

# Attention Deficit Disorder and Girls What YOU should know?

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## **About the Author:**

*Cindy Matthews lives and works in southern Ontario. She is employed by the Waterloo Region District School Board as a vice-principal of care, treatment, custody and corrections sites. Many of the youth at these sites are impacted by multiple concerns including attentional issues. She has learned about ADD and its effect on learners after a lengthy career in education in both elementary and secondary settings.*

The VP listens as Lili, a high school English teacher, complains, *“That flipping Kathleen. She never listens to me. I had to kick her out today. When I asked her what she was doing in her pencil case, she said, ‘Nothing’. Nothing all right! She wasn’t listening, I tell you. She was fidgeting and not paying any attention at all to my lesson. This is important stuff, you’ve got to know this, Frank. We’ve got to get through all this for the*

*literacy test.....”*

As administrators, we have often heard about these learners during informal chats with staff or at school-based team meetings. They are in primary, junior, intermediate and secondary school classrooms. These students do not often cause a lot of problems in that they are not typically sent to the office because of overt behavioural concerns. In fact, they are often really quiet.

Further, they seem to be bored or ‘out of it’, existing in the classroom in a dreamlike or spacey state. Following directions is difficult and they never seem to get started on their work. These are the students who have to read and reread materials to get at the essence of the text and yet they are often ‘good readers’ who can decode material just fine. They exhibit inconsistent task performance—one day they can do it and the next they cannot. These learners are giggly and talkative. Their report cards tell us that they need to be reminded to listen.

Boy, are they disorganized! Their stuff is everywhere. Their teachers pull their hair out in frustration because these students never have a pencil, can’t find their agendas, are late for class and hand in assignments past the due date, even though it might be done and sitting

in their lockers. Their issues are chronic and occur in a multitude of settings. Who are these unique learners? Keep reading to understand about girls with Attention Deficit Disorder (also known as ADD with or without hyperactivity) and what you should consider to assist them to be more effective learners.

Attention Deficit Disorder with or without Hyperactivity (ADD-H), a neurobiological disorder, is diagnosed more often in boys than girls. Research says that girls actually have ADD more often than the diagnostic statistics would suggest. But, because they tend not to exhibit acting-out behaviours, they are frequently undiagnosed. Some estimate that girls are under-diagnosed 50 to 75 % of the time! Girls tend to have the predominantly inattentive type of ADHD. This disorder affects children and teens and in most cases, continues into adulthood so it has lifelong impact. Without intervention and treatment, children with ADD can result in serious social, emotional, behavioural and academic issues. This disorder often co-exists with other issues such as learning disabilities and generalized anxiety. It has no cure. ADD has serious implications for female students. So, what is a school to do with girls who present with the symptoms of ADD?

## What is this? Toward recognizing the symptoms:

Just by reading this article, you are showing an interest in females with ADD. Continue to read and learn about this disorder and the specifics for girls in your school. Recognize its symptoms and consider its possibility when speaking with female learners and their families about learning difficulties. While you and your staff cannot make a diagnosis of ADD in any students, acquainting yourself with its indicators and keeping a list of those to share with families is helpful.

## Huh? Paint me a picture:

The following list of symptoms / traits can be observed in girls for whom you suspect ADD or for whom you have a confirmed diagnosis. It might include any or all of the following:

- Distracted easily by outside stimuli*  
*'Spaced-out'*
- Difficulty working independently*
- Careless errors especially in mathematics and mechanics in writing*
- Inconsistent performance*
- Forgetful*
- The need to reread materials*
- Difficulty concentrating on the task at hand*
- Easily confused*
- Never seems to listen when spoken to*
- Failure to finish tasks started*
- Frustration*
- Poor study skills*
- Little or no awareness of time*
- Complains of poor sleeping routines.*  
*Says, "I'm tired" at lot.*
- Might seem to be socially immature*
- Inability to self-regulate behaviour (says, "I didn't do it.")*
- Seems to lack awareness or ownership for issues.*
- Becomes confrontational / defiant when*

*challenged by a teacher or another significant adult.*

*Tends to look at issues from a black-white perspective (extremes).*

*Embarrassment. These youth tend to experience the chaos of the world in every situation they confront but they do not know why they act this way. They tend to feel 'out of it' but do not know how to compensate. They forget social / academic engagements while they have good intentions to comply with the request to do something. They feel intense shame. Seem to get 'in trouble' in class for things like talking out or answering, 'I don't know' when the teacher asks the student a question. Giggle or 'speed-talk' in response to queries. Often have not processed the question asked and, therefore, cover up by giggling or refusing to answer.*

*Complain of pain, such as extreme headaches or stomachaches.*  
*Seem to have a need to urinate frequently.*  
*May do oral gratification behaviours e.g., sucking on clothing, chewing on pens, pencils, collars.*

*Sometimes she is so 'minimal' in the classroom, the teacher is totally unaware of her name or her needs*

Teachers complain about these students. They notice that the child is always talking to peers or speaking out, has a messy desk / locker, work is messy, child does not listen to them or follow through on work. Student complains that the teacher picks on her, centres her out and makes her feel embarrassed and not good enough. Tapping and any other noise nearby drive her to distraction. She gets upset if someone is coughing, hiccupping, sneezing, or even just breathing near her. Her patience threshold is minimal.

## Match-point! How to choose the right teacher:

Interesting how a teacher can make or break a student. One year, a student can truly glow and grow with the

appropriate teacher match up.

Administrators need, where possible, to place girls with ADD with a teacher who is not hypercritical, one who is flexible and willing to accommodate to her learning needs. This teacher would have extensive knowledge of ADD and acceptance of the behaviours listed above. Teacher tolerance and close home/school communication are paramount for success. This teacher would clarify expectations and assist the student by having a multi-sensory approach to teaching.

The classroom environment would have structure and predictability. Homework would be limited. This teacher would use various ways of teaching in order to keep the student engaged. The student would be taught organizational skills and use of an agenda would be monitored daily. This teacher would respect the learning challenges of this student and would strive to assist her, not embarrass her by centering her out.

## Special for Girls and not Boys:

ADD often is hidden in girls until they approach puberty. Administrators and teachers need to recognize that what appears to be 'laziness' can indeed be a student in chaos. Try not to be fooled by an inconsistent performance pattern in a female student. Inconsistency is a trademark characteristic of this disorder. Hormones in young adolescent girls can have a huge impact on the onset of symptoms.

Remember that for years a young female learner could give the appearance



of looking fine and then suddenly there's a huge change. In society, girls learn to show compliant behaviours but by the onset of puberty, with an ADD profile, the ability to self-regulate is hugely compromised. In fact, it is not uncommon to have no symptoms prior to age seven, whereas with young boys, attentional issues are often much clearer in early primary grades. Don't be fooled by a teacher from the past who makes judgmental associations and assumptions about the female learner with ADD. Remember to encourage your teachers to make accommodations for girls with ADD because it is okay and fair to make accommodations with special needs.

### *Now what? She's fifteen years old and acting like a nut!*

If she has ADD, she cannot help her behaviour. Keep in contact with families and do NOT say the child has ADD unless an assessment has been completed

confirming this. Share objective observations with the school-based team. Do share the observed behaviours with families and encourage them to follow through with an assessment by a psychologist or appointment with a physician. Also share how the school will accommodate to her learning needs.

### *To IEP or not? That is the question:*

Individual education plans should be written for these students, outlining learning needs, strengths, accommodations and any modifications required. Test / assessment adaptations should also be clearly outlined. Universal design should be considered when planning for all students in a classroom and then tweaking those design plans is recommended for female students with specific ADD needs.

Areas to consider for accommodations are:

- Testing and assessment*
- Language instruction: written and reading*
- Classroom design—environmental accommodations*
- Homework routines*
- Organizational strategies*
- Social skills*
- Memory strategies*
- Use of technology to improve legibility and to assist with reading*
- Safety plans, especially for younger children or students who are suicidal*

### *So, you're growing up! What to consider for adolescent females with ADD:*

While characteristics of ADD can sometimes diminish for a student, often those symptoms manifest differently. They can look like defiance, high-risk behaviours like drug experimentation, depression, pregnancy, conflict with the law, suicidal behaviours like 'cutting' and traffic violations, like speeding.

Remember to monitor grade patterns for students in senior elementary and secondary school. Have your special education,

guidance and / or student success teacher track all students to examine patterns of decline in grades and attendance.

Encourage parents to get an assessment of their child's learning strengths if one has not been completed or to obtain a newer, up-to-date assessment if one has not been completed in many years. These types of assessment are particularly helpful in that they outline learning strategies for the school to implement.

Coaching a young adolescent female about her ADD and speaking honestly about self-advocacy are important skills to introduce in intermediate and senior school grades. Her input in decision making is crucial as she learns to deal with her challenges. They also benefit from direct coaching on how to approach teachers respectfully and maturely. Speaking to teachers about the kinds of accommodations that are helpful to her is a huge life skill.

Setting up a communication system with families is helpful to the teen female with ADD. Frequent progress reports, email correspondence and telephone calls / meetings can assist families in closely monitoring the success of their needy student.

Transitional plans may assist the student in anticipating and adapting to the changes of grade / school. Dealing with multitudes of teachers can be accommodated by giving the student a timetable early and colour-coding the schedule. Matching the colours on a timetable with binder / duo tang choices can assist with organization.

We need to recognize that a

female preteen and adolescent can appear physically mature while she can be a 'little girl' inside, with huge social and learning needs. We must monitor placing unrealistic expectations and goals on her.

### *Structure, structure, structure!*

Females with ADD need structure and routine. A case manager at school is someone who can monitor progress, advise and intervene in communication among teams of teachers and the home. Peer mentorship may be considered, if closely monitored.

Remember, these learners benefit from interesting, relevant learning, school which uses and taps into their areas of strength. Avoid overly criticizing this student as that approach is far from helpful or motivating.

### *On a positive note:*

Learners with ADD have many positive traits. For example, she can be

highly energetic and positive. Her strong verbal skills, paired with her creativity can allow for interesting perspectives to be shared during class discussions and debates. She is often extremely caring, willing to help at all costs. She tends to be fun to be around and has a good heart. She is gregarious, humourous and outgoing. Novel approaches to problems are her forte. She can be your risk-taker who is willing to do an improv when no one else in class will. You would want her in an emergency situation because she can think on her feet.

ADD is treatable. School personnel in partnership with families can assist females with this condition to be successful. The earlier, of course, that assistance can occur, the better. Living with this condition successfully and as a contributing member of school and society is possible. Helping her to recognize and celebrate her talent areas is paramount for her self-esteem.

#### RESOURCES used in this article:

<http://www.4-adhd.com/girls-add-differences.html>

<http://www.aisgw.org/documents/pastPrograms/quinnADD.pdf>

[http://www.addvance.com/help/women/girl\\_checklist.html](http://www.addvance.com/help/women/girl_checklist.html)

Barkley, R. Taking Charge of ADHD. New York: Guilford Press, 1995.

Nadeau, K., Understanding Girls with AD/HD. Canada: Monarch Books, 2000.

Rief, M. A., S. The ADD / ADHD Checklist—An Easy Reference for Parents & Teachers. Paramus, NJ: Prentice Hall, 1998.