

Navigating Neurodiversity: Examining ADHD's Influence on Therapists

Makena Hind

Division of Health and Sciences, City University, Seattle

A thesis submitted to the faculty of graduate studies in partial fulfillment of the requirements for
the degree of Master of Counselling Psychology

September 20, 2023

Abstract

Neurodivergent (ND) therapists are mental health professionals who identify as such due to their sensory experiences and cognitive styles, which deviate from societal norms. This hermeneutic phenomenological literature review considers the experiences of ND therapists, specifically therapists with attention-deficit hyperactivity disorder (ADHD). This research drew upon counselling and ADHD literature, borrowing participant quotes to consider the experience of ND therapists beyond diagnostic criteria and counsellor development theories. Therapists with ADHD may encounter disadvantages related to comorbid conditions, gender-based inequalities, and executive functioning impairments. This literature review also addresses foundational impairments of ADHD, such as deficits in executive functions and working memory and their implications for therapists. In addition, the effects of ADHD on the working alliance and therapeutic presence are considered. Conversely, this literature review highlights specific characteristics of ADHD that may serve as protective assets for ND therapists. It considers the potential benefits of using mindfulness as an ongoing strategy to mitigate ADHD symptoms. The findings of the phenomenological hermeneutic analysis shed light on the critical research gap concerning ND therapists. Consequently, an opportunity arises to identify the most effective ways to support ND counsellors through the ever-changing phases of their lives and careers.

Keywords: therapist, psychologist, counselling, counsellor development, psychodynamic, ADHD, neurodivergent, ADD

Navigating Neurodiversity: Examining ADHD's Influence on Therapists

Preface

The Master of Counselling program is known for its academic rigour, presenting significant information that can be overwhelming for developing counsellors. I anticipated that having ADHD would present additional challenges, especially since I have historically had to invest significantly more time and effort to achieve similar results as other students. My suspicions were quickly confirmed. My experience aligns with that of numerous individuals with ADHD, demonstrating resilience through the ability to adapt positively in the face of adversity, alongside traits of persistence and optimism (Gerber, 2001). Also, like other ND people, I have an interest-based nervous system rather than one driven solely by importance. This inclination results in a deep-seated motivation to invest extensive hours in pursuits that kindle my passion and hold personal significance. Therefore, my genuine interest in psychotherapy and my resilient nature helped me persevere through the demanding work.

As I approached the counselling internship, I became curious about the ADHD-related challenges that I might expect to experience as a neurodivergent (ND) counsellor. Moreover, I sought solutions and strategies to respond to these expected difficulties. I did not expect to find an absolute lack of literature exploring the experiences of ND counsellors. The absence of research underscores Enright's (2021) argument that ND individuals often receive unfortunate implicit or explicit messages suggesting they do not meet society's neurotypical expectations. This realization evolved into my research question: What challenges do ND therapists experience?

As a researcher and ND counsellor, I was considering how to answer this research question when my thesis supervisor introduced me to the concept of hermeneutic

phenomenology; like a moth to a flame or rather an ADHDer to anything novel, I was intrigued and thought, “Yep, this seems byzantine enough for my taste.” Submitting a prospectus (i.e., a proposal) is the first step in writing a thesis. I recall Googling “hermeneutic phenomenological prospectus” and laughing out loud because it seemed like a spell from J.K. Rowling's Harry Potter series; I took this as a sign that I was on the right track.

Motivated by my rudimentary clinical experience as a therapist with ADHD, my commitment to self-reflection, and my passion for destigmatizing neurodivergence, this hermeneutic phenomenological literature review explores therapists' experiences living and counselling with ADHD. I hope this exploration will yield fresh insights, nurture a broader understanding, and cultivate cultural awareness regarding the often-overlooked reality that therapists, unassumed by many, may grapple with invisible disabilities. These invisible disabilities warrant the same level of compassion and support that we provide for our clients. By fostering this awareness, we can strive for inclusivity, acknowledgement, and assistance so ND therapists can flourish and contribute significantly to the counselling profession.

Situating Terms

Explaining how the researcher defines the terms is essential to ensure contextual understanding. Throughout this paper, I use the terms *therapist*, *psychologist*, *psychotherapist*, and *counsellor*, as is done throughout the cited literature, and to differentiate the focus of this review from other forms of psychology (e.g., organizational psychologists). The diagnostic label, *attention deficit disorder* (ADD), was changed to *attention deficit hyperactivity disorder* (ADHD) in 1987 to encompass all attention-related symptoms (Archer, 2015). The terms are used interchangeably within the literature, depending on whether the author was trained before the 1990s (Brown, 2017).

It is worth noting that even the name ADHD has been contested in recent years. Prominent ADHD researchers advocate for another name change as many highlight that ADHD has a mix of assets and liabilities; thus, some argue that ADHD is not entirely a disorder (Brown, 2017; Hallowell & Ratey, 2021). Hallowell and Ratey (2021) propose that ADHD be renamed variable attention stimulus trait (VAST), highlighting that it may be less of a disorder and more of a personality trait while acknowledging additional ADHD-related phenomena identified through research. These include rejection-sensitive dysphoria and recognition-responsive euphoria, which pertain to distinctive emotional responses experienced by individuals with ADHD, such as heightened sensitivity to perceived criticism and a more pronounced positive reaction to encouragement (Dodson, 2023; 2016).

Neurodiversity refers to the diversity between minds (Walker, 2021). *Neurodivergence* refers to the state of being *neurodivergent*, denoted by ND, which refers to individuals whose neurological development and functioning diverge from what is considered typical or average (Walker & Raymaker, 2021). ND individuals have different patterns of thinking, perceiving, and experiencing the world, which can be predominantly genetic or caused by brain-altering experiences (e.g., brain injury). The concept of the *neurodivergent paradigm* recognizes the potential of individuals with conditions like ADHD. It shifts the understanding from psychopathology by emphasizing the strengths of neurodiversity and understanding it as a difference, not a disorder. It acknowledges the positive aspects of human functioning while still acknowledging the challenges associated with ADHD, considering it more as a difference than a diagnosis (Walker & Raymaker, 2021).

Research Questions and Purpose

Consulting with multiple university librarians helped me confirm a notable gap in counselling psychology research. To my knowledge, no attempts have been made to investigate the challenges experienced by ND therapists. ND therapists represent a largely unacknowledged minority population within the helping profession. The global prevalence of ADHD is estimated to be 366.33 million adults and 3.5% of the global workforce (Lauder et al., 2022; Song et al., 2021). The lack of comprehensive knowledge about the impacts of ADHD for ND therapists results in little awareness of how ADHD may impact counselling sessions, including therapeutic alliance and client outcomes. Without thorough research on the impacts and experiences of helping professionals with ADHD, it is difficult to determine ND therapists' specific challenges. As a result of not knowing the specific impairments ND counsellors face, educators and supervisors may be unable to support novice therapists adequately. Similarly, experienced therapists may need to prepare for ADHD-related challenges that may manifest in response to life circumstances or physiological changes. The following questions guided this research project: “How does ADHD affect a therapist’s ability to counsel and what strategies can help a therapist with ADHD?” The purpose of this paper is to provide an introduction to the life experience of ND therapists for aspiring and practicing psychotherapists.

Metaphors serve as valuable tools for elucidating complex phenomena, such as the experience of individuals with ADHD. The following metaphors are from Staff's (2009) interview with a neurodivergent psychiatrist and a leading expert in the field of ADHD; Edward Hallowell describes having ADHD as like driving in the rain with bad wipers, everything is blurred, and you are speeding along, frustrated by not being able to see well. Another example from Hallowell is that ADHD is like listening to the radio with too much static. When explaining ADHD to clients, Hallowell and Ratey (2021) use the analogy that “a person with ADHD has the

power of a Ferrari engine, but with bicycle-strength breaks” (p. 5). This metaphor illustrates that ADHD is not so much inattention, but instead racing thoughts which are difficult to filter and sort.

Researcher Self-Positioning Statement

The purpose of a positioning statement is for the reader to become skeptical about any claims made in the article. Furthermore, the researchers' positionality serves as a way to mitigate biases, which is relevant, as people tend to evaluate a proposal depending on whether the premise is desirable, threatening, or disagreeable (Cain & Detsky, 2008; Young, 2009). Therefore, researchers need to acknowledge aspects of the lens through which they view and interpret the research. For example, readers this far know that I have disclosed my connection to ADHD. Therein lies a foundational bias. Another prominent bias in this research is my interest in and pre-understandings of gender and sexuality. My educational background, including two bachelor's degrees, significantly influences my worldview. One Bachelors of Arts degree is in psychology, focusing on lifespan development and the other is in sociology, focusing on gender and sexuality.

I did not begin my research with any expectations or intention of exploring gender as much as I did. I was surprised at how complex the disparities between neurodivergent men and women are. My previous knowledge and interests influenced my decision to allocate more attention to exploring the gender-related challenges of ADHD. Another influential consideration is that I viewed this research from a woman's insider perspective. More specifically, I am one of the many women overlooked for ADHD diagnoses, only to be diagnosed later in life after substantial research and self-advocacy. I am acutely conscious of my partiality toward

highlighting the impacts of ADHD on women, mainly because I consider it crucial that I do not contribute to the ongoing underrepresentation of women in clinical research (Bierer et al., 2022).

Notably, this review may seemingly exhibit a lesser exploration of the experiences of male counsellors with ADHD than their female counterparts. This discrepancy is primarily due to the available research and the marked differences in how ADHD impacts individuals based on female hormones (Antoniou et al., 2021). In a similar vein, this literature review presented more deficit focused exploration of ADHD. Although, strength-based research on ADHD is growing (see Ortiz, 2020), the majority of ADHD literature is focused on the impairments associated with the diagnosis.

Another notable aspect of my research positionality is the adoption of a holistic worldview. In its simplest form, a holistic perspective can be understood as a cognitive framework emphasizing the entirety rather than the individual components (de la Sierra, 2020). Therefore, when reflecting on the experiences of ND therapists, a complete understanding of their experience cannot be achieved without considering the interconnectedness of aspects such as health, counselling education, and supervision. In my experience, the interconnectedness of ADHD pervades various domains of an individual's life and is frequently accompanied by taxing physical, social, or psychological challenges (Hallowell & Ratey, 2021). These taxes are becoming known as the ADHD tax, which refers to living with the accrued cost of having an ND brain with executive functioning (EF) challenges (Hallowell & Ratey, 2021; Mutti-Driscoll, 2016). Not everyone with ADHD faces the same challenges; for some, it may be the cost of replacing lost items; for others, including myself, it involves academic struggles, time lost with friends and family, relationship deterioration, financial setbacks, and psychological effects (Mutti-Driscoll, 2016).

Although I continue to experience several ADHD taxes, I am writing this thesis now from a place of privilege. I recognize that amidst the challenges, I have been incredibly fortunate to possess unwavering family support, which has granted me the privilege and choice to persevere through those difficult times. Based on my experience, ADHD can be deeply discouraging. Therefore, I tend to agree with William Dodson (2019), a psychiatrist specializing in adult ADHD, who suggests that in order “to counteract feelings of shame and low self-esteem, people with ADHD need support from other individuals who believe they are a good and worthwhile person ... as long as they think you are good ... and capable- especially when things go wrong” (para. 25). Dodson (2023) emphasizes that people with ADHD need sincere cheerleaders. I was fortunate to have many cheerleaders helping me face adversities.

The ND movement resembles a united and supportive cheerleading network, a dynamic that I perceive as crucial for advancing the counselling field. I find the concept of ADHD cheerleaders to be well-aligned with the broader ND paradigm. Furthermore, as a sociologist- soon be a psychologist, I see value in contributing to the ND movement. This movement challenges the longstanding medical model, perpetuating the belief that people with atypical brain functioning must be fixed. In response to the conventional deficit-focused medical model, ND counsellors hold a central position within the mental health sector.

Thus, by delving into the experiences of these counsellors, new and distinctive viewpoints may emerge with the potential to influence a global value in embracing diverse cognitive frameworks. This exploration of my researcher positionality draws attention to my ND experience, worldview, and appreciation for the ND paradigm. While the hermeneutic phenomenological methodology accommodates researchers’ biases, conscious efforts were made to monitor and reflect on these biases during the research process.

Ethical Consideration: Plan to Mitigate Biases

Biases are an unavoidable phenomenon inherent to human understanding; further, they can be created at the first introduction of a topic; you might be forming some now (Boell & Cecez-Kexmanovic, 2014; Cain & Detsky, 2008). Hermeneutic phenomenology positions me in a pivotal role as a researcher/reviewer, guiding both the literature-gathering process and the construction of the review. My research questions were informed by my pre-understandings and lived experiences of ADHD and counselling. These leading questions may be criticized for potential researcher biases in qualitative research. However, in this approach, my biases and assumptions do not need to be bracketed (Keshavarz, 2020). Instead, they have been integrated into my final interpretations and have aided me in identifying research gaps (Keshavarz, 2020).

Nevertheless, I must acknowledge and continuously reflect on my identity as an ND counsellor and recognize its significant role in shaping this literature review. My thesis supervisor encouraged me to keep a field or reflexive journal to negotiate my awareness of the research and firsthand experiences as a novice counsellor. The journal served as a space for metacognitive reflection, grounding the researcher (myself), and enabling analysis by revisiting my past experiences. Revisiting previously recorded observations helped me reconsider my insights, given new knowledge (Meyer & Willis, 2019). Additionally, I incorporated Corbin and Strauss' (2015) approach to discuss my evolving assumptions and potential biases. Journaling provided me with additional accountability and clarity, thereby enhancing the overall reliability of my literature review (Gerstl-Pepin & Patrizio, 2009).

Methodology: Hermeneutic Phenomenology

The hermeneutic phenomenological approach is distinguished by its foundational premise. Rooted in Greek mythology, hermeneutics comes from Hermes, the messenger of the

gods, known for delivering communications to Zeus (van Manen, 1990). Phenomenology is the science of phenomena shaped by the history of philosophy and human science. This approach, advanced by foundational philosophers, Husserl and Heidegger, aims to develop plausible insights by making individuals available to share subjective reflections that bring them into more direct contact with the world in which we live (van Manen, 1990).

This approach was chosen for three more reasons. Firstly, highly systematic or structured literature reviews have been criticized for downplaying the significance of the dialogic dynamic between the literature and the researcher, resulting in a stifling of academic curiosity (MacLure, 2005). The second reason was that the significant gap in research required me to use my pre-understanding of ADHD and counselling psychology, along with my innate curiosity, to creatively engage with what work was available. Thirdly, I was inspired to adopt Husserl's perspective, *Zu den Sachen*, which roughly translate to 'let's get down to what matters'. Finally, and most importantly, hermeneutics does not assume that correct or ultimate understanding can be achieved, which I find helpful given the subjectivities concerning ADHD (Boell & Cecez-Kecmanovic, 2014, p. 259).

Nature of the Study and Limitations

Due to the lack of existing research, an intentional structure was introduced into the research approach to provide organization and clarity regarding ND therapists. I used a Gadamerian hermeneutic phenomenology analytic framework (Ajjawi & Higgs, 2007; Fleming et al., 2003) to guide my review with Bramer et al.'s (2018) fifteen-step search approach. Both frameworks emphasize the importance of formulating an appropriate and open research question (i.e., what challenges do ND therapists experience?). Bramer et al.'s (2018) search approach provided a helpful framework for planning and creating a multi-database search strategy (i.e.,

where to start). Also, the Gadamerian approach included an exploration of my pre-understandings and their encounter with the discovered texts through the hermeneutic circle (i.e., my lived experience as an ND therapist).

Heidegger proposed that pre-understanding is necessary to enable understanding. Said differently, it takes pre-understanding to make knowing possible (Barrett et al., 2011, p. 187). For Gadamer (1975), understanding is the fusion of horizons, symbolizing "... the range of vision that includes everything that can be seen from a particular vantage point ..." (as cited in Boell & Cecez-Kecmanovic, 2014, p. 262). This hermeneutic phenomenological approach represents my current scope of perception. The horizon encompassing my comprehension of ADHD and counselling aligns with the process of fusing with the textual horizon, as evident in the explored research. By embracing a hermeneutic phenomenological perspective, I transcended my limited viewpoints, thus expanding the horizons of my understanding. This expansion of perspectives widened my outlook and opened up new potential horizons, a topic thoroughly discussed in my suggestions for the counselling psychology profession.

While there are many benefits to using a hermeneutic phenomenological method, a common criticism is the subjective nature of interpretation (Finlay, 2009). In hermeneutic phenomenology there are disadvantages to including the researcher's reflections. The self-as-researcher approach may raise concerns about subjectivity and overgeneralization. Since this paper does not include research participants, my voice dominates the paper. However,

embracing the reader's openness to the meaning of another's text can enrich the hermeneutic circle (Boell & Cecez-Kexmanovic, 2014; Gadamer, 1975, 2004).

Literature Review

It is well-established in the literature that ADHD affects various aspects of people's lives (Barkley & Fischer, 2011). For instance, ADHD often negatively affects a person's academic performance and achievement, social functioning, and career and financial outcomes (Faraone et al., 2021). Not only is there significant individual variability in the extent to which a person's life is affected by ADHD, symptoms can occur on a continuum, ranging in severity and changing throughout a person's life (Barkley & Fischer, 2011).

Moreover, many comorbidities are associated with ADHD, and previous studies suggest that as much as 90% of adults with ADHD have one or more comorbid psychiatric disorders (Biederman et al., 2004; Gjervan et al., 2011; Sobanski et al., 2007). Compared to their neurotypical counterparts, adults with ADHD have a higher risk of experiencing mood, anxiety, eating, and substance use disorders (Biederman et al., 2004; Sobanski et al., 2007;).

Overall, individuals with ADHD are more likely to report lower life satisfaction attributed to their ADHD diagnosis; moreover, they report higher levels of suicidal ideation, and there is a positive association between suicide and ADHD (Balazs & Keresztesy, 2017; Biederman et al., 2006; Faraone et al., 2021). Comorbidity patterns in adults with ADHD underscore the severity and clinical complexity of the diagnosis, emphasizing the counselling field's responsibility to recognize vulnerabilities faced by ND therapists.

Addressing Myths

Attention and willpower are central themes in ADHD research and serve as the foundation for several myths associated with the disorder. The first myth is that individuals with ADHD cannot pay attention. Dodson (2019) argues that the term "attention deficit" does not accurately depict the experience of individuals with ADHD. Instead, he asserts that those with ADHD have abundant attention, often paying excessive attention to everything. This results in

multiple thoughts simultaneously occupying their minds, making it challenging to filter out relevant information.

Researchers have discovered results that align with Dodson's theory. According to Dodson (2019), the hallmark of the ADHD nervous system is characterized by inconsistent attention. Dodson (2022) described adults with ADHD as internally hyperactive because as individuals age, they exhibit fewer external symptoms, but experience heightened internal symptoms. Schecklmann et al. (2008) measured brain activity in participants with ADHD, and their findings suggest that greater brain activity correlated with lower performance. The researchers concluded that ADHD could be more centred around the recruitment and utilization of cognitive resources rather than being solely defined by deficits (Schecklmann et al., 2008).

Another misconception is assuming that individuals with ADHD lack willpower and motivation. For example, from the vantage point of a neurotypical individual, someone with ADHD may appear lazy because they fail to follow through on a promise. However, research supports that ADHD is best understood as interrelated impairments in the action potential of synapses between specific networks of neurons in the brain (Brown, 2013; Volkow et al., 2011). This impaired communication system significantly affects executing functioning (EF), impacting an individual's ability to achieve desired goals and behaviours (Brown, 2013). Appreciating the role of EF is pertinent to understanding the experience of therapists with ADHD (EF will be discussed more fully in another section).

In addition, individuals with ADHD are further challenged by the inconsistent and confusing characteristics associated with having an ADHD brain. For example, a participant from Holthe and Langvik's (2017) investigation on the experience of highly educated women with ADHD stated:

It was very variable how well I would do at work; I would get ... challenging assignments ... everything that was a puzzle was interesting to me ... when that puzzle turned into everyday routine work, I couldn't do it ... (p. 7).

The above excerpt illustrates how daily tasks can become a challenge, despite having the capability and desire to do them. Furthermore, the excerpt illustrates Dodson's (2023) hypothesis that people with ADHD have an interest-based nervous system rather than an importance-based one. Thus, Dodson (2023) argues that those who ascribe ADHD-related challenges to a lack of willpower or motivation fail to acknowledge the substantial influence of unconscious emotions, such as passion, in the brain's motivational processes (Dodson, 2023). It is important that counselling educators and supervisors are aware of prominent myths so that they do not perpetuate stigmas and can instead foster a psychologically safe training environment.

Early Accounts of Attention-Related Pathology

Several ADHD traits supported by recent research were identified dating back to the end of the eighteenth century (Lange et al., 2010). One foundational contributor was Scottish physician Sir Alexander Crichton (1798). He was the first to record patients with limited capacity to attend; he emphasized that the intensity of healthy attention varies within a normal range between individuals and even within a person at various times (Lange et al., 2010). For Crichton (1798), attention discrepancies did not have to be pathological, as he noted that they seldom impede all instruction and generally diminished with age (Crichton, 1798). Recent research supports Crichton's observations that ADHD symptoms and traits are unstable across a person's lifespan; the symptoms change with age and circumstances (Epstein & Loren, 2013). Crichton (1798) also wrote of hypersensitivity, which often accompanies ADHD:

In this disease of attention ... every impression seems to agitate the person and gives him or her an unnatural degree of mental restlessness ... a slight excess of heat or cold, too much or too little light... an ill-tuned organ ... are sufficient to distract patients ... to such a degree...of anger as borders on insanity. (Crichton, 1798, p. 203)

Today, this characteristic has been described as sensory sensitivity in the highly sensitive person (Panagiotidi et al., 2020). Individuals with ADHD frequently encounter emotional hyperarousal, which leads to intensified emotional reactions in everyday situations. Their heightened sensitivity significantly influences their ability to regulate emotions, particularly when facing frustration and stress (Brown, 1995; Dodson, 2016).

In 1902, British pediatricist Still observed that children with ADHD exhibited impulsive and inattentive behaviours, but possessed intellectual capacities on par with or exceeding their neurotypical peers, enabling them to excel in typical schoolwork. Contrary to common belief, adults with ADHD demonstrate comparable, if not higher, IQ levels than those without ADHD (Karpinski et al., 2018; Milioni et al., 2017). Unfortunately, individuals with ADHD and high intelligence are more likely to be diagnosed later in life; they may experience physiological overexcitabilities linked to autoimmune disorders, asthma, allergies, and other inflammatory symptoms and are at an increased risk of burnout, likely due to their effective compensation strategies, which can delay their diagnoses (Milioni et al., 2017). Coping strategies and challenges related to ADHD differ among individuals; however, what stands out is the substantial number of risks associated with ADHD, regardless of the severity of symptoms.

In the late 1930s, Charles Bradley unintentionally found a positive effect of stimulant medication in children with various behavioural disorders. After taking stimulants, the children showed increased interest in their work and improved speed and accuracy (Bradley & Bowen,

1941). Stimulants continue to be the most prescribed treatment for ADHD, though not without risks of adverse effects like sleep problems and headaches (Graham & Coghill, 2008). Non-medical treatments for ADHD are available, but they are generally considered to be less effective than medications in reducing symptoms of inattention, hyperactivity, and impulsivity; furthermore, it is essential to note that no single treatment for ADHD is entirely effective, as all treatments for ADHD are only partially effective in addressing the symptoms (Faraone et al., 2021).

While this paper does not delve into pharmacotherapy for ADHD, it is essential to acknowledge that ND therapists may encounter various treatment adjustments throughout their careers. For instance, some therapists may not seek treatments, medical or otherwise. Others who use medical treatments may find their clinical practice impacted by their choice to take drug vacations, temporarily discontinuing pharmacological ADHD treatments (Faraone et al., 2004). Furthermore, pregnant therapists must weigh the risks and benefits of continuing pharmaceutical treatment during and after pregnancy. The choices made by ND therapists in managing their ADHD symptoms are likely to have an impact on their therapeutic work. Researching the treatment approaches of therapists with ADHD could provide valuable guidance to ND individuals, informing them on how to navigate treatment changes, anticipate potential effects, and understand how side effects might influence their counselling practice. This understanding is essential for ensuring the quality-of-care therapists provide and their ability to maintain ethical standards during sessions.

Diagnostic Criteria

ADHD is a complex and misunderstood condition affecting individuals across different ages. To establish a standardized approach to diagnosing psychiatric disorders like ADHD, two

diagnostic classification systems were developed. The World Health Organization's *International Classification of Diseases and Related Health Problems Eleventh Edition* (ICD-11, 2019) and the American Psychiatric Association's (APA), *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5; APA, 2013). Both manuals categorize ADHD similarly, though most Canadian practitioners use the DSM-5 (Kogan & Paterniti, 2017). The DSM-5 categorizes ADHD as a neurodevelopmental disorder characterized by persistent patterns of inattention, hyperactivity, and impulsivity that significantly impact functioning and development (APA, 2013).

The DSM-5 recognizes three subtypes: predominantly inattentive, predominantly hyperactive-impulsive, or combined presentations (APA, 2013, pp. 44-48). Specific criteria must be met for an ADHD diagnosis, including symptoms present in multiple settings, interference with daily activities, and symptom onset before age twelve. By adulthood, the inattentive subtype is the most prevalent (90%) for both women and men, followed by the combined subtype, while the hyperactivity and impulsivity subtype is less commonly diagnosed (Wilens et al., 2009). Although the DSM-5 provides explicit diagnostic criteria, diagnosing and treating ADHD can be challenging.

Comorbidities

In addition to meeting diagnostic criteria, mental health professionals must explore differential diagnoses. Several psychiatric conditions have overlapping symptoms with ADHD; for example, autism spectrum disorder, anxiety disorders, borderline personality disorder, and developmental disabilities (Gillig et al., 2006). Furthermore, the overlapping symptoms may indicate that an individual has ADHD and another disorder. In an extensive study of 5,551,807 Swedish adults (aged 18 to 64), equally divided between men and women, findings revealed that

those with ADHD were nine times more likely to experience substance use disorder, bipolar disorder, depression, and anxiety than those without ADHD (Chen et al., 2018). Previous studies by Biederman et al. (1999) and Hinshaw et al. (2006) have found similar results, demonstrating a coexistence of ADHD with other disorders. Given previous research findings, it is likely that many ND therapists may have more than one psychiatric disorder.

In addition to coexisting disorders, many ND individuals experience self-esteem sensitivities. Due to ADHD-related challenges, self-esteem sensitivities are often associated with childhood experiences (Jellinek, 2010). According to Jellinek (2010), by age ten, children with ADHD encounter over 3,200 nonpositive comments annually. Before reaching adulthood, children with ADHD are estimated to have received more than 20,000 corrective or negative comments, which may result in them internalizing messages of unacceptability (Jellinek, 2010). For example, adults with ADHD report experiencing overwhelming emotions, constant worry, rumination, decreased self-esteem, and feeling inadequate, exacerbated by frequently receiving messages that they could do better (Holthe & Langvik, 2017). Years of negative comments and problematic internalized beliefs of self precede self-esteem sensitivities and may be a precursor to what William Dodson, a psychiatrist specializing in ADHD, has coined Rejection Sensitive Dysphoria (RSD).

According to Dodson (2016), RSD is an emerging comorbidity associated with ADHD. He defines it as an intense vulnerability to perceived rejection, teasing, or criticism from significant individuals. RSD causes extreme emotional distress triggered by a sense of failure or falling short of high standards or others' expectations (Dodson, 2016).

Additionally, when internalized, RSD can mimic major depression and is often misdiagnosed as bipolar disorder; conversely, externalized RSD manifests as sudden rage

directed toward the source of pain (Dodson, 2016). Though RSD lacks official symptoms or a formal medical diagnosis, healthcare professionals utilize the term to describe exaggerated reactions linked to ADHD, and researchers have begun exploring RSD (see Bedrossian, 2021). Due to previous negative encounters, many individuals with ADHD may internalize feelings of incompetence, have sensitive self-esteem, or experience symptoms of RSD (Brown, 2013; Dodson, 2016). Therefore, counselling development models and the profession must recognize that ND counsellors might not receive feedback in the same way as their neurotypical colleagues.

Vulnerabilities of Novice Counsellors

In addition to considering the well-being of ND therapists, it is essential to note that novice counsellors may exhibit heightened sensitivity during their early developmental stages (Chang, 2012). In an exploration of the experience of Master of Counselling students, Rønnestad and Skovholt's (2012) research findings revealed that students felt threatened and anxious when faced with mastering counselling theory and its practical application, leading some to question their suitability for the profession.

In light of these shared challenges amongst counselling students, their impact may be even more pronounced for ND individuals. For instance, the documented ADHD-related struggles with reading and writing (Brown, 2013; Halleland et al., 2004; Frazier et al., 2004). Reading can potentially affect the ability of ND students to grasp and retain material efficiently. While repeated readings often help ND individuals comprehend content, the rigorous coursework in counselling programs may necessitate more time to digest the material fully. While some ND students may have devised compensatory techniques to manage academic demands, others may need more support, potentially placing them at a disadvantage as they enter their counselling internships.

Apart from academic challenges, the early stages of a counsellor's career are often accompanied by various inner emotions, such as anger, frustration, disappointment, regret, fear, and anxiety (Melton et al., 2005). Increased anxiety is particularly concerning as ND individuals already face a higher risk of having an anxiety disorder (Sobanski et al., 2007). Stoltenberg and McNeill (2009) propose that anxiety often emerges from a new counsellor's lack of confidence and apprehension concerning evaluation. Given their findings on the potential challenges experienced by individuals with ADHD, such as negotiating self-esteem complexities and heightened sensitivity to rejection, it is plausible that numerous unexamined implications could impact both ND trainees and their clients.

Moreover, the impact of these consequences could be amplified if unmanaged anxiety disrupts therapists' presence, a factor underscored by Hayes and Vinca's (2017) research. Hayes & Vinca's (2017) study demonstrated that therapists' unaddressed anxiety contributed to unfavourable therapy outcomes. Collectively, the convergence of pre-existing anxiety disorders and the anticipated anxiety associated with entering the counselling profession places ND counsellors in a delicate and potentially challenging situation.

ADHD Development

ADHD has multifactorial causes and is not typically attributed to a single factor (Faraone et al., 2021). Both genetic and environmental influences have been implicated in the development of ADHD. Research indicates that ADHD has a heritability range of 60-90% (Faraone & Larsson, 2019). Additionally, studies have found that ADHD can be acquired later in life through a traumatic brain injury, environmental factors, or biological changes (Strojanovski et al., 2019). Environmental correlates include consuming artificial food dyes, nutrient

deficiencies (e.g., ferritin, vitamin D), or exposure to toxins like pesticides (Faraone et al., 2021; Nigg et al., 2012).

The symptoms and severity of ADHD can also change over the course of one's life. Hormonal changes have been shown to influence ADHD and other psychiatric disorders (Begemann et al., 2012; Brown, 2013). Hormonal fluctuations related to transitional periods like puberty and menopause have been shown to exacerbate ADHD symptoms (Antoniou et al., 2021; Brown, 2005, 2013). Thus, there are more complex factors to consider when exploring the experience of ND therapists. When contemplating the potential emergence of late-onset ADHD or comparable symptoms, it becomes evident that ADHD's impact is broader than acknowledged.

Unique Complexities of Female Therapists with ADHD

Research findings from ADHD literature reveal distinct biological and gender-related differences, highlighting that ADHD does not affect everyone equally. Notably, women often experience more pronounced effects than men (Chen et al., 2018; Fedele et al., 2012). In Canada, where women constitute 82% of psychotherapists and counselling therapists (Canadian Institute for Health Information, 2021), it is pertinent to investigate the specific challenges that women face in this field. In the sections to follow, these challenges will be covered in more detail.

Consequences of a Late Diagnosis

Women are more likely to receive an ADHD diagnosis in adulthood, with the mean age of diagnosis being ages 36 to 38; in fact, women often seek ADHD assessments after seeking an assessment for their children (Rucklidge & Kaplan, 2000). Early identification and appropriate interventions are crucial to support ND therapists in mitigating its negative impact on their lives.

A late diagnosis can worsen feelings of failure, alienation, and inadequacy, making women more susceptible to depressive symptoms, anxiety, sleep disorders, eating disorders, and substance use (Waite, 2010). ADHD is associated with challenges in managing jobs and households, with an increased risk of divorce, and reduced quality of life (Lensing, 2015; Hinshaw et al., 2006). Given the high prevalence of late diagnosis, especially for women, professors/instructors of graduate counselling programs need to be aware that some of their students may be living with undiagnosed ADHD (Rucklidge & Kaplan, 2000). In this context, educators have an opportunity to increase awareness and reduce stigmas through their demonstration of acceptance towards ND students.

ADHD Challenges During Maternal Transitions

ADHD-related challenges may become increasingly difficult to manage during pregnancy and afterwards, especially during the transition to motherhood (Freeman, 2014). In the postnatal period, estrogen levels significantly decrease, reducing dopamine levels and potentially resulting in a depressive mood and an increased risk of developing postpartum depression (Freeman, 2014). Although, certain women might observe a reduction in their ADHD symptoms due to elevated estrogen levels during pregnancy (Freeman, 2014). However, some women grappling with ADHD may simultaneously contend with heightened inattention and distraction symptoms due to their new role and the demands of maternity (Freeman, 2014).

Additionally, the interaction of concurrent challenges must be underscored, as they can compound and amplify ADHD symptoms. For instance, motherhood's new distractions and responsibilities can increase stress levels and negatively affect mood and emotion regulation (Holthe & Langvik, 2017; Semple et al., 2011). In addition, research findings indicated that maternal anxiety and self-criticism rise during pregnancy and last for more than a year post-

childbirth (Brassel et al., 2019). Moreover, a consensus of mothers with ADHD reported challenges in child discipline, behaviour management, parenting organization (e.g., maintaining bottles, appointments, laundry), and managing their symptoms (Young et al., 2020). Maternal demands underscore a uniquely vulnerable period for women; hence, it is a challenging time for therapists in general. However, vulnerability may be particularly pronounced for ND therapists. Raising awareness regarding the heightened vulnerability of ND therapists during this phase could prompt ND counsellors to cultivate greater self-compassion. Additionally, it may inspire colleagues and employers to explore strategies for enhanced support for women in such circumstances.

A Gender-Sensitive Approach to Coexisting Challenges

Women with ADHD may find the symptoms more distressing than men. College women with ADHD reported higher rates of inattention and hyperactivity symptoms than college men with ADHD, with more significant impairment in various areas of life, including social life, education, finances, and daily functioning (Fedele et al., 2012). Likewise, women with ADHD report difficulty maintaining and establishing healthy relationships, often leading to communication challenges and conflicts in romantic relationships (Holthe & Langvik, 2017).

In addition to relationship and widespread life impairments, women with ADHD may be at risk of developing comorbidities like climacteric mood syndrome, premenstrual dysphoric disorder, and associated symptoms of depression and anxiety; likewise, ND women report experiencing feeling overwhelmed, having poor concentration, low energy, irritability, appetite changes, and sleep changes (Holthe & Langvik, 2017; Faraone et al., 2021). Misdiagnoses of coexisting conditions in women often occur when symptoms stem from ADHD (Quinn, 2005). Quinn (2005) reasoned that much of the confusion regarding women's ADHD is influenced by

hormonal fluctuations resulting in women being able only to achieve partial remission of ADHD symptoms. Quinn (2005) employed a gender-sensitive approach, ensuring that the research process, including the diagnosis and treatment of a female client, was conducted with measures to mitigate gender biases at every stage. Quinn (2005) demonstrated that the participant's ADHD symptoms were influenced by hormonal fluctuations reporting that they were more pronounced the week before her periods with ADHD. In summary, Quinn (2005) reported that “It was Sarah’s ADHD symptoms, not depressive symptoms, that caused the self-doubt, generalized anxiety, and confusion that Sarah experienced” (p. 585).

The intricacies of managing ADHD pose notable difficulties for women. The chronic nature of ADHD increases the risk of developing psychiatric, social, and relational problems if left untreated (Waite, 2010). Moreover, even with accurate diagnosis and treatment, women may encounter additional ADHD-related complexities during maternal transitions. Taking a gender-sensitive approach is crucial when examining the experiences of ND counsellors. It is important to acknowledge that female therapists may contend with more distressing symptoms and encounter more pronounced challenges in various facets of life when compared to their male counterparts grappling with ADHD.

Executive Functions

The complexities of executive functions (EFs) exceed the scope of this discussion, but their significance for ND counsellors remains notable. Therefore, the following sections elucidate why EFs may be the most influential facet of an ND counsellor’s experience. It is well supported in the literature that EF impairments can affect a ND individuals’ daily success (Antshel et al., 2010; Biederman & Faraone, 2006; Hallelund et al., 2015). Thus, understanding the role of EFs is central to understanding the experience of ND therapists. Barkley (2022)

describes EFs as the brain's GPS, keeping you on track, on time, and in control. EFs regulate higher-level functions and cognitive processes like planning, problem-solving, organizing tasks, initiating tasks, sustaining attention or engagement, regulating emotions, impulsivity, behavioural control, and managing time (Barkley, 2010; Lundervold et al., 2019; Brown, 1998). As such, EFs are vital for adaptation, self-regulation, social cognition, independence, and productivity (Eslinger et al., 2013).

Impairments in EFs are a fundamental deficit in ADHD and significantly disrupt the daily life of a therapist since EFs are considered the general-purpose control mechanism (Barkley, 1997). EF deficits commonly lead to cognitive, emotional, and behavioural impairment (Eslinger et al., 2013). EFs are brain circuits that prioritize, integrate, and regulate other cognitive processes; impairments in EFs often manifest in clusters, frequently presenting together (Brown, 2013). Some EF-related challenges reported by adults with ADHD include disorganization, indecisiveness, and difficulties in creating realistic time management plans (Holthe & Langvik, 2017). Consequently, adults report that these challenges result in feelings of guilt and procrastination (Holthe & Langvik, 2017).

People with ADHD frequently describe experiencing noticeable patterns of inconsistency, and this fluctuating performance links both personal underachievement and colleagues' perception of subpar performance (Asherson et al., 2014; Barkley, 1997; Volkow et al., 2011). A participant with ADHD and an eating disorder exemplifies the interconnected burden of EF deficits with other disorders:

I get so overwhelmed by the amount of work I have to do that I freeze up, not knowing what to do, or end up not doing it. That's hard. I feel very out of control with myself, . . . I

feel so out of control with my life that I'm trying to control what I'm eating. And by doing so, I'm doing the opposite; I'm even more out of control. (Holthe & Langvik, 2017, p. 3)

While experiences such as these can be relatable to neurotypical individuals, for those who are ND, the symptoms of ADHD are chronic (Brown, 2013). The potential consequences of EF deficits for counsellors are likely to extend into their personal lives, in-session experience, and post-session responsibilities. Inconsistent performance patterns could compromise an ND counsellor's capacity to maintain integrity, professionalism, and ethical care consistently.

Considering the client's best interest, the extent of concern regarding these impairments primarily hinges on whether they manifest during sessions. For instance, commonly reported ADHD-related challenges include regulating sleep, waking up, and alertness (Surman & Walsh, 2021). Colosimo and Pos (2015) posit that fatigue can impair a therapist's capacity to sustain a presence. As a result, the level of energy and alertness a therapist possesses holds substantial potential to shape their interactions with clients during sessions significantly. While outside of counselling sessions, EF challenges may affect ND counsellors' ability to meet deadlines, maintain accurate records, and effectively manage their caseloads, potentially leading to increased stress and work overload (Barkley, 2022; Brown, 2013). ND counsellors might encounter additional difficulties when collaborating with supervisors unaware of their ADHD diagnosis. Furthermore, cultural beliefs and mental health stigmas may compound these challenges due to skepticism about the authenticity of ADHD, public doubt regarding the impairments, or even self-doubt and uncertainty about disclosing an ADHD diagnosis to supervisors or employers (Holthe & Langvik, 2017).

Managing Emotional States

Impairments in EFs operate in an integrated manner; as a result, these integrated impairments of varying severity affect an individual's ability to maintain a desired emotional state (Barkley, 1997; Brown, 2005). Thus, ND therapists may be more susceptible to concurrent impairments, potentially hindering their ability to maintain desired emotional states. This poses a challenge for ND counsellors who need to regulate emotions. Considering the considerable cognitive and emotional demands intrinsic to the profession (Amundson & Ross, 2016), the additional complexities linked to ADHD might require heightened cognitive exertion and energy from ND counsellors. The substantial effect of EF impairments on ND therapists highlights the importance of these counsellors monitoring their self-care to ensure adequate rest. Given the additional exertion ND counsellors invest in emotion management and potential compensation for EF deficits, there is a susceptibility to burnout.

Navigating Working Memory and Everyday Functioning

The reach on EFs extends further than behaviour and emotional management. EFs also govern a person's learning and recall abilities through the intricate interplay between its subfunctions *response inhibition* (RI) and *working memory* (WM) (Lundervold et al., 2019). RI suppresses inappropriate responses and manages conflicting stimuli, influencing learning capacity and task focus (Miller & Cohen, 2001). For instance, RI is essential in allowing an individual to stay focused on a task over time, which is necessary to process the information to be learned (Lundervold et al., 2019). Central to RI processes is WM. WM is the cognitive system for temporarily storing and manipulating new information, linking it to existing mental or environmental contexts (Dovis et al., 2012; Lundervold et al., 2019). It is pivotal in complex cognitive tasks like reasoning and language comprehension, demanding information coordination and maintenance, often linked with processing speed (Ackerman et al., 2002).

Deficits in WM are prevalent among individuals with ADHD, impacting processes like retrieval, knowledge categorization, goal-related information maintenance, and verbal memory functions (Barkley, 1997; Lundervold et al., 2019; Tucha et al., 2005). These deficits might be particularly concerning for ND counsellors as they significantly influence memory, potentially affecting real-time learning and client information recall (Lundervold et al., 2019). An additional in-session hurdle for ND counsellors may arise from the diminished verbal and phonemic fluency in word production, a prevalent trait in individuals with ADHD (Tucha et al., 2005). Difficulties are primarily due to potential hindrances in processing speed and verbal fluency. The compromised retrieval abilities might interfere with a ND counsellor's capability to swiftly retrieve the most suitable words and respond to clients in a well-articulated manner.

Verbal fluency

Individuals with ADHD might exhibit diminished verbal and phonemic fluency in word production (Tucha et al., 2005). These fluency aspects are integral to several cognitive functions, like memory retrieval and processing speed. This, in turn, influences word generation ease. Verbal working memory and processing speed are essential for therapists' external skills like reflecting content, paraphrasing, and summarizing (Grecian & Cashwell, 2009). An important trait of effective therapists is their verbal fluency capability (Ogles et al., 2009). Verbal fluency facilitates using verbal response modes techniques, encompassing verbal and non-verbal reflections of thoughts, feelings, or paraphrasing (Anderson & Hill, 2017). These techniques intentionally elicit diverse client responses, convey attentive listening, and nurture rapport (Anderson & Hill, 2017).

While impaired response time could significantly affect the therapeutic alliance and client outcomes, therapists should avoid becoming overly concerned about quickly interpreting and

delivering verbal responses during sessions. As Anderson and Hill (2017) aptly posit, “one well-timed interpretation will have more effect than 10 poorly timed interpretations” (as cited in Castonguay & Hill, 2017, p. 141). Accurately interpreting and reflecting on client statements while maintaining therapeutic advancement of the conversation requires a great metacognitive capacity (Owen & Linden, 2010). Counsellors can develop metacognitive capacity by integrating knowledge and self-monitoring during and after sessions (Owen & Linden, 2010).

Developing Metacognitive Capacity to Address Impulsivity

Individuals with ADHD often face challenges related to inhibitory control impulsive behaviours (Barkley, 1997). ND therapists might experience additional challenges during counselling sessions, for example, interrupting clients or entertaining non-therapeutic discussions. In their recent study, Walter et al. (2023) observed heightened verbal impulsivity among adults with ADHD, particularly evident in social interactions. The researchers proposed that this verbal impulsivity could stem from challenges in word retrieval (Walter et al., 2023).

Additionally, individuals with ADHD may more frequently interrupt conversations, potentially due to core deficits in behavioral inhibition that lead to difficulties in impulsivity and verbal control (Barkley, 1997). ND therapists can address impulsive behaviors by utilizing metacognition and metamemory. Both metamemory and metacognition are cultivated through reflective practices, such as integrating self-report questionnaires to assess metacognitive knowledge and employing self-ratings to measure metacognitive experiences (Efklides, 2008). Metacognition, as defined by Flavell (1979), refers to cognition about one's cognitive processes (e.g., cognition of cognition), serving two fundamental functions: monitoring and controlling cognition at a meta-level. Expanding on this concept, an example of a metacognitive experience is “the sudden feeling that you do not understand something another person just said” (Flavell,

1979, p. 907). Counsellors can develop metacognitive capacity by integrating knowledge and self-monitoring during and after sessions (Owen & Linden, 2010). Metamemory involves introspective knowledge about one's memory system (Desoete, 2009). Developing metacognitive skills has proven beneficial for children with ADHD. The participants with higher metamemory abilities were significantly less impulsive, more reflective, and strategic in their behaviour (Borwoski et al., 1983).

Managing In-Session Challenges: Enhancing Therapeutic Skills

The therapeutic alliance is impacted by the counsellor's ability to appropriately distinguish between relevant and irrelevant client statements (Owen & Linden, 2015). Skilled therapists purposefully process multifaceted information, enabling them to identify essential client characteristics and decide how best to conduct questioning (Castonguay & Hill, 2017). Given the spontaneous nature of counselling, therapists must make multiple in-the-moment therapeutic decisions during their sessions. As evidenced earlier, adults with ADHD are challenged by indecisiveness (Holthe & Langvik, 2017). Counselling is a decision-demanding profession. Unlike many other careers, therapists often work independently, carrying the responsibility of numerous crucial choices throughout each session.

Presence

ND counsellors may improve their decision-making abilities by ensuring they are present and attentive during sessions. The concept of therapeutic presence, described in various literature, involves establishing and maintaining meaningful connections with oneself, the environment, and others, leading to optimal perception (Colomosimo & Pos, 2015). It is a state in which the therapist is fully aware and engaged, being present for and with the client (Colosimo & Pos, 2015). Therapeutic presence has been linked to differentiating more effective

therapists from less effective ones (Castonguay & Hill, 2017). Furthermore, clients report more positive sessions when therapists perceive themselves as more present (Vinca, 2009).

According to Colosimo & Pos (2015), there are five possible sources of a therapist's non-present behaviour: hyper-intellectualization, fear, fatigue, reactivity (interpersonal or intrapersonal), and distractibility. Hyper-intellectualization refers to an overemphasis on theoretical and analytical processing at the expense of experiential processing. Therapists may feel fearful during therapy sessions due to concerns about competence or emotional reactions, leading to disengagement and self-protective actions. Fatigue can contribute to negative mood states, depletion of resources, lowered motivation, and cognitive difficulties such as poor concentration. The therapist's interpersonal reactivity, or countertransference, refers to a therapist becoming influenced by their issues, reactions, and client perceptions. Distractions can divert the therapist's attention away from the present therapy situation, necessitating the ability to refocus on relevant stimuli. These factors impact the therapist's presence and require attention for effective therapy.

Therapists can experience boredom or psychological self-protection like other human beings, leading them to pull away from their clients momentarily. Distractions can occur either as a self-protective strategy or unintentionally, with the therapist preoccupied with other thoughts or concerns, such as another client. Awareness of and acknowledging these tendencies can assist therapists in effectively addressing and managing distractions, leading to a more focused and present therapeutic experience. Interestingly, in contrast to inattentiveness or a lack of presence, some ND therapists experience the opposite phenomenon: hyperfocus.

Hyperfocus

One potential protective asset that ND therapists may possess is the ability to maintain a therapeutic presence through a state of *hyperfocus*. Hyperfocus, a core character trait of ADHD, resembles a state of flow characterized by intense concentration, complete attention absorption, heightened creativity, and a strong sense of enjoyment (Ashinoff & Abu-Akel, 2021). Moreover, it is a phenomenon that reflects one's complete absorption in a task to a point where a person appears to completely ignore or 'tune out' everything else (Ashinoff & Abu-Akel, 2021).

Both ND and neurotypical individuals share the capacity to experience hyperfocus for comparable durations. On average, both groups tend to display similar spans of hyperfocus, ranging from eight to sixty-nine minutes (Groen et al., 2020). Nonetheless, research findings suggest that adults with ADHD exhibit a slightly heightened inclination toward hyperfocus (Groen et al., 2020). My thesis supervisor shared her experience as a counselling psychologist with ADHD, explaining that her ability to hyperfocus during 50-minute sessions is an asset that allows her to be very present, focused, and engaged with her clients. However, she states this skill is not present in all sessions or with all clients (H. Sharpe, personal communication, January 5, 2023).

Similarly, hyperfocus is expressed as an asset by one of the research participants in Sedgwick et al.'s (2019) exploration of successful adults with ADHD. Although this study did not explore ND therapists, one participant happened to be an ND therapist. The following participant excerpt describes what it is like for him as an ND therapist:

...being a therapist is like giving your ADHD brain caviar.... being able to channel all that random energy that's flying around in my head into one intense hyper-focused sort of beam...that's what I mean by caviar for the brain....it is giving the brain a task that it's almost designed for ... if you thought that an ADHD brain had been designed for

something... because I think the energy that the ADHD brain seems to have ... it's unfocused, quite scattered, chaotic and a bit random...but give that brain something that really you can tune into and it's your interest, then all that random stuff just goes boom... I get this incredibly intense concentration, and that's great for work ... (Sedgwick et al., 2019, p. 244)

Unfortunately, Sedgwick et al.'s (2019) research only provides a glimpse into the experiences of ND therapists. Nevertheless, experiences such as these suggest that characteristics of ADHD, like hyperfocus, may be an asset ND therapists can learn to optimize. Although hyperfocus may help ND counsellors be fully present with their clients, not all ND counsellors will be in a state of hyperfocus. Furthermore, it is crucial to recognize that ND therapists may only sometimes achieve a state of hyperfocus with some clients. Therefore, it is essential to consider the individual and situational factors that impact an ND therapist's ability to enter a state of focus or hyperfocus during therapy sessions.

Strengths of ADHD

In addition to hyperfocus, other core character strengths and virtues reported in adults with ADHD include cognitive dynamism, divergent thinking (DT), non-conformism, adventurousness, and an inclination toward self-acceptance (Sedgwick et al., 2019). According to Strohmeier (2013), cognitive dynamism in ADHD encompasses DT, creativity, and curiosity. Cognitive dynamism refers to the ability to experience spontaneous and non-sequential thought processes while also experiencing intense mental focus (Sedgwick et al., 2019). Piirto (1998) suggests that creativity requires real-time originality and ingenuity, and researchers find that “cognitive dynamism, characterized by spontaneous and non-sequential thought processes

accompanied by intense mental focus, is a core theme among high-functioning adults with ADHD” (Sedgwick et al., 2019, p. 244).

Individuals with ADHD often score higher than their neurotypical counterparts in curiosity levels, openness to experience, commitment to learn and develop, and optimism, all of which are imperative to enhance professional competence. The study conducted by Sedgwick et al. (2019) found that individuals with ADHD attribute their natural curiosity to a positive aspect of the condition. Curiosity, defined as inquisitiveness, openness to experience, and a desire to learn, enables individuals to pursue their ambitions and discover meaning in life (Sedgwick et al., 2019).

An associated feature of cognitive dynamism is divergent thinking (DT), which refers to the ability to have non-linear thinking that helps the brain bounce to and from various thoughts and generates novel and original ideas, serving as a measure of creativity (Archer, 2021; Guilford, 1967). Indeed, therapists with ND might utilize their cognitive strengths to offer unique perspectives and innovative strategies in their professional roles. These traits could empower them to navigate complex dynamics effectively and promote positive changes during therapy sessions.

ND individuals excel and contribute significantly to society in various roles, such as innovators, explorers, leaders, and risk-takers (Lerner et al., 2019; Moore et al., 2021). According to ADHD specialist Dr. Dale Archer (2014, 2021), individuals with ADHD excel in high-stress professions like firefighting, emergency medicine, stock trading, and entrepreneurship. They demonstrate a unique ability to remain calm and focused during crises, maintaining effectiveness and clarity (Archer, 2015). The capacity to remain calm may be attributed to the increase in dopamine triggered by acute high-stress circumstances, which helps

balance the dopamine deficiencies commonly experienced by individuals with ADHD (Archer, 2021). It is important to note that this type of stress differed from the daily social stress that is associated with the development of certain psychiatric disorders (Contesse et al., 2021). Some individuals with ADHD thrive in crisis mode by multitasking and utilizing free association to enhance intuitive problem-solving abilities (Archer, 2014). During a crisis, their capacity for quick decision-making increases and reduces overthinking (Archer, 2014). ND therapists may welcome this challenge, as it allows them to leverage their craving for high-stimulus situations. Edward Hallowell (who is open about having ADHD) explained that this was why he loved the high-intensity crucible of doing psychotherapy (Staff, 2009).

Despite facing adverse challenges, individuals with ADHD often possess protective strengths. Optimism, humour, self-acceptance, and resilience were identified as protective factors and strengths of ADHD (Sedgwick et al., 2016). Optimistic individuals tended to cope better with stress and enjoyed better overall well-being than pessimistic individuals (Conversano et al., 2010). Optimism was also associated with extroversion and positive well-being (Blandon et al., 2010). Additionally, having a sense of humour fostered well-being by promoting tolerance, compassion, and self-acceptance (Martin, 2001; Martin & Kuiper, 1999). Resilience was crucial in helping individuals effectively handle stress and cultivate protective strengths, enabling them to thrive in challenging circumstances (McCraty et al., 2012). McCraty et al. (2012) explored resilience in high-functioning adults with ADHD, examining how they utilized self-regulation strategies to cope with and manage their ADHD daily. This research highlights the potential resilience and protective factors that empower individuals with ADHD. ND counsellors who cultivate qualities like optimism, a sense of humor, self-acceptance, and resilience could potentially navigate the challenges and uncertainties that often accompany the early phases of

their careers. In a similar vein, counsellors with ADHD might be particularly adept at engaging with clients who require crisis counselling.

Ethical Considerations

A significant aspect for ND therapists to consider is the potential vulnerabilities of ADHD. ND therapists may face a heightened vulnerability to experiencing burnout. In a study including 443 therapists, nearly half (49%) reported moderate-to-high levels of burnout (Simpson et al., 2019). Given the inherent daily stressors in psychotherapy (McCormack et al., 2018) combined with professional stressors and ND-related challenges, ND therapists may be at an intersecting risk. Addressing burnout among ND therapists is crucial, as unaddressed burnout may compromise their therapeutic practice and potentially lead to ethical violations if they are unable to adhere to the standards of counselling with competence, minimizing harm, and maximizing benefits for clients (Simionato et al., 2019; Canadian Psychological Association, 2017).

Ethical Considerations for Counsellor Self-Disclosure

A related ethical concern when it comes to therapists with ADHD concerns *counsellor self-disclosures* (CSD). In this counselling context, CSD denotes counsellors sharing personal information with clients (Ziv-Beiman & Shahar, 2017), such as their own diagnosis or experience of living with ADHD. While there are other forms of disclosure that are relevant to consider (e.g., an ND therapist disclosing this status to an employer, supervisor, or colleagues), the focus of the following section concerns the choice to self disclose to clients. Historically, the mental health profession discouraged CSD; however, the Psychopathology Committee of the Group for the Advancement of Psychiatry (2001) initiated a call for reconsideration. The committee contended that the increasing cultural diversity and growing number of patients

necessitates culture-specific considerations, where CSD can significantly benefit the client.

Step-by-Step Guide for ND Therapists Considering ADHD Disclosure to Clients

When deciding whether to disclose their ADHD diagnosis to clients, ND therapists can consider taking a systematic approach to their deliberation. The following eight-step guide ensures that the decision aligns with ethical standards, therapeutic objectives, and the client's well-being. By considering these steps and insights from the literature on CSD, ND therapists can make informed choices that foster a beneficial therapeutic environment. First, counsellors should familiarize themselves with different types of CSD (Henretty et al., 2014). Henretty et al. (2014) explain that immediate disclosure involves sharing thoughts, feelings, or intentional guesses in response to a client's statements, often of positive valence, for instance, complimenting a client's bravery.

On the other hand, non-immediate disclosure refers to revealing personal experiences outside the session, such as marital status, coping skills, beliefs, or background (Henretty et al. 2014). In addition to direct disclosures (i.e., verbal), counsellors should also consider the possibility of indirect personal disclosures. Indirect disclosure could occur if clients find personal information about the counsellor through online searches before a session. ND therapists might openly state their neurodivergent identity on their psychology profile or webpage.

Second, therapists should appreciate CSD's benefits within their clients' context. Therapists can do this by reflecting on their intention and purpose of the CSD. Appropriate CSD can help establish a secure, non-judgmental environment that promotes client understanding and acceptance (Hanson, 2005), counteracts internalized shame, and models positive role behaviour (Mathy, 2006; Satterly, 2006).

Furthermore, CSD can help clients counter internalized shame, if they see their counsellor as a positive role model (Satterly, 2006). Regardless of the form of self-disclosure, some research has shown that clients perceived counsellors who self-disclosed more favourably and were more willing to continue sessions with them (Henretty et al., 2014). The disclosed information led clients to believe their counsellors could better understand them, fostering a sense of similarity (Henretty et al., 2014). Third, counsellors should consider the timing of the self-disclosure. The timing of CSD can significantly influence its effectiveness (Henretty et al., 2014). It is essential to consider when and how CSD aligns with the therapeutic process and supports the client's objectives (Knox and Hill (2016).

Fourth, counsellors should consider ethical and professional values. Therapists should reflect on their individual values and therapeutic approach when contemplating self-disclosure. Adhering to ethical guidelines and maintaining professional boundaries is paramount. For instance, person-centred counsellors have traditionally believed that self-disclosure pertinent to therapy encourages clients to reciprocate, showcasing transparency, resilience, and susceptibility while nurturing trust, perceived likeness, credibility, and empathetic comprehension (Levitt et al., 2016). Meanwhile, therapists adhering to feminist and multicultural perspectives regard CSD as a significant instrument helping promote parity within the therapeutic bond, thus reducing power differentials (Brown & Walker, 1990).

Fifth, counsellors should consider the individual client. Therapists must acknowledge that clients' reactions to self-disclosure may vary. Some research indicates client' enhanced feelings of being humanized, trust towards their counsellors, and hopefulness (Audet, 2011). It is essential to consider the 'client's personality and emotional lability. For instance, CSD could lead to a strained therapeutic alliance. An important finding revealed that some clients felt concerned

for their therapist's well-being following this type of CSD (Audet, 2011). To provide another context, East Asian American clients found strategy disclosures more beneficial than approval/reassurance, facts/credentials, or feelings (Kim et al., 2003). Furthermore, counsellors should consider how the client reacted to the previous CSD.

Sixth, self-disclosure should highlight shared experiences with their clients (Henretty et al., 2014). This can help to minimize internalized stigma and reframe unhelpful beliefs, while potentially strengthening the therapeutic alliance.

Seventh, besides direct disclosures, counsellors should also consider the possibility of indirect personal disclosures. This could occur if clients find personal information about the counsellor through online searches before a session (Volz et al., 2019). ND therapists might openly state their neurodivergent identity on their psychology profile or webpage. Notably, in a randomized control trial, the content of indirect disclosures (personal or professional) had no effect (Volz, 2019).

Eighth, therapists should evaluate the potential risks and benefits of self-disclosure. Despite ethical diligence when considering CSD, the consequences may lead to a strained therapeutic alliance. By considering these steps and insights from the CSD literature, ND therapists can make informed decisions about whether and how to disclose their ADHD diagnosis to clients, ensuring that the decision is aligned with ethical standards, therapeutic goals, and the client's well-being.

Mindfulness

Strategies for coping with ADHD-related challenges remain underdeveloped, with pharmaceuticals, particularly stimulants, being the most commonly used approach (Graham & Coghill, 2008). Given the complexity and unique characteristics of ADHD, ND therapists must

take charge of discovering which coping strategies are most effective for them (this may include medication, as well as cognitive, behavioural, and emotion management strategies). Mindfulness practice can help clinicians experiencing sleep disturbances, fluctuating hormones, or comorbidities like anxiety (Kim et al., 2016). Additionally, therapists with ADHD may encounter difficulties regulating their emotions and managing rejection sensitivities that arise from being a novice counsellor or receiving criticism from supervisors or clients, illustrating the many ways ADHD burdens ND therapists. If left unmanaged, these challenges will likely impact therapeutic presence and alliance (Hayes & Vinca, 2017).

Mindfulness has proven effective in addressing many of these concerns, with numerous empirically supported advantages (Davis & Hayes, 2011; Goonetilleke, 2016; Zylowska et al., 2008). For instance, mindfulness fosters effective emotion regulation, supporting metacognitive awareness by enhancing WM (Corcoran et al., 2010). Intentional efforts at self-regulation through mindfulness enable individuals to make conscious choices and positively impact their overall well-being (Corcoran et al., 2010). Furthermore, mindfulness meditation is associated with increased positive affect and decreased anxiety and negative affect (Davidson et al., 2003).

Emphasizing self-regulation as a protective asset may empower ND therapists to navigate their challenges effectively. For instance, an ND therapist with ADHD might struggle with impulsive interruptions or difficulty maintaining attention while listening to clients. By honing their self-regulation skills, these therapists can enhance their ability to provide attentive and focused therapeutic interactions. Self-regulation, as an adaptive protective strength, helps counterbalance the risk of psychological fatigue in individuals with ADHD (Sedgwick et al., 2019). As a metacognitive skill, mindfulness has been proposed as a necessary component of psychotherapy training (Vinca, 2009).

Zu den Sachen: Implications for the Profession

The journey to uncovering what truly matters for therapists with ADHD has only just begun. The implications of this study are twofold. First, acknowledging ND therapists may encourage open dialogue about ND therapists among researchers, educators, counselling supervisors, and the counselling field. Second, this literature may be a helpful foundation or precursor to a scoping review. Scoping reviews help researchers identify gaps, questions, and study designs when the literature still needs to review a topic (Munn et al., 2016). This literature provides several recommended questions and areas to explore ND therapists further. Moreover, the recommendations for future research may be of greater significance since the hermeneutic phenomenological approach allowed for my ND voice to be included. Thus, the recommendations presented in this study are not solely based on the literature; they also stem from an ND counsellor's perspective.

Recommendations for Research

Since no previous exploration of ND therapists exists, ample research opportunities exist. Therefore, the following section will review the recommendations that naturally emerge from the cited literature. A significant portion of these recommendations pertains to research. As a result of the ND paradigm shift, research on ND individuals is moving towards including ND researchers in the hypothesis formulation and study design (Chapman & Botha, 2019). Future research exploring the experience of ND counselling psychologists can continue to include the voices and perspectives of ND researchers and counsellors. Furthermore, given the variability among adults and therapists with ADHD, future research should focus on comparing therapists with ADHD to each other rather than comparing them to neurotypical populations. This approach will help better understand the unique experiences and strengths of therapists with ADHD and

identify commonalities among them. Additionally, researchers should address the lack of strength-based literature on ADHD (Sedgwick et al., 2019).

Qualitative and quantitative research would provide valuable insight regarding ND therapists. For instance, qualitative research methods can be employed to explore the lived experiences of ND therapists and the barriers they encounter in their professional practice. At the same time, quantitative studies can assess the relationship between ADHD symptoms and therapeutic effectiveness. Using randomized controlled trials can evaluate the effectiveness of tailored interventions.

Considering that the presenting symptoms of ADHD overlap with several disorders and that these symptoms may manifest because of various life experiences, both ND and neurotypical counsellors would greatly benefit from an increased understanding of what to expect and how to navigate ADHD-related challenges that may interfere with a therapist's counselling. Additionally, future research should consider the experiences of ND counsellors throughout all stages of their professional development, especially regarding the training of novice counsellors.

Furthermore, as previously explored in this review, there are biological, psychological, and social disparities between ND men and women; however, the current literature on ADHD does not adequately explore the experience of non-gender binary individuals (Antoniou et al., 2021). Also, research on ND therapists should carefully account for the influence of natural hormonal changes during different phases of the menstrual cycle, postpartum period, (peri)menopause, and external hormonal factors, like oral contraception and hormonal therapy (Haimov-Kochman & Berger, 2014). Future research should explore the experience of ND therapists pursuing gender-affirming hormone therapy for transgender and nonbinary individuals, as this may influence the symptoms of ADHD and the overall experience of the ND therapist. By

considering the experiences of gender-diverse individuals, we can better understand how life transitions may impact ND therapists differently, leading to more targeted and effective support strategies for this population.

Several excerpts in this review suggest the value of hyperfocusing, especially in fostering therapeutic presence. However, further research is needed to comprehend better the intricate interplay between demographic variables, cognitive processes, and the experience of hyperfocus among ND individuals. While ND individuals may be able to hyperfocus, this phenomenon can be influenced by various factors, including demographic variables such as age and educational level (Groen et al., 2020). It has been found that higher age and educational attainment are associated with a higher likelihood of experiencing hyperfocus, although with lower pervasiveness (engaging in fewer activities) and shorter durations (Groen et al., 2020). Groen et al. (2020) speculate that increased experience gained through age and education contributes to developing skills and the ability to engage in hyperfocus more efficiently.

Additionally, hyperfocusing can be influenced by the perception of session reward, intrinsic motivation (i.e., for fun or a challenge), and progress (Sedgwick et al., 2019). Thus, these factors may play a significant role in how ND therapists experience and utilize hyperfocus in their therapeutic practice. Further research can provide valuable insights into optimizing hyperfocus as a beneficial tool in counselling sessions. Understanding the factors that enhance or hinder hyperfocusing can empower ND therapists to harness this cognitive ability effectively, enhancing their therapeutic presence and overall effectiveness in counselling settings.

Considering Dodson's (2022) assertion that individuals with ADHD exhibit interest-driven nervous systems, this raises questions about how novelty, urgency, or passion intersect with the counselling process. For example, how do ND counsellors handle clients who diverge

from their interests? This bares relevance as previous research has indicated that clients whose preferences or issues do not align with the counsellors can impact the counsellor's clinical judgments (Spengler & Strohmer, 1994).

Recommendations for Counselling Psychology Educators

Based on the available research, the most significant implication for the counselling profession is the opportunity for counselling educators and supervisors to better support ND counsellors. Master of Counselling instructors/professors play a crucial role in the development of therapists. Given the high prevalence of late diagnosis, counselling educators should be knowledgeable about the signs and symptoms of ADHD and actively promote awareness of these and potential resources for diagnosis and treatment. This proactive approach may create a more inclusive and supportive learning environment, benefiting student ND counsellors-in-training and their future clients.

Recommendations for Supervisors

Halleland et al.'s research (2019) highlighted that 30% of individuals with ADHD exhibit deficits on neuropsychological tests assessing EFs. They recommend utilizing neuropsychological assessments to identify specific strengths and weaknesses crucial for tailoring personalized intervention strategies. Given the dynamic and diverse nature of ADHD symptoms, an individualized approach is likely essential for assessing and assisting ND counsellors.

For supervisors, supporting ND counsellors entails assessing their skills, identifying their weaknesses and strengths, and translating these observations into actionable strategies. Since ADHD profiles differ between individuals, supervisors capable of assessing the clinical capabilities of a ND trainee require an open mind and a deeper understanding of the unique

challenges faced by ND counsellors. Supervisors may play a pivotal role in effectively reducing trainee anxiety and enhancing a trainee's self-efficacy. By offering tailored guidance and support, supervisors can help ND therapists navigate their specific challenges and ultimately enhance their counselling skills and effectiveness. This enhanced support and understanding could lead to a more inclusive and empowering training environment whereby ND trainees may feel more comfortable discussing areas where they need help (Castonguay & Hill, 2017).

For example, individuals with ADHD may encounter difficulties in verbal fluency, language production, and verbal learning (Andreou & Trott, 2013). Similarly, ND therapists may face additional challenges with verbal fluency, categorizing, and retrieving information. These challenges can impact communication effectiveness during counselling sessions and may require specific strategies to support them. Acknowledging and understanding these potential difficulties can help counsellors develop strategies to address and overcome them, ultimately enhancing their communication skills and therapeutic effectiveness.

Verbal fluency and communication skills are associated with client improvement, highlighting their importance for therapists to develop (Anderson et al., 2009; Kolden et al., 2011). Counsellors should reflect on their verbal skills and work to develop possible strategies to mitigate any challenges. In such cases where ND trainees identify concerns regarding their verbal fluency, supervisors could engage in vivo practice with the supervisee and recommend exercises to become more familiar with different emotion words (e.g., using an emotion wheel) to enhance their verbal fluency in terms of reflecting and paraphrasing emotions. This is one potential recommendation. Another approach could involve practicing different sentence stems if the supervisee tends to rely on the same few sentence patterns. Supervisors can work

collaboratively with their ND supervisees to identify and address specific areas for improvement, providing targeted support to help them excel in their counselling practice.

In addition to implementing targeted support for ND trainees, incorporating positive and social reinforcement may be beneficial. Research suggests that therapists with ADHD may exhibit a heightened responsivity to social reinforcers. Kohls et al. (2009) found that positive facial expressions and verbal feedback like “good job” strongly influenced task performance and emotional expressions in individuals with ADHD. Considering this information, it is reasonable to suggest that social rewards may significantly impact their counselling development and behaviour when supervising ND therapists more than neurotypical supervisees (Kohls et al., 2009). ND individuals, including those with ADHD, may be more responsive to social rewards, serving as powerful motivators for their professional growth. Providing positive feedback, acknowledging their achievements, and offering social reinforcement may enhance their engagement, job satisfaction, and overall performance in the counselling field.

However, further research is required to comprehensively understand the neural basis of therapists' hypersensitivity to social incentives and their relationship to their counselling development. Additionally, considering ND therapists' predisposition towards sensitivities regarding criticism, supervisors and colleagues may benefit from exploring less threatening ways to evaluate their performance and consider their professional and personal self-esteem (Dodson, 2016). By adopting a supportive and constructive approach to feedback, supervisors can foster a more empowering and inclusive environment for ND therapists, facilitating their growth and success in the counselling profession.

Recommendations for the Individual

This paper has emphasized the need for increased consideration of specific vulnerable ND groups within the counselling profession: novice therapists, female therapists, and therapists undergoing maternal transitions. Due to their heightened vulnerability, these practitioners should be vigilant for early signs of burnout. In a series of semi structured interviews. Therapists reported that they discern early indicators of job-related stress and burnout through observable physical signs (Killian et al., 2008). These signs encompass mood fluctuations, disrupted sleep patterns, heightened distractibility, and difficulties with concentration (Killian et al., 2008). As part of their ethical and professional responsibility, counsellors must nurture self-care practices to uphold their capacity for ethical client care (Canadian Counselling and Psychotherapy Association, 2020). To fulfill their duty of self-care monitoring, they should contemplate the integration of regular check-ins with colleagues and mindfulness activities like yoga or meditation. These practices can enhance mental and bodily awareness, helping ND counsellors remain attuned to indicators of burnout.

Implementing surveys to track attention and progress can be a valuable strategy for ND counsellors concerned with attention and distractibility. For example, counsellors could use the Therapist Presence Inventory (TPI). Therapists can complete this 21-item scale to measure their perception of their presence with clients during sessions. Similarly, clients can fill out the adapted TPI-C to provide feedback on the therapist's presence (Vinca, 2009). Validation of therapy progress can enhance a therapist's sense of presence, while a lack of progress may lead to self-doubt and diminished presence (Hayes & Vinca, 2017; Vinca, 2009).

Some commonly used measures in the field of psychotherapy include the Outcome Questionnaire-45 (OQ-45), the Session Rating Scale (SRS), the Working Alliance Inventory (WAI), and the Therapist Effectiveness Scale (TES). These instruments assess various aspects of

therapy, such as client outcomes, therapeutic alliance, session satisfaction, and therapeutic effectiveness. While these measures do not specifically address ADHD-related challenges or strengths, therapists with ADHD can utilize them to assess their overall performance and monitor their progress. Implementing self-reporting surveys can be a valuable tool for increasing a counsellor's personal awareness regarding any limitations associated with inattention. These surveys can be valuable tools for ND counsellors to monitor their attention and assess how it may impact their counselling sessions. By regularly completing such surveys, counsellors can gain insights into their attentional patterns and identify potential areas for improvement. This heightened self-awareness provides an opportunity for personal development and enhances counsellor competence.

This literature review presents several strategies for ND counsellors to consider using as therapeutic development tools. ND counsellors can enhance their therapeutic practice by improving attention, verbal fluency, and metacognitive skills. Incorporating mindfulness techniques into their daily routine can help counsellors stay present and focused during sessions; furthermore, practicing mindfulness has been shown to increase metacognitive capacity (Corcoran et al., 2010; Owen & Linden, 2010). To enhance verbal fluency, counsellors can practice different sentence stems and expand their communication and vocabulary; subsequently, the act of receiving and reflecting on feedback throughout this activity also aids in developing metacognitive capacity (Butzbac et al., 2021). Additionally, reflective journaling can enhance a counsellor's metacognitive skills (e.g., self-monitoring) and strengthen mindfulness practices, promoting beneficial outcomes like self-awareness and insight (Sutton, A, 2016).

Similarly, addressing stigmas and fostering open dialogue can create a more supportive therapeutic environment for therapists and clients alike. Understanding the impact of ADHD on

therapeutic practice and exploring training and support needs can lead to developing effective strategies to enhance the quality of therapy provided by ND individuals. Embracing the neurodiversity paradigm and including ND perspectives in research is essential for advancing the field and promoting a more inclusive and supportive landscape for counselling professionals.

Advancing Equity: Spotlighting ND Therapists in Cultural Context

This paper exemplifies the principles of equity, diversity, and inclusion by centring its focus on ND therapists. By exploring the experiences of individuals whose cognitive functioning diverges from the typical, this paper inherently promotes inclusivity and represents diversity within the field. Moreover, it directs attention toward the ND population, marking an essential initial stride toward achieving equity within counselling psychology.

The social construction of ADHD is influenced by various fields, knowledge sources, and institutions (Sengul, 2019). Moreover, some researchers argue that the dominant understanding of ADHD and its impact on ND individuals is representative of a biological reductionist perspective of ADHD (Sengul, 2019). Thus, it is essential to consider how the diagnostic category of ADHD is socially and culturally established and how it is maintained (Sengul, 2019). Recognizing historical disparities in the treatment of ND women and ethnic minorities, and adopting a multidimensional understanding of ADHD, can provide valuable insights for developing proactive approaches to better support ND counsellors.

How ND counsellors are treated within the profession may reflect how individuals with ADHD are treated in society and culture as a whole. The experiences of ND individuals can vary widely, influenced by social, geographic, and educational factors (Sengul, 2019). For example, counsellors of an ethnic minority may have experienced barriers to ADHD diagnoses and treatment (Eiraldi et al., 2006). Further research is required to understand the connection between

ND therapists (e.g., client outcomes, burnout) and their present or past societal factors, including poverty, cultural elements, and family dynamics.

ND therapists may contend with added forms of marginalization or discrimination, such as racism, heterosexism, ableism, or economic challenges. Additionally, novice ND therapists, balancing the roles of student and counsellor, may experience multiple layers of intersectionality, placing them at the nexus of two or more significant identities or experiences. This intersectionality profoundly influences their personal and professional growth.

It has long been established in the literature that higher education brings increased opportunities for income, power, and prestige, which positions many counsellors in a relatively privileged life once they achieve it (Cherednichenko, 2011). Nevertheless, despite this privilege, ND counsellors will likely navigate a journey marked by a blend of advantages and disadvantages. This journey exemplifies Tatli and Özbilgin's (2012) notion that privilege and inequality are dynamic and contingent on the circumstances and power dynamics. As a result, ND therapists may experience shifts in their social identity depending on various contexts (social environments) and evolving norms and trends (social evolution). The experience of an ND therapist can be likened to Holvino's (2010) intersectional perspective of simultaneity. This perspective suggests that individuals can encounter both disadvantages and advantages concurrently. In other words, ND therapists may enjoy the benefits of their career while facing the daily challenges caused by impaired executive functioning that can make their professional achievements, work relationships, and personal lives more complex.

The absence of research and curriculum on ND counsellors indicates a limited emphasis on diversity and inclusion within the therapeutic community. It also represents a missed opportunity to gather valuable insights into optimal therapeutic practices and the trajectory of

ADHD research for better serving ND clients. ND therapists may bring unique perspectives as they navigate the challenges of the ND experience, which positions them to offer influential viewpoints and possibly change the trajectory of ADHD research and recommended therapeutic strategies.

Reflexivity

Overall, the research presented here is influenced by my holistic positionality and preunderstanding of the individual psychological challenges that result from ADHD. However, along the way, I became more aware of my perspective as a counsellor, which seems to be a systemic-biopsychosocial grounded therapeutic orientation. I see ADHD as an individual's difficulty. However, community influence plays a significant role in the potential success of these ND individuals, making me see management as both an individual and systemic concern.

Being naturally inclined towards self-reflection, I realize that my research journey reflects my emotions, mainly influenced by my experience with ADHD and my counselling internship. These factors have played a significant role in shaping the focus and direction of my research. Before my internship, my research predominantly emphasized the strengths of ADHD, highlighting its assets and the overlap between ADHD and exceptional and master therapists, of which there are many (see Castonguay & Hill, 2017)! However, during my internship, my research shifted towards a deficit-focused perspective, exploring the challenges of having ADHD. As my internship concluded, my research achieved a more balanced approach, encompassing both strengths and what I perceive as weaknesses or challenges. Fortunately, the hermeneutic phenomenological methodology allowed me to personally connect with the research, eliminating the need for complete impartiality.

Furthermore, my colleagues' input and feedback ensured a more comprehensive review of the topic and facilitated the evolution of my own understanding. As I embarked on this thesis to discover strategies for ND therapists, I realized that I am already implementing many of the recommended strategies, which is both fortunate and ironic. As research continues to catch up with the ND movement, future studies can further explore therapists' experiences with ADHD and contribute to a better understanding of effective counselling strategies tailored to their unique needs.

Conclusion

This literature review followed a systematic approach informed by a hermeneutic phenomenological framework, ensuring a thorough exploration of interdisciplinary research. The purpose of this paper was to begin developing a deeper understanding of the experiences of therapists with ADHD. The findings from the phenomenological hermeneutic analysis offer valuable insights into the importance of addressing the significant research gap regarding ND therapists. Although the gap in research on ND therapists is substantial, I used my experience as a counsellor with ADHD in tandem with a hermeneutic lens to present a foundational understanding of the impact of ADHD on mental health professionals. The findings highlight the challenges associated with impaired executive functions. Furthermore, I explored possible areas of strength that can be gathered from innate characteristics of ADHD.

This review contributes to the growing body of knowledge in the field of counselling psychology by presenting strategic approaches for making informed self-disclosure decisions. I also accentuated the substantial benefits that stem from the integration of mindfulness-based practices into the trajectory of a counselling career. Also emphasized in this review is the immense opportunity for counselling educators and supervisors to support ND counsellors. The

implications of this literature review for the counselling psychology profession lie in the importance of the research recommendations and the proposed considerations for counsellor educators and supervisors.

In the spirit of Husserl's call to focus on what matters, it becomes evident that ND therapists confront challenges arising from cognitive impairments and coexisting concerns. These challenges can stem from various factors, including biological factors, major life transitions like parenthood, or comorbidities. In conclusion, this paper emphasizes the importance of ADHD research, urging further exploration into this complex condition and its impact on individuals' lives. Challenging misconceptions and embracing a comprehensive approach can create a more supportive and understanding environment for individuals with ADHD. Let us continue to explore, learn, and advocate for the well-being and empowerment of those with ADHD.

I hope this exploration will yield fresh insights, nurture a broader understanding of neurodiversity, and cultivate cultural awareness regarding the often-overlooked reality that therapists, unassumed by many, may grapple with invisible disabilities. Furthermore, counselling psychology should warrant the same compassion and support for ND therapists as we provide to our clients. By fostering this awareness, we can strive for inclusivity, acknowledgement, and assistance, enabling therapists to flourish and significantly contribute to the counselling profession. Embracing and supporting neurodiversity among therapists will enrich the field, creating a more compassionate and empathetic environment for all individuals involved in the counselling process.

References

- Ajjawi R., Higgs J. (2007). Using hermeneutic phenomenology to investigate how experienced practitioners learn to communicate clinical reasoning. *The Qualitative Report*, 12(4), 612–638. <https://doi.org/10.46743/2160-3715/2007.1616>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- Antoniou, E., Rigas, N., Orovou, E., Papatrechas, A., & Sarella, A. (2021). ADHD symptoms in females of childhood, adolescent, reproductive and menopause period. *Materia Socio-Medica*, 33(2), 114-118. <https://doi.org/10.5455/msm.2021.33.114-118>
- Antshel, K. M., Faraone, S. V., Maglione, K., Doyle, A. E., Fried, R., Seidman, L. J., & Biederman, J. (2010). Executive functioning in high-IQ adults with ADHD. *Psychological Medicine*, 40, 1909-1918. <https://doi.org/10.1017/S0033291709992273>
- Archer, D. (2014, May 14). *ADHD: The entrepreneur's superpower*. Forbes. <https://www.forbes.com/sites/dalearcher/2014/05/14/adhd-the-entrepreneurs-superpower/?sh=476b109f59e9>
- Archer, D. (2021, August 24). *I've got ADHD, and I don't need to be fixed*. ADDitude. <https://www.additudemag.com/ive-got-adhd-and-i-dont-need-to-be-fixed/>
- Asherson, P., Young, A. H., Eich-Höchli, D., Moran, P., Porsdal, V., & Deberdt, W. (2014). Differential diagnosis, comorbidity, and treatment of attention-deficit/hyperactivity disorder in relation to bipolar disorder or borderline personality disorder in adults. *Current medical research and opinion*, 30(8), 1657–1672. <https://doi.org/10.1185/03007995.2014.915800>

- Ashinoff, B. K., & Abu-Akel, A. (2021). Hyperfocus: the forgotten frontier of attention. *Psychological research*, 85(1), 1–19. <https://doi.org/10.1007/s00426-019-01245-8>
- Audet, C. T. (2011). Client perspectives of therapist self-disclosure: Violating boundaries or removing barriers? *Counselling Psychology Quarterly*, 24(2), 85-100. <https://doi.org/10.1080/09515070.2011.589602>
- Balazs, J., & Keresztesy, A. (2017). Attention-deficit/hyperactivity disorder and suicide: A systematic review. *World Journal of Psychiatry*, 7(1), 44–59. <https://doi.org/10.5498/wjp.v7.i1.44>
- Barkley R. A. (2010). Differential diagnosis of adults with ADHD: the role of executive function and self-regulation. *The Journal of clinical psychiatry*, 71(7), 17. <https://doi.org/10.4088/JCP.9066tx1c>
- Barkley, R. A., & Fischer, M. (2011). Predicting impairment in major life activities and occupational functioning in hyperactive children as adults: Self-reported executive function (EF) deficits versus EF tests. *Developmental neuropsychology*, 36(2), 137–161. <https://doi.org/10.1080/87565641.2010.549877>
- Barrett, F. J., Powley, E. H., & Pearce, B. (2011). Hermeneutic philosophy and organizational theory. In H. Tsoukas & R. Chia (Eds.), *Philosophy and Organization Theory Research in the Sociology of Organizations* (Vol. 32, pp. 181–213). Bingley: Emerald.
- Bedrossian, L. (2021). Understand and address complexities of rejection sensitive dysphoria in students with ADHD. *Disability Compliance for Higher Education*, 26(10), 4-4. <https://doi.org/10.1002/dhe.31047>

- Begemann, M. J., Dekker, C. F., van Lunenburg, M., & Sommer, I. E. (2012). Estrogen augmentation in schizophrenia: A quantitative review of current evidence. *Schizophrenia Research, 141*(2-3), 179–184. <https://doi.org/10.1016/j.schres.2012.08.016>
- Bierer, B. E., Meloney, L. G., Ahmed, H. R., & White, S. A. (2022). Advancing the inclusion of underrepresented women in clinical research. *Cell reports. Medicine, 3*(4), 100553. <https://doi.org/10.1016/j.xcrm.2022.100553>
- Bieri, J. (1955). Cognitive complexity-simplicity and predictive behavior. *Journal of Abnormal and Social Psychology, 51*(2), 263-268. <https://doi.org/10.1037/h0043308>
- Boell, S. K., & Cecez-Kecmanovic, D. (2014). A hermeneutic approach for conducting literature reviews and literature searches. *Communications of the Association for Information Systems, 34*, 12. <https://doi.org/10.17705/1CAIS.03412>
- Borkowski, J. G., Peck, V. A., Reid, M. K., & Kurtz, B. E. (1983). Impulsivity and strategy transfer: Metamemory as mediator. *Child Development, 54*(2), 459-473. <https://doi.org/10.1111/j.1467-8624.1983.tb03888.x>
- Bradley, C., & Bowen, M. (1941). Amphetamine (benzedrine) therapy of children's behavior disorders. *American Journal of Orthopsychiatry, 11*(1), 92-103. <https://doi.org/10.1111/j.1939-0025.1941.tb05781.x>
- Bramer, W. M., de Jonge, G. B., Rethlefsen, M. L., Mast, F., & Kleijnen, J. (2018). A systematic approach to searching: an efficient and complete method to develop literature searches. *Journal of the Medical Library Association, 106*(4), 531-541. <https://doi.org/10.5195/jmla.2018.283>
- Brown, T. E. (2013). *A New Understanding of ADHD in Children and Adults: Executive Function Impairments*. New York: Routledge.

- Brown, T. E. (2005). *Attention Deficit Disorder: The Unfocused Mind in Children and Adults*. New Haven. Yale University Press.
- Brown Clinic for Attention & Related Disorders. (2023). *The Brown model of executive function impairments in ADHD*. Retrieved February 2, 2023, from <https://www.browнадhdclinic.com/the-brown-model-of-add-adhd>
- Brown, T. E., Brown, T. E., Ph. D, & American Psychiatric Association Publishing. (2017). *Outside the box: Rethinking ADD/ADHD in children and adults: A practical guide*. American Psychiatric Association Publishing.
- Brown, L. S., & Walker, L. E. A. (1990). Feminist therapy perspectives on self-disclosure. In G. Stricker & M. Fisher (Eds.), *Self-Disclosure in the Therapeutic Relationship* (pp. 159-180). Springer. https://doi.org/10.1007/978-1-4899-3582-3_10
- Canadian Psychological Association. (2017). *Canadian Code of Ethics for Psychologists* (4th ed.). https://www.cpa.ca/docs/File/Ethics/CPA_Code_2017_4thEd.pdf
- Canadian Counselling and Psychotherapy Association. (2020). *Code of Ethics*. Canadian Counselling and Psychotherapy Association. <https://www.ccpa-accp.ca/wp-content/uploads/2020/05/CCPA-2020-Code-of-Ethics-E-Book-EN.pdf>
- Canadian Institute for Health Information. (2021). *A profile of selected mental health and substance use health care providers in Canada, 2021* [Infographic]. Retrieved July 3, 2023, from <https://www.cihi.ca/en/a-profile-of-selected-mental-health-and-substance-use-health-care-providers-in-canada-2021#:~:text=Note%20that%20psychotherapists%2Fcounselling%20therapists,per%20100%2C000%20population%20in%20Canada.>

- Castonguay, L. G., & Hill, C. E. (2017). In Castonguay L. G., Hill C. E. (Eds.), *How and why are some therapists better than others? Understanding therapist effects* (First ed.). American Psychological Association. <https://doi.org/10.1037/0000034-000>
- Chang, J. (2012). An interpretive account of counsellor development. *Canadian Journal of Counselling and Psychotherapy*, 45(4), 406. <https://www.proquest.com/scholarly-journals/interpretive-account-counsellor-development/docview/912477951/se-2>
- Chen, Q., Hartman, C. A., Haavik, J., Harro, J., Klungsøyr, K., Hegvik, T. A., Wanders, R., Ottosen, C., Dalsgaard, S., Faraone, S. V., & Larsson, H. (2018). Common psychiatric and metabolic comorbidity of adult attention-deficit/hyperactivity disorder: A population-based cross-sectional study. *PloS one*, 13(9).
<https://doi.org/10.1371/journal.pone.0204516>
- Cherednichenko, G. A. (2011). The educational and professional trajectories of secondary school graduates. *Russian Education and Society*, 53(8), 19-35.
<https://doi.org/10.2753/RES1060-9393530802>
- Colosimo, K. A., & Pos, A. E. (2015). A rational model of expressed therapeutic presence. *Journal of Psychotherapy Integration*, 25(2), 100-114. <https://doi.org/10.1037/a0038879>
- Contesse, T., Broussot, L., Fofó, H., Vanhoutte, P., Fernandez, S. P., & Barik, J. (2021). Dopamine and glutamate receptors control social stress-induced striatal ERK1/2 activation. *Neuropharmacology*, 190, 108534-108534.
<https://doi.org/10.1016/j.neuropharm.2021.108534>
- Corbin, J., & Strauss, A. (2015). *Basics of qualitative research: Techniques and procedures for Developing grounded theory* (4th Ed.). Thousand Oaks, CA: Sage.

- Corcoran, K. M., Farb, N., Anderson, A., & Segal, Z. V. (2010). Mindfulness and emotion regulation: Outcomes and possible mediating mechanisms. In A. M. Kring & D. M. Sloan (Eds.), *Emotion regulation and psychopathology: A transdiagnostic approach to etiology and treatment* (pp. 339–355). The Guilford Press.
- Cortese, S., & Coghill, D. (2018). Twenty years of research on attention-deficit/hyperactivity disorder (ADHD): Looking back, looking forward. *Evidence-Based Mental Health, 21*(4), 173-176. <https://doi.org/10.1136/ebmental-2018-300050>
- Crichton, A. (1798). An inquiry into the nature and origin of mental derangement: comprehending a concise system of the physiology and pathology of the human mind and a history of the passions and their effects. In T. Cadell & W. Davis (Vol. 2.), *An inquiry into the nature and origin of mental derangement* (pp. 200–204). In The Strand.
- Davidson, R. J., Kabat-Zinn, J., Schumacher, J., Rosenkranz, M., Muller, D., Santorelli, S. F., Urbanowski, F., Harrington, A., Bonus, K., & Sheridan, J. F. (2003). Alterations in brain and immune function produced by mindfulness meditation. *Psychosomatic medicine, 65*(4), 564–570.
- Davis, D. M., & Hayes, J. A. (2011). What are the benefits of mindfulness? A practice review of psychotherapy-related research. *Psychotherapy, 48*(2), 198-208.
<https://doi.org/10.1037/a0022062>
- de la Sienna, E. (2020). Holistic thinking and the worldviews-based learning framework. *Quality education, 407-419*. Springer International Publishing. https://doi.org/10.1007/978-3-319-95870-5_6

Desoete, A., & Özsoy, G. (2017). Introduction: Metacognition, more than the lognes monster.

International Electronic Journal of Elementary Education, 2(1), 1–6. Retrieved from

<https://iejee.com/index.php/IEJEE/article/view/266>

Dodson, W. (2019, April 24). ADHD Expert: William Dodson, M.D., LF-APA [Webinar].

ADDitude Magazine. Retrieved from <https://www.additudemag.com/webinar/emotional-dysregulation-rejection-sensitive-dysphoria/>

Dodson, W. (2016, October). Emotional Regulation and ADHD. Children and Adults with

Attention-Deficit/Hyperactivity Disorder. *Children and Adults with Attention-*

Deficit/Hyperactivity Disorder (CHADD). [https://chadd.org/wp-](https://chadd.org/wp-content/uploads/2016/10/ATTN_10_16_EmotionalRegulation.pdf)

[content/uploads/2016/10/ATTN_10_16_EmotionalRegulation.pdf](https://chadd.org/wp-content/uploads/2016/10/ATTN_10_16_EmotionalRegulation.pdf)

Dodson, W. (2023, April 26). 3 Defining Features of ADHD That Everyone Overlooks.

ADDitude Magazine. <https://www.additudemag.com/symptoms-of-add-hyperarousal-rejection-sensitivity/>

Doyle N. (2020). Neurodiversity at work: A biopsychosocial model and the impact on working

adults. *British medical bulletin*, 135(1), 108–125. <https://doi.org/10.1093/bmb/1daa021>

Eiraldi, R. B., Mazzuca, L. B., Clarke, A. T., & Power, T. J. (2006). Service utilization among ethnic minority children with ADHD: A model of help-seeking behavior. *Administration*

and Policy in Mental Health and Mental Health Services Research, 33(5), 607-

622. <https://doi.org/10.1007/s10488-006-0063-1>

Enright, J. (2021, November 2). *Attention Deficit Hyperactivity Disorder and Mood Symptoms*.

Creator Avatar. [https://original.newsbreak.com/@jillian-enright-](https://original.newsbreak.com/@jillian-enright-1590470/2417669021374-research-shows-what-people-with-adhd-have-been-saying-for-years)

[1590470/2417669021374-research-shows-what-people-with-adhd-have-been-saying-for-years](https://original.newsbreak.com/@jillian-enright-1590470/2417669021374-research-shows-what-people-with-adhd-have-been-saying-for-years)

- Eslinger, P. J., Flaherty-Craig, C. V., & Chakara, F. M. (2013). Rehabilitation and management of executive function disorders. *Handbook of Clinical Neurology*, 110, 365-376.
- Efklides, A. (2008). Metacognition: Defining its facets and levels of functioning in relation to self-regulation and co-regulation. *European Psychologist*, 13, 277-287.
- Faraone, S. V., Banaschewski, T., Coghill, D., Zheng, Y., Biederman, J., Bellgrove, M. A., Newcorn, J. H., Gignac, M., Al Saud, N. M., Manor, I., Rohde, L. A., Yang, L., Cortese, S., Almagor, D., Stein, M. A., Albatti, T. H., Aljoudi, H. F., Alqahtani, M. M. J., Asherson, P., . . . Wang, Y. (2021). The world federation of ADHD international consensus statement:208 evidence-based conclusions about the disorder. *Neuroscience and Biobehavioural Reviews*. <https://doi.org/10.1016/j.neubiorev.2021.01.022>
- Faraone, S. V., Asherson, P., Banaschewski, T., Biederman, J., Buitelaar, J. K., Ramos-Quiroga, J. A., Rohde, L. A., Sonuga-Barke, E. J. S., Tannock, R., & Franke, B. (2015). Attention-deficit/hyperactivity disorder. *Nature Reviews. Disease Primers*, 1(1), 15020-15020. <https://doi.org/10.1038/nrdp.2015.20>
- Faraone, S. V., & Larsson, H. (2019). Genetics of attention deficit hyperactivity disorder. *Molecular Psychiatry*. <https://doi.org/10.1038/s41380-018-0070-0>
- Fedele, D. A., Lefler, E. K., Hartung, C. M., & Canu, W. H. (2012). Sex differences in the manifestation of ADHD in emerging adults. *Journal of Attention Disorders*, 16(2), 109-117. <https://doi.org/10.1177/1087054710374596>
- Fleming V., Gaidys U., Robb Y. (2003). Hermeneutic research in nursing: Developing a Gadamerian-based research method. *Nursing Inquiry*, 10(2), 113–120. <https://doi.org/10.1046/j.1440-1800.2003.00163.x>.

- Finlay, L. (2009). Debating phenomenological research methods. *Phenomenology & Practice*, 3(1) <https://doi.org/10.29173/pandpr19818>
- Flavell, J.H. (1979). Metacognition and cognitive monitoring: A new area of cognitive developmental inquiry. *American Psychologist*, 34, 906–911.
- Frazier, T. W., Demaree, H. A., & Youngstrom, E. A. (2004). Meta-analysis of intellectual and neuropsychological test performance in attention-Deficit/Hyperactivity disorder. *Neuropsychology*, 18(3), 543–555. <https://doi.org/10.1037/0894-4105.18.3.543>
- Freeman M. P. (2014). ADHD and pregnancy. *The American Journal of Psychiatry*, 171(7), 723–728. <https://doi.org/10.1176/appi.ajp.2013>.
- Gadamer H. G. (1975). *Truth and method*. Sheed & Ward.
- Gadamer H. G., Weinsheimer J., Marshall D. G. (2004). *EPZ truth and method*. Bloomsbury Publishing.
- Gelso, C. J., & Hayes, J. A. (2007). *Countertransference and the therapist's inner experience: Perils and possibilities*. Lawrence Erlbaum Associates Publishers.
- Gerber, P. J. (2001). Employment of adults with learning disabilities and ADHD: Reasons for success and implications for resilience. *The ADHD Report*, 9(4), 1-5. <https://doi.org/10.1521/adhd.9.4.1.19067>
- Gerstl-Pepin, C., & Patrizio, K. (2009). Learning from Dumbledore's pensieve: Metaphor as an aid in teaching reflexivity in qualitative research. *Qualitative Research*, 9(3), 299-308. <https://doi.org/10.1177/1468794109105029>
- Gillig, P. M., Gentile, J. P., & Atiq, R. (2006). Adult ADHD: Diagnosis, differential diagnosis, and medication management. *Psychiatry*, 3(8), 25-30. [PMc2957278](https://pubmed.ncbi.nlm.nih.gov/1957278/)

- Graham, J., & Coghill, D. (2008). Adverse effects of pharmacotherapies for attention-deficit hyperactivity disorder: Epidemiology, prevention and management. *Adis Data International*. <https://doi.org/10.2165/00023210-200822030-00003>
- Groen, Y., Priegnitz, U., Fuermaier, A. B. M., Tucha, L., Tucha, O., Aschenbrenner, S., Weisbrod, M., & Garcia Pimenta, M. (2020). Testing the relation between ADHD and hyperfocus experiences. *Research in Developmental Disabilities*, 107, 103789-103789. <https://doi.org/10.1016/j.ridd.2020.103789>
- Goonetilleke, D. (2016). Cognitive complexity, mindfulness, and reflection in mental health professionals [Doctoral dissertation]. *Cornerstone: A Collection of Scholarly and Creative Works for Minnesota State University, Mankato*. <https://cornerstone.lib.mnsu.edu/etds/638/>
- Guilford, J. P. (1967). Creativity: Yesterday, today, and tomorrow. *The Journal of Creative Behavior*, 1(1), 3–14. <https://doi.org/10.1002/j.2162-6057.1967.tb00002.x>
- Haimov-Kochman, R., & Berger, I. (2014). Cognitive functions of regularly cycling women may differ throughout the month, depending on sex hormone status: A possible explanation to conflicting results of studies of ADHD in females. *Frontiers in human neuroscience*, 8, 191. <https://doi.org/10.3389/fnhum.2014.00191>
- Hayes, J. A., & Vinca, M. (2017). Therapist presence, absence, and extraordinary presence. In L. G. Castonguay & C. E. Hills (Eds.), *How and why are some therapists better than others? Understanding therapist effects*. (pp. 85-99).
- Halleland, H. B., Sørensen, L., Posserud, M., Haavik, J., & Lundervold, A. J. (2019). Occupational status is compromised in adults with ADHD and psychometrically defined

executive function deficits. *Journal of Attention Disorders*, 23(1), 76-86.

<https://doi.org/10.1177/1087054714564622>

Henretty, J. R., Currier, J. M., Berman, J. S., & Levitt, H. M. (2014). The impact of counselor self-disclosure on clients: A meta-analytic review of experimental and quasi-experimental research. *Journal of Counseling Psychology*, 61(2), 191-207. <https://doi.org/10.1037/a0036189>

Hinshaw, S. P., Owens, E. B., Sami, N., & Fargeon, S. (2006). Prospective follow-up of girls with attention-Deficit/Hyperactivity disorder into adolescence: Evidence for continuing cross-domain impairment. *Journal of Consulting and Clinical Psychology*, 74(3), 489–499. <https://doi.org/10.1037/0022-006X.74.3.489>

Holmes, J., Gathercole, S. E., Place, M., Dunning, D. L., Hilton, K. A., & Elliott, J. G. (2010). Working memory deficits can be overcome: Impacts of training and medication on working memory in children with ADHD. *Applied Cognitive Psychology*, 24(6), 827-836. <https://doi.org/10.1177/2158244017701799>

Holthe, M. E. G., & Langvik, E. (2017). The strives, struggles, and successes of women diagnosed with ADHD as adults. *SAGE Open*, 7(1), 215824401770179. <https://doi.org/10.1177/2158244017701799>

Holvino, E. (2010). Intersections: the simultaneity of race, gender and class in organization studies. *Gender Work Organ.* 17, 248–277. <https://doi.org/10.1111/j.1468-0432.2008.00400.x>

Jellinek, M. S. (2010). Don't let ADHD crush children's self-esteem. *Clinical Psychiatry News*, 38(5).

- Keshavarz, H. (2020). Hermeneutic phenomenology in supporting research and information services: Contributions to information science. *Journal of Information Science Theory and Practice*, 8(4), 29. <https://doi.org/10.1633/JISTaP.2020.8.4.3>
- Killian, K. D. (2008). Helping till it hurts? A multimethod study of compassion fatigue, burnout, and self-care in clinicians working with trauma survivors. *Traumatology*, 14(2), 32-44. <https://doi.org/10.1177/1534765608319083>
- Kim, B. S. K., Hill, C. E., Gelso, C. J., Goates, M. K., Asay, P. A., & Harbin, J. M. (2003). Counselor self-disclosure, East Asian American client adherence to Asian cultural values, and counseling process. *Journal of Counseling Psychology*, 50(3), 324–332. <https://doi.org/10.1037/0022-0167.50.3.324>
- Kim, M. K., Lee, K. S., Kim, B., Choi, T. K., & Lee, S. H. (2016). Impact of mindfulness-based cognitive therapy on intolerance of uncertainty in patients with panic disorder. *Psychiatry investigation*, 13(2), 196–202. <https://doi.org/10.4306/pi.2016.13.2.196>
- Knox, S., & Hill, C. E. (2016). Introduction to a special issue on disclosure and concealment in psychotherapy. *Counselling Psychology Quarterly*, 29(1), 1-6. <https://doi.org/10.1080/09515070.2015.1095156>
- Kogan, C. S., & Paterniti, S. (2017). *The true north strong and free? opportunities for improving Canadian mental health care and education by adopting the WHO's ICD-11 classification*. SAGE Publications. <https://doi.org/10.1177/0706743717717253>
- Kohls, G., Herpertz-Dahlmann, B., & Konrad, K. (2009). Hyperresponsiveness to social rewards in children and adolescents with attention-deficit/hyperactivity disorder (ADHD). *Behavioral and brain functions: BBF*, 5, 20. <https://doi.org/10.1186/1744-9081-5-20>

- Kolden, G. G., Klein, M. H., Wang, C., & Austin, S. B. (2011). Congruence/genuineness. *Psychotherapy (Chicago, Ill.)*, 48(1), 65-71. <https://doi.org/10.1037/a0022064>
- Kuntsi, J., & Stevenson, J. (2000). Hyperactivity in children: A focus on genetic research and psychological theories. *Clinical Child and Family Psychology Review*, 3(1), 1–23. <https://doi.org/10.1023/A:1009580718281>
- Lange, K. W., Reichl, S., Lange, K. M., Tucha, L., & Tucha, O. (2010). The history of attention deficit hyperactivity disorder. *Attention deficit and hyperactivity disorders*, 2(4), 241-255. <https://doi.org/10.1007/s12402-010-0045-8>
- Lauder, K., McDowall, A., & Tenenbaum, H. R. (2022). A systematic review of interventions to support adults with ADHD at work-Implications from the paucity of context-specific research for theory and practice. *Frontiers in Psychology*, 13. <https://doi.org/10.3389/fpsyg.2022.893469>
- LeBoutillier, K. (2022, October 1). *ADHD: What It Means to Me as an ADHDer*. Retrieved May 5, 2023, <https://medium.com/@Kaneleb/adhd-what-it-means-to-me-as-an-adhder-d20b6ec6192d>
- Lensing, M. B., Zeiner, P., Sandvik, L., & Opjordsmoen, S. (2015). Quality of life in adults aged 50+ with ADHD. *Journal of attention disorders*, 19(5), 405–413. <https://doi.org/10.1177/1087054713480035>
- Lerner, D. A., Verheul, I., & Thurik, R. (2019). Entrepreneurship and attention-deficit/hyperactivity disorder: A large-scale study involving the clinical condition of ADHD. *Small Business Economics*, 53(2), 381-392. <https://doi.org/10.1007/s11187-018-0061-1>

- Levitt, H. M., Minami, T., Greenspan, S. B., Puckett, J. A., Henretty, J. R., Reich, C. M., & Berman, J. S. (2016). How therapist self-disclosure relates to alliance and outcomes: A naturalistic study. *Counselling Psychology Quarterly*, 29(1), 7-28. <https://doi.org/10.1080/09515070.2015.1090396>
- Lundervold., A. J., Halleland, H. B., Brevik, E. J., Haavik, J., & Sørensen, L. (2019). Verbal memory function in intellectually well-functioning adults with ADHD: Relations to working memory and response inhibition. *Journal of Attention Disorders*, 23(10), 1188–1198. <https://doi.org/10.1177/1087054715580842>
- Martin, R. A. (2001). Humor, laughter, and physical health: Methodological issues and research findings. *Psychological Bulletin*, 127(4), 504-519. <https://doi.org/10.1037/0033-2909.127.4.504>
- Martin, R. A., & Kuiper, N. A. (1999). Daily occurrence of laughter: Relationships with age, gender, and type A personality. *Humor*, 12(4), 355-384. <https://doi.org/10.1515/humr.1999.12.4.355>
- Mccratty, R., & Atkinson, M. (2012). Resilience training program reduces physiological and psychological stress in police officers. *Global Advances in Health and Medicine*, 1(5), 44-66. <https://doi.org/10.7453/gahmj.2012.1.5.013>
- MacLure, M. (2005). 'Clarity bordering on stupidity': Where's the quality in systematic review? *Journal of Education Policy*, 20(4), 393–416. <https://doi.org/10.1080/02680930500131801>
- Meyer, K., & Willis, R. (2019). Looking Back to Move Forward: The Value of Reflexive Journaling for Novice Researchers. *Journal of gerontological social work*, 62(5), 578–585. <https://doi.org/10.1080/01634372.2018.1559906>

- Milioni, A. L. V., Chaim, T. M., Cavallet, M., de Oliveira, N. M., Annes, M., dos Santos, B., Louzã, M., da Silva, M. A., Miguel, C. S., Serpa, M. H., Zanetti, M. V., Busatto, G., & Cunha, P. J. (2017). High IQ may “Mask” the diagnosis of ADHD by compensating for deficits in executive functions in treatment-naïve adults with ADHD. *Journal of Attention Disorders, 21*(6), 455-464. <https://doi.org/10.1177/1087054714554933>
- Moody, K. J., Pomerantz, A. M., Ro, E., & Segrist, D. J. (2021). “Me too, a long time ago”: Therapist self-disclosure of past or present psychological problems similar to those of the client. *Practice Innovations, 6*(3), 181–188. <https://doi.org/10.1037/pri0000151>
- Moore, C. B., McIntyre, N. H., & Lanivich, S. E. (2021). ADHD-related neurodiversity and the entrepreneurial mindset. *Entrepreneurship Theory and Practice, 45*(1), 64–91. <https://doi.org/10.1177/1042258719890986>
- Munn, Z., Peters, M. D. J., Stern, C., Tufanaru, C., McArthur, A., & Aromataris, E. (2018). Systematic review or scoping review? guidance for authors when choosing between a systematic or scoping review approach. *BMC Medical Research Methodology, 18*(1), 143-143. <https://doi.org/10.1186/s12874-018-0611-x>
- Mutti-Driscoll, S. (2016, November 16). *The ADHD Executive Function Tax: How to Cope*. Hallowell Todaro ADHD and Mental Health Blog. <https://www.hallowelltodaro.com/blog-raw-feed/2021/11/18/the-adhd-executive-function-tax-how-to-cope>
- Nigg, J. T., Lewis, K., Edinger, T., & Falk, M. (2012). Meta-analysis of attention-deficit/hyperactivity disorder or attention-deficit/hyperactivity disorder symptoms, restriction diet, and synthetic food color additives. *Journal of the American Academy of*

Child and Adolescent Psychiatry, 51(1), 86–97.

<https://doi.org/10.1016/j.jaac.2011.10.015>

Ortiz, L. A. (2020). Reframing neurodiversity as competitive advantage: Opportunities, challenges, and resources for business and professional communication educators. *Business and Professional Communication Quarterly*, 83(3), 261-284. <https://doi.org/10.1177/2329490620944456>

Owen, J., & Lindley, L. D. (2010). Therapists' cognitive complexity: Review of theoretical models and development of an integrated approach for training. *Training and Education in Professional Psychology*, 4(2), 128–137. <https://doi.org/10.1037/a0017697>

Panagiotidi, M., Overton, P. G., & Stafford, T. (2020). The relationship between sensory processing sensitivity and attention deficit hyperactivity disorder traits: A spectrum approach. *Psychiatry Research*, 293, 113477-113477. <https://doi.org/10.1016/j.psychres.2020.113477>

Piirto, J. (1998). *Understanding those who create* (2nd ed.). Gifted Psychology Press.

Psychopathology Committee of the Group for the Advancement of Psychiatry. (2001). Reexamination of therapist self-disclosure. *Psychiatric Services*, 52(11), 1489-1493. <https://doi.org/10.1176/appi.ps.52.11.1489>

Quinn P. O. (2005). Treating adolescent girls and women with ADHD: gender-specific issues. *Journal of clinical psychology*, 61(5), 579–587. <https://doi.org/10.1002/jclp.20121>

Rønnestad, M. H., & Skovholt, T. M. (2012). *The developing practitioner: Growth and stagnation of therapists and counsellors*. Routledge.

<https://doi.org/10.4324/9780203841402>

Rucklidge, J. J., & Kaplan, B. J. (2000). Attributions and perceptions of childhood in women

- with ADHD symptomatology. Attention-Deficit/Hyperactivity Disorder. *Journal of Clinical Psychology*, 56(6), 711–722. [https://doi.org/10.1002/\(sici\)1097-4679\(200006\)56:6<711::aid-jclp2>3.0.co;2-b](https://doi.org/10.1002/(sici)1097-4679(200006)56:6<711::aid-jclp2>3.0.co;2-b)
- Satterly, B. A. (2006). Therapist Self-Disclosure from a Gay Male Perspective. *Families in Society*, 87(2), 240–247. <https://doi.org/10.1606/1044-3894.3517>
- Schecklmann, M., Ehlis, A., Plichta, M. M., Dresler, T., Heine, M., Boreatti-Hümmer, A., Romanos, M., Jacob, C., Pauli, P., & Fallgatter, A. J. (2013). Working memory and response inhibition as one integral phenotype of adult ADHD? A behavioral and imaging correlational investigation. *Journal of Attention Disorders*, 17(6), 470-482. <https://doi.org/10.1177/1087054711429702>
- Sengul, C. G. (2019). P12 Social and cultural considerations in ADHD diagnosis: a cross-cultural discourse analysis. *BMJ Open*, 9, A18-A19. <https://doi.org/10.1136/bmjopen-2019-QHRN.47>
- Staff, H. (2009, January 1). *What's it like to have ADHD?* HealthyPlace. <https://www.healthyplace.com/adhd/articles/whats-it-like-to-have-adhd>
- Strohmeier, C. (2013). *Adult ADHD and the Relationship Between Self-Reported Frequency of Cognitive Distortions, Anxiety, and Depression* (Doctoral dissertation). Philadelphia College of Osteopathic Medicine.
- Simionato, G., Simpson, S., & Reid, C. (2019). Burnout as an ethical issue in psychotherapy. *Psychotherapy (Chicago, Ill.)*, 56(4), 470–482. <https://doi.org/10.1037/pst0000261>
- Sobanski, E., Bruggemann, D., Alm, B., Kern, S., Philipsen, A., Schmalzried, H., & Hesslinger, B. (2007). Psychiatric comorbidity and functional impairment in a clinically referred

- sample of adults with attention-deficit/hyperactivity disorder (ADHD). *European Archives of Psychiatry and Clinical Neuroscience*, 257(7), 371–377.
<https://doi.org/10.1007/s00406-007-0746-4>
- Sedgwick, J. A., Merwood, A., & Asherson, P. (2019). The positive aspects of attention deficit hyperactivity disorder: A qualitative investigation of successful adults with ADHD. *ADHD Attention Deficit Hyperactivity Disorder*, pp. 11, 241–253.
<https://doi.org/10.1007/s12402-018-0277-6>
- Sedgwick, J., Merwood, A., & Asherson, P. J. E. (2016). A small-scale study about the views and perceptions of attention deficit hyperactivity disorder (ADHD) in adulthood: Unearthing the positive aspects. In *4th Eunethydis international conference on ADHD abstract book. Berlin, Germany. 16th-19th October 2016: ADHD – from basic neuroscience to optimized clinical care* (pp. 196) <http://www.eunethydisconference2016.com/wp-content/uploads/2016/10/eic-berlin-2016-abstract-book.pdf>
- Song, P., Zha, M., Yang, Q., Zhang, Y., Li, X., & Rudan, I. (2021). The prevalence of adult attention-deficit hyperactivity disorder: A global systematic review and meta-analysis. *Journal of Global Health*, 11, 04009-04009. <https://doi.org/10.7189/jogh.11.04009>
- Spengler, P. M., & Strohmer, D. C. (1994). Clinical judgmental biases: The moderating roles of counsellor cognitive complexity and counsellor client preferences. *Journal of Counselling Psychology*, 41(1), 8-17. <https://doi.org/10.1037/0022-0167.41.1.8>
- Sprich, S. E., Knouse, L. E., Cooper-Vince, C., Burbridge, J., & Safren, S. A. (2012). Description and Demonstration of CBT for ADHD in Adults. *Cognitive and Behavioral Practice*, 17(1), 10.1016/j.cbpra.2009.09.002. <https://doi.org/10.1016/j.cbpra.2009.09.002>

- Still, G. F. (1987). On a form of joint disease in children. *Medico-Chirurgical Transactions*, 80, 47–59.
- Still, G. F. (1902). Some abnormal psychological conditions in children: The Goulstonian lectures. *Lancet*, 1, 1008–1012.
- Surman, C. B. H., & Walsh, D. M. (2021). Managing sleep in adults with ADHD: From science to pragmatic approaches. *Brain Sciences*, 11(10), 1361. <https://doi.org/10.3390/brainsci11101361>
- Tatli, A., and Özbilgin, M. (2012). Surprising intersectionalities of inequality and privilege: the case of the arts and cultural sector. *Equality. Diversity. Inclusion*. 31, 249–265. <https://doi.org/10.1108/02610151211209108>
- Tucha, O., Mecklinger, L., Laufkötter, R., Kaunzinger, I., Paul, G., Klein, H., & Lange, K. (2005). Clustering and switching on verbal and figural fluency functions in adults with attention deficit hyperactivity disorder. *Cognitive Neuropsychiatry*, 10(3), 231-248. <https://doi.org/10.1080/13546800444000047>
- van Manen, M. (1990). *Researching lived experience: human science for an action sensitive pedagogy*. State University of New York Press.
- Vinca, M. A. (2009). Mindfulness and psychotherapy: A mixed methods investigation. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 70(11), 7223.
- Volkow, N. D., Wang, G. J., Newcorn, J. H., Kollins, S. H., Wigal, T. L., Telang, F., Fowler, J. S., Goldstein, R. Z., Klein, N., Logan, J., Wong, C., & Swanson, J. M. (2011). Motivation deficit in ADHD is associated with dysfunction of the dopamine reward pathway. *Molecular psychiatry*, 16(11), 1147–1154. <https://doi.org/10.1038/mp.2010.97>

- Volz, B., Valverde, K. D., & Robbins, S. J. (2019). Effects of genetic counselor self-disclosure: An experimental analog study. *Journal of Genetic Counseling*, , 1-9. <https://doi.org/10.1007/s10897-018-0283-z>
- Waite, R. (2010). Women with ADHD: It is an explanation, not the excuse du jour. *Perspectives in Psychiatric Care*, 46(3), 182–196. <https://doi.org/10.1111/j.1744-6163.2010.00254.x>
- Walker, N., & Raymaker, D. M. (2021). Toward a neuroqueer future: An interview with nick walker. *Autism in Adulthood*, 3(1), 5–10. <https://doi.org/10.1089/aut.2020.29014.njw>
- Walker, N. (2014). *Neurodiversity: Some basic terms and definitions*. Neuroqueer. <https://neuroqueer.com/neurodiversity-terms-and-definitions/>
- Walshaw, M. (2008). The concept of identity positioning the self within research. *International Commission of Mathematical Instruction*. https://www.mathunion.org/fileadmin/ICMI/files/About_ICMI/Publications_about_ICMI/ICME_11/Walshaw.pdf
- Walter, A., Martz, E., Weibel, S., & Weiner, L. (2023). Tackling emotional processing in adults with attention deficit hyperactivity disorder and attention deficit hyperactivity disorder + autism spectrum disorder using emotional and action verbal fluency tasks. *Frontiers in Psychiatry*, 14, 1098210-1098210. <https://doi.org/10.3389/fpsy.2023.1098210>
- White, H. A., & Shah, P. (2006). Uninhibited imaginations: Creativity in adults with attention-Deficit/Hyperactivity disorder. *Personality and Individual Differences*, 40(6), 1121–1131. <https://doi.org/10.1016/j.paid.2005.11.007>
- Wilens, T. E., Biederman, J., Faraone, S. V., Martelon, M., Westerberg, D., & Spencer, T. J. (2009). Presenting ADHD symptoms, subtypes, and comorbid disorders in clinically

referred adults with ADHD. *The Journal of Clinical Psychiatry*, 70(11), 1557-1562.

<https://doi.org/10.4088/JCP.08m04785pur>

World Health Organization. (2019). *International Classification of Diseases and Related Health Problems* (11th ed.). World Health Organization.

Young, S. N. (2009). Bias in the research literature and conflict of interest: An issue for publishers, editors, reviewers, and authors, and it is not just about the money. *Journal of Psychiatry & Neuroscience*, 34(6), 412–417.

Zylowska, L., Ackerman, D. L., Yang, M. H., Futrell, J. L., Horton, N. L., Hale, T. S., Pataki, C., & Smalley, S. L. (2008). Mindfulness meditation training in adults and adolescents with ADHD: a feasibility study. *Journal of attention disorders*, 11(6), 737–746.

<https://doi.org/10.1177/1087054707308502>