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3 (more) Myths About ADHD

By: Jaclyn Rink, MSCP, LLP

In a previous blog, I started debunking some of the most common myths and misconceptions I hear about ADHD as a clinician. With 10 years of experience diagnosing ADHD via comprehensive neuropsychological assessments, here are three more myths that are important to discredit!

1. ADD vs. ADHD

Many people still tend to classify ADHD incorrectly. In 1980, the Diagnostic and Statistical Manual of Mental Disorders (DSM-3) first introduced attention deficit disorder. At that time, it was necessary to include whether the individual met criteria for ADD “with hyperactivity” or “without hyperactivity.” Fast forward to 1994, when the updated DSM-4 ultimately changed ADD to ADHD, recognizing more global traits in the majority of individuals that occur on a spectrum from mild to severe. ADHD is classified into three categories, boasting “predominant” features in each classification: ADHD Predominately Inattentive Presentation; ADHD Predominately Hyperactive Presentation; ADHD Combined Presentation. These categories help us to understand which features are most prominent in the individual’s presentation. The more overlapping symptoms someone has, the more appropriate ADHD Combined Presentation would best describe their profile.

2. ADHD can make you lazy

A very common narrative I hear about children with ADHD is that they are considered “lazy.” Parents and teachers will make comments that these children are apathetic, uninterested, unmotivated, etc. When we look at the skill deficit that could be responsible for this stigma, it is important to remember that ADHD is a disorder of executive functioning. Initiation, attention, organization, planning, and perseverance are five executive functioning skills that are vital components to beginning and completing tasks. Much of what is considered “lazy” is people experiencing an initiation deficit, or those who feel overwhelmed by the complexity of the task since their ability to organize and plan how to accomplish it properly is disrupted. In addition, inherent issues with maintaining consistent attention will naturally cause tasks to take longer and require more effort to complete. People with ADHD are not lazy; their executive functioning skills are inconsistent and unreliable. We can offer empathy and support to our loved ones with ADHD when we reframe these difficulties as skill set weaknesses, not negative qualities or personality traits.

It is estimated that those with ADHD receive 20,000 more negative messages by age 12 than those without the condition.

William Dodson M.D.

3. People with ADHD lack intelligence

There is no direct correlation between ADHD and intelligence. ADHD occurs across all different profiles of intellect, and this myth is likely fueled by gaps in developmentally appropriate executive functioning skills that are observed by others. While intelligence is measured across many regions of the brain, ADHD is primarily circumscribed to the prefrontal cortex: the part of the brain responsible for decision-making, planning, and impulse control. Brain imaging shows that the ADHD brain has a less active prefrontal cortex than a neurotypical brain, and that development in this area occurs at a slower rate. Therefore, it is important to view childhood and adolescent behavior through such a lens, keeping in context that many children with ADHD are about 3 years behind in executive functioning and social-emotional skills. Executive functioning skills have a rapid period of development between the ages of 10-15, but continue to mature until our mid-late 20s.



In contrast to the myth that people with ADHD lack intelligence, many of them display or report experiencing rapid idea generation, heightened creativity, intense focus, heightened energy levels, spontaneity, and intense passion and knowledge for topics of interest.

If you suspect that your child, a student, or even yourself may have ADHD, consider seeking/suggesting a neuropsychological evaluation or further consultation with a provider who specializes in ADHD. I started debunking some of the most common myths and misconceptions I hear about ADHD as a clinician. With 10 years of experience diagnosing ADHD via comprehensive neuropsychological assessments, here are three more myths that are important to discredit!