

## ADHD vs. ASD

Autism Spectrum Disorder (ASD) and Attention-Deficit/Hyperactivity Disorder (ADHD) are two neurodevelopmental conditions that affect how people think, learn, communicate, and interact with the world. While they share some overlapping characteristics, they are distinct diagnoses with different features, needs, and supports.

Understanding the similarities and differences between ASD and ADHD is important for accurate identification, appropriate support, and increasing appreciation for individuals with these conditions.

### Shared Features & Overlap

- Both ASD and ADHD may involve:
  - Difficulty with emotional regulation
  - Trouble focusing and following instructions
  - Executive functioning challenges (planning, organizing, remembering)
  - Sensory sensitivities
  - Co-occurrence: Many individuals may have both diagnoses

### ADHD vs. ASD: Key Differences

This handout summarizes the key differences between Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD)

Domain	ADHD	ASD
Primary Symptoms	Inattention, hyperactivity, impulsivity	Social communication deficits and repetitive behaviours
Social Motivation	Generally socially motivated but impulsive	May lack interest in peer relationships
Communication	Talk excessively, interrupts, may lack filter	May speak less, use echolalia or have flat affect
Flexibility	Can shift attention eventually	Often rigid, inflexible
Interests	Shifts between many interests quickly	Very narrow or intense interests
Cause of Behaviour	Impulsivity or poor regulation	Lack of social understanding or sensory needs
Self Stimulation (Stimming)	Fidgety, movement-based stimming	Repetitive motor movements (r.g. flapping)
Developmental Markers	Often meets early language milestones	May show early language delay or regression
Response to Environment	May respond to structure if motivated	May resist changes even in structured environments
Co-occurrence with Other Symptoms	Often comorbid with ODD, learning disabilities	Often comorbid with intellectual disability, anxiety, epilepsy

## **Assessment**

We use comprehensive, multi-method approach to assess and differentiate Autism Spectrum Disorder (ASD) from Attention-Deficit/Hyperactivity Disorder (ADHD).

This process begins with a detailed clinical interview with the individual and caregivers to gather developmental history, medical background, academic functioning, and family dynamics. Standardized behavior rating scales are administered to parents, teachers, and in some cases, the individual, to measure patterns of attention, impulsivity, social behavior, communication, and emotional regulation across different environments. Direct behavioral observations are conducted to examine how the individual engages in social interactions, responds to structure, navigates transitions, and regulates attention and emotions in real time. Cognitive and academic testing is sometimes included to evaluate attention, memory, problem-solving, and learning style, which can help rule out learning disorders or intellectual disability.

Equally important, psychologists screen for mental health conditions such as anxiety, depression, trauma-related symptoms, and obsessive-compulsive tendencies, which can sometimes mimic or mask features of ASD or ADHD. For example, chronic anxiety may look like social withdrawal or difficulty focusing, while trauma can lead to impulsivity, emotional dysregulation, or sensory sensitivity. Structured interviews and emotional-behavioral checklists help to distinguish between neurodevelopmental and psychological concerns.

We synthesizes data from multiple sources—behavioral observations, rating scales, testing, and interviews—to determine whether the individual meets criteria for one or both conditions, or whether another diagnosis may be more appropriate. This nuanced approach ensures an accurate diagnosis and a tailored intervention plan.

## **Support and Intervention**

- **Parent Management Training**  
Teaches caregivers how to reinforce positive behavior, set clear expectations, and manage challenges.
- **Classroom Strategies**

- Includes structured routines, appropriate school accommodations, and behavior plans tailored to the students
- Stimulants (e.g., methylphenidate, amphetamine salts)
    - Most effective first-line pharmacological treatment
    - Improve attention, reduce hyperactivity and impulsivity
  - Non-Stimulants (e.g., atomoxetine, guanfacine)
    - Used when stimulants are not effective or well-tolerated
    - May be preferred for those with co-occurring anxiety
  - Regular monitoring of progress and side effects

### **Therapy and Intervention**

- Applied Behavior Analysis (ABA)
  - Structured intervention to teach communication, self-care, and social skills
  - Uses reinforcement and data-driven strategies
- Cognitive-Behavioral Strategies-helps children and adolescents build self-awareness, organization, and emotion regulation.
- Speech and Language Therapy-targets verbal and nonverbal communication challenges
- Occupational Therapy-addresses sensory processing, fine motor skills, and activities of daily living
- Social Skills Training-individual or group-based; helps children understand social rules, cues, and peer interactions
- Executive function coaching-set concrete, achievable goals, develop strategies and tools for challenges in executive functioning

### **Collaborative Approach**

- Multidisciplinary team: psychologists, psychiatrist, educators, speech language pathologists, occupational therapist and families
- Individualized Education Plans (IEPs) and community-based services enhance support
- Academic Support by special education teacher