

The Secret Lives of Girls with ADHD

Late to the Party

a mother & son's
journey through
ADHD

By Emma Mahony

Don't forget **OCTOBER IS**
ADHD AWARENESS MONTH
the theme is...

 **Women
& Girls**  **with ADHD**



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Is parenting style linked to children's socio-emotional and academic functioning in ADHD?

A summary of a recent study by Sampada Bhide, Emma Sciberras, Vicki Anderson, Philip Hazell, and Jan M. Nicholson in the Journal of Attention Disorders.

IN THE FIELD OF ADHD and parenting there has been much interest in whether parenting style is related to ADHD symptoms (*i.e. inattention, hyperactivity and impulsivity*) in children. However, less research has been focused on the possible link between parenting style and broader aspects of

functioning such as social skills and behaviours, emotional problems and academic competence in children with ADHD. This type of research might help us to understand whether functional impairments in children with ADHD could be improved through parenting interventions.

WHAT DID OUR STUDY INVOLVE?

We conducted a study to examine whether parenting characteristics such as warmth, consistency or anger were associated with the level of social skills, behaviour, emotional problems and academic competence of children with ADHD (*Bhide et al., 2016*).

This sub-study is part of a larger study called the Children's Attention Project (CAP), that is being conducted at the Murdoch Children's Research Institute in Melbourne, Australia. A total of 391 children from 43 primary schools took part in CAP, along with their parents and teachers, approximately half with ADHD and half without (*Efron et al., 2014; Sciberras et al., 2013*). We also collected information on whether children had difficulties with other disruptive behaviour disorders such as ODD and CD.

Using questionnaires, parents rated themselves on:

Parenting style (warmth, consistency, and anger)

Psychological distress

Parents and teachers rated children's level of socio-emotional functioning in terms of the level of:

Emotional problems present

Problems with other children

Social skills

Helpful behaviour towards others

Children's academic functioning was determined based on a direct assessment of:

Word reading

Math ability

WHAT DID OUR STUDY FIND?

Disruptions in parenting style for children with ADHD

When compared to parents of children without ADHD, our results showed that parents of children with ADHD reported significantly:

■ Higher levels of anger

■ Lower levels of parenting consistency

■ Greater psychological distress

Warm, consistent and calm parenting is related to better socio-emotional functioning in children with ADHD

■ When children with ADHD were around 7 years old, greater parenting warmth and lower levels of anger were associated with better social skills and greater helpful behaviour towards others, as rated by parents

■ Greater parenting consistency was linked with fewer emotional problems, problems with other children, and more helpful behaviour towards others, as rated by parents.

■ Importantly, these associations between parenting style and children's socio-emotional functioning held true regardless of the severity of children's ADHD symptoms, the presence of other disruptive behaviour disorders, or the level of psychological distress experienced by parents.

These results may be explained in terms of the principles of modelling and behaviour reinforcement. For example, angry parenting including verbal hostility towards children may be learned by the child and eventually mirrored in their relationships with others including children which may, in turn, contribute to poor social functioning. In contrast, warm parenting including the use of praise and affection towards children could teach children positive ways of interacting and aid with the development of good and helpful social skills and behaviours. Consistency in discipline including the follow through of rewards and negative consequences for social behaviour could help children learn desirable behaviour over time, and reduce the instances of undesirable behaviour.

We found no relationship between parenting style and academic competence of children with ADHD. It is possible that other aspects of parenting, such as parental involvement in learning, have more of an effect on the development of children's academic competence.

WHAT ARE THE IMPLICATIONS FOR PARENTS, PROFESSIONALS?

The effect of the relationship between parent and child works in both directions. In the same way that parenting can influence a child's behaviour, a child's behaviour can also have an effect on a parent's response.

The study was not able to demonstrate the direction of causality but some important clinical implications may be derived:

■ To help improve children's socio-emotional functioning in ADHD, perhaps a key role parents could play is to maintain warm, calm and consistent parenting, particularly in the face of disruptive child behaviour, when the risk of angry and inconsistent parenting may be high.

■ Strategies may be provided which promote and help maintain warm, calm consistent parenting, together with individual support to help parents manage their experience of psychological distress.

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CREDITATION

■ Bhide, S. et al (2016)
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■ Sciberras, E. (2013)
The Children's Attention Project: a community-based longitudinal study of children with ADHD and non-ADHD controls. *BMC Psychiatry*, 13(1) 1.

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THE SECRET LIVES OF GIRLS WITH ADHD

With abundant information available on ADHD, we may have a false sense that we know more about the experience of girls than we really do.

By Ellen Littman, PhD



At last, there is ever-increasing acknowledgement that the manifestations of ADHD differ by gender. And yet, we are only beginning to appreciate the far more crucial factor that the impact of ADHD differs significantly by gender.

In fact, much about the lives of girls with ADHD is secret in that their inner world has been virtually unknown to us. Although our ability to access windows into their experience is in its infancy, we can try to make sense of the glimpses we have.

We can best understand the lens through which girls with ADHD are viewed by tracing it's developmental history. Early referrals to psychiatric clinics were motivated by the difficulty of managing hyperactive, impulsive, willful children, the great majority of whom were young white boys. The research utilizing that clinic data formed the basis for the diagnostic criteria for ADHD, which reflected the assumption that the disorder primarily affected boys. Only the minority of girls exhibiting behavior most similar to hyperactive boys could potentially be diagnosed. That skewed conception continues to be over-represented in the research, the guidelines, and the media. In fact, the ICD-10 medical classification system still refers to ADHD as a Hyperkinetic Disorder. Still, the presumption is that the diagnostic criteria pertain as accurately to girls as to boys.

But do they?

Our early knowledge of girls with ADHD was limited to those now described as the 'predominantly hyperactive-impulsive type' or 'combined type'. In 1980, new diagnostic criteria developed by the American Psychiatric Association allowed for the possibility of inattention without hyperactivity. Suddenly, the more easily overlooked inattentive girls, whose behavior least resembled that of hyperactive boys, could be diagnosed. Since then, there has been an explosion in female diagnoses, which is reshaping the ADHD landscape. However, despite nearly equal numbers of women and men with the disorder, clinics continue to report a higher prevalence of women than girls. While biases in referral and diagnosis still result in the exclusion of many girls, they are just beginning to receive the recognition and support they deserve.

Only the minority of girls exhibiting behavior most similar to hyperactive boys could potentially be diagnosed.



SEX DIFFERENCES in neurodevelopment, such as faster maturation of the female brain, and in neuroanatomy, such as size differences in brain structures, account for some of the differential manifestations. However, gender differences in hormonal involvement and societal role expectations contribute significantly to the differential impact. For example, Western society still supports the feminine obligations to accommodate others' needs, be passively compliant, work cooperatively, and be neat and organized. At a shockingly early age, girls begin to internalize this narrative. Young women with ADHD often feel compelled to strive for these ideals despite the fact that they call upon precisely those executive functions that perform unreliably. Conforming is far from instinctive for these girls; while they struggle to mask their challenges, they can feel like impostors. Consumed with shame, they fear rejection and judge themselves harshly relative to their peers.

For girls, peer interactions are particularly powerful determinants of self-worth. Unfortunately, ADHD symptoms can thwart their ability to comply with the unique demands of girls' socialization. For example, daunted by rapid verbal interplay due to slowed processing, they may retreat, ashamed of missing the joke. When they don't easily recognize their impact or misread social cues, they can be ambushed by harsh negative feedback. When impulse-driven feelings predominate, they may appear oblivious to others' feelings, and be judged as selfish. Craving acceptance, most girls struggle to compensate for their difficulties so as to

avoid dreaded peer rejection. While boys often externalize their frustrations and blame others, girls often try to mask their differences and appear to conform. Internalizing their feelings can become the defense mechanism of choice to keep their confusion a secret.



WHILE MOST GIRLS with ADHD appear to internalize aspects of their suffering, inattentive girls, in particular, rely heavily on this coping skill. Introverted and easily overwhelmed, they tend to feel unfairly criticized and alienated from peers. Demoralized by underachievement, these passive daydreamers are reluctant to participate in class and surrender quickly when challenged. Easily irritated, they cope with their hypersensitivities through avoidance. For these girls, even a high IQ is a mixed blessing: 'twice-exceptional' girls perform well in school, which boosts their self-esteem. However, being steeped in the belief that a superior intellect carries an inherent expectation of success, they are particularly confused and ashamed of their difficulties. Rather than ask for help, they are even more driven to hide their struggles. These girls have the intellectual capabilities to compensate for their cognitive challenges, but they come at a high emotional cost. Investing tremendous time and energy in their public persona, they rely on obsessional behaviors for organization and structure. However, the hypervigilance necessary for constant self-monitoring is a by-product of intense anxiety. Hyperfocusing on presenting a seamless facade can lead to a mindset of rigid perfectionism. Regardless of how successfully they compensate, they feel perpetually burdened and exhausted. Ironically, the result of coping well is that their plight remains secret, but no less damaging; these girls tend to be diagnosed the latest, if at all.



RESEARCH HAS REVEALED that hormones further complicate the lives of females with ADHD. The brain is a target organ for estrogen, where it impacts cognition, mood, and sleep. For many girls with ADHD, problematic behaviors tend to blossom with puberty, as estrogen levels increase in their systems. Since the diagnostic criteria require the presence of symptoms by age 7, many girls will not meet that criterion. This pattern contrasts with that of many boys with ADHD, whose overt hyperactivity decreases after puberty; in fact, it was thought that their decreased activity level post-puberty indicated that they had 'outgrown' their ADHD, and supported the belief that it was a disorder limited to childhood. Instead, adolescent girls are ambushed by increased symptoms and experience mood swings, emotional hyper-reactivity, irritability, and impulsivity. Monthly estrogen fluctuations result in decreased frustration tolerance and increased negativity, which serve to exacerbate ADHD symptoms. These impairing symptoms ►

Late to the Party

a mother & son's journey through ADHD

By Emma Mahony

I'll never forget the sheer weight of wannabe performers in the "ADHD has talent!" show at the 2013 International conference in Liverpool. It was inspiring to see so much chutzpah on stage, and I remember wondering: could this be a positive trait of the disorder? All I know is that while it wasn't my idea to do a Fringe performance around a midlife diagnosis of ADHD, it was mine to carry on. And now the show is transferring from the Brighton Fringe to the Edinburgh Fringe Festival this August, with a possible showing in London during October ADHD Awareness Month.

The idea came from another mother – a dancer who had recently been diagnosed with dyslexia – and who suggested doing something autobiographical, reviewing our lives in the light of a late diagnosis. The piece would be "devised", theatre-speak for "made up", and we asked the help of a talented dancer and director, Hendrick January, who'd studied psychology and was interested in mental health.

So, imagine my shock when the dancer pulled out a couple of months before the Brighton Fringe Festival. Suddenly I was left with a choice: carry on by myself, or pull out as well and lose the deposit?

Somehow, deciding to put the proceeds of the performance towards ADDISS and the ADHD Foundation, two charities who had helped me in a crisis when there seemed to be nobody out there, gave me the push to go it alone. I'd also just finished a memoir of my own journey through ADHD with my son (also entitled *Late to the Party*), so I felt that I could borrow stories from my book to find a script.

It turned out that theatre is a great medium to try and demonstrate what it is like to have ADHD. I stopped taking my medication a week before the performance began, and

soon enough the distractibility, restlessness and impulsivity came through in rehearsal, and the theatrical elements came together under the eye of the director.

Music and dance, which is crammed into this 45-minute performance, came to embody the ADHD in its hyperactive form, and we chose higher-energy songs to keep the pace fast. Stories from my son's life with ADHD – such as his car accident and suspension from school – were mixed in with my own experiences, particularly as a wayward teenager and journalist for the Times.

The result is a mash-up, an autobiographical romp that portrays ADHD, not as a negative disorder, but as a poorly-understood neuro-difference. Yes, there are some serious statistics in there, such as 30% of people in prison are said to have ADHD – usually undiagnosed – or Dr Russell Barkley's statement that having ADHD makes you three times more likely to be dead by the age of 45.

But the overall spirit of the piece is one of hope and high energy, a positive, humorous spin to counter the shame and bad news that are usually bracketed with the disorder. After all, my son and I are both still alive and thriving. Even, in my case, at the ripe age of 53.

And being alive is always a good place to start the day, don't you think?





THE SECRET LIVES OF GIRLS WITH ADHD

► from page 5

can be the trigger for seeking help, although it may result in misdiagnosis. Clinicians may treat the more obvious and more easily articulated symptoms of depression and/or anxiety, without considering that they may be reflections of, or comorbid with, underlying ADHD.



THIS EXACERBATION of impulsivity in adolescence is particularly pronounced for girls with the combined type. They can be charismatic, hyper-talkative, and hyper-social. However, they can also be intense and emotionally volatile, defiantly competing for social dominance. Self-proclaimed leaders, these girls often overestimate their social competence; in fact, their rebellious stance and relational aggression can provoke peer rejection. They are drawn to addictive behaviors, which can offer the powerful motivators of immediate gratification and peer acceptance. The lure of substance use is seductive: nicotine, caffeine, and cocaine aid concentration; alcohol, opiates, and marijuana alleviate restlessness. Responding to the demands of the reward center of the brain, bingeing on high-sugar or high carbohydrate foods can boost serotonin and dopamine, offering temporary respite. However, it has been shown that these eating habits often correlate with weight struggles and sometimes bulimia. Other impulsive stimulation-seeking behaviors involve risk-taking, including driving fast, extreme sports, shoplifting, and vandalism. Hungry for acceptance, they may also engage in promiscuity and high-risk sexual behaviors. Less likely to consider the consequences of unprotected sex, they are at greater risk for sexually transmitted infections and unplanned

pregnancy than their non-ADHD counterparts. In addition, they tend to tolerate unhealthy relationships in which their needs are not met, sometimes in the context of intimate partner violence.

The combination of ADHD and chronic peer rejection predicts a wide range of future adjustment problems, which dovetail with the fact that more than half of these girls will have at least one other diagnosable condition by young adulthood. With a high likelihood of comorbid anxiety and/or depression complicating the picture, persistent criticism and rejection can feel overwhelming and inescapable. Such negative interactions are traumatic, and many girls gradually isolate themselves to avoid the pain. The cumulative impact of these negative messages cannot be overestimated: plagued by a chronic sense of inadequacy and differentness, it is not surprising that most adolescent girls with ADHD struggle with low self-esteem. Without intervention, their sense of helplessness and hopelessness greatly increases the risk of negative outcomes.



A RECENT 10-year follow-up study utilizing the largest racially and socio-economically diverse subject pool of girls to date showed that these young women experienced significantly more severe psychiatric symptoms and significantly greater functional impairment than girls without ADHD on a wide range of measures. Unaddressed, girls often attribute these problems to their character rather than their neurology. Labeling themselves as "stupid", they can become increasingly demoralized and despairing when they perceive themselves as underachievers. Most troubling is the fact that the combined type girls were significantly more likely to manifest self-injurious behaviors and suicide attempts than the inattentive or control group girls. Half of the combined type subgroup had engaged in self-injurious behaviors, and almost a fifth had attempted suicide. While these tendencies were elevated in the inattentive girls relative to non-ADHD girls, the rates of self-harm were highest in the combined type girls.

These findings suggest that impulsivity plays a role in these young women acting on their internalized pain. These findings are a critical wake-up call, underscoring the fact that, even as girls with ADHD mature and appear less symptomatic, they continue to suffer in silence. While these findings do not suggest causal relationships, they expand our awareness of the continuum of potential outcomes for girls,

particularly if they were sufficiently symptomatic to be diagnosed as children. While these findings do not represent the experience of the majority of girls with ADHD, we can conclude that the girls once diagnosed as combined type became increasingly impaired and ultimately self-destructive. Above all, these findings clearly highlight the importance of long-term vigilance in consistently monitoring and treating girls as they negotiate the complex transition into adulthood.

None of these outcomes are inevitable.



IT IS TRUE that, unrecognized and untreated, girls can struggle with significant impairments over time and across contexts. Yet there are a multitude of things that parents can do to maximize their daughter's potential for success. Early intervention is the key, and the first step is psychoeducation. Often, parents or teachers begin to suspect ADHD, but conclude that the child is 'not having trouble', so they are reluctant to seek help at that time. Instead, they may wait until there are academic and/or social problems, or until they feel it's urgent to obtain school accommodations or medication. This is a mistake: the qualitative impact on the sense of self begins surprisingly early and can become quite undermining over time.

Finding a mental health professional who has significant experience with girls with ADHD is the first step towards helping all family members to have a comprehensive understanding. Indeed, even a very young child can recognize some unique aspects of her functioning, understood in the context of strengths and weaknesses—that different people have different kinds of brains. Parents can learn about the struggle for self-regulation: by understanding the brain's need for optimal arousal, they will know when to offer more stimulation and when to help decrease stimulation. Parents can learn to create ADHD-friendly home environments, understanding the importance of predictability, structure, consistency, and clear expectations and consequences. They can help create quiet space where she feels safe to regroup—and then respect those boundaries.

Parents can learn to modulate their emotional responses. Children with ADHD can be frustrating, and girls are no exception; how parental frustration is communicated determines whether they emerge feeling hopeless or hopeful about their ability to succeed in the future. Parents can strive to present a calm united front that will support their daughters in reestablishing emotional equilibrium. Parents can also help their daughters find an area of strength in which they can excel. Parents can learn to help their daughters reframe the way they define themselves; encouraging them to consider more

One of the most powerful interventions that parents can offer is a consistent sense of hope

Focus on Glasgow

By Geraldine Mynors

In the past 3 years, ADHD Parent Support West Glasgow and ASD / ADHD Support Glasgow South, have been started up by mums of kids with ADHD.

GLASGOW, Scotland's largest city, has a population of just over 600,000 people and is within one of the most deprived areas in Europe – but is known for its fantastic people, beautiful buildings and surrounding countryside. According to NHS Scotland's latest prescribing data, around 0.8% of children in Greater Glasgow and Clyde are taking medicines for ADHD (*about 1 in every 125 children*).

That's one of the lowest rates of diagnosis in Scotland and well below the consensus for the true prevalence of ADHD (*the National Institute for Health and Care Excellence consensus estimate is that 1.5% of children have hyperkinetic disorder, the more severe form of ADHD*). An NHS Scotland Services report in 2012

highlighted that there was much to do to ensure that children with ADHD were being appropriately recognised and diagnosed. Nevertheless, at least 1400 children across the area do have an ADHD diagnosis, and for a number of years there had been no ADHD support group around to help families.

Mums Geraldine Mynors and Tracy Young started ADHD Parent Support West Glasgow at the start of 2015. They worked closely with the NHS CAMHS team in Drumchapel, who introduced them to each other, offered them a meeting room within the child health centre and signposted parents who had completed the NHS-run ADHD Parent Training course, Parents InC, to them. Today, the group has a membership of around 140 families and offers monthly meetings / workshops, social events, a website and a closed Facebook group for parents to share experiences.

Recently they've started a project to train local youth sports coaches in 'ADHD friendly' practices, and by teaming up with and running alongside an existing youth group, they can offer childcare for their evening meetings.

Karin Frew started ASD/ ADHD Glasgow South at around the same time, looking for ways to share the experiences she had had as a mum to children with ASD and ADHD with others in a similar situation. With support and facilitator training from the charity Parent Network Scotland, she has built her skills and now runs monthly meetings at a community centre in Govanhill. She recently received a Scottish Parent Award in the Scottish Parliament to recognise her work.

Geraldine and Karin appreciate the support and encouragement which comes from being in touch with each other. Both hope that their stories can show that any parent with some time, energy, and a willingness to look for advice and support, can set a group up and make a difference to other parents and people with ADHD.



▶ realistic perspectives that are a better fit can reduce stress tremendously. It has been shown that girls' beliefs in their ability to succeed academically offer significant protection from risk factors; regardless of performance, this message can instill sorely needed confidence about their potential. This suggests that one of the most powerful interventions that parents can offer is a consistent sense of hope.



IF GIRLS REMAIN overlooked, they won't be included in subject pools for new research, their numbers and experiences won't be accurately documented, and they'll continue to live secret lives. Today, an astoundingly small percentage of ADHD research focuses on females and, in existing studies, the smaller percentage of subjects are the inattentive type.

Until we find ways to access the internalized experience of all girls, they will continue to wander about in a world that feels less predictable and less secure than that of their peers. Reactive rather than proactive, they lose confidence in the judgment and abilities that so often betray them. These self-attributions seem to underlie some of the psychological distress that can undermine them.

Conclusion

It is critical that researchers explore why ADHD exacts a greater toll on the psychological functioning of girls than boys. It may be that the perfect storm of increasingly internalized symptoms, escalating estrogen involvement, and mounting shame and demoralization in response to societal expectations combine to create a unique trajectory of stressors for females. As these

girls approach adulthood, their lives are likely complicated by anxiety and depression, if not additional comorbid issues. Especially in light of continuing gender bias, it is essential that parents, teachers, pediatricians, and mental health professionals become familiar with the more subtle presentation of inattentive girls, as well as with the daunting risks facing

impulsive girls. In all cases, our heightened awareness and sensitivity to their inner lives will enable us to better support them in their challenges by creating treatments that target their unique needs.

These girls need to know that, rather than being silenced by their shame, we want to empower them to be heard - and that we're listening. 🦋

A visit to Holy Cross School

By Sarah Holme, ADHDnews Editor

A few weeks before the end of Summer term, ADDISS visited Holy Cross School in South Ockendon, Essex to give a presentation on ADHD for local parents and carers at a monthly parent support group for parents of children with ADHD, ADD and/or ASD.

Andrea Billow, ADDISS CEO, was joined by Kevin Roberts, a regular speaker for ADDISS, who has written a number of books on ADHD including his latest contribution 'Get Off that Game, Now!: The Essential Family Guide to Healthy Screen Behaviour', and is someone who has ADHD himself.

Kevin Roberts is an author and speaker on ADHD and cyber-addiction, with first-hand experience of both of these.

The event session was organised by Kellie Sharman who is a Family Support Worker at Holy Cross School and who has a daughter who is diagnosed with ADHD. Kellie had attended several ADDISS events before and found them to be supportive and engaging. Kellie wanted to bring some of that ADDISS magic to her own school and this event was set up as a result!

The session was attended by about 20 people – a mixture of parents and individuals who work within or alongside the school.

Kevin spent the session going over some of the key aspects of ADHD in children plus some encouragement and guidance on how to support ADHD children. Facts and anecdotes were presented in Kevin's own inimitable style with voices, impersonations and crazy songs which had us all laughing

and relaxed right from the off. Kevin did a great job of getting the audience to participate and share their own experiences, and this sharing of stories was as helpful as the insights Kevin brought himself.

After the meeting, Kellie wrote 'I just wanted to say thank you so much for Friday. Our parents absolutely loved meeting you all and enjoyed the talk by Kevin immensely.'

We look forward to visiting Holy Cross again!

ADHD

DO YOU HAVE A CHILD WITH ADHD/ADD/ASD?

Holy Cross Catholic Primary School will be running a monthly support group for parents going through similar situations.

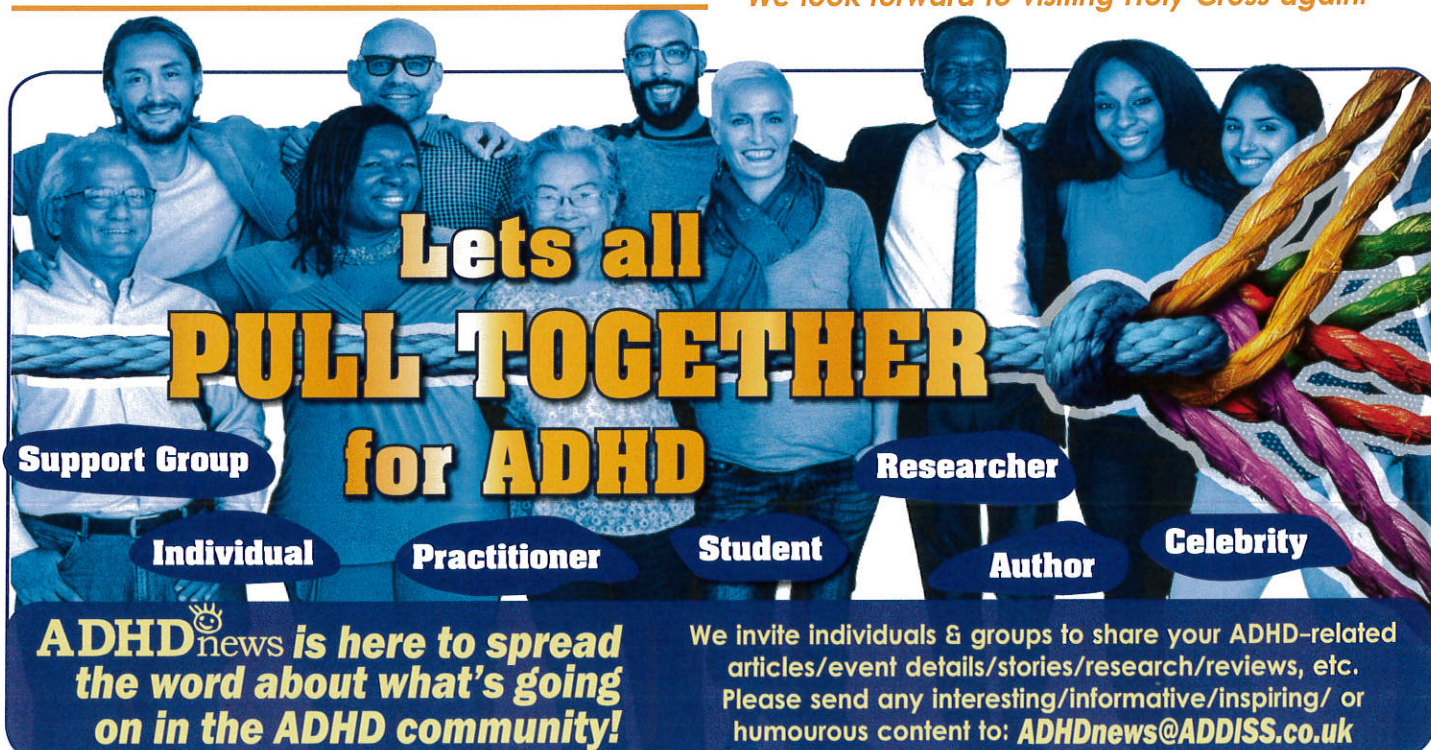
- Connect with other parents, share stories, exchange resources and strategies.
- Various speakers coming in to provide information
- Support each other

Please join us from 9AM – 10.30AM on Saturdays:

November 25 th	December 16 th	January 27 th
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May 26 th	June 30 th	July 14 th

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(contact: Mrs Kellie Sharman on 01708 853000)



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