



Neurodiversity research: Using the MBTI® assessment with neurodivergent people

August 2024

Contents

Contents	1
Executive summary	2
Introduction and methodology	4
Introduction	4
Methodology	5
Results	6
Who took part? Description of the sample	6
What forms of neurodivergence are seen most often?	8
Practitioner knowledge of neurodiversity and neurodivergence	11
Perceived issues when practitioners use the MBTI® assessment with neurodivergent people	15
Concerns raised by clients or by neurodivergent respondents	16
Strategies or approaches	17
Useful resources	18
Conclusions and recommendations	19
Summary of results	19
Recommendations	20
References	21
Appendices	22
Appendix 1. Forms of neurodivergence	22
Appendix 2. Full listing of perceived issues when practitioners use the MBTI® assessment with neurodivergent people	24
Appendix 3: Full listing of concerns about using the MBTI® assessment with neurodivergent people	27
Appendix 4: Full listing of strategies or approaches	29
Appendix 5: Full listing of resources	32

Research study conducted by John Hackston, Director, Thought Leadership, The Myers-Briggs Company.

© Copyright 2024 by The Myers-Briggs Company and The Myers-Briggs Company Limited. Myers-Briggs Type Indicator, MBTI, Myers-Briggs, the MBTI logo, and The Myers-Briggs Company logo are trademarks or registered trademarks of Myers & Briggs Foundation, Inc. in the United States and other countries.

Executive summary

Purpose of this research

MBTI® practitioners are increasingly finding that some clients identify as being neurodivergent. Though research has shown that many neurodivergent people have found discovering their personality type via MBTI feedback to be very useful, some MBTI practitioners are unsure as to best practice in using the assessment with neurodivergent clients. This research was designed to help fill this gap. Alongside the findings of other research, the results of this study will be used to update the existing *Guidelines for Using MBTI® Type with Neurodivergent People*.

Summary of results

- The results are based on the responses of 125 MBTI practitioners who completed an online survey.
- Overall, 65% of the practitioners surveyed had used the MBTI assessment with at least one neurodivergent person in the past year.
- ADHD was the condition seen most frequently, by 55% of respondents within the past year. At least one client with ASD had been seen by 35% of respondents..
- The survey contained 12 true-false questions relating to neurodiversity and neurodivergence. On average, survey respondents answered 10 of these correctly.
- When respondents were asked what issues they had faced, the most common response was that there were no issues, or very few. However, 37 people did mention one or more specific issues.
- When respondents were asked what concerns had been raised, the most common response was that there were no concerns. However, 36 people did mention one or more specific concerns.
- When asked, "What strategies or approaches have worked for you when using the MBTI assessment with neurodivergent people?" the most common responses included: being very clear about the purpose of the session and what the MBTI process is and is not; avoiding assumptions and asking "the questions behind the questions"; making sessions interactive or more visual, reading materials out loud, or in general using varying approaches; and allowing extra time.
- When asked, "What resources have you found useful when using the MBTI assessment with neurodiverse people?" the most common response was that there were no resources they found useful for this purpose. Other relatively common responses included learning from neurodivergent clients, friends, family members (or oneself if neurodivergent) and various videos and webinars.

Recommendations

- Practitioners should be aware that over the course of a year they are more likely than not to use the assessment with a neurodivergent person, in particular someone with ADHD. They should also be aware that to a greater or lesser extent, many of these people may be “masking” their true self.
- While many practitioners are knowledgeable about different forms of neurodivergence and their implications, some misconceptions remain. Practitioners should stay informed on these topics.
- The results suggest that many practitioners were not aware of the existing *Guidelines for Using MBTI® Type with Neurodivergent People*. These will be updated using the findings from this and other research, and it is recommended that practitioners consult this guidance.
- While many practitioners reported no issues or concerns when using the MBTI assessment with neurodivergent clients, several did report issues or concerns. A number also reported specific strategies they had used with these clients. This information will be used to update the guidelines.

Introduction and methodology

Introduction

What are “neurodivergence” and “neurodiversity”?

Though many people are **neurotypical**, up to 20% of us are **neurodivergent** (Doyle, 2024), with elements of our cognitive functioning different from what society sees as typical or has decided is “normal.” Often, the words **neurodiversity** and **neurodiverse** are used as synonyms for “neurodivergent,” although strictly speaking, we are all neurodiverse to some degree; we don’t all think and function in precisely the same way. This report will therefore use the term “neurodivergent” rather than “neurodiverse” unless the whole range of human functioning is being discussed.

Historically, the medical model has been applied to neurodiversity. People who might now see themselves as or be described as neurodivergent were seen as suffering from a medical condition or disorder, or from some form of learning disability, deficit, or impairment. The concept of neurodiversity replaces this with the idea that there is a range of human characteristics, with some people (the neurotypical) closer to the average of these and others (the neurodivergent) farther from the average.

Purpose of this research

MBTI practitioners, those qualified to use the MBTI assessment, are increasingly finding that some clients identify as being neurodivergent. Recent research (Hackston, 2024) has shown that many neurodivergent people have found discovering their personality type via MBTI feedback to be very useful. However, some MBTI practitioners are unsure as to best practice in using the assessment with neurodivergent clients. This research was designed to help fill this gap by asking a sample of practitioners the following questions:

- How often, in the past year, had they used the MBTI assessment with neurodivergent clients?
- What forms of neurodivergence had they most often seen among their clients?
- What issues, if any, had they faced when using the MBTI assessment with neurodivergent people?
- What concerns, if any, had neurodivergent respondents or clients raised with them?
- What strategies or approaches had worked for them when using the MBTI assessment with neurodivergent people?
- What resources had they found useful in using the MBTI assessment with neurodivergent people?
- Questions on participants’ knowledge of neurodivergence and neurodiversity.

The results will be of interest to MBTI practitioners and researchers in and of themselves. More importantly, they will be used to update and augment the current *Guidelines for Using MBTI® Type with Neurodivergent People* (Hackston, 2023).

Methodology

To carry out this study, we created an online survey. An invitation was mailed out to practitioners who were registered to purchase the MBTI assessment, and links to the survey were posted in MBTI user LinkedIn groups.

The survey was completed by 133 people. Eight participants were not qualified to use the official MBTI assessment, and these were not included in any analysis. The results are therefore based on the answers of 125 MBTI practitioners.

Results

Who took part? Description of the sample

MBTI® type distribution

One respondent was unsure of their type, meaning that type data was available for 124 people.

Type	N	%
E	54	43.5%
I	70	56.5%
S	28	22.6%
N	96	77.4%
T	51	41.1%
F	73	58.9%
J	65	52.4%
P	59	47.6%

ISTJ N = 5 4.0% SSR = 0.25	ISFJ N = 4 3.2% SSR = 0.38	INFJ N = 17 13.7% SSR = 5.96	INTJ N = 15 12.1% SSR = 4.65
ISTP N = 0 0.0% SSR = 0.00	ISFP N = 1 0.8% SSR = 0.12	INFP N = 13 10.5% SSR = 1.66	INTP N = 15 12.1% SSR = 2.52
ESTP N = 3 2.4% SSR = 0.40	ESFP N = 2 1.6% SSR = 0.27	ENFP N = 19 15.3% SSR = 1.87	ENTP N = 6 4.8% SSR = 1.13
ESTJ N = 4 3.2% SSR = 0.36	ESFJ N = 9 7.3% SSR = 1.27	ENFJ N = 8 6.5% SSR = 2.93	ENTJ N = 3 2.4% SSR = 1.34

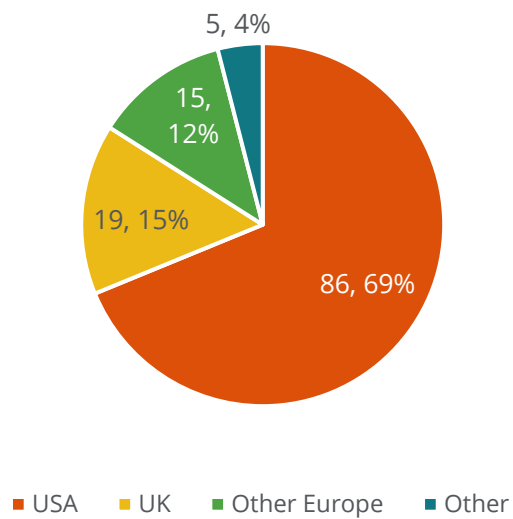
ENFP was the most frequent type, with 19 respondents, and ISTP the least, with none. The SSR (self-selection ratio) compares the sample to the general population. Types with an SSR greater than 1 are overrepresented in this group compared with the general population.¹ All Intuition types are therefore overrepresented, in particular INFJ and INTJ. All Sensing types except ESFJ are underrepresented, in particular ISTP and ISFP types. An overrepresentation of Intuition is not uncommon among type practitioners and others interested in personality type.

¹ The MBTI global sample (Myers, McCaulley, Quenk, & Hammer, 2018) was used as a reference group.

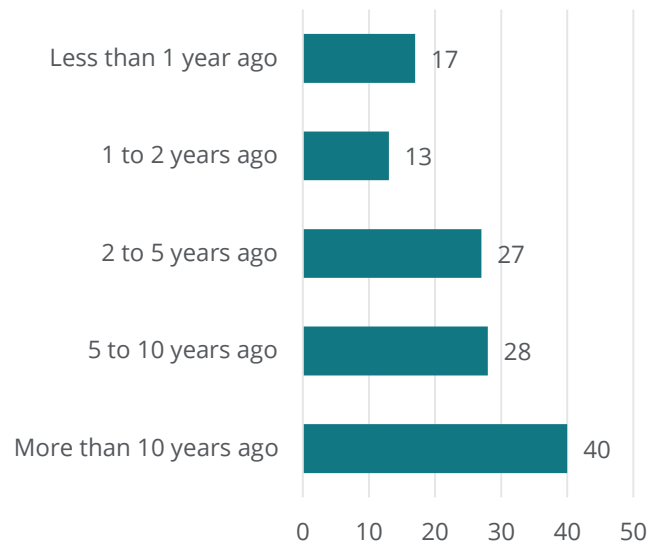
Group demographics

Two-thirds of respondents were resident in the United States, and just over half had qualified five or more years ago.

Country of residence



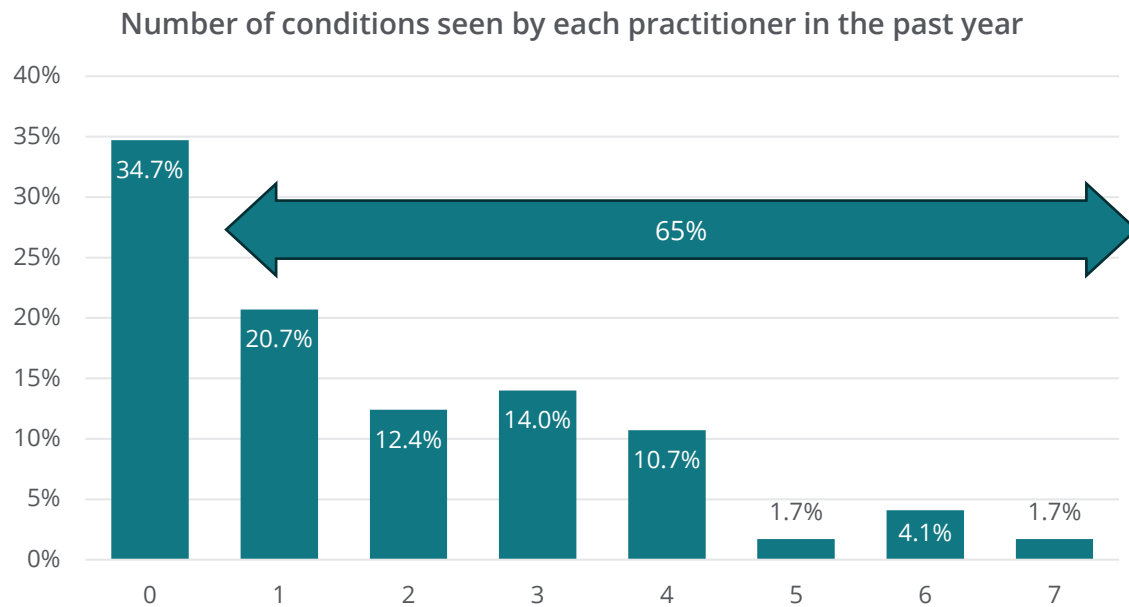
When qualified



What forms of neurodivergence are seen most often?

Overview

Overall, 65% of practitioners surveyed had used the MBTI assessment with at least one neurodivergent person in the past year.



Survey participants were asked how often, in the past year, they had used the MBTI assessment with people showing any of several forms of neurodivergence (for descriptions of these conditions, see Appendix A)

Form of neurodivergence	Never (to my knowledge)	Once	Two or three times	Four or five times	More than five times
ADHD	45%	12%	26%	6%	12%
Autism Spectrum Disorder (ASD)	65%	12%	13%	5%	5%
Dyscalculia	91%	7%	3%	0%	0%
Dyslexia	70%	10%	13%	3%	3%
Dyspraxia (development coordination disorder)	94%	3%	2%	0%	1%
Obsessive-Compulsive Disorder (OCD)	73%	11%	12%	3%	1%
Tourette's Syndrome	92%	7%	1%	0%	0%
Other	95%	1%	1%	0%	3%

By some degree, ADHD was the condition seen most frequently, by 55% of practitioners within the past year. A least one client with ASD had been seen by 35%.

These percentages may underrepresent the proportion of neurodivergent people seen by MBTI practitioners. In previous research by The Myers-Briggs Company, 46% of neurodivergent people agreed or strongly agreed that they had to disguise, or “mask,” their natural behavior at work (Hackston, 2024). Other research has shown similar findings; for example, McDowall, Doyle, & Kisleva (2023) found that 65% of neurodivergent employees were worried about stigma and discrimination from management, and 55% were worried about stigma and discrimination from their coworkers—concerns that could lead them to camouflage or hide their neurodivergence from a practitioner.

Other forms of neurodivergence

When respondents chose “other,” they were asked to specify what other forms of neurodivergence they had seen in their clients. Their answers included:

- Aphantasia
- Dissociative disorder
- Generalized anxiety disorder

- Giftedness
- Highly Sensitive person and Orchid Children qualified candidates
- Introverted Intuition ("I consider introverted Intuition as a primary function as a form of neurodiversity in and of itself")
- Significantly lower- or higher-than-average IQ
- Posttraumatic stress disorder
- Sensory processing disorder

Practitioner demographic differences

Comparing the two largest single national groups, the US and the UK, there was only one significant difference: 32% of US-based practitioners had seen at least one client with OCD in the past year, compared with just 6% of UK practitioners.²

There was one significant type difference: 11% of practitioners with a Perceiving preference said that they had seen at least one client with dyspraxia in the past year, compared with 2% of practitioners with a Judging preference.³

² Chi-square = 5.122, p = 0.024.

³ Chi-square = 4.445, p = 0.035.

Practitioner knowledge of neurodiversity and neurodivergence

How much do MBTI® practitioners know about neurodiversity?

The survey contained 12 true-false questions relating to neurodiversity and neurodivergence. The purpose of these was, first, to gauge practitioners' knowledge levels, and second, to raise awareness of misconceptions they might have or issues they may not have thought of previously. Having answered these questions, respondents were then presented with the correct answer (true or false) and an explanation. One hundred eleven survey respondents answered these questions.

The table below shows, for each question, the question text, the percentage of respondents choosing true and false (with the percentage relating to the correct answer in bold), and the correct answer with the explanation given in the survey.

Question	% saying "True"	% saying "False"	Correct answer
Many neurodivergent people have learned to hide or "mask" their natural behavior.	94.6	5.4	True. Many have learned to conceal or suppress aspects of their neurodivergent traits to fit in with the norms of their workplace or of wider society. For some, this masking may have become so natural as to be unconscious.
The concept of "neurodiversity" excludes people with an intellectual disability or who are non-speaking, and the term is only used for "high-functioning" quirky people who have a benign personality difference.	8.2	91.8	False. Neurodiversity refers to the whole range of neurological functioning across the whole population. In practice "neurodiverse" has become the most common way of saying "neurologically different," and a synonym for "neurodivergent," but even when used in this way, "neurodiversity" encompasses all neurodivergent people.
Most people with autism are eccentric geniuses.	5.5	94.5	False. Just a small minority of people on the autism spectrum have exceptional talent in areas such as numerical calculation, visual art, and music, while a larger number have specific areas of special skill. Some people with autism have intellectual or learning difficulties.

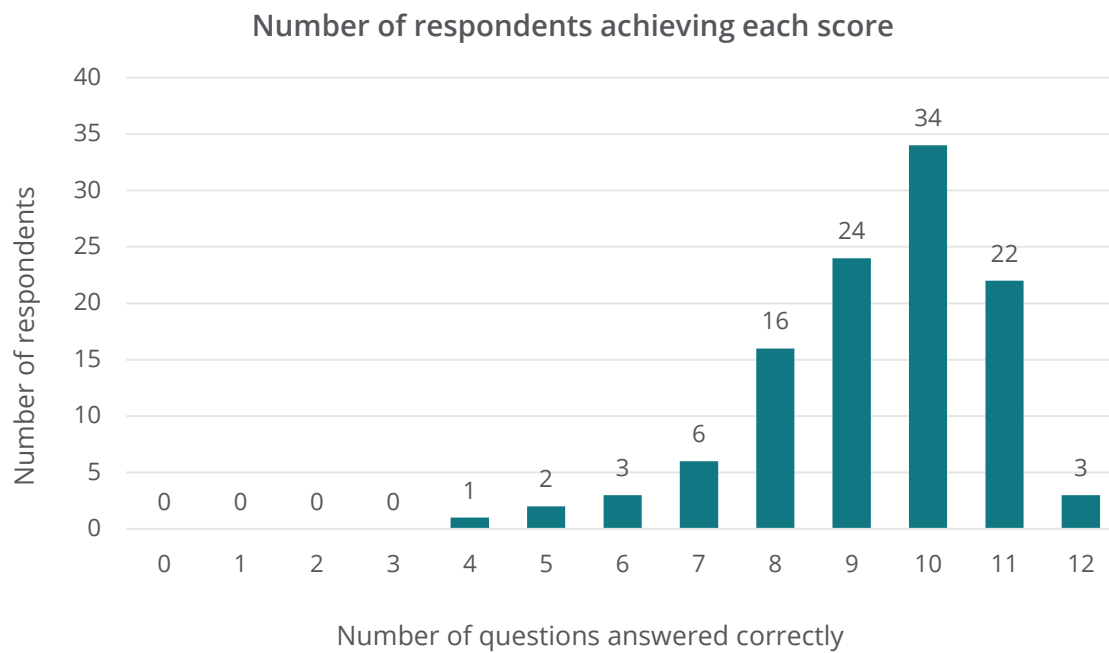
Question	% saying "True"	% saying "False"	Correct answer
People with autism all have below-average intelligence.	0.9	99.1	False. While some children and adults on the autism spectrum have mild to severe intellectual impairment, the intellectual functioning of others is within, and in some cases above, the normal range. Children on the autism spectrum often attend mainstream schools. However, they may still have difficulties in coping with everyday situations and so may not always achieve what they are capable of.
People with autism don't easily understand other people's thoughts and feelings.	48.1	51.9	True. Probably the most well-documented research finding is that people on the autism spectrum typically have difficulty in understanding another person's point of view and feelings.
ADHD (attention deficit hyperactivity disorder) is predominantly a genetic condition.	45.0	55.0	True. Research studies suggest that ADHD is 70% genetic and therefore often runs in families. The remaining 30% of risk for ADHD is environmental. ADHD is therefore not a direct result of bad parenting or socioeconomic status.
People who can focus really well on their work can't have ADHD.	1.8	98.2	False. Many people with ADHD have "hyperfocus." When they are doing a job that they enjoy and find interesting, many can focus on a task for hour after hour, avoiding distractions and producing high-quality and incisive results.
All people with ADHD are hyperactive.	6.4	93.6	False. While many people with ADHD are hyperactive or impulsive (fidgeting, never staying still, talking too much, interrupting, not staying seated), some are mainly or entirely inattentive (not paying attention to detail, not listening or paying attention, getting distracted, making mistakes). Many show a combination of the two.
There are more people with ADHD than there are people with personality preferences for INFJ, or for ENFJ, or for ENTJ.	61.1	38.9	True. An estimated 3.5% of the global workforce have ADHD, but 2.6% of the MBTI global sample have INTJ preferences; 2.3%, INFJ; 2.2%, ENFJ; and 1.8%, ENTJ.

Question	% saying "True"	% saying "False"	Correct answer
Dyslexia is a very rare condition.	6.4	93.6	False. In the United States, research from the National Institutes of Health has shown that dyslexia affects 5–10% of the population. Some estimates are as high as 17%.
Involuntary swearing is a common symptom of Tourette's syndrome.	73.4	26.6	False. Although swearing is often depicted as a symptom, only a small percentage of people with Tourette's syndrome do this. Other verbal tics (such as grunting, coughing, tongue clicking, or saying random words and phrases) or physical tics (such as blinking, eye rolling, jerking of the head or limbs, or touching objects and other people) are more common.
People with obsessive-compulsive disorder (OCD) can make a positive contribution to the workplace.	98.2	1.8	True. In obsessive-compulsive disorder, a person has obsessive thoughts and compulsive behaviors. However, there can be positive aspects for some people. Those with OCD are often cautious and risk averse, which can be an advantage or a disadvantage in the workplace depending on the situation or the nature of their work. They are usually very detail conscious, even perfectionist, and (unless compulsions get in the way) good at meeting deadlines. Some research has suggested that people with OCD may be more creative.

The questions that respondents were most likely to give the incorrect answer to were:

- *Involuntary swearing is a common symptom of Tourette's syndrome* (73% incorrect). This is a very common misconception, but in reality, only a small percentage of people with Tourette's syndrome do this. Other verbal or physical tics are more common
- *ADHD (attention deficit hyperactivity disorder) is predominantly a genetic condition* (55% incorrect). Survey respondents may have been misreading this statement as something to the effect of "ADHD is solely genetically determined, and individuals cannot do anything to prevent this." In fact, research shows that while people may be genetically predisposed to present with ADHD, and that this is more important than other factors, environmental triggers contribute as well.
- *People with autism don't easily understand other people's thoughts and feelings* (52% incorrect). Research shows this statement to be true. However, ASD represents a spectrum, and some people with autism are, or have learned to be, better at understanding other people's thoughts and feelings than others.

On average,⁴ survey respondents answered 10 of the 12 questions correctly. Only three people answered all 12 correctly.



⁴ Median score = 10.

Perceived issues when practitioners use the MBTI® assessment with neurodivergent people

In an open-ended question, survey participants were asked, “What issues, if any, have you faced when using the MBTI assessment with neurodivergent people?” Fifty-nine people responded to this question; many of the remaining 66 may have experienced no issues.

A full list of responses to this question is given in Appendix 2. However, thematic analysis showed that respondents’ answers grouped into several categories or themes:

Theme	Number of responses
No or very few issues	22
Clients find choosing between two options difficult	7
Client behavior does not follow typical or usual pattern for type	5
Client’s behavior is not consistent across situations	4
The session takes more time/takes multiple sessions	4
Difficult to tease apart what is type and what is neurodivergence	4
Clients want to know what is “good” or correct	4
Some neurodivergent clients are more skeptical or cynical	3
Not knowing whether client is neurodivergent	3
Client is worried about being “put in a box”	2
Confusion about the meaning of questions	2
Other issues	13

Note that the total number of responses listed is greater than 59. Several respondents’ answers covered more than one category.

Although many survey respondents did not report any issues, the answers of those who did will be used to refine and update the guidelines for using the MBTI assessment with neurodivergent people.

Concerns raised by clients or by neurodivergent respondents

In an open-ended question, survey participants were asked, “What concerns, if any, have neurodivergent respondents or clients raised with you in respect to neurodivergent individuals taking the MBTI assessment or discussing their type?” Fifty-four individuals provided a response; many or all of the remaining 71 may not have heard any concerns.

A full list of responses to this question is given in Appendix 3. However, thematic analysis showed that respondents’ answers grouped into several categories or themes:

Theme	Number of responses
No concerns	18
Confusion between type and neurodivergence	8
Can MBTI process be used at all with neurodivergent people? Is it just for the neurotypical?	7
How does neurodivergence interact with type? Is there any research?	6
Assessment questions can be confusing; choices are difficult	4
Concerns about validity and accuracy; not believing results	3
Concerns about how results will be handled and used	3
Is the MBTI type looking at the “mask” or the true self?	2
Other concerns	11

Note that the total number of responses listed is greater than 54. Several respondents’ answers covered more than one category.

Although many survey respondents did not report any issues, several were mentioned by others. Many practitioners may not be aware of the recent research into type and neurodivergence (Hackston, 2024); these findings will answer some of the concerns around the relationship between type and neurodivergence, and how/if the MBTI assessment can be used with neurodivergent people. Other questions are already covered in the guidelines for using the MBTI assessment with neurodivergent people, but that document will be updated further using these results.

Strategies or approaches

In an open-ended question, survey participants were asked, “What strategies or approaches have worked for you when using the MBTI assessment with neurodivergent people?” Fifty-one individuals provided an answer.

A full list of responses is given in Appendix 4. However, thematic analysis showed that respondents’ answers grouped into several categories or themes:

Theme	Number of responses
Be very clear about the purpose of the session and what the MBTI assessment is and is not (e.g., not a diagnosis)	10
Don’t assume. Ask “the questions behind the questions”—“Why do you do X,” and so on.	8
Make sessions interactive or more visual, or read materials out loud; vary approaches	8
Allow extra time	6
Prepare client before the session, build rapport, offer reassurance	5
Suggest that client “answer as if no-one is looking” or “go with gut feeling” in assessment, or alternatively suggest completion in a specific content (home? work?) to identify masking	5
Use Step II	2
Suggest following up with/referral to therapist, employee assistance program, neurodivergence expert	2
Other strategies or approaches	16

Note that the total number of responses listed is greater than 51. Many respondents’ answers covered more than one category.

The number of responses in the “Other” category is relatively large—larger than for any other individual category. This reflects that the answers to this question were very varied. All these responses will, however, be used to update the guidelines for using the MBTI assessment with neurodivergent people.

Useful resources

In an open-ended question, survey participants were asked, “What resources have you found useful when using the MBTI assessment with neurodiverse people?” Forty-one individuals provided an answer.

A full list of responses is given in Appendix 5. However, thematic analysis showed that respondents’ answers grouped into several categories or themes:

Theme	Number of responses
None	10
Learning from neurodivergent clients, friends, family members (or oneself if neurodivergent)	7
Videos, webinars	5
The feedback cards and/or slides	4
Resources I've created myself	3
Other resources	14

Note that the total number of responses listed is greater than 41. Some respondents’ answers covered more than one category.

The most common single response was “None,” implying that these respondents were not aware of the existing guidelines for using the MBTI assessment with neurodivergent people. Arguably, these guidelines should be better publicized. This will be addressed once the guidelines are updated using the findings of this and other research studies.

More detail on specific resources is given in Appendix 5.

Conclusions and recommendations

Summary of results

Occurrence of neurodivergence

Overall, 65% of practitioners surveyed had used the MBTI assessment with at least one neurodivergent person in the past year. ADHD was the condition seen most frequently, by 55% of practitioners. At least one client with ASD had been seen by 35%. Clients with dyscalculia, dyspraxia, and Tourette's syndrome were seen by less than 10% of practitioners within the past year.

These percentages may underrepresent the proportion of neurodivergent people who complete the MBTI assessment. Practitioners should be aware that over the course of a year, they are more likely than not to use the assessment with a neurodivergent person, in particular someone with ADHD.

Practitioners' neurodivergence knowledge

The survey contained 12 true-false questions relating to neurodiversity and neurodivergence. On average, survey respondents answered 10 of these correctly. Only three people answered all 12 correctly.

The questions that respondents were most likely to give the incorrect answer to were:

- *Involuntary swearing is a common symptom of Tourette's syndrome* (73% incorrect). This is a very common misconception, but only a small percentage of people with Tourette's syndrome in fact do this. Other verbal or physical tics are more common.
- *ADHD (attention deficit hyperactivity disorder) is predominantly a genetic condition* (55% incorrect). Survey respondents may have been misreading this statement as something to the effect of "ADHD is solely genetically determined, and individuals cannot do anything to prevent this." In fact, research shows that while people may be genetically predisposed to present with ADHD, and that this is more important than other factors, environmental triggers contribute as well.
- *People with autism don't easily understand other people's thoughts and feelings* (52% incorrect). Research shows this statement to be true. However, ASD represents a spectrum and some people with autism are, or have learned to be, better at understanding other people's thoughts and feelings than others.

Perceived issues when using the MBTI® assessment with neurodivergent people

When asked, "What issues, if any, have you faced when using the MBTI assessment with neurodivergent people?" the most common response (from 22 people) was that there were no issues, or very few. Other responses included: that neurodivergent clients can find choosing between two options difficult (mentioned by 7 respondents) and that neurodivergent clients' behavior does not follow the typical or usual pattern for their type (mentioned by 5 respondents).

Concerns raised by clients or by neurodivergent respondents

When asked, “What concerns, if any, have neurodivergent respondents or clients raised with you in respect to neurodivergent individuals taking the MBTI assessment or discussing their type?” the most common response (from 18 people) was that there were no concerns. Other responses included: confusion between type and neurodivergence (8 respondents); concerns as to whether the MBTI assessment can be used at all with neurodivergent people (mentioned by 7); and questions as to how neurodivergence interacts with type, and whether there is any research into this (mentioned by 6).

Strategies or approaches

When asked, “What strategies or approaches have worked for you when using the MBTI assessment with neurodivergent people?” the most common responses included: being very clear about the purpose of the session and what the MBTI assessment is and is not (10 people); avoiding assumptions and asking “the questions behind the questions” (8 respondents); making sessions interactive or more visual, or reading materials out loud, or in general using varying approaches (8 people); and allowing extra time (6 people).

Useful resources

When asked, “What resources have you found useful when using the MBTI assessment with neurodiverse people?” the most common response, from 10 people, was that there were no resources they found useful for this purpose. This implies that these respondents were not aware of the existing guidelines for using the MBTI assessment with neurodivergent people. Other relatively common responses included learning from neurodivergent clients, friends, and family members (or oneself if neurodivergent) (7 people) and various videos and webinars (5 people).

Recommendations

- Neurodivergence is not so very unusual. Practitioners should be aware that over the course of a year, they are more likely than not to use the assessment with a neurodivergent person, in particular someone with ADHD. They should also be aware that to a greater or lesser extent, many neurodivergent people may be “masking” their true self.
- While many practitioners are knowledgeable about different forms of neurodivergence and their implications, some misconceptions remain. Practitioners should stay informed on these topics.
- The results suggest that many practitioners were not aware of the existing *Guidelines for Using MBTI Type with Neurodivergent People*. These will be updated using the findings from this and other research, and it is recommended that practitioners consult this guide.
- While many practitioners reported no issues or concerns when using the MBTI assessment with neurodivergent clients, several did report issues or concerns. A number also reported specific strategies they used. This information will be used to update the guidelines.

References

- Centers for Disease Control and Prevention (CDC). (2023, March 23). *Autism Spectrum Disorder (ASD)*. Retrieved from cdc.gov: <https://www.cdc.gov/ncbddd/autism/addm-community-report/executive-summary.html>
- de Graaf, R., Kessler, R. C., Fayyad, J., ten Have, M., Alonso, J., Angermeyer, M., . . . Posada-Villa, J. (2008). The prevalence and effects of adult attention-deficit/hyperactivity disorder (ADHD) on the performance of workers: Results from the WHO World Mental Health Survey Initiative. *Occupational and Environmental Medicine*, 65, 835–842.
- Doyle, N. (2020). Neurodiversity at work: A biopsychosocial model and the impact on working adults. *British Medical Bulletin*, 135(1), 108–125.
- Doyle, N. (2024). Defining neurodiversity and identifying neurominorities. In E. Patton & A. M. Santuzzi, *Neurodiversity and work. Palgrave Studies in Equity, Diversity, Inclusions and Indigenization in Business*. London: Palgrave Macmillan.
- Hackston, J. (2023). *Guidelines for using MBTI® type with neurodivergent people*. Sunnyvale, CA: The Myers-Briggs Company.
- Hackston, J. (2024). *Research into MBTI® type, neurodivergence, and neurodiversity*. Sunnyvale, CA: The Myers-Briggs Company. Retrieved from <https://eu.themyersbriggs.com/en/Knowledge-centre/-/media/f8c578c005114c00890d3b62418f526b.ashx>
- Kessler, R. C., Adler, L., Barkley, R., Bierderman, J., Conners, C. K., & Demler, O. (2006). The prevalence and correlates of adult ADHD in the United States: Results from the National Comorbidity Survey Replication. *American Journal of Psychiatry*, 163(4), 716–723.
- McDowall, A., Doyle, N., & Kisleva, M. (2023). *Neurodiversity at work 2023: Demand, supply and a gap analysis*. London: Birkbeck, University of London.
- Myers, I. B., McCaulley, M. H., Quenk, N. L., & Hammer, A. L. (2018). *MBTI® manual for the global Step I™ and Step II™ assessments*. Sunnyvale CA: The Myers-Briggs Company.
- Song, P., Zha, M., Yang, Q., Zhang, Y., Li, X., & Rudan, I. (2021). The prevalence of adult attention-deficit hyperactivity disorder: A global systematic review and meta-analysis. *Journal of Global Health*, 11.

Appendices

Appendix 1. Forms of neurodivergence

Overview

The idea that we are all neurodiverse means that neurodivergent individuals do not have to be seen as suffering from a specific illness or condition. Nevertheless, most people find it useful to distinguish between different forms of neurodivergence. Some of the most frequently occurring are described briefly below. In practice, many individuals will show behaviors associated with more than one of these.

Attention deficit hyperactivity disorder (ADHD)

People with ADHD can seem restless, may have trouble with concentration and attention, and/or may act on impulse more than other people. Some people with ADHD are more inattentive (not paying attention to detail, not listening, getting distracted, making mistakes), others more hyperactive or impulsive (fidgeting, never staying still, talking too much, interrupting, not staying seated). Many show a combination of the two. While ADHD may affect tasks that involve attention to detail, repetitive tasks, rule following, or strict management of time and resources, people with ADHD can be very creative and energetic. When they are doing a job that they enjoy and find interesting, they may show “hyperfocus,” avoiding distractions and producing high-quality and incisive results.

Autism spectrum disorder (ASD)

Autistic people may find it hard to communicate and interact with other people and may find it hard to understand how other people think or feel. Some may find things like bright lights or loud noises overwhelming, stressful, or uncomfortable and get anxious or upset about unfamiliar situations and social events. Some can take longer to understand information, while some do or think the same things over and over. However, it is important to emphasize that autism represents a spectrum of different behaviors. For most people, not all these issues will apply, and those that do will differ in their impact. Many autistic people can bring a high degree of attention, precision, and accuracy to tasks. They often have in-depth expertise and knowledge in specific areas, and many demonstrate a logical, analytical approach.

Dyscalculia

Dyscalculia is a specific and persistent difficulty in understanding numbers, leading to a range of difficulties with mathematics. Those with dyscalculia may also have trouble understanding shapes, distance, or volume or have difficulty with time, directions, schedules, sequences of events, or financial planning. People with dyscalculia often see situations in a holistic way, leading to effective strategic decisions and creative problem-solving. They often have a great love of words and a high degree of practical ability.

Dyslexia

People with dyslexia may read and write slowly, confuse the order of letters in words, be confused by letters that look similar, write letters the wrong way round (such as “b” and “d”), and have poor or inconsistent spelling. They may understand information when told verbally but have difficulty with information that is written down. They may, however, have advantages in areas such as big-picture or lateral thinking, visualization, and some forms of creativity.

Dyspraxia

This developmental coordination disorder affects movement and coordination, impacting activities such as tasks requiring balance, playing sports, or learning to drive a car. Dyspraxia can also affect fine motor skills, such as writing or using small objects.

Obsessive-compulsive disorder (OCD)

Though obsessive-compulsive disorder has historically been seen as a type of anxiety disorder or mental illness, it is now also often seen as a form of neurodiversity. With obsessive-compulsive disorder, a person has obsessive, unwanted, unpleasant, and repeated thoughts and compulsive behaviors. The latter are repetitive acts that they feel compelled to do to relieve the unpleasant feelings brought on by the obsessive thought—for example, cleaning and hand washing, checking and rechecking, counting, or hoarding. The compulsive behavior temporarily relieves the anxiety, but the obsession and anxiety soon return, causing the cycle to begin again.

Tourette's syndrome

This is a condition that causes a person to make involuntary sounds and movements called tics. These may be physical (such as blinking, eye rolling, jerking of the head or limbs, or touching objects and other people) or verbal (such as grunting, coughing, tongue clicking, or saying random words and phrases). Although swearing is often depicted as a symptom, only a small percentage of people with Tourette's syndrome do this.

Prevalence of neurodivergence

Across populations, large numbers of people will be affected by one or more of these forms of neurodivergence. Between 3% and 7% of children are affected by ADHD (Kessler et al., 2006), and estimations for adults vary from 3.5% (de Graaf et al., 2008) to almost 7% (Song et al., 2021). About 2% of adults in the US and 2.8% of 8-year-old children have been diagnosed with autism spectrum disorder (Centers for Disease Control and Prevention (CDC), 2023). Some estimates suggest that 15% of the population may be affected by dyslexia. Overall, it is estimated that 15% to 20% of the population worldwide are neurodivergent (Doyle, 2020).

Appendix 2. Full listing of perceived issues when practitioners use the MBTI® assessment with neurodivergent people

In an open-ended question, survey participants were asked, "What issues, if any, have you faced when using the MBTI assessment with neurodivergent people?" These responses were categorized, and the analysis is presented in the body of this report. However, a full list of all responses is presented below. Spelling, grammar, and so on have not been altered.

Actually, few. Some of the MBTI types read almost like characteristics of some neurodivergences. Some, though, are not happy to be "put in a box." Even those usually come around with more explanation. I am more exploratory in the validation process than I am with neurotypical clients.

Applying the information to their own experience can be challenging. Many have taken some version of the Myers-Briggs assessment online and make assumptions about the merits of the assessment based on this experience. The S/N preferences are the most difficult for students to grasp in terms of the translation to their own experience.

As a neurodiverse person myself with many colleagues who are as well -- there is often a greater level of skepticism regarding the validity of the exam from ND people. This skepticism leads to an unwillingness to engage in the experience and a cynicism about its use. ND folks struggle from a dichotomy I like to call the "it depends" mantra, meaning they may struggle with answering on a Likert scale because it insinuates they are "all" one way or "all" the other way when in reality most people are adaptive and contextual. Finally, there is also a challenge in choosing responses that reflect coping behaviors and not natural behaviors. For example, I might select responses that elicit a "J" because I have had to create processes and rigid systems to function, but in a natural non-judgmental world I would present as a "P."

As a Step 1 and 2 long serving practitioner, I haven't used it with neurodivergent people (that I'm aware of) or that have told me. I have been asked by people doing it how it applies to neurodivergent people, and I've never been able to provide an intelligent response or know of research that has been conducted but I feel it needs to.

As someone who is diagnosed with ADHD I find accuracy of some type preferences are difficult to assess since the brain is wired to work a certain way even though it is not our preference. For instance, I always show a preference for J instead of P because I have learned overtime that J is what I have learned is the only way I can function in society otherwise I am forgetful and tasks are never completed; however P is what I am naturally inclined to do. I use this knowledge to help describe preferences vs. behavior.

Asd - hard to choose between options or describe if the wording is slightly different. Want to test/retest to see if the outcomes change on the diagnostic, despite working to find best fit through conversation.

Because of the development of "masking" in highly-functioning individuals, the kind I might encounter in corporate settings, there can be more segmentation of "parts" for different situations. One way for work, one way for romance, one way for church, etc. It may make having one holistic preference type for MBTI more difficult because of masking.

Challenges with consistent answering of questions

Choice fatigue, or overall analysis of situational questions.

Concern that are being placed in a Box that they not going to fit in. It's another way to be catch out and not feel like they belong

Constant urge to know is it good. Finding it tough to settle at one answer.

Difficulties in making a choice between two. Unwillingness to participate due to lack of reading comprehension. Unrealistic expectations. Needed use of dictionary. Hypersensitive in feedback session.

Difficulty with managing written psychometric

Don't really know, I don't ask to disclose

First of all the language is important and you should be asking about neurodivergent people, because everyone is neurodiverse. I have faced no issues as the tool itself does not appear to be biased against any neurotype. I adapt my coaching style however.

For gifted people, the type is not accurated For people in the Spectrum, they are always enthusiastic to discover their type

Helping them understand the assessment and comprehending it is neither good nor bad.

I am neurodivergent. My behaviors do not follow typical I or J patterns.

I am unsure if I have directly used the MBTI assessment with neurodivergent people as it is not something that we ask within our organization. However, as someone who is neurodivergent, I have found that with the Sensing and Intuition pair specifically, it can be difficult to feel which is most appropriate depending on the day.

I did not know some had ADHD until they were in the session.

i feel that people are still not flagging any neurodiversity

I have found that I have needed to have very clear instructions and have the research ready for distribution, the origin of the assessment, and the value of the assessment in people's lives. There has been scepticism and low level of trust despite my quals, experience and role

I have not used it with ND people

I would not describe it as issues most of the time, just more intricacies and an interesting challenge to help someone unravel neurodivergent traits from preferences. I do find conveying the necessary information difficult when dealing with the group of clients that have a significantly lower than average IQ, but I see this as an opportunity for myself to learn a more visual style of giving feedback or simplifying what needs to be understood.

In most instances the self assessment was vastly different from the online assessment. Not that that is an issue but it seems to happen more in this instance

It is a challenge to look at some of the preferences as options (eg the traditional handwriting exercise) as neurodiversity to some people means that they will not be comfortable with using the opposite of their preferred style

Lack of any information I can send them when they bring up "How does my type affect my ADHD or, how does my ADHD affect my type?"

Lack of understanding of some of the concepts being opposite. For example, they will describe a situation and say they focus on the details and the big picture and not one more than the other but both equally. OR, self-typing at what they aspire to be rather than who they truly are.

n/a

N/a

N/A

NA

Needing more time to review the assessment report together. Confusion around some of the questions on the assessment itself.

no issues

No issues per se, but noticing a lot of introverts identify as neurodivergent.

No issues with the assessment with folk with ADHD but they are wondering if there is a higher percentage of ADHD in the Intuition and Perceiving areas.

No issues, they have sought it out to figure themselves out.

No real issues other then getting different questions about the way it works, how to value it, where to find more information or having to spend more time explaining why it can be useful.

none

None

None, I myself am neurodivergent and took it. ESFJ spot on for autistic.

None, other than extraverts tend to talk your ears off during the debrief and sometimes go down several rabbit holes ;)

None. In fact, I have found that in large part, the nuerodiverse people tend to fall into similar profiles, in particular Introverted.

One person instead that instead of the preference pairs MBTI would only be valuable if it used every letter in the alphabet. He drew that idea out on a long sheet of paper to demonstrate to the group.

Only with people who report being "OCD" -- they create a different dynamic in the group facilitations. Exercises have to be allowed to break into smaller pieces and with some solo time, then quickly back into large group.

People who do not answer honestly

Some times when reviewing assessment results (1Hour Appointment) after the assessment was taken - I would have to break up the appointment into two or three meetings to help with focus.

Sometimes it can cross over with....is it neurodivergence or just their personality type. For instance, an ENFP reports losing things frequently and starting multiple projects at once. Is this ADHD tendencies, or just traits of their personality coming out and getting labeled as "wrong"

The most vexing issue was teasing apart ASD and Introversion. Needing time alone to focus on a "special interest" or avoid burnout can look very much like Introversion. It required me to look carefully at type dynamics to help this individual get to best-fit type.

The predisposition towards NP thinking. Dopamine addiction in ADHD leads to overwhelming NP typing. Autism is showing up as SJ. One ADHD client was typed the first year as an ENTJ, but her type is actually ESTJ. In another assessment, she was typed as ESTP. We're not sure of how it affects women. We also don't know when something is considered neurodivergence or type predisposition, in some areas. I am confident in my typing as an INFJ, although I am also neurodivergent. When I was first typed, the confidence levels for f/t and j/p were close to 0. I'm finding that masking in neurodivergence may be a function more severely affected acting as its opposite. For example, an ADHD ESFP typed as an ENTP because she lacked empathy and moral structures commonly associated with ESFP. But looking at her functions, she was very much an ESFP. We found that her answers were more aligned with dopamine addiction and not necessarily what she personally believed. In my case, my inability to maintain consistent structure and hypersensitivity (associated with ADHD) often led to INFP typing.

They don't tell you they are neurodivergent until you ask them. But I find that all of them (ADHD) are ENFP or ENTP

They often need extra time, and may have a concern about how their situation will impact the results, such as, will the results be accurate, or explain their situation better...

Those who are high functioning on the autism spectrum can be intellectually critical and express their criticisms harshly before understanding the MBTI results. That said, one client on the spectrum found the Myers-Briggs incredibly helpful.

Those with dyslexia struggle with reading the font ASD - often struggle with engaging with group exploration of their type

Understanding of the wording in the forced choice selection.

Unsure of diagnosis

When providing examples trying to work through their lens of seeing the world to explore their preferences.

Appendix 3: Full listing of concerns about using the MBTI® assessment with neurodivergent people

In an open-ended question, survey participants were asked, "What concerns, if any, have neurodivergent respondents or clients raised with you in respect to neurodivergent individuals taking the MBTI assessment or discussing their type?" These responses were categorized, and the analysis is presented in the body of this report. However, a full list of all responses is presented below. Spelling, grammar, and so on have not been altered.

An ISTJ male raised objection when he felt he was riddled with ideas inside his head and that a rigid ISTJ stereotype wasn't accurate. He was convinced he was an ENTP on the basis of many ideas and inability to finish a task. He believed he was also on the autism spectrum. The ESFP female testing as ENTP also felt the same way. that her lack of empathy and intelligence was for sure a sign of thinking and not anything else.

As a Step 1 and 2 long serving practitioner, I haven't used it with neurodivergent people (that I'm aware of) or that have told me. I have been asked by people doing it how it applies to neurodivergent people, and I've never been able to provide an intelligent response or know of research that has been conducted but I feel it needs to.

being asked how this interacts with their type and not knowing how to answer them

Can it be used at all?

Can type be changed. Is there any scope of their betterment and which types are considered as best.

Difficulty in moving through questions without overthinking.

Does the MBTI and 16 types in general take into consideration neuro-diversity? Plus the concerns or questions raised above.

Does this really describe my preferences and my strengths? How "accurate" is it considering my mental health issues? This is especially challenging if the individual has several co occurring diagnoses. which most with ADHD and Autism do.

Extraverted Intuition (Ne) can be confused with ADHD Introverted Sensing (Si) can be confused with OCD Autistic individuals can get stuck on exact definitions

Familiarity of the assessor with nd approaches. How the impact is handled in teams

Font of any handouts Taking information literally - so struggling with pictures of E vs I (solar powered vs plugged in) and T vs F (head and heart)

For the client with dyspraxia and dyscalculia who also reported a preference for Thinking, there was a need to discuss how the "tough" side she'd developed to "pass" in the neurotypical world was masking her true preference for Feeling.

How it is shared, how it will be used. Main concerns are linked to being judged.

I don't see big difference in doing MBTI assessment with them (ADHD) and with normal people

I had one client on the spectrum feel like the type was putting them in a box and claimed they had multiple types. They got frustrated with the assessment.

I have found that a thorough, systematic process has led to good outcomes - no shortcuts. Making sure that it is stressed that the results are self report, so the process is about unpacking their "votes" and testing the validity of the whole picture

I usually give background on type psychology and all the elements of a personality which prevents issues. People don't feel boxed in when I show and discuss the "Portrait of an Individual" slide.

i would think the taking the questionnaire might be long and if not previewed properly in the set up (like bolded letters for preview info before starting the Q'n itself) individuals may struggle with responses for them

If it is suited for them as well.

It comes down to is the MBTI type they got their mask or their true self?

It mainly looked like the individual was trying to end up with at the Best fit type the individuele wanted to be

Knowing how and where there may be intersection. If there are opportunities to bring more awareness, how much of their "TYPE" results are actually related to their neurodivergence? It has been asked.

Many individuals question the validity/ reliability of the assessment based on their prior experience with some version of it. Also, the cost of the assessment can serve as a barrier for some (particularly if they have already completed a free version of a similar assessment online).

Neurodivergent individuals are, by definition, outliers, so they will not be well-represented in any large-scale study. Thus, they likely are not well-represented in the MBTI.

no concerns - I was asked if there were particular types associated more often with ADHD

No concerns brought up yet, but we are having a lot of discussions about neurodiversity in the workplace. Questions are coming up around if certain types may be neurodivergent (ie: INFJ's & ADHD).

None.

Not in my work practice at this time

Others taking the assessment with ADHD may not know this yet since they have not taken the workshop. Some type preferences may be swayed due to societal norms and pressures at a higher level for someone with ADHD. Hyper fixation, scheduling and organizing tasks, always leaving tasks open for future possibilities are just some behavior traits that I found are commonly attributed to someone with ADHD

Personality assessments measure "normal behavior" how does this play into neurodiverse folks

please use the term neurodivergent here. (If I can help you with the appropriate language please let me know!) Neurodivergent people want to make sure the results are not biased and have been checked for any bias - as a licensed practitioner I would also like to know this is the case. I suspect that certain types are more often also describing themselves as neurodivergent.

Sometimes they do not like being put in a box. But usually it's positive as the mbti types are preferable to the autism stigma they faced prior.

The client I'm thinking of was very concerned about being misunderstood. The MBTI was just another opportunity for that. He almost always felt misunderstood.

They felt like the online assessment was confusing.

They seem to struggle more with the choices/options than my neurotypical respondents.

They sometimes wonder themselves, what the effect of their neurodiversity is on their preferences. Apart from that I find most consider it a breath of fresh air, an instrument that does not diagnose or give a list of what is wrong and what you can or cannot do, but instead provides an insight into what comes naturally and helps to regain and retain balance.

They stated that they do not believe it

Unsure of diagnosis

We (my participant with ADHA and I) spoke about whether their ADHD might affect their type - in that they might seem to have a strong preference for perceiving because of their sporadic ADHD-fueled nature. We decided not to get hung up on that - and take the MBTI at face value, without bringing their ADHA into the conversation very much. We both felt this was fine.

Appendix 4: Full listing of strategies or approaches

In an open-ended question, survey participants were asked, "What strategies or approaches have worked for you when using the MBTI assessment with neurodivergent people?" 51 individuals provided a response. These responses were categorized, and the analysis is presented in the body of this report. However, a full list of all responses is presented below. Spelling, grammar, and so on have not been altered.

Allowing increased time Not expecting long concentration time - shorter meetings Reassurance

As a neurodivergent person myself, I think masks are part of the whole. I tell people to answer MBTI at work mostly around how they show up at work. Alternatively, I also say that MBTI is innate preferences, and can help them discover when they may be frequently operating outside their preferences -- which is, in a sense, masking. It can help them perhaps discover where their mask is and find ways to operate in a more preferred, less stressful way. I also found that highly-masked individuals operate in their 3rd and 4th preferred function more (the backseat functions in the car analogy), which isn't where their strengths always lie.

Ask the questions behind the questions, also ensure you have enough knowledge about how specific forms of neurodiversity can impact every dimension just so you can ask the right questions when you suspect another layer at play. After all, does your client with ASD really have introversion as a preference, or is it the constant process of masking and self analysing during a "simple" conversation that requires them to recharge after.

Asking in advance for permission to interrupt if necessary. Sharing my own struggles with ADHD. Normalizing behaviors - for example, saying something like, "I can relate. Most people do that / feel that way sometimes." Allowing them to choose the challenges they want to talk about and where they want to take the conversation. Using active listening and asking how what they're saying ties back to their goals.

Be very clear about the purpose, the process, and that they are in the driver's seat. The assessment is to help them understand themselves better

Breaking up the assessment results, someone/a computer reading the assessment to a student

Emphasize the self-reflection on their results. Helping users see communication findings as strengths/superpowers, especially with introverts.

Focus on strength, relationship and how the tool can help with increasing understanding and empathy

Giving them ownership of their process: it's a tool that could help you understand yourself better, but also understand others better. So even if you think it does not suit you, use it to your advantage with people around you.

Grounding them first and CBT to help them reach the core question.

Have them take the test without mentioning knowledge of their condition and (in my specific cases) without accommodations

Having a pre-assessment appointment to share what they can anticipate when taking the assessment on their own. Allowing more than an hour to review the assessment report together, or breaking it into 2 shorter sessions.

I actually ask in a confidential release form prior to any of the assessment process if there are any mental health diagnoses, particularly with neurodivergence before any commitment to the process is made. I include much slower explanations of dichotomy and preference choices in hypothesis 1. I give several examples of each when completing the verbal hypothesis 1. I will also ask for confirmation of an understanding of the explanations and ask them to explain the choices back to me to check for clarity and understanding. Finally, I use more visual examples particularly for ADHD folks.

I always allow for extra time for people's attention to wander or for sidetracking of the main subject

I always say that MBTI is not a diagnosis tool of any sort. But discuss with them that sometimes things that you see in certain neurodivergent actions, can be similar to what certain personality types see especially under stress as well. I recommend them to follow up with employee assistance programs if they need further assistance.

I am neurodivergent myself, so I use some of my own experiences as examples - this has been helpful for folks in terms of understanding.

I have actively sought them out and are my best clients.

I have completed a 1 on 1 feedback session with them.

I have found the MBTI2 assessment most helpful when working with neurodivergent learners at the college level because it helps them consider how they make use of their preferences in different contexts. It's also easier to get students to buy into this version of the assessment because it allows them to dig a little deeper into the preferences. The summary of the facet scores, which appears at the end of the MBTI2 assessment report and displays the average range of scores for other individuals with the same type preferences, has been particularly helpful for neurodivergent learners because it assists them with identifying significant areas of strength that they can capitalize on as well as areas of challenge that they can address through developing compensatory strategies.

i have not experienced this but wonder if the system could be set up to read the questions out loud and then respond

I haven't

I just ask folks to take the assessment as the person they are when no one is looking, not when they are masking.

I lean more toward a Jungian type approach with dynamics than I do with the pure MBTI. I find that understanding the flow of the functions helps discern the client's experience with more specificity, resulting in a better likelihood that they feel a fit and have a final type conclusion.

I stay consistent with my approach and that has worked

I try to explain extra detail when providing a self assessment; using both work and personal examples of each type.

I use the MBTI assessment in the college courses I teach. So, Typically I deliver the assessment to about 120 students a year. The self assessment activities I use from the certification are really helpful with folks who are ADD & ADHD because we talk and move and students don't have to focus on one thing for too long.

I use this knowledge in my workshop to demonstrate behavior vs. preference.

Instructing to not overthink the questions, but instead go with gut instinct or initial thoughts.

It has been helpful to present their findings using a Powerpoint presentation using MBTI slides that explain their MBTI type. Using a visual presentation enhances learning and the ability to read/interpret their report. I do this for everyone I see not just neurodivergent, but I have found it is particularly helpful for individuals with diverse neurocognitive styles of learning and engaging.

Listen. Acknowledge input/feedback via post it paper or "parking lot." Correct common misunderstandings about MBTI. Make sessions highly interactive and vary Groups- individual, small group and larger group activity setup within every workshop.

Listening closely, answering questions openly, respecting that their experiences are different and valid

Motivation has always been a question I ask. "Why do you do xxxx?" That will say a lot. Or even "why do you believe this is accurate instead of this?" A judger might say they are habitual because they eat the same meal, when they might be autistic. But they might also eat the same meal because it's too difficult to think about what to eat every day. Or, they might be neurotypical and eat the same thing every day because the experience of food just isn't a big deal. But then we look at other areas where they might not have routines and see why.

No issues or different approaches to date

none

please use the term neurodivergent. I take a strengths based approach and so the MBTI is set up to do this in a positive way. No other adaptations have been needed on my behalf - I notice my clients take the debrief process in their own unique ways and so I match my approach to my clients.

Questions

Reading their profile for them / reading words / phrases aloud when completing assessment

Respect. Of them and their condition.

Same as everyone

Same strategies that work with adult learners to keep them engaged - discussions, etc.

Speak openly about neurodiversity and allow them to do the same if they wish.

Spent time before use of questionnaire establishing rapport. Talked about interests and hobbies before questionnaire to help client focus.

Suggested they bring their results to their therapist to discuss. (as this is not an area I have expertise at all and am not able to provide any guidance)

Taking care not to assume that when behavior and preference diverged that behavior, which I could see, was the best guide to what the client preferred.

The only strategy I have found is providing up front warnings that the test is not designed to adapt to context or varying cognitive differences so employees should go with their "gut" response as much as possible.

The overview helps to show them how you will spend the time with them. The break down of the facets in the pairs also helps them see how they have out of preference facets, helping them reconcile what we were taught 20 years ago about our MBTI preferences.

Time, time and more time. Clarity on what outcomes "mean" Giving stats on accuracy of diagnostic.

Allowing exploration and encouraging "trying on the jacket"

Trying to keep it simple.

Unsure of diagnosis

Well I do other assessments at the same time that can help frame the MBTI results. I let people know that type is not seeking correct or best answers, and that the results will likely reflect their situation, though the results will not directly address it either.

Appendix 5: Full listing of resources

In an open-ended question, survey participants were asked, "What resources have you found useful when using the MBTI assessment with neurodiverse people?" These responses were categorized, and the analysis is presented in the body of this report. However, a full list of all responses is presented below. Spelling, grammar, and so on have not been altered.

Actual neurological data, plus also cultural background and career/job role, as these impact results.

Adapted resources that i have created, simple & visual resources

Again, more visual hands on examples.

Font designed for dyslexics

I am a neurodiversity coach and a neurodiversity coach trainer and mentor. I draw on all of my knowledge that I bring to my coaching, including my lived experience as an ADHDer. Understanding the neurotypes with more nuance allows me to bring more nuance to the MBTI with my clients. I recommend thr Neurodiversity Coaching Academy (I'm a co-founder), webinars on ADDitudemag.com and ADDA.com for ADHDers, and anything by Devon Price or Damien Milton for autism. I'm still working on finding resources for understanding the lives experiences of other neurotypes.

I don't know of any resources, however talking with several type knowledgable educators and coaches who worked with neurodivergent populations was a great help.

I have found the MBTI2 facet interpretation summaries helpful when working with neurodivergent learners. I have also created my own resources to help learners make sense of their MBTI2 results.

I have neuro divergent husband and sons. Listen to them, empower them, help them develop their underlying themes and drivers so they are more than the neuro diversity e.g. the difference between introversion and inattention.

I haven't had any so we don't talk about it – I'd love to have more information!

I haven't really. If you want to gain an insight, find the people who live it day by day and ask for a glimpse into their mind.

I haven't. I'm kinda afraid of psychologically hurting someone unintentionally.

I use a lot of MBTI leadership/coaching videos.

Just my own experience

Linking to Trust and Lencioni's team disfunction. True focus on strengths, helping to chip away at the years of misunderstanding from others that have undermined their confidence.

lots of research. Honesty and openness with my own diagnosis and learning about myself.

My own background as an educator and differentiated strategies.

Nardi's work on neuroscience, youtube videos, talks/coaching, making it less about typing and more about curiosity in developing.

No add'l resources have been needed

none

None

NONE - could really use this!

None at the moment. There's not enough information on neurodivergence to really have anything credible at the moment. More research is needed to understand its effects in women, undiagnosed or late diagnosed adults, and masking.

Offering some more clear instructions or talking to them first then sending the email with instructions and the link to the assessment.

please use the term neurodivergent. the debrief cards. I do all my debriefs virtually. I use a powerpoint I have created to facilitate the process.

Same as everyone

Self assessment is a must! Also better if it happens very closely after online assessment.

Self-validation emphasis, structured through group activities demonstrating the differences/parallels between the dichotomies. Sites that use popular culture (shows, books, etc.) to help users see themselves in characters.

Single use-paper copy of questionnaire Stressing preferences are a unique gift, but there are many ways to behave in context

Slides of MBTI types.

Slides that explore work and life scenarios to help them explore 1-2 per pairing.

Some YouTube sites that explain the types in a fun and entertaining way.

The cards I got when I did the training.

The examples to share with the individual so that they can think about in the attempt to find they type

The guidelines made me think

The homework sheet that guides students in the Onet search.

The people themselves have been the most informative.

Three master classes in coaching ADHD adults, children, parents.

Unsure of diagnosis

Using a quiet environment without distractions for completion of the assessment - or reading the questions aloud.