Lunch and Learn Series

Free to join. No registration required.



Join us for free professional development Lunch & Learn sessions designed for post-secondary accessibility services staff and professionals working in psychological assessment in Ontario.

Fall 2026 Series: Back to Basics

Learning Disabilities 101

Thursday, September 24th | 12pm to 1pm

ADHD 101

Thursday, October 22nd | 12pm to 1pm

Autism Spectrum Disorder 101

Thursday, November 26th | 12pm to 1pm

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[https://
queensu.zoom.us/
j/99795703855?
pwd=ocZ8aoUbbgxA
5afbSEppZ8zdaFN3M
g.1](https://queensu.zoom.us/j/99795703855?pwd=ocZ8aoUbbgxA5afbSEppZ8zdaFN3Mg.1)

Meeting ID: 997
9570 3855

Passcode: 171372

Thank You!

Regional Assessment and Resource Center (RARC): www.queensu.ca/rarc

Queen's University, Kingston, Ontario Canada

Beth Pollock, Clinical Director (RARC) : beth.pollock@queensu.ca

Connect with RARC:



rarc@queensu.ca



www.queensu.ca/rarc



613-533-6311



Mackintosh-Corry Hall,
B100
68 University Avenue
Kingston, Ontario, Canada
K7L 3N6

