**Girls/Women with ADHD Chesapeake ADHD Center**

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**-A child with ADHD is already 30% delayed.**

**-There is less research with women and girls.**

**-Biases: it is a childhood disorder; squeaky wheels who bother other kids are the only ones who are diagnosed.**

**Ex: Maggie: She is a doctor who comes late to work, leaves late, is not productive and is just spinning her wheels. She is now on probations at work. Home is disastrous; she forgets the grocery list, she is losing friends (feels she has no time) which causes more stress & anxiety, her self-confidence is going down, and late at night is when she is more productive but then she oversleeps. She looks disheveled; she is having financial problems due to her poor job performance.**

**Ex: Rhonda: She is 15, homeschooled due to poor school relationships, feels negative about herself. Mom also has the same issues. She is depressed and stressed, late on deadlines and disorganized with homework.**

**Ex: Melissa is 16, hates school, finds things boring, stays home at least one day a week, is creative, does not do homework and does not have any school friends.**

**-In 1902, the first diagnosis of attention disorder was acknowledged. In the 1980’s, girls were mostly thought of as being Inattentive.**

**-Most diagnosis is in boys. It used to be a 10:1 ratio, and now it is more 3:1. Boys are usually diagnosed because their symptoms are behaviors. Girls symptoms are often social and relationships. In diagnosing, girls are at the end of the bell curve. Girls internalize their patterns and need closer observation to see their symptoms. Give the girls The Self-Assessment Symptom Inventory (Dr. Kathleen Nadeau).**

**-Girls with ADHD look different than boys. Their biology is different, their cultural experiences are different, they internalize and they compensate.**

**-How do girls deal with this? They self-blame, their self-esteem is low, and they have anxiety and depression.**

**-Because the girls have such a high IQ their inattentiveness is missed, and therefore hard to diagnose. Then, they internalize their distress.**

**-Relationship styles:**

**1. Cooperative**

**2. Impulsive**

**3. Demanding in their verbal skills and poor at reading social skills**

**Puberty**

**Boy’s hyperactivity decreases**

**Girl’s hyperactivity increases**

**Mood swings, emotional reactivity**

**Increase in depression and anxiety**

**Increase in substance abuse**

**Types of Attention Deficits:**

1. **Hyperactive/impulsive: competitive, learning problems, emotional tantrums**
2. **Inattentive: shy and passive**
3. **Combined**

**-Signs for teachers to be aware of: lack of maturation and developmental differences**

**-Parents and teachers need to be supportive to take off the some of the pressure that these kids are feeling (and unable to express appropriately).**

**-It is important to teach the girls to self-monitor: Tell them to**

**1. Observe their own behavior.**

**2. See if they see themselves as being appropriate in relation to other girls.**

**3. Recognize the novel stimuli may feel overwhelming.**

**4. Increase their self-awareness through instant replay.**

**Problems managing simultaneous information:**

1. **Teach them to set proprieties**
2. **Learn how to filter extraneous stimulation (turn off music, study alone)**
3. **Realize it helps to do one thing at a time.**

**-Structure is *very* important, but transitioning from one activity to another can be very hard. Plan ahead so you know what is coming next.**

**a. Structure all of your days like a school day.**

**b. Structure your down time because otherwise it feels very overwhelming.**

**c. Recognize the need to decompress.**

**-You can tell someone is overstimulated when a common phrase used to describe them is”They’ve gone too far”. Those who are under stimulated complain of boredom and say their brain is not aroused at all. Both are attention deficits.**

**Some Symptoms of attention deficit**

1. **Physical: sensitive to things that bother their body, may have a lot of somatic complaints. Remember these are real to the person experiencing them! They will complain of tastes, smells, sounds and eating.**  **Boys and girls with ADHD are bodies in constant motion. They may be athletes, or they may be clumsy, but they both need a physical outlet. They can do sports, but some do better in sports that are not team oriented. (Swimming, gold, gymnastics.) Research has found that exercises that use cross over body techniques can help settle the brain.**
2. **Tactile: Complaints about how things feel, often find clothing (tags, material) to be very irritating. Help the child avoid this over stimulation.**
3. **Sleep disturbances: They complain that they cannot fall asleep because their brain keeps thinking, then they oversleep and feel worse about themselves. It helps to have a well-defined bedtime and bedtime ritual. Women struggle with this because they try to be super Moms and super employees.**
4. **Obsessiveness. In a world that feels chaotic and disorganized, they may attempt to lessen the chaos with obsessiveness. Structure increases the sense of control, but it can become too rigid and obsessive. Their ideas some so rapidly that the way they use to control them is to get stuck with obsessive thoughts.**
5. **Psychological symptoms are shame and hyper-focusing on their failures. This psychological distress can look like depression or anxiety, and not attention deficit which is the root of the problem. Emotional neediness is present and the child is never satisfied. This can be draining to teachers and parents who are not trained in understanding where this is coming from.**

**How to help:**

1. **Reframe their difficulties.**
2. **Let them know that it is OK to be different.**
3. **Help them to find their strengths and interests…and develop them!**
4. **Create structured activities that promote socialization (Girls night out every 3rd Friday of the month).**
5. **Create 1:1 relationships that are easier to handle.**
6. **If you need an age difference to relate better, use that. Ie., Camp Counselor, tutor).**

**What problems do we encounter in schools?**

1. **Teachers are not trained to recognize Attention Deficit. (Howard County is now training all of their teachers in this!)**
2. **Many adults dismiss this as a valid diagnosis.**
3. **Children (and non-assertive adults) do not know how to be their own best advocates.**
4. **There are late diagnoses with girls because their symptoms show up socially instead of with aggressive physical behavior.**
5. **It is ignored in girls because it rarely involves safety issues.**

**-\*\*\*\*People who have difficulty initiating, organizing or have a poor working memory cannot sustain alertness. They are accused of not trying and being lazy. This feels demoralizing and perpetuates the cycle.**

**Organizational Problems:**

**-They appear chaotic in thoughts and actions. It is really important to keep less around them as they work and study. It is important to plan the night before. As parents and emplyees, it is important to pick our battles.**

**Planning difficulties are common:**

**-Make sure they eat breakfast.**

**-Give long term assignments well in advance.**

**-Teach them to chunk/sequence all work. Use a large calendar to plan ahead.**

**-Assess solutions and make sure that they are realistic.**

**Memory is a major problem:**

**-Those with attention deficit issues cannot go through the memory filing system as fast as those without it. Many things are not stored in short term memory and the person needs more time to answer or come up with solutions. This is not a symptom of low intelligence; it is a symptom of a processing disorder. It would be like trying to find something in a filing cabinet that is not alphabetized.**

**Handwriting is often poor:**

**-Use a keyboard. Tape record lectures.**

**Test Taking**

**-Often students give careless answers because they are impulsively rushing, or they are anxious because they know they cannot retrieve the material in the expected amount of time. Solution? Go to a quiet room, give answers orally, extended time.**

**Classrooms:**

**-The classroom should offer an environment that allows students to look at unusual ways to problem solve without criticism and it should feel comfortable for those who are shy. Post information on line so forgetting to write it down won’t be an issue. Use preferential seating.**

**Good news:**

**-These women and girls are creative, have a lot of energy and find unusual ways of problem solving. If they come from a functional family, they excel.**

**Risks:**

**-Girls with ADHD are at high sexual risk because they are more impulsive and they are always trying to fit in because they feel different.**

**-Trying to fit in can also lead to addictions (fitting in plus self-medicating).**

**-Driving may be poor if they are inattentive.**

**Diagnostic Issues for females:**

**-Depression is the leading misdiagnosis. Next is bi-polar. Women come to therapy for help but describe the problem as that they are just too disorganized. Their house is a mess, they cannot manage their time; they are feeling pressure to be able to “do it all”. Women put in 15 hours more a week than men do because society dictates that they should be “proper” at work and home and they feel the pressure to do so.**

**-Women put forth a “false self”. They internalize all of their experiences and lose their sense of their true self. They base their self on other people’s expectations of them. They feel like they are a failure at work, at home, as a parent and as a wife.**

**Struggles:**

**-They will stress over such simple things as someone who is going to “stop by” spur of the moment. The women feel embarrassed by the state of the house and feel the need to make excuses. It is important to help them become more self-aware and to know their strengths. Help them with self-acceptance.**

**Learned Helplessness:**

**-Women are full of self-blaming and actually feel relieved when they get a diagnosis. They tend to have an external locus of control.**

**What does a diagnosis mean?**

**-Finally an explanation!**

**-More empowered**

**-Less shame**

**-Feelings of frustrations towards parents and teachers who aren’t helping them**

**-Grief over the better life they could have had**

**Hormonal fluctuations in women:**

**-The brain is a target organ for estrogen. Estrogen increases the concentration of neurotransmitters.**

**ADHD/Bipolar: treated with anti-depressants and stimulants, therapy (to help with a cognitive shift and to help the spouse to understand), coaching (can be by phone).**

**-Establish daily habits, develop life management skills, improve cognitive skills, develop appropriate responses to developmental compensations and restructure life accordingly.**