

Understanding ADHD

An introduction for parents, carers, and school staff

Written by Jolene Ironside

What is ADHD?

ADHD, or Attention Deficit Hyperactivity Disorder, is recognised in the DSM-5 as a neurodevelopmental condition. The DSM-5 provides a structured, clinical framework for identifying and measuring traits, but this framework can sometimes overlook the lived experience and the diversity of ways ADHD can present.

From a real-world perspective, informed by working alongside thousands of children, adults, and families, ADHD is best understood as a complex, lifelong neurotype. It shapes how a person thinks, feels, and responds to the world, influencing cognition, emotional regulation, and behaviour. Rather than a deficit, it reflects a different way of processing and engaging with life — one that brings both strengths and challenges, depending on the environment and support available.

Dr Hallowell uses a helpful analogy to explain ADHD to children: "ADHD has the power of a Ferrari engine but with bicycle-strength brakes. It is the mismatch of the engine power to braking capability that causes the problems. Strengthening the brakes is the name of the game."

ADHD and attention

ADHD isn't actually a deficit of attention — it's a difficulty with *regulating* attention. Children with ADHD can pay attention, but not always when they need to, for as long as they need to, or on the thing they need to focus on.

It's not laziness or wilful disrespect. ADHD is about the brain struggling to switch attention on, sustain it, or shift it when required. A child may appear unfocused, but in reality their attention is often scattered across many things at once, or locked into intense hyperfocus on something that interests them.

How might ADHD present in boys?

Boys often show the more typical signs of ADHD — hyperactivity, impulsivity, and difficulty sustaining attention. In the classroom, this can look like blurting out answers, tapping on the desk, or constantly moving. Sometimes boys are seen as the class clown. They are more likely to be noticed for outward behavioural challenges, and because of this are often identified and assessed earlier than girls.

Signs seen in both boys and girls with ADHD:

- Constant fidgeting or needing to move.
- Forgetfulness (homework, equipment, dates, instructions).
- Disorganisation.
- Calling out or disrupting class.
- Emotional outbursts.
- Leaving their seat frequently or struggling to sit still.

- Going off topic or getting easily side-tracked.
- Intense hyperfocus on something they enjoy.
- Difficulty settling back after break or transition times.
- Trouble waiting their turn.
- Difficulty starting or finishing tasks.
- Making careless mistakes.
- Losing things (PE kit, school tie).
- Easily distracted.
- Reluctance to engage in tasks that don't interest them.

How might ADHD present in girls?

ADHD in girls can look very different from the more obvious signs we tend to notice in boys. Many girls show less visible hyperactivity, especially if they have the inattentive type (previously called ADD). Instead, you might notice daydreaming, staring out of the window, or behaviours like hair twirling, skin picking, or nail biting. They may appear anxious, sad, or perfectionistic, and often have difficulties with friendships.

Girls often appear to be coping well because their struggles are hidden — work may look neat, and they may not cause disruption. However, parents may report very differently: at home, she may show big emotional or angry outbursts after holding it all together during the school day.

While hyperactivity may not always be obvious outwardly, it can be happening internally as racing thoughts or thought loops. Some girls also freeze when starting tasks. Hyperactivity can sometimes show as constant chatting — often a way of self-regulating rather than trying to distract others.

Because many girls are socially aware and want to please, they often mask their difficulties. They may hand in polished work, take copious notes, or redo assignments until they feel perfect. On the surface this looks like conscientiousness, but underneath it can come with anxiety, exhaustion, burnout, and a harsh inner critic.

Signs seen in girls with ADHD:

- Daydreaming or zoning out.
- Hair twirling, skin picking, or similar repetitive behaviours.
- Appearing anxious, sad, or overly perfectionistic.
- Emotional outbursts at home after school.
- Difficulty starting tasks (freeze response).
- Talking excessively (to regulate, not to distract).
- High levels of self-criticism and pressure to get it right.
- Obsessive checking (bag, homework, notes).
- Redoing work to perfection.
- Social awkwardness or trouble keeping up in conversations.
- Seeming shy, quiet, or fading into the background.

- Low self-esteem, anxiety, or signs of burnout.

What other conditions may present alongside ADHD?

Children with ADHD often live with a set of overlapping challenges, many of which arise from navigating environments that do not fully understand or support their neurobiology. These are not inherent flaws, but natural outcomes of a mismatch between the child's needs and the systems around them.

Low self-esteem

This can develop when a child is repeatedly labelled as lazy, disruptive, or a problem. Difficulties with organisation, remembering items, or initiating tasks may be misunderstood as a lack of effort. Repeated punishment for behaviours that are often forms of self-regulation — moving around, talking out of turn, struggling to return from break — can compound feelings of inadequacy.

Rejection Sensitivity Dysphoria (RSD)

An intense emotional response to perceived or actual rejection, criticism, or teasing — particularly from people who matter to the child. This can feel like a real threat and cause significant emotional pain.

Emotional regulation differences:

- Anxiety.
- Depression.
- Heightened anger responses.
- Obsessive compulsive traits (OCD).
- Oppositional defiant patterns (ODD).

Cognitive and motor differences:

- Learning differences.
- Fine and gross motor coordination challenges.
- Executive function differences: planning, prioritising, and time management.

In some cases, tic disorders may also be present. Many of these co-occurring challenges are secondary — not caused by ADHD itself, but by the ongoing effort of coping with unmet needs in an environment that does not yet recognise or value the child's way of thinking, learning, and being.