

BEYOND THE SYMPTOMS

Understanding and Managing ADHD with David Levy, MBACP



Let's start by getting to know a bit about you. I know you're a therapist, but what type of therapy do you specialise in?

I trained in psychodynamic psychotherapy, but later developed a more person-centred style as my work began to focus on two areas of specialisation, sex and porn addiction, and on the emotional impact of ADHD diagnosis in adults, the latter of which has become the dominant part of my work.

Would it be right to say that you're working with two very contrasting issues then? How did you develop these two areas of specialisation?

I think they're more connected than they may initially seem - at the risk of sounding too self-important, therapists need to hold in mind multiple strands of thought at any one time. What a client offers in their presenting issues are the symptoms - the behaviours or the events - but what's underneath that is the psychopathology; what drives the action. Addiction and much of my work with ADHD is about impulse control, and developing an objective sense of the ways their brain tries to dictate behaviour, and so for example, one of the most obvious ways those seemingly very different strands of work align is in recognising and that impulsive jump from thought to action, and seeking to change it. Within the limitations of therapy work, even just helping bringing that to awareness and helping clients develop a pause between those two things can represent a significant step forward.



I'd imagine working with people with ADHD must be incredibly interesting but also incredibly frustrating, especially if your clients struggle with explaining their symptoms or even recognising what they're talking about is a symptom at all?

Often, yes. Adults come to see me are usually somewhere in the process of becoming aware of either discovering what ADHD is, going through diagnosis or stuck in the terrible limbo of some scandalously long waiting list, or living in the aftermath of their diagnosis, medication, and so on. I often use this analogy in other ways, but imagine if you'd lived well into adulthood where you'd seen the world as blurry blobs of colour and amorphous shapes, and then someone hands you a pair of glasses and suddenly you can see clearly and the whole world makes a lot more sense. Where I enter people's lives is right around that time; they're trying

to adjust and find some grounding in a world in which they always knew something wasn't quite right, and have developed an accumulating degradation to their self-esteem as a result of a lived experience where the common denominator of the 'not quite right' is perceived to be themselves. Now with their glasses on, they can see clearly for the first time and there's a very complex emotional component to that.

That's an interesting analogy. It sounds to me like you have to play many parts in your work as a therapist - you have to be a teacher, you have to be an analyst of the multiple strands of thoughts and events, but perhaps most importantly you have to be a guide, someone who helps people see the world (and themselves) in their ADHD worlds?

Something like that - it's the reason I had to move away from the psychodynamic model when working with ADHD clients, which emphasises a number of therapeutic devices which simply neither fit the client's underlying needs nor the reasons they're seeking help.

When I was diagnosed with ADHD myself, I went through the exact same process. I was angry. I was sad. I looked at my past and wondered what could have been. And when I went looking for help, what I found was really quite alarming - mischaracterisation, some very qualified people who quite frankly didn't understand what they were supposedly offering treatment for, and generally, a complete lack of understanding how to work with someone with the condition, which is especially concerning when you consider how waiting lists, lack of services and the level of need mean people in my profession are likely to be the first stop for a someone seeking help. Not long after, I made the decision to be open about my diagnosis - so on directories and so on, I make reference to it - and in the sharing of that lived

experience and in my role as counsellor, I automatically become more of an 'expert', meaning people see me in part because of the therapeutic work, but also look to me to provide context and psychoeducation.

Yes, I imagine your own diagnosis would have been such a key moment for you. Have you come to terms with it, or do you still feel that anger and sadness?

I'm very lucky that I eventually found a therapist that helped me a great deal. I unfortunately went through a separation from a long-term partner last year and in my own therapy and in discussion with friends about it, I'll often say "I'm not sorry it happened but I wouldn't want to go through it again." I feel that way about my life now, even looking back on my later-life diagnosis and thinking about the 'what could have been-s'. I had a lot of experiences I wouldn't want to repeat, but where I am in my life now is something I have deep gratitude for, and a big part of that is in the contrast with the experiences of my past.

It sounds like, for much of your life, you were experiencing a lot of frustration as your ability to interact with the world seemed limited by your undiagnosed ADHD. Once you were diagnosed, and able to get the help you needed, you would have experienced a marked improvement in your quality of life, your relationships, and your emotional stability?

Well, I definitely feel like the best version of myself now. While people's lived experiences with ADHD differ enormously, there are

David is a BACP-registered counsellor specialising in working with ADHD adults and couples in North London and online.

A quote you love: "my friends tell me I have an intimacy problem, but then they don't really know me" - Garry Shandling

A book you recommend: either 'The Gift of Therapy' by Irvin Yalom, and I really loved 'Maybe You Should Talk to Someone' by Lori Gottlieb



universally shared characteristics for sure, one of which is a feeling of unfulfilled potential. I certainly felt that way. I was a smart kid, but school was a nightmare for me and I found myself in the unfortunate position of being at a very good school that had little time for troublemakers - so I was marginalised, and ended up leaving at 16 with a single GCSE. Since my diagnosis, I think that potential - if I can still call it that in my mid-forties - is something I'm beginning to achieve.

Was your school particularly unsympathetic to the needs of its pupils, or were ADHD (and mental health issues more generally) poorly understood at the time?

A bit of both. I was in secondary school in the early 1990s, and even if we had knowledge of ADHD by then (and we did, just) it was still considered a behavioural issue. The environment of the school I was at was that behaviour was to be managed through discipline and punishment. So, if I didn't do my work or was disruptive or distracted, it was punished without anyone really ever considering the 'why'.

I mentioned the accumulated experiences of people with neurodiversity growing up in a world where no-one, including themselves, accounts for it, and that was me too - I figured I was just a naughty, disruptive kid but didn't know why. And I felt like I failed school. And that became a self-fulfilling prophecy. I liked being naughty. I revelled in my role as the funny one or the 'rebel'. And I carried that with me for a long time. Fortunately, I can now re-frame a lot of those experiences.

Can you tell me a little about how you actually 'do' this work. What does a typical therapy session with an ADHD client look like? What do you look for, what do you seek to achieve, how much are you taking the reins vs. just guiding people to make their own breakthroughs?

So, for example, if a client comes to you with ADHD because they're having issues in their relationships, or at work, or they are struggling to feel confident in social situations, how would you begin to help them?

Much the same as any other session you, I, or anyone reading may have experienced. The last thing I want to do is depersonalise and pathologise someone based solely on a clinical definition of ADHD. Rather, I think about ADHD as an ingredient in the recipe of the person, and perhaps because I was qualified as a counsellor long before I knew what ADHD even was, I'm focussed on a client's lived emotional experience.

With ADHD clients, I'm holding in mind the ways it may affect or influence their presenting issues - so, for example, if they're struggling in a relationship could that be down to their emotional dysregulation? Fears of rejection? If they're struggling in their work, are they actually struggling with accounting for their condition and the associated symptoms?

How often/how early in the process do you raise the issues related to their ADHD and how it may be causing problems?

They're there from the first moment someone emails me. I can't tell you how many email enquiries I get from people saying things like "I've been meaning to email you for months, but you know... ADHD"

There's a lot of debate online, and I'm interested in your perspective and opinions about this. Is ADHD a disorder or a neurological difference? Do you think children in schools are over-diagnosed with ADHD? Is there a danger that ADHD medication may be over-prescribed?

In the first instance, our current scientific understanding is that ADHD is a condition characterised by differences in the production and processing of neurotransmitters, as well as in the physical development of certain parts of the brain. The behavioural symptoms used to diagnose ADHD are a result of these underlying neurological differences.

My work is with adults so my knowledge is not quite as in-depth as with younger people's experiences, but as far as I can tell, there's no question that children are massively under-diagnosed in school.

There's a catastrophic shortfall in services in both adult and children's neurodiverse services, from waiting times for diagnosis to support for those with the condition and those around them, whether that's at home or at school or in the workplace. I understand the question about medication being potentially over-diagnosed and it's not entirely without merit, but it's also a question which misses the point. ADHD people are not unwell - they have a physical condition. It's like asking if we're over-prescribing hearing aids.

I was hoping to get a feel for the day-to-day experience of having ADHD. But let me first ask you: how do you view yourself - are you kind of saying 'OK, this is who I am, this is my condition, I must learn to work with it to get the most from my life'; or do you still think of yourself as an impaired person, but someone who has learned to manage their impairment?

Both!

So, in other words, you accept that you've got this impairment but you don't let it define you?

Absolutely. I say it often to my clients because I absolutely believe it to be true - having ADHD does not make you incapable, it just means you have a slightly different path to your desired destination.

So, if someone has just been diagnosed with ADHD, what advice would you give them?

Support and psychoeducation - a counsellor who knows the condition, and information about the condition and the ways it might affect you, but crucially, in a format that works for you. If you've never read a 300-page dry, technical book before, it's unlikely you're going to today. Find support groups - there's lots online - or YouTube or podcasts.

Given your extensive experience in working with people with ADHD, both professionally and personally, do you have any final advice or thoughts you would like to share with people who may be struggling with the condition?

So much of the ADHD experience - and maybe this is true for everyone - is about assessing the external components of their lives (their environments, relationships, etc) and then looking to fit in accordingly. Instead, I encourage people to look internally. It's a relatively simple concept, but yet one which often seems entirely foreign and surprising to those I suggest it to.

So, rather than, for example, thinking about how many tasks you 'have' to do, ask how much task-doing time you have in you. If cleaning the whole house feels too much, how about cleaning a single room? If you've got a massive list of tasks, they take on a collective weight. So, instead, ask how much time you have to give to tasks, and do what fits that.

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