

**The Role of Self-Compassion in Treating Women with ADHD**

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## Abstract

Attention Deficit Hyperactivity Disorder (ADHD) presents unique challenges, particularly among women, due to often subtle or misunderstood symptom profiles that can lead to underdiagnosis or misdiagnosis (London & Landes, 2019). This capstone explores the intersectionality of ADHD in women, emphasizing the importance of tailored diagnostic and therapeutic approaches. The literature review delves into the disparities in ADHD symptom manifestation and diagnosis across genders, highlighting the evolving understanding of ADHD and its impacts from childhood through adulthood.

Significantly, this capstone research project emphasizes the role of self-compassion in enhancing the well-being of individuals with ADHD. This capstone research project highlights the following research question: *How can CFT support women with ADHD?* Research indicates that women with ADHD often exhibit lower levels of self-compassion, which correlates with poorer mental health outcomes. The capstone discusses interventions aimed at fostering self-compassion, which have been shown to mitigate the negative effects associated with ADHD, such as emotional dysregulation and social isolation.

Compassion-Focused Therapy (CFT) is presented as an effective treatment modality for ADHD, particularly for those with high levels of shame and self-criticism. The efficacy of CFT in enhancing overall well-being and its potential to improve treatment outcomes for women with ADHD is critically analyzed.

*Keywords:* ADHD, hyperactivity/impulsivity, inattention, women, self-compassion

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## Chapter One

### Introduction

In the last several years, there has been a consistent increase in Attention-Deficit/Hyperactivity Disorder (ADHD) diagnoses (Abdelnour et al., 2022). The rise in diagnosis is believed to be a result of various factors, though the increased public and clinical knowledge, especially in underrepresented minorities such as women, is believed to play an influential role (Abdelnour et al., 2022). A significant gap is prevalent in the research, showing room for improvement in diagnosis and treatment for females with ADHD. It is important that future research examine the intersectionality of ADHD in females, as females are an underrepresented research demographic.

ADHD is defined in the and Statistical Manual of Mental Disorders, fifth edition, text revision (DSM-5-TR), as a neurodevelopmental disorder, that emerges early in development and identified through development deficits or differences in brain process (APA, 2022).

To receive an ADHD diagnosis, individuals must experience one or both key features of ADHD, defined as inattention or hyperactivity/impulsivity, before the age of 12 (APA, 2022). According to the DSM-5-TR, these symptoms must be present in multiple environments over the past six months and interfere with the individual's quality of life (APA, 2022). Individuals with ADHD have an increased likelihood to participate in behavioural patterns associated with poorer outcomes in adulthood (APA, 2022). These including interpersonal difficulties, lower educational attainment, increased antisocial behaviour, substance misuse, and mental health issues (APA,2022).

This capstone research project will explore women and ADHD, by considering various dimensions to better understand this complex issue. The exploration into women and ADHD

begins with a historical exploration and an examination to the prevalence of ADHD. Then an investigation into the differences of ADHD manifestation between genders and how an individual's gender impacts diagnosis and treatment approaches. The exploration of their repercussions of delayed ADHD diagnosis on women will follow. Transitioning to the realm of Self-compassion, defining and exploring its effects on subjective well-being, with a particular focus on gender differences is explored. The intricate relationship between self-compassion and ADHD will be examined, analyzing how the condition influences one's level of self-compassion. Lastly, an exploration into the efficacy of Compassion Focused Therapy (CFT) in addressing ADHD, providing an overview of CFT and delineating its benefits for women grappling with this disorder. At the core of this exploration lies the central research question: *How can CFT support women with ADHD?* This capstone research project aims to provide a comprehensive understanding of the challenges women with ADHD face and explore how integration of CFT can be used to support this demographic.

### **Overview of the Topic**

Through this capstone research project, clinicians may deepen their understanding of women with ADHD and how to meet their unique needs that may result from the intersectionality of being a female with ADHD and provide the best care for the individuals within this demographic. The literature within this capstone research project will explore disparities in diagnosis, symptom expression and an exploration into the lived experiences of females with ADHD. There is a focus on females' unique needs and an exploration into ways clinicians may approach therapy with this population to individualize care to improve the day-to-day well-being and functioning within this population.

As clinicians, the likelihood of working with a woman with ADHD is statistically

significant. Statistics Canada (2023) released the census of population in Canada and reported a total population of 36,991,981 in Canada with 28,966,215 of those individuals being over 18 years of age. With the prevalence rate of ADHD being 2.5% in adulthood and a female-to-male ratio of 1.6:1 (APA, 2023), 753,394 adults in Canada could fit the diagnostic criteria for ADHD in adulthood. This means that 1 in 38.46 people fit, if breaking this down by gender, 1 in 95.48 or 303,286 women and 1 in 64.33 or 450,108 for men could fulfill the diagnostic criteria for ADHD in adulthood. More recently researchers have begun to explore the importance of gender-sensitive and neurodiverse-informed interventions within mental health practices. Unique challenges are likely to manifest depending on the sex of the individual. For instance, women who meet the criteria of ADHD have a higher likelihood to be undiagnosed or misdiagnosed which can lead to social and psychological challenges throughout their lives compared to their male counterparts (Chamberlain et al., 2021; Fairman et al., 2017; Fedele et al., 2012).

Self-compassion within the context of women and ADHD is a significant basis of psychological resilience and well-being (Millard et al., 2023). The fundamental elements of self-compassion are self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification (Neff, 2023). Individuals who report higher levels of positive self-compassion allow for an increased ability to navigate through failures and hardship which has been found to be correlated with increased happiness, emotional intelligence and effective coping mechanisms (Neff, 2023).

As researched by Booker and Dunsmore (2019) and Murn and Steele (2019), gender discrepancies have been identified between males and females with ADHD. These researchers bring attention to the importance of integrating self-compassion focused interventions within the therapeutic setting to better support female clients with ADHD. The results of the studies by

Farmer et al. (2022) and Murn and Steele (2019) highlighted the unique challenges faced by women with ADHD such as higher levels of over-identification with problems and increased isolation. Furthermore, Geurts et al. (2021) discussed the importance and benefits of integration of mindfulness-based interventions to further the potential therapeutic benefits for the client through tailoring the therapeutic strategies in mitigating the negative effects of lowered self-compassion.

Compassion Focused Therapy (CFT) is a third wave of Cognitive Behavioural Therapy (CBT) that focused on aspects of mindfulness, meta-cognition, acceptance and values which was created by Paul Gilbert in 2000 (Millard et al., 2023). CFT aims to increase an individual's well-being and alleviate some effects of lower levels of self-compassion that can occur by increasing an individual's level of self-compassion and compassion for others, through interventions such as compassion-based experiential exercises and compassion-based insights (Karris & Caldwell, 2015). Formal training in CFT, such as Compassionate Mind Training (CMT), empowers clinicians to incorporate compassion into their practice, creating a culture of empathy and understanding (Beaumont et al., 2021).

### **Purpose Statement**

The purpose of this capstone research project is to explore CFT as a counselling modality for women diagnosed with ADHD. The research aims to explore how gender differences impact the diagnosis, symptom expression and experiences of ADHD among women and how integrating CFT and tailoring the therapeutic interventions to help the difficulties that this population may experience, can affect the efficacy of therapy for clients. The exploration into the literature is led by the key research question: *How can CFT support women with ADHD?*

This research topic was chosen due to a personal connection to the experiences of women

with ADHD and a recognition of limited research to address the unique experiences and gender-sensitive approaches both in diagnosis and treatment for women with ADHD. The capstone research project is intended for a diverse audience, including mental health professionals such as psychiatrists, counsellors or therapists, their clients and women diagnosed or seeking a diagnosis for ADHD, to provide additional information for clinicians to consider providing competent and ethical care for their clients. For individuals with ADHD, there is a potential to validate their lived experiences and perspective while providing valuable insights into their unique struggles, coping mechanisms and needs. Through providing insights into gender-specific challenges and therapeutic interventions, this capstone research project aims to provide additional knowledge to clinical practices and spur further investigation into this under-explored intersection of gender, ADHD and self-compassion.

### **Theoretical Framework**

The research throughout the capstone research project is critically analyzed through two primary theoretical frameworks: Feminist Theory and Positive Psychology. Using these two approaches allows for an exploration of gender disparities in the diagnosis and treatment of ADHD, the impact of gender and self-compassion on individual well-being, and the utility of integrating CFT with this population.

Positive Psychology is thought to be unlike other theoretical frameworks within psychological interventions as it aims to build positive resources by focusing on the client's strengths and behaviours to improve the individual's well-being (Lim & Tierney, 2022). Lim & Tierney (2022) explained positive psychology as essential in building resilience and promoting positive outcomes in clients, making it additionally important in addressing the complexities associated with ADHD. As the symptomology of ADHD interferes with the quality

of life (APA, 2022), using a positive psychology framework can help to highlight and harness the strengths of the individual and improve mental health outcomes.

Secondly, using Feminist theory allows for a critical analysis of how societal norms and gender bias have affected the recognition, diagnosis and treatment of ADHD in women (Allen, 2022). This is important to highlight the systematic obstacles that may complicate access to adequate care and understanding of the experiences of women with ADHD. Feminist theory allows exploration into gender disparities and ensures the experiences of women with ADHD are explored within the research.

Feminist Theory helps explore and address gendered biases and systemic barriers, while Positive Psychology focuses on leveraging individual strengths and fostering resilience in women with ADHD. By integrating the principles of Feminist Theory and Positive Psychology with neurodivergence, this capstone research project plans to emphasize creating effective, empathetic, and personalized treatment plans that enhance the well-being and treatment outcomes of this often-underserved population. For the purpose of this capstone research project, the aim was to integrate these two frameworks into one comprehensive lens. This integrated approach not only helps clinicians address the challenges faced by women with ADHD but also emphasizes the potential, fostering environments of support, understanding, and growth.

By doing so, it seeks to cultivate a more inclusive and effective mental healthcare framework that significantly improves the quality of life for individuals with ADHD, particularly women, by recognizing and considering their unique strengths and experiences.

## **Methodology**

The methodology of this capstone research project takes a comprehensive and systematic approach to literature review and analysis, aimed at exploring the complexities of Attention-Deficit/Hyperactivity Disorder (ADHD) among women, the impact of gender disparities on diagnosis and treatment, understanding the role of self-compassion on well-being, and how Compassion-Focused Therapy (CFT) can support this population. This section outlines the processes and strategies used to collect, evaluate, and synthesize relevant literature to ensure their liability and validity of the research results.

### ***Literature Search Process***

The literature search was conducted through several academic databases, which included the school library, PubMed, PsycINFO, and Google Scholar, to allow for a thorough collection of scholarly articles, reviews, and empirical studies about ADHD in women, gender disparities in ADHD, self-compassion, and Compassion-Focused Therapy. Keywords used to search included "ADHD in women", "gender differences in ADHD", "self-compassion in ADHD", and "Compassion-Focused Therapy and ADHD". What resulted was a reference list of relevant articles for this capstone research project.

During the literature search process, collaboration with librarians helped identify relevant, recent and reliable articles. Utilizing the librarians allowed for supplementary academic resources which addressed component of the research question: *How can CFT support women with ADHD?* The librarians assisted in refining the search strategy and using filtering criteria to ensure that the articles used within this capstone research project was the most relevant to my research question. This collaborative helped navigating through the research in affective and productive manner, through focusing on articles that offered significant insights into gender

disparities in ADHD diagnosis and treatment.

### ***Evaluation of Literature***

Each article was assessed for relevance, reliability, and validity by exploring and analyzing the study design, sample size, methodology, findings, assessments and the credibility of the publication source. Additionally, the references cited within the article were explored to ensure the research was based on reliable and relevant information. Articles were selected based on their contribution to understanding and strength of the evidence they provided towards the research. Special attention was given to studies that specifically addressed the intersectionality of gender and ADHD, the application and benefits of self-compassion as a therapeutic intervention, and the implementation and outcomes of CFT.

### ***Summary of Literature Research Approach***

In this section of the capstone research project, an exploration into the source, purpose, methodology and findings of five articles that provide insight into addressing the research question: *How can CFT support with ADHD?* Each of these articles highlighted a unique essential aspect in the exploration of CFT being used to support women with ADHD. Through exploring the source, purpose, methodology and findings of these studies provided a guideline to begin the critical analysis into each of the articles to assess for validity and reliability while identifying key themes between articles. A summary of these articles is available in the Appendix.

### ***Editing Process***

Throughout the project, consultations with the capstone advisor provided invaluable insights and guidance that significantly influenced the development of my research questions. This ongoing collaboration during the editing process, ensured the literature reviewed remained

focused and relevant to my research question while giving me an additional point of view to explore and think about the research. These contributions helped refine the content and enhance the overall flow of the research while maintaining the focus on my research question.

### **Contribution to the Field.**

This capstone research project situates its' relevance and utility within the mental health field by addressing the critical gaps in the current research landscape concerning Attention-Deficit/Hyperactivity Disorder (ADHD) among women. Traditionally, the research on ADHD was centered on male populations, often overlooking gender-specific issues that affect diagnosis, treatment, and management for women (London & Landes, 2019). This oversight perpetuated a gap in effective therapeutic interventions tailored to the unique challenges faced by women with ADHD.

The gender-specific research emphasized the importance of therapeutic practices by focusing on Compassion-Focused Therapy (CFT) and integrating concepts from Feminist theory and Positive psychology. This approach not only assists in reducing societal inequities but also encourages a more inclusive understanding of ADHD across genders. It highlights the importance of self-compassion in therapy, advocating for its integration to improve therapeutic outcomes and emotional resilience among women with ADHD.

In summary, this capstone research project addresses the gap existing in therapeutic practice, contributing to both academic knowledge and practical application. It advocates for a shift towards compassionate, gender-informed therapeutic practices addressing challenges and strengths of women with ADHD, aiming to contribute to more equitable and effective therapeutic care.

## **Reflectivity and Positionality Statement**

When deciding on a topic for my capstone research project, I wanted to find a subject that I was deeply connected to and passionate about. As a person with an ADHD diagnosis since the age of 13, I have learned how to navigate life with ADHD. Having this connection to the subject allows me to add the firsthand experiences and this unique perspective to this capstone research project. These lived experiences have given me unique insights into some of the daily struggles and the struggle or inability to meet societal expectations that those with ADHD can find increasingly difficult.

Throughout my life, I have explored research on different aspects of ADHD to gain a deeper understanding of myself and those around me who also have ADHD, both diagnosed and undiagnosed, such as my younger sister. I engaged in inquisitive researching and researching to gain knowledge on interventions, tips and strategies for living with ADHD symptoms and how to use some of those symptoms to better my life. For example, throughout my adolescence and teenage years, I dedicated much of my time to playing competitive basketball and I attribute some of the successes I had in sport, to my ADHD. Due to ADHD hyper fixation, I was able to block out both external and internal distractions and focus on practices and games. Having these positive experiences from ADHD symptoms, allowed me to play university basketball and receive scholarships which alleviated some of the financial stress of university.

However, through previous personal research, I noticed there was limited information on the unique experiences that females with ADHD faced, especially as a subpopulation that struggles with self-compassion. I recall that some research highlighted this negative impact of having low self-compassion and the limited knowledge on how clinicians could address low self-compassion in this demographic. This gap in the research is why I feel it is especially important

to explore the intersectionality of females with ADHD. Though I have personal beliefs and bias, biases for this topic as both a woman and as a person with ADHD, I believe any research is beneficial as it may start conversations. As it may spark interest or be the starting point for additional or further research which can lead to a better, all-encompassing research and understanding of this underserved population.

The medical model and psychopharmacological interventions were the typical recommended treatment for persons with ADHD, viewing ADHD as a deficit in the individual that needs to be fixed or prevented (Berghs et al., 2016). Throughout my life, disclosing my ADHD diagnosis often led to conversations focusing on my struggles and deficits. This may be because doctors typically use the medical model when diagnosing ADHD, emphasizing deficits.

ADHD has been a significant feature affecting almost every aspect of my life. Before my diagnosis, I was unaware of what ADHD was or how it affected people. When I received my diagnosis, it was the first time I had heard of ADHD, and the focus was on my difficulties, such as inability to focus, hyperactivity, and difficulties with interpersonal relationships. Throughout the process of receiving a diagnosis and medication, there was a natural focus on my struggles. It was not until I was an adult that I realized some of the strengths ADHD gave me, such as my ability to balance many responsibilities during hectic times. Although impulsivity can be viewed as a deficit, it can also be a personal strength that allows me to try new things and reach new goals without hesitation.

In my future practice, I want to help women with ADHD recognize their unique strengths and use them to their advantage, fostering a more positive outlook on their ADHD symptoms and increasing their self-compassion during hardships. Recognizing the difficulties of navigating a world built for neurotypical people as a neurodivergent individual is essential in providing care.

Meeting clients where they are mentally and working to build empathy, patience, and non-judgment for themselves through self-compassion and psychoeducation is vital. I also want to help them build habits and skills that work alongside their ADHD symptoms. For example, purchasing textbooks with an audiobook option has helped me, as my retention of information when reading textbooks is low, despite loving to read.

These personal experiences motivated me to explore different interventions that support the specific difficulties individuals with ADHD experience daily. Due to the lack of research specific to females and how to support women, I felt it was important to look into interventions specific to women to provide the best support possible. Reflecting on the potential of compassion-focused interventions for myself and others with ADHD, I found that self-compassion is a common struggle. I especially struggled with self-compassion regarding my ADHD symptoms, such as forgetfulness, inability to focus, constant fidgeting, and impulsivity, as I felt judged and misunderstood by my peers and the adults in my life. Therefore, I am passionate about researching the integration of different modalities to provide the best knowledge and care to mitigate some of the negative effects of ADHD, such as using CFT to support females with ADHD and develop compassion.

## **Definition of Terms**

### ***ADHD***

Defining key terms and phrases that will be used throughout this capstone research project will support a deeper understanding of the research explored throughout the capstone research project. In the Diagnostic and Statistical Manual of Mental Disorders, fifth edition, text revision (DSM-5-TR) by the American Psychiatric Association (APA, 2022), ADHD is a neurodevelopmental disorder that is defined as the persistent pattern of inattention and/or

hyperactivity-impulsivity that affects an individual's functioning or development.

The APA (2022) expressed that inattention presents behaviourally in individuals with ADHD such as wandering off tasks, difficulties following through on instructions or finishing tasks, difficulties sustaining focus and being disorganized. In adults, impulsivity may refer to sudden actions without consideration or precaution which may cause the individual harm (APA,2022). The term hyperactivity refers to excessive motor activity such as fidgeting, tapping, or talkativeness when these behaviours are not societally appropriate for the environment the individual is in (APA, 2022). In adults, as the APA (2022) noted, hyperactivity can manifest as significant restlessness, high energy or wearing others out with their increased and persistent activity. Impulsivity is thought of by the APA (2022) as a desire for immediate reward or the inability to delay gratification. The APA (2022) describes impulsivity in individuals with ADHD as a tendency to seek and desire immediate rewards or the inability for an individual to delay gratification. These impulsive behaviours can manifest as social intrusiveness or making important decisions without considering long-term consequences (APA,2022). It is important to recognize that throughout this capstone research project, when referring to individuals with ADHD, this includes any individuals who fit the most recent definition and diagnostic criteria for ADHD which is included in the DSM-5-TR and is not dependent on whether they have received a formal diagnosis, unless otherwise specified within the literature review section as some research discussed throughout this capstone research project used different diagnostic criteria stemming from earlier versions of the DSM.

### ***Self-compassion***

This capstone research project will utilize Neff's (2023) definition of self-compassion which refers to an individual's ability to offer themselves support when experiencing suffering or

pain, this pain and suffering can be a result of a variety of internal and external circumstances that are made up of three components, self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification when relating to painful or emotionally dysregulating experiences. Neff (2023) explained self-kindness or self-judgment are thought to be ways that individuals respond emotionally to their pain or failures, common humanity or isolation refers to how an individual socially and cognitively frames their problems or worries, and mindfulness or over-identification relates to the way an individual pays attention to their internal emotional suffering.

### ***Female/Women***

Throughout this capstone research project, the terms ‘women’ and ‘female’ will be used interchangeably. These terms will refer to individuals who were over the age of 18 and born biologically female unless otherwise mentioned. It is important to clarify that this capstone research project does not explore the different factors of sexual orientation or gender diversity, as these are outside the scope of the research topic and therefore will not be addressed within this capstone research project.

## **Chapter Two: Literature Review**

### **Introduction to ADHD**

As clinicians, it is crucial to understand and acknowledge the intersectionality of female clients diagnosed with ADHD to provide quality care within the therapeutic journey (Antoniou et al., 2021). The Canadian Code of Ethics for Psychologists, outlined by the Canadian Psychological Association (CPA, 2017) highlights the importance of clinicians continuously updating their knowledge about ADHD—including its definition, symptoms, and diagnostic criteria as the understanding of ADHD evolves to maintain an ethical and effective

practice for their clients.

This capstone literature review will first examine the foundational knowledge of ADHD and aims to enhance understanding regarding the differences in ADHD symptoms between males and females, while also highlighting the challenges that arise from those differences as this information is essential for clinicians in providing ethical care to this demographic. Prevalence rates of ADHD diagnosis with and without medication predicates and personal experiences are explored in women with ADHD. The literature review aims to deepen mental health professionals' understanding of ADHD, particularly focusing on the lived experiences of women with the condition. This capstone research project discusses how gender-specific complexities impact diagnosis and management, and emphasizes the importance of tailored therapeutic approaches. By exploring Compassion Focused Therapy (CFT) and other compassion-based interventions, this literature review highlights strategies that may significantly enhance support for female clients with ADHD. This approach aims to equip clinicians with the knowledge and tools needed to better navigate and address the unique challenges faced by this population by addressing the research question: *How can CFT support women with ADHD?*

### **Definition and Diagnostic Criteria**

The American Psychiatric Association (APA,2022) defined ADHD in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition, text revision (DSM-5-TR), as a neurodevelopmental disorder. Such disorders typically emerge early in development and are identified through developmental deficits or differences in brain processes such as difficulties with personal, social, academic, or occupational functioning (APA, 2022). Individuals with ADHD often have co-occurring disorders such as oppositional defiant disorder, which is marked by anger, irritability, and vindictive behaviour (APA, 2022). The APA (2022) identified the

persistence of one or both key features, inattention and hyperactivity/impulsivity, with ADHD. Though the key features were removed from the DSM-5-TR as types, often thought to categorize individuals into differing presentations of ADHD, symptom expression is important for guiding tailored intervention (Koutsoklenis & Honkasilta, 2023). These key features must be present before age 12 and occurred in various environments over the past six months (APA, 2022). ADHD symptoms must also interfere with the individual's quality of life and not be attributable to psychotic disorders or better explained by another mental disorder (APA, 2022). This is important for clinicians to be knowledgeable of this diagnostic criterion for assessment purposes.

Inattention in those with ADHD manifests through behaviors such as wandering off tasks, failing to follow through on instructions, difficulty maintaining focus, and disorganization (APA, 2022). The APA (2022) classified hyperactivity and impulsivity as two key, often co-occurring and interconnected categories of symptom presentation. In children, hyperactivity typically appears as excessive motor activity, excessive talking, fidgeting, or tapping (APA, 2022).

However, in adults, it often presents as extreme restlessness or the tendency to excessively tire others with their activity (APA, 2022). Impulsivity, considered an internal cognitive process, involves quick, reflexive actions often motivated by a desire for immediate rewards or a lack of delayed gratification, this can also manifest as social intrusiveness (APA, 2022).

In North America, the DSM-5-TR serves as the primary diagnostic manual for ADHD, closely aligning with the International Statistical Classification of Disease and Related Health Problems (ICD-11) used globally (WHO, 2019). Both manuals note a higher prevalence of ADHD in males, with females more commonly presenting inattentive features and males exhibiting more hyperactivity and impulsivity (APA, 2022; WHO, 2019). Unlike the DSM-5-

TR, the ICD-11 does not specify ADHD prevalence rates and suggests earlier symptom onset in males (APA, 2022; WHO, 2019). Therefore, should a clinician wish to practice in Canada, they would use the DSM-5-TR in their practice, and should they wish to practice abroad and assess for ADHD, they would use the ICD-11.

Clinicians must appreciate the cultural and social contexts of their clients, as these elements shape perceptions and interactions within their environments; the importance of this is outlined and emphasized in Ethical Code II.14 (CPA, 2017). Understanding the variability in ADHD diagnostic criteria, according to the geographic allocation and assessment tools used, is crucial for addressing the intersectionality of a client's experiences and the prevalent cultural biases that can significantly affect diagnosis and treatment strategies (Chamberlain et al., 2021). Chamberlain et al. (2021) emphasized the importance of clinicians recognizing and understanding symptoms like hyperactivity and impulsivity for accurate ADHD assessments.

The APA (2022) also highlighted the need to acknowledge characteristics associated with ADHD, such as emotional dysregulation and reactivity, common in both children and adults, alongside neurocognitive deficits including impaired working memory, set-shifting challenges, reaction time variability, response inhibition, reduced vigilance, and planning or organizational difficulties. These traits are crucial for supporting a diagnosis and providing comprehensive care.

It is essential for mental health professionals to stay informed about the latest research and diagnostic criteria to effectively care for individuals with ADHD (CPA, 2017). This knowledge enables clinicians to tailor their therapeutic approaches, enhancing treatment effectiveness (Chamberlain et al., 2021). For instance, accommodating the need for movement in hyperactive patients can lead to more authentic engagement during therapy sessions for this demographic, illustrating how clinicians can adapt their practice based on an understanding of

ADHD's diagnostic criteria and symptomatology, thereby optimizing therapeutic outcomes (Chamberlain et al., 2021).

Throughout the explanation of ADHD outlined by APA (2022), there was mention of challenges individuals may experience with ADHD, such as emotional ups and downs, difficulties with memory or staying focused, highlighting the importance for professionals to consider intersectionality when working with clients with ADHD. Through this foundational knowledge and beginning the exploration of the effects of intersectionality, through a longitudinal cohort study, London & Landes (2019) researched gender differences in the history of ADHD diagnosis and the intensity, frequency and duration of ADHD symptoms in children and through adulthood. This research is explored in the following section.

## **Women and ADHD**

### ***Historical Perspective and Prevalence of ADHD***

The APA (2022) reported ADHD can be experienced differently by each individual, though there can be trends in experiences of ADHD in subpopulations such as between males and females. London & Landes (2019) explored the changes in adult ADHD and whether changes could be identified between male and female individuals with ADHD by looking at data from the U.S. National Health Interview Survey (NHIS) from 2007 and 2012. Their research included a survey that gathered health-related data throughout the United States from a broad, representative sample of the American population (Centers for Disease Control and Prevention, 2024). In their quantitative study, London & Landes (2019) used inter and intra-cohort changes to examine the gender differences in adult ADHD while discussing the history of the diagnosis and understanding of ADHD.

Descriptions of similar symptoms to those of ADHD can be traced back to 1798, though a

formal diagnosis was not available until 1966 (London & Landes, 2019). The inclusion of what is now understood as the key features of ADHD, inattention, impulsivity and hyperactivity were included in the DSM-3 in 1980 (London & Landes, 2019). London & Landes (2019) discussed ADHD as a disorder that was only thought to exist in children and hyperactivity became a prominent symptom for diagnosis. It was not until the early 1990s that knowledge of the persistence of ADHD symptoms into adulthood was common (London & Landes, 2019). This belief may be due to ADHD symptoms being more likely to subside or lessen with age in males than in females (London & Landes, 2019).

London & Landes (2019) observed that the historical emphasis on hyperactivity for diagnosing ADHD often resulted in the underdiagnosis of individuals primarily exhibiting inattentive or impulsive symptoms. London & Landes (2019) found hyperactivity more common in males, while females frequently showed higher inattention levels. This trend has led to females often meeting the criteria for underdiagnosed ADHD subtypes, consequently decreasing the likelihood of receiving an accurate clinical diagnosis (London & Landes, 2019). Recognizing that these inattentive subtypes are less likely to be diagnosed, clinicians are urged to increase their vigilance in identifying symptoms in populations likely to exhibit such subtypes, addressing the diagnostic and treatment disparities faced by women with ADHD. Additionally, London & Landes (2019) noted that ADHD symptoms tend to decrease with age more significantly in males than in females, underscoring the need for clinicians to consider symptom persistence and its impact over time when treating adult women with ADHD.

From their research, London & Landes (2019) found the prevalence rate of ADHD diagnosis among adult females from 18 to 64 years old, increased from 2.42% in 2007 to 3.57% in 2012, a 1.15% increase, whereas the increase of diagnosis among adult men, ages 18 to 64 had

increased from 4.48% to 4.99% from 2007 to 2012, which is a 0.51% increase. Therefore between 2007 and 2012, the increase in ADHD diagnoses for females has almost doubled the increase in ADHD diagnoses for males, meaning the gap between genders has been narrowing, though there is still a significant area for growth. London & Landes (2019) had participants self-report their ADHD diagnosis and due to the large age range of the participants, the diagnoses they received could have used different editions of the DSM or ICD, therefore different diagnostic criteria may have been used.

### ***Manifestation of ADHD Symptoms Between Genders***

In a large quantitative study looking at the manifestation of the key factors of ADHD, hyperactivity/impulsivity and inattention between genders of 874 participants from three American universities, Fedele et al. (2012) used a large sample size of 164 persons who met the *DSM-4-TR* criteria for ADHD. Of the participants who completed the self-report questionnaire, 92 individuals were female and 71 were male individuals, though this study did not include individuals who identified as gender diverse (Fedele et al., 2012). In this study, Fedele et al. (2012) did not express the mean age in the research, participants were recruited from undergraduate psychology courses and given course credit for participating in the study which speaks to focusing on emerging adults. Fedele et al. (2012) did speak to the results of the study may not be able to be accurate to the general population and across different racial or ethnic backgrounds and there should be further research in this area.

The DSM-5-TR criteria is designed to ensure consistency in ADHD diagnoses, provide a framework for research, and keep clinicians updated with the latest findings, emphasizing the importance of ongoing education as outlined by the CPA (CPA, 2017). This is crucial since studies such as Fedele et al. (2012) were based on older DSM-4-TR criteria, missing recent

updates and insights into ADHD. Understanding differences between the DSM-4-TR and DSM-5-TR versions allows clinicians to critically evaluate past studies and consider the impact of updated diagnostic criteria (APA, 2000; APA, 2022). One significant change is their classification from the three ADHD types to three presentations of ADHD to emphasize that expression of symptom patterns of inattention and hyperactivity/impulsivity can change over time (APA, 2000; APA, 2022). There was also an adjustment of the age criteria from seven to twelve and a greater emphasis on the functional impact of symptoms across multiple settings to better reflect an understanding of how ADHD affects an individual's daily functioning in the DSM-5-TR (APA, 2000; APA, 2022).

Though the core diagnostic symptoms and duration for ADHD diagnosis were parallel between the two versions of the DSM explored (APA, 2000; APA, 2022), familiarity with earlier versions of the DSM can help clinicians understand the evolution of ADHD diagnoses and the rationale behind these changes while evaluating the current diagnostic standards for ADHD to adapt their clinical practices to incorporate recent research and understanding (Koutsoklenis & Honkasilta, 2023). These updates facilitate a more nuanced approach to treatment and research, helping to address gaps in the literature and improving care for diverse populations, particularly in understanding and addressing gender differences in ADHD symptoms, treatment and the daily experiences of individuals who fulfill the diagnostic criteria of ADHD.

Fedele et al. (2012) utilized Barkley's Current Symptoms Scale—Self-Report Form, including 18 items that align with the DSM-4-TR criteria for ADHD and 10 items assessing the impact of inattention and hyperactivity on various life aspects. This 4-point Likert scale, requiring approximately 10 minutes to complete, showed strong internal reliability, with Cronbach's alpha values of 0.86 and 0.84 for inattention and hyperactivity, respectively (Fedele

et al., 2012). The study also employed the impairment section of Barkley's Current and Childhood Symptoms Scale—Self-Report Form, which evaluated behaviours from ages five to twelve (Fedele et al., 2012). The DSM-5-TR noted such adult recall may be unreliable without additional information, especially with a population of individuals like those with ADHD who have deficits when it comes to memories APA (2022). Despite this, both scales demonstrated good consistency, similar to the World Health Organization's Adult ADHD Self-report Scale's alpha value of 0.88, indicating reliable diagnostic tools, though not significantly different to suggest distinct diagnostic advantages between the scales (Adler et al., 2019). Through these assessments, this study indicated women report higher rates of inattention, hyperactivity and impairment compared to other college students who do not fit the diagnostic criteria for ADHD as well as men in college with ADHD (Fedele et al., 2012). Though with the assessments being self-reporting questionnaires, there is a possibility for response bias (Kreitchmann et al., 2019). Participants may over or under report certain behaviours to align with perceived social norms or because of a tendency to agree with statements regardless of the content (Kreitchmann et al., 2019), which may have distorted the data collected by Fedele et al. (2012).

Within the study, Fedele et al. (2012) found that both male and female individuals with ADHD exhibited higher levels of inattention, hyperactivity and impulsivity compared to those without the disorder. Notably, adult females displayed more pronounced inattention and hyperactivity than their male counterparts, which differed from research done in children and youth in which males had increased levels of hyperactivity and lower levels than their female counterparts (Fedele et al., 2012). Additionally, those with ADHD showed additional impairments in various life domains such as home, financial management, social life, and education, though females with ADHD were found to experience increased impairment in these

areas than their male counterparts who fulfill the ADHD criteria (Fedele et al., 2012).

Fedele et al. (2012) highlighted the importance of recognizing the distinct symptom manifestations between genders, as this awareness can lead to more timely and accurate diagnoses for women, potentially alleviating some negative consequences associated with late diagnosis. Fedele et al. (2012) bring attention to the ongoing challenges faced by individuals with ADHD in positively maintaining and managing daily life and self-esteem while acknowledging the historical research gap regarding women with ADHD, who often exhibit different and less recognized symptoms compared to men.

Despite being older, the findings from Fedele et al. (2012) continue to be of significant importance to both the clinical community and broader research fields. The results from the study conducted by Fedele et al. (2012) provide clinicians with the understanding of the unique ways ADHD affects women, particularly within the college demographic and put emphasis on the persistence of ADHD into adulthood and considerable impact on various life domains, such as academic performance, social relationships, overall life satisfaction and well-being. Fedele et al. (2012) emphasized the importance for clinicians to understand the different symptom expressions in populations, such as between males and females, to effectively tailor therapeutic interventions. The symptom profiles and challenges faced by females with ADHD to allow for tailored approaches are essential for providing effective, equitable, and ethical care (CPA, 2017). Moreover, these findings highlight the importance of ongoing research to continually refine and enhance treatment strategies for this diverse population (Chamberlain et al., 2021).

### ***Gender Impact on ADHD Diagnosis and Treatment Approaches***

As London & Landes (2019) discussed, the overall prevalence rate of ADHD had increased no matter the gender or age category, though Fairman et al. (2017) dove further into the exploration of changes in the prevalence of ADHD. Fairman et al. (2017) used cross-sectional data that is collected annually by the National Center for Health Statistics (NCHS) and was believed to be nationally representative of individuals who can utilize physician offices. The study by Fairman et al. (2017) did not explicitly state whether consent was obtained for data usage, though the NCHS is a survey collected by the US Bureau of the Census and in adherence to ethical standards including consent and confidentiality. Doctors and researchers would have been using the diagnostic criteria of the DSM-5 (2013) as it was the most recent edition of the diagnostic manual, over a six-year study. The DSM-5 and the current DSM-5-TR have minimal differences and retain the same core criteria for an ADHD diagnosis, though there were few updates in the language and additional context use in the DSM-5 (APA, 2013; APA, 2022). In this study, the rate of ADHD diagnosis and pharmacotherapy were measured per 1000 population and per 1000 office visits with awareness of demographic groups, though for the purpose of this capstone research project only age and gender will be discussed (Fairman et al., 2017). Fairman et al. (2017) found an increased rate of diagnosis with or without medication 4.0 million adults and 7.7 million youth visits, these numbers grew to 5.7 million and 9.1 million, respectively, over the six-year period.

When examining the distribution of this data, Fairman et al. (2017) controlled for age and gender, which are strengths of the study. Among individuals 19 years old or younger, Fairman et al. (2017) found an 18% increase in diagnosis and a 16% increase in diagnosis and medication. In this age group, females had a 22% increase in diagnosis, compared to a 17% increase for

males. The rate of diagnosis and medication use for female youth increased by 29%, almost triple the 10% increase for males. Although the rate of new diagnoses for female youth was higher, the overall number of male youths with ADHD remains higher than that of females (Fairman et al., 2017). In adults, the rate of ADHD diagnosis increased by 36%, with a 21% increase in diagnosis coupled with medication. The increased rate of diagnosis and medication use in adult males was more than double the increase in adult females (Fairman et al., 2017). In summary, at 52% and 23% increase in ADHD diagnosis between males and females and a 30% increase in males and a 13% increase in diagnosis and medication among females, respectively (Fairman et al., 2017).

When critically analyzing the data from 2013 used by Fairman et al. (2017), the prevalence rate of ADHD in males and females is consistent with that offered in the DSM-5-TR at 1.6:1 (APA, 2023).

When controlling for age and gender, Fairman et al. (2017) discovered a significant gender disparity in ADHD diagnosis and treatment among those 19 and younger. Specifically, they observed a 22% increase in diagnosis rates for females compared to a 17% increase for males, with the rate of diagnosis and medication for female youth nearly tripling that of males - 9% versus 10%. Despite this higher rate of increase in diagnosis among female youth, the total number of diagnosed male youth remained higher (Fairman et al., 2017). In adults, the trend showed a 36% increase in ADHD diagnosis and a 21% rise in combined diagnosis and medication treatments. The increase for adult males was more than double that of females, at 52% for diagnoses and 30% for diagnosis with medication, compared to 23% and 13% for females, respectively (Fairman et al., 2017).

Through controlling for age and gender, Fairman et al. (2017) highlighted a critical

gender difference in the pattern of ADHD diagnosis and treatment across different age groups. For adult females the growth in diagnosis rates, although notable, still lags behind that of males (Fairman et al., 2017). This highlighted the potential under diagnosis or late diagnosis in this demographic which highlighted necessity for tailor diagnostic and treatment approaches that recognize and address these disparities, with the hope to manage the impact of ADHD and the differences between genders (Fairman et al., 2017). This emphasis on the implications of gender differences is vital for developing more effective, gender-sensitive ADHD healthcare strategies.

When reviewing the findings of Fairman et al. (2017), it is important to note that this study used data that was collected in America from doctors' offices and with the United States having private healthcare, an individual's financial capabilities can be a significant limitation to receiving healthcare (Fairman et al., 2017). This limitation could be impacted the participant pool for this study, meaning the results may not be representative of the demographics of the population of the United States.

Given the findings of differences in symptom expression between genders by Fedele et al. (2023) and differences expressed Fairman et al. (2017), which highlighted the variance in the rate of diagnosis between the sexes, it becomes important to explore the effects this variance can have on individuals who have experienced the effects of late or no diagnosis throughout their everyday life. Morgan (2023) suggested a potential correlation for the increased rates of late diagnosis, attributing it to women and girls often displaying internalizing behaviors such as emotional dysregulation or inattention, or being socialized into feminine behaviour with an emphasis on the pleasure of others in Western society, which can lead to high levels of masking. Due to the symptom manifestation, girls are less likely to be assessed at the request of their teachers and are likely to receive a diagnosis and treatment for another disorder, such as anxiety

or depression before receiving their ADHD diagnosis (Morgan,2023). Bridging the gap highlighted by Fairman et al. (2017), Morgan (2023) explored the first-hand experiences and the effects of ADHD symptoms throughout the individual's life and explored what an ADHD diagnosis means to these women. This study is further explored in the following literature review section.

### ***Impact of Delayed ADHD Diagnosis in Women***

As clinicians, it is important to consider the effects that late diagnosis can have on the client when working with those individuals. In a narrative, qualitative study that explored life experiences of 52 women who received late ADHD diagnoses, Morgan (2023) found that empowerment was a common theme through the interviews and provided some clients with a better understanding of themselves and their experiences. Morgan (2023) highlighted profound sadness participants due to recognizing the negative impact of life experiences, which might have been mitigated had their ADHD been diagnosed earlier. These experiences included feeling misunderstood, being bullied, self-blame, mental health struggles, poor relationships, and low self-esteem, which participants attributed to their undiagnosed ADHD (Morgan, 2023). Through discussion with the researchers, the participants expressed their journey to seeking an ADHD diagnosis was often sparked by social media, university well-being services, or identifying similarities with others diagnosed with ADHD (Morgan, 2023). However, participants frequently encountered outdated biases and stereotypes in the medical community, leading to feelings of dismissal and the necessity to consult multiple doctors to secure a proper diagnosis (Morgan, 2023).

Upon receiving their diagnosis, these 52 research participants, with an age range from 19 to 56 years of age, 25 of which reported having a diagnosis of the predominately inattentive

ADHD presentation, and the other 27 reported a combination presentation, and zero reporting the hyperactive presentation of ADHD reported a sense of relief (Morgan, 2023). Morgan (2023) reported some participants felt as if life circumstances finally made sense, which allowed the individuals to be kinder to themselves by understanding that certain distressing situations were beyond their control (Morgan, 2023). However, some participants reported they struggled with internal ableism and societal biases towards ADHD, which complicated their acceptance of the diagnosis. Some participants also noted that before their ADHD diagnosis, they were incorrectly diagnosed with conditions like depression or anxiety, which led to mismanagement of the underlying condition due to symptom masking or the absence of hyperactivity (Morgan, 2023). Individuals found struggles post-diagnosis, largely due to the lack of available support, especially for those unable to afford private services (Morgan, 2023). Morgan's (2023) research underscores the critical importance of early and accurate diagnosis and points to the need for clinicians to receive further training to better recognize and understand the symptoms of ADHD in females, ensuring timely and appropriate treatment.

Throughout the exploration of the research by London & Landes (2019), Fairman et al. (2017), Fedele et al. (2012), and Morgan (2023), this examination of the female experience and ADHD brings important considerations to light for healthcare professionals. The exploration of gender disparities in ADHD diagnosis, symptom manifestations, and personal accounts from women diagnosed in adulthood stresses the necessity for tailored support for women with ADHD compared to their male counterparts or those without the diagnosis as they are more often overlooked (Young et al., 2020). Though, Fairman et al. (2017) found significant increases in both diagnosis and diagnosis and drug intervention in female youth, which may be a positive sign that rates of missed or late ADHD diagnosis in women may be less common in coming

generations. Through talking with these individuals Morgan (2023) concluded that a diagnosis often leads to a reduction in self-blame behaviours and increased self-acceptance. Therefore, studies by Fairman et al. (2017), Fedele et al. (2012), and Morgan (2023), have highlighted the need for further training and education on the identification and support within this population with the hopes of mitigating some of the harmful effects that may result from the intersectionality of being a female with ADHD.

### **Women and Self-compassion**

As Morgan (2023) discussed, women reported feelings of immense pain, anger and sadness they felt for themselves previous to receiving their adult ADHD diagnosis. Furthermore, these research participants reported the negative feelings they felt previous to their diagnosis could have significant and long-term effects on an individual's well-being (Morgan,2023).

Therefore, clinicians must be mindful and understand the multifaceted factors that contribute to their client's overall well-being to allow clinicians to tailor the therapeutic process to better meet the needs of the client (APA, 2017). In the following section, research exploring self-compassion is critically analyzed, in relation to ADHD.

### ***Defining Self-Compassion***

Neff (2023), a leading researcher in the field of self-compassion for over two decades, has defined self-compassion as the way an individual relates to themselves in times of failure or difficulty; either taking a balanced, understanding and non-judgmental stance, or an over-identified, non-accepting and judgmental stance towards the self. To expand fundamental knowledge of self-compassion, Germer & Neff (2013) explored three additional components of self-compassion: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification when relating to painful or emotionally dysregulating

experiences. Neff (2023) expanded and explained that self-kindness or self-judgment are thought to be ways that individuals respond emotionally to their pain or failures, common humanity or isolation refer to how an individual socially and cognitively frames their problems or worries, and mindfulness or over-identification relates to the way an individual pays attention to their internal emotional suffering. The results are organized on a continuum ranging from compassionate self-responding, indicated by higher levels of self-kindness, common humanity and mindfulness to the uncompassionate self-responding, indicated by higher levels of self-judgement, isolation and over-identification (Neff, 2023).

Having a deeper understanding of self-compassion is clinically important as it allows clinicians to more easily recognize clients with lower levels of self-compassion and enhance therapeutic outcomes for their clients by beginning to develop self-compassion and improve mental health outcomes, reducing anxiety, depression, and stress (Neff, 2003; Neff, 2023). One of the most impactful contributions from Neff (2003) was the Self-Compassion Scale, which then was condensed into the short-form Self-Compassion Scale (Raes et al. 2011), which Neff was also a collaborator. Both self-compassion scales show high internal consistency and near-perfect correlation, suggesting high validity and reliability (Zhang et al., 2022). These scales include questions that correlate with the components of self-compassion, are generally inclusive, and have been adapted for use in various cultural contexts while maintaining good reliability and validity across different populations, suggesting results can be generalized to the overall population (Neff, 2023). The SCS and SCS-SF have been utilized in diverse research areas, such as mental health, educational settings, and organizational behaviour, demonstrating their wide applicability and utility in assessing self-compassion (Neff, 2023; Raes et al., 2011). Though Meng et al. (2023) speaks to a few of the limitations of these scales, such as both SCS may

overlap with other aspects similar to self-compassion, such as self-esteem. Though these studies are believed to be adapted to different cultures, cultures may interpret and experience self-compassion differently from one another which can affect the reliability and validity of the scale (Meng et al., 2023).

Germer & Neff (2013) reported individuals who have been found to have higher levels of self-compassion are more likely to have increased levels of happiness, emotional intelligence, internal motivation, and an individual ability to effectively cope. Increasing levels of self-compassion leads to improvements in relationship functioning, forgiveness, and health improvement behaviors such as exercise and seeking medical treatment (Germer & Neff, 2013). Therefore, prioritizing efforts to increase self-compassion in populations, such as women with ADHD who are already at an increased risk of dysfunction in the areas discussed by Germer & Neff (2013) is increasingly important. As a result of lower self-compassion, this demographic may have additional difficulties with emotional regulation, increased levels of shame or depression, or an increase in negative affect towards themselves and the environment (Germer & Neff, 2013). The inclusion of self-compassion interventions could positively affect the efficacy of treatment, and the overall well-being of the patients could be affected (Neff, 2023).

### ***Effects of Self-Compassion on Subjective Well-Being***

As Germer & Neff (2013) highlighted, an individual's self-compassion has been found to be positively correlated with happiness, emotional intelligence, internal motivation, and ability to effectively cope. As per APA (2017) Code II.18, which aims to maximize benefits by providing the best accessible service for those seeking help, including selecting and tailoring the therapeutic process to each client's needs, it is important for clinicians to understand populations that may have an increased likelihood of lower levels of self-compassion. This understanding

could potentially increase the individual client's self-compassion or alleviate some of the resulting negative consequences. To deepen clinical understanding of the effects and gender differences in self-compassion, Booker & Dunsmore (2019) research aimed to explore potential direct and indirect connections between self-compassion and subjective well-being from a neutral or deficit-focused lens.

Booker & Dunsmore (2019) conducted two similar studies, labelled Study One and Study Two, across different populations to investigate self-compassion levels between males and females, excluding gender-diverse individuals. Study One involved 161 incoming college students, with demographics of 69.6% female, 77.6% Caucasian, 1.2% African American or Black, 6.3% Southeast Asian or Pacific Islander, 2.4% Latino, 1.9% Middle Eastern, and 10% multiracial. Study Two comprised 143 college students, 82.5% of whom identified as female, 79.7% as Caucasian, 3.5% as Black, 9.8% as Asian American, 3.5% as Latino, and 3.5% as multiracial, from three southeastern universities in the United States (Booker & Dunsmore, 2019). The significant presence of Caucasian females and the exclusion of gender-diverse individuals in both samples suggests that the demographics may not be fully representative or inclusive, potentially limiting the generalizability of the findings to broader contexts (Booker & Dunsmore, 2019).

In their research, Booker & Dunsmore (2019) deconstructed subjective well-being into three categories—life satisfaction, subjective happiness, and experiences of affect—and utilized four brief yet focused assessments designed to provide efficient insights into clients' emotional well-being for both groups studied. The assessments used included the Self-Compassion Scale (SCS; Raes et al., 2011), a 12-item, 5-point Likert scale, a short-form assessment for the Self-compassion Scale by Neff (2003), both SCS report high internal consistency and near-perfect

correlation between the two scales (Neff, 2023). The Cronbach's alpha value, which assesses the reliability of an assessment by measuring the amount of shared variance or covariance to the overall variance, indicated that the more closely related a set of items are, the more reliable the results (Jebb et al., 2021).

Cronbach's alpha ranges from zero to one, with one indicating perfect reliability. Values between 0.6 and 0.7 are acceptable, values above 0.7 are considered significant, 0.8 is deemed good, and 0.9 or higher is excellent (Jebb et al., 2021). The Self-Compassion Scale (SCS) has been found to have an internal consistency of approximately 0.86, which is recognized as a significantly acceptable value (Booker & Dunsmore, 2019; Jebb et al., 2021). For clinicians, exploring research reliability is a significant to consider, through understanding Booker & Dunsmore (2019) has a significantly acceptable Cronbach value, the results of the study can be repeated under the same conditions and the results of the overall study will remain the same (Jebb et al., 2021).

To explore the potential direct and indirect connections between self-compassion and subjective well-being, Booker & Dunsmore (2019) also utilized the Subjective Happiness Scale (Lyubomirsky & Lepper, 1997). The Subjective Happiness Scale (Lyubomirsky & Lepper, 1997) measures an individual's subjective happiness towards their life. This scale, originally set on a 7-point Likert scale, was adjusted to a 5-point scale for this study due to participant numbers, achieving a Cronbach's alpha of 0.91. The Gratitude-Questionnaire-6, typically using a 7-point Likert scale (Garg et al., 2021), was also constrained to a 5-point scale. This scale's internal consistency ranged from 0.79 to 0.85 across various cultures, indicating reliable cross-cultural applicability (Booker & Dunsmore, 2019). Using of the Subjective Happiness Scale, and the Gratitude-Questionnaire-6, Booker & Dunsmore (2019) gained a more in-depth understanding of

the participants self-compassion and subjective well-being. Booker & Dunsmore (2019) also utilized the Satisfaction with Life Scale (Diener et al., 1985) to gather additional data.

The last assessment completed by both groups, the Satisfaction with Life Scale, featured five items on a 5-point scale, focusing solely on current life satisfaction (Jovanović et al., 2020), which may not fully capture the complexities of this aspect, particularly for populations with emotional regulation issues like those with ADHD, as such conditions can skew perceptions of life satisfaction due to factors like stress or burnout (APA, 2022). Though in the second study, consisting of returning students had an additional assessment, the Positive and Negative Affect Schedule-Short Version (MacKinnon et al., 1999), where students rated their affective states on a 5-point Likert scale, including five items each for positive and negative affect, achieving internal consistencies of 0.84 and 0.86, respectively (Booker & Dunsmore, 2019).

Each of the assessments used by Booker & Dunsmore (2019), utilized Likert scales, one of the most used self-reporting methods in research over the past 25 years (Jebb et al., 2021). Likert scales have increased in popularity and seen significant methodological advancements, improving scale creation (Jebb et al., 2021). Though assessments are older, they offer both advantages and disadvantages. Older assessments have established reliability and validity through extensive testing and analysis by many researchers, allowing for updates or adjustments to enhance internal reliability and validity if needed (Jebb et al., 2021).

Nevertheless, Jebb et al. (2021) highlighted challenges with self-reported Likert scales, noting older assessments may not have received the appropriate updates to maintain internal consistency in changing, diverse societies, or to align with current research advancements in psychology, such as changes in diagnostic criteria or shifts in societal culture and norms (Jebb et al., 2021).

When looking at cultural and contextual differences, Jebb et al. (2021) spoke to potential differences in diagnostic criteria or shifts in societal or familial culture and norms can also influence the interpretation of the results, highlighting the importance of counsellors to consider their client's unique cultural and personal background. Understanding these factors is essential for utilizing the assessments effectively in therapeutic settings, ensuring they are used appropriately to enhance client engagement and treatment outcomes (Young et al., 2020).

The reduction of the Subjective Happiness Scale and the Gratitude-Questionnaire-6 from a 7-point to a 5-point scale may have decreased the sensitivity of the responses, potentially affecting the precision of the assessments (Robie et al., 2022). Robie et al. (2022) explained the brevity of these tools might compromise their ability to capture complex emotional constructs fully, which may raise concerns about their validity. Capturing and understanding the potential cultural and contextual can influence the interpretation of the results, demonstrating the importance for counsellors' ability to be adept at contextualizing these assessments within each client's unique cultural and personal background (Robie et al., 2022).

Booker & Dunsmore (2019) discovered that although women reported lower self-compassion than men, the difference was not significant and self-compassion is positively correlated with gratitude, positive affect, and subjective happiness, and negatively with negative affect. The Booker & Dunsmore (2019) study highlighted the importance of the research question by demonstrating the positive correlation to an individual's level of self-compassion as a significant and consistent predictor of an individual's subjective happiness. It is believed that elements of self-compassion such as interpersonal connections, positive relations during distress and buffers from isolation during challenges are thought to be partially responsible for the positive correlation between subjective happiness and self-compassion (Booker & Dunsmore,

2019).

As clinicians in the field of mental health support, recognizing these potential gender differences in self-compassion is the first step to implementing increasingly gender-sensitive interventions and tailoring their approach to encompass the entirety of the client's needs (Booker & Dunsmore, 2019). The differences in self-compassion between genders may affect a variety of cultural and societal factors and affect an individual view of the world, which is an important factor for clinicians to consider (Neff, 2023).

### ***Differences in Self-Compassion Between Genders***

Social comparison theory, which theoretically links self-esteem, body esteem, and body compassion, served as the framework for understanding the relationships explored in the study by Murn & Steele (2019). Although self-compassion was not typically involved in the same evaluations or comparisons as self-esteem, Murn & Steele (2019) controlled for self-esteem to more clearly elucidate the relationships between self-compassion, body esteem, and body comparison. Understanding this framework can help clinicians better evaluate the study's methodology and identify any theoretical limitations or gaps that may be present (Murn & Steele, 2019).

The participants in the study conducted by Murn & Steele (2019) included 299 undergraduate and graduate students—98 male and 201 female—from a large university in the southern United States, who were among 2000 students randomly selected and contacted via email. The sample included participants of a diverse age range from 18 to 57 years of age, though due to the participants being identified through universities and initial contact was through a virtual format, the results may not be generalizable (Murn & Steele, 2019). Of the participants, 78.3% identified themselves as Caucasian, which may be an additional limitation to

the generalizability of the study (Murn & Steele, 2019).

Murn & Steele (2019) formulated four research questions or hypotheses that guided their research. First, self-compassion and self-esteem are positively correlated, with self-compassion inversely related to negative body esteem and high body comparison (Murn & Steele, 2019).

Second, will the relationship between self-compassion, body esteem, and body comparison change when controlling for self-esteem and to what extent self-esteem mediates these differences across gender, age groups, and education levels? (Murn & Steele, 2019). Third, men would report higher levels of self-compassion, body esteem, and lower frequency of body comparison than women. Fourth, are there differences in self-compassion, body esteem and body comparison in younger and older individuals? (Murn & Steele, 2019). For the purpose of this capstone research project, the most pertinent research question by Murn & Steele is the second research question, particularly to examine any differences in self-compassion that emerge between genders as detailed by Murn & Steele (2019). This research question by Murn & Steele (2019) explored self-compassion differences between males and females as it is important to understand when considering unique struggles of women and an important aspect of answer in relation to the research question: *How can CFT support women with ADHD?*

To measure self-compassion, Murn & Steele (2019) used the 26-item self-compassion scale, developed by Neff (2003) and measured the six constructs as described previously, each of these six constructs has a Cronbach value of 0.76 or above which indicated acceptable or good internal consistency within this study. Unlike the findings of Booker & Dunsmore (2019) in which females were found to have lower levels of overall self-compassion than males, Murn & Steele (2019) found no significant differences in the overall self-compassion scores between men and women. However, Murn & Steele (2019) pinpointed differences within the components that

make up self-compassion between the genders. Murn & Steele (2019) reported that women tend to have higher levels of over-identification with their problems, which suggests they might emphasize their distressing emotional reactions more than men. Additionally, Murn & Steele (2019) found women were more likely to report higher levels of over-identification with their problems, which they believed could suggest that women were more likely to emphasize their distressing emotional reactions. It was also found women are more likely to view their struggles or difficulties as part of a larger shared human experience, contributing to higher levels of common humanity (Murn & Steele, 2019). Women also reported higher levels of isolation than their male counterparts, though, males are more likely to view difficulties as individual problems caused by personal faults and weaknesses (Murn & Steele, 2019).

These studies provide support of gender differences in self-compassion between males and females (Booker & Dunsmore, 2019; Murn & Steele, 2019). Clinicians, recognizing that women may have differing levels of self-compassion, understand how self-compassion significantly impacts an individual's everyday life, highlighting its importance for overall well-being and subjective happiness (Booker & Dunsmore, 2019; Murn & Steele, 2019). With research indicating that women may inherently struggle with self-compassion, clinicians are advised to consider the effects of self-compassion and the intersectionality of those women with lower levels. This knowledge supports the implementation of interventions aimed at increasing self-compassion for individuals and those around them (Germer & Neff, 2013).

The definition and research into self-compassion from Neff (2023) and the exploration of gender differences in self-compassion research by Booker & Dunsmore, 2019 and Murn & Steele (2019), highlighted an important aspect in answering the research question: *How can CFT support women with ADHD?* As Morgan (2023) discussed, women with ADHD frequently

reported significant emotional pain, anger, and sadness prior to receiving their diagnosis. These negative feelings can have profound and long-term effects on their well-being (Morgan, 2023), Neff's (2023) extensive research on self-compassion emphasized its importance in mitigating negative perceptions and emotional distress.

Booker & Dunsmore (2019) and Murn & Steele (2019) highlighted the significant association of self-compassion and subjective well-being. As Germer and Neff (2013) discussed, increased levels of self-compassion are associated with increased happiness, emotional intelligence, and coping ability, while lower levels correlate with emotional dysregulation, shame, and depression. Therefore, tailoring therapeutic interventions aimed at increasing self-compassion can positively impact relationship functioning and health behaviors, crucial for women who often face additional societal pressures and self-esteem challenges (Germer & Neff, 2013).

However, it is important to acknowledge the limitations and challenges of the findings highlighted above. Some of the studies, including Booker & Dunsmore (2019), Fedele et al. (2012) and Murn & Steele (2019), obtained their participants from American Universities, which limits their generalizability of the findings. Self-report questionnaires were utilized in several studies, such as Booker & Dunsmore (2019), Fedele et al. (2012) and Landes & London (2019) which introduces the possibility of bias, which can also affect the validity and reliability of the study's results (Kreitchmann et al., 2019).

### **Self-Compassion and ADHD**

As discussed by Booker & Dunsmore (2019) and Murn & Steele (2019), women are more likely to experience over-identification with their problems and increased levels of isolation than their male counterparts providing evidence of differences between males and

females (Murn & Steele, 2019). As individuals with an ADHD diagnosis are a population who are more likely to have difficulties with interpersonal relationships (APA, 2017), this section of the literature review, will be an exploration into the relationship between ADHD and self-compassion as well as the effects of intersectionality of these factors may have on the individual as a female. This directly related to this capstone research question, *how can CFT support women with ADHD?* by highlighting the unique effect and impact that differing levels of self-compassion can have on an individual with ADHD.

### ***Effects of ADHD on Self-Compassion***

When examining the relationship between ADHD traits and self-compassion and the role of self-compassion and emotional regulation difficulties in mental health outcomes, Farmer et al. (2022) collected data from a survey completed by 232 university students in Australia with an average age of 19.9 years old, 66.4% identified as female, 31.9% as male and 1.7% as gender diverse. Farmer et al. (2022) used several scales to measure ADHD traits, self-compassion, emotion regulation difficulties, distress, and well-being in their study to examine the relationship between ADHD traits and self-compassion in university students and the mediation role of self-compassion difficulties in mental health outcomes. A critical analysis of this research is explored in the following paragraphs of this capstone research project.

The first scale used the Adult ADHD Self-Report Scale (ASRS) Version 1.1 (Kessler et al., 2005) to measure ADHD symptoms through an 18-item questionnaire to detect ADHD symptoms in the general population. This scale is based on the criteria of ADHD in the tenth version of the International Classification of Diseases (ICD) and the internal consistency of this scale has an alpha value of 0.88 (Farmer et al., 2022). Between the ICD-10 and ICD-11, there are some differences in the diagnostic criteria for ADHD. The ICD-11 does not distinguish the

subtypes of ADHD as it does in the ICD-11, there were also updates, such as language, based on the increased knowledge of ADHD (WHO, 1992; WHO, 2018). As previously explored, though similar, the DSM and ICD criteria for an ADHD diagnosis do differ (APA, 2022; WHO, 2019). Therefore, in the Farmer et al. (2022) study, the ADHD criteria used is different than the criteria used previously as they were based on the DSM. The use of the ICD-10 is an important and significant example of why considering the cultural differences must be considered when applying the results to other contexts (Farmer et al., 2022). As the data was collected from university students, cultural differences in within the educational system will also be important to consider, such as support services or academic pressures as they may influence the generalizability of the findings (Farmer et al., 2022).

Farmer et al. (2022) utilized several psychological assessment tools in their study. They employed the long-form Self-Compassion Scale (SCS) by Neff (2003), which consists of 26 questions on a five-point Likert scale, demonstrating a near-perfect Cronbach's alpha of 0.91, indicating high reliability (Jebb et al., 2021). This scale measures self-kindness, common humanity, and mindfulness, with higher scores reflecting greater self-compassion. They also used the Depression Anxiety Stress Scale (DASS), a 21-item tool measuring depression, anxiety, and stress (Lovibond, 2023) with a high reliability of 0.94, aligning closely with mood and anxiety disorder criteria of the DSM-5-TR despite the age of the tool (Moska et al., 2023). Additionally, the Mental Health Continuum-Short Form by Keyes et al. (1995) assessed emotional, social, and psychological well-being on a 14-item, 6-point Likert scale, consistently showing high internal consistency despite its age (Farmer et al., 2022; Westerhof & Keyes, 2010). Lastly, the 16-item Difficulties in Emotion Regulation Scale by Bjureberg et al. (2016) evaluated emotional awareness and management strategies, with a Cronbach's alpha of 0.94,

indicating its reliability across cultural contexts (Farmer et al., 2022).

Similarly to Murn and Steele (2019), Booker and Dunsmore (2019) and Fedele et al. (2012), Farmer et al. (2022) used assessments that were older, though the assessments used were found to have high internal validity and reliability and have had appropriate updates to ensure continued consistent results from the assessments since they have been published initially.

Through the analysis of these tools, Farmer et al. (2022) reported individuals with ADHD to have higher levels of uncompassionate self-responding. This is categorized as the negative aspects of self-compassion laid out by Neff (2023) which include self-criticism, isolation and over-identification than those without a diagnosis, which was believed to be accountable for apportion of the reduction in well-being found in those with ADHD. Farmer et al. (2022) found there were no significant differences in the positive aspects of self-compassion, self-kindness, common humanity and mindfulness between the control and ADHD groups. Each of these are self-reported Likert scales which Jebb et al. (2022) and others have highlighted, self-reported Likert scales have been increasingly popular in psychology over the past 25 years and researchers have made significant progress toward understanding and improving the scale creation process to ensure the values of factors such as reliability and validity are accurately found to be significant or insignificant values. As previously explored, using Likert scales have their own limitations, such as the assessments not receiving the appropriate updates to maintain good internal consistency in diverse and changing societies or to align with current research (Jebb et al., 2021).

Individuals with ADHD perceived themselves more negatively as well as higher levels of self-criticism, depression and anxiety than those without ADHD, individuals with ADHD also scored lower in self-kindness, and common humanity, indicating an increased likelihood the

individual will experience feelings of isolation leading to a lack of human connection in difficult times (Farmer et al., 2022). It is thought that the higher levels of self-criticism and lower levels of self-compassion in this population could be the reason for the negative self-perception as they see a greater need for self-improvement than individuals without ADHD (Farmer et al., 2022).

When looking at the results from Murn and Steele (2019) and Farmer et al. (2022), of significance were the gender differences in self-compassion, with women exhibiting higher levels of over-identification and isolation. These differences were particularly pertinent for women with ADHD, who were already prone to heightened self-criticism and lower self-kindness, as demonstrated by Farmer et al. (2022). Women with ADHD were likely to have increased emotional regulation and negative self-perception, further exacerbating feelings of isolation and distress (Farmer et al., 2022). By fostering a compassionate self-responding approach, compassion-focused interventions may help mitigate the effects of over-identification and isolation, promoting better emotional regulation and reducing self-criticism (Germer & Neff, 2013; Neff, 2015). This therapeutic focus aligns well with the specific needs of women with ADHD, who benefit from interventions that address both the unique challenges of their condition and the gender-specific patterns of self-compassion (Farmer et al., 2022; Murn & Steele, 2019). This analysis directly addresses the research question: *How can CFT support women with ADHD?* by demonstrating the importance of increasing the self-compassion within a demographic who inherently struggles with it, such as women with ADHD to alleviate the compounded emotional and psychological challenges faced.

### ***Impact of Compassion-Focused Interventions on Individuals with ADHD***

Though there is limited research on the efforts to clinically increase the level of self-compassion in individuals who fit the diagnostic criteria for ADHD, in a randomized controlled

trial by Geurts et al. (2021), the researcher explored this gap. The study conducted by Geurts et al. (2021) included a relatively high number of participants at 120 adults with ADHD, of which 53% identified as female, with an average age of 40 years old, though no age range was specified. It is important to note, Geurts et al. (2021) used the same self-compassion scale (SCS) used in research conducted by Farmer et al. (2022), Germer & Neff (2013), and Murn & Steele (2019), the Self-Compassion scale by Neff (2003) found to have good validity and reliability in those studies. Nonetheless, in the research study by Geurts et al. (2021) at Radboud University Medical Center and the Helen Dowling Institute, both located in the Netherlands, they used the DSM-IV diagnostic criteria. As the data collected for this study was conducted in the Netherlands, there may be cultural biases that could affect the generalizability of the results to populations in other countries with different healthcare systems and cultural attitudes toward mindfulness and mental health (Geurts et al., 2020).

Geurts et al. (2021) found that in using Mindfulness-based cognitive therapy (MBCT), another third-wave modality of CBT quite similar to CFT, they were able to improve the psychological well-being of the participants compared to individuals with ADHD who did not receive treatment or individuals with ADHD who received treatment as usual, post-treatment, at the three and six month follow up. As Geurts et al. (2021) found, the effects of the use of MBCT interventions were mediated by the negative indicators of self-compassion discussed previously, self-criticism, isolation and over-identification (Murn & Steele, 2019). To build on the findings of Geurts et al. (2021), the next section of the capstone research project will dive into the theoretical underpinnings of CFT and the impact of the integration of CFT into the therapeutic contexts for this demographic.

## **Compassion Focused Therapy**

Developed in 2000 by Paul Gilbert, Compassion Focused Therapy (CFT) is a third-wave cognitive behaviour therapy (CBT) defined as an integrative approach that combined CBT with concepts of evolutionary and social psychology and Buddhist philosophy with the aim to alleviate distress and enhance an individual's emotional well-being and life satisfaction (Gilbert & Simos, 2022). As a third wave of therapy, the foundation of Compassion-Focused Therapy is built upon significant research from two previous waves of CBT therapies (Millard et al., 2023) and is believed to be a cost-effective therapy based on the use of psychological science to understand the way our brains evolve and function can create different struggles individuals have with their mental health (Gilbert et al., 2017). The two previous waves of CBT have been grounded in extensive research (Hayes & Hofmann, 2021). With the addition of aspects of mindfulness, acceptance, and values, as previously spoken about by Millard et al. (2023), a modality can have increased effectiveness in populations such as those with ADHD who can have unique needs which is important in clinician practice to maintain ethical practicing (CPA, 2017).

Gilbert & Simos (2022) discussed how the addition of compassion makes CFT, unlike other forms of CBT, can increase an individual's well-being and aid in recovery by increasing self-compassion and compassion for others. Gilbert (2010) noted that CFT incorporates elements of Buddhist practices, including mindfulness, kindness, and a shared understanding of suffering, which helps individuals feel connected rather than isolated or ashamed. CFT is believed to reduce psychological distress and is especially found to be effective in populations with individuals with high levels of shame and self-criticism (Carvalho et al., 2021). This emphasized the potential importance of integrating CFT into the therapeutic process to address the unique

struggles of women with ADHD as increased levels of shame and self-criticism (Farmer et al., 2022). Though, for CFT to be effective, clients are required to be open to developing self-compassion, ready to address their trauma, and be open to engage with and incorporate mindfulness and psychoeducation into their daily life to begin the facilitation of self-compassion (Gilbert & Simos, 2022).

### ***Impact of Compassion-Focused Therapy***

In research done by Millard et al. (2023), they explored the effectiveness of CFT in 625 participants of which 74% identified as women and 74% as Caucasian, though there was no breakdown of the remaining 26% for either demographic. The study included adult individuals from clinical groups such as individuals with eating disorders, depression, post-traumatic stress disorder, social anxiety, schizophrenia, borderline personality disorder and prolonged grief disorder, from several countries including the United Kingdom, Iran, Canada, Australia, Denmark, Portugal, Spain, Germany and the United States (Millard et al., 2023). Since the data collected originated from several countries across the globe, the likelihood of the results from the study being generalizable across cultures while maintaining reliable and valid results (Caza et al., 2021).

The assessments used utilized by Millard et al. (2023) to measure self-compassion were the 22-item Self-Criticism/Attacking and Self-Reassuring Scale (FSCRS) by Gilbert et al. (2012), responses based on a 4-point Likert scale and though not mentioned in the assessment has been found to have a good Cronbach value. The second assessment used was the Self-Compassion Scale (SCS) by Neff (2003), which was previously explored to consist of 26 questions on a five-point Likert scale, demonstrating a near-perfect Cronbach's alpha of 0.91, indicating high reliability, though, acknowledging that Cronbach values can differ between every

study is important when considering reliability (Jebb et al., 2021). Lastly, the Fears of Compassion Scale (FCS) by Gilbert et al. (2004) which consisted of a 38-item questionnaire also did not have the Cronbach value shared in the article done by Millard et al. (2023). Although Millard et al. (2023) advised that the scales required adaptation for cultural considerations, the reliability stated at significant values.

Within Millard et al. (2023)'s research, CFT was delivered in three different formats, group therapy, self-help interventions and individual therapy. Individuals who received CFT in a group therapy format received 8 sessions lasting between one to two hours on a bi-weekly basis, the self-help group consisted of daily exercises for 15 days, and individual therapy was 8-12 sessions lasting an hour in duration (Millard et al., 2023). Millard et al. (2023) reported each of these delivery methods of CFT found a significant reduction in self-criticism and enhanced self-compassion in all the participants, compared to the control group who did not receive any treatment and equal to or slightly increased compared to the control group that received CBT. Millard et al. (2023) reported more significant benefits for individuals with high levels of shame and self-criticism. These findings by Millard et al. (2023) are important when considering the research question: *How can CFT support women with ADHD?* As women with ADHD struggle daily with shame and self-criticism (Farmer et al., 2022; Morgan, 2023).

Though findings from Millard et al. (2023) reported CFT was found to increase self-compassion in many different psychological disorders, across several ethnic backgrounds, a large portion of the participants were female, therefore these findings may not be able to be generalized to the male population. Though they recognized the study they did not assess the maintenance of the benefits of CFT long-term, therefore further data should be gathered to be able to assess the continuation of the benefits found for these populations (Millard et al., 2023).

Therefore, it is important for clinicians to be mindful of gender and cultural factors when assessing research for generalizability of results.

Not only were their positive benefits identified for patients who received CFT (Millard et al., 2023), but there were also found to be positive benefits for clinicians who have been trained in compassion-focused modalities (Beaumont et al., 2021). In a study by Beaumont et al. (2021), clinicians received formal training such as Compassionate Mind Training (CMT), described as an essential aspect of CFT. In a mixed-methods study of 15 participants, 13 qualified counsellors, one mental health practitioner and one psychological well-being practitioner participated in a 12-week module of CMT that could be taken as a part of two master's level psychology degrees or as a stand-alone module between the ages of 24-49 (Beaumont et al., 2021). The group of 15 individuals, 13 of whom were from the United Kingdom, one from Finland and one from the United States all completed the CMT module together. The study aimed to explore the effects of CMT on the level of self-compassion and self-criticism in student clinicians and their future work as clinicians (Beaumont et al., 2021). The data gathered by Beaumont et al. (2021) referenced the three questionnaires used, the Self-Compassion Scale, the Forms of Self-Criticising/Self-Attacking and Self-Reassuring Scale and the Functions of Self-Criticising/Self-Attacking Scale. The Self-Compassion Scale and the Forms of Self-Criticising/Self-Attacking and Self-Reassuring Scale have been examined in earlier sections, leaving the Functions of Self-Criticizing/Self-Attacking Scale to be addressed next. This scale is used to distinguish between self-criticism that is meant to correct behaviour and self-criticism used to attack oneself, which can aid to inform tailored therapeutic interventions (Gilbert et al., 2004). It is important to keep in mind this scale relies on self-reporting, which can allow for biased or inaccurate results and the challenge of maintaining validity and reliability across cultures (Gilbert et al., 2004).

The results of the study by Beaumont et al. (2021) showed a statistically significant increase in the participants' level of self-compassion and increased levels within the reassured self-subscale and reductions in self-correction and inadequate self-scores following the CMT training, though there were no statistical significance results within the hated self or persecution subscales. The study by Beaumont et al. (2021) provides valuable insights into answering the research question leading this research: *How can CFT support women with ADHD?* With the results showing a significant increase of self-compassion and an increase in compassionate self-responding (Beaumont et al., 2021), implementing CFT with women with ADHD who are more likely to have higher levels of self-criticism and uncompassionate self-responding (Farmer et al., 2022; Neff, 2023) may be an important aspect to ensure the most effective and ethical care for the clients. These results may suggest that not only can training and integration of CFT be therapeutically beneficial to clients both with and without ADHD (Farmer et al., 2022; Geurts et al., 2021), but also to the therapist in the training. Obtaining training such as CMT can assist in cultivating compassion for themselves, the people around them and their clients.

## **Conclusion**

Through exploring the literature lead by the research question: How can CFT support women with ADHD, Compassion-Focused Therapy (CFT) by Paul Gilbert emerges as a promising approach, integrating mindfulness, acceptance, and compassion, well-suited to the intricate needs of women with ADHD (Gilbert & Simos, 2022). This approach has shown effectiveness in alleviating emotional dysregulation, reducing self-criticism, and enhancing interpersonal relationships, previously identified as critical concerns within this demographic (APA, 2022; Murn & Steele, 2019; Neff, 2023). However, the client needs to embrace therapy and work at making compassionate changes.

CFT, rooted in psychological science and neurobiological insights, not only enhances emotional intelligence and coping mechanisms but also equips clinicians with tools for developing tailored treatment strategies (Gilbert, 2010; Gilbert & Simos, 2022). Given the gender disparities in ADHD diagnosis and treatment, specialized approaches are essential in supporting the unique experiences of women with ADHD (London & Landes, 2019). Despite some progress in recognizing ADHD symptoms in women, challenges persist, including feelings of being misunderstood, self-blame, and low self-esteem (Fairman et al., 2017; Morgan, 2023).

The literature emphasized the importance of gender-sensitive approaches in addressing the distinct symptomatology of women with ADHD and advocates for ongoing adaptation of therapeutic practices (CPA, 2017). Considering the significant role of self-compassion in subjective happiness and well-being, integrating CFT into therapeutic processes becomes imperative to support women with ADHD (Booker & Dunsmore, 2018; Millard et al., 2023).

By adopting a holistic, compassionate approach that recognizes gender and intersectionality, mental health professionals can enhance treatment outcomes and improve the quality of life for this underserved group (Farmer et al., 2022; Geurts et al., 2021). Thus, this capstone research project not only underscores the vital role of CFT in enhancing the well-being of women with ADHD but also advocates for wider integration of compassion in therapeutic settings, fostering a more inclusive and effective mental healthcare framework.

These findings will directly inform the practical implementation of CFT for women with ADHD in Chapter Three. Utilizing insights gained from the literature review, specific evidence-based therapeutic strategies will be developed, tailored to the unique needs of this population, ensuring both theoretical and practical effectiveness in improving their quality of life.

## Chapter Three: Discussion and Applied Practices

### Discussion

The primary objective of the research of this capstone research project is to examine the differences in diagnosis, symptom manifestation and day-to-day experiences between males and females who fulfil the ADHD criteria and explore the need and effectiveness of integrating CFT into the therapeutic process. The central research question being addressed is: *How can CFT support women with ADHD?*

Historically, ADHD symptom manifestation including hyperactivity as their dominant symptom (London & Landes, 2019). This focus has left a gap in the understanding and recognition of demographics with impulsive and inattentive symptom manifestation, highlighting the gap of this underserved population in the research. As Fedele et al. (2012) explained, in childhood and adolescence, boys were found to have higher levels of hyperactivity than girls in their age category, though adult females with ADHD, report higher levels of inattention and hyperactivity, typically present with inattention as their primary symptom than adult males.

London & Landes (2019) found ADHD symptoms significantly decreased in males but not in females, which may play a role in differences in dominant symptom expression between adults and childhood for individuals with ADHD.

In the DSM-5-TR, the APA (2023) reports that females are more likely than males to present with inattention features of ADHD as their primary symptom, which supports the earlier findings by Fedele et al. (2012) that highlighted the significant decrease in ADHD symptoms for males compared to women. This decrease in symptomology experienced by males in adulthood may mitigate or alleviate some of the negative long-term experiences ADHD can have in the lives of males with ADHD, highlighting the increased importance of tailored and effective care

for women with ADHD.

ADHD can increase an individual's likelihood to experience poorer outcomes in adulthood, including interpersonal difficulties, lower educational attainment, increased antisocial behaviour, substance misuse, and mental health issues (APA, 2022). It would be increasingly important to maintain an ethical practice through the CPA (2017) ethical codes and maximize the benefits for the client. For example, CPA (2017) ethical code II.18 emphasizes clinicians should strive to provide or obtain the best mental health service. This can be done through choosing assessment tools, interventions or communication strategies that are relevant and tailored to the needs of the client, based on the most recent and relevant research for the client.

Promising research done by Fairman et al. (2017) suggested the gap in gender diagnosis and treatment may be closing, as the rate of diagnosis and medication in youth increased by 29% in females and 10% in male youth while adult diagnosis increased by a total of 36%, the increase was more than double in adult males than female. The increase in female childhood and youth diagnoses with or without medication may be able to minimize the feelings of being misunderstood, self-blame, mental health struggles, poor relationships, or low self-esteem that females who received their ADHD diagnosis in adulthood expressed they felt starting in childhood and extended into their adult lives (Morgan, 2023). As the prevalence of diagnosis for ADHD in females is increasing, there is significant importance of clinicians being aware of and tailoring treatment interventions to suit the unique needs of this population. Doing so allows clinicians to maintain an ethical and effective practice (CPA, 2017) and lessen the negative self-image Morgan (2023) expressed occurred in women who received their ADHD diagnosis in adulthood.

Neff (2023) explained that self-compassion should be divided into two categories,

uncompassionate self-responding and compassionate self-responding. As Farmer et al. (2022) discussed, individuals with ADHD were more likely to report higher levels of uncompassionate self-responding than their neurotypical counterparts, which Neff (2023) reported manifests as self-judgement, isolation and over-identification. There was no statistically significant difference in reporting found in the levels of compassionate self-responding, which manifested as self-kindness, common humanity and mindfulness in individuals with ADHD (Neff, 2023). Booker and Dunsmore (2019) and Murn and Steele (2019) found women did report lower levels of self-compassion, although Booker & Dunsmore (2019) results were not enough to be statistically significant. Nonetheless, females were found more likely to report higher levels of over-identification with their problems and higher levels of common humanity compared to males (Murn & Steele, 2019).

By connecting the findings of Booker and Dunsmore (2019) and Murn and Steele (2019) women with ADHD are more likely to report higher levels all categories of uncompassionate self-responding; self-judgement, and isolation and are twice as likely to report higher levels of over-identification. Conversely, women with ADHD report higher levels of only one of three aspects of compassionate self-responding, common humanity (Booker & Dunsmore, 2019; Neff, 2023). As Booker & Dunsmore (2019) found self-compassion was a consistently significant predictor of an individual's subjective well-being, described as an individual's experiences and evaluation of fulfillment and life satisfaction. As explored previously, Booker & Dunsmore (2019) believed that positive interpersonal connections were to be partially responsible for the positive correlation between subjective happiness and self-compassion. As individuals with ADHD struggle with maintaining positive interpersonal connections compared to their neurotypical counterparts (APA, 2022; Morgan, 2023), when working with individuals with

ADHD it is important to consider to these additional difficulties they experience as it can negatively influence an individual's subjective happiness and level of self-compassion.

As women with ADHD are a demographic who inherently struggle with self-compassion, negatively impacting their subjective well-being and life satisfaction (Booker & Dunsmore, 2019), it is increasingly important for clinicians to consider when working with women who may fulfill the diagnostic criteria of ADHD. Tailoring the therapeutic process to address a client's self-compassion may allow for an increase in the individual's subjective well-being and life satisfaction. As explored, Compassion-Focused Therapy is a modality created to enhance well-being and life satisfaction, through the integration of mindfulness, acceptance, meta-cognition, emotions and values into CBT (Millard et al., 2023). Ensuring the needs of a specific demographic is an important aspect of selecting a therapeutic modality, to explore effectiveness of CFT in this demographic, Geurts et al. (2021) used mindfulness-based interventions, a part of the interventions utilized in CFT, and reported an improvement in self-compassion which mediated an increase in positive mental health, psychological well-being as well as a decrease in negative indicator of self-compassion outlined by Neff (2023), post-treatment, at the indicator of self-compassion outlined by Neff (2023), post-treatment, at the three and six-month follow-up in adults with ADHD diagnosis. Like all modalities, training and education is continuously important which will be discussed in this chapter, following the limitations.

### ***Limitations***

Although research is now beginning to explore the underdiagnosed population of women and ADHD, there is more exploration to do in different aspects of an individual's intersectionality such as race or culture. For example, Fairman et al. (2017) reported an ADHD diagnosis was 77% less likely among Black adults compared to White but 24% more likely in

Black youth compared to White youth. As indicated, most of the research was conducted in North America, but more specifically in the United States of America, therefore the results of these studies may not be applicable across the globe.

When it comes to gender, all but one study by Farmer et al. (2022) did not include gender-diverse individuals, instead used biological sex. Therefore, the research may not be applicable to gender-diverse populations and their lived experiences. Further research into the intersectionality of ADHD and gender-diverse individuals would be needed. Though, as CFT was founded in 2000 by Paul Gilbert (Gilbert & Simos, 2022), it is relatively new in the realm of psychological research. Consequently, there has been limited research specifically targeting smaller demographics, such as women with ADHD. Within this demographic, research on CFT used in combination with medication was virtually non-existent, highlighting a limitation in research and potential care.

Another limitation of the research was the variability in the diagnostic criteria and definitions of ADHD throughout the research as the various studies employed different versions of the diagnostic manuals. Throughout the research of this capstone research project, the DSM-5-*Tr*, DSM-5, DSM-4-*TR* and the ICD-10 were used. The use of different diagnostic criteria and definitions can result in discrepancies in prevalence and symptomology, potentially creating a challenge to draw conclusions on the effectiveness of CFT in women with ADHD.

### **Applied Practice**

As clinicians integrate CFT into the therapeutic process, an important role of the therapist is to validate, reflect and normalize while using a voice and pace to create safety for the client (Karris & Caldwell, 2015). This allows clients to explore their emotional experiences while offering a corrective, compassionate emotional experience for the client by working in the here

and now to help uncover hidden parts of their psyche and create new meanings (Karris & Caldwell, 2015). This could be achieved through mindfulness practices such as body scanning, mindful movement, sitting meditation (Geurts et al., 2021), or compassionate imagery, both within the session and as homework, to positively impact an individual's level of self-compassion (Geurts et al., 2021; Karris & Caldwell, 2015).

In an annual review by Neff (2023), he described CFT as a tool that can increase a client's awareness and understanding of their automatic emotional reactions, such as overidentification, self-criticism or isolation. As reported by Neff (2023), there are aspects that makeup uncompassionate self-responding which may have been unconsciously reinforced external and internal influences. Helping individuals create a better understanding of themselves, through motivating them to care for their well-being and become aware and respectful of their own needs, can help reduce self-criticism and self-judgement which in time, could increase their levels of self-compassion (Neff, 2023). However, a client's willingness to explore their emotions, thoughts and behaviours play an essential role in the process of CFT (Riebel et al., 2023). Clients also need to be engaged in session and be committed to practicing CFT, attempting to integrate its practices in their daily life such as meditation, compassion exercises or behaviour experiments to obtain the benefits of CFT (Gilbert & Simos, 2022).

Geurts et al. (2021) reported the significant mental health benefits that can result from the application of compassion-focused interventions for individuals with ADHD. Therefore, it is important for clinicians to consider the intersectionality of gender and fulfillment of ADHD diagnostic criteria for their clients. When working with a female with ADHD, it is important to recognize this population exhibit lower levels of self-compassion (Booker & Dunsmore, 2019; Murn & Steele, 2019). Consequently, women with ADHD are more likely to have

uncompassionate self-responding (Farmer et al., 2022), which can adversely affect well-being and life satisfaction (Booker & Dunsmore, 2019). To address this intersectionality effectively, clinicians should aim to increase self-compassion and decrease uncompassionate self-responding within this demographic to maximize the benefits for their client and maintain ethical practices (CPA, 2017).

Research suggested that completing 6-14 weekly sessions of CFT can facilitate a significant increase in an individual's self-compassion (Gilbert, 2010; Neff, 2023; Wilson et al., 2019). This increase in self-compassion can result in improvements in relationship functioning, forgiveness and behaviours that promote health improvements such as exercise due to individuals with higher levels of self-compassion are more likely to have increased happiness, emotional intelligence, internal motivation and can cope more effectively (Germer & Neff, 2013; Gilbert 2010; Neff, 2023). The CPA (2017) had identified the benefits of a risk versus benefit analysis of interventions as an important part in a clinician's practice. Failing to complete this analysis could suggest unethical practices by a clinician and failure to integrate CFT with this population. Due to observed benefits such as increasing self-compassion and enhancing well-being for women with ADHD (Beaumont et al., 2021), several techniques can be integrated into the session including mindfulness exercises, such as meditation, body scanning, relaxation to create a calm, safe space for the client which would include exploration of all the senses to get a more in-depth sense and understanding of their safe space (Karris & Caldwell, 2015). This next section will explore a few of the commonly used CFT interventions that can be integrated into the therapeutic process to allow the client to enter a calm state and exemplify applied practices.

### ***Interventions***

Commonly used CFT interventions include breathing exercises, such as soothing rhythm

breathing, are utilized in CFT for parasympathetic activation. Parasympathetic activation involves the nervous system which prompts relaxation after periods of stress, which is important in allowing the client to feel safe in session (Beaumont et al., 2021). Breathing exercises can be utilized at any point in the session and typically include grounding techniques by bringing the client's attention to their bodily senses and their connection to the floor, chair or other object they may be in contact with to bring the client into the here and now (Karris & Caldwell, 2015). In women with ADHD, using this technique can help reduce anxiety and improve focus by fostering a sense of calm and presence which can aid in the management of ADHD symptoms (Karris & Caldwell, 2015).

An intervention that is one of the most important and commonly used in CFT is compassionate imagery and can act as a stimulus for activation of the soothing effect or parasympathetic nervous system, decrease cortisol and create feelings of calm (Gilbert, 2010). An example of using compassionate imagery during a counselling session could involve having the client imagine watching themselves in a situation they felt anxious or dysregulated, as if they are observing from the outside (Gilbert, 2010; Gilbert et al., 2017). The clinician assists in the creation of an ideal image that embodies strength, nonjudgemental compassion and warmth towards the client while the client explores their self-critical thoughts, feelings and struggles through a compassionate lens with the intention of being kind and helpful to themselves (Conversano et al., 2020; Gilbert, 2010). The clinician monitors the client's tone and speed during the compassionate imagery exercise and guides them to re-enter their safe space if their compassion wavers, allowing them to recapture compassionate expression and begin the exercise again (Gilbert et al., 2017). In women with ADHD, compassionate imagery can help manage emotional dysregulation and foster a kinder, more supportive internal dialogue (Conversano et

al., 2020).

Compassionate letter writing and chair work are other common CFT interventions used to build automatic compassionate reactions and responses within an individual (Millard et al., 2023). Before engaging in these interventions, clients should be guided through breathing exercises to activate the soothing effect system. By participating in these interventions through a compassionate lens, clients can begin to build sympathy, empathy, explore their sensitivity to pain or suffering, and address their shame and self-criticism, whether internal or in relation to their interpersonal relationships (Millard et al., 2023). Women with ADHD can particularly benefit from these interventions by addressing internalized negative self-beliefs and fostering a more compassionate self-view (Farmer et al., 2022; Neff, 2023).

During these interventions, clients should identify the individual or situation and the motivation behind exploring their thoughts or memories (Conversano et al., 2020). Clinicians should aim to provide safety and calming guidance for the client to begin understanding and validating their ADHD struggles, while taking responsibility for their thoughts or actions through a compassionate lens (Conversano et al., 2020). Clinicians should then guide clients to compassionately explore alternative solutions or behaviours that would allow for greater compassion towards themselves and others (Conversano et al., 2020). In women with ADHD, alternative solutions and behaviours could be focused on improving time management or organizational skills through an understanding of their unique challenges (Conversano et al., 2020).

Practicing CFT within sessions is important since clinicians should encourage their clients to participate in self-care, self-reflection and self-practice outside of their session to help cultivate self-compassion when the client is able to maintain compassion and identify when their

thoughts may waver from a compassionate lens (Beaumont et al., 2021). This is especially important for women with ADHD as they often face challenges with emotional regulation and self-criticism, which can be mitigated through consistent practice of self-compassion techniques (Neff, 2021). Though not compulsory, using assessments such as the Self-Compassion Scale (Neff, 2003) or the short form Self-Compassion Scale (Raes et al. 2011) to evaluate the client's level of compassion can also help inform the clinician on the therapeutic progress (Beaumont et al., 2021; Neff, 2023). These tools provide valuable insights into how well clients are internalizing and applying self-compassionate practices, thereby allowing for adjustments to be made in therapy to better support their unique needs.

### **Reflections on Personal Learning**

Through identifying a research question and relevant research for this capstone research project, I have had the opportunity to critically analyze an extensive amount of research and explore several long-standing curiosities that I have had throughout my life. As a woman who was diagnosed with ADHD in childhood and having first-hand experience of some of the daily experiences of women with ADHD, the most impactful lesson from this capstone is the validation of my frustration after recognizing the lack of lived experiences of women with ADHD in research and the gap in effective therapy options. Though as a clinician, this frustration is still prevalent, my perspective on it is different. The acknowledgement of the gap and limitations within the literature illustrates that more research and awareness about ADHD in women is necessary and sought. I will continue to fill in this gap and increase our knowledge of ADHD in women, their unique struggles and effective modalities and interventions for this population.

One aspect that stood out to me during the research was that most of the recent studies

included females at a rate that is disproportionate based on the general population. With a historical imbalance of participants being disproportionately male, this shift in the research was an aspect that caught my interest. Though it was outside the scope of this capstone research project, I was curious to the factors driving this shift and how it may impact the findings and interpretations of the studies as it may provide insights into gender inclusivity in research.

The second and more prominent curiosity was the interactions of the other aspects of an individual such as ethnicity, culture, sexuality or religion. Though it was outside the scope of this capstone research project, the way different parts of an individual's intersectionality interact and ways to tailor therapeutic interventions and if there was demographics that would not benefit or potentially be harmed by integration of CFT into the therapeutic process. This will be an area of continued education for me with the aim to be able to provide effective and ethical care to all individuals through tailoring care for the individual and the intersectional ties that affect the way they see and experience the world around them.

Throughout Chapter Three, I revisited the purpose of the research, research question, and discussion of the literature review, and highlighted the need for tailored therapeutic approaches for women with ADHD. The application and several interventions of CFT has been explored as a promising avenue to enhance self-compassion and overall well-being in women with ADHD. My reflection on my personal learning highlights the importance of ongoing education and addressing intersectionality in therapeutic practice. This chapter concludes the capstone research project, providing a comprehensive overview and final thoughts on the research journey.

## Conclusion

Within this capstone research project, there was an exploration of unique difficulties and experiences of women with ADHD and how CFT can be used to support this demographic. The persistent research gaps in the diagnosis and treatment for women with ADHD are apparent, highlighting the need for a tailored therapeutic approach.

Through reviewing existing literature and analyzing various interventions, the specific challenges faced by women with ADHD have been highlighted. The exploration into self-compassion revealed a significant role in enhancing the quality of life for individuals with ADHD. As women with ADHD tend to exhibit lower levels of self-compassion, which correlates with poorer mental health outcomes (Farmer et al., 2022), the exploration into CFT has shown its promise in enhancing self-compassion and overall well-being among women with ADHD, offering a promising and effective modality to address their specific needs (Gilbert, 2010).

This capstone research project highlights and acknowledges the gaps in current research into the experiences and effective treatment of women with ADHD. It highlights the importance of ongoing education and the continuous development of a clinician's knowledge to better serve this population (Geurts et al., 2021). By acknowledging these gaps, clinicians can provide more effective and ethical care, ensuring that therapeutic interventions are both inclusive and responsive to the diverse experiences of women with ADHD.

In conclusion, this capstone research project provides a comprehensive overview of the potential of CFT in supporting women with ADHD, advocating for further research and implementation of tailored therapeutic strategies to improve their quality of life and emotional well-being. Through this research, valuable insights have helped us answer the research question: *How can CFT support women with ADHD?* By integrating CFT, therapists can better support the

unique needs of women with ADHD, helping them navigate their challenges with greater resilience and self-kindness.

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## Appendix

## Methodological Approach Summary

Source			Purpose	Methodology			Findings
Author(s)	Date	Journal		Design	Sample	Data Collection Tool(s)	
London & Landes	2019	Journal of Attention Disorders	To document inter- and intra-cohort changes in ADHD prevalence among U.S. adults. To examine gender-specific historical period effects on ADHD prevalence.	Quantitative, longitudinal study	Adults aged 18-64, using data from the 2007 and 2012 U.S. National Health Interview Survey	Analysis of survey data	ADHD prevalence among adults increased from 3.41% in 2007 to 4.25% in 2012. Gender-specific trends were noted, with a more significant increase in ADHD prevalence among women, narrowing the gender gap by 31.1%. The study suggests changes in diagnostic practices and increased recognition of ADHD in women.
Fedele, Lefler, Hartung & Canu	2012	Journal of Attention Disorders	To determine whether sex differences exist in inattention, hyperactivity, and impairment in college adults with ADHD. The study aimed to clarify the mixed literature by specifically focusing on emerging adults.	Quantitative	874 college students The control group included 710 participants (336 men, 374 women), whereas the ADHD group included 164 participants (72 men, 92 women) from three universities. The ethnic composition of the sample was 84.8% European American, 4.1% African American, 4.0% Hispanic/Latino, 3.1% Native American, 1.8% Asian American, 1.1% biracial, and 0.7% other. There was no significant difference in the distribution of ethnicity among sites.	Barkley's Current Symptoms Scale—Self-Report Form, impairment section of Barkley's Current and Childhood Symptoms Scale—Self-Report Form	College women with ADHD showed higher rates of inattention, hyperactivity, and impairment compared to college women without ADHD and college men with ADHD. Women with ADHD experienced more significant impairment across various life domains, including home life, social life, education, money management, and daily activities.
Murn & Steele	2019	Counselling Psychology Quarterly	To investigate the age and gender differences in self-compassion and body attitudes among college students. To understand how these factors impact the well-being and psychological health of the students. To provide insights that could inform interventions aimed at improving self-compassion and body image among college students.	Quantitative, cross-sectional survey	299 students (98 men, 201 women; age range of 18–57 years) from a large southwestern American university participated. M = 25.9, SD = 7.8. All education levels were represented, with 27 Freshmen, 38 Sophomores, 47 Juniors, 64 Seniors, and 123 Graduate students. Of the participants, 234 identified as White/Caucasian (78.3%), 20 identified as Black/African-American/African (6.7%), 14 identified as American Indian/Native American/Alaska Native (4.7%), 13 identified as Asian/Asian American (4.3%), 11 identified as Hispanic/ Latino(a) (3.7%), and seven identified as Multiracial (2.3%).	The Self-Compassion Scale, The Rosenberg Self-Esteem Scale, The Rosenberg Self-Esteem Scale and The Body Comparison Scale	The study found that self-compassion and body attitudes vary significantly with age and gender among college students. Younger students and females reported lower levels of self-compassion and more negative body attitudes compared to older students and males. Older students displayed higher self-compassion, which is linked to better psychological health and more positive body attitudes. Suggesting interventions promoting self-compassion could be beneficial, particularly for younger females students. Differences in self-compassion were linked to both age and gender, indicating the need for targeted approaches in counseling and educational settings to address these disparities.
Morgan	2023	Advances in Mental Health	The purpose of this study was to explore the experiences of women who were diagnosed with ADHD in adulthood. It aimed to highlight the challenges these women face in obtaining a diagnosis and the impact of the diagnosis on their lives.	Qualitative	52 women aged 19-56, primarily university students in England diagnosed with ADHD in adulthood. 23 identified as White British, 7 as Black British, 6 as British Asian, 6 identified as Black African, 3 as White European, 2 as White Irish, 2 identified themselves as White North American, 2 as South American, 1 Romani traveler, 1 identified as Turkish and 1 as Moroccan	Semi-structured interviews conducted online via Microsoft Teams, lasting approximately 1 hour and 15 minutes each.	Diagnosis is often seen as empowering but accompanied by sadness due to past traumatic experiences. Challenges include coping with the diagnosis due to internalized ableism and stigma. There is minimal mental health and psychological support post-diagnosis and inadequate follow-up on medication and face significant difficulties being referred from primary care to specialist ADHD services. Reasons for not being diagnosed earlier include gender and racial stereotypes, masking behaviors, lack of professional knowledge, and an overemphasis on diagnosing other mental health issues. Recommendations include increased training for professionals on ADHD presentation in girls, specialized ADHD psychological therapies, and improved post-diagnosis support and medication monitoring.
Beaumont, Bell, McAndrew & Fairhurst	2021	Counselling and Psychotherapy Research	To investigate the impact of Compassionate Mind Training (CMT) on qualified health professionals undergoing a Compassion-Focused Therapy (CFT) module. The study aimed to determine whether CMT could enhance self-compassion and reduce self-criticism among healthcare professionals.	Mixed-methods, pre-post intervention design.	15 qualified health professionals 8 male and 7 female n = 13 qualified counsellors/psychotherapists, n = 1 psychological well-being practitioner and n = 1 registered mental health practitioner 11 participants fully completed pre- and post-test pairs of questionnaires. Thirteen participants were from the UK, one participant was from the USA, and one was from Finland. age range: 24 and 49 years, and all participants completed the module as a group.	The Self-Compassion Scale-SF, the Forms of Self-Criticising/Self-Attacking and Self-Reassuring Scale and the Functions of Self-Criticising/Self-Attacking Scale.	CMT significantly increased self-compassion and well-being among participants, while reducing self-criticism and distress. The study highlights the potential benefits of incorporating CMT into professional training programs to support mental health and professional resilience among healthcare providers.