

The importance of perspective

Moving beyond the 'Ds' for working *with* ADHD brains

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Attention Deficit Hyperactivity Disorder (ADHD) is a heavily stigmatised and much misunderstood condition. As therapists it is important that we consider our own biases and how we might best support service users with ADHD to live their best lives.

Deviance or adaptation?

I had been working in an adult IAPT service for about six years, and had certainly hit a few bumps on my road from trainee PWP to qualified CBT therapist, when I was finally diagnosed with ADHD: combined presentation, just before my fiftieth birthday. In that moment my life made sense. I was able to accept myself for who I am and I began to share my authentic self with others, removing the mask I had hidden behind for so long. As I talked about my diagnosis I became increasingly aware of the misconceptions and stigma this carries. A diagnosis that had felt so empowering, now felt limiting in ways I had not expected. My behaviours hadn't really changed, but perhaps how others made sense of them had.

The DSM-5 (American Psychiatric Association, 2013) recognises ADHD is a neurodevelopmental disorder characterised by persistent inattention and/or hyperactivity/impulsivity which significantly impacts social relationships and academic/occupational achievement. There are three presentations: predominantly hyperactive; predominantly inattentive and combined which incorporates clinically significant symptoms of both.

The diagnostic criteria for ADHD focus on behaviours which negatively impact others, so it may be unsurprising that ADHD is so often associated with a deviance paradigm and many other 'Ds': with deficit and disorder setting the scene for interpretation of our behaviours as character flaws and undesirable personality 'traits'. We are admonished for being disinhibited, disorganised, disrespectful, dysregulated, distracted, divergent, disengaged, disinterested, disruptive, disingenuous, dangerous, distasteful and defiant, therefore undeniably deviant.

Like most ADHDers I always had a sense that I was different, but it seems unfair that we are so often derogated, demonised and disliked, especially given that we work hard to accommodate neurotypical needs, frequently by subjugating our own. In fact, rather than a deficit, ADHD is considered a surplus of attention and that our difficulty focusing and associated behaviours are due to this, combined with ADHDers naturally having fewer synaptic neurotransmitters (Hallowell and Ratey, 2021). This "glitchy switch" (Hallowell and Ratey, 2021, p.24) causes us to either be unable to engage, hyperfocus and work at speed in an almost obsessive way, or produce incredible original work drawing ideas together in previously unconceived ways.

In fact, ADHD brains may be evolutionarily adaptive (Swanepoel et al., 2017) perhaps designed for explorers and adventurers who survive best when they are in tune with, and responsive to, their environments.

ADHD kayaks

Imagine people in kayaks navigating a reasonably placid river with the aim of completing task gates by navigating through pairs of suspended poles.

A neurotypical person has a short, stubby kayak and a paddle. It is very manoeuvrable, and they guide it through gates at will. A predominantly inattentive ADHDer has a long, sleek kayak but no paddle. Although they can reach the water with their hands no matter how hard they work they barely influence the direction they travel, instead they develop their intuition and learn to read the water. They occasionally complete gates, but frequently navigating lesser used channels unnoticed. Keen to avoid criticism for lack of achievement, or bumping into others.

A predominantly hyperactive ADHDer has a long, sleek kayak and no paddle but they have a motor. They simply can't control their speeding kayak. Frequently colliding with others and rarely completing gates they experience almost endless criticism. A combined presentation ADHDer has a sleek kayak, no paddle and an intermittent motor. They learn to intuit and read the water, but have unpredictable bursts of speed. They complete few gates, often collide with others and get a lot of criticism.

Sadly, some ADHDers may find themselves going so fast that they even ramp out of the waterway and find themselves circling around in a nearby pond, dropping out of society to avoid being criticised for things that they cannot control.

But then there are the rapids where ADHDers come into their own. Here the neurotypical struggles to complete any gates due to their paddle being ineffective within the complex, evolving situation and they may quickly become exhausted. The hyperactive ADHDers power their way through, whilst the inattentive ADHDers use their intuitive understanding of the water and the combined ADHDers use both their intuition and motor, each able to complete gates others thought impossible and safely find their way through.

If we supported ADHDer kayakers by giving them a short paddle, similar perhaps to prescribing medication. This may help the ADHDer perform better in the placid waters, complete some gates

(Continued overleaf)

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and receive less criticism, but it can take time to build these new skills and find a way to feel comfortable integrating this strange, new approach.

Perception is everything

In the right environment ADHDers thrive, perhaps being entrepreneurs, emergency service personnel, therapists or managers, using our divergent brains we are able to

find novel solutions and respond calmly to chaos. But when we are expected to perform in an environment that doesn't suit our brains, our behaviours betray us and we find ourselves criticised, labelled with unhelpful 'Ds' and feel rejected. As we internalise this narrative we become increasingly fearful of exposure as deviant and try harder to mask our symptoms in a cycle which negatively

impacts our mental health.

The way ADHD brains are built influences their behaviours, but the way ADHD behaviours are perceived and responded to by others influences how ADHDers feel about themselves and consequently their subsequent actions. Figure 1 considers some typical ADHD behaviours and how these might be perceived through different paradigms.

Figure 1.

Behaviour	ADHD as deviance paradigm	ADHD as adaptive paradigm
Chatty, fidgety, asking questions	Overexcited, "Too much"	Energetic, enthusiastic, passionate
Not doing what asked/expected	Defiant – issues with authority	In threat mode. Driven by values not rules - out of the box thinker
Does not complete homework/house chores - stays up late then tired at work/school	Procrastinator, lazy, unproductive, selfish, spoilt	Responds to interest/need – often hyperfocused and super-productive when interest/need engaged
Trying new, unusual, food combination	Weirdo, risk taker	Curious explorer
Not contributing to small talk in conversation or project	Rude, disinterested	Interest driven explorer waiting for an engaging challenge
Doodling in meeting/lesson	Daydreamer	Creative innovator
Stating how/what they feel about something/someone. Believing what others say.	Rude, poor social skills	Honest and genuine
Keeps trying to challenge the same perceived injustice or barrier	Never learns	Resilient
Forgets to put bins out for bin day, send email, buy birthday card	Easily distracted – unable to prioritise	Responsive to environment – prioritises based on sensory information
Tearful or irritable - overwhelmed by sensory or emotional information	Over sensitive	Intuitive and highly aware
Original ideas that challenge the norm	Never going to achieve	Can change the world

Changing the story

Whilst medication is often the first line treatment for ADHD (National Institute of Health and Clinical Excellence, (NICE), 2018) the guidelines also recommend CBT to support management of ADHD symptoms. This may incorporate behavioural strategies to support better organisation and improve social skills as well as cognitive techniques to address co-morbid mental health issues (Sprich et al, 2012; Ramsey and Rostein, 2015).

Standard CBT techniques may unintentionally reinforce unhelpful beliefs from an ADHDer's internalised deviance narrative and lead to disengagement. Within CBT we can blame ourselves for our difficulties engaging and our inability to do the planned tasks, or think differently and 'how we should'. We usually know what we need to do, or at least what we feel others think we should do, but we are unable to engage with tasks if we perceive them as boring or non-urgent unless we resort to maladaptive responses. So if CBT focusses on us having to do what we are told to do but aren't really engaged in, we often fail, further reinforcing our deviance. But, if we as therapists, move beyond the Ds of the deviance paradigm and consider ADHD as adaptive, we might use the seven Cs (on page 11), and maybe more beyond, to flex CBT, work *with* ADHD brains, focus on strengths and support ADHDers to be our authentic selves and live our best lives.

Suggested 7 Cs:

Curiosity: one of ADHDers' biggest strengths. This can be used to great advantage as curiosity negates anxiety.

Creativity: ADHDers are often very creative and great problem solvers encourage them to use this and flex interventions to work for them.

Challenge: ADHDers often rise to a challenge, especially if it is in line with our values and interests and allows us to be curious and creative.

Connection: ADHDers often crave genuine connection with others, at a deep level, and to feel accepted. The therapeutic relationship is an opportunity for them to be their authentic selves, perhaps for the first time, and develop their confidence authentically interacting with others too.

Customise: ADHDers may need to customise their environment to thrive – e.g. asking for reasonable adjustments at work or customise their expectations to ensure they reflect values and not threat driven rules e.g. liking having the washing up done is not the same as having to do it yourself, or doing it right now, or doing it all at once, or doing it with no music on.

Change: ADHDers often enjoy change, perhaps because it means new and interesting, or brings an element of challenge, but fear of criticism can prevent potentially helpful changes being made. Through curious exploration of ideas, beliefs or behaviours change can naturally occur. Flexibility to change can support embedding of strategies such as activity scheduling or behavioural activation e.g. exploring different ways of planning activities and having reminders. From coloured pens to computer reminders, how and when they might be discussed with others or jobs allocated. By making change flexible encouraging creativity the ADHDer is more likely to continue to use them.

Compassion: ADHDers can be very self-critical. Compassionate responding, especially self-compassion, may need to be taught and modelled to enable non-judgmental acceptance of difference and challenges. As we reduce self-criticism we make space to consider choices aligned with our values.

Having ADHD brings challenges and we frequently need support to thrive in a neurotypical landscape, but I wouldn't be without it.

I love the way my brain works and enjoy nothing more than indulging it as it explores new ideas. ADHD is multifaceted and complex, but I hope this brief reflection on working with ADHD brains has been helpful. I welcome any comments or questions.

Natasha is a HI CBT therapist in adult IAPT, and is the current chair of the Insight IAPT/Mental Health Concern: Neurodiversity Network Group which aims to promote the value of neurodiversity and support neurodivergent colleagues and service users to thrive by helping colleagues and clinicians feel neuro-difference confident. Natasha can be contacted at natasha.hickmott@insighthealthcare.org

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New Special Interest Group launch: Neurodiversity SIG

With growing evidence for the effectiveness of cognitive behavioural interventions for neurodivergent people, if it is suitably adapted in line with their needs, a number of BABCP members have formed a new Special Interest Group with the aim of focusing on work in this area.

Establishing the SIG will enable practitioners and clinical researchers to focus efforts to disseminate and improve adapted CBT practice for neurodivergent people, as well as providing a clear route for CBT practitioners to readily access training opportunities and clinical resources within BABCP.

The SIG is also keen for neurodivergent CBT practitioners to feel supported at work, share expertise and promote appropriate supervision enhancements and adjustments for neurodivergent CBT therapists. The SIG are planning their first event this autumn.

All BABCP members are welcome to join the SIG. You can do so by logging in to 'My Account' at babcp.com and going to the Special Interest Groups page. **The interim SIG committee can be contacted by emailing neurodiversity-sig@babcp.com**