ADHD and Counselling Skills: A reflective exploration and early experiences of a neurodivergent psychologist in-training

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Abstract

This case study explores the early professional experiences of a psychologist in training with ADHD, offering insight into how neurodivergence shapes counselling skill development in sport and exercise psychology contexts. Departing from a deficit-oriented narrative, the case offers a balanced perspective on how ADHD-related differences, specifically in listening and attending, pragmatic communication, and creativity influence key principles of athlete-centred counselling, including the therapeutic relationship, attentional control, and adaptability in delivery. Practical strategies for managing challenges, such as curating delivery environments, using mindful grounding techniques, and areas for developmental focus, are discussed alongside reflecting the value of neurodivergent strengths like creativity and resourcefulness. Crucially, this case highlights the opportunity for supervisors, training providers, and professional bodies to play a transformative role in empowering neurodivergent practitioners. By challenging normative assumptions about trainee capabilities and foregrounding lived experience, the profession not only becomes more inclusive, but also enriched by the diverse perspectives and strengths neurodivergent practitioners bring to athlete support and counselling.

Keywords: Neurodiversity, practitioner, professional relationship, sport and exercise psychology

The Trainee Practitioner

Background and Approach to Practice

I (first author) identify as a white, cis-gender woman, am in my mid-twenties, and grew up in the United Kingdom. I studied sport and exercise psychology for four years at university, of which both my BSc and MSc degrees were accredited by the British Psychological Society (BPS). Upon completion, I chose to enrol on the Chartered Association of Sport and Exercise Sciences' (CASES; formerly BASES) Sport and Exercise Psychology Accreditation Route (SEPAR) to become a registered psychology practitioner with the Health and Care Professions Council (HCPC). In my continued practitioner development as part of the SEPAR program, I have taken part in practical, post-graduate level, profession-specific training including counselling skills, professional ethics, and equality, diversity, and inclusion. At the time of writing, I work on a freelance consultancy basis with individuals and sport organisations.

In my early consultancy practice, I adopt a person-centred approach (Rogers, 1959) – promoting congruence and authenticity, offering unconditional positive regard, and seeking an empathic understanding of my client's internal frame of reference. I develop interventions collaboratively, as dictated by a philosophical stance rooted in pragmatism and critical realism (Scambler, 2022). Through placing value in clients' internal and interpretation of experiences (i.e., epistemological relativism) and acknowledging the objective and observable features of their interaction with the environment (i.e., ontological realism; Goldman & Gervis, 2025), I aim to offer support in which interventions are chosen collaboratively and with flexibility to meet clients' specific needs (i.e., pragmatism). For example, when working with a client whose goal is to increase their physical activity, I might draw on principles of motivational interviewing to better understand their motives for behaviour change. Then, I might encourage the client to adopt an ecological lens to consider the supportive and restrictive influences of their social and physical environment and implement changes accordingly.

Self-Identifying as "Neurodivergent"

> "Only through openness can we create a positive community of practice that drives the field of sport and exercise forward" (Cotterill et al., 2016, p. 2)

It is with the above sentiment that I am choosing to disclose that I identify as "neurodivergent" and as a trainee sport and exercise psychologist with Attention-Deficit/Hyperactivity Disorder (ADHD). The term "neurodiversity" refers to the naturally occurring variations in how humans think, process information, and interact with the world around them (Walker, 2021). Neurodiversity can be understood from an evolutionary basis, similar to the idea of biodiversity (Singer, 1999). Distinctions are made between neurotypes; *neurotypical* – "having a cognitive profile or neurology which is statistically normal or average" and *neurodivergent* – "the position of being unusual, not having a typical cognitive ability profile or neurological presentation" (Doyle, 2024, p. 16). Neurodivergent encompasses neurominorities such as ADHD and dyslexia (Chapman, 2020).

In my teen years, I experienced mental health difficulties which severely impacted my ability to function in daily life, including periods of depression, anxiety, and disordered eating. After starting university, I felt I would benefit from additional support with the transition and began seeing a psychotherapist. Following three years of regular contact, my therapist asked if anyone had ever spoken to me about ADHD and suggested I seek an evaluation. Despite my education in psychology and long-term engagement with mental health services, I felt no identification with the possible label of "ADHD" and what, at the time, I believed ADHD to look like. Nor did I identify with being "neurodiverse" – a term I would not encounter for another couple of years. With some scepticism, but an underlying trust that the referral was made by someone who "knew" me, I pursued an assessment for ADHD and was positively diagnosed in 2021, aged 22. I felt confused as to why the diagnosis could have been missed for so many years and overwhelmed by a label which seemed life-long, compared to depression or anxiety which I perceived to be temporary – although debilitating –

states. With the continued support of psychotherapy, the long journey began to understand both what it means to have ADHD and disentangle my sense of self from the diagnostic traits and widely believed stereotypes attached to an enduring disorder.

Years later, in a reflective diary entry the day before my first one-to-one client session as a trainee sport and exercise psychologist, I wrote: "*I am concerned about how my ADHD may interfere with my ability to really listen to and engage with this client – and all clients, I suppose*." And following, the self-affirmation that: "*My ADHD will not significantly interfere with my work as a practitioner*." In my continuing professional development activities, I have noted and reflected upon observations that those skills and behaviours which are considered fundamental to 'counselling' practice do not necessarily come easily to me, as a neurodivergent person. To quote myself, again: "*In my less confident moments I have questioned whether my neurodivergence is an un-overcome-able barrier to my working as a psychology practitioner*". The following review of the literature and personal reflections seek to discredit my fears by offering relatable management strategies to support myself and my neurodivergent peers as sport and exercise professionals and help others to better understand us.

A Neurodiversity Approach

Aligned with my personal experience and beliefs, the present case study adopts a differences/abilities-oriented perspective to mental health pathology and acknowledges the heterogeneity within diagnosed conditions (Schleim, 2022). The legitimacy of diagnosis as a clinical practice is supported here as a route to facilitate treatment (where appropriate), understanding and self-compassion, and inclusion.

At this point it is important to highlight how the prevailing medical model's approach and pathologising language can be experienced by many as stigmatising and harmful. Alternate frames of understanding, such as the social model (Oliver, 1990; UPIAS, 1976), instead posits that disability is not the result of a person's abnormal or atypical pathology, but is the consequence of society's

(inadequate) response to their differences (Dwyer, 2022). However, this framing has also been critiqued for its inflexible ideology (Shakespeare & Watson, 2001) and, when applied to neurodevelopmental conditions, its inability to account for barriers which may persist in spite of greater societal inclusion or accommodations (Ballou, 2018). As Dwyer (2022, p. 75) wrote: "someone who struggles with executive function might still encounter time management challenges even if they have access to scheduling apps and accommodations".

The first author, influenced by her own experience of neurodivergence and educational background in psychology, instead personally identifies with an interactionist neurodiversity approach. This framing posits that: "Disability is the product of an interaction between the characteristics of a disabled person and the environment around them" (Dwyer, 2022, p. 77) and highlights acceptance and valuation of individuals with neurological differences. In line with this approach to support neurodivergent sport professionals, suggestions are given both to reshape the environment for inclusion and accommodation, and to develop personal skills or tools which might support adaptation to the environment. In our writing, the authors strive to follow contemporary guidelines in terms of neuroinclusive language (see Dwyer et al., 2022; Friedel et al., 2025 for examples); such as referring to "ADHDers" – an accepted term amongst the neurodivergent community, and we emphasise an experiential, rather than pathological-symptomatic, understanding of differences.

Attention Deficit Hyperactivity Disorder (ADHD)

ADHD has traditionally been understood as a neurodevelopmental disorder characterised by a pattern of "inattention, hyperactivity, and/or impulsivity" which interferes with an individual's functioning or development (American Psychiatric Association, 2022). Contemporary neurodiversity approaches would instead describe ADHD as a collection of variations in brain structure and function which lead to patterns of thought and behaviour which are considered societally atypical; though, crucially, not necessarily disadvantageous (Sonuga-Barke & Thapar, 2021). The most recent

European Consensus Statement (Kooji et al., 2019) describes how “inattention” manifests in ADHD adults, demonstrated through high levels of distractibility and mind-wandering, being slower to process and formulate ideas, and a tendency to ‘hyperfocus’ on personally interesting or gratifying activities. “Hyperactivity” and “impulsivity” are experienced as a feeling of inner or mental restlessness leading to a difficulty relaxing, challenges with self-regulation of behaviour such as in verbal communication, and sensation- and novelty-seeking behaviours.

It is estimated that 3.5% of adults in the UK, and 5% of children under the age of 14 have ADHD (National Institute for Health and Care Excellence, 2022), making it among the most prevalent neurodevelopmental conditions. It should be noted, however, that there is considerable discord as to the accuracy of reported prevalence statistics because of age- and gender-related biases in identification and/or diagnosis (Faraone & Biederman, 2016). This potential inaccuracy, combined with a high rate of comorbidity with other conditions suggests that ADHD could remain undiagnosed in as many as 80% of affected individuals (ADHD UK, 2023). Despite the high prevalence among both children and adults, ADHDers can face suspicion, a lack of understanding, and stigma upon disclosure of their diagnosis. In recent years, the legitimacy of ADHD as a diagnosable condition in adults, particularly, has been questioned (e.g., Moncrief & Timimi, 2010). Indeed, a supposed “epidemic” of false-positive diagnoses aligns with the high prevalence of stigmatising misconceptions about the condition held by the public (Godfrey et al., 2021). While the purpose of the present case study article is not to evaluate or critique such narratives, it is important to acknowledge the impact they may have on those affected. Contemporary researchers have described how the stigma attached to a diagnosis of ADHD adds to the burden, leading to feelings of self-devaluation and alienation, withdrawal from social interactions, and the experience and anticipation of discrimination in occupational, educational, social, and societal domains (Masuch et al., 2019).

Recently, it has been proposed that the prevalence of ADHD among athletes may be higher than that of the general population (e.g., Hoare et al., 2023). This is hypothesised to be the result of

two factors: Firstly, that the well-documented beneficial effects of physical activity on challenging ADHD-related tendencies (e.g., mental or physical restlessness) lead to increased participation rates in childhood which persist through to adulthood (LaCount et al., 2022). And secondly, that the demands of an elite sport environment align favourably to common characteristics of neurodiverse individuals, such as intense focus, highly structured routines, reward sensitivity, and sport-specific strengths such as rapid, reactive, decision-making (Han et al., 2019). The aforementioned misjudgements have, unfortunately, also followed neurodivergent individuals into their sporting domains. Athletes with ADHD have reported feeling misunderstood by athletic staff, stereotype threat (i.e., underperformance due to fears of confirming negative stereotypes) and a reluctance to disclose their neurodiversity status (Brooks, 2023; O'Donnell, 2020). Meanwhile, suspicion around the validity of diagnoses and treatments have been exacerbated by the abundance of academic publications considering the performance enhancing properties of pharmaceutical treatments for ADHD (see Berezanskaya et al., 2022 for a comprehensive review).

Case Study Rationale

Contemporary works have sought experiential understanding and to offer guidance on how to best support athletes with ADHD (e.g., Zöller et al., 2025). However, the unique experiences of neurodivergent professionals in sport remain largely unknown. One could logically extrapolate that an increased occurrence of ADHD symptomology among athletes may be reflected, also, in those who choose to pursue careers in the sport and exercise domain (i.e., coaches, managers, support staff), as was suggested by Gökçen and colleagues' (2013) exploration of academic choices. To the authors' knowledge, such a demographic analysis among sport professionals has not been published in the literature, to date. The present case study aims to contribute to the growing applied literature which seeks to understand, include, and support neurodivergent individuals in sport – whether their role lies on or off the field.

Counselling Skills

Setting the Scene

The main section of this case study considers three neurocognitive and behavioural differences associated with ADHD adults, namely listening and attending, pragmatic skills, and creativity. Each of the three differences are then put into context for counselling within the sport and exercise psychology field. The potential implications to the effectiveness and experience of one-to-one interactions are presented from the perspective of the practitioner, with the first author providing reflections of their lived experience. Following a summary of the neurocognitive differences, implications and reflections for counselling, the authors offer suggestions of empirically based strategies to support neurodiverse practitioners. A summary of the differences, implications, and suggested management strategies can be found in Table 1.

For the purposes of this case study, 'counselling' is understood as the collaborative interaction between a helping professional *practitioner* (e.g., sport & exercise psychologist) and a *client* (e.g., athlete, coach) on a one-on-one basis, with a shared intention to achieve positive outcomes. In line with a Rogerian person-centred underpinning, the relationship between practitioner and client is referred to as the *therapeutic relationship*, and *athlete-centred counselling* denotes the contextual application of these principles to an athlete population, specifically. The authors draw upon adjacent fields such as psychotherapy, where applicable to the counselling context described, when discussing *counselling skills*; as here defined as practitioners' behaviours and strategies which support and facilitate effective counselling outcomes (e.g., rapport, client outcomes).

1. Listening and Attending

Neurocognitive Differences: Working Memory and Inhibitory Control

The most prominent neurocognitive differences inherent to ADHD concern executive functions; the collection of cognitive processes which allow individuals to take actions to achieve their goals, adapt appropriately to everyday demands, and manage social interactions (Cristofori et al., 2019). Executive 'dysfunction', relative to societally defined demands, has been consistently

shown to be highly prevalent in ADHD adults, supported by the identification of structural differences found in brain imaging studies (Adler et al., 2017). Differences in working memory, the multicomponent system which holds and manipulates verbal and visuospatial information, affect an individual's ability to process, reason, and problem solve associated with hypoactivity in the prefrontal cortex (Buschkuehl et al., 2014). Reduced working memory capacity manifests in challenges familiar to ADHDers such as following a conversation and generating appropriate responses, keeping track of time, and keeping track of one's belongings (Solanto, 2015).

A second important executive function which has been investigated as relevant to ADHD is inhibitory control. Contemporary conceptualisations consider inhibitory control to comprise of response inhibition – the withholding of a cognitive or behavioural impulse (i.e., impulsivity, Solanto, 2015) and interference control – the ability to resist distraction by irrelevant information (i.e., distractibility, Çelik et al., 2023). For ADHDers, reduced inhibitory control may lead to responding to a question before it's completed, a lack of consideration of the available options or consequences, or failure to ignore (or supress a response to) irrelevant stimuli. When considering inhibitory control, it must be noted that many of the social environments in which we often discuss the need to control one's impulses are entirely dictated by societal and cultural norms and expectations of behaviour.

Implications for Counselling Practice

In their most recent edition of counselling skills and theory, Hough (2024) writes that: "Listening is by far the most important skill in counselling" (p. 44). However, striving to be a "good listener" is far from a straightforward endeavour; demonstrated by the abundance of structures involved in processing verbal and non-verbal communication (Ivey & Daniels, 2016). The practice of counselling in sport often differs from other domains due to the non-traditional settings in which service delivery takes place (Winter & Collins, 2016). It is commonplace for practitioners not to have access to physical spaces which are private, secluded, and free from distractions. For the

neurodiverse practitioner, an environment high in task-irrelevant stimuli presents a real challenge of interference control, whereby an excess of auditory and visual information to the perceptual system overwhelms attentional capacity.

As one of the three core conditions, a Rogerian person-centred approach to counselling emphasises the importance of empathic understanding, where the practitioner seeks an understanding of the client's "internal frame of reference" and the client perceives that understanding (Rogers, 1959, p. 213). In short, the client is heard and feels heard (Murphy & Murphy, 2023). Should the client perceive attentional distractibility from the practitioner, and interpret this as disinterest, there could be negative consequences for the therapeutic relationship. The sport psychology practitioner with ADHD must therefore work harder than their neurotypical peers to overcome the compounding challenges of a functionally overstimulating environment and a predisposition to struggle with interference control.

Reflections and Applied Strategies

A few years ago, a psychiatrist used an analogy to explain to me the attentional and perceptual function of ADHD adults. They suggested I think of the perceptual system as a radar on a ship or aircraft; scanning the environment for data and alerting the operator to those deemed significant. They described the ADHD brain as having an overreactive or hypersensitive radar, overestimating the importance of considerable perceptual data and promoting 'unworthy' (i.e., task irrelevant) stimuli into conscious consideration by the operator. Although I am not appropriately placed to testify to the neurobiological nor engineering basis of the analogy, this comparison gave me an intuitive and self-compassionate lens through which to understand my tendency towards distractibility. And, importantly, a kind of framework to seek greater attentional control, firstly, to reduce the presence of task-irrelevant cues in the environment (i.e., minimising distractions), and secondly, decrease the sensitivity of the radar (i.e., internal state).

Through intentionally optimising our delivery environment to meet our own needs, practitioners with ADHD can reduce the attentional load placed on their perceptual system. Examples of facilitative adaptations could include removing visual distractions from their eyeline (e.g., a smartphone or laptop which might illuminate or vibrate), seeking out spaces free from intrusive noises, and, where appropriate, equipping the space with task-relevant cues. Suggestions for physical environment, as discussed by McCarthy and Moffat (2024), also included the potential utility of a wall clock in aiding the practitioner's pace and timing, without requiring an overt time-checking behaviour which could be negatively perceived by the client. Contemporary guidance suggests that practitioners do not place chairs directly 'face-to-face' (Miller & Rollnick, 2013), therefore leaving the client to choose between averting their gaze or making eye contact. I have found that, in professional and personal day-to-day contexts, when sitting too squarely in front the person with whom I'm speaking, my gaze tends to stray more from them to their surroundings. And where my gaze goes, my attention is primed to follow. In my case, and perhaps other practitioners with ADHD, I have found it attentionally beneficial to take the time to consider physical space elements before beginning a session.

Where adaptations to the environment are not achievable (e.g., when travelling with a team), strategies to adapt one's internal state presents an alternate self-management opportunity. With a philosophical grounding in Buddhist principles (Andersen & Williams, 2020), mindfulness has been defined as "paying attention in a particular way: on purpose, in the present moment and non-judgmentally" (Kabat-Zinn, 1994, p. 8). Siegel (2010) wrote how counsellors' mindfulness influences the therapeutic relationship quality via the characteristics of presence (i.e., attentiveness), "attunement" (to each other), and resonance (i.e., interpersonal connection; Henriksen et al., 2019). Specifically considering the experiences of trainee psychologists, researchers have suggested that mindful practice enhances their counselling-efficacy via their ability to be present, control their attention, and achieve a state of mental clarity (Holt, 2023). Specific examples of exercises which

may support a mindful internal state include a meditative body scan or sitting meditation (see Shapiro & Carlson, 2017), grounding oneself in the proximal environment, and focused breathing (e.g., Eisenbeck et al., 2018).

2. Pragmatic Skills

Neurocognitive Differences: Turn-taking and Narrative Comprehension

"Pragmatics" refers to the branch of linguistics concerning communication in social contexts; the appropriate use of language to comprehend ideas and interact effectively in social situations (Rad, 2014). The National Deaf Children's Society (NDCS; 2025) describe three key pragmatic skills: 1) using language for different purposes (e.g., to inform, to greet, to question); 2) changing language according to the listener and context (e.g., public versus private spaces, an adult or a child, a novice or expert); and, 3) following conversational rules (e.g., turn-taking, managing changes in topic, and non-verbal cues). Although differences in general and pragmatic communication are not explicitly included in the diagnostic criteria for ADHD (Even-Simkin, 2024), statements included in self- and other-reported diagnostic assessments reflect pragmatic differences. For example, under the category of symptomatic behaviours indicating "Hyperactivity & Impulsivity" (DSM 5-TR; APA, 2022), criterion include "often talks excessively", "often blurts out an answer before a question has been completed" (i.e., turn-taking and presupposition), and "often interrupts or intrudes on others".

Although our understanding of differences in pragmatic skills in ADHDers has predominantly come from investigating children's communication, contemporary researchers have begun to consider the persistence of pragmatic differences into adulthood. Even-Simkin (2024) noted challenges specifically in pragmatic comprehension, relating to understanding of discourse and the ability to verbally describe figurative language components (e.g., idioms and metaphors). Similarly, ADHD adults reported significant difficulties regulating their behaviour in spoken interactions (Köder et al., 2024), manifesting in excessive talking, speaking without thinking first, and frequently interrupting others.

In much of the literature around communication and ADHD (and other neurominorities), there is a problematising of characteristic ADHD behaviours, as opposed to a consideration of the influence and value of societal expectations. In contrast, it has been suggested that the reduced efficiency of communication results from a mismatch of characteristic behaviours between neurodivergent and neurotypical communicators (Stones, 2023). In other words, the 'fault' or impairment is not with the neurodivergent individual, but an incongruence in the dyad's conversational styles. The relative efficiency of communication both across and between different neurotypes is yet to be widely investigated, however researchers have suggested that neurotype-matched pairs communicated more accurately and developed stronger rapport than mixed-neurotype pairs (Jameson & Bean, 2025).

Implications for Counselling Practice

It is paramount that practitioners are mindful and self-evaluative of the consequences their communicative behaviours have on their client, the therapeutic relationship, and, in turn, therapeutic outcomes (Little et al., 2023). Violations of turn-taking conventions, such as through interrupting a client's speech, have the potential to disrupt the building of rapport, with individuals who frequently interrupt judged, in modern societies, as rude and less likeable. The act of interruption itself has been considered a demonstration of power and dominance over the interuptee, untoward and violative, or even a hostile transgression upon another person's speaking rights (Drew, 2009). Aside from the risk of being negatively perceived by the client, ill-placed interruptions can functionally inhibit the practitioner's ability to achieve empathic understanding of their client's experience. For example, by jumping in with a question or observation before the client has fully explored their narrative. As a result, they may lose track of what they were saying or withhold a reflection or deeper emotional association which could have come to light after a momentary pause.

Fundamental to building rapport within the therapeutic relationship is endeavouring to establish an empathic understanding of the client's internal frame of reference, including

"perceptions, ideas, meanings and the emotional-affective components" (Brodley, 1996, p. 22). One conceptualisation of empathy distinguishes between personal, affective, and cognitive types. Personal empathy refers to a holistic understanding of the individual in context, based on their experiences; affective describes an attunement to the emotional experiences of others both in the present moment and through their narratives; lastly, cognitive (factual) empathy is the capacity to understand and make sense of clients' narratives (Watson, 2016). Each component relies on the pragmatic abilities of the practitioner, which may be more challenging for those whose neurodiversity-characteristic behaviours are misaligned with societal norms of communication.

Conversely, and considering the early research concerning communication between neurotypes and neurominorities; perhaps an atypical conversational and communication style could be beneficial to counselling outcomes. Although research findings are lacking in terms of ADHD, specifically, ADHDers anecdotally describe a relative sense of ease and comfort in their experiences of communicating with fellow ADHDers. For example, as much as I am prone to interrupting others, it does not bother me to be interrupted, and I do not experience interruptions and swift changes in conversation topic as disruptive or problematic for discourse. In fact, I have often found that I am drawn to, and form bonds quickly with individuals whose minds work rapidly and with whom conversation flows and moves dynamically in a way that feels natural to me. This is not to say that neurodivergent practitioners are not suited to work with neurotypical clients, rather, that their differing ways of thinking and communicating may be of additional benefit to building rapport and navigating conversation for neurodivergent clients.

Reflections and Applied Strategies

In consideration of the therapeutic relationship and empathic understanding, as is central to athlete-centred counselling, it would be remiss to overlook the contributions of active listening techniques. Active listening is a dynamic, non-directive process combining factual and emotional elements using techniques such as summarising, clarifying, paraphrasing, and reflecting (Katz &

Keys, 2020). These skills serve not only to support mutual understanding but also demonstrate the practitioner's genuine interest and valuing of the client, and to offer the opportunity for further reflection. As relevant to the pragmatic ability discrepancies which practitioners with ADHD may experience, the active listening skills of clarifying, summarising, and paraphrasing hold particular value. Clarification of the accuracy of understanding or terminology supports the practitioner's factual understanding, especially in cases where they may have a tendency towards presupposition. Subsequently, summarising and paraphrasing offer the practitioner an opportunity to share and verify understanding of the client's narrative in combination with implicit observations such as non-verbal cues. In using these techniques of inquiry, the practitioner with ADHD is further supported in overcoming difficulties in narrative comprehension and decoding figurative language.

The value of active listening techniques, however, could be undermined by poor timing of their deployment. Role playing, or scenario-based learning activities have long been considered a staple of practitioner training; offering an ethically responsible space to refine delivery skills and seek feedback from peers and more experienced practitioners (Fifer et al., 2008). Though some practitioners reported minimal engagement role-playing during their own training (McEwan & Tod, 2015), the present advancements in professional routes and supervisory relationships (e.g., CASES' SEPAR and BPS' Qualification in Sport and Exercise Psychology programs in the UK) make such opportunities more abundant. For the trainee practitioner with ADHD, whose pragmatic communication skills may be less sophisticated, role-playing activities support competency development alongside coping strategies to manage unhelpful tendencies such as interrupting or overlooking narrative details. In their awareness of the value and collective willingness to facilitate additional role-playing experiences for their trainee(s) with ADHD, supervisors demonstrate an individualised, neuro-affirmative approach to support competency development.

> "Clients should never be interrupted…counsellors need to keep questions in abeyance until the time is right to ask them…a counsellor who is truly listening will be in tune with unspoken invitations to speak." (Hough, 2024, p. 59)

Through reading a handbook chapter about listening skills, I came across the above quote, and my heart sank. My tendency to interrupt others when they are speaking is the characteristic-ADHD tendency of which I am the most self-conscious. Like many others, as a child it was commonplace that I hear the phrase "*I hadn't finished speaking*" or "*Wait your turn*". More recently, during a training course on counselling skills, I anxiously anticipated taking part in role play exercises; where my peers' feedback related to instances where I interrupted and had a too-fast pace. As disappointing as that felt, engaging in role plays and the feedback that followed were the elements of the course I found most valuable – over and above our discussions of theory, philosophy, and approach.

As I reflected on the sentiment above, the implication was that one cannot be an effective counsellor, nor be "truly listening", without this sixth sense for the appropriate moment to speak, which, surely, not everyone possesses in equal measure. I searched for guidance: *If these skills don't come naturally to me, how can I learn them?* Unfortunately, I was unable to find such guidance, nor any acknowledgement that diversity exists in the "innateness" of skills, such as conversational turn-taking, within the counselling literature. Anecdotally, I have been advised to take a whole breath before beginning to speak, or count to two, and I have come across similar questions posed by neurodivergent-identifying therapists and practitioners across social media. To be a truly neuro-inclusive profession, such skills must not be presumed as innate, as reflected by current literature.

3. Creativity

> "Not all symptoms of ADHD are maleficent" (Sedgwick, 2019, p. 250).

The prevailing perspective, described as 'deficits-oriented' (Nordby et al., 2023), conceptualises ADHD as an amalgamation of neurological and behavioural deficits. Consequentially,

the burden faced by ADHDers may be worsened; subjected to stigma, prejudice, and criticism (Beaton et al., 2022). In the inclusion of creativity as a positive difference associated with ADHD, the authors seek to embody an ability-oriented perspective and highlight the value of diversity within society (Garland-Thompson, 2012), and by extension, our profession.

Neurocognitive Differences

Creativity is a complex, multifaceted concept, referring to processes, personal characteristics, and results (e.g., a creative product). Creativity is here defined as ingenuity in producing relevant and effective novelty (Cropley, 2020); the ability to create something original and of particular contextual use. Adults with ADHD have consistently cited creativity as a core positive aspect of ADHD. They describe themselves as imaginative and inventive, with an analytic style characterised by unconventional perspectives; an ability to 'see' connections and associations that others might miss (Nordby et al., 2023). In their problem-solving, ADHD adults describe non-conformity and flexibility, characterised by resourcefulness and courage in seeking out alternative solutions (Sedgwick, 2019).

Such self-appraisals find support in the quantitative literature. In a series of experiments comparing college students with and without ADHD, White and Shah (2011) demonstrated that ADHDers excelled at idea generation and divergent thinking, the ability to generate multiple ideas from a singular starting point, as predictive of creative potential. More recently, White (2020) found that students with ADHD were less constrained by previous knowledge during tasks of conceptual expansion. Further, albeit indirect, corroboration is found in neuroscience research (Hoogman et al., 2020). Similar activation (and inactivation) can be observed across brain regions associated with both creativity and an ADHD pathology, such as the default mode network and pre-frontal cortex.

Reflections and Implications for Counselling Practice

Although not traditionally considered a 'creative' profession, calls have been made to incorporate the consideration of creativity into counselling education and suggestions made that

psychotherapy can be conceptualised as a creative process (Gutterman & Aafjes Van-Doorn, 2024). It is here argued that an affinity for creativity holds value for clients in one-to-one counselling. A widely reported negative experience for clients in psychotherapy is a counsellor's inflexibility or unwillingness to adapt their methods (e.g., Vybíral et al., 2024). Perhaps the practitioner with ADHD finds it easier than their peers to set aside biases, preconceptions, and appreciate the uniqueness of individual experience (i.e., they are less constrained by prior knowledge). By nature of their innate inquisitiveness, plausibly, the practitioner with ADHD demonstrates congruence by displaying genuine interest in their client (Rogers, 1959).

Thanks to an unconventional manner of thinking, a practitioner with ADHD may pick up on previously overlooked behavioural or affective patterns, offering their client a perspective which had not been considered. Similarly, in summarising and representing knowledge differently, additional insights or learning may be gleaned. I, myself, have noticed an affinity for visual representations; both in learning and explaining, which can be effectively applied to both in-person and online modes of delivery (Price et al., 2020). Another neurodivergent-identifying therapist echoed this sentiment in a social media post, adding that clients had positively fed back on the utility of such methods for their own understanding. When practicing in a dynamic and changeable context as is sport (Winter & Collins, 2016), it is critical that practitioners be flexible and adaptable in their delivery. Being inherently resourceful and comfortable taking risks, counsellors with ADHD may find the dynamism of working in sport conducive to flourishing in their creativity. In my early consulting experiences, I have greatly enjoyed coming up with activities which facilitate participants' engagement and learning, as appropriate to the available resources. In this, as when I coached sport, I have drawn confidence from the positive outcomes and feedback following those occasions where I embraced my creativity to engage and support clients.

Concluding Remarks

In lieu of deficit-oriented or “superpower” narratives, the present case study sought to offer a balanced perspective as to the implications of ADHD characteristics on sport and exercise psychology counselling (Bertilsdotter Rosqvist et al., 2023). In combination with reflections upon early consultancy experiences, differences in listening and attending (i.e., working memory and inhibitory control), pragmatic communication (i.e., turn-taking and narrative comprehension), and creativity (i.e., divergent thinking and conceptual expansion) were discussed as applicable to principles of athlete-centred counselling: the therapeutic relationship, attentional control, and dynamic approaches to consultancy.

For the practitioner with ADHD, the suggested strategies may offer a means to manage tendencies that have the potential to disrupt therapeutic outcomes. Firstly, distractibility may be reduced by curating the delivery environment and using mindful grounding techniques. Similarly, for the practitioner who finds it challenging to accurately follow a narrative or manage turn-taking in conversation, an increased developmental focus on role-play exercises and active listening techniques could support fostering the therapeutic relationship. Lastly, an appreciation of the positive impact that one’s own experience of ADHD might have in counselling contexts, such as inventiveness and resourcefulness, facilitates self-compassion and efficacy.

ADHDers, like other neurominorities, are far from a homogenous group. There is heterogeneity in neurobiology (e.g., Wolfers et al., 2020), and clinically, historical distinctions were made between those presenting with and without ‘hyperactivity’ (Brown, 1995). In addition, attempts to label sub-types and groups (Nigg et al., 2010; Martel et al., 2010) and heterogeneity is also likely influenced by cooccurring conditions, such as with autism. Although the authors do not advocate, necessarily, for attempts to dichotomise and label the wide array of characteristics which are attributed to being an ADHDer. The point remains that there is variation in how ADHD is experienced by individuals, and thus, variation in the type of support which will be most effective.

Rather than placing the onus wholly on the neurodivergent practitioner themselves; supervisors, professional bodies, and training providers can be a valuable source of support through their understanding and appreciation of individual differences. This is particularly emphasised, given the links between ADHD and sport involvement, and the intuitive extrapolation to sporting professions. It is therefore crucial that assumptions are not made regarding the traits a trainee sport and exercise psychologist inherently possesses (e.g., conversational turn-taking), thus risking the exclusion of those whose characteristics do not conform to societal norms and expectations. We hope by highlighting and encouraging the voices of other neurodivergent practitioners, the value of diversity within our profession becomes evident and inclusive pathways for entry and training can be championed.

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Table 1. Summary of the relationship between differences, implications for counselling practice, and suggested management strategies for the neurodivergent practitioner.

Neurocognitive and communication differences in persons with ADHD	Implications for counselling practice	Applied strategies
Listening and attending • Working memory • Inhibitory control	• Distractibility • Attentional control	• Optimising the delivery environment • Mindfulness techniques
Pragmatic skills • Turn-taking • Narrative Comprehension	• Therapeutic relationship • Empathic understanding of client's experience	• Active listening skills: Clarifying, summarising, and paraphrasing • Developmental focus on role-plays
Creativity • Divergent thinking • Conceptual expansion • Overcoming knowledge constraints	• Unconventional perspectives and representations • Dynamic problem solving: Flexible and resourceful	• Analytic professional judgement and decision-making • Imaginative and inventive resources • Variable and adaptable delivery styles