

THE PARENT LETTER



About Our Kids: A Letter for Parents by the NYU Child Study Center



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GIRLS AND ADHD

Introduction

Take a moment to picture a child who has Attention-Deficit/Hyperactivity Disorder (ADHD). Did you envision a boy? You are not alone. Most of us are likely to envision a boy as they are two to three times more likely to receive this diagnosis than girls. Girls are underrepresented in clinical settings, and some researchers believe that many girls who have ADHD have gone unnoticed, or have not been accurately diagnosed. Current research studies find that although the biological bases of ADHD between girls and boys may be different, heritability and environmental influences are similar (Derks, et al., 2007). As we continue to learn, parents, teachers, educators, and mental health professionals will become more aware of the unique differences and needs of girls with ADHD.

What Does a Girl who has ADHD Look Like?

Girls can have various types of difficulties with paying attention. Some girls appear inattentive and have trouble staying on task or concentrating. They may tend to 'zone out,' or appear to be daydreaming. They may also be forgetful and have trouble with organization. Other girls appear to be driven by a motor and may have trouble waiting their turn, blurting out answers, or staying seated. Many girls demonstrate qualities of both inattention and hyperactivity. Hyperactive qualities in these young girls often decrease as they get older, thus leading them to appear inattentive as adolescents (Hinshaw, et al., 2006). For many girls with ADHD, keeping track of homework assignments and following through on tasks can be a struggle. Although their attention problems may be noticed more at school than at home, many parents find that their child requires constant stimulation or frequent redirecting.

Often, girls who have ADHD are extremely creative and are motivated to excel, especially in areas that are of particular interest to them. They may be able to attend to projects or games, but they may become frustrated and/or distracted on more mundane or routine tasks.

Future Obstacles Associated with ADHD in Girls

Focusing is a hallmark symptom of ADHD, but research has shown that other important characteristics often accompany attention difficulties and these extend into mid-adolescence. Girls who are diagnosed with ADHD in childhood have significantly higher levels of mental health symptoms and significantly lower levels of achievement in school compared to their female peers who do not have ADHD. Specifically, girls who have ADHD are more likely to experience internalizing symptoms such as depression and anxiety, and also report more negative perceptions of themselves. In addition, these girls report more substance use, and eating disorder symptoms. Not surprisingly, social skill deficits and increased difficulties in peer relationships are common. These additional stressors may be linked to the finding that girls who have ADHD are more likely than boys to be admitted for psychiatric hospitalization (Hinshaw, et al. 2006).

Unfortunately, girls who have ADHD report fewer friendships and higher levels of peer conflict than their non-ADHD female peers. They tend to be more overtly aggressive and may lack the awareness and fluid give-and-take in social situations. Ohan and Johnston (2007) reported that girls who have ADHD lack the planning and organizational skills often needed for forming new friendships, and that impulsive behavior resulting from becoming angry may affect the stability of their friendships. Girls with ADHD have difficulty in regulating their behavior, which may lead to less prosocial interactions with peers.

Treatments

The most helpful treatment for ADHD has been shown to include a combination of empirically supported therapy, such as cognitive behavioral therapy, and medication. Medication helps improve brain functioning that is related to the expression of ADHD symptoms. Cognitive behavioral therapy targets increasing a child's prosocial behaviors and decreasing negative behaviors, while also improving the quality of the parent-child relationship. Behavioral interventions also assist parents in developing more effective methods of handling their child's distractibility and strategies for increasing compliance with following directions. Children can improve skills in areas of difficulty through behavioral management, and behavioral therapy can be effective in treating planning and organization skill deficits.

Building on Strengths

Many girls who have ADHD enjoy being social. Parents and teachers should encourage them to join extracurricular activities, clubs, or sports that are multi-sensory. This can provide stimulation, serve as a great outlet for energy, help strengthen talents and expose children to social situations where they can build relational skills. Remember that girls who have ADHD are often very creative. Look for each child's individual strengths and help her expand her skills in these areas.

Resources

Books

ADHD: Attention-Deficit Hyperactivity Disorder in Children and Adults, by Paul H. Wender, MD. Oxford University Press, 2002.

Straight Talk about Psychiatric Medications for Kids, by Timothy E. Wilens, MD. New York: The Guilford Press, 1999.

Taking Charge of ADHD, by Russell A. Barkley, PhD. New York: The Guilford Press, 2000.

Websites

www.Chadd.org

<http://www.nimh.nih.gov/health/topics/attention-deficit-hyperactivity-disorder-adhd/index.shtml>

www.aboutourkids.org

References

Bauermeister, J.J., Shrout, P.E., Chavez, L., Rubio-Stipec, M., Ramirez, R., Padilla, L., Anderson, A., Garcia, P., & Canino, G. (2007). *Journal of Child Psychology and Psychiatry*, 48(8), 831-839.

Derks, E.M., Dolan, C.V., Hidziak, J.J., Neale, M.C., & Boomsma, D.I. (2007). Assessment and Etiology of Attention Deficit Hyperactivity Disorder and Oppositional Defiant Disorder in boys and girls. *Behavioral Genetics*, 37, 559-566.

Hinshaw, S.P., Owens, E.B., Sami, N., & Fargeon, S. (2006). Prospective follow-up of girls with Attention-Deficit/Hyperactivity Disorder into adolescence: Evidence for continuing cross-domain impairment. *Journal of Consulting and Clinical Psychology*, 74(3), 489-499.

Lahey, B.B., Hartug, C.M., Loney, J., Pelham, W.E., Chronis, A.M., & Lee, S.S. (2007). Are there sex differences in the predictive validity of DSM-IV among younger children? *Journal of Clinical Child and Adolescent Psychology*, 36(2), 113-126.

Ohan, J.L., & Johnston, C. (2007). What is the social impact of ADHD in girls? A multi-method assessment. *Journal of Abnormal Child Psychology*, 35, 239-250.

Written by Kirsten Sharma, Psy.D., Post-Doctoral Fellow in the Institute for Learning and Academic Achievement at the NYU Child Study Center. For a consultation, please call (212) 263-6622.

ABOUT THE NYU CHILD STUDY CENTER

The NYU Child Study Center is dedicated to the research, prevention, and treatment of child and adolescent psychiatric disorders. The Center offers evaluation and treatment for children and teenagers with various disorders including anxiety, depression, ADHD, learning or attention difficulties, Autism, eating disorders, and trauma and stress-related symptoms.

We offer a number of treatment studies at no cost for specific disorders and age groups. To see if your child would be appropriate for one of these studies, please call (212) 263-8916 or visit <http://www.aboutourkids.org/professionals/research>.

If you or your child needs immediate assistance, mental health professionals are available 24 hours a day, 7 days a week by calling 1-800-LIFENET (1-800-543-3638), a program of the Mental Health Association of New York City. Help is available in several languages: Spanish: 1-877-298-3373, Chinese: 1-877-990-8585. For other languages, ask for a translator.

For further information, guidelines, and practical suggestions on child mental health and parenting issues, please visit the NYU Child Study Center's website, AboutOurKids.org.

ABOUTOURKIDS.ORG