Issues and Controversies in Counselling and Psychotherapy

What is it like to have ADHD? How to understand and work with ADHD in therapy and what resources are available for clients within the island of Ireland

By Peter Kelly

Introduction

The inspiration for this article lies with the recent West Northwest Regional Committee's (WNWRC) CPD workshop on ADHD facilitated by Dr. Natasha Langan, Senior Clinical Psychologist, and Sarah Lawson, Trainee Clinical Psychologist, from the HSE National Clinical Programme, Niall Greene, IACP Therapist; ADHD Northern Ireland, and Nicola Cross, National Service Development Manager, ADHD Ireland. Perhaps the main issue surrounding the topic of ADHD is that of therapists' perceived lack of knowledge regarding symptoms, presentation, effective interventions, and available resources for clients. It is a vitally important topic for further exploration within psychotherapy given the increased prevalence of ADHD presentation and the degree to which individuals with ADHD report experiencing stigma and misunderstanding in everyday life. The aim of this article is twofold, namely, (i) to bring increased awareness of the services available and (ii) to address and clarify any perceived unsureness surrounding the topic of ADHD. The objective of this piece is to explore the phenomena of ADHD through its clinical symptoms, treatment modalities, co-morbidities, the role of gender, lived experience of phenomena, and the role of diagnosis. This exploration will be supported through ample empirical literature from the existing pool of research, as well as anecdotal evidence from therapists and psychologists in the domain.

ADHD

The nature and presentation of ADHD, as with all phenomena, is unique and subjective, can vary between individuals and be influenced by several variables, such as gender. As such, the title of this article is modelled after the seminal work of philosopher Thomas Nagel (1974) who insisted that "there is something it is like to *be* (Nagel's italics)" (p.436) or to experience given phenomena.

The question remains, however, as to what classifies ADHD or how it is defined? Ginapp and colleagues (2023) state that ADHD is a neurodevelopmental condition, with a genetic component, characterised by persistent symptoms of hyperactivity, inattention, impulsivity, and even difficulties sustaining long-term romantic relationships. Another qualitative study found that individuals with ADHD display diminished social functioning/ relation (Schreurer & Dorot, 2017). Dr. Natasha Langan, citing the DSM, describes three types of ADHD, namely, (i) Predominantly Inattentive, (ii) Predominantly Hyperactive/ Impulsive, and (iii) Predominantly Combined (Langan & Lawson, 2023).

Prevalence

Disagreement of ADHD's prevalence worldwide exist, however, with some measures suggesting presentation between 2.8-4.4% within non-clinical adult populations (Nystrom, Petersson, & Janlov, 2020) whilst others

propose estimations as high as 7% (Song et al., 2021). Importantly, as Nystrom and colleagues (2020) insist this figure will depend largely on diagnostic criteria and data collection methodologies which can vary across nations. In fact, one study has posited that ADHD in children may go unrecognised and not diagnosed until adulthood, if at all (Asherson, Chen, Craddock & Taylor, 2007). One Irish study reported a high rate of undiagnosed ADHD among adults attending adult mental health services (AMHS) (Adamis, et al., 2023).

While awareness has increased throughout the years studies still report socio-cultural differences in the understanding and diagnosis of ADHD (Asherson, et al., 2012). These differences often cause presentations to be missed in e.g. minority populations and women (Waite & Ivey, 2009). Moreover, Dr. Natasha Langan and Sarah Lawson report a significant gender imbalance of 3:1 between males and females for diagnoses during childhood/adolescence in Ireland (Langan & Lawson, 2023). Part of the reason for this discrepancy may lie with what we have mentioned previously, namely narrow diagnostic criteria that does not fully take account of gender differences. While males may present as more overt and energetic, females may appear quiet and distracted, thereby going unrecognised. Research also highlights females' increased propensity to mask, or conceal, their ADHD symptoms further contributing to their under-diagnosis (Hinshaw, Nguyen, O'Grady, & Rosenthal, 2022). However, this gender diagnostic discrepancy becomes 1:1 within the ADHD-specialised adult services.

Interventions

Perhaps unsurprisingly, the majority of research on ADHD is found within pharmacology. A psychiatric and clinical method, this may hit the eye of a psychotherapist unfavourably. Maybe a collaborative approach between psychiatrist and psychotherapist can be useful? Anecdotal evidence from the perspective of Niall Greene and Nicola Cross gives credence to this perspective, highlighting the important connection between an accurate diagnosis and the implementation of effective and suitable medication. In fact, several studies have found a collaborative approach between pharmacology and psychotherapy to be more effective in the treatment of ADHD symptoms than either alone (Torgersen, Gjervan & Rasmussen, 2008; Safren, 2006). This may, in part, be due to the occurrence of several co-morbidities, alongside ADHD, such as depression, anxiety, psychopathology, and substance misuse. Torgersen and colleagues (2008) further reported ADHD medication to not have a significant effect on depression, anxiety, quality of life, or substance misuse. Past studies have found that a lack of co-morbidity relief from ADHD medication can have a negative impact on client treatment adherence (Kooij, et al., 2004).

Other effective interventions include (i) Self-Management, (ii) Occupational Therapy, (iii) Cognitive Behavioural Therapy, (iv) Services to address co-morbid conditions, (v) ADHD services, (vi) Student support services, and particularly (vii) psychoeducation to instil a sense of normality, empowerment, and understanding (Langan & Lawson, 2023). The importance of psychoeducation for ADHD is evident within the empirical literature and has yielded positive results for medication adherence, relational functioning between parent and child, (Montoya, Colom, & Ferrin, 2011), parental knowledge/understanding and perceived stress (Dahl et al., 2019), and social functioning/skills (Powell, Parker, Weighall, & Harpin, 2022). An intervention that has also shown some promising treatment results is psychodynamic psychotherapy (Conway, 2012), but more research is warranted.

Niall Greene strongly advocates for Rogerian person-centred therapy insisting on the fundamental necessity of the core conditions of empathy, unconditional positive regard, and congruence, as well as the essential presence of the therapist and importance of the therapeutic relationship. Without fostering a non-judgemental, empathic environment built upon a secure therapeutic relationship, the therapeutic work is not likely to be effective. Nicola Cross highlights the wonderful resource of online support groups that are available and facilitated by ADHD Ireland. This is in line with recent research that having the support of online peer groups changed perceptions of ADHD, encouraged individuals to seek out a diagnosis, supported integration/processing of a current diagnosis, helped individuals learn about symptoms and coping skills, engendered a sense of belonging and empowerment, and facilitated interpersonal connection with peers (Ginapp, et al., 2023; Schreuer & Dorot, 2017).

Diagnosis

Often a point of contention within psychotherapy, diagnosis appears as a significant topic within many ADHD-themed discussions. According to Dr. Natasha Langan and Sarah Lawson approximately 20% of those referred to the HSE ADHD program do not meet the criteria for diagnosis (Langan & Lawson, 2023).

Niall Greene speaks of the importance of diagnosis for clients with ADHD referencing his own anecdotal experience as support. Studies have reported differences across a range of variables between diagnosed and undiagnosed individuals with ADHD. Able and

colleagues (2007, as referenced in Asherson et al., 2007) found that undiagnosed individuals with ADHD, in comparison with their diagnosed peers, reported lower academic attainment, lower annual income, increased frequency of risky behaviours, such as alcohol misuse, and lower psychological health and quality of life scores. Researchers also reported a cultural discrepancy in diagnoses, such that the undiagnosed ADHD group had a lower proportion of Caucasians.

Thus, while psychotherapy may generally shy away from diagnosis, due to the label it might bestow upon clients, it appears, both empirically and anecdotally, invaluable for the knowledge, awareness, and empowerment of clients with ADHD.

Conclusion

What next? Undoubtedly, this realm warrants further specific research particularly with regard to therapeutic approaches, such as person-centred therapy and psychodynamic psychotherapy. At present, and perhaps unsurprisingly, the vast bulk of psychotherapeutic research into ADHD treatment has been conducted on CBT.

Anecdotal evidence reveals therapists' unsureness surrounding ADHD, a topic often misunderstood, but also a desire for more frequent training and workshops in the area. What is important for psychotherapists to take away from this article? Foremost is the subjectivity of a client's lived experience of ADHD and its presentation, and to appreciate the feelings of a lack of understanding, and even stigma, that ADHD clients often encounter. This report of stigma, apathy, and lack of understanding features so prominently within the empirical literature (e.g. see Ginapp et al., 2023).

Finally, one could consider Frank Jackson's (1986) thought experiment on physicalism entitled 'What Mary Didn't Know'. Briefly put if Mary is confined and educated within a black and white room on the colour red, and would learn all there is to know about the colour without actually seeing it, the question posed is would Mary, having left the room, "learn what it is like to see something red" (p.291)? Likewise, therapists may know/understand the clinical symptoms of ADHD, but do they know what is it like to *be* with ADHD, like Nagel and Jackson have argued respectively – the call to action is for therapists to trust their essential skills of openness, empathy, and unconditional positive regard when working with ADHD.

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