

Women with ADHD: Wandering but Not Lost
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The clinicians at CRG find that diagnosing and treating children with ADHD is a very rewarding experience. When we can identify the source of the problem (diagnose) and find ways to help (treat), we all feel that we have helped the child and the family. When we diagnose a child, one or both of the parents often recognize that they may have a similar condition. As we discuss their child's symptoms of ADHD and how the symptoms impact the child, one or both of the parents often begin to reveal the fact that they experienced similar difficulties but did not know how to explain those difficulties. For women, this is often the beginning of their own self-exploration and eventual diagnosis of ADHD.

Unfortunately, many women with ADHD have had a number of diagnoses prior to being diagnosed with ADHD. These diagnoses often include anxiety, depression, eating disorders, substance abuse, impulse control disorders, and Post Traumatic Stress Disorder. Adolescent females are more likely to experience self-harm and suicide attempts than those without ADHD. They also experienced low self-esteem, are more likely to smoke cigarettes, have financial problems, and higher rates of divorce. However, they frequently have not been diagnosed with ADHD as they had not demonstrated the typical hyperactive and impulsive symptoms or aggressive behaviors noted in males.

Once women with ADHD begin to identify their own symptoms of the disorder, they have many "ah-hah" moments and are able to develop a better self-understanding. Many times they grieve over lost opportunities but are able to start to re-define themselves, their strengths and their needs. With appropriate diagnosis and treatment, they experience significant improvement in their overall functioning and the ability to support their children and families.

Treatment of ADHD starts with a comprehensive assessment of an individual's symptoms and diagnosis of the issues that need to be addressed. The second arm of treatment is patient and family education about the diagnoses. This part of treatment should be ongoing as a part of therapy and also through self-exploration. The third part of treatment should include consideration of medication and therapy. Both medication management and therapy should address ADHD, as well as other co-existing conditions such as anxiety and depression. The final part of treatment is the building of supports to assist with stress management and daily functioning. This should include consideration of ADD Coaching, accommodations at school and work, and the development of strategies to assist in daily functioning.

The following sites are starting points in researching and understanding ADHD in women.

<http://psychcentral.com/lib/gender-differences-in-adhd/0003074>

<http://addvance.com/help/women/index.html>

<http://www.apa.org/topics/adhd/gender.aspx>

<http://www.apa.org/news/press/releases/2012/08/girls-adhd.aspx>

CRG provides services to assist with diagnosis and all aspects of treatment. For further information on the services offered at CRG, please visit our website at www.childrensresourcegroup.com.