



# AI and ADHD

A Clinical Look at Promise and Peril

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Hosted by Megan Barnes Zesati, LCSW-S

WD Therapy | Georgetown, TX

May 2026

# Why This Matters Now

- Clients are already using AI for organization, self-understanding, health questions, and emotional support.
- **Many have not told their therapist.**
- ADHD makes the promise and the risk easier to see.
- The clinical question is practical: does AI increase agency, action, and reality contact?

## AI and ADHD: A Clinical Look at Promise and Peril

What AI helps with,  
what it distorts,  
and why clinicians  
should care.

Stephen Andrew Waller-DeLaRosa, LPC  
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# My Position In This Talk

## Dual Credibility

- I use AI daily in clinical education, writing, practice planning, and tool-building.
- I also know the failure mode from the inside: recursion, refinement, and productive non-action.
- I am not speaking from panic or evangelism.
- I am speaking from use, observation, and clinical responsibility.

# The Map

1. What AI is, in plain clinical language
2. Why ADHD is a high-sensitivity case
3. Promise: AI as externalized executive function
4. Peril: productive sideshow, dependency, and agency thinning
5. Clinical frame: questions, guardrails, ethics, resources

# What Is Generative AI?

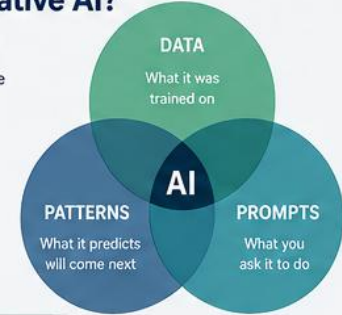
*Generative AI is software that predicts and produces language, images, code, or other outputs from patterns in data.*

- It can sound personal, fluent, and confident.
- It is not a mind, a clinician, or a diagnostic authority.
- It is a powerful pattern engine that can be useful when human judgment stays in charge.

## What Is Generative AI?

AI tools generate responses based on patterns in massive amounts of data.

They can sound confident, helpful, and personal—but they don't think, feel, or understand.



**Output = Prediction, not understanding.**  
Useful. Powerful. Not a mind.

*Output = Prediction, not understanding.  
Useful. Powerful. Not a mind.*

# Terms Clinicians Hear

## Machine Learning

Systems that learn patterns from data

## Deep Learning

Layered neural networks; powerful and less transparent

## Natural Language Processing

AI that works with human language

## Model

The trained system behind the scenes

## Tool

The product people actually use (ChatGPT, Claude, etc.)

# Why ADHD Is A High-Sensitivity Case

- Working memory strain
- Initiation friction
- Planning and sequencing load
- Time blindness and follow-through gaps
- Emotional urgency and reassurance-seeking
- Novelty seeking and hyperfocus

## Why ADHD Brains Interact Differently With AI

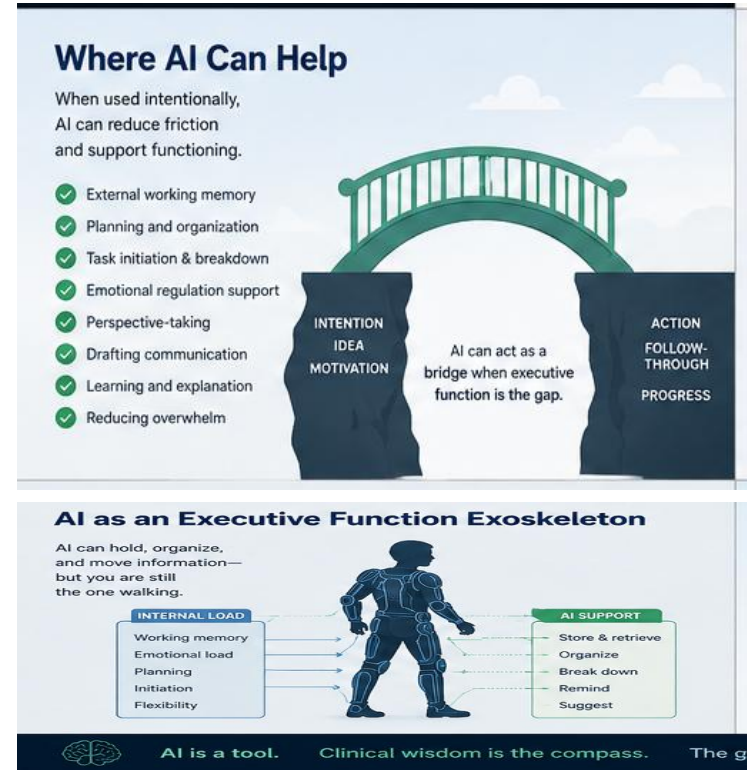


The same tool can scaffold or amplify the problem.

# The Promise

## AI as Externalized Executive Function

- Holds the thread
- Reduces blank-page friction
- Breaks tasks into sequence
- Helps rehearse hard language
- Organizes scattered material
- Supports transition recovery

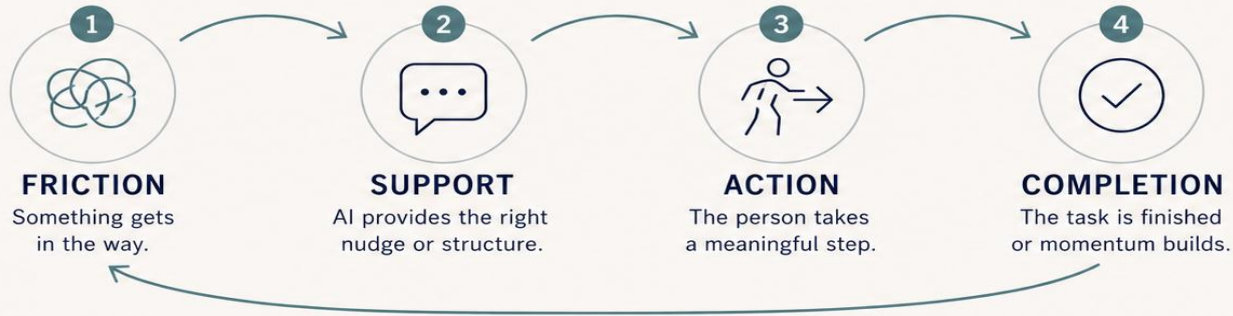


# When AI Closes The Loop

SLIDE 3

## WHEN AI CLOSSES THE LOOP

The tool helps the person move forward.



The loop closes when support leads to real follow-through.



Supports working memory



Improves task initiation



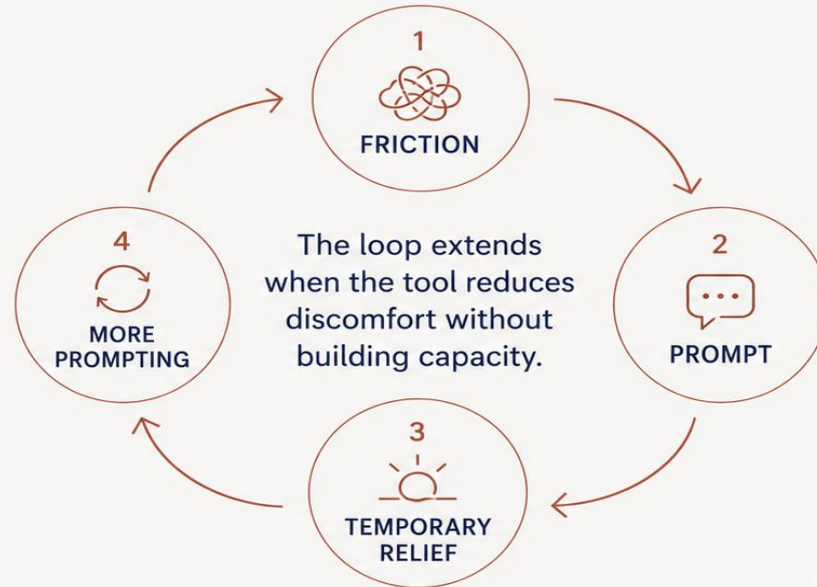
Reduces friction

# When AI Extends The Loop

SLIDE 4

## WHEN AI EXTENDS THE LOOP

The tool soothes the problem without resolving it.



Overchecking  
& rumination



False  
productivity



Dependency  
& drift

# The Pivot

*The same features that help are the same features that hook.*

Infinite patience

Instant response

Absence of judgment

Generative capacity

Always available

# The Productive Sideshow

*Motion without movement. Effort without progress.*

- More planning, less doing
- More reassurance, less uncertainty tolerance
- More drafting, less sending
- More insight, less action
- More fluent language, less contact with the raw problem



# Elaboration Is Not Reflection

## AI Can Elaborate

Give it a fear, it returns paragraphs.  
Give it a plan, it spawns alternatives.  
Give it a loop, it can build a labyrinth.

## Therapy Requires Reflection

Stepping outside the story.  
Tolerating discomfort.  
Being met by another mind that can interrupt, notice, and respond.

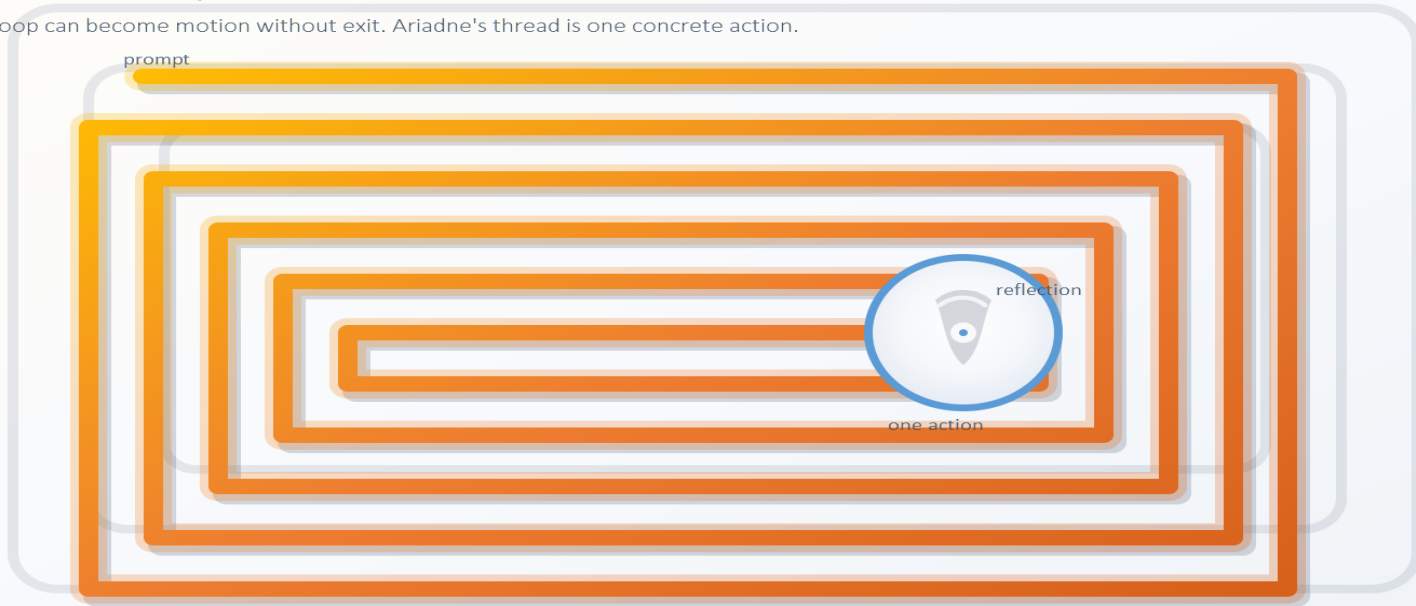
***Elaborated avoidance still avoids, now with footnotes.***

# AI as a Labyrinth

*The loop can become motion without exit. Ariadne's thread is one concrete action.*

## AI as a labyrinth

The loop can become motion without exit. Ariadne's thread is one concrete action.



# The Clinical Question

## THE CLINICAL QUESTION

What is the tool helping the person do?

### PROGRESS LOOP



### RELIEF LOOP



• Not all support is functional support. •

# Scaffolding vs. Dependency

## Scaffolding vs. Dependency

### Healthy Scaffolding

Builds skills and capacity over time.



- ✓ Temporary support
- ✓ Builds independence
- ✓ Encourages effort
- ✓ Strengthens skills

### Unhealthy Dependency

Replaces effort and weakens capacity over time.



- ✗ Permanent reliance
- ✗ Avoids effort
- ✗ Weakens skills
- ✗ Increases anxiety

# AI-Assisted Masking

*AI can make output look organized while the underlying difficulty remains unchanged.*

## Clinical Risk

The client may look more functional from the outside while becoming more dependent on the tool to produce that appearance.

*This is especially relevant for therapists working with high-masking ADHD or AuDHD adults.*

# The AI Engagement Spectrum

Pattern	Typical Use	Clinical Risk
Explorer	One-off curiosity or images	Low
Optimizer	Tasks, drafting, organization	Dependency if load-bearing
Deep Diver	Research, frameworks, rabbit holes	Productive sideshow
Immersed	Emotional processing or identity work	Agency thinning

# Client Silence

- They do not think AI use is clinical material.
- They are unsure how you will respond.
- They may fear judgment, dismissal, or being told to stop.
- Some use AI as a confessional or rehearsal space.

*"ChatGPT told me I have autism."*

Your clinical response to that moment matters.

# Three Questions To Ask

- 1 Are you using AI tools regularly for work, organization, decision-making, or emotional support?
- 2 Has AI changed how you think about yourself or your diagnosis?
- 3 What happens when the tool is not available?

# The Agency Test

- Is AI reducing friction or avoiding discomfort?
- Is it improving action or increasing preparation?
- Is it supporting memory or replacing judgment?
- Is the client more capable after use, or more dependent?

*This is the most portable clinical framework.*

# Ethical Minimum: AI Literacy

Therapists do not need to become AI specialists.

They do need enough familiarity to know:

- What the tool is doing

- What data it touches

- What it cannot do

- When human judgment must stay in charge

*Sources: ACA Code of Ethics, NBCC AI Principles, Texas BHEC FAQ*

# Two Guardrails

## One-Action Rule

End every AI interaction with one concrete real-world action within 48 hours.

## Write First, Prompt Second

Before opening AI, write your own raw thoughts for five minutes.

*Building a plan is not an action. Gaining insight is not an action.  
Sending the email is an action.*

# Clinician-Side Caution

AI notetakers and documentation tools may reduce burnout and administrative burden.

They also raise questions about:

- Consent and transparency with clients
- Data storage and secondary use
- Clinical judgment vs. outsourced conceptualization
- Who owns the note, who owns the judgment

# My AI Use Became a Workbench

2023

AI as thinking mirror for language, concepts, and self-observation

2024-25

AI as workshop for clinical education, writing, practice planning, and public resources

2026

AI as governed infrastructure: search, review, route, verify, and ship

***AI supports the process. Judgment and responsibility stay human.***

# NeuroQuest

*Free exploratory self-reflection tool*

*A 15-question exploratory profile map for reflection - not a diagnosis or clinical assessment.*

Masking patterns

Executive wiring

Sensory processing

Emotional regulation

Time perception

<https://assessment.wdtherapy.com/neuroquest>

# Questions to Keep Thinking About

*For clinicians, clients, and curious humans after the talk:*

- What do I say when a client says ChatGPT diagnosed them?
- How do I ask about AI use without sounding judgmental?
- How do I tell healthy scaffolding from avoidance?
- What about privacy?
- What about clients who cannot access therapy?
- Does this land differently for ADHD vs. autistic clients?

# Selected Sources

Zaheer & Akhtar, 2025 - AI support for ADHD diagnosis

Sun et al., 2025 - AI for children with ADHD

Mikolas et al., 2022 - Real-world clinical records classifier

Liu et al., 2024; He et al., 2023; Bryant et al., 2024 - Digital interventions

Putica et al., 2025; Perlis, 2026 - Mental-health AI ethics and clinical caution

ACA Code of Ethics (2014, with technology updates)

NBCC Ethical Principles for AI in Counseling

Texas BHEC Virtual Practice & Mobility FAQ

# Resources & Follow-Up

START HERE: FREE RESOURCE PAGE

[ai-adhd-resources.netlify.app](https://ai-adhd-resources.netlify.app)

[wdtherapy.com/ai-adhd](https://wdtherapy.com/ai-adhd)

AI & ADHD page

[assessment.wdtherapy.com/neuroquest](https://assessment.wdtherapy.com/neuroquest)

NeuroQuest reflection tool

[assessment.wdtherapy.com](https://assessment.wdtherapy.com)

Assessment information

[wdtherapy.com/research](https://wdtherapy.com/research)

Research and preprint

[andrew@wdtherapy.com](mailto:andrew@wdtherapy.com) | TikTok: @wd.therapy.adhd | Instagram: @wdtherapy | LinkedIn



*The most sophisticated algorithm cannot replace the moment when a human across from you notices something you did not know you were showing.*

**That is what you do.**

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