Shining with ADHD by The Childhood Collective

Episode #227: ADHD in Girls: Understanding Shame, Stigma, and What Parents Can Do

Dr. Stephen Hinshaw: One of the reasons ADHD diagnoses often get delayed in girls, even among clinicians in the know, is that girls, typically more than boys, not trying to sex stereotype too much, want to do well in school, want to have friends. And wait a minute, I'm going to have to stay up three hours later than anybody else to get this homework done. And I'm going to have to work harder on the practice field in soccer to make the team. And masking, coping, compensation, perfectionism, these are the kind of traits that many girls display that can delay an ADHD diagnosis until later than it should, but also indicate how much they're fighting for their lives in many cases, to try not to let the world not understand or know that there's something I'm not quite sure of that is not helping me thrive.

Katie: Welcome back to the Shining with ADHD podcast. Today, Lori and I are truly thrilled to be talking with Dr. Stephen Hinshaw. Dr. Hinshaw was actually a guest on this podcast a few years ago for what eventually became one of our most popular episodes. We talked about his longitudinal research on girls with ADHD and his book, Straight Talk About ADHD in Girls.

Lori: Yes. And I was actually just talking with a friend and they were asking me, what's your favorite episode that you've done on the podcast? And I, it was my favorite, personal favorite episode. I learned so much. I thought it was so helpful. So, if you haven't listened to that episode yet, definitely go back and check it out and we'll link it in the show notes. It's episode 153.

Katie: Yes. And Dr. Hinshaw has spent decades studying ADHD in girls and women. This is an area that unfortunately has been overlooked for a very long time. So we're just so honored to have you back, Dr. Hinshaw. Thank you for being here.

Dr. Stephen Hinshaw: Well, it's great to, see and hear everybody again. I'm, delighted.

Lori: Yes. Thank you so much. So today we wanna go a little bit deeper than we did in our last conversation and talk about some of the more challenging aspects of ADHD in girls and

women, particularly as girls move into adolescence. And this topic has actually become even more personal and relevant for Katie and I. We both, I think, got ADHD diagnoses since we talked to you. So again, we're raising girls who are going into the teenage years, so we have a lot to talk about, and I think it's very helpful for us, too.

Katie: Yeah. So, before we jump into some of the research that you've done, can you just give us a really quick refresher from our last conversation, what would you say are some of the important ways that ADHD can look different in girls versus boys?

Dr. Stephen Hinshaw: So, the first point is ADHD doesn't look the same in everybody. You've got a personality, you're in a certain context, you've got a lifestyle. So, to say that everybody with ADHD is just like this is completely wrong. But there are some core features that are shared by most people with ADHD. So, on average a boy with ADHD gets diagnosed with a lot of inattention and executive function problems and a lot of hyperactivity and impulsivity. The kind of classic in the day, Tom Sawyer syndrome. White middle class boy won't paint that white picket fence. Tuesday's the worst day of the week. Can't remember the last weekend and the next weekend seems an eternity away. And for a long time that was this picture, the stereotypic picture of ADHD didn't really occur in girls. Might be 10 or 15 or 20 to 1, boy to girl. Well, we now know that that's simply not true. It's about 2.3 or 2.5 to 1. Neurodevelopmental conditions, autism spectrum disorder, Tourette, ADHD, very early onset aggression conduct problems do have in childhood a male predominance. And we could go into a long discussion of that, but the main point is in utero, if you're xy, a biological male, that little tiny y chromosome and it's very few genes, tells the developing body early in utero to start secreting androgens like testosterone, which creates a biological male. Those androgens also slow brain development. So, we know in the first couple of years of life girls are ahead of boys in language and empathy and compliance, caring what other people think. So, it's not shocking that boys are at more risk for neurodevelopmental early onset mental health conditions in disproportionate to girls, but not 10 or 20 to 1.

Lori: Do you think that the kind of new ratio is accurate or do you feel like with I feel like sometimes the diagnostic criteria even leans more towards a male presentation.

Dr. Stephen Hinshaw: Yeah, it's a fantastic question. And we simply don't know. I don't think that if we somehow evened the criterion behaviors it would be one to one. I think this is a biological reality. But by insisting on hyperactivity to have a diagnosis of the combined

presentation of ADHD rather than being hyperverbal and over talkative and interrupting other people. We know we have very recent research that shows that that's a really important marker in girls, that it may, it may in some ways be kind of a substitute for the hyperactivity that boys are more likely to show. So, in terms of the original question, on average, boys with ADHD are more likely than girls to show the really severe, impulsive and hyperactive behaviors. But girls are more likely to show than boys the more purely inattentive form. Can't remember three part directions, has trouble initiating, has trouble completing, not disrupting in class. Teachers are maybe relieved, but that girl is often suffering in silence. And as we'll talk about with our own Berkeley Girls with ADHD longitudinal study, the B-GALS, study got to have a great acronym, where we've been following the girls from grade school into their 30s. The inattentive presentation, which again seems milder and not as disruptive in childhood, can really have some real consequences in adolescence and adulthood that nobody really knew until our study results have come out in recent years.

Lori: Yes, that definitely makes sense. And Katie and I are actually, as I said, both parenting girls who are quickly heading into their teen years. From your perspective, what's happening with the mental health of adolescent girls right now?

Dr. Stephen Hinshaw: A lot. And a lot of it is not, a really pretty picture. Seventeen years ago I published a book called The Triple Bind: Saving Our Teenage Girls from Today's Pressures. Interestingly, one of the inspirations for this book was not looking at our B-GALS sample of girls with ADHD, but our matched neurotypical girls who were going through childhood adolescence without a diagnosis of ADHD. And they all got together in our summer camps we ran back in the 90s. So, a lot of these girls and national and international data back this up not long after puberty, which again is happening ever earlier and girls are about a year earlier than boys on average. The average age of puberty onset is about 11. Now 150 years ago it was 14 or 15, so we're kind of pushing the envelope through diet and, you know, modern life. Not long after anxiety, depression, cutting, non-suicidal, self-injurious behaviors, binge eating, skyrocket in girls compared to boys. In fact, before the age of 10, boys are more likely than girls to show a major depression, not by a lot. So, the biological changes of puberty, hormone surging, and of course these hormones don't just hit organs in the body, they circulate back up in the lymph and become neurotransmitters in the brain, the brain is resculpted. And along with social pressures, girls have a tougher time on average than boys in the early to mid-teen years. So, what does the triple bind mean about all this? So, I'm not an

expert neurophysiologist, but know a lot about culture and about girls development and boys development. What are girls raised to be? They're, they're compliant, they're nurturing, they're compassionate, they're empathic the way girls have always been. They're going to be tomorrow's mothers. But then if you go back to the 60s, the women's movement in the 70s Title 9, girls are competitive. Sixty percent of college students in the US today are women and it used to be way under 50%. So now if I'm going to get that athletic or academic scholarship, I'm going to out compete not only boys, but other girls. So, the triple bind says, well, so you're running the 400 meters athletically and you're rounding the final bend and your competitor in the lane next to you slips. Well, do you forget about her and plunge to the tape for the gold medal or do you pick her up and then lose the race? It's already a bind between being really empathic and really competitive. And then the third arm or prong of the triple bind is if you're a girl, you got to do all this effortlessly and looking pretty hot and sexualized while you're doing it. Where boys can be quirky geniuses and it doesn't really matter as much how they look. So, can any girl, ADHD in the picture or not, be 100% nurturing, 100% competitive and 100% sexualized and effortless at the same time? No. It's physically and psychologically impossible. So, we published this in 2009, a lot of supportive evidence and made some predictions about the mental health of girls over the next while. Well, here we are in 2026. Had no idea how accurate those predictions would be. Two big reasons. Comparative social media, which we had no idea would go the way it has spiraled. And the pandemic. So in the middle of the pandemic and as you know, waning years 20, 23, 24, 25, the mental health crisis among teenage girls had come to fruition with national surveys. Thirty-two percent of girls on the day of some key national surveys reported feeling so desperate that they seriously thought of taking their lives. Rates of major depression, rates of anxiety disorder, rates of binge eating, rates of cutting, again non suicidal self-injury. You're harming yourself to deal with some inner pain. The intent is not to kill yourself. The rates are epidemic now. It often starts with copying other girls and then but it's, it's really a fundamental problem in emotion dysregulation. So what if whether you got diagnosed or not in grade school, you were already showing signs of not being too motivated? People think you're lazy and you have trouble planning your day and it's hard to correct errors and you're not reading social cues very well. If you've got the highly heritable condition called ADHD, how much harder is that going to make the triple bind once you hit your teenage years? Because now, for unknown reasons to you, unless your family and doctor has really impressed upon you what ADHD is, it's not your fault, it's in your genes, can really lead to really great brains as well as difficulties in some brains, the self-blame. Why can't I keep

friends so everybody else can? Why do my teachers keep calling me lazy and stupid and unmotivated? Why don't my parents and I get in arguments every day about homework and meal time? And so, the cultural phenomenon of the triple bind, the spike toward real crisis levels of mental health girl, mental health problems in girls generally when ADHD underlies those phenomena. Well that's why we continued with our BGALS longitudinal study. And, and some of the findings in adolescence, very beginning of adulthood, mid, late 20s, 30s, show that this combination of the triple bind along with early ADHD, can really lead to impairments. They're not irremediable. We can do a lot of work to give skills and family coping and supports, but because we ignored the phenomenon of ADHD girls for so long, these are fairly new and fairly staggering results.

Katie: Yeah, it's a lot. I think that the, what you hit on there with, you know, you tell yourself your own story. Like if you don't have accurate information about what's going on in your brain, what's going on in your body. And a lot of parents will say, well I don't ever want to tell my child that they have ADHD or I don't want them to be labeled. But what a lot of parents maybe haven't fully experienced or thought of yet is that they're gonna have a label. And I use that term kind of loosely because if it's not an accurate label that reflects their actual brain, then they're going to get exactly what you said a label of, you know, I'm lazy or I'm just so chatty and you know, whatever the words are that the teachers use and not only that they're going to give themselves that label, but that other people are going to label them that way. And so it's, you're right, it is a very, I think tenuous situation because especially when you just don't have that self-awareness to understand why something is happening, then it gets really intertwined with a lot of shame.

Dr. Stephen Hinshaw: That's right, right.

Lori: Yeah something we hear a lot from girls and women with ADHD is some version of I thought I was just lazy, I know growing up I felt like I was incompetent or just not, not smart enough. Something's wrong with me. Where does shame fit into that, that picture for girls with ADHD?

Dr. Stephen Hinshaw: So, two-part answer. Too much shame comes into the life of most teenage girls because of these impossible expectations, unmeetable expectations of the triple bind. We know that as the teen years descend on teens, boys self-esteem, on average stays kind of level or actually increases, but it plummets for most girls with ADHD or for most

girls in general. But if you have ADHD to begin with, maybe not diagnosed yet because in girls it's often delayed because the symptoms aren't as visible. Why? Why me? Why do I get excluded from parties? Why is my report card usually the ADHD report card? A, B, C, D, F, you know, wild variability? Well my parents have talked about ADHD and my doctor talked about it. I don't know quite what it is but that's what boys get. So the shame is really an internalized self-blame. I should be doing better, I should be trying harder. Everybody says I'm not trying hard enough, but I'm trying harder than anybody knows. One of the reasons ADHD diagnoses often get delayed in girls, even among clinicians in the know, is that girls typically more than boys, not trying to sex stereotype too much, want to do well in school, want to have friends. And wait a minute, I'm going to have to stay up three hours later than anybody else to get this homework done. And I'm going to have to work harder on the practice field in soccer to make the team. And masking, coping, compensation, perfectionism, these are the kind of traits that many girls display that can delay an ADHD diagnosis until later than it should, but also indicate how much they're fighting for their lives in many cases to try not to let the world not understand or know that there's something I'm not quite sure of that is not helping me thrive.

Katie: Yeah, I think that's such an interesting way to explain it because I know we had someone on our podcast diagnosed as a mom with ADHD and she used this analogy of the duck who's swimming on the water and it looks so peaceful. It's glad gliding, but that underneath the water, the duck's legs are just going a mile a minute and paddling frantically. And it looks completely different if you're above the surface versus if you're under the water. And I do think that that is so interesting to me, that internalizing of I just need to do this. And I, that is my story. Like I, people even dear, dear friends, when I said I'm, you know, I got diagnosed with ADHD, like they kind of laughed at me and they were like, no, you don't like there's no way. You get everything done. You volunteer, you know, run this business and do this other job and your kids never have mismatched socks. But the battle that I literally put myself through every single day to do all of those things is invisible to pretty much everyone. And I think it's, that's such a, I think that's such a, like cage that we can put ourselves in not realizing that. But to your point, if parents don't recognize how hard their daughters are working or their children in general, then they aren't seeking out help. They're like, why would we, she has good grades, she's doing well. And that's such a kind of, I guess, I don't know, double edged sword.

Lori: I think this is not to get too off track, but as a clinician that evaluates girls with ADHD, I think one of the hardest parts of diagnosing is that like criteria with, with an ADHD diagnosis of they have to be showing some impact in another setting, right. But you have these girls who are, like you said, working extremely hard, who are people pleasers, who are very sweet. And so you have teachers filling out rating skills that maybe see some of these things, but they rate them very positively because they like them and they know they're hard workers. How do you, how do you deal with that I guess?

Dr. Stephen Hinshaw: We need to do holistic assessments. It's not just check marks on a rating scale. It's not just school grades. Maybe there was early trauma, which is really environmental, not genetically mediated. But as we'll talk about early trauma, underlying ADHD can lead to really serious problems later on. Maybe the family expectations don't really take into account that my daughter has a neurodevelopmental challenge here. I don't even know what a neurodevelopmental challenge is, but she certainly doesn't have it. And so, the parents expectations are that like my other kids or my friends and neighbors and relatives, kids, is just gliding along. I don't know why she just seems to struggle so much. And everybody wants their kids to do well. And when that pressure, remember the triple bind again, nurturing, empathic, athletically and academically competitive, the need to look a certain way, pretty hot and sexualized while you're doing it. It's impossible to do. But if, as so many girls do, they've internalized that standard as the undergirding of their self-worth, well if I'm not doing it, I'm really failing. And so that's where the social triple bind, you know, cultural phenomenon with the early developmental challenges of ADHD, which often don't get recognized, early in girls and the field didn't even think girls could have it until fairly recently. And the other myth that ADHD stops when you hit puberty, it's not an adult phenomenon. We know that's totally wrong these days. And in fact, the symptoms that persist in men and women beyond childhood and adolescence are the inattentive organizational symptoms, not so much the physical impulsivity and hyperactivity. So in some ways we've been battling a perfect storm that has mass undervalued what ADHD is in girls. And we're paying the price in terms of a lot of the negative long-term outcomes that we'll talk about. And we're also paying another kind of price because one of the features of the last few years early in the pandemic is the role of social media in having a safe space for young women and older women to talk about their ADHD. The TikTok phenomenon, which is great in many ways, but a lot of the content in that takes any symptom a woman could have of anything and conflates it with ADHD. So now we've got a kind of double stigma of oh you're a woman,

well it's just a niche thing now you don't really have ADHD because you don't look like you have it. And so, we're at a time of rapid social change around under recognizing ADHD in girls and women, finally recognize it, maybe over recognizing it now, and I think we're going to find a stable balance. But when it's trivialized that adds to the stigma. You don't have ADHD, it must be something else.

Katie: Yeah, yeah. Or the idea of, oh, I guess everyone has ADHD these days, you know, it's such a snarky response. And at the same time, yeah, I can see that. Like I saw a reel recently where it was like, oh, if you don't like the sound of someone drinking out of a water bottle, it's ADHD, you know, and you're like, what? That's not from the DSM. And all these people are like, it's me, it's me, I feel so seen. And I'm like, I don't know what's happening here. So yes, that's the non-clinical TikTok is, is very helpful, I agree with you. But also, yeah, it has, it has two sides. Probably more sides actually. It has many sides. But I wanted to dive deeper into that stigma piece. So, you've written and spoken extensively about stigma around mental health and ADHD for girls and women. I mean over decades you've been talking about this and can you just share a little bit more about what you've learned about the impact of stigma and especially for, for girls with ADHD.

Dr. Stephen Hinshaw: Right. So, stigma is an ugly term that literally means in ancient Greek or Latin, a brand. You've been marked. Society knows that you're different because we branded you. But most today is more psychological. So when people started applying this concept of stigma to mental illness, everybody knew. Well, what gets stigmatized is schizophrenia. You're hearing voices, you're delusional. It's pretty chronic many times. Bipolar disorder swings from despairing depression to wild and irrational manias that can be destructive. PTSD. Why would ADHD receive stigma? Many people with ADHD are neurotypical a lot of the time, right. ADHD is a misnomer; it's not an attention deficit. What about hyper focus? It's the inability to mold your attention as the day goes on and situations change. So therein lies the issue. If you're doing pretty great in algebra but not so well in Spanish or you're doing well in practice for soccer, but during the game that clover was more interesting than the ball so the winning goal went over your shoulder. You're not trying hard enough.

Lori: Yep. You're not motivated.

Dr. Stephen Hinshaw: You're not motivated. ADHD at the level of the brain is really a kind of consistent inconsistency. The brain networks that we do when we're spacing out and daydreaming intrude upon more of the task focused networks. So, stigma is surprisingly high for ADHD, largely because we think that that person, in this case, this girl or woman, just isn't trying hard enough or isn't applying herself well. That becomes internalized as self-stigma and the harder I try to please all three prongs of the triple bind, the harder I try to deal with this ADHD that I guess I have and I don't know if the diagnosis is valid and I don't want to try medications. It's pernicious. Because when you compound difficulties with executive functions and inconsistency that's really neural, not just because you're not trying hard, with the pressures, ever earlier puberty, ever later independence. How many years of schooling do you need? Job market's tough right now. It's a potent storm for what we have found in our BGALS study as we followed these girls for 25 years into womanhood, shockingly high rates of cutting behavior in the early teen and teen years. Shockingly high rates of attempted suicide in the later teen years in their twenties. Very high rates of unplanned pregnancy. About five times the rate of our neurotypical match sample that didn't have ADHD. And three and a half times as much exposure to intimate partner violence, sexual violence in relationships, not just yelling and arguing, but of a physical nature. Being stalked, being hit physically, etc. Not every girl with ADHD experiences these outcomes, but too many do. The good thing about a longitudinal study over many years is we have now seen too many instances of those really tragic outcomes. But with cognitive behavior therapy and organizational skills and time management and other therapy and overcoming past traumas, many of the girls who are engaging in these behaviors are in a much steadier life course now. With coping, recognition, a sensitive doctor, medication if needed, cognitive behavioral therapy. Once you get out of childhood, when the more behavioral reward programs are kind of the treatments of choice, women can turn their lives around. And maybe anticipating what you're going to ask in a minute, but so many women these days, their daughters are not kids anymore. They're getting to be preteens and they're signs of ADHD and then the mom says, hey, that was me 25, 30 years ago. Wait a minute, maybe I need to get an evaluation. Or maybe I got diagnosed and given the genetics ADHD does run in families, right.

Katie: Yeah, that's a great point.

Dr. Stephen Hinshaw: There's a lot going on in getting a good ADHD evaluation going because it opens to other generations who may have been dealing with this in silence as well.

Lori: Yeah, I love that. I love you talking about the triple bind. And it feels very, very relatable. And I know for me, a lot of things came to a head of, like, having pretty severe social anxiety. It came to, like, everyone's going to see that I'm completely incompetent, right. Like, this fear, and I have to be, everything has to be perfect and that perfectionism. And I think, again, going back to, like, childhood of your space cadet Lori, like, you know, people are going to figure that out, right. And, it was very much a relief to get that and feel like, hey, these things are hard for me, and I can talk about them and I don't have to hide it and cover it up. And, it is very relieving. But I do know in just working with so many families, I'm seeing their kids in almost every meeting, I just had a meeting yesterday, and the mom's like, I'm pretty sure I, you know, she was saying, I'm pretty sure I have autism. And it's for women, especially they're going through this process and realizing, like, we just, you know, people weren't even, even dads like, we weren't getting diagnoses back then. Like, that just didn't happen very often unless it was a really severe presentation, right. And especially for females that, you know, weren't aggressive or hyperactive or impulsive, like, that just didn't show up. So I definitely see that a lot in my practice.

Dr. Stephen Hinshaw: So when I was in grad school a long time ago, we learned you had autism or you didn't. Literally, you had bipolar disorder or you didn't. It was bimodal. It was called hyperkinesis or hyperactivity back then. Even before that, minimal brain dysfunction. You had it or you didn't. What do we say today? ASD the autism spectrum of disorders, the bipolar spectrum, the ADHD spectrum. The differences across the population isn't like, there's one group that's totally separate from another group. The symptoms meld into one another. And everybody's spacey at times. And everybody under stressful circumstances or work overload, gets disorganized. And that's part of the reason. And some of that is to reduce stigma. But let's just say you're a few symptoms more than the other person. But everybody has vulnerabilities. Now, when that gets to be, every woman has ADHD, then it trivializes those people who really do have ADHD. And so, we're in an era now where it's more okay to talk about this stuff. We know it's a sign of strength, not weakness, to admit problems, foibles, impairments, because that's how you get support. But at the same time, well, it's like you go to medicine, you get your blood pressure checked. Some people do it at home a lot. And we used to think that a certain level of blood, pressure reading systolic over diastolic, if you were 138 over, 82, you were in the border. Now that's considered hypertension. Because we know the risk is greater. So one reason why there's more ADHD diagnoses these days is not only greater public knowledge, but we've loosened the criteria a little bit so that more

people have a chance at getting help. But if we loosen the criteria so that every second person has ADHD, we've trivialized what ADHD really is. So we're in the midst of a lot of social change about all this and we got to rely on good science. We have to have clinicians who do really good thorough assessments. And if you're diagnosing an adult, that means looking into report cards and getting information on childhood from people and not just taking a brief symptom checklist in, a 12-minute evaluation. So we're at a time where the science, and the clinical science of ADHD, we need to reimburse and compensate clinicians for doing thorough evaluations.

Katie: Yeah. That is another piece of it too. I think that for so many women, it is exactly what Lori said. And this was my story too, where I was getting help for anxiety because I'm like, I just can't turn off my brain. I think I'm so anxious. And it wasn't until I went to see a psychiatrist who did exactly what you're describing, a very thorough eval. He happened to have treated other family members, so he kind of had a little bit of a matrix there to understand their histories. And that was when he brought it up to me and was like, I think it's ADHD. I'm curious, kind of thinking about you talked about shame and stigma for young girls and adolescents. But for women, let's say someone in their 40s who has never been diagnosed but suspects like, I think I do have ADHD, I might already know the answer, but what would you say to them? Would you think it's worth getting in an eval. Because on the practitioner side it's a lot of work, but also on the patient side, it's a lot going and scheduling in an eval. And they're kind of expensive and you have to find the time for yourself to go and do all of this. Like, would you say to, to a mom who's questioning this that it's worth the time to do it?

Dr. Stephen Hinshaw: Yeah, I would, and for a couple of reasons. So, one of the principles of diagnosis is something called differential diagnosis. You know, you're coughing a lot and feeling weak. Is it a heart problem, is a lung problem, or is it both? Well, for a lot of women, anxiety and depression, we're in an anxious and depressive time in our world right now. But for other women, the anxiety and depression really stem from some of these fundamental executive problems, executive function problems related to ADHD. So it's not just differential diagnosis. The fancy term is comorbid diagnosis. You could have ADHD and significant anxiety and depression, which came first as an interesting question to resolve. But, getting that evaluation allows the clinician to say, boy, if we really worked on the ADHD, whether through medication or through skill building or family support or whatever, then we

can see if anxiety goes down and maybe we don't need to give both anti-anxiety and antidepressant and ADHD medications. And evaluation, diagnosis, assessment is a fact finding. It's a detective story. So back in the day, not so long ago, any woman who came in, well, there was no question that they don't have ADHD. ADHD doesn't exist in girls.

Katie: Yeah, you can't get that.

Dr. Stephen Hinshaw: So it has to be the anxiety or depression or eating symptoms or what have you. And now the benefit of getting a diagnosis is trying to sort out and weigh out and you work on one set of problems first and you see if others resolve. Or maybe there is a lot of family history of severe depression, maybe even postpartum depression, that's got to be considered along with ADHD. So it's not a simple puzzle, it's a multidimensional puzzle.

Katie: Yeah, I hear you. And I know, I kind of want to go backwards in the interview for just a second because we talked a lot about the risk factors for girls with ADHD and especially those adolescent years. And I really thought it was very interesting how you were able to, because of all your research, to really compare, you know, these neurotypical girls and that they all have such a high risk of many of these mental health issues. But then obviously the ADHD does increase the risk substantially. And you went through that. It's amazing to me you could just rattle all that off. But I want to go back because I do think that again we're going to link your first episode which was more focused on what can parents do to help, right. Because all of us raising kids, our entire audience is parenting ADHD in the trenches right now. And you know, I, but I, so we're going to link people back to that. But if you were to you, I know you said the list, but if you could maybe go back and just highlight or maybe explain a little bit more some of the main things you talked about. So I know you mentioned medication, feel free to talk about that. For a parent who's just like, I know the risks and I desperately want to help my daughter. What would you tell them? Where should they start?

Dr. Stephen Hinshaw: So I would start with a couple of concepts coming out of DBT, Dialectical Behavior Therapy, which is an evidence-based treatment for kids with really severe, kids and teens and young adults, emotion regulation problems, suicidal thinking, cutting behavior, etc. And without getting into it in a lot of depth, dialectics are back from Hegel and philosophy, thesis and antithesis, opposites. But a lot of opposites coexist and it's accepting as a parent, radically accepting, you know, this diagnosis is real. My daughter has ADHD. Probably not my fault. Maybe the genes I passed on or maybe she was born at a low

birth weight. There's, you know, a lot of different causes of ADHD. But she may not be the smooth, easy going, tea sipping daughter companion I thought I'd have. And accepting that this is going to be a challenge and then radical commitment to doing something about it. So for young kids, grade school kids, one of the symptoms or manifestations of ADHD is it's harder for these kids to develop a sense of intrinsic motivation. Things they really like, they're hyper focused, they do it. But you know, most kids need to be taught to learn to read. We don't need to be taught to speak, but we need taught to read or do math. And kids with ADHD because of dopamine and different brain systems and pathways have a harder time consolidating gains to the point at which that task becomes intrinsically reinforced. So refrigerator charts, points charts at home, small steps of progress. If she can't sit still at dinner time for even a few minutes, you don't start with a 20-minute clock. You start with a six-minute clock and then gradually work up and she works with you to figure out the small rewards for small bits of behavior and larger rewards for several weeks of good behavior. And then you consult with the teacher to get us parallel. It's called a daily report card system set up at school. Once you get into the teen years, the late teen years, it's less about reward charts. Your 17-year-old son or daughter will tell you where to put that refrigerator chart and it’s not on the refrigerator. It's about negotiation and contracting. And I will bug you less, we'll stay out of your room if you pledge to get organizational skills intervention and be timely with these kinds of things. Time management, big issue for people with ADHD. Anger management for some people with ADHD. So cognitive behavior therapy tends to replace the more behavioristic reward charts and people are self-rewarding. Now what about medication?

Katie: Yeah, let's talk about that.

Dr. Stephen Hinshaw: The main medications for ADHD are called stimulants, which is kind of a terrible name because you think of a stimulant as speeding someone up. But a stimulant is really an SDRI. What? A selective dopamine reuptake inhibitor. Well, everybody knows what a SSRI is. A selective serotonin reuptake inhibitor. Neuron squirts out serotonin into the synaptic gap and that serotonin helps to fire the next neuron in the chain. But what happens to that serotonin, it gets swallowed back up by the neuron, that spit it out first. That's called reuptake. What does Prozac and Celexa do? They stop the serotonin from getting reuptaken and it leaves it in the synapse a little longer to regulate the serotonergic flow. Helps with anxiety, mood, appetite, things like that. That dopamine is the neurotransmitter, it's not that frequent in the brain, but where it is important for reward and motivation and executive

functions. And the stimulant, the SDRI leaves the dopamine out in the synaptic space longer to help regulate dopamine flow in those five crucial brain pathways that contain dopamine. So dopamine gives a sense of anticipated and actual reward. Dopamine keeps distractions down and focus up. So these medications are the most effective medications in all of child adolescent psychiatry. Better than antidepressants for depression or anxiety, for anxiety, et cetera. But they mainly work to reduce the symptoms. You can stay focused longer. You can get intrinsically motivated quicker. You don't make that impulsive choice to blow out the birthday candles, but it was your friend's birthday. You weren't really recognizing.

Lori: Katie talks about that all the time.

Katie: I've actually told that story on the podcast. Also, the finger and the frosting, like, it just looks so goodI'm like, it's not your cake. Don't touch it.

Dr. Stephen Hinshaw: It's not your cake. So what we know is from a lot of research my team has done and other teams have done, if and it takes some work to find the right medication, it could be the amphetamine class, it could be the methylphenidate or Ritalin class. Take some time, some weeks, to get the right dosage. If you get the right dosage and you get the brain better attuned and now you have the reward program or the cognitive behavior therapy or the family support. Stop the yelling and screaming at home. Don't have unrealistic expectations. Everybody's a lot calmer and chiller. It's a you get the parents to say positive things to their daughter five times more than negative things because it's usually the reverse at the beginning. When you put the medication and the behavioral or CBT together, that's when you get the best results on average.

Lori: Absolutely.

Dr. Stephen Hinshaw: Yeah.

Katie: Yeah. I think that's an important thing for parents to understand because it's like, I think a lot of times we just want to say, oh, we're going to use medication, that's going to be a big game changer. And it is. But really what you're doing is you're leveling the playing field to then teach the skills and help support. So they have to really work in tandem. Anyone who's ever sent their kid to school and not given them their meds, like you forgot or you ran out, you need those behavioral supports in place, right. You can't rely on medication for a

huge variety of reasons as your only tool in your toolbox. And that's really just part and parcel to what you do and what we do. And it's, it's really important. But I do think there's just broadly a fear of medication with ADHD and it's really sensationalized. I know you use the word stigma in the media, so we've actually been doing a series on meds and just trying to do some myth busting because I do think that parents get the sources that are anti medication for ADHD are very loud and it's hard to find clean, good evidence-based information. So I think that was a really great kind of just explanation of what's going on and why that can be so helpful.

Dr. Stephen Hinshaw: And again, medications, they're life saving for bipolar disorder. Help people with schizophrenia function in the world. All medications have some side effects. Stimulants have relatively few. But if you don't have ADHD and you're in college and your roomie wants to stay up all night to finish that midterm project and is offering you 10 bucks a pop for an Adderall tab, that's called diversion. You're diverting a prescription medication to someone who doesn't have that indication. And if you don't have ADHD and you're not getting medically monitored for medication, the stimulus can be addictive and it's not a pretty picture. So one of the reasons the medications get bad press is that they can be agents of substance abuse if in the wrong hands. But with a careful ADHD diagnosis and good monitoring of medication. I mean the really interesting results on this jumping up to adults for a minute come from Scandinavia. In Scandinavia, from the moment of conception, for the rest of your life, every school grade you got and every medical, anything that happens, all in a central repository. So they tend to diagnose ADHD much, more stringently. Finland, Sweden, excuse me, Denmark. I'm getting my August allergies. Excuse me. So they know if you've had this diagnosis carried into adulthood, every six months, if you've renewed a stimulant prescription or not. Now they don't have a camera in the bathroom mirror, they don't know if you swallowed it, but the assumption is if you got it renewed you're probably taking it. So the critics who say, well, ADHD is terrible for kids and adults are using it as a crutch or as a performance enhancer. If you have ADHD in these countries and you get your prescription refilled for six months, we assuming you're taking it, then you didn't for six months and you did again. So you can plot the differences. In those six-month periods in which Scandinavian adults are receiving their ADHD medications, suicidal behavior goes down by 30%, accidental injuries go down by over 40%. These are serious consequences. And medications really work in adulthood if you take them and if there's a careful diagnosis. So we do have to fight the kind of anti-medication critics who say that it's just poisoning and it's we should

have pure minds and not use medications. Well, medications save lives in cancer and cardiology and many medical fields and they literally can save lives for ADHD too.

Lori: Yeah. And I think many adults who take ADHD meds, and myself included when I was taking them, often forget to take. I mean you forget to take it, which tells you how it isn't necessarily an addictive substance. For most people the biggest issue is like remembering to take that in the morning.

Katie: And then remembering to get your prescription filled, which is my debacle each month, which the likelihood of getting it filled is a lot higher if I've taken my meds, to be fair. So it's a circle.

Dr. Stephen Hinshaw: That's right.

Katie: So yeah, absolutely.

Lori: Okay. So we want to end with a question that we love asking experts who have spent their careers studying something that again matters so much to families. If you could give parents one piece of advice who are raising a girl with ADHD right now, where would you start?

Dr. Stephen Hinshaw: I would start with what I said a few minutes ago. If the diagnosis happens and it's accurate, as a parent, you're going to have to radically accept that your daughter has a neurodevelopmental challenge. May not be exactly what you had in mind for an everyday peaceful coexistence with her. And there's going to be struggles and there's going to be need for treatment and extra time maybe getting accommodations. With that acceptance though can come a relief and release from it must have been my fault, I was just a lousy parent. Parents react to kids with different styles as much as they help shape kids behaviors. So the radical accepted says, well in some cases, maybe I've had ADHD for a long time and not known. My kid is going to need to some special interventions that some of which cost money and time, others of which reward programs could be integrated into the daily routine. Then you're going to radically commit to making sure those things happen. And you're going to not argue over every fine point. And you're not going to expect her behavior to change from one month to the next. You're going to do the success of approximation behavioral small steps to progress. And you're going to have to radically commit to lowering

the temperature at home. Not everything's worth an argument. Not every grade has to be an A. And the third is radical acceptance, radical commitment. Find her strengths. Those can be the basis of rewards that you give in the reward program. And maybe she's going to go on to a really great, not neurotypical, but career pursuing her passion that would surpass what many neurotypical people can do. If you find, as you get older, the right job, the right partner, with the supports and skills you've learned, people with ADHD can really thrive.

Katie: Yeah. That's beautiful. And as a mom myself, I think that's what I want for my daughter. You know, she has such a unique look, outlook on the world, and so many talents. And when she is really want something, I've never seen anything like it. Like, she will go full speed with no breaks. And so that is. You're right. And just knowing kind of how important that is for parents to be giving that support is. Is huge. It's also a natural source of dopamine that we're trying to get. So, yeah, it all comes together. But, yes. Well, thank you again so much for joining us today. Truly, this, these episodes with you have just been so fun to record, and I feel like I'm learning so much as a mom. So, yeah, thank you so much. And the other thing I wanted to say is thank you for sitting with us in some of the harder parts of this conversation. You know, it's not easy to talk about, really, the risks that come along with ADHD in girls. And I think sometimes it's easy to say, well, that that's not a shiny door, let's just close it. But it is so important to understand. And then from there, we can get creative, we can get curious, we can be really ready and equipped to help our kids. But we have to be able to look at the hard things. And I think you do, just an incredible job at breaking that down in a way that parents can still feel hopeful and kind of move confidently towards the next step. So thank you again.

Lori: Yeah. We also appreciate, you know, a lot of times people do research and it goes into papers and it isn't disseminated well to the people who need it. And so we really appreciate you taking the time to come here and share this information you do in the work that you do every day so that parents can make these changes and shifts based on what you're learning.

Dr. Stephen Hinshaw: Well, I appreciate it, from both of you. It means a lot. And as I sometimes say, well, this is what I do for a living, right.

Lori: Yeah.

Katie: And you're great.

Dr. Stephen Hinshaw: Science and communication and advocacy and teaching and mentoring. So it's, it's worth it. And The Childhood Collective and the stuff you're doing is, I hope, reaching a really good audience increasingly, because, people need to hear it.

Lori: Yeah.

Katie: Thank you.

Lori: Thank you.