

## **Shining with ADHD by The Childhood Collective**

### **Episode #153: Understanding ADHD in Girls with Psychologist Stephen Hinshaw**

Dr. Hinshaw: And I've really spent my career as a professor, as a researcher, and as an author and as an advocate trying to do a lot of good research on neurodevelopmental and mental disorders and what we can do to prevent and treat them, because the biggest anti-stigma thing we can do is to give evidence-based treatment.

Katie: Hi there. We are The Childhood Collective, and we have helped thousands of overwhelmed parents find joy and confidence in raising their child with ADHD. I'm Katie, a speech language pathologist.

Lori: And I'm Lori.

Mallory: And I'm Mallory. And we're both child psychologists.

Lori: As busy mamas ourselves, we are on a mission to support ADHD parents on this beautiful and chaotic parenting journey.

Mallory: If you are looking for honest ADHD parenting stories, a dose of empathy with a side of humor and practical tools, you are in the right place.

Katie: Let's help your family shine with ADHD.

Mallory: I once worked with a family who was frustrated over their ADHD child's Jekyll and Hyde personality. Most of the time, their child was a sweet, happy kid, but at the smallest request, he could flip to an hour-long meltdown. After walking on eggshells for years, the whole family was super stressed, and his parents found themselves arguing constantly about how to best discipline him.

Katie: If you can relate to this family's situation, you are not alone.

Lori: That's why we created our online course, *Creating Calm*, to give you practical strategies to address challenging behaviors that are incredibly common in ADHD.

Mallory: And as a bonus, these tools will help the whole family get on the same page so there's less arguing in your home.

Katie: Here's what Kate had to say after taking the course: "Creating calm has helped me really understand ADHD and given me so many practical tools to support my son and make our days not such a battle. I've read so many books, but they just didn't give real life examples and tools. This course has been so worth the investment and something I'll keep coming back to revisit."

Lori: A year from now, you're going to wish you had started today. Head to [thechildhoodcollective.com/yes](https://thechildhoodcollective.com/yes) and enter the exclusive code **PODCAST** to get 10% off our course when you enroll today. You can also grab the link and code in the show notes.

Today, Katie and I are so excited to talk with Dr. Stephen Hinshaw, a widely recognized expert in the field of ADHD in girls and women. And I had the pleasure of hearing Dr. Hinshaw speak at an ADHD conference a few years ago and I knew we had to have him on the podcast to share his knowledge about raising girls with ADHD.

Katie: Yes. Dr. Hinshaw is a distinguished professor of psychology at UC Berkeley and a professor of psychiatry and behavioral sciences at UC San Francisco. His research focuses on ADHD, especially in girls and women, self-harm, clinical interventions and stigma reduction. He has authored over 420 articles and chapters, plus twelve books. He's also received numerous awards over the years for his outstanding books and research. Dr. Hinshaw has been featured in the New York Times, Washington Post, Wall Street Journal, CBS Evening News, and the Today show. And I recently read one of his books on raising girls with ADHD, and it was incredibly helpful for me in my own parenting journey. So, Dr. Hinshaw, welcome! We are truly honored to have you on to talk with us today.

Dr. Hinshaw: I'm eager to be here and let's get rolling.

Katie: I love it.

Lori: Well, before we jump into talking about ADHD and girls, can you share a little bit about yourself and how you became interested in this area?

Dr. Hinshaw: So, to make a very long story short, I grew up in the Midwest, in Columbus, Ohio.

Lori: Oh, so did I!

Dr. Hinshaw: Really?

Lori: Yes, I'm from Columbus.

Dr. Hinshaw: Sort of an idyllic, setting in many ways. Mom and dad taught at Ohio state and, dad had been a professor since he was young and we had 50 yards, yard line seats at Ohio stadium, watching mighty Buckeyes play and all that stuff. But dad would disappear for months or at one point a year at a time. But I didn't know where he was or whether he was alive or dead. And he actually was spending that time in some of the nation's worst mental hospitals, the old public snake pits of the day back in the 50's and 60's, with misdiagnosed schizophrenia. He actually had classic bipolar disorder of a very severe sort. But his lead doctor had warned him never, and my mom as well, never to tell my sister and me about his mental illness or hospitalizations or else we'd be permanently destroyed. Mental illness was deemed so toxic. So, I grew up in silence around these absences. When dad was back, it was great, but then he would vanish again. And so finally, when I was 18, he pulled me in his home study, told me about his history. I became quickly interested in psychology, and have really spent my career as a professor, as a researcher, and as an author and as an advocate, trying to fight the stigma, trying to do a lot of good research on neurodevelopmental and mental disorders in kids and what we can do to prevent and treat them, because the biggest anti-stigma thing we can do is to give evidence-based treatment.

Katie: Oh, my goodness. Thank you so much for sharing your story. I did not know that story, and I think it is so powerful what you said. There's so much stigma, and now I think it has gotten a lot better, obviously, compared to what you just described. But I know a lot of parents still carry that sense of stigma and shame, and I'm really excited to talk more about that with you and get your thoughts. So, thank you so much. So, when we think about ADHD, a lot of times we consider ADHD in the past, like, even myself when I was in school, ADHD was much more focused as a boy disorder. You think of your classic eight, nine-year-old boy with ADHD, he can't sit still, he gets Ritalin in the 90's. And obviously, we now are starting to understand that it's actually much more prevalent in girls and women than we

realized. But why was ADHD neglected for so long in girls and women? And what do you see changing now?

Dr. Hinshaw: So, it's a really important question. And first of all, it's not just about ADHD. It's not just about health or mental health. Even in basic animal research, animal physiology, in many studies, only the male of the species is studied, very much more, seldom the female. And when you do mixed gender or sex research, often people don't look for the sex differences, and it's because the female is thought to be a barren. Well, she has things called estrus and goes into heat and delivers pups, and so her physiology's off. The male is the standard. So, it's a really deep-seated bias.

Katie: Seriously, I'm getting mad at the patriarchy just listening to you explain that.

Dr. Hinshaw: Thirty-one years ago, in 1993, the federal government National Institutes of Health said, look, so we know that women get heart attacks (M.I.- myocardial infarctions), but all the research is on men. So, any federal grant, you'd apply for basic research, clinical research, in any topic, you had to justify why you didn't have enough or really work towards getting a representative number of males and females in the research. And of course, now we think about non-binary as well, but we really, thirty-one years later, have still not done a good enough job. So that's the big picture. The smaller picture, although it's a huge picture because of the millions of kids involved, is what did ADHD used to be called? Well, minimal brain dysfunction, hyperkinesis, hyperactivity, the nine-year-old, eight, nine-year old boy. It's the Tom Sawyer syndrome. It's a boy thing. He's active, he's impulsive, he's not sitting still, he's disrupting the class. Well, we now know, calling it Attention Deficit Disorder, or now ADHD, Attention Deficit Hyperactivity Disorder. There's two main themes, two main dimensions, inattention and disorganization on the one hand, and hyperactivity, impulsivity on the other. And they're both really salient, and they're both equally important in terms of predicting difficult long-term outcomes. Boys are more likely than girls to show these hyperactive, impulsive symptoms. Girls, who certainly can, are more likely than boys to show this exclusively inattentive, what we used to call ADD without hyperactivity. Or now the inattentive form or presentation of ADHD. Where you're not disruptive, you're suffering in silence, you're the quiet one in the back who's not understanding the two or three- or four-part direction the teacher's giving or not organizing materials. And you're a girl and you want to do well, and you're really social, but you interrupt others too much, or you don't read facial

cues and social cues very well. So, I learned in grad school a long time ago that there was at least ten boys for every girl with hyperkinesis. Now we know that it's about two and a half to one. Yes, more boys than girls get ADHD, just as more boys and girls get autism spectrum disorders, that's three or four to one. Or Tourette, the movement disorder, or very early onset conduct disorder. The male brain in the early years of life is less well developed than the female brain. Gals are more verbal, they're more social, they're more empathic. So, it's little wonder that boys would tend to have what we now call neurodevelopmental disorders more than girls. But girls certainly can. And when they do show the relevant symptoms, A.) clinicians say, well, that can't be ADHD girls don't have that. I mean, there's still that bias still in the clinical lore, or B.) well, it's not that bad because she's not really disruptive. I mean, it could be just the anxiety, it could be depression. Well, those conditions might accompany ADHD, but we have to recognize that the classic symptoms of being obstreperous and running around a classroom apply to some boys and girls with ADHD. But the more pervasive symptoms are inattention, disorganization, forgetfulness, what we call poor executive functions, not doing the goal directed things we all have to do to be human and meet our daily goals, and we pay a big price. So back in the 1990s, my team and I got bold when we wrote a grant to the National Institute of Mental Health to use our summer programs, enrichment camps where we really get a good view of behavior over six weeks for girls with and without ADHD, the way it be done for years with boys. And they didn't know in the first round of the grant application and had to justify more, and they said, yeah, this is a good idea. So, we started back in the 90's, the Berkeley Girls with ADHD Longitudinal Study, the B gals study. You've got to have a good acronym.

Katie: I like that. B gals. I'm not going to forget it. That's good.

Dr. Hinshaw: And so, we did a lot of work back when they were in grade school, and they would come to these summer camps, some neurotypical girls, girls with the inattentive form of ADHD, girls with a more hyperactive, impulsive symptoms, what we call the combined form of ADHD, learned a ton about them and then succeeded in getting, every five or six years, renewed grants to follow them into their teen years, their twenties. And we're now finishing our 25 year follow up where they're now in their thirties, all of them.

Katie: Incredible! I mean, that is a huge study.

Dr. Hinshaw: It's the largest study of girls with ADHD longitudinally in existence.

Katie: Oh my goodness.

Dr. Hinshaw: It's not thousands of girls, it's 228 altogether. But what we've learned is if you don't get on top of treatment of ADHD for a girl pretty early in the game, some really not good things are going to happen too likely. Unlike boys, who are more likely to go into a substance abuse or delinquency pattern, not all, but many boys with ADHD. Too many of our girls have a lot of achievement problems later on, but also are very prone to develop a negative self-image and depression, and frankly, rates of cutting, non-suicidal self-injury, and even attempts at their own lives as they go into their teens and twenties. Because if you're a girl with this condition and not well understood, and you feel like you should be doing all the things that typical girls do, and your parents really don't understand, they're kind of ashamed. I didn't know we'd have a daughter like this. And she seems to be kind of disruptive and disorganized. The consequences in adolescence and adulthood, can be quite serious. On the other hand, many of our B gals participants are thriving later in life, mainly because of interventions they received and because of understanding and finding the right path through a difficult educational journey. Right partners, right jobs. And so, there's a wide spread of outcomes, but we know that early treatment is going to make a big difference.

Lori: Wow, that's so amazing. And one of the things when you're talking about this is, you know, thinking about how girls and boys look different and the criteria to meet an ADHD diagnosis. And it's somewhat stringent in the sense that you have to show kind of symptoms at home, at school. Do you feel like there are challenges with that criteria that we're missing girls?

Dr. Hinshaw: Yeah, that's still an issue. So back in the day, this has changed, but the way you would get a kid, a boy or a girl, but it was mainly boys for the reasons I'll just mention, into a study of ADHD was using a ten-item scale called the Conners Hyperkinesis Index. Keith Conners was a colleague of ours, he's passed away. Very interested in parent teacher ratings to help make this diagnosis. And the ten items on the brief form of this, eight of the items were things like: acts as if driven by a motor, restless in the squirmy sense, restless always up and on the go. Only two items had anything to do with inattention.

Katie: Right.

Dr. Hinshaw: So, it was little wonder that this scale was biased towards plucking out boys not girls.

Lori: Yeah.

Dr. Hinshaw: Now, with the idea that you have to represent both the inattention and disorganization and the hyperactivity and impulsivity, many more girls than boys, although girls can certainly be ornery and impulsive don't get me wrong, are going to have this exclusively inattentive presentation. But if you don't ask the right questions or if you insist that ADHD only occurs if you're hyperactive rather than maybe hyper verbal, lots of girls with ADHD talk and talk and talk, and partly it's because of the impulse control problems. And part of it is if your working memory is not so great and someone else is talking, maybe you're not going to remember what they started out saying. So, you're going to interrupt so, that you don't forget what they were saying, which gets mistaken as being rude and impulsive. So, we have to take into account girl manifestations of especially inattentive symptoms. And I'm going to make one more comment on that. ADHD is misnamed attention deficit hyperactivity disorder. But wait a minute, what about your daughter or your neighbor's kid or your niece, who's really having some issues with, not just again, hyperactivity, but inattention. But sometimes she is playing a video game or on a task she really likes, she's doing it for hours at a time and forgets lunch and dinner. We call it hyperfocus.

Katie: Yes.

Dr. Hinshaw: And this often goes into adolescence and adulthood. So, if you think of hyperfocus, it's not that you can't pay attention, but ADHD is really a condition of the regulation of attention as situation changes. If you have to shift to the next activity or go from a more boring task to a more challenging one. The underlying problem is really of regulating your attention, regulating your working memory and these other executive functions as the day goes on a task shift. So, it's really not so much an attention deficit disorder as a more general regulatory disorder of emotion and behavior and your thinking patterns. And if we think of it that way, I think it helps us to be more inclusive.

Lori: Yes, absolutely.

Katie: Absolutely. And I think too, when we think about girls with ADHD and that hyperfocus, a lot of the girls that I've worked with and even in my own family, a lot of times, that hyperfocus looks, I want to say, like almost more socially appropriate. For example, baking cupcakes and thinking about a little girl who loves to bake cupcakes and will really become hyper focused on that. But that's really praised in society. And oh my gosh, you made cupcakes for your cousin's birthday. And look how great that is. Not necessarily realizing the internal struggles that went along with that, deciding what kind of cupcakes to make and the color and it didn't work out exactly. But there's a lot of pieces that went into it where I think more often than not, when boys are having that hyperfocus and they're having trouble transitioning and stuff like that, it's not always a socially acceptable time or place or whatever. That can be really confusing.

Dr. Hinshaw: And there's another part to all this, which is not just the symptoms of inattention and hyperactivity and impulsivity, but you have to have, according to the standards, impairing levels of these symptoms since before you're twelve. Well, we used to think it was before you were seven. And that would really pick out only kind of very active boys.

Katie: Right.

Dr. Hinshaw: But think of many girls who really have organizational and executive function struggles. During grade school, they're trying like heck to do well. Parents are providing supports. Maybe there's a lot of tension in the home. What about your homework? We're late for school again. But everybody's struggling and coping and compensating.

Katie: Right.

Dr. Hinshaw: And then what happens? This thing called middle school, where after 6th grade, you've got not just one or two teachers, but three or four or five, and then six by high school.

Katie: Yeah.

Dr. Hinshaw: Talk about placing a premium on your organization and your time management. And so many girls get recognized not until middle school or high school or



even college or the working years beyond. Because people have been struggling. They've been struggling to cope. People have been struggling to compensate. The disruption isn't as salient as is for boys, but this is a lot of suffering and silence for many years. And there was a theory a few years ago that sometimes ADHD doesn't even start till you're 25 or 45 or 65. That's probably not true unless you have a brain injury or you're abusing drugs. But it might not be recognized and diagnosed till those years of life for not just a girl anymore, but a young woman or, a middle-aged woman, because now the supports are gone and the job is really challenging, or the relationship and that child rearing. And maybe your kids have signs of ADHD. And we know from the genetics of the condition that biological parents with ADHD, whether diagnosed or not, are pretty likely to have kids with those same symptoms, too. So, a lot of parents recognize and realize in themselves, especially moms, when they're getting their kids assessed. You know, I've been kind of living a life for the past 20, 30, 40 years myself. And so we're seeing a surge of recognition. What we don't want to do, like the TikTok phenomenon of the past couple of years, is have you go online and say, here's these three symptoms. Yes, that's me. Yes, that's me. Yes, that's me. I guess I have ADHD. And now let's start to order online stimulant medications.

Katie: Right.

Dr. Hinshaw: This is a diagnosis that takes some time and thought and getting a good history, getting other people involved, questionnaires, rating scales, some testing. We've been over diagnosing boys with ADHD in the United States for too long. And we're kind of coming around to realizing that, the rest of the world is probably right. Five to six to seven percent of kids have clinically significant ADHD. United States has about double that number of boys.

Katie: Yeah.

Dr. Hinshaw: For a lot of social and academic and school pressure reasons. But girls are just beginning to get diagnosed in the proportions that should be the case. Not as often as boys, but certainly not the ten or twenty to one ratios that I learned growing up. And here's the really interesting part about this. Let's go from girlhood to the teen years to adulthood. Girls are more likely to have the more exclusively inattentive kind of ADHD. Those symptoms tend to persist more than the motor activity in the fidgetiness, per se. So, by the time you open adult clinic and you're taking in 30 some year olds, it's now about one and a half men for every woman. Because gals have the kind of ADHD that's more likely to stick around

over time. So, if we don't recognize this and if we under diagnose or we always think it's something else other than ADHD in a girl or a teen or a woman, we're going to lose a lot of important years to get things lined up right.

Katie: I hear you.

Lori: And as females, yeah, it's just like as you get older, the mental load often falls onto a mother. And so if you have executive, and I'm speaking from personal experience, if you have executive functioning challenges and you're the one that's supposed to be in charge of all these things, it starts falling apart quickly.

Katie: You're in charge of RSVPing to the birthday party, getting the gift for the birthday party, getting your kid ready, going, remembering the time, and getting the right day, which I've definitely messed up myself. So it is. It's a lot.

Dr. Hinshaw: And your daughter may be the one who when the cake comes out at that party that you've been working to get the RSVP set up for, and she just can't resist it and blows out the candles. Except it was her friend's birthday.

Katie: Oh my gosh. Dr. Hinshaw, did you listen to our podcast already? Because we just talked about this.

Dr. Hinshaw: I've seen it happen. So one of the issues that's under recognized, I mean, ADHD is going to interfere with your academics and homework completion and grades are all, you know, what's an ADHD report card? Everything from A to F with, you know, every grade represented in between. And teacher saying for years, if only she tried harder, why isn't she more consistent? You know, people are struggling to understand this. But when you do things that aren't very socially attuned, and when you interrupt a lot or you blow out the candles, but it's not your birthday party, other kids don't get it, especially girls who have such a premium on social harmony and relationships. And so kids with ADHD, both boys and girls, are more likely than the norm to get kind of rejected by their classmates. I don't want to hang out with her. She's disruptive, she's a problem, she doesn't fit. And that act of getting excluded by your peers, it's kind of like being expelled from school. If you're expelled from school, you don't have much of a curriculum academically. If you're expelled from your peer group, it's going to be even harder to learn the social skills you need as you get older.

Katie: Absolutely. I think that's a huge thing that we've learned through our online community and just talking with parents every day, you think of social challenges and you think of autism. And the reality is that for kids with ADHD, they still struggle socially. It looks very different and sort of what, what that looks like on a daily basis. And even more importantly, the why behind those social challenges is different than autism. But it is very isolating for parents.

Lori: For my kids, the last thing they want to do when they get home from school is homework.

Katie: Totally and the last thing I want to do after a long day of work is deal with the stress of meal planning, grocery shopping, cooking, and cleaning up the kitchen.

Lori: Same here. We tried Hungryroot grocery service to help us eat balanced meals while saving time and money every week. It's been a game changer for our weekly meals and snacks, and I love that you can customize groceries based on your kids or your family's dietary restrictions.

Katie: Yes! My husband eats gluten free and I love that I can customize groceries based on our family's needs. And not only can I get complete meals delivered, but I can also order my weekly groceries through them. And I'm always amazed at how my kids will try new things just because they came out of our Hungryroot box.

Lori: Yes! It's easy to customize your box each week and you can skip weeks whenever you want. For a limited time, Hungryroot is offering our listeners 40% off your first box, which is amazing. Just be sure to use the code: CHILDHOODCOLLECTIVE40 so you can get the discount.

Katie: We also have the link and the code in the show notes, so you can try Hungryroot today.

Lori: Over the past year, my oldest has really struggled with anxiety, especially at night. As soon as it was time for sleep, she'd be crying for me to stay and worrying about all the things. I was talking to another therapist about our bedtime battles and she said the Zenimal, a screen free meditation device, had been a game changer for her daughter with ADHD and anxiety. I

immediately purchased the Zenimal and can confidently say it was the best tool to help my daughter get better sleep. She was able to fall asleep an hour earlier using it.

Katie: Yes, it's actually really helped my kids to be able to calm their busy bodies at night.

Mallory: What we love about the Zenimal is that it combines two of our favorite bedtime recommendations, using a relaxation strategy and removing screens from the bedroom.

Katie: The Zenimal is an adorable screen free turtle with nine guided meditations your kids can choose from. And our absolute favorite part of the Zenimal is that every meditation ends with the most important message, 'you're a good kid.'

Lori: To grab your own Zenimal and get your child and yourself some better sleep, head to [Zenimals.com](https://zenimals.com) and use our code: TCC for a discount. You can also find the link in the show notes.

Katie: So, if we have parents that are listening who have a daughter who either has ADHD or suspected ADHD. You talked about this dichotomy, right? And how the two outcomes can look so different for girls with ADHD. And I know I'm lining up to be in the group where my daughter does develop these tools and these skills. And what does that look like? What would you recommend for parents if, you know, time and all of the resources are not infinite, but what would be the top priorities for parents who really want to support their kids?

Dr. Hinshaw: So, I think I waited until page two of my recent book, *Straight Talk about ADHD in Girls*.

Katie: Yes, that's the one I just read.

Dr. Hinshaw: Not page one, but page two to bring up two terms that come out of something called dialectical behavior therapy, which is DBT. Which is a form of therapy for teens and adults who have really serious emotional regulation problems. And the two terms are radical acceptance and radical commitment. So, for the classic DBT therapist, and you're working with a kid who's not very regulated, maybe they were invalidated as a kid. Maybe they were temperamentally, always very sensitive. The kid and the parent need to radically accept that that's kind of their nature. You're not going to really change that temperament. If you're the parent of a girl suspected of having ADHD, or maybe newly diagnosed, this isn't the purely

empathic girl, the sweet girl that we kind of hoped for. She's been trouble. The family's been really stressing. Grades are bad, we argue a lot. People call her lazy, she feels stupid. The acceptance of the fact that ADHD has an extremely genetic set of underpinnings. Parenting doesn't cause it, but parenting that doesn't isn't really affirming and strength enhancing can maintain it. And can also predict some of the oppositional or depressed behaviors. So, accepting that your daughter may not be the daughter you expected in some ways. But at the same moment taking some of that guilt and blame because it's probably more her genetic makeup than any child rearing you did, radically committing to we've got to do some reward-based programs. My girl doesn't respond in terms of intrinsic motivation the way other girls do. She's going to need a more structured reward program. We're going to have to reward her for small steps. She might also be a candidate for ADHD medications. Which a lot of parents say, well, medication for behavior control is that poisoning my kid? My daughter's not as disruptive as the boys with ADHD. Behavioral treatments, regular rewards in home and school, and getting that coordinated. Medications when they're indicated at the right dose, which takes some real work. What clearly works best is the combination of the two, the medicine kind of tuning the brain in to help the child become more focused, a little more pliable in terms of accepting contingencies and then skill building. And the most important thing of all, which is mentioned in every chapter of the book, is find her strengths.

Katie: Yes.

Dr. Hinshaw: And parents say, well, wait a minute, strengths? Well, our family argues all the time. She self criticizes, we criticize ourselves and her classmates criticize her. What's something she's really good at? Maybe it's not a traditional thing and A.) that could be the nice reward you use for your reward program, for making her steps academically and behaviorally. And B.) maybe she's going to have longer term a career, she might not be very good as an accountant where you got to keep the p's and q's and the rows and columns lined up all the time. Many of the kids in our various studies, boys and girls, as they get into their teen years and adult years, because when you do longitudinal studies, you got to learn what's happening in the adult years as well, a more active job or one where you're in charge rather than accepting orders from others. Or one that has the right balance of being taxing and challenging, but not so overtaxing that you get lost in the sea of executive dysfunction. Part of the issue is finding the right fit. The right fit in schools, the right fit in jobs, the right kinds of age mates and peers that will really support her. And one of the rules in our parent

management work, which is very similar to the work that a lot of people do around the country and world is, as a family do some counting. How many negative statements are you making to your daughter in relation to positive? And you can do a recorder or you can videotape and it's about five to one negative because we're always on her.

Katie: Yeah.

Dr. Hinshaw: Can you flip that to five to one positive? Which means you have to find the strengths. You have to work on small steps. If she's not sitting at the meal time because of her fidgeting, etc., etc., for 20 minutes, you start with a timer for five minutes and build up to seven and eleven and gradually. Everybody succeeds when your daughter with ADHD finds those small steps to success, self-esteem builds, skills build and you get this beachhead established and you build positively from there. Because if you think of the typical day where everything's going wrong and people are going down the whirlpool in the drain, you have to turn that around.

Katie: Yeah, I love that. And I think that's really empowering for parents because what you said about breaking things down into smaller steps, that's actually really difficult, I think, for parents sometimes because what we see is where I'm at now and where I want to be. And it's hard to see. Like my sister is a therapist and she calls it the lily pad approach. I don't know if this is, just her or if it's copyrighted somewhere, but what's the first lily pad that you can jump to, right? We're not going to get across this river in one big leap, although that is fully my personality and my daughter, but breaking it down and saying, okay, what's the first lily pad and what's the next one? And that can be very challenging, especially with partners and in marriage or relationships to stay on the same page because I might think, okay, this is the lily pad I'm trying to get my child to. And then my husband comes in and he's like wanting to get across the river, right. So, but it is, it's a constant discussion and reframing and working on it. I think that's huge. And I know that you mentioned medication and I think that's really so powerful for so many families, but there is a lot of fear around meds and I was just curious if you could speak to that. I know in your book you did, tell us about the research on that.

Dr. Hinshaw: So, most ADHD medications are called stimulants, which is a horrible name. They're really SDRI's, selective dopamine reuptake inhibitors. Well, everybody's heard of an SSRI, selective serotonin reuptake inhibitor for anxiety, depression. Serotonin squirts out of the neuron sitting in the synaptic cleft. It hits the next neuron and quickly it gets gobbled back

up by the neuron that released it. That's called reuptake. And Prozac and Paxil and Celexa, Lexapro, stop that reuptake. There's more serotonin available, helps regulate the system. Stimulants do the same thing for dopamine. There's only five pathways for dopamine in the brain. They deal with reward and motivation and executive function and control of emotions. So, there's some evidence that many people with ADHD are kind of born with not enough receptors for dopamine. That's what some of the genetics are. So, if you take a SDRI, the dopamine that's sitting out there in the synapse waiting to do its thing before it gets reabsorbed back, it stays longer, it helps regulate dopamine flow. Now the catch is the other area of the brain, or the pathway in the brain where dopamine works is in the reward centers. If you're an adult without ADHD and you want to get a quick buzz or you want to stay up all night studying, you borrow or buy or steal your roommates or dormmates stimulants. And you get that little attention boost and you stay up later. You also can party better because you're feeling euphoria. People with ADHD don't really get a euphoric effect from these medications. And anything keeps you a little more focused, maybe a tiny bit more subdued. But for neurotypical individuals, the idea that stimulants are A.) smart pills, make you smarter or B.) party pills. One in five people who start using these are going to get addicted. But for people with ADHD who have a good doctor who knows, you don't know automatically which of the Ritalin forms the Dexedrine forms, the Concerta and Adderalls of the world, you may have to try both. You may have to try several different dosages within a few weeks if you get the right dose. You have to monitor carefully. Pills don't teach skills. You've got to combine it with the behavioral interventions at home. And maybe tutoring and getting the teacher on board with award programs. For kids like that as they get older, there's no evidence that this is going to create a pathway to becoming a stimulant abuser. In fact, there's some evidence that for people with ADHD, because ADHD is a risk factor for later substance abuse in itself, treatment with stimulants may actually subdue that, make you less likely to abuse drugs later on.

Katie: Yes. And I think that's so important for parents to hear because it is, there's just guilt around it a lot of times.

Dr. Hinshaw: Guilt and shame and lack of knowledge.

Katie: Yes, absolutely. But it's great to hear the research and understand what we do know, and I think that's a really great summary of that.

Lori: Thank you so much. This was such amazing information. I know a lot of parents are going to feel much more educated about understanding how to support their girls with ADHD. I know we just scratched the surface of this topic today. I know you have such a wealth of information. Can you tell our families where they can learn more about this topic and your research?

Dr. Hinshaw: So, the websites of the big national organizations, CHADD (Children and Adults with ADD), ADDA (Attention Deficit Disorder Association of America), the CHADD and ADDA websites, if you, they really do an evidence-based check, go through the various tabs: What about medications? What about behavioral treatments? What about local groups in my area for either kids or teens or adults? That's helpful. My book from, not so long ago, a year and a half ago, *Straight Talk about ADHD in Girls: How to Help Your Daughter Thrive* is trying to, it's written right to parents. It's written talking to you, it's in second person. Radical acceptance, radical commitment, small steps, rewards, is medication an option? Well, you don't have to be philosophically opposed or totally accepting. You can give a trial and you'll know within a month whether it's going to work or not.

Katie: Yeah, absolutely.

Dr. Hinshaw: And changing your own views to turn around the negativity and the low self-image. Parents feel bad about themselves. They're stress raising their daughter. She's not the kind of girl we kind of expected or hoped for. She's feeling bad about herself. You've got to turn that vicious cycle into a virtuous cycle. Strengths, positivity, reward-based programs. Rome wasn't building a day. Small bits of progress are going to accumulate over time. And you're going to build a daughter who by the time she's a teen and becoming into womanhood herself is going to have a much more positive outlook and skills to go through life with.

Lori: Yes, I love that. Well, thank you so much and we'll link your book in the show notes for everyone. And again, thank you so much for coming on today.

Dr. Hinshaw: Appreciate the chance to talk. Feels like we barely got started. I can come back again if you want me to have you come back!

Lori: Yes, we'd love to have you to come back!



Katie: Oh my goodness, definitely! Thank you, again.

Thanks for listening to Shining with ADHD by your hosts, Lori, Katie, and Mallory of The Childhood Collective.

Mallory: If you enjoyed this episode, please leave us a review and hit subscribe so you can be the first to know when a new episode airs.

Lori: If you are looking for links and resources mentioned in this episode, you can always find those in the show notes. See you next time!