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Food, mood, and ADHD: How therapists can support clients in practice

Also in this issue:

Through my eyes: Towards truly seeing and understanding neurodivergent clients

Frontier psychotherapist: Liner notes from a music industry therapist

Navigating neurodivergence: Connection, communication, and adaptation

Late diagnosis and the VAST perspective: A strengths-based, neuro-affirming approach to ADHD self-care and treatment

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Our Title

In Autumn 2017, our title changed from “Éisteach” to “The Irish Journal of Counselling and Psychotherapy” or “IJCP” for short.

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From the Editor:



Dear Colleagues,

Welcome to the Winter 2025 edition of the *Irish Journal of Counselling and Psychotherapy (IJCP)*. Winter is a time when underground, trees and plants root deeper and stronger yet it can feel as if nothing is happening on the surface. I chose ADHD as a focus for my final edition as Editor-in-Chief/Chair of the Editorial Committee because it has so uprooted my life and work in so many ways.

I know I am not alone. From the late-diagnosed neurodivergent (ND) clients and supervisees I work with to so many friends and relatives, ADHD seems to be everyone. Since starting work on this issue, I have found out I am AuDHD (autism and ADHD), too.

While ND people are naturally drawn to each other, we (the authors of this issue and ND people in general) did not suddenly become neurodivergent from watching TikToks and Insta reels. Assessment criteria has evolved. More is being understood from researchers and experts with lived experience instead of the pathologising othering of differently wired

brains in the past (which some are attempting to return to).

For our first piece, Jayne Leonard brings her expertise in nutrition as well as psychotherapy to write about food and ADHD. We want to empower readers to remember that while medication can be wonderful, everything we eat and do can have a positive or negative impact on our symptoms.

Next, Andrew Harbourne-Thomas shares what he wishes more therapists understood about the ADHD and AuDHD (and other ND) experiences. In addition to words, he includes images (and our stunning cover art) from the viewpoint of being a therapist working with ND clients and as an ND client himself.

Then Kevin O'Byrne shares some of his approach to working with creatives, specifically musicians. Many creative people are ND and it can be helpful to see others work to their strengths and interests. As Kevin points out, it can be a privilege to support them.

Next is Deborah Vida James Scanlan sharing some context around navigating neurodivergence, the importance of communication and connection and some of her own beautiful photographs.

In the final piece, I share some of my own journey with ADHD and the Feel. Love. Heal framework I have developed over 21 years. This framework supports my work with clients and supervisees. It also helps me adapt my own Self and self-care in any given moment, depending on the severity of my symptoms and my schedule, energy and nervous

system. I hope it will help you and your clients and supervisees. (Note: To maintain editorial independence and uphold our review standards, the article was independently reviewed and edited by Jayne Leonard, Vice Chair.)

This issue would not exist without the support of my Deputy Editor, Kaylene Petersen and Vice Chair, Jayne Leonard. Kaylene has been a consistent and incredible support to the Editorial Committee and IACP since before I joined in 2021.

I am delighted to introduce Jayne as your new Editor-in-Chief/Chair of the Editorial Committee. I know from her support, since I suddenly stepped into the role nearly two years ago, that she will continue to be brilliant.

We have been working hard to improve the *IJCP*. Although it is a voluntary committee, it requires commitment and responsibility, passion for the subject, editorial skills to create each issue and the desire to be of service. If you would like to apply to join, please email iacpjournals@iacp.ie to find out more.

I would also like to extend thanks to the rest of the Editorial Committee and IACP and everyone else who has helped with this and other issues. It has been a privilege to serve.

Eve Menezes Cunningham (MIACP),
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Kaylene Petersen (MIACP),
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Academic Article

Food, mood, and ADHD: How therapists can support clients in practice

By Jayne Leonard



A strong yet often overlooked link exists between ADHD and food, with binge eating, meal skipping, and nutrient deficiencies common in this population. These challenges reflect differences in neurotype, not deficits. By taking a compassionate, neurodiversity-affirming approach, therapists can help clients build a healthier relationship with both food and self.

Introduction

While ADHD is increasingly in the spotlight, its relationship with food and nutrition remains underexplored. Much of the available research in this area focuses on children and adolescents, but the findings remain relevant for adults

given that ADHD persists into adulthood.

ADHD clients may struggle with binge eating, meal skipping, or reliance on ultra-processed foods (UPFs) – behaviours that may be linked to ADHD symptoms such as impulsivity, executive dysfunction, emotional dysregulation, and the

neurochemical drive for dopamine. These issues can, in turn, affect mood, sleep, energy, self-esteem, and overall wellbeing.

Emerging evidence suggests that nutritional factors, including diet quality, deficiencies, and intolerances may influence ADHD symptoms. While nutrition is not a substitute for comprehensive ADHD treatment, it can be an important adjunct support.

Within the Irish context, it may be particularly important for therapists to take a holistic, ethically grounded approach to working with ADHD clients. Accessing diagnosis and treatment remains challenging here, particularly within the public healthcare system, and service users and health professionals alike acknowledge the lack of integrated ADHD care (Health Service Executive [HSE], 2021; Parkins, 2024). Consequently, many clients are left navigating ADHD-related challenges – including those related to food – without cohesive support.

This article explores the complex relationship between ADHD and food, including how these dynamics may present in therapy. It offers practical strategies for therapists working with ADHD, grounded in a neuro-affirmative approach. With awareness and education, therapists can play a meaningful role in supporting clients to develop a more compassionate and healthy relationship with food – one that takes into account both lived experience and neurobiology.

Note: Terms such as “ADHDer”,

“ADHD individual”, and “ADHD client” are used throughout this article to move away from the person-first language that implicitly pathologises ADHD. These terms better reflect a neuro-affirming stance, recognising ADHD as a difference in neurotype rather than a disorder.

Diet: An ADHD cause or cure?

Several studies suggest associations between diet quality and ADHD, with dietary patterns high in UPFs linked to greater ADHD symptoms; and healthier patterns, such as the Mediterranean diet, showing inverse associations (Del-Ponte et al., 2019; Ríos-Hernández et al., 2017; Shareghfarid et al., 2020). However, these are correlational findings rather than evidence of causality. Given the high heritability of ADHD – approximately 70–90% according to some (Cickovski et al., 2023) – it may be worth considering that a parent’s ADHD-related impulsivity or executive dysfunction influenced both their dietary choices and their child’s inherited traits. Of course, this does not rule out the role of diet in symptom expression or severity.

While several dietary interventions, including elimination diets, have been proposed as ADHD treatments, the lack of high-quality controlled trials makes it difficult to draw firm conclusions about their efficacy (Pinto et al., 2022). Nonetheless, it appears that hypersensitivities, intolerances, or allergic reactions to foods may be linked to more severe symptoms (Lange et al., 2023).

Rather than viewing nutrition as an ADHD cause or cure – particularly given that dietary changes are unlikely to fundamentally change how the ADHD brain is wired – it may be more useful to consider how food can support clients’ day-to-day functioning. Nutritional

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changes may contribute to improved blood sugar regulation, gut health, and the synthesis of dopamine and other neurotransmitters. Addressing nutritional deficiencies or food intolerances may also lead to improvements in concentration, emotional regulation, and general wellbeing.

ADHD and food: Key challenges

ADHD presents several challenges in relation to food, including undereating, binge eating, sensory sensitivities, and difficulty planning and preparing meals.

A core biological factor underpinning these issues is dopamine, the neurotransmitter central to reward and motivation. Reduced dopamine in ADHD may increase the drive for quick-reward foods, decrease motivation to prepare balanced meals, and make it harder to prioritise healthy choices.

Additionally, numerous studies suggest that ADHDers are at increased risk of eating disorders (EDs). Nutritional deficiencies are another important consideration, as ADHD is linked to greater risk of suboptimal levels of certain key nutrients.

Undereating

Undereating can be a concern in ADHD, with several factors contributing to missed or irregular meals.

One such factor is hyperfocus – a phenomenon characterised by

complete absorption in a task, to the point where everything else is tuned out (Ashinoff & Abu-Akel, 2019). While this can be a strength in certain contexts, it can also lead to neglect of basic nutrition needs.

Interoception – the awareness of sensations within the body, such as hunger and satiety – is often reduced in ADHD (Bruton et al., 2025). Therefore, some clients may not register the internal cues that typically prompt eating (one of the reasons that “mindful eating” doesn’t always work for ADHDers).

Appetite suppression is also a well-known side effect of ADHD stimulant medications. Methylphenidate (e.g., Ritalin, Concerta) and lisdexamfetamine (e.g., Vyvanse) are commonly associated with reduced appetite and weight loss (Fornaro et al., 2016; Moghimi et al., 2022; Vedrenne-Gutiérrez, 2024). In fact, lisdexamfetamine is so effective in this regard that it has been approved in the United States as a treatment for binge-eating disorder (BED) (U.S. Food and Drug Administration [FDA], 2023).

Additionally, ADHD clients are more likely to experience gastrointestinal dysfunction, including irritable bowel syndrome (IBS), indigestion, chronic constipation, and low-grade inflammation (Cickovski et al., 2023; Kedem et al., 2020). Such issues can make eating more challenging.

Binge eating and binge-eating disorder (BED)

Binge eating involves consuming large quantities of food in a short period (American Psychiatric Association [APA], n.d.). Occasional binge eating may cause guilt or regret, but typically does not significantly disrupt daily life (Cantor, 2024). Conversely, a diagnosis of BED requires frequent binges (at least once a week for

three months) and a sense of lack of control, as well as three or more of the following (APA, n.d.):

- eating quicker than usual
- eating until uncomfortably full
- consuming large amounts of food despite not feeling hungry
- eating alone due to embarrassment about the quantity of food being consumed
- feeling depressed, guilty, or disgusted with oneself after a binge

BED is recognised as one of the most prevalent EDs. Some estimates suggest it is three times more common than anorexia nervosa and bulimia combined (Hudson et al., 2007; St Patrick's Mental Health Services, 2022), with BED estimated to affect 17.3 million people worldwide (Santomauro et al., 2021). Among ADHDers, prevalence is even higher: ADHD adults are 4.1 times more likely to have BED and 4.7 times more likely to experience binge episodes (Nazar et al., 2016).

This link between ADHD and BED may involve genetic and neurobiological mechanisms, including those that disrupt energy regulation and increase appetite (Capusan et al., 2017; Porfirio et al., 2015). Additionally, dopamine system dysfunction in ADHD contributes to impulsivity and a heightened drive for immediate rewards, increasing vulnerability to out-of-control eating (Broft et al., 2012; Levin & Rawana, 2016).

Due to reduced dopamine availability, ADHDers experience a heightened need for stimulation, which can lead some to seek it through food. For example, clients may report eating out of boredom.

Clients may eat in response to boredom, stress, shame, or emotional overwhelm – states that are common in ADHD due to difficulties with impulse control, rejection sensitivity, and delayed emotional processing

This drive for dopamine-triggering activities affects both the quantity and type of food consumed – high-fat, high-sugar UPFs such as doughnuts and ice-cream stimulate dopamine release more readily than fibre-rich, low-calorie options, reinforcing the association between UPFs and increased reward.

Impulsivity, combined with stimulation seeking, can make it particularly difficult for ADHD clients to manage food intake. Inattention may also play a role. For example, clients may not notice satiety cues or how much they have eaten (a reflection of the poor interoception discussed earlier). Hyperfocus that leads to missed meals during the day may fade by evening, contributing to increased hunger and reactive eating.

Circadian factors also play a role. Dopamine transmission is rhythmic and regulated by the circadian clock (Freyberg & McCarthy, 2017). For ADHD individuals, who already experience dopamine dysregulation, the natural dopamine dip in the evening may intensify reward sensitivity and emotional reactivity. Combined with decision fatigue and reduced executive functioning later in the day, this can further increase the likelihood of binge eating.

Finally, stimulant ADHD medications commonly suppress appetite, but once the medication's effects wear off (typically in the evening), hunger rebounds and the

need for rapid calorie intake can trigger binge eating – especially the consumption of low-nutrient UPFs.

Bulimia nervosa

Individuals with bulimia often alternate between consuming low-calorie foods and binge eating high-calorie foods (APA, n.d.). Binges occur at least once weekly and are typically followed by “compensatory behaviours” such as vomiting, laxative use, or excessive exercise to prevent weight gain. These behaviours are a key factor distinguishing bulimia from BED. Among individuals with bulimia, the estimated prevalence of ADHD is 15-54% (Makin et al., 2025).

Proposed explanations for this high overlap include those already discussed in relation to BED, as well as additional mechanisms specific to bulimia (Olivardia, 2025):

- the potential dopamine-releasing effects of purging, which may serve as a form of stimulation
- increased reward sensitivity following restrictive eating
- the sense of control offered by restrictive behaviours – a coping mechanism for those with low self-esteem

Emotional eating and dopamine

Emotional dysregulation in ADHD can contribute to emotional eating, where food is used to manage internal states rather than satisfy physical hunger (Hope, 2025).

Clients may eat in response to boredom, stress, shame, or emotional overwhelm – states that are common in ADHD due to difficulties with impulse control, rejection sensitivity, and delayed emotional processing. UPFs are particularly appealing because they trigger dopamine release (Gearhardt et al., 2023; LaFata et al., 2024).

This can lead to entrenched eating patterns that are difficult to break – not because of a lack of knowledge or willpower, but due to a neurobiological drive to regulate dopamine through food.

Executive dysfunctions

Executive functioning difficulties – including challenges with planning, monitoring, and following through on tasks – affect many aspects of life for ADHDers, including eating behaviours. These difficulties can manifest in poor meal planning, disorganisation around food supplies, and time blindness that disrupts the ability to shop for, prepare, or eat meals on time.

As a result, individuals may develop irregular eating patterns or rely heavily on convenience foods with low nutritional value.

Sensory processing differences

Sensory processing differences are common among ADHDers (Panagiotidi et al., 2018). For some, heightened sensitivity to textures, tastes, or smells can lead to the avoidance of certain foods or food groups.

For others, sensory-seeking tendencies may result in a preference for strong flavours or distinct sensory input, such as crunchy, salty, or spicy foods. These preferences can cause repetitive eating of certain foods, which may contribute to nutritional imbalances.

Important nutrients, deficiencies, and supplements

A diet that provides sufficient levels of essential nutrients is fundamental for healthy brain function across all neurotypes. However, ADHD clients may be particularly susceptible to suboptimal intake or levels of certain nutrients, which can affect overall wellbeing. The following

Emerging research suggests that the gut microbiome may differ in ADHD individuals, and may influence symptom severity

nutrients have been identified as especially relevant to ADHD:

Iron

This mineral plays a key role in dopamine production and function (Demirci et al., 2016). Low iron status, including low ferritin (a protein needed to store iron), has been linked to ADHD (Bener et al., 2014; Rosenau et al., 2022). Prevalence of ADHD is notably higher among adults with iron deficiency anaemia (18.1%) than in the general population (2.9%) (Demirci et al., 2016), and MRI studies suggest that reduced brain iron is associated with increased ADHD risk (Cortese et al., 2012).

Magnesium

ADHDers may have lower blood levels of magnesium (Effatpanah et al., 2019), a mineral essential for central nervous system functioning and linked to broader neurological and mental health outcomes (Botturi et al., 2020).

Omega-3 fatty acids

A systematic review indicates that omega-3 supplementation may improve attention, hyperactivity, impulsivity, and aspects of learning and memory in ADHD children and young people (Derbyshire, 2017). Omega-3s are essential for cognitive health more generally.

Probiotics

Emerging research suggests that the gut microbiome may differ in ADHD individuals, and may influence symptom severity

(Gkougka et al., 2021; Lewis et al., 2025). Diets high in UPFs may compromise gut health, while probiotic supplementation has shown promise in improving some symptoms (Khanna et al., 2024; Levy Schwartz et al., 2024).

Protein

Protein is necessary for synthesising neurotransmitters such as dopamine. It can also help stabilise blood sugar levels, potentially supporting emotional regulation and mood (Lustman et al., 2000).

Vitamin D

Lower vitamin D levels have been observed in ADHD (Hemamy et al., 2021). Supplementation may support neuronal functioning and reduce some ADHD symptoms (Naeini et al., 2019). More broadly, vitamin D is associated with improved mental health (Musazadeh et al., 2023), better memory, attention, and executive function (da Silva et al., 2022), and reduced impulsivity (Meneguzzo et al., 2022; Wrzosek et al., 2018).

Zinc

Zinc plays an indirect role in dopamine function and may enhance the efficacy of the stimulant medication methylphenidate (Noorazar et al., 2020). A 2021 meta-analysis indicates that ADHDers may be more susceptible to lower zinc levels (Ghoreishy et al., 2021).

How food-related issues present in therapy

ADHD clients may present in therapy with a wide range of food-related challenges, underpinned by biological, behavioural, cognitive, sensory, and emotional factors. These issues often arise within broader patterns of emotional dysregulation, low self-esteem,

impulsivity, shame, and difficulties with routine. For therapists, it is important to consider food-related concerns within this wider context – as expressions of neurobiological and executive functioning differences – rather than viewing them through a neurotypical lens.

For instance, a client who frequently binge eats in the evening may not initially identify this behaviour as a coping strategy for low dopamine or decision fatigue. Instead, they may describe feeling “out of control” or ashamed. Others may report skipping meals throughout the day, followed by evening binges. When viewed through a neurotypical lens, this could be misinterpreted as a lack of self-care or a prioritisation issue. A more nuanced understanding would consider the role of stimulant medication, hyperfocus, and reduced interoceptive awareness in dulling hunger cues until evening. Similarly, what may be labelled “emotional eating” can often be reframed as an effort to stimulate dopamine, particularly in response to overwhelm or boredom. This reframing can help shift the focus away from perceived emotional deficits and towards developing more helpful forms of stimulation and regulation.

Executive function difficulties may become evident in clients who rely heavily on takeaway food or who describe frequent difficulties with shopping, meal planning, or cooking. These patterns are often not lifestyle habits, but core challenges with planning, sequencing, working memory, and time perception. Sensory processing issues may also be present and accompanied by shame or self-criticism, especially if the client’s sensory preferences were invalidated in childhood. Some may avoid entire food groups or

***N**utrition plays a significant but often overlooked role in mental health care, making it a potentially powerful area for exploration within therapy*

meal types without being able to articulate why.

Regardless of neurotype, food can be a source of stress, frustration, and shame for many, and this is especially true where there is disordered eating, or where individuals eat in ways that are in conflict with how they would like to eat (Lee et al., 2023; Leonard, 2024). Shame around food is well-documented, especially regarding EDs, disordered eating (Nechita et al., 2021), and emotional eating (Wong & Qian, 2016). These issues may be even more prevalent in ADHDers, due to their higher likelihood of having disordered eating, EDs, and executive function issues. Food-related behaviours can also reflect issues of control, belonging, and self-trust. Therefore, restrictive eating may offer a sense of structure or control in an otherwise chaotic internal world, while binge eating may serve as a form of sensory seeking or emotional relief.

While therapists must work within their scope of competence with regard to giving nutritional advice, they can nonetheless play a vital role in exploring these food-related patterns with curiosity and compassion. There is space to validate the client’s experience while gently linking it to ADHD traits and nervous system regulation, and, where necessary, signposting clients to their doctor or a nutrition professional for further support.

By viewing food-related challenges through a neurodiversity-affirming lens, therapists can help clients build insight, reduce shame, improve self-esteem, and explore relevant supports without making food a moral issue.

Therapeutic approaches to food issues in ADHD

There is no one-size-fits-all approach to working with ADHD clients, many of whom may benefit from an integrative model to support their therapeutic goals. Importantly, strategies that may be effective for neurotypical clients do not always translate well for ADHDers.

For example, research suggests that ADHD individuals affected by disordered eating or EDs may benefit less from traditional treatment approaches – including cognitive behavioural therapy (CBT) – than their neurotypical counterparts (Testa et al., 2020; Svedlund et al., 2018). Therefore, there is a need for therapists to take neurodiversity-informed, collaborative approaches that are flexible, feedback-driven, and tailored to the client’s lived experience.

Psychoeducation and general conversation on nutrition

Nutrition plays a significant but often overlooked role in mental health care, making it a potentially powerful area for exploration within therapy (Leonard, 2023; 2024). With regard to ADHD, therapists can offer psychoeducation on how dopamine, interoception, sensory sensitivities, and executive functioning shape eating behaviours.

Providing a non-judgemental space for clients to reflect on their eating patterns can reduce shame and promote self-awareness. Therapists can gently explore the impact of overall diet quality (particularly the balance of whole

foods and UPFs) and the effects of sugar and caffeine on mood and functioning, particularly for those taking stimulant medication.

Practical strategies

These should be tailored to each client's needs and can include:

- incorporating coaching-based tools to support meal planning and food preparation. For example, breaking planning and cooking tasks into smaller steps, using visual cues, or scheduling regular meal reminders.
- encouraging clients to create a personalised “dopamenu” (non-food-based options for meeting dopamine needs) to empower them to move away from a reliance on food to regulate.
- acknowledging that intuitive or mindful eating approaches may not work well for all neurodivergent clients (Omiwole et al., 2019). It may be more effective to support clients to eat in ways that align with their sensory and executive functioning needs.

Emotional and self-esteem work

This is typically a central component of the work with food-related issues. Helping clients reframe food struggles as a predictable part of ADHD, rather than personal failure, can shift the therapeutic focus from shame to empowerment. Tailored approaches that may be helpful, depending on the individual, include:

- Acceptance and Commitment Therapy (ACT), which explores values-based choices
- Mindfulness and self-compassion, which helps build acceptance

Therapists are well positioned to explore these patterns with curiosity, compassion, and a neuro-affirming approach, while working within their professional scope

- Adapted CBT, which has been specifically designed to address ADHD-related challenges and has been found helpful by ADHDers (Solanto & Scheres, 2021; William et al., 2024)

Referral to other professionals

Finally, therapists should feel confident in identifying when onward referral is warranted, whether for nutritional support or ADHD assessment. Referrals to a GP, dietitian, or psychiatrist specialising in ADHD may be appropriate where food-related issues significantly impair functioning, appear compulsive or secretive, or are accompanied by rapid weight changes, physical symptoms, or distorted body image.

It is also important to distinguish between disordered eating (which is common in ADHD and may respond well to therapy) and EDs that meet diagnostic thresholds and require multidisciplinary intervention.

Similarly, if clients report food-related difficulties alongside persistent concentration issues, emotional dysregulation, or long-standing executive function challenges, exploring ADHD assessment pathways may offer a meaningful avenue for support – particularly as medication can help address both core ADHD symptoms and related binge-eating behaviours.

Conclusion

Food-related issues are common among ADHD clients, and they present in a wide variety of ways, shaped by neurobiology, environment, and lived experience. However, these issues are often misunderstood or approached through a neurotypical lens in therapy and other healthcare settings.

Therapists are well positioned to explore these patterns with curiosity, compassion, and a neuro-affirming approach, while working within their professional scope. Where needed, collaboration with GPs, dietitians, or ADHD specialists can help support more integrated care, ethical practice, and enhanced therapeutic outcomes. ☺

Jayne Leonard

Jayne Leonard is an IACP-accredited psychotherapist in private practice, with a special interest in both ADHD and the connection between nutrition and mental health. She holds an MSc in Pluralistic Counselling and Psychotherapy, where her research focused on the role of nutrition in mental health care. She is also a registered nutritional therapist with the Federation of Nutritional Therapy Practitioners (FNTP).

Jayne is passionate about raising awareness of how nutrition can support mental health. She is currently undertaking a PhD at the University of Limerick, exploring how mental health professionals integrate nutritional approaches into their clinical practice, as part of a wider international research collaboration.

Jayne can be contacted at info@ViveCounselling.com or, for more information, see her website www.ViveCounselling.com

REFERENCES

- American Psychiatric Association. (n.d.). *What are eating disorders?* <https://www.psychiatry.org/patients-families/eating-disorders/what-are-eating-disorders>
- 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>
- Bener, A., Kamal, M., Bener, H. Z., & Bhugra, D. (2014). Higher prevalence of iron deficiency as strong predictor of attention deficit hyperactivity disorder in children. *Annals of Medical and Health Sciences Research*, 4(3), 291-297. <https://doi.org/10.4103/2141-9248.141974>
- Botturi, A., Ciappolino, V., Delvecchio, G., Boscutti, A., Viscardi, B., & Brambilla, P. (2020). The role and the effect of magnesium in mental disorders: A systematic review. *Nutrients*, 12(6), 1661. <https://doi.org/10.3390/nu12061661>
- Broft, A., Shingleton, R., Kaufman, J., Liu, F., Kumar, D., Slifstein, M., ... & Walsh, B. T. (2012). Striatal dopamine in bulimia nervosa: A PET imaging study. *International Journal of Eating Disorders*, 45(5), 648-656. <https://doi.org/10.1002/eat.20984>
- Bruton, A. M., Levy, L., Rai, N. K., Colgan, D. D., & Johnstone, J. M. (2025). Diminished interoceptive accuracy in attention-deficit/hyperactivity disorder: A systematic review. *Psychophysiology*, 62(2), e14750. <https://doi.org/10.1111/psyp.14750>
- Cantor, C. (2024, February 7). Overeating vs. binge eating disorder: What is the difference? Columbia University Department of Psychiatry. <https://www.columbiapsychiatry.org/news/overeating-vs-binge-eating-disorder-what-difference>
- Capusan, A. J., Yao, S., Kuja-Halkola, R., Bulik, C. M., Thornton, L. M., Bendsen, P., ... & Larsson, H. (2017). Genetic and environmental aspects in the association between attention-deficit hyperactivity disorder symptoms and binge-eating behavior in adults: A twin study. *Psychological medicine*, 47(16), 2866-2878. <https://doi.org/10.1017/S0033291717001416>
- Cickovski, T., Mathee, K., Aguirre, G., Tatke, G., Hemida, A., Narasimhan, G., & Stollstorff, M. (2023). Attention deficit hyperactivity disorder (ADHD) and the gut microbiome: An ecological perspective. *PLoS ONE* 18(8): e0273890. <https://doi.org/10.1371/journal.pone.0273890>
- Cortese, S., Azoulay, R., Castellanos, F. X., Chalard, F., Lecendreau, M., Chechin, D., ... & Konofal, E. (2012). Brain iron levels in attention-deficit/hyperactivity disorder: a pilot MRI study. *The World Journal of Biological Psychiatry*, 13(3), 223-231. <https://doi.org/10.3109/15622975.2011.570376>
- Da Silva, A. B. J. D., Barros, W. M. A., Silva, M. L. D., Silva, J. M. L., Souza, A. P. D. S., Silva, K. G. D., ... & Lagranha, C. J. (2022). Impact of vitamin D on cognitive functions in healthy individuals: A systematic review in randomized controlled clinical trials. *Frontiers in Psychology*, 13, 987203. <https://doi.org/10.3389/fpsyg.2022.987203>
- Del-Ponte, B., Quinte, G. C., Cruz, S., Grellert, M., & Santos, I. S. (2019). Dietary patterns and attention deficit/hyperactivity disorder (ADHD): A systematic review and meta-analysis. *Journal of Affective Disorders*, 252, 160-173. <https://doi.org/10.1016/j.jad.2019.04.061>
- Demirci, K., Baş, F. Y., Arslan, B., Salman, Z., Akpınar, A., & Demirdağ, A. (2016). The investigation of symptoms and diagnoses of adult-attention deficit/hyperactivity disorder in women with iron deficiency anemia. *Archives of Neuropsychiatry*, 54(1), 72-77. <https://doi.org/10.5152/npa.2016.12464>
- Derbyshire, E. (2017). Do omega-3/6 fatty acids have a therapeutic role in children and young people with ADHD? *Journal of Lipids*, 2017(1), 6285218. <https://doi.org/10.1155/2017/6285218>
- Effatpanah, M., Rezaei, M., Effatpanah, H., Effatpanah, Z., Varkaneh, H. K., Mousavi, S. M., ... & Hashemi, R. (2019). Magnesium status and attention deficit hyperactivity disorder (ADHD): A meta-analysis. *Psychiatry Research*, 274, 228-234. <https://doi.org/10.1016/j.psychres.2019.02.043>
- Fornaro, M., Solmi, M., Perna, G., De Berardis, D., Veronese, N., Orsolini, L., ... & Stubbs, B. (2016). Lisdexamfetamine in the treatment of moderate-to-severe binge eating disorder in adults: Systematic review and exploratory meta-analysis of publicly available placebo-controlled, randomized clinical trials. *Neuropsychiatric Disease and Treatment*, 12, 1827-1836. <https://doi.org/10.2147/NDT.S109637>
- Freyberg, Z., & McCarthy, M. J. (2017). Dopamine D2 receptors and the circadian clock reciprocally mediate antipsychotic drug-induced metabolic disturbances. *npj Schizophrenia*, 3(1), 17. <https://doi.org/10.1038/s41537-017-0018-4>
- Gearhardt, A. N., Bueno, N. B., DiFeliceantonio, A. G., Roberto, C. A., Jiménez-Murcia, S., & Fernandez-Aranda, F. (2023). Social, clinical, and policy implications of ultra-processed food addiction. *BMJ*, 383. <https://doi.org/10.1136/bmj-2023-075354>
- Ghoreishy, S. M., Ebrahimi Mousavi, S., Asoudeh, F., & Mohammadi, H. (2021). Zinc status in attention-deficit/hyperactivity disorder: a systematic review and meta-analysis of observational studies. *Scientific reports*, 11(1), 14612. <https://doi.org/10.1038/s41598-021-94124-5>
- Gkougka, D., Mitropoulos, K., Tzanakaki, G., Panagoulis, E., Psaltopoulou, T., Thomaidis, L., ... & Tsitsika, A. (2022). Gut microbiome and attention deficit/hyperactivity disorder: a systematic review. *Pediatric Research*, 92(6), 1507-1519. <https://doi.org/10.1038/s41390-022-02027-6>
- Health Service Executive. (2021). ADHD in adults: Attention deficit hyperactivity disorder. Model of care for Ireland. <https://www.hse.ie/eng/about/who/cspd/ncps/mental-health/adhd/adhd-in-adults-ncp-model-of-care/adhd-in-adults-ncp-model-of-care.pdf>
- Hemamy, M., Pahlavani, N., Amanollahi, A., Islam, S. M. S., McVicar, J., Askari, G., & Malekhamadi, M. (2021). The effect of vitamin D and magnesium supplementation on the mental health status of attention-deficit hyperactive children: A randomized controlled trial. *BMC Pediatrics*, 21, 178. <https://doi.org/10.1186/s12887-021-02631-1>
- Hope, G. (2025, March 18). How ADHD influences eating patterns: Insights into eating disorders. National Alliance for Eating Disorders. <https://www.allianceforeatingdisorders.com/adhd-and-eating-disorders>
- Hudson, J. I., Hiripi, E., Pope Jr, H. G., & Kessler, R. C. (2007). The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. *Biological Psychiatry*, 61(3), 348-358. <https://doi.org/10.1016/j.biopsych.2006.03.040>
- Kedem, S., Yust-Katz, S., Carter, D., Levi, Z., Kedem, R., Dickstein, A., ... & Katz, L. H. (2020). Attention deficit hyperactivity disorder and gastrointestinal morbidity in a large cohort of young adults. *World Journal of Gastroenterology*, 26(42), 6626-6637. <https://doi.org/10.3748/wjg.v26.i42.6626>
- Khanna, H. N., Roy, S., Shaikh, A., & Bandi, V. (2022). Emerging role and place of probiotics in the management of pediatric neurodevelopmental disorders. *Euroasian Journal of Hepato-Gastroenterology*, 12(2), 102-108. <https://doi.org/10.5005/jp-journals-10018-1384>
- LaFata, E. M., Allison, K. C., Audrain-McGovern, J., & Forman, E. M. (2024). Ultra-processed food addiction: A research update. *Current Obesity Reports*, 13(2), 214-223. <https://doi.org/10.1007/s13679-024-00569-w>
- Lange, K. W., Lange, K. M., Nakamura, Y., & Reissmann, A. (2023). Nutrition in the management of ADHD: A review of recent research. *Current Nutrition Reports*, 12(3), 383-394. <https://doi.org/10.1007/s13668-023-00487-8>
- Lee, M. F., Bradbury, J. F., Yoxall, J., & Sargeant, S. (2023). "It's about what you've assigned to the salad": Focus group discussions on the relationship between food and mood. *International Journal of Environmental Research and Public Health*, 20(2), 1476. <https://doi.org/10.3390/ijerph20021476>
- Leonard, J. (2023). Does nutrition have a place in the therapy room? *Irish Journal of Counselling and Psychotherapy*, 23(2), 4-8. <https://iacc.ie/files/UserFiles/IJCP-Public/IJCP%20Summer%202023.pdf>
- Leonard, J. (2024). Staying in my lane: An exploration of counsellors' and psychotherapists' understanding and use of nutrition in the therapy room. *Counselling and Psychotherapy Research*, 24(2), 545-557. <https://doi.org/10.1002/capr.12689>

- Levin, R. L., & Rawana, J. S. (2016). Attention-deficit/hyperactivity disorder and eating disorders across the lifespan: A systematic review of the literature. *Clinical Psychology Review*, 50, 22-36. <https://doi.org/10.1016/j.cpr.2016.09.010>
- Levy Schwartz, M., Magzal, F., Yehuda, I., & Tamir, S. (2024). Exploring the impact of probiotics on adult ADHD management through a double-blind RCT. *Scientific Reports*, 14(1), 26830. <https://doi.org/10.1038/s41598-024-73874-y>
- Lewis, N., Villani, A., & Lagopoulos, J. (2025). Gut dysbiosis as a driver of neuroinflammation in attention-deficit/hyperactivity disorder: A review of current evidence. *Neuroscience*, 569, 298-321. <https://doi.org/10.1016/j.neuroscience.2025.01.031>
- Lustman, P. J., Anderson, R. J., Freedland, K. E., De Groot, M., Carney, R. M., & Clouse, R. E. (2000). Depression and poor glycemic control: A meta-analytic review of the literature. *Diabetes Care*, 23(7), 934-942. <https://doi.org/10.2337/diacare.23.7.934>
- Makin, L., Zesch, E., Meyer, A., Mondelli, V., & Tchanturia, K. (2025). Autism, ADHD, and their traits in adults with bulimia nervosa and binge eating disorder: A scoping review. *European Eating Disorders Review*. <https://doi.org/10.1002/erv.3177>
- Meneguzzo, P., Mancini, C., Ormitti, A., Garolla, A., Bonello, E., Donini, L. M., & Todisco, P. (2022). Impulsivity and eating disorders: The relationship between serum 25-hydroxyvitamin D and different impulsivity facets in a transdiagnostic sample. *The World Journal of Biological Psychiatry*, 23(5), 401-409. <https://doi.org/10.1080/15622975.2021.2011404>
- Moghim, E., Davis, C., Bonder, R., Knyahnytska, Y., & Quilty, L. (2022). Exploring women's experiences of treatment for binge eating disorder: methylphenidate vs. cognitive behavioural therapy. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, 114, 110492. <https://doi.org/10.1016/j.pnpbp.2021.110492>
- Musazadeh, V., Keramati, M., Ghalichi, F., Kavyani, Z., Ghoreishi, Z., Alras, K. A., ... & Mekary, R. A. (2023). Vitamin D protects against depression: Evidence from an umbrella meta-analysis on interventional and observational meta-analyses. *Pharmacological Research*, 187, 106605. <https://doi.org/10.1016/j.phrs.2022.106605>
- Naeini, A. A., Fasih, F., Najafi, M., Ghazvini, M. R., & Hasanzadeh, A. (2019). The effects of vitamin D supplementation on ADHD (attention deficit hyperactivity disorder) in 6-13-year-old students: A randomized, double-blind, placebo-controlled study. *European Journal of Integrative Medicine*, 25, 28-33. <https://doi.org/10.1016/j.eujim.2018.10.006>
- Nazar, B. P., Bernardes, C., Peachey, G., Sergeant, J., Mattos, P., & Treasure, J. (2016). The risk of eating disorders comorbid with attention-deficit/hyperactivity disorder: A systematic review and meta-analysis. *International Journal of Eating Disorders*, 49(12), 1045-1057. <https://doi.org/10.1002/eat.22643>
- Nechita, D. M., Bud, S., & David, D. (2021). Shame and eating disorders symptoms: A meta-analysis. *International Journal of Eating Disorders*, 54(11), 1899-1945. <https://doi.org/10.1002/eat.23583>
- Noorazar, S. G., Malek, A., Aghaei, S. M., Yasamineh, N., & Kalejahi, P. (2020). The efficacy of zinc augmentation in children with attention deficit hyperactivity disorder under treatment with methylphenidate: A randomized controlled trial. *Asian Journal of Psychiatry*, 48, 101868. <https://doi.org/10.1016/j.ajp.2019.101868>
- Olivardia, R. (2025, May 9). ADHD and eating disorders: Research, diagnosis & treatment guidelines. *Additude*. <https://www.additudemag.com/eating-disorders-adhd-research-treatments/>
- Omiwole, M., Richardson, C., Huniewicz, P., Dettmer, E., & Paslakis, G. (2019). Review of mindfulness-related interventions to modify eating behaviors in adolescents. *Nutrients*, 11(12), 2917. <https://doi.org/10.3390/nu11122917>
- Panagiotidi, M., Overton, P. G., & Stafford, T. (2018). The relationship between ADHD traits and sensory sensitivity in the general population. *Comprehensive Psychiatry*, 80, 179-185. <https://doi.org/10.1016/j.comppsy.2017.10.008>
- Parkins, B. (2024, June 17). 'The psychiatrist didn't believe in ADHD': People with condition struggle with the health system. *The Irish Times*. <https://www.irishtimes.com/health/2024/06/17/the-psychiatrist-didnt-believe-in-adhd-people-with-condition-struggle-with-the-health-system/>
- Pinto, S., Correia-de-Sá, T., Sampaio-Maia, B., Vasconcelos, C., Moreira, P., & Ferreira-Gomes, J. (2022). Eating patterns and dietary interventions in ADHD: A narrative review. *Nutrients*, 14(20), 4332. <https://doi.org/10.3390/nu14204332>
- Porfirió, M. C., Giovinazzo, S., Cortese, S., Giana, G., Lo-Castro, A., Mouren, M. C., ... & Purper-Ouakil, D. (2015). Role of ADHD symptoms as a contributing factor to obesity in patients with MC4R mutations. *Medical Hypotheses*, 84(1), 4-7. <https://doi.org/10.1016/j.mehy.2014.11.004>
- Ríos-Hernández, A., Alda, J. A., Farran-Codina, A., Ferreira-García, E., & Izquierdo-Pulido, M. (2017). The Mediterranean diet and ADHD in children and adolescents. *Pediatrics*, 139(2): e20162027. <https://doi.org/10.1542/peds.2016-2027>
- Rosenau, P. T., van den Hoofdakker, B. J., Matthijssen, A. F. M., van de Loo-Neus, G. H., Buitelaar, J. K., Hoekstra, P. J., & Dietrich, A. (2022). Withdrawing methylphenidate in relation to serum levels of ferritin and zinc in children and adolescents with attention-deficit/hyperactivity disorder. *Journal of Psychiatric Research*, 152, 31-37. <https://doi.org/10.1016/j.jpsychires.2022.06.014>
- Santomauro, D. F., Melen, S., Mitchison, D., Vos, T., Whiteford, H., & Ferrari, A. J. (2021). The hidden burden of eating disorders: an extension of estimates from the Global Burden of Disease Study 2019. *The Lancet Psychiatry*, 8(4), 320-328. [https://doi.org/10.1016/S2215-0366\(21\)00040-7](https://doi.org/10.1016/S2215-0366(21)00040-7)
- Shareghfarid, E., Sangsefidi, Z. S., Salehi-Abargouei, A., & Hosseinzadeh, M. (2020). Empirically derived dietary patterns and food groups intake in relation with attention deficit/hyperactivity disorder (ADHD): A systematic review and meta-analysis. *Clinical Nutrition ESPEN*, 36, 28-35. <https://doi.org/10.1016/j.clnesp.2019.10.013>
- Solanto, M. V., & Scheres, A. (2021). Feasibility, acceptability, and effectiveness of a new cognitive-behavioral intervention for college students with ADHD. *Journal of Attention Disorders*, 25(14), 2068-2082. <https://doi.org/10.1177/1087054720951865>
- St Patrick's Mental Health Services. (2022, March 3). What is binge eating disorder? <https://www.stpatricks.ie/media-centre/blogs-articles/2022/march/understanding-binge-eating-disorder>
- Svedlund, N. E., Norring, C., Ginsberg, Y., & von Hausswolff-Juhlin, Y. (2018). Are treatment results for eating disorders affected by ADHD symptoms? A one-year follow-up of adult females. *European Eating Disorders Review*, 26(4), 337-345. <https://doi.org/10.1002/erv.2598>
- Testa, G., Baenas, I., Vitró-Alcaraz, C., Granero, R., Agüera, Z., Sánchez, I., ... & Fernández-Aranda, F. (2020). Does ADHD symptomatology influence treatment outcome and dropout risk in eating disorders? A longitudinal study. *Journal of Clinical Medicine*, 9(7), 2305. <https://doi.org/10.3390/jcm9072305>
- U.S. Food and Drug Administration. (2023, August 28). FDA approves multiple generics of ADHD and BED treatment. <https://www.fda.gov/drugs/news-events-human-drugs/fda-approves-multiple-generics-adhd-and-bed-treatment>
- Vedrenne-Gutiérrez, F., Yu, S., Olivé-Madrugal, A., & Fuchs-Tarlovsky, V. (2024). Methylphenidate can help reduce weight, appetite, and food intake—a narrative review of adults' anthropometric changes and feeding behaviors. *Frontiers in Nutrition*, 11, 1497772. <https://doi.org/10.3389/fnut.2024.1497772>
- William, S., Horrocks, M., Richmond, J., Hall, C. L., & French, B. (2024). Experience of CBT in adults with ADHD: A mixed methods study. *Frontiers in Psychiatry*, 15, 1341624. <https://doi.org/10.3389/fpsy.2024.1341624>
- Wong, M., & Qian, M. (2016). The role of shame in emotional eating. *Eating Behaviors*, 23, 41-47. <https://doi.org/10.1016/j.eatbeh.2016.07.004>
- Wrzosek, M., Sawicka, A., Talałaj, M., Wojnar, M., & Nowicka, G. (2018). Impulsivity and vitamin D in bariatric surgery candidates. *Pharmacological Reports*, 70(4), 688-693. <https://doi.org/10.1016/j.pharep.2018.02.005>

Practitioner Perspective

Through my eyes: Towards truly seeing and understanding neurodivergent clients

By Andrew Harbourne-Thomas



neurodivergent clients face – systemic barriers, misattunement, pathologisation, and the lifelong impact of feeling misunderstood. I will also explore the neuroscience of emotion, particularly the work of Lisa Feldman Barrett (2017), and how it can inform practice and offer opportunities to improve our practice. These thoughts are offered as an invitation to reflection and discussion. I use photography throughout as metaphors to convey aspects of the ND experience.

Naming the margins: Working with neurodivergent clients

Being ND is a neurological difference from the dominant societal norm, with forms of neurodivergence including autism, ADHD, dyslexia, dyspraxia, Tourette syndrome, and others. For this article, I am referring primarily to autistic and ADHD identities or AuDHD – a non-diagnostic term for co-occurring autism and ADHD.

The neurodiversity paradigm views neurodiversity as a valuable and fundamental aspect of human difference, subject to the same social dynamics as other forms of diversity (Walker, 2021; Walker, 2022; Walker & Raymaker, 2021). This perspective suggests that the deficit and pathology paradigm can be experienced as a form of systemic oppression (Walker & Raymaker, 2021) and shame. The diagnostic criteria used and required for diagnosis (American Psychiatric Association, 2013; World Health Organization, 2022) do not align well with current neurodiversity perspectives (Chawner & Owen,

Grounded in lived experience as an AuDHD therapist, this article explores the masks and invisible work neurodivergent (ND) clients bring to therapy. It invites practitioners to meet difference with neuro-affirming curiosity, opening space for safety, authenticity and genuine connection.

Introduction

Neurodivergent people often experience lifelong marginalisation, systemic stress, and the constant pressure to conform to neurotypical norms. Many have lived as outsiders, navigating exclusion, bullying, and social misunderstanding. When we arrive in therapy, we may carry the weight of a lifetime of chronic masking and the pain of living in a world that rarely feels welcoming or safe.

As an AuDHD (autistic and ADHD) practitioner, my reflections are

informed by professional practice, lived experience of neurodivergence and a five-month period of temporary blindness in 2024 that further influenced my perception of visibility and belonging.

In Ireland, neurodiversity rarely appears in core training, so therapists often rely on adapting other frameworks or pursuing additional learning to meet neurodivergent clients in therapy.

My intention with this article is to share reflections on the challenges

2022), yet they remain essential for formal identification and access to support.

AU/ADHD defined:

Autistic people may experience differences in:

- Perception: sensory experiencing, filtering and processing, which leads to a rich, complex and detailed insight into the world about them.
- Cognition: processing and problem solving, often prioritising logic, deep systemic insights over more intuitive processing stylers. Monotropism is often a key cognitive approach involving intense or hyperfocus on a few interests, leading to deep knowledge and skills.
- Communication: strong preference often for direct and honest communication, which may lead to a mutual mismatching of communication styles between autistic and non-autistic people.

This richness of experiences can include a deep and passionate enjoyment of interests, strong ability to hyperfocus, with a strong understanding of systems and justice.

ADHDers' differences may present as variations in cognitive and emotional functioning, restlessness or high energy, as well as creativity, innovation, spontaneity and sociability.

Masking, misattuned, and misread

Hull et al. (2017) describe camouflaging as wanting to assimilate, to know and be known, using masking and compensation strategies that compromise authenticity. Masking describes the conscious or unconscious effort by ND clients to suppress their natural ways of being to fit neurotypical norms, often resulting



Photograph 1: For this author, the image above represents an expression of AuDHD. The left image represents the autistic sensory and communication difference, a different deep perception, the feeling of otherness often present in systems, requiring masking and camouflaging responses. The right image represents the energy and exuberance of ADHD, again standing out, different, vital, and creative. The centre image, in contrast, taken in a forest, highlights the unique and vital experience of AuDHD, connected with nature, offering an essential and highly functional part of the ecosystem.

in exhaustion, invisibility, or misdiagnosis (Hull et al., 2017; Price, 2021). Many ND people become social chameleons, adept at masking but feel alone, which reinforces the sense of otherness and disconnection. Although not a formal criterion, highly masked NDs evade diagnosis for longer (Alaghband-Rad et al., 2023; Craddock, 2024).

Masking and compensatory strategies sustain a professional persona of humour, structure, over-preparation, and fatigue, but often come at the cost of deeper connection and self-trust (Canela et al., 2017; Kysow et al., 2017). Masking is deeply embedded in our way of being, necessary to fitting into the world, and this shapes how clients will show up in therapy.

Seen, unseen

For this author, being an AuDHDer means living with a highly sensitive nervous system: constantly scanning for tone, gaze, and movement and interpreting patterns, threats, and safety through a highly active, neuro-

biological surveillance system.

Carrying a white cane during my temporary blindness felt like another form of unmasking. It was a moment of vulnerable disclosure where, superficially, it offered protection through the visibility of the cane, but felt more like a revocation of belonging, as I could still see enough to understand the subtle but different reactions.

For many ND clients, therapy begins the same way – arriving masked, carrying histories of misattunement and rejection, and hoping to be met with curiosity rather than judgement (Bowers & Widdowson, 2023). If the therapeutic encounter remains shaped by neurotypical or majority paradigms, it becomes another place where struggle is misread and difference pathologised (Chapman et al., 2022; Doyle & Hannigan, 2024). Disclosure of neurodivergence in therapeutic or health environments can be fraught (Botha & Frost, 2020) as care and compassion are not guaranteed, and frustration or hostility are persistent experiences. I secured a formal autism diagnosis



Photograph 2: *I had become invisible, a shadow. In crossing here, am I truly seen, safe?*

after a disclosure in a hospital setting led to such a reaction. This is echoed by many experiences reported in clinical practice. Therapists with visible disabilities also report the burden of educating colleagues and clients alike (Donaghey, 2024).

In practice, ND clients frequently describe environments where they feel dismissed, pathologised, or required to mask heavily to belong. Microaggressions are pervasive and cumulative, reflecting an ecosystem of invisible obstacles that clients must continually anticipate and navigate.

Rethinking emotion: An ND lens

Therapy often asked me to feel the “right” emotion, often through psychoeducation, so I often have felt too much, or not enough, when trying to be authentic and to unmask. That brought a quiet erasure, as my experiences were reframed across what often felt like a cultural gulf of difference – an outsider’s experience that I now see echoed in practice through the lived experiences recounted in therapy.

Lisa Feldman Barrett’s neuroscience lens – the theory of constructed emotion (Barrett, 2017;

Barrett et al., 2025) – reframes emotions, not as fixed universal signals, but as a process of brain-based constructions shaped by predictions and culturally learned meaning. What we call sadness or anger are learned, labelled, and reinforced within our social context, rather than simply triggered by biology. For ND clients, whose sensory and cognitive experiences differ, this translation between feeling and label can be complex, particularly after years of invalidation or difference.

Research typically frames this as alexithymia – defined as a difficulty identifying and describing one’s own emotions and distinguishing them from bodily sensations of emotional arousal (Taylor et al., 1997), which can make it harder to notice and regulate emotions (Ryan et al., 2024). For many clients, chronic trauma, cumulative invalidation and minority stress can erode trust in emotional signals, resulting in suppression or dissociation (Botha & Frost, 2020).

However, Brewer et al. (2015) note that what is often labelled alexithymia may reflect a mismatch: autistic individuals may feel emotions fully, but struggle to

translate those experiences into the expected verbal or cultural forms. Through this author’s own experiences, combined with clinical experience, invalidation and shaming are a theme in some neurodivergent experiences of therapy. This reflects the disconnect between authentically expressed experiences and the therapeutic response that seems unaware of the difference, often norming with psychoeducation, perpetuating the sense of disconnect, shame, and otherness in the client. Barrett’s (2017) research supports this, showing emotions are learned concepts, built in context, and that what looks like a deficit may simply be a different framework for naming and expressing inner experience.

If emotions are constructed and predictive responses, then therapists co-construct the permitted emotional landscape in therapy. If the client experiences and feels seen, understood and safe, co-regulation can occur. The emerging emotional predictions demonstrate that the therapeutic space is safe. This recognition moves us from assessing correctness towards cultivating curiosity, inviting us to attend to pauses, metaphors, and embodied messages outside of language. This insight reshapes how I engage with clients of all neurotypes. The co-construction of emotions in the room is plural, contextual, and deeply relational. It is less about naming feelings than about meeting them and co-creating a shared emotional language and a new relational empathic connection.

Meeting misattunement: What therapy needs to consider

If emotions are predictively constructed, then therapy participates in that construction. In many rooms, the therapist’s frame decides which feelings to validate (insights) and which are defensive. For neurodivergent clients, this may

subtly recreate the lifelong pattern of misattunement and invalidation experienced outside of therapy (Crane et al., 2016; Hull et al., 2017; Lipinski et al., 2022).

Therapeutic language can, by inference, translate difference into disorder, unintentionally reinforcing the deficit narrative, rather than understanding diversity (Chapman & Botha, 2023). Research on minority-stress highlights how repeated invalidation and misunderstandings have a cumulative effect on mental health (Meyer, 2013). Applied to neurodivergent experience (Botha & Frost, 2020), it highlights how therapy itself can replicate chronic stressors, othering, and disconnection, sometimes reinforced through normative psychoeducation that unintentionally deepens alienation. Othering reflects a lifetime of being denied or shamed for valid ways of being, resulting in chronic disempowerment, loss of identity, shame, social exclusion, and alienation (Botha & Frost, 2018; Donaghey, 2023; Price, 2021; Ryan et al., 2024). For many ND people, the cumulative effect is less from their neurotype, but from the effort to navigate the expectations of others to be accepted (Botha & Frost, 2020; Meyer, 2013).

The double-empathy problem emphasises that communication breakdowns between neurotypical and ND people are not one-sided, but rather, are a shared issue (Milton, 2012; Ryan et al., 2024). The therapeutic task, therefore, is not to normalise the client's expression, but to translate across difference, building a shared language of experience (Lerner et al., 2023). The objective here is not to become an expert in neurodivergence, but to cultivate curiosity towards experiences that differ from our own, as a collaborator offering connection, co-authoring meaning and co-constructing the safe and accepted emotional experience.

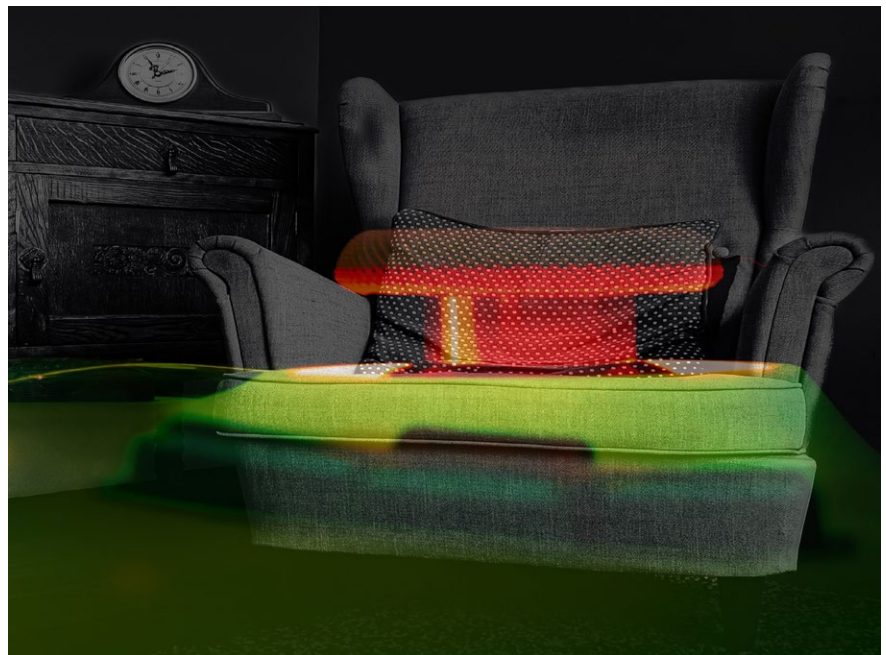
Misattunement occurs when the therapists' emotional frame of reference is mismatched with the clients', silently echoing a lifetime of misunderstanding. This can reinforce the clients' sense of being unsafe and needing to remain highly masked. Therapists hold the greater responsibility to recognise and repair such moments (Pantazakos & Vanaken, 2023; Ryan et al., 2024).

Ryan et al. (2024) reinforce the importance of neuro-affirming practice, which challenges us to compassionately connect with both the client's and our misattuned emotional states. When therapy unconsciously rewards compliance, or masking, clients "perform", creating the appearance of a successful session, while reinforcing disconnection. For the neurodivergent client, these ruptures are intensified by chronic histories of masking and rejection. Repair can begin when the therapist notices their own discomfort and can use it as information rather than confirmation of a deficit (Cooper & McLeod, 2011).

These adjustments signal radical acceptance through the therapist's demonstrated curiosity and willingness to meet the client's lived experience, rather than impose their own framing, co-authoring a new emotional experience of therapy. This approach fosters collaboration and authentic connection. In recognising that misattunement is co-created, it is necessary to explore how we might unmask our own practice through reflection, adaptation, and the commitment to keep learning alongside our clients.

Unmasking our practice

Being unmasked and authentic demands courage, creating the opportunity for vulnerable and healing moments which "are vital to therapeutic change" (Livingston, 2003, p.651). The heart of therapy lies in the therapeutic alliance and relationship, where the therapist may matter more than the approach (Blow et al., 2007). The therapeutic alliance is a key influential factor (Wampold, 2015). Our authentic presence,



Photograph 3: Therapy has long focussed on neuro-majority norms of expression, reflected here, for this author, a deep question or challenge in how we manage the power imbalance with all clients, particularly those from minority or different lived experiences to our own – including in ND clients, or others whose differences may be invisible and deeply masked.

grounded in humility and openness, can become the catalyst for change (Holman et al., 2017).

In practice, we meet both diagnosed (formally or by self-identification) and undiagnosed neurodivergent clients, so this masked aspect of neurodivergent existence may be a hidden pane in the Johari window – ours as well as theirs. This is not an expectation to identify and diagnose, but an opportunity to support clients in self-discovery and develop your own affirming “a-dar” (authentic ADHD/autistic radar).

What follows explores how, as a practitioner, we can unmask our own work through reflection, adaptation, and sustained curiosity.

Reflect on your position

Most biases operate unconsciously, shaping what we notice, value, and interpret in therapy, and are often embedded or reinforced within training and neurotypical professional

norms (Chapman & Botha, 2023; Hartman et al., 2023). Left unrecognised, they can surface as inadvertent and subtle invalidations, such as “we’re all on the spectrum”. This unacknowledged discomfort or bias can erode trust and safety (Doyle & Hannigan, 2024), whereas humility invites us to witness, not interpret, difference (Lipinski et al., 2022; Price, 2021).

Therapy with ND clients may therefore look and feel different. Standard rapport models can unintentionally reward masking or penalise authenticity (Chapman & Botha, 2023). When we create space for clients to be genuine, rather than reinforcing compensatory behaviours misread as resilience, we foster an authentic relationship and trust (Hull et al., 2017).

Personal examples or brief therapist self-disclosure can bridge understanding and challenge internalised ableism (Chapman & Botha, 2023). In ND communication,

empathy is often reflected by sharing a similar lived experience, demonstrating a more direct understanding and insight, enabling clarity and transparency, and aiding the client to feel seen and heard. It is described by Hartman et al. (2023, p.66) as vibing, a profound and deep connection that is both meaningful and powerful: “To vibrate deeply with someone is to find moments of freedom.” Communication breakdowns between neurotypical and ND people reflect mutual misattunement, not deficit (Milton, 2012). The therapist holds greater responsibility to recognise this pattern, remain attuned, and to create safety for difference to be honoured (Pantazakos & Vanaken, 2023; Ryan et al., 2024).

Adapt your practice

Reflection must lead to adaptation. Recognising masking as adaptive helps establish the safety required for unmasking (Hull et al., 2019; Spicer et al., 2024). Therapists can validate these protective patterns while gently inviting authenticity through steady trust-building. Judicious self-disclosure of similar experiences can normalise difference and reduce shame (Paynter et al., 2025).

Acknowledging trauma arising from delayed identification, chronic misattunement, and exclusion is essential to repair (Lipinski et al., 2022; Rivera & Bennetto, 2023). Explicitly welcoming stimulating (repetitive movements, behaviours, or vocalisations that relate to sensory and emotional self-regulation and expression, which are integral to well-being), accommodating alternative relational styles, or attending to sensory comfort communicates acceptance and can be deeply healing (Hull et al., 2017; Mazurek et al., 2023; Rivera & Bennetto, 2023). Sensory safety underpins psychological safety (Paynter et al.,



Photograph 4: This photograph is deeply reflective of the experience of sitting with a client, supporting and affirming new and, perhaps, scary recognition of their struggle, processing their loss and grief, together with the emerging opportunity for growth, moving toward a meeting place of connection and acceptance – within themselves and between us.

2025). Flexibility in pace, visual communications, or co-created session summaries can be powerful supports to enhance retention and mutual understanding (Lipinski et al., 2022; Ramsay, 2010).

Keep learning and listening

Most therapists receive little or no formal education on neurodiversity, leaving a significant gap between theory and lived experience. This is amplified by the reality that many adult clients are undiagnosed or misdiagnosed (Lipinski et al., 2022; Maddox et al., 2020).

Integrating intersectional perspectives is equally essential, since neurodivergent clients with intersecting identities experience compounded marginalisation and stress (Kirbyson, 2024; Rivera & Benetto, 2023).

Closing these gaps begins with ND-led and affirming training (Lerner et al., 2023). Such engagement sustains empathy, protecting against a slide into pathologising language and creating an environment for both the client and therapist to safely unmask. Recognising the limitations of our own therapeutic frameworks and choosing to widen them through connection supports therapeutic healing.

Unmasking in my own practice encourages authenticity and safety and an opportunity for clients to be more fully seen and to connect more deeply.

Conclusion

From the privilege of the therapy chair, we can choose to step into the margins and work alongside those who have long been misread – ND clients among them. The profound masking and misattunement that many experience, often hidden beneath cycles of burnout and apparent resilience, reveal a therapeutic blind spot.

Too often, neurodivergent clients carry stories of systemic fractures, in



Photograph 5: As an AuDHD therapist and human, meeting ND clients has been heartbreaking, hopeful and inspiring, sometimes all at once.

an ecosystem designed for someone else. Yet within this misattunement lies an opportunity to explore a rich emotional landscape – one that is simply different. The balance of responsibility falls to us, as therapists, to notice, to repair, and to meet clients where they are.

Perhaps the most meaningful part of this work has been accompanying clients as they begin to explore their ADHD or autistic identities as part of their growing self-awareness. It is a brave and vulnerable process, often beginning with grief, sadness, and regret, then gradually moving toward insight and self-acceptance. It is a complex, deeply personal and life-changing journey that is neither linear nor predictable. We are invited to co-construct safety, to witness deeply their authentic self, and to offer connection and acceptance, through openness, curiosity, and therapeutic love.

I do not pretend to have it all figured out and I do not expect you to either. However, I have seen the struggle and the deep need for this community to be met, fully and without judgement. I was one of them. I still am. ☺

Andrew Harbourne-Thomas

Andrew Harbourne-Thomas (he/him) is a neurodivergent counsellor, psychotherapist and coach (MIACP, ACBS, ICF) working with late-identified neurodivergent adults and those navigating high-performance and complex professional environments. He practises from a pluralistic and ACT-based approach, integrating mindfulness with creative frameworks influenced by his background in innovation, design thinking, and agile practice. Before training as a therapist, Andrew co-authored a book on software development and holds a patent in AI. Alongside private practice, he contributes to IACP ethics and professional standards. His interests include creativity, mindful photography, and exploring new ways to support authenticity and psychological flexibility in practice.

Andrew can be contacted at harbourne@protonmail.com

REFERENCES

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- Alagband-Rad, J., Hajikarim-Hamedani, A., & Motamed, M. (2023). Camouflage and masking behavior in adult autism. *Frontiers in Psychiatry*, 14. <http://dx.doi.org/10.3389/fpsy.2023.1108110>
- Barrett, L. F. (2017). The theory of constructed emotion: An active inference account of interoception and categorization. *Social Cognitive and Affective Neuroscience*, 12(1), 1-23. <https://doi.org/10.1093/scan/nsw154>
- Barrett, L. F., Atzil, S., Bliss-Moreau, E., Chanes, L., Gendron, M., Hoemann, K., et al. (2025). The theory of constructed emotion: More than a feeling. *Perspectives on Psychological Science*, 20(3), 392-420. <https://doi.org/10.1177/17456916251319045>
- Blow, A. J., Sprenkle, D. H., & Davis, S. D. (2007). Is who delivers the treatment more important than the treatment itself? The role of the therapist in common factors. *Journal of Marital and Family Therapy*, 33(3), 298-317. <http://dx.doi.org/10.1111/j.1752-0606.2007.00029.x>
- Botha, M., & Frost, D. (2020). Extending the Minority Stress Model to understand mental health problems experienced by the autistic population. *Society and Mental Health*, 10(1), 20-34. <https://journals.sagepub.com/doi/10.1177/2156869318804297>
- Bowers, C., & Widdowson, M. (2023). Transactional analysis psychotherapy with clients who are neurodivergent: Experiences and practice recommendations. *International Journal of Transactional Analysis Research and Practice*, 14(1), pp.32-54. <http://dx.doi.org/10.29044/v14i1p32>
- Brewer, R., Marsh, A. A., Catmur, C., Cardinale, E. M., Stoycos, S., Cook, R., & Bird, G. (2015). The impact of autism spectrum disorder and alexithymia on judgments of moral acceptability. *Journal of Abnormal Psychology*, 124(3), 589-595. <https://doi.org/10.1037/abn0000076>
- Canela, C., Buadze, A., Dube, A., Eich, D., & Liebrez, M. (2017). Skills and compensation strategies in adult ADHD - A qualitative study. *PLOS ONE*, 12(9), e0184964. <http://dx.doi.org/10.1371/journal.pone.0184964>
- Chapman, R., & Botha, M. (2023). Neurodivergence-informed therapy. *Developmental Medicine & Child Neurology*, 65(3), 310-317. <https://doi.org/10.1111/dmcn.15384>
- Chapman, R., & Bovell, V. (2022). Neurodiversity, advocacy, anti-therapy. In J. Matson & P. Sturmey (Eds.), *Handbook of Autism and Pervasive Developmental Disorder* (pp. 1519-1536). Springer. http://dx.doi.org/10.1007/978-3-030-88538-0_67
- Chawner, S. J. R. A., & Owen, M. J. (2022). Autism: A model of neurodevelopmental diversity informed by genomics. *Frontiers in Psychiatry*, 13, 981691. <http://dx.doi.org/10.3389/fpsy.2022.981691>
- Cooper, M., & McLeod, J. (2011). Person-centered therapy: A pluralistic perspective. *Person-Centered & Experiential Psychotherapies*, 10(3), pp.210-223. <https://doi.org/10.1080/14779757.2011.599517>
- Craddock, E. (2024). Being a woman is 100% significant to my experiences of attention deficit hyperactivity disorder and Autism: Exploring the gendered implications of an adulthood combined autism and attention deficit hyperactivity disorder diagnosis. *Qualitative Health Research*, 34(14), 14421455. <http://dx.doi.org/10.1177/10497323241253412>
- Crane, L., Chester, J. W., Goddard, L., Henry, L. A., & Hill, E. (2016). Experiences of autism diagnosis: A survey of over 1000 parents in the United Kingdom. *Autism*, 20(2), 153-162. <https://doi.org/10.1177/1362361315573636>
- Donaghey, C. (2024). Exploring the collective unconscious in visibly disabled psychotherapists' lives [Unpublished manuscript]. Institute of Integrative Counselling and Psychotherapy.
- Doyle, K. M., & Hannigan, B. (2024). Exploring the experience of racialisation and subsequent experiences of psychological therapy for Black and Multi-ethnic clients in Ireland. *European Journal for Qualitative Research in Psychotherapy*, 14. <https://doi.org/10.24377/EJQR.article3095>
- Hartman, D., O'Donnell-Killen, T., Doyle, J. K., Kavanagh, M., Day, A., & Azevedo, J. (2023). *The adult autism assessment handbook: A neurodiversity-affirmative approach*. Jessica Kingsley Publishers. <http://dx.doi.org/10.5040/9781805016694>
- Hull, L., Petrides, K. V., Allison, C., Smith, P., Baron-Cohen, S., Lai, M. C., & Mandy, W. (2017). "Putting on my best normal": Social camouflaging in adults with autism spectrum conditions. *Journal of Autism and Developmental Disorders*, 47(8), 2519-2534. <https://doi.org/10.1007/s10803-017-3166-5>
- Hull, L., Mandy, W., Lai, M. C., Baron-Cohen, S., Allison, C., Smith, P., & Petrides, K. V. (2019). Development and validation of the camouflaging autistic traits questionnaire (CAT-Q). *Journal of Autism and Developmental Disorders*, 49, 819-833. <http://dx.doi.org/10.1007/s10803-018-3792-6>
- Kirbyson, K. B. (2024). Listening to transgender and autistic voices: Reflecting on affirming research and mental health practices (Master's thesis, The University of Western Ontario (Canada)). <https://ir.lib.uwo.ca/etd/10054/>
- Kysow, K., Park, J., & Johnston, C. (2017). The use of compensatory strategies in adults with ADHD symptoms. *ADHD Attention Deficit and Hyperactivity Disorders*, 9, 73-88. <http://dx.doi.org/10.1007/s12402-016-0205-6>
- Lipinski, S., Boegl, K., Blanke, E. S., Suenkel, U., & Dziobek, I. (2022). A blind spot in mental healthcare? Psychotherapists lack education and expertise for the support of adults on the autism spectrum. *Autism*, 26(6), 1509-1521. <https://doi.org/10.1177/136236132111057973>
- Livingston, M. S. (2003). Vulnerability, affect, and depth in group psychotherapy. *Psychoanalytic Inquiry*, 23(5), 646-677. <http://dx.doi.org/10.1080/07351692309349058>
- Lerner, M. D., Gurba, A. N., & Gassner, D. L. (2023). A framework for neurodiversity-affirming interventions for autistic individuals. *Journal of Consulting and Clinical Psychology*, 91(9), 503-504. <https://doi.org/10.1037/ccp0000839>
- Maddox, B. B., Crabbe, S., Beidas, R. S., Brookman-Frazee, L., Cannuscio, C. C., Miller, J. S., Nicolaidis, C., & Mandell, D. S. (2020). "I wouldn't know where to start": Perspectives from clinicians, agency leaders, and autistic adults on improving community mental health services for autistic adults. *Autism*, 24(4), 919-930. <https://doi.org/10.1177/1362361319882227>
- Mazurek, M. O., Pappagianopoulos, J., Brunt, S., Sadikova, E., Nevill, R., Menezes, M., & Harkins, C. (2023). A mixed methods study of autistic adults' mental health therapy experiences. *Clinical Psychology & Psychotherapy*, 30(4), 767-779. <https://doi.org/10.1002/cpp.2835>
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674-697. <http://dx.doi.org/10.1037/0033-2909.129.5.674>
- Milton, D. E. (2012). On the ontological status of autism: The 'double empathy problem'. *Disability & Society*, 27(6), 883-887. <http://dx.doi.org/10.1080/09687599.2012.710008>
- Pantazakos, T., & Vanaken, G. J. (2023). Addressing the autism mental health crisis: The potential of phenomenology in neurodiversity-affirming clinical practices. *Frontiers in Psychology*, 14, 1225152. <https://doi.org/10.3389/fpsyg.2023.1225152>
- Paynter, J., Sommer, K., & Cook, A. (2025). How can we make therapy better for autistic adults? Autistic adults' ratings of helpfulness of adaptations to therapy. *Autism*, 29(6), 1540-1553. <https://doi.org/10.1177/13623613251313569>
- Price, A. (2021). *Unmasking autism*. Hachette UK.
- Ramsay, J. R. (2010). *Cognitive-behavioral therapy for adult ADHD: An integrative psychosocial and medical approach*. Taylor & Francis.
- Rivera, R. A., & Bennetto, L. (2023). Applications of identity-based theories to understand the impact of stigma and camouflaging on mental health outcomes for autistic people. *Frontiers in Psychiatry*, 14, 1243657. <https://doi.org/10.3389/fpsy.2023.1243657>
- Ryan, M., Doyle, J. K., O'Donnell Killen, T., Flynn, K., Mooney, L., Davies, B., & Fagan, G. (2024). *Guidelines for counsellors and psychotherapists working with adult autistic clients*. IACP, AslAm, & Thriving Autistic. <https://iacp.ie/Guidelines-for-Counsellors-and-Psychotherapists-working-with-Adult-Autistic-Clients>
- Spicer, L., DeCicco, E., Clarke, A., Ambrosius, R., & Yalcin, O. (2024). Understanding early maladaptive schemas in autistic and ADHD individuals: Exploring the impact, changing the narrative, and schema therapy considerations. *Frontiers in Psychology*, 15, 1436053. <https://doi.org/10.3389/fpsyg.2024.1436053>
- Taylor, G. J., Bagby, R. M., & Parker, J. D. A. (1997). *Disorders of affect regulation: Alexithymia in medical and psychiatric illness*. Cambridge University Press.
- Walker, N. (2021). *Neuroqueer heresies: Notes on the neurodiversity paradigm, autistic empowerment, and postnormal possibilities*. Autonomous Press.
- Walker, L. (2022). Autism paradigms and mental well-being among autistic adults: A quantitative exploration (Doctoral dissertation, Antioch University). <https://aura.antioch.edu/cgi/viewcontent.cgi?article=1920&context=etds>
- Walker, N., & Raymaker, D. M. (2021). Toward a neuroqueer future: An interview with Nick Walker. *Autism in Adulthood*, 3(1), 5-10. <http://dx.doi.org/10.1089/aut.2020.29014.njw>
- Wampold, B. E. (2015). How important are the common factors in psychotherapy? An update. *World Psychiatry*, 14(3), 270-277. <https://doi.org/10.1002/wps.20238>
- World Health Organization. (2022). *International Classification of Diseases, Eleventh Revision (ICD-11)*. <https://icd.who.int/browse11>

Practitioner Perspective

Frontier psychotherapist: Liner notes from a music industry therapist

By Kevin O'Byrne



This article explores practical and philosophical perspectives on working as an ADHD-affirmative practitioner. Drawing on psychodynamic theory and the principals of creative practice, it explores the potentially enriching merits of working with creatives as well as integrating a more creative bent to one's internal supervisor.

Introduction

Did you know that Freud delivered the first “single session therapy” session to a famous musician? Or that Rick Rubin could be a good therapy trainer? Or that 1970s rock can offer wisdom to our internal supervisor?

You may have noticed that this introduction is a bit flitting, disparate, and random. That is intentional for the sake of novelty, which my attention-deficit hyperactivity disorder (ADHD) clients so greatly appreciate. If you have read this far,

I would invite you to borrow from the working mantra of my own private practice: “curious, not critical”.

As a music industry therapist, my work takes me mainstage at entertainment events like Electric Picnic, meeting artists on tour (physically and digitally), being present in the wings at productions, or welcoming a diverse group of artists to my Dublin city practice. There is no trusty formula for becoming a rockstar or, indeed, a therapist for the ADHD artist. However, concerted empathetic

attunement, authenticity, and a willingness to roll up your sleeves and create a therapy amongst chaotic conditions will take you far.

What makes a hit?

Key to this therapy is a keen psychodynamic eye, an affirmative stance, and a willingness to take an iconoclastic hammer to the norms. I hope to add some cultural and practical insight for those interested in this work who may not have a creative background, as cultural sensitivity goes a long way.

The psychodynamics of the creative mind

According to Sartre (1975), “hell is other people”. This hell is the coalface of working creatives. Creativity often germinates in solitude, but is executed, exhibited, and interacted with via other people. Even if we park the crowd, much of the fuel of creativity is the deep drive to abreact, to sublimate, or to settle unfinished business en vivo.

Alanis Morissette said, “Trauma happens in relationships, so it can only be healed in relationships. Art can't provide healing. It can be cathartic and therapeutic but a relationship is a three-part journey” (Morissette, 2012, para. 1).

A psychodynamic approach, in my experience, is one of the most germane for working with professional creatives, simply because of other people. Art gains an extra dimension when we share it and much of its richness comes from our experience with others (whether nurturing or critical).

Consider playlists you might collate around a certain age, a past lover, or a pivotal era in your life. If the words and melody of an artist evoke strong emotions inside, it is resultant of the catharsis of the creator. Lyrics and melody are examples of “sublimation”, the harnessing of darker instinctual pieces into outlets deemed more prosocial (Storr, 1972). Whilst intriguing conceptually, a practical part of my job is assisting sublimation.

Work song: Vocational identity

For many (myself included), art offered a way of fitting in, a bulwark of self-esteem, and a healthy vehicle to ride the tumult of adolescence. Erikson (as cited in Logan, 1986, p.1), describes this via “vocational identity”; the forming of personal values and objectives through a domain of occupational pursuit as part of one’s core sense of self. Here, one can enjoy “clarity, coherence and stability in one’s motivation and abilities” (Skorikov & Vondracek, 2007, p.143) and that this is often best achieved through autonomous value-oriented commitment to journey (Marcia, 1980).

As the crises of teenage life grow symbiotically with one’s increasing proficiency, they often re-emerge psychodynamically in adult context. With clients, I watch keenly for any reemergent thread.

Interestingly, the symptoms of ADHD that preclude us from cut-and-dried schoolwork and “fitting in” can cause a lot of pain, yet finding oneself in a domain where you are lauded or given a sense of worth can be a lifeboat amid angst. Consider an ADHD-affirmative view: a wide pool of interests leads to intertextual sources, rejection sensitivity points to a deep sense of emotional inner world, or low impulse control ensures no lag between artistic intent and execution. Music can offer vocational strengths at a time when standing out hurts so much.

We are family

Unresolved familial dynamics can re-emerge unconsciously in groups. Think of the Beatles’ dichotomous propensity to offer brotherly love as well as salvos scathing cutdowns extant in the hierarchy; Lennon/McCartney’s hegemony imposed on the younger, less vocal Starr/Harrison. Brian Wilson of the Beach Boys, who battled with years of mental illness, was an eldest child garnering both adulation and immense pressure.

Some clients find themselves in conflict with labels or producers with no obvious cause, only to realise that an older transference situation has occurred. As music is not a readily profitable industry, it is safe to assume that most parties are doing it for the love of it. Psychodynamic and systemic lenses can be very helpful as, just like family or romantic relationships, much of the turmoil and hurt caused can be from miscommunication and unaddressed insecurities. At the heart of it, everyone wants this so badly to work.

It is also important to mention that both genetic and environmental factors influence ADHD presentation. Research has identified adverse childhood experiences (ACEs) as a significant environmental contributor (Wojtara et al., 2023), while recent discussions highlight the complex interplay of multiple factors in ADHD (Tough, 2025).

Listening to the playback

You may recall a palpitation-inducing time when you were thrown into a group situation like a gladiator into an arena – think a toxic workplace, Christmas with your family of origin, or a wedding to which you were dragged. Whilst we may have, as adults, had access to a reprieve in our own situations, professional musicians do not have such a luxury. Artists being so often introverted, highly sensitive, or less adherent to norms, makes this seem all the more cruel.

Crowds are the bread and butter of their industry. Even beyond the roar of the baying crowd, rehearsals, writing sessions, studio time, meetings, and touring as part of a group can take their toll. To be a professional musician is an exhausting job. Coupled with ADHD masking, it can lead to bad outcomes.

Groups can be re-triggering experiences, but if we can learn from our past and let it guide our present, we can enjoy corrective emotional experiences. In the 1980s, during the “satanic panic”, there was a comical belief that if one played certain records backwards one would be privy to latent evil content.

If we can lift the needle up in therapy and drop it back to an earlier part of life, it often gives the artist a chance to reappraise the narrative – like revisiting an old classic to discover a renewed lustre. Perennial favourites like attachment theory, inner child work, and transference-focused therapy go a long way towards teaching ADHD artists how to process elements of their early experience. They offer richness in their output while no longer being at the mercy of younger scripts pulling strings backstage.

Artist careers can be likened to a shuttle launch – a high pressure, intricately orchestrated, and stressful collective mission to somewhere new, and poor executive functions (be it from myriad of confounding factors in ADHD) are the faulty parts. Therapy is an opportunity to use psycho-education and analysis to examine any ruptured or unconscious operating parts of ourselves so that they can work for us and not against us.

How to make a one hit wonder

“If you had one shot, one opportunity ... would you capture it or just let it slip?” posits Eminem from his 2002 hit “Lose Yourself”, evoking the “do or die” moments that litter musicians’ careers. Just as a performer acclimatises to the great immediacy

requisite in playing to audiences, there is much we can learn from performers.

“Schools of therapy come and go like musical trends. Evidence points to the power of relationship as the single biggest factor of change and the first session (even if it is the only one) is a rich opportunity” (Carr, 2007, p.41). In their text *The Heart and Soul of Change*, Duncan et al. (2010) argue that the first meeting can be powerful for clients through two primary factors: 1) the installation of hope; and 2) the clarification and feedback of the clients’ needs. For those suffering with unmanaged (or unacknowledged) ADHD, hope can lead to self-compassion and resilience.

When I work productions, I can park my previous training and tend to clients, confident that my intervention is planting a positive seed. Single-session therapy expert Windy Dryden draws us to the idea that the modal number of therapy sessions internationally is “one”. Dryden (2018) states that most people who attend for one session are satisfied and the notion that we cannot fully resource and strengthen a client in one meeting should be debunked (Dryden, 2020, p.6).

Being adept at delivering one focused and comprehensive session has myriad benefits and could be especially helpful in all manner of educational settings, including schools. Just as the idea of five-days-a-week analysis is outdated, not everyone needs weeks of therapy. Those who are economically underprivileged can benefit vastly from a swift and attentive response (Lo et al., 2020). Even if there is no opportunity for a second session, they have had a positive experience and will reap downstream benefits from a readiness to re-engage with therapy when viable. Many of my ADHD artist clients, unlike neurotypical clients, place as much or more value on fluidity and novelty over uniformity.

While you are unlikely to see me on the cover of Hot Press or playing on Jools Holland, being able to understand the logistics of the lifestyle and to affirm that artistic urge goes a long way

In 1910, Freud responded to legendary composer Mahler’s request for a one-off session in a time of crisis. On a long walk in picturesque Leiden, the Netherlands, the pair experienced, via “the sense of mortality and urgency”, “an appreciation of life”, and a sense of “heightened involvement and efficacy” (Talmon et al., 1990, p.165).

This mirrors my experience – the capacity to respond swiftly and with acuity from the get-go often increases the likelihood I will gain the trust of a client long term. Akin to “living each day as if it were the last”, I would invite one to play around with treating the session with their clients with this cadence.

Humanistic approach hits the right note

For those daunted by working with ADHD or musicians, I believe musicians are some of the best candidates for therapy. Mastering an instrument takes conscious incremental (and sometimes disheartening) effort before gains. This is no different to getting the most out of therapy, and so I strongly believe musicians are highly disposed to the therapy journey. I would go as far as to suggest that a large cohort of musicians would rate as high in the openness metric, and that the nebulous and intuitive aspects of therapy such as inner child work would be in tune with a musician’s worldview. They may be more ready to introject the benefits of the helping relationship.

The Old Grey Whistle therapy test

Rogers’ actualising, in my opinion, is especially prominent and inextricable in the musician. For many, making art is not a choice, but a need closer to Maslow’s base needs of food, water, and sleep. Compounding this, many musicians’ actualising tendency holds a direct relationship with their income. Trouble making music can lead to trouble making rent. Like many therapists, I enjoy a lot of continuous professional development (CPD). However, I would give the same advice to therapists interested in creative work as I would my past students: You have enough – execute the basics flawlessly and you will always be in demand.

Neuro-affirmative therapy

A notable cohort of ADHD or artistic clients, or both, come to me after a less fruitful experience with a therapist, most often through a very “box ticking” Employee Assistance Programme (EAP) experience or a counsellor who lacked lived insight around an artist’s mindset. While you are unlikely to see me on the cover of *Hot Press* or playing on *Jools Holland*, being able to understand the logistics of the lifestyle and to affirm that artistic urge goes a long way.

This is where an affirmative therapy approach helps by holding stress, anxiety, and depression keenly in its working awareness. They can be resultant of societal challenges such as stigma, bias, and microaggression (Singh & Dickey, 2017).

Whilst this affirmative approach emerged from client populations such as LGBTQ+ communities or around neurodiversity, it is essential when working with professional artists. I have noticed a greater congruence of non-normative and neurodiverse worldviews in artists. Like neurodiversity, this is not a choice as some may assume when looking in from outside.

Our inherent actualising tendency, as Rogers proposed in his seminal

On Becoming a Person (1961), is eminently present with artists and we must be culturally responsive and aware.

The neurodiversity chicken and egg

Reflecting on musicians and mental health, a neuro-affirmative chicken-and-egg view can be helpful. If one considers some of the issues that may plague a neurodivergent person in a neurotypical world, we can work back from there. A propensity for introversion facilitates creative solitude. Hyperfocus on special interests means an exponential honing of a craft. Hypersensitivity can let one tap into a rich, deep well of emotion and an outsider's view of the status quo.

By affirming their inherent difference whilst equipping them to cope with the inevitable demands of our world, they may go from surviving to thriving. What that looks like in context can be practical psychoeducation, stress response techniques, and Acceptance and Commitment therapy (ACT) skills, whilst also guiding them to hold a robust *loci* of control and evaluation.

Therapists bring valuable insights from their previous experience. My previous profession as a musician privileged me with tools that support my therapy practice. These include increased reaction times, heightened sensitivity to emotion held in vocalisation, and earlier development of the subcomponents of prosocial empathy (Hao et al., 2023; Kraus & Chandrasekaran, 2010; Landry & Champoux, 2017; Moradzadeh et al., 2015). In my lived experience, these traits go hand-in-hand with ADHD. Musical proficiency helps me affirm, rather than pathologise, these traits.

Irvin Yalom implores therapists to “go even further” and to “strive to create a new therapy for each patient” (2009, p.33). This means bringing yourself and your own assets, and being able to suspend

This is where 1970s rockstars can teach us. KEEP IT SIMPLE, STUPID! was the acronym and ethos informing the band KISS

assumptions from your training to make something new in the moment.

Just as Winnicott (1971) invokes the playful part of our adult selves, I invite therapists working with musicians to give themselves permission to be playful. Think of creativity as an attitude, not an act. Improvisation, the creation in real time of something new, with the given resources and temporal spatial limitations, is essential.

Whilst my ask may be daunting, I believe being able to co-create with another person is a hallmark of humanity. In clinical terms, showing the client that we are willing to be real, to be vulnerable, and to be fallible, can deepen the intersubjective space. Even if we play out of tune with the client, this gives us an opportunity to respond to the fertile void of rupture repair. For practical examples of this, I recommend the work of Michael Alcee and his elegant book *Therapeutic Improvisation* (2022).

Teaching a repertoire

I vividly remember being chastised during my training for the phrase “therapeutic toolkit”. The objection was that it contraindicated our job of privileging the client's agency. When working with ADHD, however, I find this to be more often untrue. Firstly, some ADHD musicians have not got the lifestyle consistency and financial stability to invest in intensive, weekly, long-term therapy. Their careers are constant pushes to write, record, and tour, along with press commitments. If I sit back just playing for time, I am doing my client an injustice by depriving them of timely interventions.

Additionally, offering of instruction and provision of tools for integration is an intrinsic part of being a musician: think doing scales or demoing a song idea. Working as a musician is double-edged. There is no draconian human resources department, but there is also no oversight and accountability if you are cast aside. There is no stuffy uniform, but you are condemned to the freedom of maintaining an image in the public eye. You can go from peak experience to the lowest of lows in moments. To inoculate against these workplace hazards, psychoeducation, coaching, and judicious directivity can be helpful. The musicians' world is inherently irregular and perpetually in flux. It is my ethical duty to offer resources and supports. For ADHD people, this is often perceived positively as a source of novelty, constructive mode switching, and a respectful privileging of their own agency.

This all while being what Kohut (as cited in Siegel, 1996) elegantly described as a selfobject – a vessel from which to model, mirror, and receive undemanding encouragement.

Whether most influenced by Rogers or Gendlin, consider the erroneous charge put to seminal music producer Rick Rubin and therapists alike: You just sit there, chiming in intermittently, working indefinitely for a nice fee. But, like Rubin, we cannot *make* for the client. What we *do* is offer an authentic perspective, cultivate safe conditions to live creatively, and model a willingness to expose ourselves to something daunting yet new. Too often, the world of school or family is a minefield of microaggressions against both ADHD and serious creative endeavours.

A resourcing and culturally affirming therapy experience can be immeasurably helpful for these clients.

Conclusion


I see both my privilege and responsibility for my small part in the artists' output. This work is not a polite, cerebral affair, but a dredging of painful lessons, arduous extraction of life scripts, and a perpetual war with self-doubt.

This article seeks to emphasise the dignity and gravity of working with musicians upon being invited to their rich inner world. Ultimately, I wish to encourage those interested in this client demographic to go for it.

This is where 1970s rockstars can teach us. KEEP IT SIMPLE, STUPID! was the acronym and ethos informing the band KISS. I am not sure if Rogers was a fan of them, but it feels to me congruent with our basic training: hold the core conditions, hold a clinical naivety, and commit to a course of action in earnest.

Moving back to our own shores (and indulgently shoe-horning in one of my local heroes), Phil Lynott said "To become wise about a subject means you must have been a fool

at some time. I don't actually think you become wiser, you just get more experienced" (Lynott, 1984, para. 1).

To finish on the spirit of this statement, if you have taken the considerable amount of time and effort to work in this profession, back yourself. You have what it takes and, hopefully, a bit more. Working with these clients is a great experience if you allow yourself to have it. 

Kevin O'Byrne

Kevin is a professional musician and manager of his own psychotherapy practice, Lyric Therapy, in Dublin City centre. His interest in creative psychotherapy sees him work closely with professionals in the Irish creative industries, training colleges such as BIMM/NCAD, and cultural advocacy bodies such as IMRO and Minding Creative Minds.

Kevin holds a H.Dip & MA in Psychotherapy, a BA in Commercial

Modern Music and previously studied on the MSc Music Therapy in QMU Edinburgh alongside clinical work in Dublin's National Rehab Clinic. He recently completed a certificate in group facilitation in PCI College Dublin, as well as a diploma in integrative psychotherapy for adolescents in the Greenane Centre. He has commenced the Dublin City University programme in Clinical Supervision.

Working under the ethos of "curious, not critical", Kevin is passionate about creating a new therapy for every client he works with, focused on creative living, meaning making, and evidence-informed best practice. Outside of private practice, he is active as a psychotherapist for post-primary learners in Youthreach and CDET schools, providing integrative psychotherapy for underprivileged areas. Kevin can be contacted at Lyric Therapy, 28 South William St. D02DX47.

Contact: <https://www.lyrictherapy.co> and kevin@lyrictherapy.co

REFERENCES

- Alcee, M. (2022). *Therapeutic improvisation: How to stop winging it and own it as a therapist*. Norton.
- Carr, A. (2007). *The effectiveness of psychotherapy: A review of research prepared for the Irish Council of Psychotherapy*. Irish Council of Psychotherapy.
- Dryden, W. (2018). *Single-session therapy (SST): 100 key points and techniques*. Routledge.
- Dryden, W. (2020). Skills in single-session therapy. Part 1: Creating and maintaining a focus. *European Journal of Counselling Theory, Research and Practice*, 4(4), 1-4. <https://ejctrp.nationalwellbeingsservice.com/volumes/volume-4-2020/volume-4-article-4/>
- Duncan, B. L., Miller, S. D., Wampold, B. E., & Hubble, M. A. (Eds.). (2010). *The heart and soul of change: Delivering what works in therapy* (2nd ed.). American Psychological Association.
- Hao, J., Zhong, Y., Pang, Y., Jing, Y., Liu, Y., Li, H., Li, J., & Zheng, M. (2023). The relationship between music training and cognitive flexibility: An ERP study. *Frontiers in Psychology*, 14. <https://doi.org/10.3389/fpsyg.2023.1276752>
- Kraus, N., & Chandrasekaran, B. (2010). Music training for the development of auditory skills. *Nature Reviews Neuroscience*, 11, 599-605. <https://doi.org/10.1038/nrn2882>
- Landry, S. P., & Champoux, F. (2017). Musicians react faster and are better multisensory integrators. *Brain and Cognition*, 111, 156-162. <https://doi.org/10.1016/j.bandc.2016.11.001>
- Lo, H. H.-M., Zhang, J., & Choi, C.-W. (2020). Short-term psychological interventions on economically disadvantaged families: A systematic review and meta-analysis. *Research on Social Work Practice*, 30(3), 330-343. <https://doi.org/10.1177/1049731519870273>
- Logan, R. D. (1986). A reconceptualization of Erikson's theory: The repetition of existential and instrumental themes. *Human Development*, 29, 125-136. <https://doi.org/10.1159/000273038>
- Lynott, P. (1984, May 19). The Phil Lynott interview. *Hot Press*, 8(9). <https://www.hotpress.com/music/happy-birthday-philip-lynott-revisiting-a-classic-interview-22825363>
- Marcia, J. E. (1980). Identity in adolescence. In J. Adelson (Ed.), *Handbook of adolescent psychology* (pp. 159-187). Wiley.
- Mathers, M. (2002). Lose yourself [Song]. On *8 mile: Music from and inspired by the motion picture*. Shady/Interscope.
- Moradzadeh, L., Blumenthal, G., & Wiseheart, M. (2015). Musical training, bilingualism, and executive function: A closer look at task switching and dual-task performance. *Cognitive Science*, 39(5), 992-1020. <https://doi.org/10.1111/cogs.12183>
- Morissette, A. (2012, August 26). This much I know: Alanis Morissette. *The Guardian*. <https://www.theguardian.com/lifeandstyle/2012/aug/26/this-much-i-know-alanis-morissette>
- Rogers, C. R. (1961). *On becoming a person: A therapist's view of psychotherapy*. Houghton Mifflin.
- Sartre, J.-P. (1975). *No exit (Huis clos), a play in one act & The flies (Les mouches), a play in three acts*. Alfred A. Knopf.
- Siegel, A. (1996). *Heinz Kohut and the psychology of the self* (1st ed.). Routledge.
- Singh, A. A., & Dickey, L. M. (2017). Affirmative counseling with transgender and gender nonconforming clients. In K. A. DeBord, A. R. Fischer, K. J. Bieschke, & R. M. Perez (Eds.), *Handbook of sexual orientation and gender diversity in counseling and psychotherapy* (pp. 157-182). American Psychological Association. <https://doi.org/10.1037/15959-007>
- Skorikov, V., & Vondracek, F. W. (2007). Positive career orientation as an inhibitor of adolescent problem behaviour. *Journal of Adolescence*, 30(1), 131-146. <https://doi.org/10.1016/j.adolescence.2005.12.004>
- Storr, A. (1972). *The dynamics of creativity*. Atheneum.
- Talmon, M., Rosenbaum, R., & Hoyt, M. F. (1990). Effective single-session therapy: Step-by-step guidelines. In R. A. Wells & V. J. Giannetti (Eds.), *Handbook of brief psychotherapies* (pp. 3-26). Plenum Press.
- Tough, P. (2025, April 13). Have we been thinking about ADHD all wrong? *The New York Times*. <https://www.nytimes.com/2025/04/13/magazine/adhd-medication-treatment-research.html>
- Winnicott, D. W. 1971b. *Therapeutic Consultation in Child Psychiatry*. London: The Hogarth Press and the Institute of Psychoanalysis.
- Wojtara, M., Syeda, Y., Singh, H., Rana, E., & Sabeer, S. (2023). Examining adverse childhood experiences and attention deficit/hyperactivity disorder: A systematic review. *Mental Health Science*, 1, 104-114. <https://doi.org/10.1002/mhs2.27>
- Yalom, I. D. (2009). *The gift of therapy: Reflections on being a therapist*. Harper Perennial.

Navigating neurodivergence: Connection, communication, and adaptation

By Deborah Vida James Scanlan



With one in 10 Irish adults identifying as neurodivergent, therapists are seeing a surge in clients coming to therapy to navigate their newfound identities. But are therapists prepared for the journey? This article tackles that question, offering insights and practical guidance for the uninitiated practitioner facing this fascinating frontier.

Introduction

It may feel that the level of clients presenting in therapy with suspected or confirmed neurodivergence – particularly ADHD – has skyrocketed in recent years. In Ireland, an estimated 4% of the population is considered neurodivergent (ND), although some worldwide figures suggest this figure is closer to 15-20%. Looking to make sense of these newfound identities, clients are turning to therapists.

Are therapists, particularly neurotypical (NT) therapists, prepared to navigate ND with their clients? I tackled this question in my 2024 Master's thesis, *Navigating Neurodivergence: Connection, Communication and Adaptation*, where I interviewed practitioners to find out how they were working within this rapidly evolving field, often without formal training on the subject.

As an ND client of therapy and a clinical psychotherapist, I have

experienced both the struggle of the client seeking understanding, and the confusion of the uninitiated therapist seeking connection without prior knowledge of the ND experience.

To bridge that gap, this article provides insights that emerged from my study, drawn from the collective wisdom of practitioners and researchers working in the ND field. These insights can help those who may be feeling lost so that we can face this fascinating frontier together.

What is neurodivergence?

Let us first anchor ourselves with the terminology:

- **Neurotypical (NT)** refers to individuals whose brain functions and information processing align with what is considered “typical” within society.
- **Neurodivergent (ND)** refers to individuals whose brain functions and information processing differ from what is considered “typical” within society.
- **Neurodivergence** is an umbrella term that encompasses a broad spectrum of neurodevelopmental variations, including autism, ADHD, dyslexia, dyscalculia, dyspraxia, dysgraphia, obsessive-compulsive disorder (OCD), and Tourette's syndrome (Clouder et al., 2020).
- **Neurodiversity** refers to the concept that neurological variation is natural and necessary

within human populations, just like biodiversity is essential for an eco-system and posits that no “typical” human brain exists. The neurodiversity movement advocates for an inclusive strengths-based understanding of ND as a difference, not a deficit or disorder, and it strives to end discrimination against this and other minorities (Armstrong, 2015).

Why the sudden rise of ND?

Greater awareness of the features of ND, spread through the internet, has aided self-identification in many, which may account for the rising numbers in the population. Improved screening processes in schools have also meant that parents of children recently diagnosed have started to make meaning of similar behaviours in themselves, taking into account the genetic component of ND. A slight reduction in the stigma surrounding ND (particularly ADHD in adults) has also led to greater curiosity and understanding of the topic among the general public.

Psychotherapy and ND

Psychotherapy, often seen as a reaction against traditional psychiatry (the diagnostic domain that defines neurodivergence), addresses the co-occurring conditions associated with neurodivergence, thus drawing ND individuals to its services (Maddox, 2018). Psychotherapy focuses on understanding the individual’s subjective experience and emphasises therapeutic relationships and talk therapy to address mental health challenges.

This approach contrasts with psychiatry’s focus on symptom management and medical treatments and creates a more holistic and person-centred framework that appeals to many ND individuals. Thus, a unique

situation arises where two contrasting perspectives – the deficit-based medical model and the strengths-based neurodiversity framework – converge in the therapeutic setting. Opposing disciplines are being brought together through ND individuals who defy classification, crossing our borders to find relief, not for their neurological differences but for their psychological distress.

The diagnostic dilemma

While diagnosis can offer validation for the client and a starting point for understanding, it can also be limiting and even stigmatising. Therapists in my research study, despite the historical separation between the medical model and the person-centred approach, acknowledged the value of diagnosis as a data source. This suggests a potential shift towards using diagnosis as one lens among many to understand the client.

Diagnosis can offer a frame to begin from – an awareness of possibilities to keep in mind that can help the therapy or hinder it, depending on the therapist’s experience. Proponents in the literature argue that diagnoses can validate a client’s experience. As highlighted by some participants in my study and existing ND-led research, a diagnosis can provide a label that validates a client’s struggles and fosters self-understanding (Turnock et al., 2022). This validation can be empowering, fostering a sense of belonging to a community.

Differences in social behaviour between ND and NT individuals can hinder connection and communication in relationships between the neurotypes. The “double empathy” problem (Milton et al., 2012) suggests connection difficulties between ND and NT individuals are bi-directional, demanding the responsibility

of adaptation to be shared between the dyad. Knowledge of a client’s neuro-identity can ease confusion, aid understanding between parties, and improve mutual first impressions in therapy. Therapists interviewed in my research study found greater empathy and understanding when they were aware of a client’s ND identity or alerted to the possibility of neurodivergence by their supervisors.

For something so complex as ND, the conversation needs to open up to share the valuable insights other disciplines can offer one another. As one psychologist participant in the study pointed out:

“People don’t communicate with one another, and people apply their school of learning to the individual. I think that the boat is being missed sometimes. The health services need to speak to each other; the different departments need to start speaking to one another. Psychiatry needs to speak to behavioural psychology more. We need to be included in that mix as well as therapists because we have the awareness.”

Co-occurring conditions

ND individuals carry a significant burden of co-occurring mental health conditions. Besides the fact that the sheer existence of an ND individual in a world designed for NTs can be traumatic in and of itself, the complex interplay between neurodivergence and mental health challenges contributes to a concerning reality: alarmingly high rates of suicidality within this population. Over half of ND adults grapple with anxiety, depression, OCD, or ADHD (Hofvander et al., 2009; Lai et al., 2019).

These co-occurring conditions can significantly impair daily functioning and quality of life

(Farley et al., 2009). The risk of suicidal thoughts and behaviours is significantly elevated in ND individuals compared to the general population, with prevalence estimates ranging from 19.7% to 66% for suicidal ideation and 1.8% to 36% for suicide attempts (Cassidy et al., 2022). Research by Cassidy et al. (2022) also suggests a correlation between undiagnosed neurodivergence and higher suicide rates. Yet despite the overwhelming need for support, many ND adults struggle to access appropriate mental health care. Why?

Cross neuro-type interactions: The double empathy problem in action

Challenges exist inherently in cross-neurotype interactions and must be taken into account and faced. In the intersection between ND and NT individuals as the meeting of different neurological cultures, NT is dominant in the population. Without prior knowledge of one another's nuances, we see why ND clients may be meeting barriers in therapy.

Traditionally, the understanding of ND focused on deficits within the ND individual concerning social communication skills. However, recent studies suggest a more nuanced understanding of the situation (Sheppard et al., 2016), highlight that NT individuals also struggle to interpret social cues from ND individuals, contributing to these communication difficulties.

Alkhaldi et al. (2019) found evidence of NT biases against ND individuals, and Sasson et al. (2017) reported a reduced willingness of NT participants to interact with ND individuals. The literature recommends a "two-sided methodology", that is, considering both parties' roles in the bridges and barriers between therapist and client (Heasman & Gillespie, 2018). However, a two-sided methodology must take into account the presence

of power differentials between ND and NT individuals concerning "NT privilege", which is the special unearned advantage afforded to those who happen to have the most common cognitive expression in the population (Miller, 2020). The playing field is not level to begin with.

What is the solution?

In my research, I assessed whether our differences can be reconciled to address the more critical issue: how to improve care for a cohort of the population who are at high risk, and how to support therapists in this mission.

I looked at barriers and bridges in connection and communication between therapists and their neurodivergent (ND) clients, as reported by an Interpretative Phenomenological Analysis (IPA) survey of six psychotherapists and psychologists working in Ireland and the UK. In this study, a qualitative approach focused on exploring how individuals make sense of their lived experiences, was used to interpret participants' reflections. I sought to discover how to improve cross-cultural relations between ND and NT clients and therapists. I looked at how to navigate the space between us because that space defines our relationship with our clients, and what we do with it, matters.

Barriers

The most significant barrier identified for both therapists and clients was a lack of knowledge and awareness of ND. This lack underpins all other challenges, leading to bias, fear, and communication breakdowns. The study suggests that NT therapists generally strive to connect, but when faced with the "unknown" of neurodivergence, some therapists may resort to scripted approaches, projection, or even countertransference.

Notably, the human tendency to devalue difference as a means to normalise the unknown remains prevalent, often mirroring the medical model's focus on deficits within ND individuals.

Participants who did not have formal training, knowledge, or awareness before they met their first ND clients struggled with establishing connections, and tended to form more inconsistent relationships. This was challenging to both parties. Communication and connection issues were present and remained a subject of confusion, apprehension, and frustration. Even when therapists had a warm regard for their clients, they could not find a satisfactory bridge to connect to them effectively. They reported their ND clients becoming frustrated with them.

These therapists tended to be in private practice, lacking multi-disciplinary data when comparing clinical experiences to inform and evolve their approaches. They tended to specialise in one area and that lens affected how they interpreted the client.

Challenging experiences with ND clients had the potential to stifle the motivation for further learning or training in that subject area, continuing the cycle of ignorance. This fed into the barriers ND clients face in accessing therapy. Therapists reported failing to use their countertransference effectively in these instances. They reported more self-projection upon the client rather than using the experience as an insight into the client's point of view.

How do we turn these barriers into bridges? We adapt.

Why do I need to adapt to an ND client?

The double empathy problem posits that communication differences are shared equally between NT and ND cultures, but the burden of solving those differences is unequally shouldered by ND individuals.

Historically, the ND individual has been expected to conform with what the majority deems “typical”. Humanistic principles emphasise the therapist’s role in adaptation to foster a deeper connection – crucial for client progress and therapist growth. After all, shouldn’t “human-centred” therapists continuously adapt to the unique needs of the human sitting in front of us?

Effective adaptation

According to the literature, effective therapy for ND clients hinges on adapting traditional methods. Standard approaches can be counterproductive, suppressing the ND self and failing to address unique challenges. Therapists who embrace a more flexible approach informed by knowledge of ND report demonstrably positive results.

These successful adaptations prioritise clear communication, address sensory sensitivities, and tailor the therapeutic experience to each client’s individual needs. By moving away from a “one size fits all” model, therapists can foster stronger therapeutic alliances and achieve better outcomes for their ND clients.

What does an ND adaptation look like in practice?

Firstly, this is not about compromising therapeutic boundaries or offering special treatment. Rather, it is about acknowledging considerations you might not typically encounter, especially if you benefit from NT privilege. Creative solutions make ND accommodations a collaborative experience between therapist and client, which also builds trust and connection. One therapist interviewed noticed that many of his ND clients experienced confusion surrounding the rituals of the waiting room. This was his accommodation:

“I now provide an information sheet with all my clients. They

get it before coming to a new place and meeting a new person. It offers a picture of the front of the building, a picture of the inside of the therapy room, and a description of what we will talk about in the first meeting, how it feels. Real details such as, ‘I will meet you in the waiting room. I will introduce myself, and you will come in and sit down’.”

This step toward understanding alleviates anxiety and encourages open discussion. Avoid assuming your client shares your thought processes. Communication must be clarified. As one study participant put it, “try to make the implicit explicit”.

“Often in therapy, there are pauses and open questions, and that’s the exact opposite of what some neurodivergent people want or appreciate. We have to do a dance of adaptation – so we want to be really predictable and have boundaries with our approach so that the client can organise around something. We also need to adapt and be flexible accordingly.”

Regular check-ins about the sensory environment; temperature, noise, smell, lighting, and textures encourages client self-advocacy

by welcoming expression of their needs. If you notice something bothering them, express curiosity. Investigate what their experience is like for them. In my experience, congruence is key.

When working with an ADHD client struggling to complete homework outside of sessions, remember shame is a key experience in the trauma of being different. Accommodate the difficulty directly by incorporating the homework into the therapy room. Body doubling, the act of working alongside someone tackling a task, can be a therapeutic and regulating intervention. In my experience, compassion is essential.

Acknowledge differences and embrace them. Meet clients where they are, while maintaining firm and clear communication of boundaries. Do not automatically interpret mentions of neurodivergence as resistance. While resistance may be present, understanding neurodivergence is akin to exploring any client’s identity.

Common trip hazards when working with ND clients for the first time

Therapists aware of the curious “constellation” of ND and co-occurring conditions like OCD, anxiety, or eating disorders

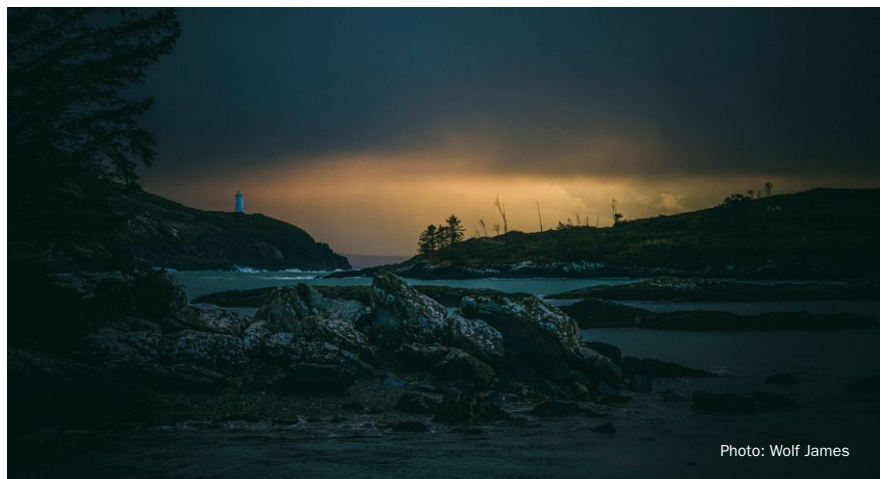


Photo: Wolf James



were better equipped to tailor interventions. A lack of awareness led to confusion, a scattergun response, and missed opportunities for understanding the client holistically. As ND can also alter how these co-occurring conditions manifest, therapist awareness is crucial to avoid misunderstandings and bridge communication gaps.

Masking

Many ND individuals engage in a behaviour known as “social camouflaging”, also referred to as “masking” or “compensation” or “pretending” (Hull et al., 2017; Livingston et al., 2019). This involves internally suppressing or actively hiding natural ND traits to appear NT in social situations. This behaviour has implications when it comes to the congruence of the therapeutic relationship. Masking can manifest in a variety of ways, with some of the most common features including:

- **Mimicry:** Facial expressions, body language, or conversational styles.
- **Stimming suppression:** Hiding repetitive behaviours or movements that provide self-stimulation or comfort for ND individuals – rocking, flapping hands, or fidgeting.

- **Camouflaging special interests:** Hiding niche hobbies or interests which are deemed socially less acceptable.
- **Overcompensation:** For example, ADHD clients who arrive excessively early to sessions to avoid chronic lateness.

Therapists well-versed in ND masking were able to spot this phenomenon in their clients and work with it. As one subject summarised the experience:

“They’re really focused very hard on what other people are saying or how we’re talking and maybe even mimicking or responding, speaking using words that I’m using maybe.”

However, the research also suggests a gap between therapists’ self-reported awareness and practical application. While all participants acknowledged masking, some needed reminders of the terminology. This aligns with Hull et al. (2017), who found therapists may miss masking behaviours, leading to mislabelling the phenomenon as resistance or the presence of a “false self”.

Creating a safe space to “unmask” by careful application of congruence, curiosity, and care

can help the ND client discover more about their ND identity.

Bridges

In my research study, client-informed, experiential knowledge of neurodivergence was reported as the best overall approach to connecting with ND clients. Successful therapists in the study also had a foundation of formal training through psychology programmes or sought ND-informed training and operated a practice of lifelong learning. Due to their knowledge and awareness of neurodiversity, they applied a strength-based, empowering understanding of client presentations.

They described openness and curiosity as the core tenets of their practice. They were open to multi-disciplined approaches, which aided their open-mindedness to areas such as diagnostics and alternative approaches and adaptations as part of their approach to client work.

They were members of diverse clinical teams which helped them triangulate knowledge to construct hypotheses for client interventions. They constantly evolved their practice through regular meetings and information sharing, pooling their clinical experience to create adaptations that became part of their practice, benefiting ND and NT clients alike.

Supervision, and supervisors with knowledge of ND, were key for all therapists working with ND clients. ND-informed supervision was noted as the bridge between confusion and comprehension for therapists who had not received prior ND training before working with their first ND clients. These therapists were self-reflective and used their countertransference as a rich source of understanding and empathy with the client’s experience in supervision.

Experience working with

adolescents also correlated with their greater reported ease of working with some ND clients.

Therapists consistently sought client feedback to improve communication and avoid confusion, confidently acknowledging their ignorance and differences with the client. In the interviews, they appeared confident in their proficiency and willingness to work with ND clients.

Conclusion

Whilst this study is limited by its small sample size, it offers some valuable insights into navigating neurodivergence for beginners. The findings suggest that psychotherapy must evolve to meet the needs of ND clients, not the other way around.

The most successful therapists did not just meet communication barriers; they intentionally transformed them into collaborative bridges, demonstrating openness, curiosity, and a willingness to adapt traditional methods. Their

methods were rooted in experiential knowledge, ND-informed training and supervision, and a deep commitment to lifelong learning. Embracing a multi-disciplinary approach, and accepting diagnosis as one lens amongst many, appears to hold the key for unlocking the door between therapist and ND client.

The distress of our ND clients, as the “canaries in the coal mine” of mental health, offers a stark message about systemic imbalance. Their experiences teach us that effective connection and communication demand continuous adaptation to meet the unique needs of every human sitting before us. NT therapists must confront their own biases and acknowledge the limitations of their perspectives by recognising that the challenges faced by ND clients reflect broader societal shortcomings. Ultimately, ND challenges reflect a world that fails to accommodate differences. By altering our approach to accommodate those who operate

differently, we can improve care for a vulnerable, high-risk population and also contribute to fostering a more inclusive and understanding world for all. ☾

Deborah Vida James Scanlan

DVJ Scanlan is a neurodivergent psychotherapist. A graduate of the Tivoli Institute and the University of Cambridge, she is currently working to adapt therapeutic frameworks to better serve the needs of ND clients. Her work also draws from nature and non-verbal communication, an understanding cultivated through a lifelong interest in ethology as part of her volunteer work with traumatised animals. This perspective, informed by her award-winning career as a director and photographer, allows her to apply creative thinking to the complexities of communication, connection and the therapeutic process. Email: talktodebbo@gmail.com

REFERENCES

- Alkhaldi, R. S., Sheppard, E., & Mitchell, P. (2019). Is there a link between autistic people being perceived unfavorably and having a mind that is difficult to read? *Journal of Autism and Developmental Disorders*, 49(10), 3973-3982. <https://doi.org/10.1007/s10803-019-04101-1>
- Armstrong T. (2015). The myth of the normal brain: Embracing neurodiversity. *AMA Journal of Ethics*, 17(4), 348-352.
- Cassidy, S., Au-Yeung, S., Robertson, A., Cogger-Ward, H., Richards, G., Allison, C., Bradley, L., Kenny, R., O'Connor, R., Mosse, D., Rodgers, J., & Baron-Cohen, S. (2022). Autism and autistic traits in those who died by suicide in England. *The British Journal of Psychiatry*, 221(5), 683-691. <https://doi.org/10.1192/bjp.2022.21>
- Clouder, L., Karakus, M., Cinotti, A., Ferreyra, M.V., Fierros, G.A., & Rojo, P. (2020). Neurodiversity in higher education: A narrative synthesis. *Higher Education*, 80, 757-778. <https://doi.org/10.1007/s10734-020-00513-6>
- Farley, M. A., McMahon, W. M., Fombonne, E., Jenson, W. R., Miller, J., Gardner, M., Block, H., Pingree, C. B., Ritvo, E. R., Ritvo, R. A., & Coon, H. (2009). Twenty-year outcome for individuals with autism and average or near-average cognitive abilities. *Autism Research*, 2(2), 109-118. <https://doi.org/10.1002/aur.69>
- Heasman, B., & Gillespie, A. (2018). Perspective-taking is two-sided: Misunderstandings between people with Asperger's syndrome and their family members. *Autism*, 22(6), 740-750.
- Hofvander, B., Delorme, R., Chaste, P., Nydén, A., Wentz, E., Ståhlberg, O., Herbrecht, E., Stopin, A., Anckarsäter, H., Gillberg, C., Råstam, M., & Leboyer, M. (2009). Psychiatric and psychosocial problems in adults with normal-intelligence autism spectrum disorders. *BMC Psychiatry*, 9, Article 35. <https://doi.org/10.1186/1471-244X-9-35>
- Hull, L., Petrides, K. V., Allison, C., Smith, P., Baron-Cohen, S., Lai, M. C., & Mandy, W. (2017). "Putting on my best normal": Social camouflaging in adults with autism spectrum conditions. *Journal of Autism and Developmental Disorders*, 47(8), 2519-2534. <https://doi.org/10.1007/s10803-017-3166-5>
- Lai, M. C., Kasee, C., Besney, R., Bonato, S., Hull, L., Mandy, W., Szatmari, P., & Ameis, S. H. (2019). Prevalence of co-occurring mental health diagnoses in the autism population: A systematic review and meta-analysis. *The Lancet Psychiatry*, 6(10), 819-829. [https://doi.org/10.1016/S2215-0366\(19\)30289-5](https://doi.org/10.1016/S2215-0366(19)30289-5)
- Livingston, L. A., Shah, P., Milner, V., & Happé, F. (2020). Quantifying compensatory strategies in adults with and without diagnosed autism. *Molecular Autism*, 11, Article 15. <https://doi.org/10.1186/s13229-019-0308-y>
- Maddox, B. B., Kang-Yi, C. D., Brodtkin, E. S., & Mandell, D. S. (2018). Treatment utilization by adults with autism and co-occurring anxiety or depression. *Research in Autism Spectrum Disorders*, 51, 32-37. <https://doi.org/10.1016/j.rasd.2018.03.009>
- Miller, J. (2020, August 23) *Questioning neurotypical privilege*. <https://www.julianmiller.co.uk/senblog/2020/8/23/questioning-neurotypical-privilege>
- Milton, D. E. M. (2012). On the ontological status of autism: The 'double empathy problem'. *Disability & Society*, 27(6), 883-887. <https://doi.org/10.1080/09687599.2012.710008>
- Sasson, N. J., Faso, D. J., Nugent, J., Lovell, S., Kennedy, D. P., & Grossman, R. B. (2017). Neurotypical peers are less willing to interact with those with autism based on thin slice judgments. *Scientific Reports*, 7, 40700. <https://doi.org/10.1038/srep40700>
- Sheppard, E., Pillai, D., Wong, G. T. L., Ropar, D., & Mitchell, P. (2016). How easy is it to read the minds of people with autism spectrum disorder? *Journal of Autism and Developmental Disorders*, 46(4), 1247-1254. <https://doi.org/10.1007/s10803-015-2662-8>
- Turnock, A., Langley, K., & Jones, C. R. G. (2022). Understanding stigma in autism: A narrative review and theoretical model. *Autism in Adulthood*, 4(1), 76-91. <https://doi.org/10.1089/aut.2021.0005>

Practitioner Perspective

Late diagnosis and the VAST perspective: A strengths-based, neuro-affirming approach to ADHD self-care and treatment

By Eve Menezes Cunningham

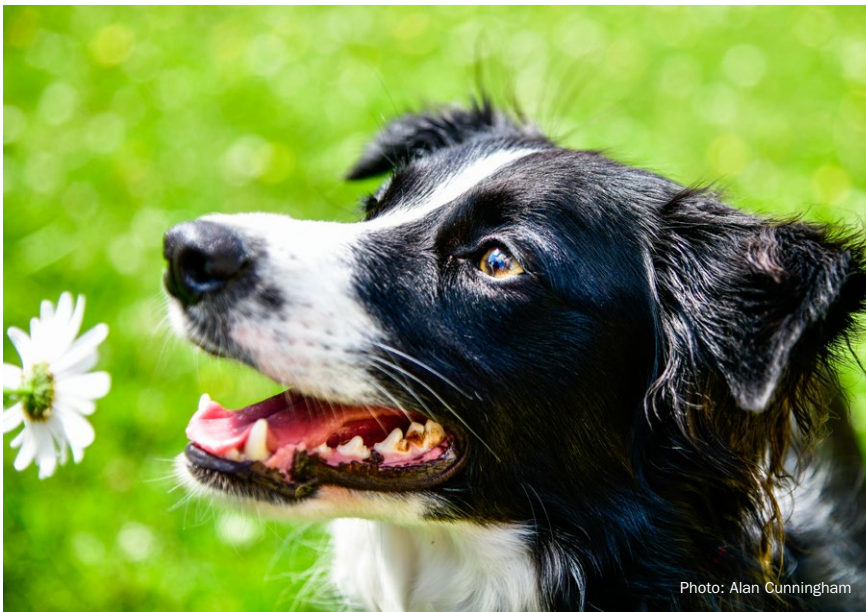


Photo: Alan Cunningham

While VAST/ADHD can feel – and be – disabling, by taking an embodied, transpersonal, and mindful approach, with curiosity and compassion, we can learn to better work with our own and clients’ differently wired brains, whether on our highest functioning or barely functioning days.

Introduction

Do you ever feel like everyone you know “suddenly” has Attention-Deficit Hyperactivity Disorder (ADHD)? A recently published study in the *Journal of Affective Disorders* (Martin et al., 2025) shows that, while further investigation is needed, there has not been a significant

rise in ADHD prevalence. This mirrors historical changes in how we understand other traits. For example, left-handedness did not suddenly increase when children were no longer forced to write with their right hand. Increasing knowledge of ADHD brings understanding, relief, and grief to so many adults who suddenly feel

that, as Alex Partridge (2025) titled his book, *Now It All Makes Sense*.

In this article, I share some of my own journey with ADHD and its diagnosis; the proposed new name, Variable Attention Stimulus Trait (VAST) (Hallowell & Ratey, 2023); inspiration from my brother’s border collie, Smudge; and other strengths-based, neuro-affirming tools I use myself and, when appropriate, with my clients and supervisees.

These tools include a realistic assessment of VAST/ADHD “superpowers”, strategies to prevent burnout, and a transpersonal approach. I also share a model I developed over several years that allows for the “superpower” days where we feel at our best, able to do anything, in a ventral vagal state in Polyvagal Theory terms (what I call “Purr!” when I use rescue cats to help make this theory more accessible) and the “under-the-duvet” days, dorsal vagal state (“Freeze”) where our sensitive nervous system has been overwhelmed to the point of collapse. It also makes space for the “justice sensitivity” (a heightened sense of unfairness over something personal or affecting a community or the world, that is so common among ADHDers) that can make life feel intolerable for many.

Variable Attention Stimulus Trait

Hallowell and Ratey (2023) – psychiatrists with lived experience of

ADHD/VAST who have written several books on the topic – have proposed the term Variable Attention Stimulus Trait as a more accurate and less pathologising name for ADHD. While not a clinical diagnosis, VAST is a term that recognises the condition in a more strengths-based (or at least neutral) way than the word “disorder” allows with ADHD. Their work focuses on working with VAST/ADHD traits, including for people who do not meet the clinical threshold for diagnosis.

Recognising the condition as a collection of variable traits rather than a disorder encourages a more inclusive, both/and approach. Being able to recognise two (or more) seemingly separate things to be true, the both/and approach is something that we can access from Purr! – that evolved, ventral vagal state where we feel safe, welcome, loved, and able to thrive. Seeing things as “either/or” is more common as we disconnect from ourselves and others in sympathetic survival stress responses (“Hiss!”) and, even more so, in dorsal vagal (“Freeze!”) where this most primitive adaptive survival response has us withdraw from others and even ourselves as we numb or dissociate. As a strengths-based, neuro-affirming perspective, VAST encourages curiosity about our own traits and helps neurodivergent (ND) clients do the same. We can acknowledge the elements of VAST/ADHD that can feel like superpowers and those that challenge our internalised ableism.

ADHD is an invisible disability and because there are so many strengths alongside the struggles, and with so many having been diagnosed so late in life, it can feel jarring to think of ourselves as disabled. Yet, elements are disabling.

Some of my ADHD/VAST journey

For years, the majority of my clients and supervisees had been ND, mostly with VAST/ADHD. Several told me they thought I was too. Learning

I kept changing my mind about my need for a formal diagnosis. Yet the more I learned, the more things made sense

more about ADHD from a younger relative who had been diagnosed – and was convinced I had it too – soon led me to recognise VAST/ADHD and other ND traits not only in myself, but in my entire family.

Indian-Irish and London born, I grew up believing that my “otherness” was to do with being mixed race. According to genomic analysis of ADHD in Neanderthal and ancient *homo sapiens* samples, ADHD could have been helpful for our ancestors (Esteller-Cucala, 2020). In an interview with Tracy Otsuka, Dr. Idit Hazan (2024) suggested that this genome is a wildtype – a normal variation. Tribes, she explained, may have benefitted from those naturally predisposed to staying up at night keeping watch, exploring new horizons, and moving them forwards. The interview helped me reframe my experience of being an immigrant (to Ireland), a daughter of immigrants (from Ireland and Kenya to England), and granddaughter of immigrants (from Ireland to England and India to Kenya) as connections with my ancestors and relatives belonging nowhere – and everywhere, across five continents – all at once. I later wondered if this feeling was also related to ND – perhaps something deep in my wiring.

In 2014, I had an MRI. The only abnormality noted correlated with ADHD and I dismissed it because the doctors and I were more concerned about investigating the migraines that had prompted the MRI in the first place. By early 2023, as my brain fog and working memory issues – familiar to me from my experience of complex post-traumatic stress disorder (C-PTSD) – worsened, I asked my GP for a referral to

a psychiatrist to find out. I was diagnosed nearly two years later, post menopause. The long wait time and high fee meant I kept changing my mind about my need for a formal diagnosis. Yet the more I learned, the more things made sense. Even so, up until the actual psychiatric diagnosis in 2024, aged 48, a part of me worried about wasting my time, and everyone else’s.

As a practitioner and writer specialising in self-care, I further amped up my own. I realised that many of the practices and tools I had integrated into my trauma recovery and therapy background could also be applied to VAST/ADHD. As well as more formal continuous professional development (CPD), my hyperfocus on all things ADHD helped me learn how to befriend my own brain with help from my ND podcast guests, other podcasts, and audiobooks.

Psychosynthesis, “border collie brain”, and VAST/ADHD

Having participated in several pieces of research around VAST/ADHD and late diagnosis over the past couple of years, one – on psychosynthesis and ADHD – was especially interesting. Heavily influenced by ancient Eastern philosophies as well as work its creator, Roberto Assagioli, had done with Freud and Jung, psychosynthesis is an approach that also works with the body, mind, emotions, and the transpersonal (beyond the person, spirit, and soul). As my core counselling approach, psychosynthesis involves reminding myself and clients that we are so much more than our VAST/ADHD symptoms. It also ensures that I constantly ask myself: i) How is this problem trying to help me? and ii) What might be trying to emerge for my benefit at a soul level?

Psychosynthesis also influenced the model I created (described later). Identifying and working with different subpersonalities (or parts) is another core element of psychosynthesis

(Ferrucci, 1982). Giving them a name, getting curious, and embodying and drawing them helps us heal even the most destructive-seeming parts. The belief is that all parts need something from us. When we learn to meet those needs in healthier ways, we can then get curious about how they are trying to help us.

While I have been using rescue cats (Menezes Cunningham, 2017) to support my work with Polyvagal Theory (Porges, 2011) and trauma recovery for over a decade now, a dog called Smudge – my brother and his wife’s beautiful border collie, has helped me befriend my ADHD brain.

I realised that an ADHD/VAST brain left to wander wildly is as chaotic and potentially destructive as a border collie without a proper focus. Now, I can gently address my “border collie brain” subpersonality and redirect my focus. Sometimes, I use a mantra, meditation, or prayer. Sometimes, I practice yoga or Emotional Freedom Techniques (EFT), play some piano, or choose an engrossing podcast or audiobook. Other times, I allow myself to hyperfocus on something creative around my work.

If I don’t occupy my “border collie brain”, it will likely choose something potentially debilitating to ruminate on. For years, as a teenager, my default mantra was, “I hate myself and want to die”. I have worked diligently as an adult to replace that with more compassionate and empowering thoughts, and I visualise the new neural pathways getting stronger with practice (Begley, 2009).

Self-care and medication

When my diagnosing psychiatrist described the potential effects of ADHD medications – such as being able to choose what to focus on or to have only one thought at a time – they sounded too good to be true. Other medical concerns led to a delay in my ability to access medication. While I waited, I practiced even more daily

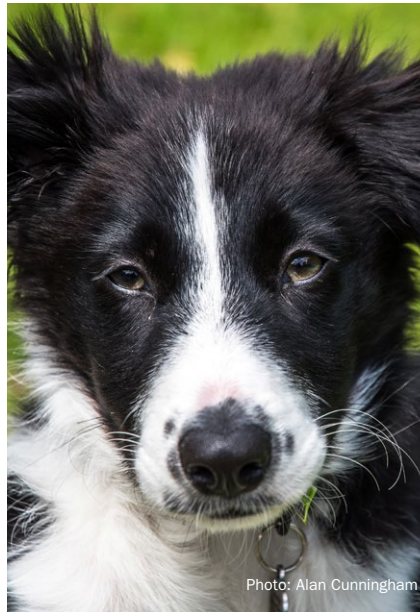


Photo: Alan Cunningham

If I don't occupy my "border collie brain", it will likely choose something potentially debilitating to ruminate on

self-care.

Some claimed I “got worse” after diagnosis, and I agreed. Then, the more I learned about masking and unmasking, I realised I was beginning to feel safe enough to unmask and be more myself – less worried about being too much and not enough at the same time. While finding out I had C-PTSD had given me language to describe how I felt and experienced life, discovering I had VAST/ADHD continues to build on this self-awareness. I find it liberating while understanding why others find it alarming.

My partner has found me in a sobbing heap twice in recent weeks when scrolling innocuously has caused me to become overwhelmed with emotional pain. Even recognising that this pain arises from the justice sensitivity that accompanies a differently wired brain enables me to be more compassionate towards myself. It stops me comparing myself to those around me, who often seem

to function better. With so much horror around the world – and so many people struggling to function when they have to pay the bills and navigate knowledge of what is being done to others in 2025 – I have decades of experience in not knowing how to function while also attempting to thrive. My partner asked me what I would say to a client who was feeling like this, and I explained that I already work with it and have developed the Feel. Love. Heal. framework to make this work easier.

Feel. Love. Heal.

Navigating trauma or VAST/ADHD, or both, makes our day-to-day capacity for life (and for self-care) hard to predict. Feel. Love. Heal. offers a flexible framework to accommodate our energised, hyper-focused, highly productive days and our exhausted, overwhelmed “no spoons left” days. The idea of having no spoons left comes from Spoon Theory (Miserandino, 2003) to describe energy levels when living with chronic conditions. It has been adopted by many in the ND community. My framework also allows space for the parts that want to do all they can to help improve things for ourselves, our families, our communities, and the world at large.

Feel is for active self-care – for when you have the bandwidth, motivation, and energy (“spoons”) to regulate your nervous system, and to experiment with self-care practices and rituals to support your whole self.

Love is for the upper-case Self care: working with that highest, wisest, truest, wildest, most joyful, brilliant, and miraculous part of yourself. A reminder to let yourself just be when life feels tough. There is no need to constantly improve yourself. You are already whole. You can learn or remember how to rest and relax. Give yourself the time and space to connect with your Self, to accept,

be kinder to, and even love yourself, warts and all.

In psychosynthesis, the Love and Will archetypes (Assagioli, 1998) are key concepts. The Will is associated with discipline and regulation, while Love is about mindfulness, support, compassion, and acceptance. Both are essential, and, in my framework, Will inspired the Feel element, and Love inspired the Love element.

Heal is the collective care element for when you feel empowered and ready to consider even the possibility of harvesting your pain to help others. Give yourself permission to stay in Love for as long as you need. There is no need to rush to transform what hurts your heart into action. This helps me keep going. When I started working with the divine feminine in my 20s, Persephone's story (Bolen, 1984) inspired me (even though I was nowhere near ready for post-traumatic growth). I wanted to end violence against women and girls across the globe when I could barely function myself at that point. In the Greek myth, after Persephone's release from the Underworld, she was able to find some peace and healing with her mother and others and return to the Underworld for several months each year, growing into her role as Queen of the Night and guiding others through the inevitable darkness. This story and archetype helped me imagine a future version of me somehow helping others with their traumas (long before I had even considered becoming a trauma therapist).

With trauma work, the concept of post-traumatic growth (Joseph, 2011) can be empowering. However, it is important that the potential for post-traumatic growth does not compound shame in survivors. Post-traumatic growth takes time and patience, and not everyone experiences it. Having survived is more than enough, and yet even

While I had been facilitating yoga nidras for yoga students, membership groups, and individual clients for over a decade, when I began my own daily practice, it initially felt both self-indulgent and challenging

knowing post-traumatic growth is possible may support trauma recovery. Similarly, with VAST/ADHD, understanding that justice sensitivity is simply another trait enables us to have more compassion for ourselves. As we learn to harness it, we can use our pain to support social justice, and environmental and other causes. Collective care is how we heal ourselves, our loved ones, our communities, and the world. By focusing as much as possible on what we want, for example, a world in which everyone is safe, welcome and loved, it would ultimately be possible for everyone to access Purr! (ventral vagal state), co-regulate to heal their own and help heal others' trauma.

Feel

Active self-care is my comfort zone, having written a book about it (Menezes Cunningham, 2017). Practices that help me identify my needs and regulate my nervous system to feel better include:

Daily yoga nidra

These non-sleep, deep-rest guided meditations can help redirect our "border collie brains" towards what we want to enhance or change in our lives. Neuroscientific insights show what yogis have known for thousands of years – that the repetition of imagining the *Sankalpa* (a positive intention or resolve) in each yoga nidra practice increases the likelihood of it becoming a reality (Lusk, 2015). Neuroplasticity

mechanisms create and strengthen new neural pathways each time we imagine ourselves doing anything new. Repeating a *Sankalpa* that resonates during regular yoga nidra practices can help us improve our reality more easily and enjoyably than previously thought.

In 1971, Dr Elmer Green and Alyce Green conducted research on Swami Rama, the founder of Himalayan Institute of Yoga Science and Philosophy. Scans they carried out showed an increase of 75% of theta waves when he entered a yoga nidra state (Elmer Green Foundation, n.d.). Theta waves are associated with the state between sleep and wakefulness that yoga nidra helps to prolong, supporting deep rest, memory, and intuition. According to the Greens' research, Swami Rama had the capacity to enter a different state and even stop his heart at will (Luce & Peper, 1971). A Danish group also found an increase in theta waves and dopamine, (Kjaer et al., 2002). The dopamine benefits are especially useful for people with VAST/ADHD, as we have lower dopamine levels than neurotypical people. Dopamine helps improve focus, concentration, mood, and motivation.

While I had been facilitating yoga nidras for yoga students, membership groups, and individual clients for over a decade, when I began my own daily practice, it initially felt both self-indulgent and challenging. *Pratyahara* (withdrawal of the senses) precedes *dharana* (concentration) and *dhyana* (meditation), according to the Eight Limbs of Yoga. Bringing that focus inwards is more challenging when hypervigilant. Focusing solely on the guided meditation can be stressful when what feels like thousands of other thoughts compete for my attention.

However, every day, by the end of my practice, I feel renewed, refreshed, and recharged. Yoga nidra

supports the nervous system in moving into rest-and-digest mode, helps to bring overall balance, and aids better sleep. According to Lusk (2015, p.9):

Yoga nidra can be used to control physical body functions such as breathing, heart rate, blood pressure, metabolism, body temperature, and even brain waves. Though it's not a substitute for sleeping, one hour of yoga nidra equals about four hours of typical sleep, because the brain wave states we go through (beta, alpha, theta, and delta) are extremely restful and relaxing.

Tools to support executive functions

My initial denial regarding my own VAST/ADHD was due to having always been so organised. The psychiatrist pointed out that, even as a small child, I had been compensating for my working memory gaps. Current tools include my desk diary, phone calendar, and the index cards and folders that form what I call my "brain in a box". Timers do not always break my hyperfocus, but I find that they help me relax more as I give my "border collie brain" some controlled freedom.

Grounding

As a yoga therapist, meditation facilitator, and therapist, I have countless tools to ground myself. Sometimes, I walk barefoot on grass or sand, or go for a sea swim, or imagine roots going from my body deep into the earth, connecting me to that nourishing, grounding energy. Sometimes, I wash the dishes, put laundry away, or sort my finances. Grounding and resourcing help trauma survivors feel safe in the present moment and empowered enough to explore and heal. Grounding techniques can help VAST/ADHD brains feel more supported and focused. Resourcing helps us remember that, in spite

I am faster at getting the pre-frontal cortex back on board when the amygdala (also known as the alarm bell of the brain) has been triggered and I might be catastrophising

of internalised shame around our "spiky profiles" (an ND term for more extreme strengths and challenges than neurotypicals) and differently wired brains, we have other skills, talents, and gifts.

Yoga and breathwork

Zhang et al. (2023) conducted a meta-analysis of randomised controlled trials on meditation-based, mind-body interventions for ADHD symptoms. One of these practices was yoga, and the study revealed a small but positive impact on inattention, hyperactivity, impulsivity, and executive functioning.

In earlier research on yoga and executive functioning, Gothe et al. (2016) found that yoga improved the accuracy of executive functions, as well as an attenuated cortisol response. Those in the control group, who only performed stretches, had increased cortisol levels and poorer cognitive performance compared to the yoga group.

My daily yoga practice, which I began over 12 years ago, can still be a challenge as I am easily distracted, and some days I manage just a single pose. However, it brings many benefits: it is grounding and reduces stress hormone levels (Anderson & Shivakumar, 2013), while also allowing me to notice how I am in that moment, and adjust accordingly. I get a better sense of my energy levels, as well as my stamina, flexibility, strength, and balance. The moving mindfulness practice and working with my "edge" in each moment helps avoid injury

on the yoga mat and enables me to stay more connected to my energy throughout the day. The pranayama (breath practices) allow me to choose how I want to feel – whether that is calmer, more balanced, or more energised. Working with the vagus nerve and mapping our states ("Purr!" – ventral vagal, "Hiss!" – sympathetic survival, and "Freeze!" – dorsal vagal) can help us be more mindful of what the nervous system needs in any given moment.

Psychoeducation

Psychoeducation was a big part of my trauma-informed yoga therapy training and, in my personal and professional experience, I have seen how helpful it can be in playing a helpful role in terms of normalising PTSD symptoms. Learning more about VAST/ADHD can help mitigate some of the shame we often internalised so young. Polyvagal Theory (Porges, 2011) suggests that 80% of the signals that travel between the body and mind via the vagus nerve are afferent (moving up from the body to the brain). This makes it more efficient to improve how we feel by working with our posture, movement, and breath – a concept that changed my life. I have significantly improved my self-talk by changing my tone of voice and using my rescue cats to inspire softness and gentleness – with the aim of keeping them and myself in rest-and-digest mode as much as possible.

Reframing symptoms

Thanks to more than a decade of daily yoga and meditation, I am faster at getting the pre-frontal cortex back on board when the amygdala (also known as the alarm bell of the brain) has been triggered and I might be catastrophising. I do this by being more mindful of the stories I am telling myself in any given situation and reminding myself that it is a symptom, rather than an inherent part of myself. Rejection

Sensitivity Dysphoria (RSD) is that heightened, debilitating pain that is said to be worse for ND people as we experienced so much more criticism as small children. Awareness helps, and I am grateful to my psychiatrist for explaining that the medication can reduce ADHDers usual high pain tolerance and this is why, in some cases, the RSD feels stronger now. It also gives me empathy and understanding for clients who struggle with RSD.

Balance exercises

Balancing exercises support the cerebellum and can ease ADHD symptoms including focus and attention, impulse control, motor coordination, working memory, and emotional regulation (Cundari et al., 2023). Examples of balancing exercises I use include underwater handstands, yoga balances, or simply standing on one leg while waiting for the kettle to boil.

Nutrition

After a lifetime of ignoring nutritional advice (even when writing about nutrition for national newspapers), I now enjoy feeding my microbiome and eating more nutritious meals. I ensure I have some protein with every meal and snack, and nuts and seeds for breakfast on days when I do not have time for more. Jayne Leonard's article on ADHD and food may inspire you too.

Love

While I encourage clients and supervisees to prioritise the rest they need, it is more difficult for me to prioritise mine, although I am making progress in this area.

ND-informed relaxation

Trying to relax the way neurotypical people relax does not work for me. The more I learned about trauma recovery and ND, the better I became at resting in a way that serves me.

Allowing myself to just "be" often

Just as healing is not linear, activism can help us connect and co-regulate with others who more openly struggle with "business as usual" in very unusual, painful times

looks like I am working, but I view it as unstructured rest, where I give myself permission to work, clean, organise, or be active. Attempting to rest "properly" in the neurotypical sense can be stressful for me.

Self-compassion

When we can welcome all the feelings without trying to change anything, that mindful, loving acceptance is very helpful.

Since learning about Kristen Neff's work (2011) on self-compassion nearly 15 years ago, I have been actively working on my own ability to be compassionate towards myself, as well as encouraging clients to keep practicing it themselves.

"Rainbow appreciation time"

These unscheduled mindfulness breaks prompted by my rescue cats Rainbow MagnifiCat and Meadh jumping onto me force me to pause instead of thinking I should be doing something productive. I now embrace the opportunity to be present, notice the feel of the fur, the sound of the purrs, and so on (Menezes Cunningham, 2017).

Naps

Unable to switch off my brain, I struggled with naptime as a child. After decades of work on myself, I enjoy the indulgence of pulling the duvet over my head during the day, even if I struggle to sleep. I have learned to give myself permission to sleep or to let the mind wander.

The point of the Love part of the framework is that you do not need to do anything, except "be". You are

already complete. Part of nature, part of the Divine. Stillness helps us hear the wisdom of the Self.

Heal

Feeling the grief and rage and empowering ourselves to use the justice sensitivity so common with ND is far better than shutting down. The Heal stage is not about undue pressure, but about giving ourselves permission to "be" for as long as we need to.

We can then turn what hurts our heart into action. Ecological goal setting, an approach I learned in training as a Neuro-Linguistic Programming (NLP) Master Practitioner, ensures that when setting well-formed outcomes, we consider the impact on others from the beginning.

How will your family, team, organisation, communities and the world at large be impacted if you achieve what you hope to? As you practice yoga nidra or other imagery work, do you notice any unintentional negative consequences of getting what you want? Sometimes, this bigger picture can motivate us to keep going even when things feel hopeless.

Just as healing is not linear, activism can help us connect and co-regulate with others who more openly struggle with "business as usual" in very unusual, painful times. It is also important to remain mindful of the risk of burnout.

Imagining your own healing and intergenerational healing can help. I wish our ancestors had been better equipped to work with their brains. Although I did not become a mother (Menezes Cunningham, 2024), while happier than I have ever been, when I grieve that, I remind myself that I am projecting compassion and 2025 knowledge back to the 1970s and further for my ancestors. Maybe things would have been different had I known and had support for my ADHD earlier.

I imagine the world with everyone in it, even those of us with ND, being raised with care and respect, in a Tolstoy-style educational system (Ferrucci, 1990). Tolstoy had started a school where teachers were guides rather than disciplinarians, dedicated to drawing out each child's gifts and talents. It makes me want to help as many people as possible (including parents and educators) to better support the ADHDers in their lives.

Conclusion

Whether you have VAST/ADHD yourself (formal diagnosis or self-diagnosis) or recognise clients or others in some of what I have described, I hope you will feel more confident around exploring the issues affecting people with VAST/ADHD. I also hope that you continue to expand your own toolkit around working with ND clients and that you challenge your own internalised ableism. My hope is that you will be better equipped to take a both/and approach to your own and others, affirming your and their strengths while accessing support for the considerable challenges. 🍊

Note: To maintain editorial independence and uphold our review standards, this article was independently reviewed and edited by Jayne Leonard, Vice Chair.

Eve Menezes Cunningham

The author of *365 Ways to Feel Better: Self-care Ideas for Embodied Wellbeing*, Eve Menezes Cunningham (she/her - sí/a) runs Feel Better Every Day and produces and hosts the Feel Better Every Day Podcast.

Eve's work incorporates traditional talk therapy and coaching, somatic (body based) and energy approaches. She is an IACP-accredited supervisor and counsellor, BACP senior accredited supervisor and counsellor, former Chair of BACP Coaching, EFT International Accredited Mentor and

Advanced EFT Practitioner, a Yoga Professionals UK Experienced Yoga Teacher, and NLP Master Practitioner.

Integrating a wide range of trauma-informed and ADHD-friendly therapies, coaching and supervision, Eve specialises in self-care (and Self care for connecting with and taking better care of your highest, wisest, truest, wildest, most joyful, brilliant, and miraculous Self) around trauma, anxiety, stress, sleep issues and finding more purpose, meaning and joy, ADHD, AuDHD, perimenopause, and menopause.

Eve's work has been featured in hundreds of titles including *Psychologies*, *Therapy Today*, *Coaching Today*, *the FT*, *the Guardian*, *Evening Standard*, *Metro*, *Mirror*, *Irish Country Magazine*, *Stellar* and *Cosmopolitan*. She writes a monthly column for *Platinum*.

Email eve@selfcarecoaching.net or visit selfcarecoaching.net to learn about the *Feel Better Every Day Podcast*, and to access other resources.

REFERENCES

- Anderson, E., & Shivakumar, G. (2013). Effects of exercise and physical activity on anxiety. *Frontiers in Psychiatry*, 4, 27. <https://doi.org/10.3389/fpsy.2013.00027>
- Assagioli, R. (1998). *The act of will: A guide to self-actualisation and self-realisation*. The Psychosynthesis and Education Trust.
- Begley, S. (2009). *The plastic mind: New science reveals our extraordinary potential to transform ourselves*. Constable.
- Bolen, J. S. (1984). *Goddesses in Everywoman: A New Psychology of Women*. Harper and Row.
- Cundari, M., Vestberg, S., Gustafsson, P., Gorcenco, S., & Rasmussen, A. (2023). Neurocognitive and cerebellar function in ADHD, autism and spinocerebellar ataxia. *Frontiers in Systems Neuroscience*, 17, 1168666. <https://doi.org/10.3389/fnsys.2023.1168666>
- Elmer Green Foundation. (n.d.). *Elmer Green biography*. <https://www.elmergreenfoundation.org/elmer-green-biography/>
- Esteller-Cucala, P., Maceda, I., Børglum, A. D., Demontis, D., Faraone, S. V., Cormand, B., & Lao, O. (2020). Genomic analysis of the natural history of attention-deficit/hyperactivity disorder using Neanderthal and ancient Homo sapiens samples. *Scientific Reports*, 10(1), 8622. <https://doi.org/10.1038/s41598-020-65322-4>
- Ferrucci, P. (1982). *What we may be: Techniques for psychological and spiritual growth through psychosynthesis*. Penguin.
- Ferrucci, P. (1990). *Inevitable grace: Breakthroughs in the lives of great men and women: Guides to your self-realization*. Penguin.
- Gothe, N. P., Keswani, R. K., & McAuley, E. (2016). Yoga practice improves executive function by attenuating stress levels. *Biological Psychology*, 121, 109-116. <https://doi.org/10.1016/j.biopsycho.2016.10.010>
- Hallowell, E. & Ratey, J. (2023). *ADHD 2.0: New science and essential strategies for thriving with distraction - from childhood through adulthood*. Sheldon Press.
- Hazan, I., & Otsuka, T. (2024). *ADHD for Smart-Ass Women* [Audio podcast episode]. In T. Otsuka (Host), *ADHD for Smart-Ass Women*. Spotify. <https://open.spotify.com/episode/2DUafGEN1zbn1sSbpDnd6s>
- Joseph, S. (2011). *What doesn't kill us: A guide to overcoming adversity and moving forward*. Piatkus.
- Kjaer, T. W., Bertelsen, C., Piccini, P., Brooks, D., Alving, J., & Lou, H. C. (2002). Increased dopamine tone during meditation-induced change of consciousness. *Cognitive Brain Research*, 13(2), 255-259. [https://doi.org/10.1016/S0926-6410\(01\)00106-9](https://doi.org/10.1016/S0926-6410(01)00106-9)
- Luce, G., & Peper, E. (1971, September 12). Mind over body, mind over mind. *The New York Times*. <https://www.nytimes.com/1971/09/12/archives/mind-over-body-mind-over-mind-such-is-the-twin-promise-of.html>
- Lusk, J. (2015). *Yoga nidra for complete relaxation and stress relief*. New Harbinger Publications.
- Martin, A. F., Rubin, G. J., Rogers, M. B., Wessely, S., Greenberg, N., Hall, C. E., ... & Brooks, S. K. (2025). The changing prevalence of ADHD? A systematic review. *Journal of Affective Disorders*, 119427. <https://doi.org/10.1016/j.jad.2025.119427>
- Menezes Cunningham, E. (2017). *365 ways to feel better: Self-care ideas for embodied wellbeing*. Pen & Sword.
- Menezes Cunningham, E. (2024, September 29). A huge part of my reluctance to be a mother turned out to be undiagnosed ADHD (and yours might be, too). *The Independent*. <https://www.independent.co.uk/voices/adhd-children-babies-childbirth-parenting-endometriosis-b2620095.html>
- Miserandino, C. (2003). *The spoon theory*. But You Don't Look Sick. <https://www.butyoudontlooksick.com/articles/written-by-christine/the-spoon-theory/>
- Neff, K. (2011). *Self-compassion: The proven power of being kind to yourself*. Yellow Kite.
- Partridge, A. (2025). *Now it all makes sense: How an ADHD diagnosis brought clarity to my life*. Sheldon Press.
- Porges, S. (2011). *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation*. Norton.
- Zhang, Z., Chang, X., Zhang, W., Yang, S., & Zhao, G. (2023). The effect of meditation-based mind-body interventions on symptoms and executive function in people with ADHD: A meta-analysis of randomized controlled trials. *Journal of Attention Disorders*, 27(6), 583-597. <https://doi.org/10.1177/10870547231154897>

IACP Noticeboard

Joint Message from your Cathaoirleach and Chief Executive Officer



Dear Member,

It was lovely to see so many members in person and online at the AGM on Friday 17th October, it was one of our longest meetings in memory as we had nine motions and a productive year to review.

Thank you very much to everyone who attended at the Royal Marine and online, for your active participation and engagement on the day for the marathon session.

We are proud to be able to share with you highlights from our activity in 2024 and 2025 for those that

could not make the AGM. You may also refer to this year's Annual Report for even more detail on our programme of work achieved, available online.

Our work has been guided by our current Strategic Plan in the areas of **Representation, Education, Research, Standards, Community, and Regulation.**

Representation

The representation of our members and the promotion of the benefits of therapy is at the heart of IACP's mission. We continue to lobby on a number of core issues for the benefit of members and the profession.

The **CORU Standards and Criteria for Counsellors and Psychotherapists** were published in July, the IACP immediately identified a number of significant concerns. Since then, we have been working with our expert legal and communications teams to develop a measured and comprehensive strategy calling for change and our action plan is yielding results. For a complete update please see page 42 or visit the members area of iacp.ie.



Cathaoirleach Jade Lawless, CEO Lisa Molloy, Leas-Cathaoirleach Christopher Place, and Treasurer Edward Boyne during the open question session

Joint Message from your Cathaoirleach and Chief Executive



Deputy Barry Ward and Cathaoirleach Jade Lawless meet at the IACP National Office



Deputy Sorca Clarke, CEO Lisa Molloy IACP, and Deputy Donna McGettigan

Counselling in Schools

The IACP has been a long-time advocate for counselling in schools we welcomed the news that Counselling in Primary Schools Pilot was extended to two years and expanded from the original seven counties to include 61 urban DEIS primary schools.

We continue our close collaboration with the Department of Education to recruit members for the Counselling in Schools panels and we are very proud to report that most of these posts have been filled by IACP members.

Pre-Budget Submission

Our Pre-Budget Submission and member-driven grassroots campaign for 2026 was launched in August and highlighted our three core issues. We re-iterated our call to extend VAT exemption to counselling and psychotherapy. We called for the extension of the schools counselling programme to all primary and secondary school students in Ireland. We also continue to call for tax relief to be fully extended to counselling and psychotherapy as a qualifying health expense.

Our lobbying efforts coupled with our public profile resulted in a productive meeting with **Minister for Health Jennifer Carroll MacNeill** in **April** (before the standards and criteria were published) at the national office. It was the first time that a Health Minister had visited and met with IACP staff and board members in

Dún Laoghaire. The discussion centred around IACP's priorities including our call to remove dual qualification requirements for HSE counselling roles, as we know these present a barrier to recruitment. We also discussed our serious concerns and comprehensive submission to CORU.

Media

Communication is key pillar of the IACP both with our members and the public. Our communications team work with local and national newspapers to ensure our key messages reach a wide audience. In addition to this, we count a number of writers, speakers, and presenters among our talented membership.

Through our **Media Panel**, we connect journalists looking for expertise to our members and share these articles and interviews via the eNews, social media, and the *IJCP*. You will see from the Annual report the significant increase in our media impact over the last year.

Stakeholder Engagement

Engaging with stakeholders is another key component of our work to represent members and the profession both nationally and internationally.

We are active members of the **International Association for Counselling**, and our organisation is playing a central role in the development of the IAC Europe branch. We both presented at the Annual

Joint Message from your Cathaoirleach and Chief Executive



Lisa Molloy and Newstalk's *Alive and Kicking* host Clare McKenna

IAC Conference in Malta earlier this year about the progress of state regulation in Ireland.

Another important collaboration was the landmark signing of a Memorandum of Understanding **condemning Conversion Therapy** signed by the IACP with the PSI and the College of Psychiatrists of Ireland. The IACP contributed to a cross-body working group in recent years that led to this important agreement.

Education

Providing quality educational opportunities and upholding high ethical standards are key pillars of our mission. The IACP provided access to a wide range of **high quality CPD** and it is evident from our CPD portal figures, where more than 5,500 members have availed of these courses.

Each year, we continue to deliver on our commitment to provide a minimum of 20 free online CPD points for members, plus 10 free online CPD points for supervisors. This year we exceeded our commitment with 40 free online CPD hours provided.

To further support and invest in our members educational journey we were delighted to launch a **new bursary, named in memory of Martin Ryan**, who sadly passed away in April 2024. As many of you know, Martin was IACP's Finance Manager for more than 13 years. Beginning in 2026, the bursary will support

one accredited IACP member each year in their professional development at postgraduate level. The bursary is offered in the spirit of Martin's dedication to the IACP and to the development of the profession. The bursary will be awarded on a competitive basis to one accredited IACP member each year. It will be paid towards the course fees of a postgraduate course. The bursary is worth up to €3,500 per year of study, for a maximum of two years. Applications for 2026 are open until **23rd January** so please apply if this is of interest to you.

Speaking of continuing education, **our Supervisor Forums Organising Committee** arranged 22 events with 12 online and 10 in-person (at least one per region) culminating in 92 hours of free CPD. Those are fantastic statistics to report, many thanks to the committee for all of their hard work in expanding CPD opportunities for our supervisor members.

Another benefit of engaging with stakeholders is the opportunity to collaborate on specialist practice areas. **The Guidelines for Counsellors & Psychotherapists Working with Adult Autistic Clients** was launched in October 2024 in partnership with the IACP and AsIAm, Ireland's national autism charity, and supported by Thriving Autistic. In addition to the guideline document, associated CPD training videos are available on the Portal free for all members.

Research

For the profession, cultivating a research mindset is fundamental to growth, innovation, and ethical practice. When research is embraced by our member practitioners, we commit to evidence-based approaches, continuous learning, and the advancement of the counselling and psychotherapy field.

The Research Committee held several events over the last year including the second annual online Research Conference in September 2024 with a record 550 members in attendance. Three online Research Journal Clubs also took place and these free CPD events attracted more than 300 attendees.

The inaugural Undergraduate Research Excellence Award was launched this year. This initiative celebrates not just outstanding research outcomes, but the transformative journey of inquiry itself. Undergraduate research is the beginning of a

Joint Message from your Cathaoirleach and Chief Executive



CEO Lisa Molloy with Maria Cleary CEO of Community Therapy Ireland

professional identity built on curiosity, critical thinking, and lays the foundation for lifelong learning and professional engagement.

We recently commissioned Ipsos B&A to carry out a **General Public Survey** to gain greater insights into the public's attitudes and perceptions about mental health, counselling, and psychotherapy.

I would encourage you all to visit the Research Corner in the members area where a vast array of new resources have been added.

The IACP is committed to supporting members to work to the **highest possible standards**, for the benefit of the profession and the protection of individuals seeking therapy.

The key tool by which standards are committed to and upheld is the Code of Ethics. The **Ethics Committee** continued the review and consultation on our Code of Ethics and Practice and its publication is expected in the coming months.

Over the past year, our Ethical Advisor responded to more than 100 ethical queries from members. This confidential service, available via phone and email, provides a safe and supportive space for practitioners.

We're delighted to report that the Board has formally ratified the new **Academic Membership** category policy. We are now in the process of planning the official launch of the category for 2026.

Thank you to all of you who engaged in the CPD survey. The CPD Committee took on board the considerable feedback from members and has finalised the review of the **CPD Policy** which will be launching in the coming months.

In July 2024, the Complaints Committee initiated a comprehensive review of the existing **Complaints Procedure**. The review process is ongoing and is focusing on identifying areas for improvement, aligning the procedures with current best practices, and ensuring they reflect the evolving needs of both complainants and members.

Community

Over the past 12 months, the **Volunteer Strategy Working Group** completed a thorough review and consultation process with members and committees to shape a comprehensive volunteer strategy. Following finalization of this strategy, the **Volunteer Engagement Committee** will carry the strategy forward into practical implementation. This will create a stronger framework for supporting and recognising volunteers, laying the groundwork for a more active and connected volunteer community.

Our volunteers' spirit, talent and enthusiasm propels our initiatives forward. A special note of appreciation to all our volunteers, thank you so much for your time and energy that you give to the IACP.

An important project for the IACP community completed this year was the **launch of our new website**. This important initiative involved a complete rebuild of the entire website and members area, both front end and back end using the latest technology to support greater security and data protection. Thank you to all our members for your patience and support as we worked through some post-launch glitches. We really appreciate your feedback on your experience and will continue to work with our technology partners to fine-tune the website.

Next year will see work begin on the development of a **web-based smartphone app** for members. The app will

Joint Message from your Cathaoirleach and Chief Executive



National Office Staff at the AGM

provide a mobile hub for all things IACP, including CPD, events, member community, and re-accreditation.

Another way we build community and connections is through our many events. The IACP’s **inaugural EDI Conference, Le Chéile – Exploring Our Differences... Together!**, was held last September at DCU. The full-day conference, generously supported by Dublin City University was formally opened by Roderic O’Gorman T.D., then Minister for Children, Equality, Disability, Integration and Youth. Nearly 150 members attended and feedback was overwhelmingly positive with enthusiastic support for hosting the event annually. For details about this year’s event please see the EDI Committee Update on page 51.

We are now reaching the end of the current IACP Strategic Plan, and I am pleased to report that we have achieved 97 percent of the objectives and goals committed to in that plan. We have already begun the process of developing our next Strategic Plan. As part of this, we are carrying out a wide-reaching consultation, including member surveys, committee engagement,

regional workshops, and external stakeholder engagement. Thank you to all members who have contributed – your input will have a real impact on the future direction of the organisation. We look forward to launching the new Strategic Plan in early 2026.

Finally, we would like to express our gratitude to **the Board of Directors** for their steadfast commitment and support. Having an effective board is vital for an organisation and we are fortunate to have such a board.

We want to especially thank and acknowledge **Andrew Harbourne-Thomas** who retired from the Board and his role as Company Secretary this year for his many contributions to the Board and also many of the IACP committees.

In closing, a big note of appreciation to our dedicated staff team for their work supporting our more than 6,500 members all throughout the year.

We wish you a joyous holiday season and may the new year bring you health and peace.

Yours sincerely,

Jade Lawless
Cathaoirleach, IACP

Lisa Molloy
Chief Executive, IACP

IACP Noticeboard

CORU Update

The **CORU Standards and Criteria for Counsellors and Psychotherapists** were published in July the IACP immediately identified a number of significant concerns. Since July, we have been working with our expert legal and communications teams to develop a measured and comprehensive strategy calling for change and our action plan is yielding results.

Key Concerns

- No personal therapy or clinical supervision requirements in training
- Raised entry requirement for access to Psychotherapists register (from level 8 to Level 9 Artificial distinction of scopes of practice (“mild”, “moderate”, “severe” distress)
- Inadequate consultation process
- No Proportionality Assessment conducted

We've been working behind the scenes engaging with the Minister for Health, CORU, and various Department of Health officials. The IACP is calling for a pause in the process in order to bring attention to the numerous concerns raised.

In response to our letters detailing our serious concerns, the Minister for Health Jennifer Carroll MacNeill **has invited us to meet with the Head of her Professional Regulation Unit in the Department of Health offices**, who are key decision-in this area, in the coming weeks. This upcoming meeting is a positive outcome of our strategic legally informed approach.

We have engaged with our **Accredited Course Providers**, and a meeting scheduled at our request between the IACP, Course Providers, the CEO of CORU and members of the CORU Education Team was held on **24th October**.

During the meeting CORU outlined its engagement plan and a Practice Placement Guide is being developed for early 2026.

We've met with a number of elected officials including:

Deputy Barry Ward (Dún Laoghaire), **Deputy Sorca Clarke** (Longford-Westmeath), Sinn Féin spokesperson on Mental Health and **Deputy Donna McGettigan** (Clare), Sinn Féin spokesperson on Further and Higher Education, **Deputy Liam Quaide** (Cork East), and **Deputy Richard Boyd Barrett** (Dún Laoghaire).

We have submitted a **Freedom of Information (FOI) Request to CORU**, seeking access to all relevant records, minutes, correspondence, policy papers, consultation analyses, and any proportionality assessments related to the approval and adoption of the new Standards and Criteria.

Public Engagement

We have launched our media campaign to highlight the risks to clients and the future of the profession associated with the current CORU Standards and Criteria.

We published a **press release** in October outlining our position and it is available on the IACP website.

Following the release, we have received **extensive media coverage**, including articles in the Irish Times, Irish Examiner, Irish Medical Times and the Journal.

In addition, our CEO Lisa Molloy was interviewed by **Clare McKenna** who hosts the **Alive and Kicking programme on Newstalk**, the recording to listen back is available in the Members Area of IACP.ie

Action Plan

- Continue lobbying of CORU and the Minister for Health regarding the new regulations. Engage politically to raise awareness of the risks of implementing the current standards. Continue to secure relevant legal advice to support our campaign.
- Maintain an active public and media presence.
- Collaborate with other professional bodies and stakeholders to build wider support.
- Continue to engage with CORU to develop supports for existing members in transitioning to state regulation i.e. guidelines for grandparenting.
- We'll keep members informed of developments.

It's important to note that **the Standards of Proficiency and Criteria for Education and Training Programmes published by CORU will not apply to existing practitioners who may opt in the future when the registers open to make an application through the grandparenting route.**

Grassroots Campaign - How You Can Help

We would like to thank the many members who contacted the IACP following our last update to offer encouragement, support, and assistance to challenge the new regulations. Your commitment is so valued and makes us stronger in this effort.

Thank you also to all members who contacted their TDs, so far **2,000** emails have been sent by members via our dedicated lobbying platform – available in our members area.

Please consider adding your general address, name of the road/area where you live to the letter. We have been advised by TDs that this will attract more attention.

Another tool for raising your voice is the petition launched by IACP Member David Horan, which has **more than 3,885 signatures** at last check. Let's get this figure up and show solidarity in numbers, go to the change.org website to sign the petition!

Your participation is vital. With enough voices, we can fight for fair, evidence-based regulation that protects both the public and the profession.

This is a critical moment for our profession. The IACP is committed to fighting for fair standards that reflect real practice and safeguard the public. With your support, we will continue to press CORU, the Minister, and all relevant decision-makers until these issues are addressed.

IACP in the Media

20th October – Definitions in mental health care to have negative impact on public' featuring the IACP in the Irish Examiner

20th October – RTÉ's newsletter 'Steps to Self-Care Setting Boundaries' featuring Jared Gottlieb

19th October – Newstalk's Alive and Kicking Show featuring chief executive officer Lisa Molloy on the topic of CORU and state regulation

8th October – Fears for clients – letter to the Editor from Leo Muckley in the Irish Examiner

7th October – New psychotherapy rules will 'undermine client safety' in the Irish Medical Times

7th October – Counsellors and psychotherapists body says regulator's new standards undermine client safety in the Journal.ie

6th October – Therapy rules won't keep public safe in the Irish Examiner

4th October – Counselling investment in the Limerick Post featuring Shane Hickey O'Meara

10th September – Regulator not convinced of need for therapy for psychotherapists in The Irish Times

17th September – Spunout appoint new CEO featuring member Sinead Keane in Business Plus

20th September – Misneach Centre: one year on Westmeath Independent featuring member Anita Lynch

30th September – Sharing of counselling notes in rape trials is 'outdated, misogynistic process', protest hears featured in the Irish Times

9th September – Help your child to swim through new challenges in the Irish Examiner featuring member Linda Breathnach

Radio

Joe Heffernan featuring weekly on C103

Dr. Karen Ward on Henry McKean programme Newstalk

thejournal.ie

IMT
Irish Medical Times

Irish Examiner

C103

Limerick Post
Keeping Limerick Posted

newstalk

THE IRISH TIMES

IACP Noticeboard

Annual General Meeting 2025

The Irish Association for Counselling and Psychotherapy held the AGM in the historic Royal Marine Hotel, Dún Laoghaire, bringing together our members from across Ireland to reflect on another year of growth, advocacy, and professional development within the field of counselling and psychotherapy.

Nearly 100 members attended in person, with a further 200 members joining online, making this hybrid event one of the most accessible and widely attended AGMs in recent years. The hybrid format continued to demonstrate IACP's commitment to inclusivity and accessibility for members across the country.

A Year of Progress, Engagement, and Lobbying

The meeting opened with a welcome address from

Cathaoirleach Jade Lawless. This was followed with a presentation from our Chief Executive Officer Lisa Molloy who reflected on the Association's achievements over the past year including ongoing advocacy and lobbying around state regulation for the profession, expansion of professional supports, and new initiatives to strengthen ethical practice and continuing professional development.

Reports from the Board Officers and CEO highlighted progress in key areas such as membership growth, supervision standards, research, and public awareness and media engagement around CORU. Financial statements presented by the Treasurer Edward Boyne confirmed the Association's stable position and responsible management of resources, ensuring continued investment in member services and training opportunities.



Cathaoirleach Jade Lawless welcomes members to the AGM



CEO Lisa Molloy, Cathaoirleach Jade Lawless, and Leas Cathaoirleach Christopher Place

IACP Noticeboard

Member Participation and Motions

Members actively engaged in discussions and motions, both in-person and via the online platform. The seamless hybrid technology allowed for live voting and real-time contributions from attendees across Ireland, reflecting the IACP's dedication to participation of our members.

The 2025 motions were:

Motion 1:

To make provision for an External Evaluation of the Governance of IACP to be carried out every 3 years.

Proposer: Patricia Ashe

Secunder: Maura Dunne

Result: This motion was carried.

Motion 2:

To extend Director terms to two years, ensuring governance, continuity, and effectiveness of the Board.

[This motion also introduced a new minimum retirement of 1/3 current serving directors at each AGM. Please see the AGM Booklet or visit the Members Area of the IACP website to view the full motion.]

Proposer: Brian Holohan

Secunder: Caroline Kehoe

Result: This motion was carried.

Motion 3:

Parity of esteem for Garda Vetting & AccessNI Vetting process to reduce the need (and cost) to complete both processes if working in Northern Ireland.

Proposer: Kevin Bailey

Secunder: Jacqui Walsh

Result: This motion was not carried.

Motion 4:

That the IACP review the requirements for counsellors/therapists reaching retirement age who wish to continue a small practice, with a view to reducing them.

Proposer: Carmel Carey

Secunder: Eileen Mulcahy

Result: This motion was carried.

Motion 5:

To amend IACP's Accreditation Policy so that individuals who have recently become accredited with the IACP, but who previously held accreditation with a recognised and commensurate professional body, would be eligible to apply for IACP supervisor accreditation – provided they can demonstrate a minimum of five years of post-qualification accreditation and hold acceptable qualifications in supervision.

Proposer: Kathleen O'Hara

Secunder: Olive Cross

Result: This motion was carried.

Motion 6:

The IACP amends its constitution to reflect the membership category of pre-accredited counsellor/psychotherapist on the Board of Directors of the IACP.

Proposer: Mary Keogh Prunty

Secunder: Emma Kennedy

Result: This motion was not carried.

Motion 7:

That the IACP Complaints Procedure is amended to allow for the submission of complaints by any relevant concerned third parties.

Proposer: Jacky Grainger

Secunder: Mary-Kate Kelly

Result: This motion was not carried.



Patricia Ashe presents her motion for an external evaluation of the governance of the IACP



Mary Keogh Prunty explains her motion regarding pre-accredited board members



Board Member Caroline Kehoe speaks to a motion

IACP Noticeboard

Motion 8:

That the current supervision guideline for Pre-Accredited and graduated Members be amended to remove the restriction preventing supervision with an Accredited Supervisor (IACP, BACP or IAHIP) who was involved as a core trainer, lecturer, or assessor in the supervisee's Course/College/Institute.

That the clause that extends this restriction for two years after the end of the supervisor's involvement with the training organisation should also be removed.

As the original proposer and seconder of this Motion were unable to attend the AGM, the Motion was proposed and seconded by members attending the AGM, as per article 3.10 of the IACP Constitution.

Proposer (initially): Susi Lodola

Seconder (initially): Orlaigh Byrne

Proposer (at the AGM): David Horan

Seconder (at the AGM): Liz McGarrity

Result: This motion was not carried.

Motion 9:

Constitutional Compliance with Charities Act 2009, pending commencement of Charities (Amendment) Act 2024 affecting payments to members.

A change within Section 17 "Income and Property" of the Articles of Association. Section 17.4 notes that "However the following payments may be made in good faith by the company." That Section 17.4(a) of the Constitution be amended to read:

- (a) Reasonable and proper remuneration (as approved by the Board of Directors) to any member, officer or servant of the Company (not being a Director) for any services rendered to the Company only if and insofar as such payment is permitted by the Charities Act 2009 and approved in accordance with the requirements of the Charities Act 2009.

Proposer: Andrew Harbourne-Thomas

Seconder: Christopher Place

Result: This motion was not carried.

Looking Ahead

In closing, the Chairperson expressed gratitude to all members, staff, and volunteers for their contributions throughout the year. Emphasis was placed on IACP's vision for the year ahead — one that continues to prioritise professional excellence, advocacy for mental health services, and support for practitioners navigating an evolving therapeutic landscape.

Save the Date

The date for the 2026 AGM is Friday 16th October 2026.

The event concluded with a renewed sense of community and shared purpose among members, reaffirming IACP's central role in promoting and upholding the highest standards of counselling and psychotherapy in Ireland.

Date for your Diary**IACP Annual Conference 2026**

The IACP Annual Conference 2025 – will take place on Saturday 18th April in the Johnstown Estate, Co Meath.

Further information and booking details will be announced in the coming months.



IACP Noticeboard



David Horan proposes a motion



Andy Morrin and Phillip Moore



Kevin Bailey shares his thoughts



Tomás West, Gráinne Deeter and her dog Ulrika



Member Care Officer Lia Wright counts votes at the AGM

IACP Noticeboard



Pamela Patchell, Board member Marcella Finnerty, Louise Keating, and Ebru Nuhoglu Reilly



Eileen Boyle and Rosaleen Dodson



Caroline Flahive and Katie O'Hara



Frances Muckian, Evelyn Taylor, Mary O'Malley, and Geraldine Cooney



Annemarie Bourke, Rachel O'Donoghue, Barbara Mulchrone, and Berni Killilea



Ciara Lyons, Catherine Cormican, Sarah McLoughlin, and Ebru Nuhoglu Reilly

Transatlantic Perspectives – Advancements in Counselling and Psychotherapy Conference

We're delighted to share that this year's Transatlantic Perspectives: Advancements in Counselling and Psychotherapy Conference - The 9th Counselling and Psychotherapy Conference organised by the IACP and DePaul University Chicago which took place on 7th July, was a tremendous success, drawing close to 140 attendees from the IACP and our esteemed American guests.

The day featured a rich and engaging programme, with presentations that explored key developments across both sides of the Atlantic. Highlights included thought-provoking sessions on integrating neuroscience into therapeutic practice, cross-cultural approaches to trauma and resilience, and the evolving role of ethics in digital counselling.

The atmosphere throughout was one of genuine connections, curiosity, and collaboration – reflecting the shared commitment of practitioners and academics to advancing the field of counselling and psychotherapy.

A heartfelt thank you to all speakers, attendees, and organisers who made this event such a rewarding experience.

We recorded a number of presentations from the conference, and these are now available on the IACP Online CPD Portal.



Leas Cathaoirleach Christopher Place, Innovation and Development Manager
Iwona Blasi and Dr Becky Michel from De Paul University



Jigsaw Presentation at the Conference

IACP Noticeboard



Clodagh Ni Ghallachoir delivers her talk



Dr Becky Michel presenting at the conference



Final Speaker Panel chaired by Leas Cathaoirleach Christopher Place

EDI Committee Update: Equality, Diversity & Inclusion Matters

As we go to press for this edition of the *IJCP* we're excitedly anticipating the Equality, Diversity and Inclusion 2nd Annual Conference taking place at Dublin City University's School of Nursing, Psychotherapy and Social Care.

More than 12 separate presentations and plenary sessions, 25 speakers, and panelists are planned under the banner "**Le Chéile... Courage Is Strongest... Together!**".

One of the special features of this year's

conference is the participation of sister organisations and other professional bodies including the BACP, The College of Psychiatrists of Ireland (CORI), The Psychological Society of Ireland (PSI), LGBT Ireland, UK's National African and Caribbean Mental Health Network.



Due to the timings around the date of the conference in November and the deadlines for this edition we plan to do a more comprehensive review and coverage of the conference in the forthcoming IACP eNews and the Spring Edition of the *IJCP*.

Recruiting New EDI Committee Members

The IACP Board has granted permission to the EDI Committee to expand its volunteer members by a further three members to facilitate ongoing plans for the coming year. We are interested in calling for applicants to complete our eclectic team. If you have a passion and interest in being a voice for the voiceless please contact us at edic@iacp.ie for further details.

Recent Celebrations in Dublin for the 5th Anniversary of Black Therapists Ireland



Members of the IACP's Equality, Diversity and Inclusion Committee happily joining in the celebrations of Black Therapists Ireland. From L to R - EDI Committee member Alan Kavanagh, IACP Leas Cathaoirleach Christopher Place, EDIC-Vice Chair Ravind Jeawon embracing BTI founder and fellow EDIC colleague Ejiro Ogboben, with Jude Coughlan EDIC member, Jim Hutton, Chair EDIC and Asst. Professor Dr. Ray O'Neill DCU and member of the EDI Conference Steering Group.

IACP Noticeboard

Membership Renewal Rates and Payment Methods

As announced at the AGM, there will be no changes to the IACP membership rates for 2026. Invoices for 2026 membership fees will be issued by email to all members in early December, requesting payment **before 31st January 2026**. If you wish to update your email address, please contact iacp@iacp.ie.

Online Payment facility – All invoices will include a secure online payment link which is convenient and simple to use. This will record your payment on our system and automatically send you an IACP receipt.

Direct Debits – Members who have previously paid by Direct Debit, or who have set one up during this year, are not required to take any action. Your payments will be collected as instructed.

Members wishing to commence using the Direct Debit facility should complete and sign the Direct Debit mandate form which can be downloaded from our website at www.iacp.ie.

This mandate must be submitted to IACP **no later than 31st December 2025**.

Cheques, Bank Drafts, Postal Orders – can be posted to the IACP office. Please be sure to include your membership number.

Membership Rates 2026

Category:	€
Accredited Member	€309.00
+ Accredited Supervisor	€136.00
Retired Accredited Member	€50.00
Pre-Accredited Member	€194.00
Student Member	€84.00
Inactive Accredited Member	€105.00
+ Inactive Accredited Supervisor Member	+€42.00
+ Late Admin Fee	€25.00
Accredited Course Membership	€2,312.00
Accredited Supervision Course Membership	€1,590.00

Discount for over 65s – A special discount of five percent on annual membership fees is available to all those over 65 years of age. This discount will be automatically applied to your fee amount.



SEASON'S GREETINGS

from all the team at the IACP

IACP Christmas period opening/closing Times 2025/2026

Wednesday 24th December until Thursday 1st January '26 CLOSED

Re-opening on Friday 2nd January '26

Benefit Highlights of IACP Membership

- Represents members' interests before government and the regulator
 - Sets the gold standard for continuing education & professionalism for the counselling and psychotherapy profession
 - Free 20 CPD hours per year plus 10 free supervisor specific CPD points with membership
 - Access to a range of additional CPD training at a discounted rate
 - Reduced rate professional insurance: IACP negotiated professional indemnity insurance schemes
 - Quarterly circulation of the Irish Journal for Counselling and Psychotherapy, the leading periodical journal for the practise of counselling and psychotherapy in Ireland
 - Lobbying government to support and protect members' interests and to invest in counselling and psychotherapy
 - Ethical Advisor service available to members free of charge
 - Online Find a Therapist Tool and telephone information service
 - Promotion of the benefits of counselling and psychotherapy to the public and the media
 - Proactively engaging with organisations who provide counselling and psychotherapy services to promote employment opportunities for members where possible
 - Access to free research resources e.g. EBSCO database, Psychology e-Books Collection and Research Journal Club
 - Opportunities to grow and enhance your professional skills by becoming volunteers across numerous roles:
 - Board of Directors
 - Central and Regional Committees
 - Media Panel
 - Access to quality IACP events
 - AGM
 - Annual Conference
 - Partner conferences
 - Regional networking events
 - Member-specific internal communication channels such as Basecamps and the IACP private members only Facebook and LinkedIn groups
 - Being part of a highly professional and engaged community of professionals
- And much more....

IACP Noticeboard

Research Highlights

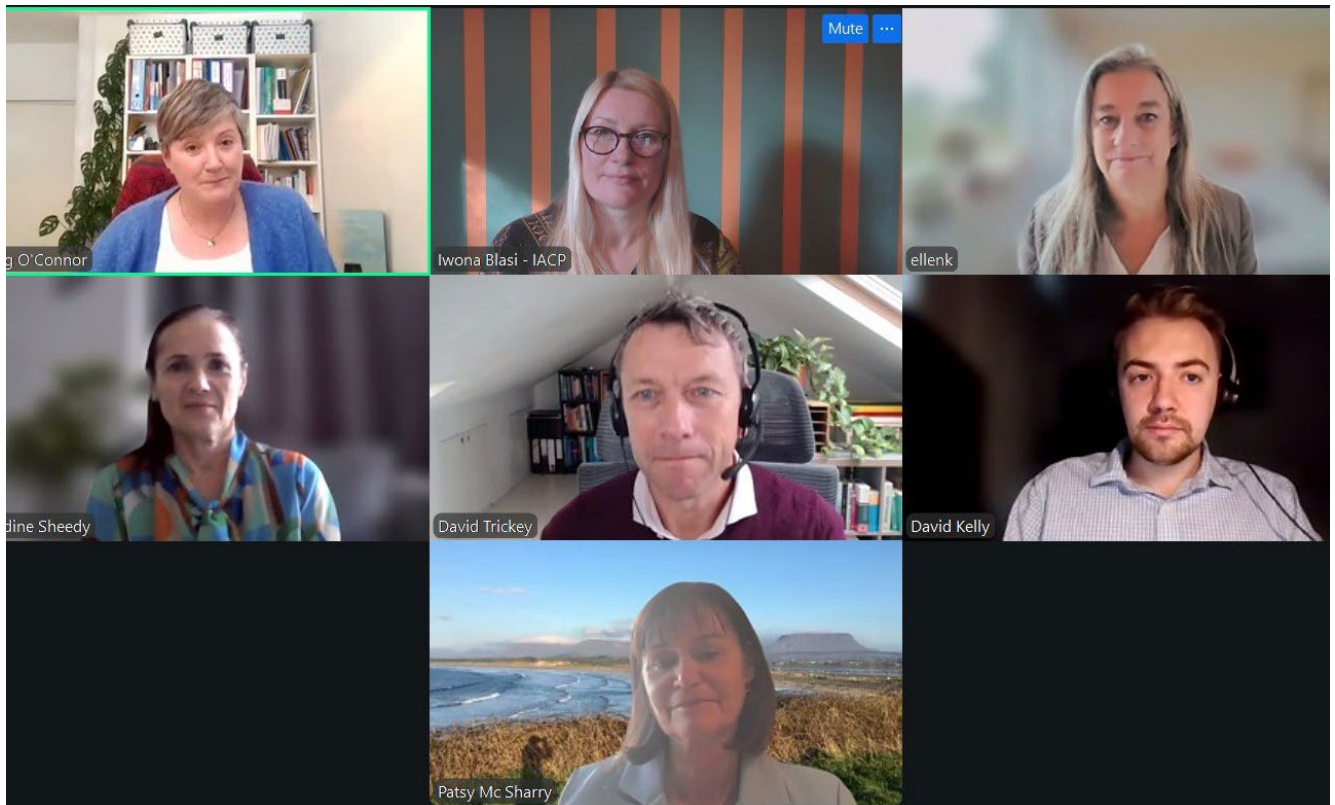
IACP Research Conference 2025

We had wonderful engagement at our third online Research Conference **Through the Looking Glass: Therapy in a Shifting World** in September. 350 members came together to benefit from and to contribute to this year's innovative conference. The enthusiasm on the day, through the level of engagement in the chat function, in the breakout rooms and during the discussion session speaks volumes about the importance of research, the value members place on research and the interest in the topics of trauma, technology and wellbeing in our field. This year we were also delighted to have nominees and the recipient of IACP's inaugural Undergraduate Research Excellence Award sharing highlights from their research with us.

With huge thanks to our excellent presenters - Dr David Trickey, David Kelly and Dr Patsy McSharry;



to our inspirational nominee panel – Sarah Finnerty (recipient), Eoin Shanahan, David Whisker, Lisa McKeivitt and Sheila Burton; to our Research Committee facilitators Chair Aisling O'Connor and Dr Geraldine Sheedy and to all of you who helped to make the conference so enjoyable and such a success. Here's a taste of what attendees experienced:



Research Conference Panellists and Committee Members

IACP Noticeboard

“All the presentations were excellent and very informative. The atmosphere was very warm and open. It was the best conference I’ve been at.”

“I found the research conference interesting, informative and thoroughly engaging. I liked the psycho-educational elements and the thought-provoking engagement. It was great to hear and see the graduates and their cutting-edge research in such a relevant range of topics. I’m delighted to have attended.”

“I really appreciate that we have a research conference yearly. Hearing from experts in the area but also those who are students and have the passion put into adding to our profession’s body of knowledge. It’s a great mix and really made the day so enriching for me professionally but also personally in ways. Thank you to the organising team.”

For those who couldn’t attend the Research Conference on the day, a recording is available in IACP’s CPD portal.

Research Journal Club 10: Topic – Complicated Grief

Our winter Research Journal Club – which will be our 10th - will take place on the evening of Thursday 11th December (19:00-20:30) and we’ll be discussing research on the topic of complicated grief. The paper selected is *“Complicated grief knowledge, attitudes, skills, and training among mental health professionals: A qualitative exploration,”* by Anne Dodd et al, published in **Death Studies** 2022, Vol 46 (2) 473-484. We’re delighted that IACP member Dr Anne Dodd will join us for the evening and will present on her research. The event will be facilitated by Research Committee Chair Aisling O’Connor and Research Committee member Kevin Bailey.

To book your place for this stimulating evening (Online, Free, CPD) please go to the Events page of the IACP website.

Research Glimpses 14: Insights from Current Research

For our 14th Research Glimpses, Research Committee member Kevin Bailey selected the recent research paper *“It felt like I was being tailored to the treatment rather than the treatment being tailored*

to me”: *Patient experiences of helpful and unhelpful psychotherapy* by Elizabeth Li, David Kealy, Katie Aafjes-van Doorn, James McCollum, John T. Curtis, Xiaochen Luo & George Silberschatz (2025) and published in **Psychotherapy Research**, 35:5, 695-709

Kevin concludes:

“This article highlights patients’ experiences of psychotherapy, focusing on what they found both helpful and unhelpful. The study recognises the importance of the patient perspectives in psychotherapy outcomes and research. Patients value therapy that is personalised, responsive, and relationally grounded.”

To read Kevin’s full Research Glimpses, along with a link to the research paper, please visit the Members Area Research Corner.

Path to Publication 6: “You Never Know Where One Paper Might Lead”

In our Path to Publication resources, IACP members who have had their research published in Journals or books share what their path to publication was like. They share how and why they became interested in the chosen area of research, how they approached the publication process, the moments of surprise or disappointment along the way and how they felt at the end of the process. In our 6th Path to Publication piece, IACP member Jayne Leonard shares her journey from thesis to publication in *Counselling and Psychotherapy Research* with us. She concludes:

“Getting published led to so much more than just seeing my words in print. It connected me with like-minded professionals across the world, reminded me of the value of curiosity, and reinforced the importance of following your interests. To other therapists considering publication, I would say this: research your passion, keep an open mind, expect the setbacks, and enjoy the process. You never know where one paper might lead.”

To read Jayne’s full piece, visit the Members Area Research Corner. For a video resource in this area please visit IACP’s CPD portal. If you have had your research published and would like to share your journey, please send an email to research@iacp.ie


IACP Accreditations

First Time Accreditation

Sean Adams	Co. Dublin	Jacqueline Levine	Co. Kildare
Jennifer Best	Co. Dublin	Adrianna Lubaczewska	Co. Dublin
Tammy Browne	Co. Cork	Bethany Anne MacDonald-Theron	South Africa
Majella Bunce	Co. Cork	Lesley Ann Martin	Co. Wicklow
Martina Cahill	Co. Laois	Siobhan Mary Murphy	Co. Cork
Gráinne Conlon	Co. Dublin	Andrii Mazurenko	Co. Dublin
Maura Conway	Co. Sligo	Suzanne McCormack	Co. Longford
Suzanne Culley	Co. Wicklow	Jennie McGee	Co. Dublin
Larry Cumming	Co. Cork	Sharon McGuirk	Co. Dublin
Deirdre Deacon-Gee	Co. Laois	Paula McMahan	Co. Sligo
Maura Dee	Co. Dublin	Nicola McNamara	Co. Laois
Shane Delaney	Co. Cavan	Gregory Moran	Co. Clare
Olive Dowling Cosgrove	Co. Wexford	Damian Morgan	Co. Kerry
Patience Dube	Co. Mayo	Lorraine Mullervy	Co. Wicklow
Ruth Duffy	Co. Dublin	Diana Murphy	Co. Donegal
Jamie Earl	Co. Westmeath	Diana Murphy	Co. Donegal
Deirdre Fahy	Co. Dublin	Justina Nilsson	Co. Westmeath
Lisa Farrell	Co. Kildare	Mary Noone	Co. Kildare
Tadhg Finlay	Co. Offaly	Niamh O'Donovan	Co. Kilkenny
Michelle Fitzgerald	Co. Donegal	Paula O'Connor McGuinness	Co. Meath
Josh Flowers	Co. Dublin	Susan O'Donoghue	Co. Dublin
Hope Folan	USA	Margaret O'Keefe	Co. Cork
Hannah Gaden Gilmartin	Co. Dublin	Helena O'Leary	Co. Cork
David Gahan	Co. Carlow	Siobhán Phelan	Co. Wexford
Catherine Garrett	Co. Cork	Kathleen Pidgeon	Co. Mayo
Fiona Giltinan	Co. Limerick	Shilpa Prabhu	Co. Galway
Karen Handibode	Co. Dublin	Monica Quealey	Co. Limerick
Frances Hennessey	USA	Niamh Smollen	Co. Westmeath
Barbara Hennessey	Co. Meath	Sinead Smyth	USA
Caeleen Jones	Co. Wexford	Ruth Stanley	Co. Cork
Lisa Kealy	Co. Carlow	Joe Sullivan	Co. Westmeath
Ciara Kelly	Co. Wexford	Edel Tryse	Co. Galway
Denise Kenny	Co. Longford	Sarah Jane Watson	Co. Dublin
Mary Kiersey	Co. Waterford	Elaine White	Co. Meath

Newly Accredited Supervisors

Joy Bogle McGauley	Co. Dublin	Helen May	Co. Kildare
Rhona Buckley	Co. Kerry	Dermot McCarthy	Co. Dublin
Maretta Byrne	Co. Dublin	Tony Monahan	Co. Dublin
Janette Casey	Co. Clare	Deirdre Nolan	Co. Dublin
Christine Cassells Holmes	Co. Dublin	Audrey O'Carroll	Co. Kerry
Stephen Coyne	Co. Galway	Marife O'Haodha	Co. Donegal
Ruth Dixon	Co. Dublin	Carolyn Power	Co. Cork
Elizabeth Mary Doyle	Co. Dublin	Anne Sorahan	Co. Dublin
Margaret Doyle	Co. Dublin	Aimée Sweetman	Co. Dublin
Phil Garvey	Co. Kildare	Nyasha Zvikaramba	Co. Dublin
Lisa Laverty	Co. Donegal		



Merry Christmas
and Happy New Year
from
The IACP Regional
Committees

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