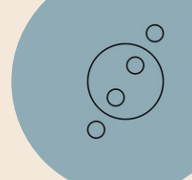


How do therapists with ADHD understand and experience the impact ADHD has on their clinical work and therapeutic relationships?



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Rationale

- ADHD experience is often understood from a solely deficit-based perspective.
- Previous research into the lived experiences of therapists with ADHD is limited.
- Neurodiverse perspectives remain underrepresented.
- The project endeavours to ground itself in the stories of its participants, hold a curious light to the diagnosis itself and explore how ADHD enters the therapeutic relationship.

Methodology

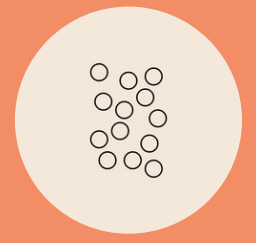
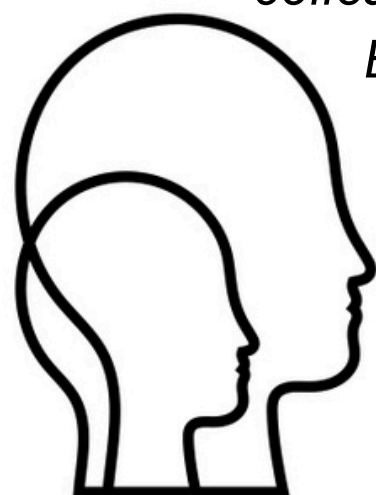
- Qualitative Data Collection: Free Association Narrative Interviews (Hollway & Jefferson, 2000)
- Analysis: Reflexive Thematic Analysis (Braun & Clarke, 2006)
- Participants: 3 Integrative therapists (counsellors, psychotherapists or Counselling Psychologists) diagnosed with ADHD ("Sandor", "Nancy" & "Otto")
- Researcher approach: Research was conducted as part of MA Interdisciplinary Psychology, and the researcher integrated Psychotherapy/counselling, critical psychology and neurodiversity research perspectives.

Advice from participants to ADHD therapists

"I think my advice will be to get a therapist, and do the work, and know the landscape, and find something to fidget with."

"...we're all just on our own journey. My advice would just be to be curious. Be curious with your clients. Be curious with yourself."

"Go with your instinct about things... find like colleagues who love you and understand you. Erm... and, don't stop, sort of, don't stop sticking it to the man."



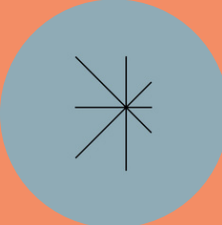
Theme 1: Diagnosis in dialogue: ADHD in the therapeutic relationship

Diagnostic complexity, ADHD's brand, and how/if to explore the diagnosis with clients.

- *"Deficit" for a start, and "disorder", not keen. Also, not very accurate, I find. Attention deficit? I don't have an attention deficit. I have too much attention and not always on the right things"*
- *"It feels like a tendency is that attachment theory doesn't matter anymore... Emotionally unattuned parents doesn't/isn't, isn't [sic] part of the equation anymore, and it's just autism and ADHD... chicken and egg and, and, whether neurodiversity caused the lack of emotional warmth in the home and whatnot."*
- *"...the alliance is really strong and he totally, he totally, gets me and all the rest of it. But I was really worried that if I said I was ADHD, then I'd make it about me. I'd change the dynamic a bit more"*

Theme 2: Challenges in the therapeutic relationship

Perfectionism, masking, an urge to fix, the cost of caring, boundaries & time.



- *"I was so forgetful as a child... ..was so chaotic, you know, and I was always getting into trouble... resulted in this "I must be early to everything", "I must have everything perfectly organised in my schedule...""*
- *"Part of my ADHD is that I want to fix things... I can use things like CBT and solution focused and I can feel like, right. Excellent. We can throw a tool at this. Yeah, we can fix a little bit of it actually..."*
- *"It's good to be aware of, like, internal processes, isn't it? As you're working... I might do that to a sort of disabling extent where I might be kind of like... You're talking too much."*
- *"Change is very slow and doesn't come very quickly, for someone that has impulse regulation issues, you know, it would be great to have change happening faster. ...I always remember the people that still struggle..."*
- *"I'm so sorry... not wanting her to think that I had sort of deeply misunderstood her... And that night I was crying about it because I felt so guilty... if I think about that, I still get upset... that sense of, like having let her down."*
- *"I don't know the RSD [Rejection Sensitivity Dysphoria]... it takes you a while to kind of come back..."*



Theme 3: The therapeutic benefits of a sensitive and unconventional mind

Different ways of relating, knowing self and other, and therapeutic ease

- *"I am very directly empathic and I'm not sort of embarrassed about that... or telling someone that I'm feeling something for them? ...I hear what they're saying and I, I'm not gonna like shy away from it"*
- *"...sometimes you just feel like a tuning fork"*
- *"I love that I can hyper focus. I love that I can really find something fascinating and lose all sense of time and everything around me."*
- *"But to me like the actual counselling bit for like the hour or whatever. It's really easy... .. I could happily see clients all day forever if I didn't have to do anything else."*
- *"I do feel as though I'm able to understand someone's experience and then see the four different ways it could have gone, or does go and then have a formulation about all four at the same time as being with, ermm, the person."*

Findings

- A therapist's ADHD doesn't erode the therapeutic act but it can magnify and enhance elements that often exist in the therapeutic encounter, for good and for ill, for themselves, or their clients.
- Navigating disclosing one's diagnosis in the relationship can be difficult, and the appropriateness of this is hard to discern. The label can be validating and helpful, but can also be reductive and limiting.
- Certain therapeutic and relational ingredients operate on a continuum of usefulness from beneficial to the therapeutic relationship, to disruptive to it, and the ADHD therapists appear to find themselves at the more extreme ends of these continua with an increased frequency.
- This project aligns with the movement away from solely deficit-based understandings of ADHD (e.g. "variable attention & intensity" (Rosqvist et al, 2023), "interest based nervous system" (Hallowell & Ratey, 2021) and "sensitivity" (Maté, 2019)) contributing to the discourse of ADHD as a complex spectrum of experiences.
- Participants note the therapeutic act as helpful for those with ADHD, but that their training didn't explore neurodiversity and normativity.

Limitations

- Small sample size of therapists with an integrative modality.
- Despite ongoing reflexivity, critical interrogation of assumptions, and engagement in academic/clinical supervision, the researcher's position as an insider may have influenced data interpretation and analysis.

Implications for practice and research

- There is a need for neurodiversity-informed training and supervision.
- Recognition of ADHD therapists possessing strengths useful to therapeutic relating.
- Considerations of how neurotypical norms of professionalism enter the field of therapy.
- Further research into how specific ADHDisms (intuitive leaps, hyperfocus, creativity, rejection sensitivity, time blindness, etc.) present in therapeutic relationships.
- Reinforces the importance of inclusive, neuroaffirmative, and curious therapeutic cultures.

