

# 11 things SLPs should know about adult ADHD

1. **Kids don't outgrow ADHD.** ADHD "does not magically disappear when you grow up" (National Library of Medicine, 2024; Rivas-Vazquez, 2023).
2. **Adults have different symptoms.** Childhood symptoms change as people learn coping and masking strategies or self-medicate with risky behaviors (Hallowell & Ratey, 2011).
3. **ADHD is under-diagnosed in adults.** Females and people of color are historically under-diagnosed with ADHD, so many adults today who have ADHD were never assessed for the condition as children. Since Adult ADHD was formally recognized in the 1990s, many undiagnosed adults attribute their challenges to other factors. May receive diagnoses of depression, anxiety, or other mental health issues as the primary and only problem. (CHADD, 2018; Hallowell & Ratey, 2011; Hallowell & Ratey, 2021; Strohl, 2011)
4. **Stigma and bias in ADHD diagnosis.** A large study found clear disparities in how ADHD and conduct disorders are diagnosed in white and Black males and females (Shalaby, et al., 2024). In the past, ADHD was thought to be a disorder of hyperactive white boys. ADHD symptoms tend to present differently in girls, so they were often diagnosed with depression, anxiety, or other mental health issues. (Climbing the Walls, 2025; Schmitz, et al., 2003)
5. **Explanations for increased rate of diagnosis.** Diagnosis of adult ADHD soared during the pandemic shutdown. Reasons include people were confronted with their symptoms due to losing their structure and support systems and their coping strategies breaking down under stress and distraction. Telepractice was authorized, providing people with access to mental health specialists. And social media fueled public awareness, as people went online to discuss their struggles and diagnosis journey. (Climbing the Walls, 2025; Time, 2023; University of Alabama at Birmingham, 2024)
6. **Ferrari engine, bicycle brakes.** Hallowell & Ratey (2021) use this metaphor to teach what's happening in the brain with ADHD. Treatment includes training executive function skills in an ADHD-friendly way.
7. **Key points about recognizing signs of possible adult ADHD.** See next page for list.
8. **Things adults might report to SLPs.** See next page for list.
9. **What an SLP might notice during the interview.** See next page for list.
10. **Traditional executive function tools may not work.** We often teach EF tools and strategies to our patients, but "ADHD is not a disorder of knowing, it's a disorder of doing" (Dr. Alan Graham in Delaney, 2025). We can learn to provide intervention in an ADHD-friendly way.
11. **Adult ADHD is controversial.** Some medical professionals believe that adult ADHD is better explained by other mental health conditions. They believe that adult ADHD is a fad pushed by pharmaceutical companies and providers of ADHD services, fueled by people seeking stimulants. (Ruffalo & Ghaemi, 2023) Diagnosis of ADHD is not fast or easy, and other conditions must be ruled out, including environmentally-induced ADHD (Hallowell & Ratey, 2021).

# Key points about recognizing signs of possible adult ADHD

My key take-aways, based on Climbing the Walls (2025), Delaney (2025), National Library of Medicine (2024), Rivas-Vazquez, et al. (2023), Schmitz, et al. (2003), and Shalaby, et al. (2024).

- SLPs don't diagnose ADHD, but we can pay attention to signs or symptoms that suggest a person might have ADHD.
- It's easy to assume that the patient's complaints are wholly explained by recent medical history.
- If a person has ADHD that is undiagnosed or thought to have resolved in childhood, they will have compensated for their symptoms in a positive way or with maladaptive strategies, such as alcoholism, drug abuse, or other risky behavior.
- We may find a history of depression, anxiety, bipolar disease, or other mental health illness, particularly if a person has undiagnosed ADHD.
- Adults with ADHD may or may not be aware they have challenges. They may have managed their lives brilliantly with a wonderful support system, or they may have constantly felt like life was harder for them than others.
- Adults are likely to attribute their life-long challenges to personality quirks, normal aging, medical or mental health conditions, or the stresses of modern life.
- If a person has underlying ADHD, we would likely obtain better results if we deliver our interventions in an ADHD-friendly way.

## Things adults may report to SLPs

Our patient (or care partner) might report on the patient's baseline cognitive status as one of these patterns:

1. The patient was normal prior to the recent medical event. This might be true, or they may have undiagnosed ADHD (or other neurodiverse condition) and were functioning well enough that their quirks were seen as personality traits. (Hallowell & Ratey, 2011)
2. Our patient has a history of cognitive challenges that are attributed entirely to other causes, such as anxiety, depression, bipolar disease, aging, other medical conditions, or the stresses of modern life. (Hallowell & Ratey, 2011)
3. Our patient may report they've had trouble adjusting to major life changes but function well enough when life settles down. Major life changes include hormonal changes in women, moving to a new location, starting college or a new job, a change in relationships, etc. (Hallowell & Ratey, 2011; Climbing the Walls, 2025)

Here are some specific complaints that an adult with ADHD (or a loved one) may report during an interview. Notice that these are not unique to ADHD. The key is determining if there were ADHD-like symptoms at other points in our patient's life.

- Jumbled thoughts, losing train of thought, forgetting details.
- Mind wanders when someone is talking.

- Planning tasks is challenging. Procrastinate, get side-tracked, have trouble finishing.
- Terrible with time management. Lose track of time. Work better under a deadline.
- Misplace belongings.
- Forget to do planned tasks.
- Blurt out things or interrupt when don't mean to.
- Overwhelmed by emotions over minor issues.
- Difficulty following conversations in a group.

## What an SLP might notice during the interview

In the process of setting up the appointment and meeting the person in their own space, we might notice the following signs of executive dysfunction. It's important to bear context in mind!

- Difficulty making the appointment.
- Forgetting you were coming.
- Double-booking your appointment.
- A disorganized environment.
- Absent, messy, or under-utilized calendar.

As we conduct our interview, we may observe.

- Difficulty presenting information in a clear, logical way.
- Trouble staying on topic.
- Missing your non-verbal cues or attempts at redirection.
- Requests for repetition.
- Distractibility (from internal or external stimuli).

Of course, these signs aren't exclusive to ADHD, but if we dig deeper into a person's history and discover a lifetime of ADHD-like challenges, then we may suspect an underlying ADHD.

Taking the time to understand our patient's baseline cognitive performance across their lifetime can help us provide more personalized, effective care.

## Learn more about ADHD in adults

Books:

- Driven to Distraction: Recognizing and Coping with Attention Deficit Disorder From Childhood Through Adulthood (Edward M. Hallowell & John J. Ratey, 2011).
- ADHD 2.0: New Science and Essential Strategies for Thriving with Distraction-from Childhood Through Adulthood (Edward M. Hallowell & John J. Ratey, 2021).

## Podcasts/Videos

- Climbing the Walls - hosted by Danielle Elliot (explores the sharp rise in ADHD diagnoses among adult women).
- ADHD for Smart Ass Women with Tracy Otsuka (host Tracy interviews successful women with ADHD).
- ADHD Wise Squirrels with Dave Delaney (candid conversations with ADHD experts, coaches, and people who have ADHD).

## References

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