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Tina Robinson

Rae Jacobsen

Thomas Foster

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Group Narrative Therapy for Women With Attention-Deficit/ Hyperactivity Disorder

Keywords

attention-deficit/hyperactivity disorder, women, narrative therapy, group work

Group Narrative Therapy for Women With Attention-Deficit/Hyperactivity Disorder

Tina Robinson, Rae Jacobsen, and Thomas Foster

Women with attention-deficit/hyperactivity disorder (ADHD) often struggle with the developmental challenges of adulthood and ADHD-related problems. The authors provide specific clinical interventions from a narrative-based group approach to help women with ADHD understand their symptoms, create strength-based narratives, and apply these narratives to the developmental tasks of early adulthood.

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Julie (fictional client), a 27-year-old divorced woman and a sales representative for a hospital equipment company, struggles to keep her job. Her supervisor recently put her on probation because Julie failed to submit her sales reports on time. Julie consistently misses deadlines, which has resulted in her losing many jobs in the past. She attributes this to her lack of attention and perceived laziness; however, Julie needs this job because she just purchased a house.

Julie struggles to keep on task, and her mind often wanders. Over the years, her lack of attention and her inability to stay on task has frequently interfered with many areas in her life. For example, Julie struggled to make passing grades during high school, and many of her teachers and her school counselor discouraged her from going to college because of her low grades and perceived lack of commitment. Julie often wonders if she made the right decision not to attend college. The consequences of her inability to succeed in school and work contribute to her low self-esteem and cause her great anxiety. Julie often thinks about her future and sometimes wonders if she will ever succeed at anything.

Attention-deficit/hyperactivity disorder (ADHD), a neurological and behavioral condition, affects up to 5% of children and 2.5% of adults in the United States (American Psychiatric Association [APA], 2013). The symptoms

Tina Robinson, Rae Jacobsen, and Thomas Foster, Department of Counseling, Loyola University, New Orleans. Tina Robinson is now at Perspectives Behavioral Health Management, Fort Smith, Arkansas. Correspondence concerning this article should be addressed to Tina Robinson, 3804 Southwest Gibson Avenue, Bentonville, AR 72712 (e-mail: robinson.tina31@gmail.com).

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of ADHD divide into the subtypes of hyperactive, inattentive, and a combined type (APA, 2013), with hyperactive recognized as the most common subtype found in young male individuals and characterized by impulsivity and hyperactivity (Carlson & Mann, 2002; Hoza et al., 2005). While the hyperactive subtype associated with males is a noteworthy clinical issue, females diagnosed with ADHD commonly fall under the inattentive subtype, characterized by difficulty in attending to detail, staying on task, organizing activities, and following instructions as well as avoiding activities that require sustained attention such as schoolwork (APA, 2013; Sassi, 2010). Additionally, females with hyperactive symptoms often present more subtly than males. What appears as physical hyperactivity and impulsivity in young men might manifest as constant fidgeting or hyper-talkativeness in young women (Farber, 2010; Quinn, 2005). The prevalence of ADHD occurs equally for males and females, and although the age of onset occurs during childhood (APA, 2013), many girls do not receive a diagnosis until adolescence because their subtle symptomatology goes unnoticed (Bruchmüller, Margraf, & Schneider, 2012). Thus, males receive a diagnosis of ADHD five times more often than females (Quinn, 2005), whereas females are often underdiagnosed and untreated (Waite, 2010).

Much like Julie's story, the consequences of living with ADHD without receiving proper treatment may present lifelong challenges. Often, symptoms of ADHD produce feelings of incompetence and negative self-perception in both sexes (Quinn, 2005; Woodman Taylor & Keltner, 2002), but young women with ADHD show a higher risk of developing comorbid disorders such as depression, anxiety, and eating disorders (Biederman et al., 2010; Van Ameringen, Mancini, Simpson, & Patterson, 2011; Yates, Lund, Johnson, Mitchell, & McKee, 2009). They present with greater levels of stress and tend to internalize negative external reactions to their ADHD, attributing what they see as uncontrollable character flaws in themselves (Larsson, Dilshad, Lichtenstein, & Barker, 2011; Quinn, 2005) rather than unmanaged symptoms that affect their academic, social, and vocational lives (APA, 2013; Kelley, English, Schwallie-Giddis, & Jones, 2007). Thus, based on their interactions within their social environment, young women may attribute the consequences from undiagnosed symptoms of ADHD as poor personality traits rather than a neurological difference, leading them to develop a negative self-concept. Without early diagnosis and treatment, the subsequent distress will likely worsen as young women with ADHD age (Kelley et al., 2007; Quinn, 2005).

During early adulthood, individuals face decisions and challenges related to higher education, career responsibilities, marital/life partnership demands, and parenthood (Boyd & Bee, 2011). These developmental tasks of early adulthood present many challenges for all individuals, but women with ADHD often experience greater difficulty meeting these goals. As noted earlier, adolescent girls with ADHD face challenges related to comorbid mental illness, low self-esteem, and academic success. Also, they often fail to graduate from high school

or pursue higher education compared with those without the disorder (Pingault et al., 2011). As they move into adulthood, women with ADHD continue to experience higher rates of anxiety, depression, and eating disorders (Waite, 2007), as well as higher rates of divorce, unemployment, substance abuse, low self-esteem, isolation, hopelessness, and self-injurious behaviors compared with women without ADHD (Hinshaw et al., 2012; Woodman Taylor & Keltner, 2002). Thus, women living with ADHD who go undiagnosed and without treatment may experience significant emotional distress and notable impairment in the achievement of developmental tasks of early adulthood, and they may struggle to succeed in their academic work, career, and personal relationships.

In this article, we synthesize the theoretical concepts of narrative therapy with the practical applications of group counseling to form a conceptual and working model of treatment for women with ADHD that addresses the developmental tasks of adulthood. We (a) describe the theoretical tenets of narrative therapy in relation to women with ADHD, (b) depict how group counseling could serve as a viable intervention for women with ADHD, (c) synthesize the tenets of narrative therapy with a group counseling approach, and (d) present two clinical examples of a narrative group approach that addresses the typical developmental tasks women must complete while also managing their ADHD.

NARRATIVE THERAPY AND WOMEN WITH ADHD

Born out of postmodern philosophy, narrative therapy asserts that cultural norms and expectations influence identity development, which becomes perpetually reinforced as individuals interact within their social environment (Dubá, Kindsvatter, & Priddy, 2010). Through repeated social encounters, individuals develop dominant narratives, which often become static representations of the self through the process of internalization (Freedman & Combs, 1996; White & Epston, 1990). These socially influenced static identities often represent unattainable personal and professional goals. Furthermore, when individuals hold static beliefs about themselves, they often develop a problem-saturated narrative, defined as a set of narrowly focused ideas on which individuals base their identities (White & Epston, 1990). These problem-saturated narratives create distress because they allow no room to operate outside the ideal identity (Payne, 2006; White, 2007). Problematic narratives receive reinforcement through societal expectations that become internalized; these expectations place limitations on an individual as they lead to “a rather limited and unhelpful way of defining and describing events and assessing their meaning” (Payne, 2006, p. 83). Women with ADHD may represent a particularly vulnerable population for developing problem-saturated dominant narratives, because their symptomatology may reduce their ability to fulfill socially imposed ideas of womanhood. However, these narratives represent only a partial perspective of an individual, and through the process of problem externalization, they can transform to a more positive narrative (White, 2007).

As mentioned previously, narrative therapy focuses on how socially imposed norms influence both an individual's self-concept and the way he or she interacts with the environment. To begin the work of problem externalization in a counseling setting, clients would explore how their problems developed and identify patterns that help maintain their problems. Once clients identify how their problems developed, they can externalize these problems to see them in a new way. This typically helps the clients realize that the problem and the self can exist outside of an inextricably linked web, leading them to shift the problem outward by way of externalization (White, 2007). Once the clients externalize the problem, they can rediscover strength-based aspects of their narrative. The counselor will help the clients integrate these aspects into their narrative, as well as focus on times when they overcame or operated without their problem-saturated narrative. Strengthening these overlooked aspects is one of the goals of narrative therapy (White & Epston, 1990) as it typically leads to the discovery of preferred outcomes and eventually to an enhanced quality of life.

With regard to Julie's story, Julie grew up scrutinized by many of her school teachers for her inability to stay organized, follow instructions, and stay on task, thus contributing to a negative narrative about her academic abilities and overall intelligence. Julie's parents, who would discipline her for excessively talking on the phone with friends rather than doing homework, also reinforced this narrative of her academic incompetence. Thus, Julie internalized the problem-saturated narrative that she lacked the intelligence to attend college, and ultimately she decided not to enroll. One of the goals for Julie in counseling would involve helping her to externalize her problem-saturated story and reidentify with strength-based aspects of her narrative.

Researchers have demonstrated the clinical effectiveness of narrative therapy for both individual counseling (Bucellato, 2013; Cashin, Browne, Bradbury, & Mulder, 2013; Hannen & Woods, 2012; Matthes-Loy, 2012) and group counseling formats. Specifically, they found the narrative group approach successful with women with depression and eating disorders (Weber, Davis, & McPhie, 2006) and children with learning disabilities, depression, oppositional defiant disorder (Sheibani, Yoosefi Looyeh, & Delavar, 2007; Yoosefi Looyeh, Kamali, & Ashrafpouri, in press; Yoosefi Looyeh & Matin, 2006), and ADHD (Hill, 2011). Most notably, Yoosefi Looyeh, Kamali, and Shafieian (2012) discovered that narrative group counseling significantly improved school behaviors in girls ages 9 to 11 years with ADHD.

GROUP COUNSELING AND WOMEN WITH ADHD

Women with ADHD face the same milestones of adulthood as individuals without ADHD, such as finding a spouse/life partner, deciding whether to start a family, and building a career (Boyd & Bee, 2011). However, women with ADHD face additional challenges, such as experiencing higher levels of divorce,

unemployment, and low self-esteem (Hinshaw et al., 2012; Woodman Taylor & Keltner, 2002). Using a group counseling approach could help women with ADHD understand their symptoms, find support, and gain personal awareness through the communal process of replacing their problem-saturated narratives with strength-based narratives. For instance, group work allows members to share and compare narratives, gaining a sense of universality (Yalom & Leszcz, 2005). Universality—a sense of normalcy and belonging gained through observing oneself in others—is often conspicuously absent in the lives of women with ADHD. As previously mentioned, women with ADHD are less likely to receive a timely and accurate diagnosis than men with ADHD. The women frequently engage in dissimulation around the practical and emotional difficulties associated with the disorder, internalizing and concealing struggles and deepening problem-saturated narratives (Henry & Jones, 2011; Quinn, 2005). The group structure helps create a space where hearing other women’s narratives may work as a palliative to such isolation, allowing women with ADHD to know that others wrestle with similar problem-saturated narratives.

In addition, group work allows members to challenge each other’s problem-saturated narratives in a supportive environment. Strong group cohesiveness creates a space where members feel safe trying out new behaviors and get the opportunity to receive honest feedback from their peers (Gallagher et al., 2013). The group dynamic and narrative therapy work collaboratively, whereby other members can observe, scrutinize, disclose their narratives, and experience the healing act of voicing their stories while simultaneously reaping the therapeutic benefits of altruism and intrapersonal learning (Hill, 2011; Yalom & Leszcz, 2005). In Julie’s case, hearing other members’ similar narratives would help her realize that others possess similar struggles. The sense of universality would provide Julie space to explore her own problem-saturated narratives around ADHD and allow her to open up when other members confront her when she internalizes or blames herself for her symptoms. Furthermore, receiving encouragement from the group will help Julie create new behaviors and coping strategies based on her newly formed strength-based narrative.

Group counseling has a plethora of research related to both outcome-based studies (Barlow, Burlingame, & Fuhriman, 2000; Stockton, 2010) and group process (Cercone & DeLucia-Waack, 2011; Gold, Kivlighan, & Patton, 2013; Maxwell et al., 2012; Paquin, Kivlighan, & Drogosz, 2013). Particularly, researchers have found group counseling effective when working with girls and women struggling with bulimia nervosa (Choate, 2010; Crafti, 2002; Levine & Mishna, 2007), insecure attachment styles (Kilmann et al., 1999), and ADHD (Yoosefi Looyeh et al., 2012). Other studies have indicated positive results when using group counseling with children with learning disabilities and ADHD (Shechtman & Katz, 2007; Shechtman & Pastor, 2005; Webb & Myrick, 2003).

A NARRATIVE GROUP COUNSELING APPROACH

Overall, the theoretical and empirical evidence presented suggest that using a narrative group counseling approach could benefit women with ADHD. Thus, we created a narrative-based group counseling intervention intended for women with ADHD who struggle with the developmental tasks of early adulthood. Specifically, we designed a 12-session, semistructured group intervention in the form of a clinical manual, and counselors may obtain a copy by contacting the first author (see Figure 1 for an example of the layout of the group manual). The main goals of the group consist of helping women with ADHD understand their symptoms, identifying current problem-saturated narratives, and creating strength-based narratives.

We constructed the group intervention for women 22 to 39 years of age who possess either a formal diagnosis or self-diagnosis of ADHD. We included a provision for self-diagnosis because of the aforementioned diagnostic discrep-

Session 2: Balancing Attention-Deficit/Hyperactivity Disorder (ADHD) and the Roles of Womanhood

Beginning Stage of Group

Topic: Balancing ADHD and the Roles of Womanhood

Members will be invited to share what it means to have ADHD, and more particularly, to be a woman with ADHD.

Rationale

To allow members to see that they are not alone and achieve a sense of universality. Members will be able to explore societal narratives about femininity and the differences between personal and external expectations regarding ADHD and womanhood. Members will dedicate a portion of the group developing a name that they feel adequately describes the problem(s) that they would like to work on within the group.

Suggested Exercises

No exercise is ever compulsory, members may always choose to participate or not.

1. Dyad

Ask members to form dyads. Ask them to identify and discuss common perceptions about ADHD. Allow about 5–10 minutes for them to complete this exercise. Explain the rationale for this exercise (as explained above) and encourage them to share only what they are comfortable with. Group leader(s) will compile a list of these perceptions on a dry erase board as each member shares what they discussed.

Materials needed: Dry erase board, writing utensils, and paper.

Process Questions

- How did it feel to talk about your ADHD with your partner?
- What similarities did you share with your partner regarding your ADHD? And how does that feel?
- Did anyone find that their perceptions differed significantly from their partner's?
- How does it feel to share your thoughts with the group?

FIGURE 1

Session Example

ancies in which many women who experience the symptoms and difficulties associated with ADHD go undiagnosed or misdiagnosed (Waite, 2007). In addition, the high price and possible inaccessibility of diagnostic testing for ADHD (Farber, 2010; Woodman Taylor & Keltner, 2002) could potentially create a financial barrier to the group. For these reasons, we thought it ideal to open the group to both formally diagnosed and self-diagnosed members.

Each of the 12 sessions includes a weekly topic; four exercises; directions for explaining, conducting, and processing each exercise; the rationale for each exercise; a list of potential process questions; and a list of necessary materials. We constructed different types of exercises for each session to offer the group leader a variety from which to use, allowing the group leader to determine which exercises would best fit the group members. We chose the topics for this group based on what the research described as what women with ADHD might struggle with during adulthood. Topics included the following: (a) defining narrative therapy/defining ADHD for ourselves, (b) balancing ADHD and the roles of womanhood, (c) self-esteem, (d) relationships, (e) family, (f) utilizing external witnesses, (g) creating new narratives, (h) reflecting on new narratives, (i) new life roles, and (j) maintaining new narratives. Every week, the group focused on one of these 10 topics (12 topics total, including the introduction and termination sessions). From these main topics, many other related topics might emerge, resulting in the group lasting longer than 12 weeks. We expect this phenomenon to occur and encourage any group leader using this intervention to remain semistructured and open to the possibility of extending the length of the group as needed. Next, we provide two brief clinical examples of what exercises might look like within a group session.

Clinical Example 1

During the session titled “Balancing ADHD and the Roles of Womanhood,” group leaders will divide members into dyads and provide each pair with a writing utensil and paper. Members will share with their partner their struggles of living with ADHD as a woman, and they will write down three words they feel accurately describe the way they view themselves and their disorder. At the end of the exercise, group members will reconvene to share their lists with the group. The purposes of this activity are to provide a sense of universality for group members, help members unearth their problem-saturated narratives, and explore social narratives about femininity and the differences between personal and external expectations regarding ADHD and womanhood. The goals of this activity will provide individuals such as Julie with opportunities for understanding how others possess similar struggles and how personal narratives develop based on social norms. After the exercise, group leaders will explore thoughts and feelings related to the experience by asking some of the following process questions: (a) How did it feel to talk about your ADHD with your partner? (b) What similarities did you share with your partner regarding your ADHD?

And how does that feel? (c) Did anyone find that their perceptions differed significantly from their partner's? (d) How does it feel to share your thoughts with the group?

Clinical Example 2

In the session titled “Self-Esteem,” the group leader will open a large group discussion and ask group members, “When you talk about ADHD, what kind of stories do you tell?” The purpose of this exercise is to help group members focus on how they use problem-saturated narratives to perpetuate personal myths regarding their ADHD and how these narratives affect their self-esteem. Leaders will promote a sense of cohesiveness within the group and incorporate other existential factors such as universality, social learning, and altruism to help members gain perspective on their own stories by hearing those of others.

This exercise should take between 20 and 30 minutes, and after the discussion, the leader will ask group members the following questions: (a) How did it feel to share this story with the group? (b) What was it like for you to hear others members’ stories? (c) Whose story stood out to you today, and what could you say to encourage them? (d) If you could only convey one aspect of your story to the important people in your life, what would it be?

CONCLUSION

Although ADHD affects both males and females, the inattentive symptoms of ADHD commonly found in females often go underdiagnosed and untreated, leading to problems during adolescence and adulthood that can hinder the achievement of developmental tasks during early adulthood. In addition to struggling with these tasks, women with ADHD continue to wrestle with mental health disorders, interpersonal problems, and unemployment. For this article, we attempted to conceptualize and attend to the unique problems women with ADHD face using a narrative-based group approach. Using the tenets of narrative therapy, group leaders can help members identify their problem-saturated stories, understand how cultural norms influence these stories, realize that stories can change, and help the group members construct strength-based stories. Using a group intervention allows group members to feel a sense of universality and cohesiveness with others, allowing them to learn from each other, practice new behaviors, and use confrontation when necessary. We constructed a 12-session, semistructured group intervention designed to help women with ADHD understand their diagnoses and create strength-based narratives that will help them achieve the developmental tasks of adulthood. We based this intervention on literature related to female ADHD, life-span development, and the evidence-based research related to group work and narrative therapy. We propose that counselors use this intervention as a guide when working with women with ADHD or when expanding on this research through outcome-based research.

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