



Manager's Guide to Supporting ADHD & AuDHD Staff

*A practical, shame-free guide for inclusive, effective
management*

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Important note

This resource is intended to support understanding and good practice in neuro-inclusive workplace design. It provides general guidance and does not constitute legal, medical, or clinical advice. Organisations should apply the principles in line with their own policies, regulatory obligations, and professional judgement.

Supporting ADHD and AuDHD staff does not require specialist knowledge, clinical language, or lowered expectations.

It requires **good management design**.

Most difficulties neurodivergent employees face at work are not caused by a lack of capability. They are caused by environments that rely on:

- implicit expectations
- social inference
- constant urgency
- unspoken rules
- shame-based correction

This guide helps managers replace those patterns with **clarity, predictability, and safety**... without compromising standards or performance.

What this guide is (and isn't)

This guide is:

- practical
- non-clinical
- grounded in nervous system realities
- focused on sustainable performance

This guide is **not**:

- a request to be lenient
- a wellbeing checklist
- a legal compliance document
- a personality guide

Supporting ADHD and AuDHD staff is not about being nicer. It is about **being clearer**.

Start here: ADHD & AuDHD are access differences, not attitude problems

A core misunderstanding in management is this:

“If someone is capable, they should be consistent.”

For ADHD and AuDHD staff, capability is real... but **access fluctuates**.

Access is affected by:

- clarity of expectations
- emotional safety
- sensory environment
- workload design
- recovery and pacing

Inconsistency is not a lack of professionalism.
It is often a sign that **conditions are misaligned**.

What good support looks like in practice

Good managers of ADHD and AuDHD staff:

- design clarity into work
- reduce unnecessary ambiguity
- separate behaviour from intent
- respond to patterns, not moments
- address systems before individuals

They do not ask people to cope harder.
They ask **how the work is structured**.

1. Setting expectations clearly (this matters more than motivation)

Many ND staff struggle not because expectations are high... but because they are **implicit**.

Do:

- State priorities explicitly
- Define what “good” looks like
- Clarify deadlines and flexibility
- Explain *why* something matters

Example:

“This task is the priority today. A first draft by Thursday is fine... it doesn’t need to be perfect.”

Avoid:

- “Just use your judgement”
- “You know what I mean”
- Moving goalposts without explanation

Clarity reduces anxiety and increases delivery.

2. Managing performance without shame

Shame shuts down access.

When performance dips, many managers default to moral language:

- “You’re not engaged”
- “You need to take ownership”
- “This shouldn’t be hard”

For ADHD and AuDHD staff, this often escalates dysregulation rather than improving output.

Better approach:

- Describe the **gap**, not the person
- Link feedback to role requirements
- Ask what’s getting in the way
- Adjust conditions before escalating

Example:

“The deadline slipped this week. Let’s look at what made it hard and what would help next time.”

Accountability and compassion are not opposites.

3. Supporting task initiation (often the real issue)

Many ADHD staff can work intensely once engaged... but struggle to **start**.

This is not procrastination by choice.

Manager supports that help:

- Clear first steps
- Smaller deliverables
- Check-in points early, not just at the end
- Visible priorities

Example:

“Start with a bullet-point outline. We’ll review that before you go further.”

Initiation support prevents last-minute crises.

4. Communication: make meaning explicit

Tone, ambiguity, and implied urgency are common triggers for dysregulation.

Helpful practices:

- Follow verbal instructions with written notes
- State urgency explicitly (or reassure when there is none)
- Give feedback privately and concretely
- Avoid reading emotion into silence

Example:

“No response needed today... this is just for awareness.”

Clear communication reduces misinterpretation and escalation.

5. Managing emotional responses at work

ADHD and AuDHD staff may experience:

- faster emotional activation
- stronger responses to social threat
- delayed access to regulation

This does *not* mean they are unprofessional.

When emotions escalate:

- Slow the interaction
- Reduce audience and pressure
- Focus on regulation first, content later
- Avoid moral framing

Example:

“Let’s pause this and come back tomorrow once things have settled.”

You cannot reason someone into regulation.

6. Understanding shutdown (and not misreading it)

Some ND staff respond to overload by **shutting down**.

This can look like:

- withdrawal
- silence
- reduced output
- disengagement

Shutdown is not defiance.

It is a **protective response**.

What helps:

- Reducing demands temporarily
- Offering choice rather than pressure
- Allowing recovery without punishment
- Following up once access returns

Pushing during shutdown prolongs absence.

7. Adjustments: routine, not exceptional

Adjustments are often treated as special arrangements.

In reality, they are **performance supports**.

Common helpful adjustments include:

- flexible hours
- written instructions
- reduced meeting load
- sensory accommodations
- predictable workflows

Good managers:

- normalise adjustments
- don't require disclosure to offer flexibility
- review supports regularly

Adjustments prevent problems... they don't excuse them.

8. Disclosure is optional... support shouldn't depend on it

Staff do not need to disclose a diagnosis to deserve good management.

Many ND staff:

- fear stigma
- have had poor past experiences
- are still figuring things out

Managers should focus on **needs and patterns**, not labels.

Support what you see.

9. What not to do (even with good intentions)

Avoid:

- Public feedback or correction
- “Toughening people up”
- Using urgency as default motivation
- Framing ND traits as attitude issues
- Expecting consistency without flexibility

These approaches increase risk, not performance.

10. What organisations gain when managers get this right

When managers support ADHD & AuDHD staff well, organisations see:

- improved consistency
- reduced burnout and absence
- fewer conflicts
- better retention
- stronger trust in leadership

This is not a niche issue.

It is **good management**.

A final reminder for managers

You do not need to fix people.

You need to **design conditions where people can function.**

ADHD and AuDHD staff are not asking for special treatment.
They are asking for clarity, predictability, and safety.

When those are present, performance usually follows.

