

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

### **Episode #169: ADHD Types and Do They Really Matter?**

Katie: I think that there is importance in understanding your unique child, not necessarily knowing all the ins and outs of the DSM and the three profiles, but recognizing that it can look different. So, if you have in your head what ADHD looks like and you have a child who is struggling, but it looks different than that, there might be a different subtype at play.

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: So, I'm sure a lot of our listeners are familiar with this recent phenomenon of a lot of adults getting ADHD diagnoses. And for a lot of them, not all of them, but a lot of these adults, especially women, their diagnoses were missed in childhood because their ADHD didn't necessarily look like what most grown-ups were expecting ADHD to look like.

Lori: Yeah. So, back when we were kids, you know, our brothers and sisters, our friends who were getting ADHD diagnoses tended to be kind of like the squirrely boys in class who couldn't stay seated, who were hitting their friends at recess, they were really the hyper impulsive kids.

Katie: Yes. And they say the squeaky wheel gets the grease. And in this case, these kids with ADHD stood out amongst all the other kids, and they required a lot more adult support. But

what about the kids who were sitting at their desk, lost in thought and totally missing what the teacher just said. Or the kid that was really disorganized, his desk was just kind of overflowing with papers and forgetting things at home, but because he was smart enough to get good grades, nobody really realized what was going on.

Mallory: Exactly. So, I think the point here is that ADHD looks different for everyone. It's not one size fits all. ADHD impacts lives in many different ways.

Lori: So, to capture some of this nuance, our diagnostic manual, the DSM, lays out three different types of ADHD. The first is ADHD predominantly inattentive presentation. The second one is ADHD predominantly hyperactive impulsive presentation. And the last one is a combined presentation, which includes both, significant symptoms of inattention and hyperactivity-impulsivity.

Katie: And, you know, something that people often ask us is what happened to ADD? And we're going to talk about that today, along with some of the key differences between these three different types of ADHD.

Mallory: Yeah. So, let's start by talking about ADHD predominantly inattentive presentation. And since you mentioned whatever happened to ADD, this is now where we capture those ADHDers. So, ADHD does have the word hyperactive in its name, which confuses a lot of people. Like, they'll say, I'm ADHD without the H. I'm just the ADD. We now call ADD ADHD predominantly inattentive type or inattentive presentation.

Lori: It's ridiculous, but don't blame us. We did not come up with this.

Mallory: Yeah, we're just the messenger.

Lori: Exactly.

Mallory: And girls are more likely to have this subtype, although not exclusively. I think a lot of times, especially girls with this presentation, are first diagnosed with anxiety or their symptoms are mistaken for anxiety. So generally speaking, people with this type of ADHD struggle with paying attention. They might be easily distracted, but they don't have as much trouble with the impulsivity and hyperactivity which we'll get into.

Katie: And I think that a lot of what I've come to understand about this subtype is that a lot of times that hyperactivity is present, but it's in their mind. So, you have this hyperactive thought process or kind of like racing thoughts or just, you know, wandering and but they don't necessarily have as much of the fidgeting, running around, jumping loudly, tapping the pencil, which is the thing that the teacher is going to notice first, right. So, they might go undiagnosed longer or fly under the radar because they're not disrupting in class, they're not disrupting at work as they get older, but they might kind of present more like spacey or like, oh, they're just daydreaming or kind of almost like floating through the world.

Lori: Yeah. And I do see a lot of girls in particular that are maybe anxious girls. They're very people pleasing. They really love school, they love their teachers, they really want to do well. They do tend to follow the rules of school and they stay in their seat and they might still be fidgeting or doing some of those other things, they're just not very noticeable to a teacher. Whereas you then talk to the parents and there's definitely those hyperactive impulsive symptoms at home that they're seeing that are much more pronounced in that environment where they can kind of be more themselves.

Mallory: Yeah. So, these kids struggle a lot less with kind of those overt, challenging behaviors, but they are struggling with attention, they're struggling with executive functioning skills, and it really can impact their day-to-day life in a really significant way. So, some examples of things that maybe a psychologist is looking for when they're making this diagnosis, some things that are kind of hallmark of inattentive presentation are things like following multiple step directions, finishing tasks all the way through whether that's at home, at school, keeping organized, keeping track of your personal possessions, managing your time well, for grown-ups meeting deadlines. Completing tasks basically that really require sustained attention, so homework, large projects, complicated things, we tend to see them struggling with that.

Katie: Yeah. If this is your child, some of the things that you might have noticed or recognized is that it can be harder to get that diagnosis because the struggles aren't always as obvious. And teachers will even say things like, oh, no, they don't present ADHD, they just have a lot of executive functioning challenges. I feel like we've all sat through a school meeting where the school staff is like, no, no, not ADHD, just disorganized and losing assignments and forgetful. And you're like, oh, good, you actually just described that entire

child and all the things that I'm saying the same thing you're saying we're just calling it two different things. And so one of the things that parents run into, and I've run into this myself as a parent, is when the teacher is saying, oh, no, no, she's doing great, she's so smart, she's so wonderful, helping them you know, first and foremost, agreeing, yes, I agree. She is wonderful and here's some of the things that I'm seeing at home and how that impacts us. And once I've been able, both as a speech pathologist, helping with testing and as a mom, once I'm able to start describing those kind of where I'm seeing those challenges, teachers do tend to tune into them in a different way. But again, it's not going to be, you're probably not going to be getting a call from the teacher being like, oh, your child can't sit down in the classroom because that's not really what's going on. You have to point out the things, oh, it's really difficult for them to turn in their work. It actually was completed, but it sat in their folder and came home the next night. Or when you sent my child to their locker, they came back with three of the nine items. And again, teachers might not realize that, but once you point that out, they're like, okay, I'm going to watch. And it becomes so much clearer. So that's a big piece for the parents of communicating with the school team and really helping them become more aware of those difficulties.

Lori: Yeah. And I think one of the challenges that I have in doing ADHD evaluations is we kind of rely on these behavior rating scales, and they really are very subjective. And we know from the research that you can have what kind of, what's called a halo effect when you're filling those out where if you like that child a lot and you enjoy them, you're gonna tend to have more positive ratings. I remember when I was a teacher at a behavioral school and I was filling them out, I had one kid that I loved, but he was really challenging and I probably was like overly positive cause he just did really great for me, but he was really challenging for other people. So, my ratings probably didn't really accurately reflect everything that was going on in that situation. But then what I'll see is when I interview those teachers or I give them kind of qualitative responses of what are you seeing in the classroom, almost always they're sharing challenges with attention, focus, organization, right. But then you give them the rating skill and they're just not rating it as much of a problem so it doesn't get flagged. So those are kind of just, again, for a more experienced psychologist that can look at the nuance of that and interpret it. Sometimes you need that for those kind of trickier cases and cases of girls.

Mallory: I think these are the listeners that we get messages from where they're saying, do you have to show signs of ADHD, across settings, do you have to see them at home and at school? Because the school is saying things are fine, but at home I have all of these challenges. And like you said, Lori, like, it takes a really discerning eye, it takes a person who really knows how to ask the right questions and bring up the right things to really establish, like, there really are struggles at school. They're just not as visible as like the kid who's hitting on the playground or can't stay in their seat.

Lori: Right. And one of the categories we didn't bring up that some families will see is an unspecified ADHD diagnosis, which I will use sometimes, again, if they maybe don't clearly meet every single criteria for the diagnosis, and that's always an option too. So that might be something that you've come across as what is that? It still means your child has ADHD, that the person thought that they had ADHD, but for whatever reason, they maybe didn't meet every single criteria that was there.

Mallory: That's a good point.

Lori: So, the second presentation is the predominantly hyperactive-impulsive presentation. Again, this is so much easier to spot. These kids are identified, much earlier. So, you're going to see again, we know from the research that the most, the earliest signs and symptoms are those hyperactive impulsive symptoms that cause kids to stand out. So, a lot of times it might be hitting or aggressive behaviors, not being able to stay in their seat, blurting out, yelling out, constantly interrupting, constant movement at home, running into things, jumping, climbing, running all over the place. Those are the kids that are under that kind of hyperactive impulsive presentation subtype.

Katie: One time I had a kid in therapy, so in speech therapy, I often worked with the moms because I would see kids during the day and a mom would bring them. And I remember having a little three-year-old; he was not diagnosed with ADHD, he was too young, we were just working on speech things. But I kind of had a suspicion because he would come in my room and he would go from one object to the next so fast. Like it was his attention span, I'm not kidding, it was like 12 seconds. And I had really cool toys, okay? Like, I had a ball popper that sings and makes all this noise and it blows air. I mean, things that most kids could play with for like, at least five minutes. And I will never forget this Dad comes in the session one time. And this particular dad traveled a lot, he just, he had never been to one of my

sessions. And so he's sitting there in like, the miniature chair, like, sorry about that, buddy, but he's sitting there watching, and his kid is just running from activity to activity, and he looks at me straight in the face and he goes, did you teach him to do this sequence? I was like, immediately no, we've been working on this for like four months, actually. This is child directed therapy, but, like, it's sometimes not going as well as it could. So it was really funny and. I've kept in touch with that mom, and she did share with me recently that her son was diagnosed with ADHD. But again, this can look more typical, a lot of three-year-olds will run around a lot, but it's as kids get a little older and they stop, a lot of kids stop doing it and you start to see like, oh, this is persistent. This is continuing into the degree that it's happening, like, with this one child. And I just laughed. I'm like, no, you're not paying me to teach your kid to run around and pull down every toy off my shelf. Thank you.

Lori: Yeah. And again, I see a lot of three-year-olds for autism, but we'll have that conversation of, like, you know, they can have a diagnosis of autism that early, typically not ADHD, but we're seeing all of the flags for that, too. So telling parents to kind of keep an eye but these kiddos typically get those earlier diagnoses around four, five, six-years-old, when those behaviors are really impacting them to a significant degree both at home, at daycare, at school, and are really struggling in so many different ways.

For girls, though, I think it's important to kind of talk about how hyperactivity can sometimes maybe look a little bit different in girls and boys, honestly. It might look like talking a lot in the classroom. It might be, again, fidgeting with lots of objects. I see a lot of kids sucking on objects very loudly or chewing on their clothing or, different objects in the classroom. So all these are just kind of fidgety, hyperactive behaviors. They're just maybe to a lesser degree, and again, not quite as overt and clear. And sometimes teachers aren't noticing them quite as much as if a child was like running around the classroom, for instance. So those are all just kind of things to keep in mind. But many of the times, you know, these kids need a lot of behavioral support, both at home and at school, because impulsivity is just, it's really hard and it really does affect, so many things in your child's home life with friendships and developing and creating and maintaining friendships and being successful at school. So, if you're really struggling with impulsivity, we do have an episode just on that. So make sure to go back and take a look at that.

Katie: Yeah, that's episode 156 and we'll link it in the show notes. But that's a big, a big piece is figuring out the right tools to support your child based on what's going on. And certainly, for these kids that are more impulsive or hyperactive, you're going to need to talk openly and consistently and honestly with the school because they're going to need most likely support at school. And there are behavioral supports that can be put in place. We're probably not going to get into all of that right here, but it's really important that you have those supports in place, because what we really want in this case, in all cases, is to help our kids to have a really good sense of themselves and who they are. And when we see these hyperactive kids going into a pre-k, like a four-year-old's classroom or a kindergarten classroom, sometimes those expectations are that they need to be sitting at circle or sitting at a desk. And a lot of our kids with ADHD aren't ready yet, and so we don't want them to go into school and start to feel like, oh, I'm just not a good kid, I'm not a good student, I'm not good at school, because in that age, those are the goals that you're doing, and if it's hard for you. So, it's really important to be proactive with all of the kids, but certainly if you have more of that hyperactive presentation, I can absolutely relate to sitting in those meetings and advocating for your child because they're going to need those supports. But it can be hard, you know, to go in and be like, okay, this is what I think my child needs, that's really important. And sharing what's worked at home and kind of just helping the team to set up the right supports. So, then we have ADHD combined presentation, and, these kids are going to show significant levels of both inattention and hyperactivity impulsivity. But even predominantly inattentive kids can have some hyperactive and impulsive symptoms and vice versa. But what the psychologist or the person who's doing that assessment, what they're really looking for is the number of symptoms and the severity and frequency of them. So, they're going to get to all of this throughout their evaluation, asking you questions, talking with teachers and other people that know your child, to really parse out what type of ADHD your child has.

Mallory: So that brings me to kind of a burning question, does it really matter? Like, does it matter what type of ADHD your kid has? Does it matter what type of ADHD adults have? Like, why do we care? Why do we care what type of ADHD our kid has or what we have?

Lori: I mean, ultimately, if we're thinking about the research and kind of directing parents to, you know, part of the reason why we give a diagnosis is because it then helps us to know what is an evidence-based treatment for that particular diagnosis. It helps us to be able to inform families of what to expect, and help them know what treatments are going to work.

And ultimately, the treatments that are effective, including medications, including parent behavior training, behavioral interventions, classroom management strategies, are going to be effective despite what the particular subtype is. So, all of those, we get that question a lot. Well, my childhood, you know, really is more inattentive. They struggle with executive functioning, they're not struggling with aggressive behaviors. Ultimately, your child is struggling to self-regulate, and it just looks different, right? So, a kid with hyperactivity impulsivity is struggling to self-regulate their motor, that motor inhibition, whereas your child with inattentive, is struggling to self-regulate in their attention. So, it can look a little bit different for each child. It does help us to have a better understanding of like, what those symptoms might look like in a particular child and describe it a little bit better. But none of them describe your child's unique skills and needs. And every child is going to have different symptoms than maybe another.

Katie: I think one area that it is really important is when you're looking, talking with families who maybe already have a child that's diagnosed with ADHD, and they might be saying, well, my second child or my third child, doesn't have it because it looks so different, they're so different. And I know in my family, you know, I always joke that my kids are completely opposite. Like, one has a super high pain tolerance, one will, like, cry over a hangnail for 30 minutes, one is a night owl, one is up at 5:30, like, ready to wrestle. But I think the same can be true of ADHD symptoms and the way that they present. So, I think that there is importance in understanding your unique child. Not necessarily knowing all the ins and outs of the DSM and the three profiles, but recognizing that it can look different. So, if you have in your head what ADHD looks like and you have a child who is struggling, but it looks different than that, there might be a different subtype at play. And if you yourself or your partner has ADHD, you might not have the same presentation as your child. And so that is another thing just to be aware of. I grew up in a family where my sister really struggled with a lot of executive functioning challenges, and it was very obvious, and then a lot of my challenges were much more internalized and I didn't share, and it wasn't really caught on to for a really long time. And I think that parents can be confused through no fault of their own. They just don't know how different these things can look. And so in that sense, I think it is important and really knowing, okay, this might be the same issue, executive functions, right? But it's going to manifest so differently. But ultimately, like Lori said, you're going to be treating your child. You're not going to work on organization or support organization if your child is actually pretty organized. And there are kids with ADHD who are organized!



Lori: Yes!

Katie: Believe it or not, it's like a sighting in the wild, but they're there. So, I think that's what that might be a strategy that they've come up with, because kids with ADHD can be very, very smart. So, again, understanding to read between the lines is so, so important and not just saying, oh, I already know what ADHD is, and that's not it.

Lori: Well, and I think that's such a good point, Katie, because I feel like I often work with families where I have, like, three of them right now, where it's like we've already diagnosed one that was the more hyperactive impulsive, and now they're kind of looking at, oh, my goodness after you've educated me on what executive functioning is and what ADHD looks like, I'm now all of a sudden realizing that our other child, just who looks totally different, has similar struggles. But personality wise, again, we have to understand that your kids have different personalities. Like, ADHD doesn't account for personality and those types of things, so they are going to look so different. And that's very confusing to parents, and it does help them better understand, okay, they're different types, and there can be different ways that this can look.

Mallory: And just, I guess, one final note about knowing your type and does it matter, is that in some cases, that might be helpful information if you're going to a medical doctor who is going to be prescribing medication for ADHD. In some cases, that might, impact their kind of treatment plan, in terms of what medications they select or where they want to start. So, in that case, it could be helpful, but both of you bring up some great points about why we should or shouldn't care about what type.

Katie: So, the answer is yes and no.

Mallory: Exactly.

Katie: But mostly, yes.

Mallory: And mostly, no.

Katie: So, your key takeaway for today is there are three types of ADHD, each with their own sets of strengths and challenges. But it's most important to remember that all of our kids are amazing and unique individuals with their own strengths and challenges.

Katie: 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!