

**An exploration of the ways in which person-centered counselors' diagnoses of attention-deficit/hyperactivity disorder (ADHD) can challenge or support their practice.**

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# **An exploration of the ways in which person-centered counselors' diagnoses of attention-deficit/hyperactivity disorder (ADHD) can challenge or support their practice.**

Little or no research has been conducted to explore the experiences of counselors who have a diagnosis of Attention-deficit/hyperactivity disorder (ADHD). The purpose of this research, therefore, was to explore and better understand the challenges and opportunities that a diagnosis of ADHD can present for these practitioners in order to inform counseling practice, supervision and training. This qualitative study utilized semi-structured interviews to obtain data from three participants, who were all person-centered counselors with ADHD. This data was then analyzed using Interpretive Phenomenological Analysis, which revealed five Group Experiential Themes (GETs). Each of these themes helped to illustrate both the challenges that participants faced as a result of their ADHD, such as inattention, impulsive disclosures, and emotional dysregulation, as well as the opportunities that it presented such as heightened curiosity and greater unconditional positive regard. This research addressed a gap within the literature and serves to enhance understanding of the ways in which a counselor's diagnosis of ADHD can impact person-centered practice. It is hoped that this understanding can encourage greater support and acceptance of counselors with ADHD within the profession.

Keywords: attention-deficit/hyperactivity disorder; neurodiversity; person-centered; counseling; training

## **Introduction**

Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental disorder which, according to recent estimates, affects approximately 5% of children and 3-4% of adults in the UK (NICE, 2022). ADHD is typically characterized by inattentiveness, impulsivity and disorganization however diagnostic manuals, such as the DSM-5 and ICD-11, make distinctions between three subtypes or 'presentations': predominantly inattentive, predominantly hyperactive-impulsive, or combined type (Yue et al., 2022). Whilst individuals' experiences of ADHD can differ in this way, in all subtypes it can have profound and far-reaching negative effects across the lifespan (Fredriksen et al., 2014; Jernelöv et al., 2019). Many who are diagnosed with the disorder achieve fewer educational milestones and professional success, experience difficulties developing or maintaining relationships, and report poorer mental health when compared to their peers (Katzman et al., 2017; Robbins, 2005). Furthermore, whilst it has yet to be included in diagnostic criteria, a growing body of literature suggests that between 34-70% of individuals diagnosed with ADHD experience emotional dysregulation, leaving them unable to reliably assess and manage their own emotions (Hirsch et al., 2019). Difficulties with perceiving and interpreting the emotions of others have also been identified, with a number of studies finding that individuals with ADHD perform more poorly on empathic tasks compared to typically developing controls (Kis et al., 2017; Lee et al., 2021; Parke et al., 2021).

As a result of both the core features of ADHD, and the subsequent far-reaching impact on day-to-day life, various treatments or interventions have been proposed to support individuals with the disorder, including counseling (Haverkamp, 2017; He & Antshel, 2017). Mitran (2022) states that an understanding of the potentially unique and

specific challenges faced by neurodivergent clients is imperative for counselors in order for adaptations and accessibility to be addressed. Indeed, in recent years, there has been increased emphasis on better understanding and accommodating the needs of ADHD and neurodivergent clients in counseling, and the simple, yet effective, changes practitioners can make to do so (Gallant et al., 2022). These include reducing session times, minimizing sensory distractions, and simplifying language to help with attention and processing (Geffen & Forster, 2017). However, whilst this body of literature continues to grow, little or no attention has been given to the experiences of counselors who themselves have a diagnosis of ADHD, and how they manage symptoms that are seemingly at odds with good counseling practice. There is, perhaps, an assumption within discourse and the literature that when we talk about accessibility and accommodations within counseling, we need only think about clients. Likewise, the potential benefits and opportunities that ADHD and neurodivergent thinking may present for counseling practice are also evident, though underexplored, within the literature. For example, several studies have highlighted the advantages of low inhibition control and impulsivity for divergent thinking and creativity (Abraham et al., 2006; White & Shah, 2006). That is, individuals with ADHD have been found to be better able to generate multiple and unique solutions to problems; allowing their thoughts to flow freely without being constrained by established rules or reasoning (Glazer, 2009; White & Shah, 2006). This style of thinking could be said to be in keeping with one of the underpinning philosophies of the person-centered approach; phenomenology (Husserl, 1959-1983, as cited in Brown, 2015). Phenomenology rejects the notion of one single, objective reality and proffers instead that each individual constructs their own reality through a process of responding freely to their moment-to-moment experiences (Brown, 2015). Research also exists which, in contrast to the aforementioned literature, suggests that individuals with ADHD may be more empathic than typically developed individuals as a result of heightened sensitivity (hypersensitivity) to both physical and emotional stimuli (Gillioz et al., 2023). Whilst the unfiltered experiencing of too much sensory input can become overwhelming, when managed successfully, these traits may be used to enhance empathy (Strong, 2022).

The aim of this study was to explore and better understand the experiences of person-centered counselors who have a diagnosis of ADHD, by asking ‘In what ways can a counselor’s diagnosis of ADHD challenge or support their practice?’.

## **Methodology**

### **Sampling and Recruitment**

Interpretative Phenomenological Analysis (IPA) was chosen for its ability to capture rich data concerning the lived experiences of individuals, and the ways in which they make sense of these (Smith et al., 2022). As IPA seeks to identify those for whom the research question is relevant and meaningful, purposeful sampling was necessary (Barton, 2020; Smith et al., 2022). In order to recruit participants, a research advert outlining the study and inclusion criteria was produced and distributed in online counselling forums and groups, as well as through relevant contacts within the university. All individuals wishing to participate contacted the author directly and were selected on the basis that they could provide insight into the experience of having ADHD as a person-centered counselor.

Whilst the validity and oftentimes necessity of self-diagnosis was acknowledged, participants were required to have a formal diagnosis of ADHD in order to achieve a greater degree of homogeneity. Inclusion criteria also stated that participants must have been qualified and practicing as a person-centered counsellor for a minimum of two years and be living in either England or Wales at the time of the study. Individuals with an existing or prior relationship to the researcher were excluded to avoid any conflict of interests. In total, eight prospective participants responded to the research advert and, from this sample, three were eligible and willing to participate. Whilst the small scale of this study could be considered a limitation, the current study is intended to offer a first, exploratory step into considering the experiences of person-centered counsellors with a diagnosis of ADHD which, it is hoped, will encourage further exploration and understanding.

**Table 1.** Participant details

Pseudonym	Gender	Qualification Status	Years in practice	Diagnosis
Seren	Female	Qualified person-centered counsellor	23	Adult
Ffion	Female	Qualified person-centered counsellor	5	Adult
Ieuan	Male	Integratively trained, practicing as a qualified person-centered counsellor	3	Adult

### Data Collection and Analysis

Semi-structured interviews of between 70 and 100 minutes were conducted remotely via Zoom. The interviews focused on the following questions which sought first to understand participants' day-to-day experience of ADHD, before exploring the perceived challenges or opportunities that it presented for their work as person-centered counselors:

- What was your initial reaction to your diagnosis of ADHD and how, if at all, has this changed?
- In what ways does ADHD impact your day-to-day life?
- How compatible do you feel ADHD is with the necessary characteristics of a person-centred counsellor?
- Were you diagnosed at the time of your counselling training and, if so, how did this impact your experience as a trainee?
- How would you have liked your counsellor training to have encompassed your needs better?
- In what ways has your diagnosis of ADHD presented challenges for your work as a person-centred counsellor and how are these managed?
- In what ways has your diagnosis of ADHD presented opportunities for, or supported, your work as a person-centred counsellor?
- Have, or would you, disclose your diagnosis to clients and why/why not?
- Is there any other aspect of your experience that you think counsellors, supervisors or trainers should be aware of?

The data collected during the interviews was transcribed verbatim before being analyzed using the seven stages of IPA outlined by Smith et al. (2022). This included an

initial analysis of each individual transcript in order to identify experiential statements which were later clustered to produce a set of personal experiential themes (PETs) for each participant. In the latter stages of analysis, connections between all of the PETs produced were sought and identified. The aim in this process was not to identify a norm or average of experience but instead to look at the unique experiences of each participant, as well as the ways in which they converged and diverged. From this, a set of five Group Experiential Themes (GETs) were produced to best represent participants' experiences. When presenting the findings, the pseudonyms Seren, Ffion and Ieuan were chosen to protect participants' real identities. Ethical approval for this research project was sought from, and approved by, the University Research Ethics Committee.

## Findings

Analysis of the data produced five group experiential themes (GETs) and 10 group-level subthemes, as outlined in Table 1.

**Table 2.** Group Experiential Themes and Group-level Subthemes

Group Experiential Theme:		Group-level Subtheme(s)
1. The development of psychological contact and therapeutic relationships	1.1	Inattention
	1.2	Mediating factors
2. Congruence; The decision to disclose	2.1	Congruence in context
	2.2	Barriers to congruence and transparency
3. Unconditional positive regard; Being judged and accepting others	3.1	Emotional dysregulation
	3.2	The experience of feeling othered
	3.3	Curiosity
4. Empathic understanding; Challenging assumptions	4.1	Different ways of empathizing
	4.2	Awareness of body language and micro-cues
5. Experiences of counselling education	5.1	A person-centered approach
	5.2	Awareness and acceptance

### **Group experiential theme 1: The development of psychological contact and therapeutic relationships**

The first GET relates to the ways in which participants' ADHD impacts their attention and ability to develop and maintain relationships with others. In doing so, it also explores the potential barriers or benefits that ADHD may present for the development of psychological contact and therapeutic relationships.

#### ***Group-level subtheme 1.1: Inattention***

All three of the participants identified inattention as a feature of their ADHD and one that impacted their ability to engage in conversation and work.

*... just how impossible I found it to focus on work at all (Seren)*

*Not being able to stay on track when I'm talking or thinking about things, my brain bleeding out into all of these different things I could say (Ffion)*

*...my mind wandering during conversations, this has happened to me at work (Ieuan)*

Something that both Ffion and Seren identified as being particularly challenging, or even ‘detrimental’, was having to maintain a single focus.

*There aren't many things that can keep my whole brain activated... centered on one thing (Ffion)*

*Inputs, needing lots of things to be happening at the same time...(Seren)*

However, Ffion also appeared to see this as a shared human need, not a deficit or unique to the ADHD experience. These momentary diversions or split in her attention were referred to as ‘a little bit of a brain break’ and something which helped to sustain focus on the client long-term:

*The human brain, not even the ADHD brain, is too amazing to be focused on one thing completely 100%...so, actually just trying to focus on one thing is detrimental...we need to meet our brains need for stimulation.*

When lapses in attention occurred, participants felt able to manage this:

*If my brain sort of goes whirr...then I just bring it back (Ffion)*

*If I do take a slight track...I'm pretty good at getting back to wherever it was I started from (Ieuan)*

In the counseling space, all participants felt that they were successfully able to develop and maintain strong therapeutic relationships with clients:

*I work really, really relationally (Ffion)*

*I think possibly the most person-centered thing about my practice is the way I want to relate to my clients (Ieuan)*

Seren noted that the ‘intensity of relationships’ was something she valued about herself as a counselor and made reference to the ‘deep, meaningful, long, therapeutic, wonderful, empathic relationships’ she experienced with her clients.

### ***Group-level subtheme 1.2: Mediating factors***

Each participant identified a number of factors that they were conscious of either helping or challenging their ability to maintain connection and develop therapeutic relationships with clients.

Both Ffion and Seren spoke about their ability to maintain focus being linked to their interest in the subject or work:

*The fact that I really love it keeps engaged, keeps me focused (Ffion)*

*That absolute fascination with human beings...that's what keeps me focused (Seren)*

Encapsulating this experience, Ieuan and Ffion both described counseling as their ‘hyperfocus’ and this meant that for Ieuan, inattention ‘hasn’t been a problem in sessions’.

Similarly, Seren and Ffion both described the importance of matching with the right clients:

*I'm definitely not for everybody...but I think for the people that I do connect with I think I'm really real and beneficial for them (Ffion)*

*I think that for the clients that I am the right counselor for it really has benefited my practice (Seren)*

For Seren, these had often been neurodivergent clients:

*Interestingly, once I got the diagnosis it became entirely apparent that all of my private clients are neurodivergent and probably that all of the clients that I have had the most meaningful relationships with throughout my entire career have also been neurodivergent.*

Another factor that Ffion and Ieuan both identified as crucial to their ability to maintain attention and connection was time:

*Thank God for boundaries...I can engage with people for 50 minutes (Ieuan)*

*For that time period I can be focused on that other person and because it's time limited, I can pace myself (Ffion)*

Speaking of the impact that breaching time boundaries could have, Ffion said:

*If it starts to run over then it just falls away, I'm not a good counselor after that...I have that overstimulation.*

There was some difference in the way in which participants preferred to deliver their counseling and how this impacted attention.

Ieuan said:

*I engage best person to person...Voice (telephone), I have to fight distraction...I find my fingers reaching for the mouse...I just have to clear my desktop so that there's nothing looking at me.*

Conversely Seren felt that:

*Working online has been helpful because I can be fiddling with things out of shot... I can be doodling, I can be making notes even while clients are talking.*

## **GET 2: Congruence: The Decision to Disclose**

The second GET relates to participants' experience of congruence within the therapeutic space and, specifically, the degree to which they felt they could be, or were, transparent with clients about their ADHD.

### ***Group-level subtheme 2.1: Congruence in context***

When asked about congruence, all participants spoke of an inability to be anything other than themselves:

*I can't be anything other than genuine...I think I show up as myself (Ffion)*

*I am being who I am, I don't really know how to be something other than that (Seren)*

*I don't have the energy to maintain a false front...it requires less energy to be honest (Ieuan)*

Speaking about the importance of being real and congruent with clients, Ffion said:

*My clients, I think, experience me as imperfect, as chaotic sometimes... they experience me as someone who also struggles with things.*

Both Ffion and Seren believed that a sense of shared understanding was beneficial to the therapeutic relationship, particularly for clients from minority groups:

*Clients sort of look at counselors...and look for clues about whether they'll be accepted, whether somebody shares their identity (Seren)*

*If they're neurodiverse, that's really helpful, if they've got children who are neurodiverse, if they've got parents who are neurodiverse... I think it's really helpful (Ffion)*

This considered, all of the participants recognised the importance of maintaining appropriate boundaries with regards to congruence and self-disclosures:

*I can't go in there and be my at home, ADHD self. That doesn't benefit anyone... it's that genuineness within the boundaries and the context of the work (Ffion)*

### ***Group-level subtheme 2.2 Barriers to congruence and transparency***

Although all of the participants seemed to have confidence in their ability to be and be perceived as congruent with clients, they also acknowledged some barriers or challenges to this.

Ffion shared that she often experienced an internal conflict which meant it could be difficult to know what she felt or believed:

*I have a continual internal dialogue, often conflict, and so holding one perspective, one set of beliefs in some areas is really, really tricky.*

However, she spoke too of a growing understanding and acceptance of herself and how this had allowed her to be better at “making space for all those parts” and to even see the benefits of having multiple internal monologues such as ‘being able to see things from different points of view’.

For Seren, it was less about competing aspects of self and more about a feeling of separation from her ADHD:

*I still am sort of avoiding reading or looking at things about it a little bit...I've stayed a little bit sort of separate from it.*



Ffion and Seren also talked about how their experience of impulsivity had the potential to impact what they disclosed to clients:

*I fight with that because sometimes it's because I want to seize on a moment of incongruence...be very immediate and pounce (Ffion)*

*Impulsivity is the other thing that is has impacted my life lots, just blurting things out ...having no sense that that wasn't polite because I just thought the thing that needed saying and then I said it (Seren)*

*If I say something then I say it... even if I don't think beforehand what's the potential impact of saying this on a client, then I do the work afterwards to what was the impact of that on you? (Seren)*

### **GET 3: Unconditional Positive Regard: Being Judged and Accepting Others**

The third GET explores some of the emotional impacts of ADHD and the ways in which these have challenged or supported participants' capacity to maintain unconditional positive regard for clients.

#### ***Group-level subtheme 3.1 Emotional Dysregulation***

All participants described difficulties with emotional regulation, however it appeared to manifest differently in each person.

Ffion described fluctuating emotions and ones that she often failed to make sense of:

*My feelings change, go up and down...I don't know if I'm happy, I don't know if I'm sad.*

Ieuan on the other hand struggled to utilize constructive regulation strategies to manage the strong emotional reactions he experienced:

*Difficulties with emotional regulation and defensive adaptations to that have definitely been part of my life.*

Meanwhile, Seren described a persistent inability to control her physiological response to emotions:

*My reactions can be really present in my facial expressions, so people have responses to things that I feel before I even know that I feel them.*

#### ***Group-level subtheme 3.2 The experience of feeling othered***

Participants described the challenging emotional impact of having ADHD and of being, or feeling, judged for it across the lifespan:

*I have spent most of my life feeling different from other people, feeling disconnected, feeling judged, being judged and not quite being up to scratch, not quite fitting in (Ffion)*

*It's tough...when you realize, you're playing a good game, and everyone knows the rules but you (Ieuan)*

*Feeling different and just feeling, you know, completely unable to conform to social expectations (Seren)*

However, despite their own experiences of feeling othered, Seren and Ffion described lacking the same tendency to judge others:

*My real black and white not judging...it just didn't cross my mind particularly to judge people (Seren)*

*I think because of my experiences, implicit and explicit, of being othered, of feeling different, of feeling judged... I can be more non-judgmental with other people, with clients (Ffion)*

Ffion's experience of being accepted seemed to have enhanced her understanding of the importance of UPR and ability to offer it in her work with clients:

*My experience of being judged and my experience that when I'm accepted by other people then it facilitates a shift...I think helps me to maintain a reasonably non-judgmental stance.*

### **Group-level subtheme 3.3 Curiosity**

Participants also felt that their capacity for UPR was supported by the innate curiosity they felt that their ADHD engendered:

*There's a real curiosity I think that comes with having ADHD, a desire to know more (Ffion)*

*I'm curious. I'm insatiably curious, that's part of my nature (Ieuan)*

*I remain endlessly fascinated by the individual's way of seeing the world... and exploring that sort of picture of what their world is made up of or how it feels to be in that world is so fascinating (Seren)*

## **GET 4: Empathic Understanding: Challenging Assumptions**

The fourth GET presents participants' experiences of their own capacity for empathic understanding as well as the ways in which they challenge assumptions about how this can be achieved.

### **Group-level subtheme 4.1 Different ways of empathizing**

Both Ffion and Seren challenged the idea that individuals with ADHD would be less empathic than neurotypical people:

*I think it's crap that we have less of a capacity for empathy (Ffion)*

*I feel very strong that I am very able to make clients feel that I am understanding them absolutely and that's because I feel that I am understanding them absolutely (Seren)*

Ieuan however expressed more uncertainty about his own empathy, feeling that he engaged at a more cognitive level:

*How high my empathy is in general, I'm not quite sure how to rate it but I suppose in a way I've tried to keep it at a fairly cognitive level as being safer.*

Interestingly, he attributed this tendency towards cognitive empathy to previous experiences of becoming too emotionally affected by clients:

*I remember when I did my level 1 course, one of my first practices about 10 minutes in I realized that my practice client was actually having to look after my emotional response to her emotional dilemma.*

Seren suggested that whilst individuals with ADHD could be highly empathic, 'Perhaps the ways that we empathize might be different'.

For instance, she described getting close to her clients' experience by imagining herself in their position, though hesitated to share this for fear that it might be judged as 'wrong'. However, she went on to challenge this:

*...perhaps that's the wrong way to do empathy but actually...I don't think there's a right way to do empathy. I think if your clients experience you as empathic then, you are being empathic.*

Indeed, Ieuan and Ffion described similar experiences of utilizing their own experiences for empathic understanding. Specifically, both felt that their experience of ADHD and the resulting difficulties this had presented gave them "a way into approaching other people's feelings" (Ieuan):

*We're not all autistic, we're not all ADHD, but some of the things that I struggle with are things that neurotypical people struggle with (Ffion).*

Consequently, as Ffion worked to better understand her own experiences, she felt able to gain greater insight and empathy for her clients:

*The drive to understand myself helps me to understand the subject matter and understand the client.*

However, Ffion was also conscious of sometimes being too self-involved:

*I've been in sessions where it's sort of come to me that Ffion, you are making this too much about you and then I have to stop and refocus.*

She also reflected on how self-involvement had been helpful, both in allowing her to maintain the 'as if' quality and avoid becoming distressed by client material:

*Definite ability to really connect with distress but not be distressed by it...For me, hardly anything exists once it leaves the room.*

This was an experience shared by Seren:

*Being able to make an intense connection with somebody but also just to be able to come out of that after a session's finished.*

Further exploring the different ways in which empathy could be experienced, Ieuan and Seren both shared an example of what might be called embodied empathy:

*I am actually feeling their body language...being on the medication has improved my empathy at the felt level. (Ieuan)*

*I am experiencing it as in the moment...there is something visceral about that...that I can quite quickly see it and feel it. (Seren)*

#### **Group-level subtheme 4.2 Awareness of body language and micro-cues**

When reflecting on their ability to perceive non-verbal communication (NVC), each participant shared a different experience.

Ieuan and Seren both felt they lacked the natural tendency to interpret NVC, though for Ieuan this had improved with medication:

*I'm not conscious of reading people's faces or expressions...and I wonder if I'm missing social cues about how people are expecting me to behave (Seren).*

*A couple of times in the last week, I've actually asked a client about a difference between what they're saying and how they're presenting which is the kind of thing I don't think I'd have been really comfortable with so much before (Ieuan).*

Ffion on the other hand expressed a hypersensitivity to NVC, though acknowledged that she did not always know what they meant:

*Sensory sensitivities that I have...picking up on cues or clues...It's a bit like someone flicking the lights on and off, I can't ignore it.*

For Ffion, there was something about the counseling context that allowed her to be more receptive to NVC than she might in her day-to-day interactions:

*When I'm in the counseling room, I am different, my receptors are different... the expectation for me is that I'm there focused on the client, looking for clues and cues.*

She was, however, conscious of the “dangers of overstimulation” and the need to prevent “burnout”.

### **GET 5: Experiences of Counseling Education**

The fifth GET relates to participants' experience of counseling training and their sense of how a person-centered approach benefitted or challenged their engagement with it.

#### **Group-level subtheme 5.1 A person-centered approach**

Both Ffion and Seren's initial training was in the person-centered approach, whilst Ieuan's training was integrative. However, Ieuan spoke of feeling drawn to person-centered theory:

*I don't want to be responsible for, you know, being the expert in someone else's life and so I found the person-centered much more congenial. It suited both how I was and how I had come to be.*

The non-directivity of person-centered counseling allowed Ieuan to utilize qualities that had otherwise been a barrier in his life and work:

*I think it helped steer me towards a person-centered approach because...I was a good listener, I knew that, but I wasn't necessarily a good decisive leader or planner...so in a way becoming a counselor was an attempt to harness my ADHD strengths and deficits.*

Conversely, Seren expressed some concerns about the potential for person-centered training to be inaccessible for minority students:

*I think it can be quite rigid and quite inaccessible for lots of people...any students who don't fit.*

She gave examples of the ways in which assumptions about a 'right' way to be person-centered could be harmful to neurodivergent students:

*There's been some things about assumptions about person-centered training that can be really inaccessible. Things like we've always said you have to stay in the room, even if you're really upset stay in the room...but actually, who are we excluding by that? What needs are not being met through that?*

Participants also spoke of struggling to access teaching and assessments due to a lack of accommodations:

*I struggled to focus on lectures...learning it through a lecture was never going to be helpful for me...There weren't, of course, any of the supportive sort of having it recorded or having subtitles or anything like that that would have really helped me (Seren)*

*Getting my weekly assignments in was a nightmare (Ieuan)*

*There's so much paperwork, there's so many things to read through...Having that in a different font, breaking up long pieces of writing into separated paragraphs would have been really helpful (Ffion)*

Ieuan and Ffion described efforts to adapt and support their own learning:

*I was trying to make adaptations like using the library, so that gave me, you know, the kind of accountability, freedom from distractions (Ieuan).*

*I don't try and read books anymore...I'll listen to it and that's how I take it in (Ffion).*

### ***Group-level subtheme 5.2 Awareness and acceptance***

Each participant spoke of the need for structural change and support during training, feeling that there was currently a lack of understanding and acceptance of neurodivergent students:

*It mirrors this just lack of understanding of neurodivergent people generally (Seren)*

*I think that really deep understanding of the processing needs and the way we learn differently I think would be really helpful (Ffion)*

*I think someone who understood what was going on would have been able to help me ... someone who I could go to and say this is overwhelming...who could understand it...rather than you need to get on with it (Ieuan)*

However, whilst Seren felt that education was important, she also highlighted the ways in which teaching about neurodiversity could be flawed and harmful:

*That sense of it being a deficiency...just a list of things people are bad at, is just so absolutely central to it.*

*Being a student in a classroom when the class is being taught about neurodiversity and you are neurodivergent is - certainly for me it can be a really frightening or stressful experience. You know, what are they going to say about me? What impression of us as a group are they going to give?*

### **Discussion**

This study aimed to explore and give voice to the experiences of person-centered counselors with a diagnosis of ADHD, and the ways in which this both challenged and supported their practice. Here, the five GETs identified from the data will be discussed in the context of relevant, existing literature.

#### ***The Development of Psychological Contact and Therapeutic Relationships***

All three participants cited inattention as a key feature of their ADHD and one that, in line with diagnostic criteria and existing literature (APA, 2022; Robbins, 2005), caused them to become distracted by irrelevant stimuli and lack focus on work and in conversations. However, amongst the participants there was an acceptance of the way their attention fluctuated, and they even considered it to be a natural and helpful process. The participants' accounts appeared to challenge the notion that psychological contact is a binary phenomenon (Tudor et al., 2004) and instead supported the idea that counselors can experience moments of greater or lesser attention within sessions whilst still maintaining contact and developing constructive therapeutic relationships (Whelton & Greenberg, 2002). Indeed, in spite of the high prevalence of relational difficulties reported in ADHD literature (Guberina et al., 2017; Lee et al., 2021), participants felt that their work relied heavily on the relationships they were able to establish with their clients which they described as being 'deep', 'meaningful' and evolving.

Participants acknowledged a number of factors that supported their engagement and relationships with clients. For instance, participants described how their 'love' for counseling enabled them to maintain focus and connection, supporting literature that suggests individuals with ADHD are more likely to remain engaged in situations that they find rewarding (APA, 2022; Hesslinger et al., 2002). Additionally, both Ffion and Ieuan stressed the importance of maintaining time boundaries as, beyond the typical 50-60 minutes, they felt they would be unable to engage effectively with clients. Ieuan also identified the importance of minimizing distractions when he worked remotely where these could be more prominent for him, and indeed other counselors too (Békés et al., 2021). In contrast, Seren found that she could be more focused when working online as it allowed her to engage in stimming behaviors that improved her focus. Finally, Seren and Ffion felt that the success of their work was somewhat reliant on matching with the right clients, as is perhaps true of all counselors (Wilkins, 2016).

### ***Congruence: The Decision to Disclose***

When asked about the potential for masking to be a barrier to congruence in the therapeutic space, each participant expressed an inability to be anything but their authentic selves. This considered, participants did acknowledge some of the ways in which their ADHD had presented challenges to their congruence, with Ffion reporting an ongoing experience of internal conflict and self-doubt, and Seren expressing confusion about what her recently diagnosed ADHD meant to who she was. These experiences of identity confusion or fractures are reported in literature that explores the impact of neurodivergent individuals repeatedly adapting their behaviors to exist within neurotypical spaces (Miller et al., 2021). However, Belcher (2022) suggests that a growing awareness and acceptance of self can help to remedy these barriers to congruence and indeed all of the participants agreed with this sentiment.

Each participant had been encouraged to demonstrate their 'humanness' and identity to others as a result of seeing the impact that doing, or indeed not doing, so can have on clients. In particular, they felt that disclosing their ADHD to neurodivergent clients could be particularly valuable. This considered, participants were also keen to highlight that they did not disclose to all clients and, in keeping with the literature (Merry, 2020; Wilkins, 2016), only did so when appropriate within the boundaries of the relationship. There were times, however, that participants reported that their ADHD, and the accompanying impulsivity, meant that it may be more difficult to limit self-disclosures.

### ***Unconditional Positive Regard: Being Judged and Accepting Others***

Research has shown that as many as 70% of adults with ADHD experience emotional dysregulation (ED) (Hirsch et al., 2019) and indeed, all three participants identified traits consistent with ED in their own experiences. Whilst Ffion struggled to identify or understand her emotions, Ieuan described past experiences of profound emotional reactions, reminiscent of the hypersensitivity or 'emotional allergies' cited in the literature (Mate, 2000; Robbins, 2005). Seren also described difficulties with managing her emotional responses but referred instead to her physiological reactions. Unable to control her facial expressions, she spoke of how others were often aware of her feelings before she herself was and gave examples of how this had led to misunderstandings and even others feeling judged by her. According to Wilkins (2000), the ability to maintain UPR for clients requires counselors to maintain a keen awareness and understanding of their emotional responses, as well as the ability to appropriately manage them.

Consequently, participants' accounts of ED could support the assumption that ADHD may act as a barrier to UPR.

However, each of the participants felt themselves to be non-judgmental of clients and cited their experience of ADHD as an aid to this. Whilst each of the participants recalled experiences reminiscent of the high levels of stigma reported by individuals with ADHD (Cage & Troxell-Whitman, 2019; Shaw, 2021), they felt that these had encouraged a greater acceptance of others. Additionally, all participants spoke of a natural and insatiable curiosity, a trait attributed to ADHD within the literature (Redshaw & McCormack, 2022) and felt that this too had supported their capacity for UPR.

### ***Empathic Understanding: Challenging Assumptions***

Some studies have highlighted that individuals with ADHD often struggle to perceive and interpret non-verbal communication, and that this can impact their capacity for empathy (Ibanez et al., 2011; Kis et al., 2017). Indeed, Seren and Ieuan both identified such difficulties in their own experience, feeling that they often failed to notice or understand social cues. Conversely, Ffion spoke of a hypersensitivity (Bijlenga et al., 2017; Gillioz et al., 2023) which allowed her to notice small shifts in people, particularly when in the counseling context where she felt a greater expectation to do so.

Despite these differences, both Seren and Ffion reported feeling highly empathic, contradicting literature that suggests that individuals with ADHD have a lower capacity for empathy (Deschamps et al., 2015; Parke et al., 2021). They expressed frustration at assumptions about neurodiversity and empathy, and felt that they were both able to understand and empathize with their clients, and successfully convey this to them. Additionally, both felt that their neurodivergence offered them the unique ability to connect 'intensely' with clients and then 'come out of that' after sessions in order to avoid blending with clients' experiences. These experiences are perhaps reflective of Rogers' (1980) descriptions of maintaining the 'as-if' quality in empathy.

Whilst Ieuan felt less confident in his own emotional empathy, he also described moments of what might be called 'embodied empathy' (Cooper, 2001; Wilkins, 2016), where he was able to understand clients at a 'felt level'. Seren also described 'visceral' experiences of empathy where she could 'see' and 'feel' clients' experiences. Rather than lacking empathy, then, Seren suggested that 'the ways that we empathize might be different'.

### ***Experiences of Counseling Education***

Ieuan described the way in which his inability to take charge of his own life, something he attributed to his ADHD, helped steer him towards the non-directivity of person-centered practice (Rogers, 1957), allowing him to utilize this 'deficit'. Likewise, the PCA allowed him to harness his other strength of being an effective listener and thus it felt accessible to him in spite of his ADHD. This supports literature that highlights that when individuals with ADHD experience environments that feel accessible and supportive, they are better able to harness their strengths and be successful (Kooij, 2012; Nadeau, 2005).

However, Seren, who currently works as a counseling tutor, expressed some concerns about the potential inaccessibility of person-centered training for neurodivergent students. She felt that 'rigid' assumptions about what it meant to be person-centered could fail to accommodate the needs of neurodivergent students and thus



exclude them. Certainly, the sparse literature that addresses neurodiversity within counseling education has highlighted the difficulties neurodivergent students may face on courses designed for, and by, neurotypical people, and which assume a right 'way of being' (Dougan, 2023).

Indeed, all participants highlighted barriers to accessing learning and assessments, in line with literature that examines the impact of ADHD on individuals' lives and education (Katzman et al., 2017; Maoz et al., 2019). Whilst participants described steps they had taken to support their own learning, they spoke of a need for more structural, generalized support for neurodivergent students. Indeed, Seren highlighted a need for changes in the way that neurodiversity was understood and taught about during counseling training as, in her experience, it often focused on a deficit model (Garrett, 2022; Dougan, 2023).

## **Conclusion**

### ***Implications for training and practice***

This research highlights some of the challenges and opportunities that a diagnosis of ADHD might present for person-centered counselors. In doing so, the research identifies a need for both awareness and acceptance of the barriers that ADHD can present for practitioners, and indeed, its potential benefits for practice too. If we are to accommodate and embrace neurodivergent, person-centered counselors, it may be necessary to challenge long held and sometimes rigid ideas about a right 'way of being'. Certainly, participants were keen to challenge assumptions and language around ADHD which were seen to be rooted in a deficit, medical model, and which often appeared to undermine their place within person-centered practice. Hence, the person-centered community may need to develop a more nuanced and fluid understanding of what person-centered theory may look like for neurodivergent counselors, and indeed what it means to be neurodivergent more generally. Existing debates which consider whether ADHD should be classified as a disability or instead a natural variation in development and cognition (Barnes et al., 2018; Dougan, 2023; Geffen & Forster, 2017), may be relevant to a growing understanding of how a diagnosis of ADHD is conceptualized from a person-centered perspective. The research also raises questions for counseling training and how the needs of neurodivergent trainees can be better understood and met.

### ***Limitations***

The chosen research method of IPA dictated a small sample size, and indeed, one that explored only the experiences of person-centered counselors. Consequently, it may be beneficial to replicate this study with a larger sample size, and with participants from other modalities, in order to continue to address a gap within the literature.

## **Disclosure statement**

The author reports there are no competing interests to declare.

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