Growing up as a Girl with ADHD

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Most research based on boys
Diagnostic criteria developed based on observations of boys
Assumption that findings apply equally to girls
Hyperactivity emphasized until 1980
Most checklists CONTINUE TO emphasize hyperactivity
Checklists designed to find boys
Squeaking wheel syndrome
Meta-analysis confirmed many of these previous findings:

- There is under-referral of girls with ADHD
- The characteristics of boys and girls referred for ADHD are similar
- This does NOT mean that most girls and boys with ADHD are similar, but that the girls that are referred are similar to boys with ADHD!

Sex Differences in ADHD: Conference Summary

- Sex ratio (boys:girls)
  - Population: 2–3:1
  - Clinic referred: 3–9:1
  - Only most severe girls referred

- Girls
  - Less hyperactive, have fewer externalizing behaviors
  - More have inattentive ADHD

- Should impairment be measured against same sex?

Sex Differences in ADHD: Conference Summary

- **Consensus (1996)**
  - Need for sex-based norms and diagnostic criteria
  - Additional diagnostic questions more sensitive to girls
  - Assessment of sex-differential age effects
Higher prevalence of inattentive type than boys

Less likely to have
- Learning disability
- Problems in school or during leisure time
- Comorbid major depression, conduct disorder, or oppositional defiant disorder

Greater risk for substance abuse disorder

Gender referral bias unfavorable to girls

What are the barriers to the diagnosis of girls?

Four theories:

1- Girls are less impaired
2- Boys’ ADHD behaviors more consistent with DSM descriptions
3- Girls inattentive symptoms more covert than boys’ hyperactive/impulsive symptoms
4- Squeaking wheel hypothesis – boy’s disruptive behavior gets more attention
Psychiatric- and pediatric-referred girls

Core ADHD symptoms are very similar to those observed in boys

Findings stress the severity of disorder in girls with ADHD

Girls have more conduct, mood, and anxiety disorders than controls

Preponderance of inattentive symptoms

*P<0.001 vs control.

Study in which teachers read identical ADHD descriptions, some with girls names, some with boys, and found the boys were more in need of referral for services.

Theory that inattentive type is harder to observe contradicted by (2009):

Study by showing that boys, whether inattentive or hyperactive/impulsive – are more likely to be teacher-referred for services than are girls with identical ADHD patterns.

Study showing that girls that met full criteria for ADHD and were MORE disruptive than their male counterparts were still far less likely to have used ADHD services.

What girls ARE diagnosed?

- Girls at end of bell curve
- Those that most resemble boys
- Caught in a circular logic – we diagnose girls that resemble boys, then conclude that girls with ADHD resemble boys with ADHD
Internalizing patterns require much closer observation
Require self-report - while most questionnaires are “other’s reports”
*Understanding Girls with ADHD* includes self-report questionnaires - not yet standardized or validated
Why do girls look different?

- Biological differences
- Different cultural expectations
- Tendency to internalize
- Tendency to compensate
How are differences manifested?

Self-blame, self-attribution

Low self-esteem, demoralization

Anxiety and depression

“It must be my fault. I feel bad about myself and worry that my teachers and parents blame me for not doing well.”
High IQ, Inattentive Girls

- Can compensate, look better
- More internal psychological distress
- Harder to diagnose
- Late diagnosis or no diagnosis common
Mitigating factors leading to late diagnosis or NO diagnosis

- High IQ
- Obsessional features
- No LD
- Good temperament
- Good environment
Different relational styles in girls lead to more negative impact of ADHD

- Female emphasis on cooperation
- Impulsive behavior unacceptable
- AD/HD behaviors lead to social rejection
- Higher demand for verbal skills
- Higher demand for ability to read social cues
- Social rejection/social neglect common
How do girls with combined type ADHD behave compared to non-ADHD girls?

- No more out of seat behavior than non-ADHD girls
- No more verbal aggression toward teacher than other non-ADHD girls.
- More verbal peer aggression - teasing, name calling - than non ADHD girls
- More talking at inappropriate times

Comparable to boys with ADHD in "neutral, non-disruptive behaviors: off task behavior, minor motor movements, teacher solicitation"

Inattentive girls more withdrawn

Both combined type and inattentive type girls less often selected as “most liked”

Social interaction patterns cont’d.

- Combined type girls identified as “most disliked” more than inattentive type
- IA girls - socially “neglected” rather than “socially rejected”
- Self-reported significant levels of depression, though this was not reported by others

ADHD Gender Differences at Puberty

- Boys’ hyperactivity decreases
- Girls’ ADHD symptoms typically increase
- Mood swings, emotional reactivity
- Addictive behaviors a greater risk in girls - at much greater risk for smoking
- Eating disorders begin to develop in many girls
- Increase in anxiety and depression
Hyperactive/Impulsive Subtype

- Seen as “difficult” by age 3 or 4
- Tantrums, willfulness, emotional intensity
- Higher percentage of learning problems
- AD/HD traits of high activity level, competition, dominance, risk-taking are seen as more negative in girls
Combined Type

- Hyper-talkative, hyper-social, hyper-reactive
- Restless and fidgety
- Charismatic, bossy, stubborn, “spoiled”
- Can’t manage daily demands, blames others
Inattentive Type

- Daydreamers
- More passive academically
- Shy, timid, easily overwhelmed
- Tendency to withdraw, not act out
- Expressive language difficulties
- Hypoactive, lethargic, easily discouraged
General Issues for Girls

- Maturational lags
- Difficulty applying learning to new situations
- Problems in self-monitoring
- Problems with simultaneous events
- Difficulty with transitions
Hypersensitive Nervous System

- Craves stimulation, quickly overwhelmed
- Tactile sensitivity
- Experiences pain more intensely
- Bladder control problems
- Hypersensitive to tastes, smells, textures
- Sensitive to sounds
Obsessional Behaviors

- More pressure on girls to conform
- May develop obsessional behaviors to compensate for AD/HD
Other issues

- Shame
- Emotional neediness
- Oral behaviors - nail biting, thumb sucking, smoking
Eating Pathology Among Adolescent Girls with Attention Deficit Disorder

- Factors associated with eating disorders:
  - Impulsivity (binging and purging)
  - Peer rejection
  - Parent-child relationship problems
  - Internalizing problems

- Girls with ADHD-C showed MORE eating pathology at 5 year follow-up

ADHD girls were 3.6 times more likely to meet criteria for an eating disorder.
Girls with ADHD and eating disorders had significantly higher rates of major depression, anxiety disorders, and disruptive behavior disorder.

CONCLUSIONS
- ADHD significantly increases the risk of eating disorders.
- The presence of an eating disorder in girls with ADHD heightens the risk of additional morbidity and dysfunction.

More expectation to interact socially
Misses cues, especially when feelings are strong
“The minute I relax I do something wrong.”
Sense of “never belonging”
Painfully aware of “differentness” - unlike some boys
Parents’ Role

- Awareness of mother’s tendency to be hyper-critical - need to work against this
- Catch her being good
- Help her to develop “islands of competence”
- Create a “safe” environment for her – ADHD-friendly
Preschool Issues

- Not too early to diagnose
- Look at activity level, aggression
- Problems with transitions
- Reactions out of proportion to events
- Extended “terrible two’s”
- Withdrawn/ easily overwhelmed
Elementary School Issues

- May appear self-centered - can’t keep own needs and others’ needs in mind at same time
- Lack of awareness of others’ feelings
- School anxiety, refusal, even phobia
- Hyper-focused efforts to comply
- Peer rejection/peer neglect
- Works hard to please teacher
Middle School Issues

- Demands for organization and planning overwhelm her
- Subtle encouragement from parents, teachers to be non-assertive, feminine
- Puberty - symptoms increase
- Lags in emotional development
- ADHD mistaken for anxiety or depression
High School Issues

- Increased social pressures
- Sexual risks
- Driving risks
- Smoking/substance abuse risks greater for girls
- Can’t meet expectations to mature
- Impulsive actions followed by shame
- High School not a good “fit”
Educational Issues for Girls

- Teachers need more training to recognize
- Abilities dismissed, undervalued
- Need to learn self-advocacy
- Late diagnosis more likely
- Need support/encouragement/safety
- Social issues need to be addressed at school
Don’t need as much “behavior management”
Group setting can be very helpful to girls – “normalizes” problems
Need to work in treatment on:
  • Mother/daughter issues
  • Peer issues
  • Social skills
  • Self-esteem and shame
Anxiety and depression may need to be treated ALONG WITH AD/HD in adolescence.

- PMS issues should be addressed.
- Eating problems may be intensified on stimulants - need to be addressed.
Wish List for Girls with AD/HD

- Gender specific diagnostic criteria
- Self-report questionnaires
- Acceptance of behaviors that don’t conform to gender expectations
- Support and social skills groups
- Ability validated
- Help not to “sit down and be quiet” but to “stand up and be heard”
I wish my mother had known
That I was actually very smart
I wish my mother had known
That I needed more attention

I wish my mother had known
That I went to school every day as a little girl
In fear and dread
At the prospect of being shamed
And humiliated in class.
I wish my mother had known
That my low self-esteem and
Lack of physical affection at home
Would lead to rampant promiscuity

I wish my mother had known
that someday I would have to
Compete in the world
And that being married
Was not going to make me safe.
I wish my mother had known how desperately I needed stimulation and attainable challenges. (Expectations for me were very low, so even I was surprised when I realized That I love a challenge!)

I wish my mother had known that my artistic and creative skills were important and could sustain me, had I been encouraged to develop them.
I wish my mother had known
that I could not organize my room.

I wish my mother had known
that I had a huge curiosity about life,
but that I could not absorb it
in the context of public school.

I wish my mother had known
that I was too sensitive and shy and embarrassed
To have my needs met.
I wish my mother had known that being put into the dumb classes, in spite of my consistently high IQ tests, was humiliating and caused me to not even bother to try.

I wish my mother had known that having only one friend was not normal and might have signaled other problems.
I wish my mother had known
that leaving the house unzipped, buttoned wrong,
or without my lunch or books, was a signal.

I wish my mother had known
What we know now.
She didn’t. She did her best
and I hope that she knows
how very much I love her.
Girls have different treatment needs

- Self-esteem,
- Social skills deficits,
- School anxiety,
- Stress,
- Maternal criticism

Group treatment VERY appealing and effective for girls – provides a place to feel supported and accepted
A Tale of Two Daughters

Nancy – a life of perpetual struggle
(growing up 25 years ago)

Haley – a very promising future
(Big challenges, earlier interventions
growing up now)