Elementary School Girls with AD/HD By Kathleen Nadeau, Ph.D.

(This is the second in a series of articles on girls with AD/HD. The first article appeared in the last issue of Attention! and addressed the identification and treatment of preschool girls. Later articles will address middle and high school girls with AD/HD.)

The majority of children diagnosed with AD/HD are boys, although the ratio of girls to boys is decreasing as inattentive type AD/HD is better understood and more frequently identified. Recent studies have documented what clinicians have observed for years -- that girls are less aggressive and disruptive than boys and more likely to experience anxiety and depression as they struggle with growing social and academic demands. Mothers of girls with AD/HD tend to be more critical of their daughters than of their sons with AD/HD, and women with AD/HD tend to report more difficulties with self-esteem -- the product of years of criticism and self-blame. All of these patterns together strongly support the need for early diagnosis and treatment so that girls with AD/HD can better understand the challenges they face, receive the treatment and supports that they need, and have a better chance of growing up to meet their full potential.

Self-report -- an essential part of identifying girls with AD/HD

Because girls often work hard to hide their inattention -- for example, looking at the teacher, but unable to consistently pay attention -- the likelihood of teacher identification is much lower for girls. Studies show that even experienced psychologists are less likely to accurately identify inattentive type AD/HD than the hyperactive/impulsive type. Because girls are, as a group, less prone to the types of disruptive behaviors that draw attention, there is a very critical need to ask girls to tell us about their experiences in the classroom, in social settings, and at home with their families rather than relying on parent and teacher report. Self-report allows the opportunity for girls to disclose internal issues that are difficult for the busy classroom teacher to identify, such as self-blame, shame, anxiety and depression. At the end of this article is a list of questions for parents to ask themselves about an elementary school aged daughter whom they may suspect of having AD/HD. It may be helpful, even eye opening, for parents to review these questions with their daughter.

What the subtypes of AD/HD look like in elementary school

- Hyperactive/Impulsive Subtype

When Jan was in first grade, her teacher voiced concern that Jan simply could not sit still at circle time, despite various teacher interventions. The teacher, Mrs. Leeds, felt that Jan was bright and understood what was expected. She didn't find Jan oppositional, but was at a loss to explain her behavior. Jan explained to her mother, "I know Mrs. Leeds wants me to sit still. I want to sit still. Every day, I tell my tushie to stay in my spot in the circle, but it doesn't listen to me." In the long run, Jan was very lucky that she couldn't sit still. Although she was able to mask her other AD/HD symptoms, her hyperactivity allowed her to come to her teacher's attention and eventually get

diagnosed. As we will soon see, the girls with AD/HD who don't manifest this symptom of hyperactivity usually are not so lucky. In a typical scenario:

Debbie raced two boys to the school bus and pushed through the line to make sure she won the race. As she moved toward the back of the bus, she felt someone kick her. Debbie responded immediately in pain, anger and humiliation. Only able to focus on her own reactions, she lashed out without having the time to think. Debbie never considered that perhaps this was an accidental incident on the chaotic and overcrowded bus. She gave no thought to the probability that her punch would be seen by the bus driver and reported. She had no idea that there could be a non-aggressive solution to the program and was oblivious to the likelihood that her peers would reject her because of her aggressive response. Although Debbie had punched the child she believed to be the culprit, she was still angry as she got off the bus. On her way off, she impulsively banged her backpack into several other children, loudly announcing that everyone on the bus was "a bunch of losers."

Elementary school girls who fall into the hyperactive subtype are easily identified because their intrusive behaviors appear similar to the behavior of boys with AD/HD. In these cases, the girls are recognized because their behavior is not "appropriate"; while "boys will be boys," girls should never be boys.

For other girls, the "hyper" quality takes on more gender-role acceptability. A typical scenario:

Rachel is in her fourth grade math class, whispering enthusiastically to the girl next to her. Their chatting attracts the interest of the girl behind her, too. Feeling very much the center of attention, Rachel begins making some sort of proclamation and bangs her desk with her pencil for emphasis. She loses her grip on the pencil, which goes flying two seats away. The boy who picks it up won't give it back. Giggling hysterically now, Rachel gets out of her seat and goes over to the boy. The teacher immediately addresses her and Rachel laughingly says, "You know I can't do my work without a pencil." The children giggle nervously, and the teacher asks Rachel to see her after class.

Rachel's behavior, while disruptive and impulsive, is not angry or aggressive. The Rachels of this world often have many friends, but they may be seen by adults as "silly," or as social butterflies, and their intellect may be underrated.

- Primarily inattentive type

These girls bring much less notice to themselves in the classroom. They may daydream while appearing to listen to the teacher. They typically have difficulty following directions and completing classroom assignments, and are typically messy and disorganized. At the same time, these girls are often described as sweet and shy. They may internalize

their confusion, frustration, and low self-esteem, as well as their pain.

These are the girls who cry quietly into their pillows and who tell their parents that nothing's wrong. The longer the diagnosis of AD/HD is delayed, the more the psychological symptoms increase. Therefore, when the diagnosis is finally made, there is more than just AD/HD to be addressed. In elementary school girls, the secondary symptoms usually don't reach the level of a true disorder. Still, the tendency toward depression or anxiety or defiance is becoming clear, and should be monitored carefully. A young girl with AD/HD who says she's sorry she was born, or that there's nothing worth living for, should be taken seriously. While some parents assume that these comments are simply dramatic or manipulative, the intensity of emotion and impulsivity make even mild suicidal thoughts of great concern and a red flag for immediate evaluation by a professional.

- Girls with high IQ and AD/HD

It is the super-smart girl with predominantly inattentive type of AD/HD who is least likely to be diagnosed in a timely manner. The smarter she is, the more easily she can coast without exhibiting overt symptoms. The smarter she is, the more easily she can compensate for her difficulties. The smarter she is, the more easily a teacher is willing to ignore some odd or shy behaviors. The smarter she is, the more easily her grades convince people that "there's nothing wrong." The smarter she is, the more she knows intuitively that something is very different about her and that she's the only one who can see it.

Typical issues for elementary school aged girls with AD/HD

- Social struggles

Girls, more than boys, tend to suffer from feeling "different" and socially disconnected in elementary school. As Carol Gilligan has described at length in her studies of gender differences, girls' social interactions are very different from those of boys. Girls are expected to be much more aware of the feelings of others, to read and respond accurately to subtle social cues and to maintain more emotional control. All of these expectations are very difficult to meet for a girl with AD/HD. Many girls with AD/HD have difficulty making and maintaining friends. They don't know how to approach others or to share and participate in a conversation that isn't about themselves. They may be emotionally over-reactive or intrusive and experience social rejection as their peers withdraw from them. Other girls with AD/HD can be shy and withdrawn, experiencing social neglect rather than social rejection.

- Hyperfocused efforts to achieve

While rare for boys with AD/HD, some girls hide their AD/HD tendencies through trying too hard to succeed. They feel keenly the societal pressure to be neat, organized and well-behaved. One common way girls cope with such pressures is to develop obsessive patterns. Such girls may recopy homework or anxiously stay up late at night working on assignments. They may fall apart, crying and begging to stay home from school because they haven't been able to complete a project or report to their own satisfaction.

Parents may easily recognize the anxiety in patterns such as these, without ever suspecting that there may be an underlying AD/HD that leads their daughter to go to such extremes.

- Well-behaved at school and a "demon" at home

Many parents report a pattern of emotional outbursts, arguing, defiance and sibling conflict at home in a daughter whose teacher reports model behavior in the classroom. Such a pattern can be confusing for teachers and physicians, who may assume that the problem lies in the parent-child relationship rather than being caused by AD/HD. In many girls, such a pattern develops as a result of their intense efforts to comply during the school day with demands that are very difficult. They feel social tension throughout the day as they self-consciously experience being left out of social circles on the playground or cafeteria. They experience anxiety as they fearfully hope that the teacher won't call on them and embarrass them once again. After hours of such discomfort the well-behaved girl arrives home, where she feels safer, and unleashes the day's frustrations by crying, arguing and being generally "difficult." These girls may not meet the diagnostic requirement that AD/HD patterns be demonstrated in more than one setting, but their AD/HD is very real nevertheless.

How can parents help their daughters with AD/HD?

- Structure and routines

Structure at home can help your daughter feel more in control and calmer. Routines should be developed throughout the day, including weekends. Try to include your daughter in developing these routines. They will help not only your daughter with AD/HD, but the rest of the family as well. Realistic and predictable bedtime and morning routines are especially important. Help her learn to prepare each evening for the next day. This will reduce her anxiety and help her to get enough sleep at night -- a critical issue in managing AD/HD patterns.

Help her to develop good homework habits; engage a tutor if homework time becomes a time of inevitable struggle and conflict between you and your daughter.

- Building in "down time"

Your daughter has expended a huge amount of psychic energy in getting through her school day. Although structure and activities are important, she also needs time to unwind. Chores and homework should probably not begin immediately when she arrives home, but later, after she has had a chance to eat a snack and unwind by watching television or doing some relaxing, unstructured activity. Pay special attention to making her daily homecoming a positive time rather than immediately addressing some problematic issue such as homework or a forgotten chore.

- Help her teacher become more aware of her struggles Your daughter probably works very hard to hide her strugg

Your daughter probably works very hard to hide her struggles from her teacher. Bring your daughter's teacher into the process of recognizing her AD/HD struggles so that everyone can work as a team to support your daughter. She may not need formal

classroom accommodations so much as she needs her teacher to be sensitive to reducing classroom anxiety and embarrassment.

- Keep a positive focus

Be sure to treasure her for her positive qualities and don't over focus on her messiness or emotional reactivity. Help her to develop areas of competence and self-esteem. Make yourself available for support and conversation. Open the lines of communication with your daughter. As she leaves elementary school, she will face even more challenging social and academic demands, as well as the disruption of hormonal changes. The positive relationship that you develop in elementary school and earlier will serve as a strong foundation for you to help your daughter navigate the more treacherous waters ahead.

This article is based on information contained in the recently published book, Understanding Girls with AD/HD by Kathleen Nadeau, Ph.D., Ellen Littman, Ph.D., and Patricia Quinn, M.D., available through Advantage Books, 1-888-238-8588.