

„TO ŠTO ONA NE VISI S LUSTERA I NE TRČI PO RAZREDU, NE ZNAČI DA NEMA ADHD“: ISKUSTVO SVAKODNEVICE MAJKI DJEVOJČICA S ADHD-OM “JUST BECAUSE SHE DOES NOT HANG FROM THE CHANDELIER AND RUN AROUND THE CLASSROOM, IT DOES NOT MEAN THAT SHE DOES NOT HAVE ADHD”: INSIGHTS FROM THE LIVED EXPERIENCES OF MOTHERS OF GIRLS WITH ADHD

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Sažetak: Deficit pažnje / hiperaktivni poremećaj (ADHD) neurorazvojno je stanje karakterizirano značajnim teškoćama u kognitivnoj, emocionalnoj i bihevioralnoj samoregulaciji. Rjeđe je dijagnosticiran djevojčicama negoli dječacima. Zbog manjka istraživanja koja bi bila posvećena specifičnoj simptomatologiji koja se javlja u djevojčica te iskustvu njihove svakodnevice, proveden je polustrukturirani intervju sa šest majki djevojčica s ADHD-om. Tematskom analizom transkripta određeno je pet tema: 1. „Nevidljive“ djevojčice s ADHD-om, simptomatologija i kasna dijagnostika: „To što ona ne visi s lustera i ne trči po razredu ne znači da nema ADHD“; 2. Organizacija obiteljske svakodnevice: „Jedan dan je prekratak za nas, nama vrijeme prebrzo prolazi“; 3. Iskustvo školovanja djevojčice s ADHD-om: „Cijela obiteljska dinamika se vrti oko škole“; 4. Odnos socijalne okoline, stručnjaka i sustava: „Nažalost, ne postoji podrška za djevojčice s ADHD-om“; 5. Osobno iskustvo majčinstva: „Osjetim na sebi koliko sam se u određenim situacijama tog našeg životnog puta potrošila“. Rezultati ukazuju na znatno kasnije dijagnosticiranje djevojčica, iako su simptomi prisutni i uvelike utječu na njihovu svakodnevicu. Kao i kod dječaka, simptomi najviše dolaze do izražaja u aktivnostima vezanim za školu te u svakodnevnim okupacijama koje zahtijevaju izvršne funkcije. Uočava se manjak sustavne i socijalne podrške djevojčicama s ADHD-om i njihovim majkama, koje ističu potrebu za senzibiliziranim stručnjacima i javnosti,

Abstract: Attention deficit/hyperactivity disorder (ADHD) is a neurodevelopmental condition characterised by difficulties in cognitive, emotional, and behavioural self-regulation. Boys are more frequently diagnosed with ADHD than girls. Due to the lack of research on the specific symptomatology that occurs in girls with ADHD and their everyday experiences, a semi-structured interview was conducted with six mothers of girls with ADHD. The thematic analysis of the transcript generated five main themes: 1. “Invisible” girls with ADHD, symptomatology, and late diagnosis: “The fact that she does not hang from the chandelier and does not run around the class does not mean that she does not have ADHD”; 2. Organisation of everyday family life: “One day is too short for us, time flies too quickly”; 3. Experience of schooling a girl with ADHD: “The whole family dynamic revolves around school”; 4. Attitudes of society, professionals, and systems: “Unfortunately, there is no support for girls with ADHD”; 5. Personal experiences of motherhood: “I sense how much I wore myself out in certain situations of that life path of ours”. The results of our analysis indicate that girls are diagnosed with ADHD much later, even though characteristic symptoms are present and significantly affect their everyday life. Similar to boys with ADHD, the symptoms observed in girls are most pronounced in school-related activities and daily occupations that involve executive functions. There is a lack of systematic and social

kako bi razumjeli da se ADHD ne javlja samo kod dječaka te ga ne definira samo simptom hiperaktivnosti.

Ključne riječi: ADHD, neurorazličitosť, djevojke/djevojčice, podrška, kvalitativni nacrt, životno iskustvo

UVOD

Deficit pažnje / hiperaktivni poremećaj (ADHD) najčešće je dijagnosticirani neurorazvojni poremećaj samoregulacije djece (Cainelli i Bisiacchi, 2022), karakteriziran teškoćama u bihevioralnoj inhibiciji te usporenim razvojem izvršnih funkcija (Barkley, 2015). Tek se tijekom proteklih nekoliko desetljeća prepoznala prisutnost ove neurorazličitosti u djevojčica, djevojaka i žena, pri čemu novija istraživanja uvjerljivo ukazuju da one imaju znatno izražene poteškoće u svim segmentima svakodnevnog funkcioniranja u usporedbi s onima bez ADHD-a (Barkley, 2015). Prema posljednjem izdanju Dijagnostičkog i statističkog priručnika DSM-5 (APA, 2013), ADHD se javlja u većini kultura u oko 5% dječje populacije te u 2,5% odraslih osoba. Zabilježena pojavnost u dječaka/muškaraca veća je negoli u djevojčica/žena, u omjeru 2:1 u dječjoj dobi te 1,6:1 u odrasloj životnoj dobi (APA, 2013). Unatoč navedenim razlikama u incidenciji, utvrđena je pristranost u dijagnosticiranju dječaka s ADHD-om u odnosu na djevojčice s ADHD-om (Rucklidge, 2010), što ukazuje na nepovoljan trend rjeđeg pružanja primjerene sustavne podrške djevojčicama u ranoj dobi. Ujedno su teorijski i klinički pristupi praćeni istraživanjima većinom usmjereni na dječake osnovnoškolske dobi (Chronis-Tuscano, 2022).

Iako većina znanstvene literature upućuje na podudaranje u kliničkoj prezentaciji simptoma ADHD-a kod djevojčica i dječaka (Quinn i Madhoo, 2014), dokazane su razlike u izražnosti simptomatologije. Naspram dječaka, kod kojih većina iskazuje simptom hiperaktivnosti i impulzivnosti, djevojčice u većoj mjeri pokazuju simptome slabije regulacije pažnje te poteškoće u području izvršnih funkcija. Primjerice, istraži-

support for girls with ADHD and their mothers. The mothers who participated in the interviews emphasised the need for more sensitivity and understanding among professionals and the society regarding the fact that ADHD does not occur only in boys and that it is not defined only by hyperactivity.

Keywords: ADHD, neurodiversity, girls, support, qualitative design, life experience

INTRODUCTION

Attention deficit/hyperactivity disorder (ADHD) is the most frequently diagnosed neurodevelopmental condition of self-regulation in children (Cainelli & Bisiacchi, 2022). It is characterised by difficulties in behavioural inhibition and delayed development of executive functions (Barkley, 2015). It was only during the past few decades that the presence of this neurodiversity was recognised in girls and women. Research has convincingly demonstrated that girls and women with ADHD have significantly more pronounced difficulties in all segments of daily functioning compared to those without ADHD (Barkley, 2015). According to the latest edition of the Diagnostic and Statistical Manual DSM-5 (APA, 2013), ADHD occurs in about 5% of the child population and 2.5% of the adult population across most cultures. The recorded incidence is higher in boys/men than in girls/women with a ratio of 2:1 in childhood and 1.6:1 in adulthood (APA, 2013). Despite the above-mentioned differences in incidence, there is a clear referral bias in diagnosing boys with ADHD compared to girls with ADHD (Rucklidge, 2010). This reinforces an unfavourable trend where the provision of adequate systematic support to girls at an earlier age is lacking. At the same time, theoretical and clinical approaches, as well as research studies, are mainly aimed at elementary school-aged boys (Chronis-Tuscano, 2022).

Although most of the scientific literature points to similarities in the clinical presentation of ADHD symptoms in girls and boys (Quinn & Madhoo, 2014), differences in the severity of symptomatology have been proven. Compared to boys, most of whom show symptoms of hyperactivity and impulsivity, girls are more likely to show symptoms related to inadequate regulation of attention and difficulties around executive functions. For example, in a

vačica Julia Rucklidge (2010) u svom pregledu rodni razlika navodi da roditelji i učitelji opisuju dječake kao više hiperaktivne, a djevojčice kao više nepažljive. Kako navodi ova istraživačica, teškoće s pažnjom se kod djevojčica manifestiraju kao laka ometenost, manjak truda, napora ili motivacije, neorganiziranost i preplavljenost. Djevojčice s dominantno nepažljivim tipom ADHD-a manje ometaju nastavu u učionici te češće uz poticaj uspješno dovršavaju školske zadatke. Stoga učitelji, uspoređujući djevojčice s njihovim vršnjacima suprotnog spola, mogu previdjeti manje eksternalizirane znakove ADHD-a kod djevojčica. Ipak, djevojčice s ADHD-om imaju veću tendenciju razvoja poteškoća u socijalizaciji i u društvenim interakcijama u odnosu na djevojčice neurotipičnog razvoja (Quinn i Madhoo, 2014), dok adolescentice s ADHD-om osjećaju kako su manje učinkovite te imaju lošije strategije suočavanja od adolescenata s ADHD-om (Rucklidge, 2010).

Niz okolnosti upućuje na potrebu istraživanja specifičnosti ADHD-a kod djevojčica, adolescentica i žena. Između 2003. i 2011. godine u Sjedinjenim Američkim Državama uočava se porast postavljenih dijagnoza ADHD-a kod djevojčica za 55% (Collins i Cleary, 2016). Međutim, sklonost djevojčica da sakriju (maskiraju) svoje simptome, primjenjuju različite kompenzacijske strategije te internaliziraju svoje emocije čine prepoznavanje simptoma težim (Hinshaw i sur., 2021). Dijagnoza ADHD-a najkasnije se postavlja kod djevojčica koje imaju natprosječnu inteligenciju i dominantno nepažljivi tip ADHD-a jer su one uspješnije u maskiranju svojih simptoma (Nadeau, Littman i Quinn, 2015). Kao rezultat toga, ADHD se kod djevojčica dijagnosticira znatno kasnije nego kod dječaka, često tek u adolescenciji ili odrasloj dobi (Dakwar i sur., 2014) ili kad komorbidni poremećaji krenu ometati učinkovito funkcioniranje u svakodnevi. Komorbiditeti poput poremećaja prkošenja i suprotstavljanja te poremećaja ponašanja češće se manifestiraju kod dječaka s ADHD-om, dok su kod djevojčica češći afektivni poremećaji, anksioznost i depresija, a mogu se zadržati i do odrasle dobi (Davidsson i sur., 2017). Poremećaji u prehrani češće se pojavljuju kod

review of gender differences in ADHD, Rucklidge (2010) stated that parents and teachers describe boys as being more hyperactive and girls as more inattentive. The author went on to state that difficulties with attention in girls were manifested as a tendency to become distracted, lack of effort or motivation, disorganisation, and being overwhelmed. Girls with a dominantly inattentive type of ADHD were less disruptive during classes and were more likely to successfully complete school assignments after receiving some encouragement. Therefore, when girls were compared with their peers of the opposite sex, the teachers may have overlooked signs of ADHD that were not always externally manifested. However, girls with ADHD have a greater tendency to have difficulties in socialisation and social interactions compared to their neurotypically developing peers (Quinn & Madhoo, 2014), while adolescent girls with ADHD have lower self-efficacy and poor coping strategies than adolescent boys with ADHD (Rucklidge, 2010).

Several circumstances point to the need to understand the specifics of ADHD in girls, adolescents, and women. Between 2003 and 2011, there was a 55% increase in ADHD diagnoses in girls in the United States (Collins & Cleary, 2016). However, the tendency to hide (mask) their symptoms, use different compensatory strategies, and internalise their emotions can make symptom recognition in girls more difficult (Hinshaw et al., 2021). Girls who have above-average intelligence and a dominantly inattentive type of ADHD are often the last to be diagnosed because they are more successful in masking their symptoms (Nadeau, Littman & Quinn, 2015). As a result, ADHD in girls is diagnosed much later than in boys, often only in adolescence or adulthood (Dakwar et al., 2014), or when other comorbidities begin to interfere with effective functioning in everyday life. Comorbidities such as defiant and oppositional disorders and conduct disorders are more often manifested in boys with ADHD, while affective disorders, such as anxiety and depression, are more common in girls and can persist into adulthood (Davidsson et al., 2017). Eating disorders occur more often in girls and women with ADHD, and an analysis of twelve studies identified an in-

djevojčica i žena s ADHD-om, a analizom dva-naest istraživanja identificiran je povećan rizik za razvoj svih sindroma poremećaja hranjenja (poremećaj prejedanja, anoreksija nervoza, bulimija nervoza) kod djevojčica i adolescentica s ADHD-om (Young i sur., 2020).

Kako bi se umanjilo poddijagnosticiranje djevojčica u školskoj dobi važno je obratiti pažnju na njihov obrazovni razvoj. Retrospektivnom analizom izjava djevojčica (prosječne dobi od devetnaest godina) s postavljenom dijagnozom u dječjoj dobi, ADHD je bio prepoznat upravo po nižem obrazovnom uspjehu, što je rezultiralo ponavljanjem razreda, smještajem u posebne razrede i povećanim korištenjem usluga instrukcija, ali i nižim razinama završenog obrazovanja (Quinn i Madhoo, 2014). Rucklidge (2010) zaključuje da bi dijagnostički kriteriji trebali biti prilagođeni spolu te uključivati prilagođene procjene s uključenim opisom simptoma ADHD-a namijenjene djevojčicama i ženama te postaviti referentne vrijednosti specifično za osobe ženskog spola. Dijagnosticiranje u čim ranijoj dobi važno je zbog uspostavljanja funkcionalne sustavne podrške, ali i prevencije ili ublažavanja psihosocijalnih rizika.

Manje očigledna prezentacija simptoma kod djevojčica u mnogo slučajeva prikriva osnovnu dijagnozu jer ne zadovoljava stereotipni način razmišljanja o manifestaciji ADHD-a. Zbog toga djevojčice i žene s ADHD-om često dobiju pogrešnu dijagnozu (Young i sur., 2020). Primjerice, ono što se na prvi pogled čini kao depresija može biti rezultat snižene motiviranosti kao posljedice dugogodišnjih sekundarnih akademskih i psihosocijalnih poteškoća povezanih s ADHD-om, uključujući i negativne povratne informacije roditelja, učitelja i vršnjaka, dok anksioznost može proizaći iz odugovlačenja/izbjegavanja izvršavanja zadataka (prokrastinacije) i zabrinutosti zbog neispunjavanja očekivanja (Hinshaw i sur., 2021). Djevojčice koje iskazuju simptome depresije ili anksioznosti ponekad se liječe od navedenih poremećaja, a da se ADHD ne uzme u obzir kao moguća „prekrivajuća“ dijagnoza (Quinn i Madhoo, 2014). Rezultati pokazuju kako su djevojke tri puta češće bile liječene antidepresivima prije liječenja ADHD-a (Young i sur., 2020). Tretman

increased risk for the development of all eating disorder types (e.g., binge eating disorder, anorexia nervosa, bulimia nervosa) in female children and adolescents with ADHD (Young et al., 2020).

To prevent the underdiagnosis of school-aged girls, it is important to pay attention to their educational path. Through a retrospective analysis of the statements of girls (average age = 19 years) who had been diagnosed with ADHD in childhood, ADHD was recognised through indicators such as lower academic success, which resulted in school year repetition, placement in special classes, and increased use of tutoring services, as well as lower rates of high school graduation (Quinn & Madhoo, 2014). Rucklidge (2010) concluded that diagnostic criteria should be gender-appropriate with adapted assessments that include a description of ADHD symptoms specific to girls and women to determine reference values specifically for women. Early diagnosis possible age is important for the establishment of functional systemic support, as well as the prevention and mitigation of psychosocial risks.

In many cases, the discrete manifestation of symptoms in girls conceals the basic diagnosis because it does not conform to the stereotypical way of thinking about the manifestation of ADHD. Because of this, girls and women with ADHD are often misdiagnosed (Young et al., 2020). For example, what appears at first to be depression may be the result of decreased motivation because of long-standing secondary academic and psychosocial difficulties associated with ADHD, including negative feedback from parents, teachers, and peers, while anxiety may result from procrastination/avoidance of tasks and concerns about not meeting expectations (Hinshaw et al., 2021). Girls who show symptoms of depression or anxiety are sometimes treated for these disorders without considering ADHD as a possible “overlay” diagnosis (Quinn & Madhoo, 2014). Research shows that girls were three times more likely to be treated with antidepressants before receiving ADHD treatment (Young et al., 2020). The treatment of girls with ADHD should include a multimodal approach that includes psychosocial support, adaptations, education and proper educational practice,

djevojčica s ADHD-om treba uključivati multimodalni pristup koji obuhvaća psihosocijalnu podršku, prilagodbe, edukaciju i pravilnu obrazovnu praksu te farmakološku terapiju i tako omogućiti djevojčicama da postignu realne, ostvarive ciljeve i veću kvalitetu života (Quinn, 2005).

Unatoč uvjerenju da se ADHD manifestira samo u dječjoj dobi, odnosno da ga djeca „prerastu“, ova neurorazličitost cjeloživotna je značajka. Prema recentnom sustavnom pregledu istraživanja, u odrasloj se dobi prevalencija ADHD-a ne mijenja (ostaje 4-5%), dok po pitanju simptomatologije, žene imaju više poteškoća od muškaraca s ADHD-om u području društvenog funkcioniranja, percepcije vremena, suočavanja sa stresom i poremećaja raspoloženja, dok muškarci imaju više izražene teškoće u radnom pamćenju i obrazovnom funkcioniranju (Faheem i sur., 2022). Unatoč simptomima iz djetinjstva, češće se same obrate medicinskim stručnjacima radi procjene imaju li ADHD, nakon što su čule ili pročitale o simptomima u odrasloj dobi, stoga je mnogim ženama ADHD dijagnosticiran tek u odrasloj dobi, a odgođena dijagnostika doprinosi sve većoj prevalenciji ADHD-a kod žena i čini se da se približava omjeru 1:1, kao i kod muškaraca (Kessler, 2006; Castle i sur., 2007). U odrasloj dobi žene se susreću s brojnim obvezama, poslovnim, partnerskim, majčinskim, kućanskim te su im važne organizacijske sposobnosti koje omogućavaju izvršne funkcije, a koje kod žena s ADHD-om otežavaju regulaciju kognitivnih procesa potrebnih za ponašanje usmjereno na cilj, vidljivih kroz lošiju organizaciju, disregulaciju emocija, teže održavanje pažnje, sklonost dosadi i prokrastinaciji, a loše upravljanje vremenom utječe na manje realistično planiranje dana ili tjedna te okupacijsku neravnotežu (Glaser Holthe i Langvik, 2017). Poznato je kako ADHD ima snažnu nasljednu komponentu (Quinn i Madhoo, 2014; Solberg i sur., 2021), odnosno kako je roditeljski ADHD uvelike povezan s ADHD-om njihovih potomaka. Metaanaliza roditeljstva majki koje i same imaju ADHD ukazuje da su izraženiji simptomi ADHD-a kod roditelja povezani s manje pozitivnim, oštrijim ili pretjerano popustljivim roditeljskim ponašanjem (Park, Hudec & Johnston, 2017). S obzirom na zahtjev-

and pharmacological therapy to enable girls to achieve realistic and achievable goals, as well as a higher quality of life (Quinn, 2005).

Despite the belief that ADHD manifests itself only in childhood (i.e. that children “outgrow” it), this neurodiversity is a lifelong feature. According to a recent systematic review, the prevalence of ADHD does not change in adulthood (remains at 4-5%), while in terms of symptomatology, women have more difficulties than men with ADHD in the area of social functioning, time perception, coping with stress and mood disorders, while men have more pronounced difficulties in working memory and academic functioning (Faheem et al., 2022). Despite the presence of persistent symptoms since childhood, women are more likely to contact medical professionals themselves in order to assess whether they have ADHD, after hearing or reading about the symptoms in adulthood. Therefore, many women are diagnosed with ADHD only in adulthood: this delayed diagnosis contributes to the increasing prevalence of ADHD in women, resulting in a 1:1 occurrence ratio with men (Kessler, 2006; Castle et al., 2007). In adulthood, women are faced with numerous obligations, business, partnership, motherhood, household, and therefore organisational skills originating from executive functions are important for them. Issues with executive functions in women with ADHD make it difficult for them to regulate cognitive processes necessary for goal-oriented behaviour, which is manifested as poor organisation skills, dysregulation of emotions, difficulty maintaining attention, tendency towards boredom and procrastination, and poor time management: this in turn affects their ability to realistically planning the day or the week and results in occupational imbalance (Glaser Holthe & Langvik, 2017).

It is known that ADHD has a strong hereditary component (Quinn & Madhoo, 2014; Solberg et al., 2021), i.e., parental ADHD is highly related to ADHD in their offspring. A meta-analysis of mothers with ADHD indicated that more pronounced ADHD symptoms in parents were associated with less positive, harsher, or overly permissive parenting behaviour (Park, Hudec & Johnston, 2017). Considering the demands of the

nost roditeljske uloge, žene s ADHD-om bore se s planiranjem i izvršavanjem svakodnevnih aktivnosti s djetetom koje zahtijeva postavljanje granica, rutinu, ali i fleksibilnost (izvršne funkcije) te s aspektima regulacije emocija (kao što su oštra, izrazito kritizirajuća ili fizička disciplina), osobito kad njihova djeca također pokazuju simptome ADHD-a te im je potreban veći stupanj vanjske podrške i organizacije koju majka s ADHD-om otežano osigurava (Chronis-Tuscano, 2022).

Istraživanja roditeljskih iskustava majki djece i adolescenata s ADHD-om ukazuju na izrazito zahtjevno i stresno roditeljstvo (Gordon i Hinshaw, 2017; Biondic, Wiener & Martinussen, 2019) povezano s narušenim mentalnim zdravljem, posebice majki (Robinson i sur., 2022), pri čemu majke često navode kako se osjećaju marginalizirano i stigmatizirano (Hallberg i sur., 2008). Ipak, u istraživanju Gordon i Hinshaw (2017), uočeno je neočekivano smanjenje roditeljskog stresa u adolescentnoj dobi djevojčica, što se pripisuje stabilizaciji roditeljskih uloga do te dobi, ali i povećanju internalizirajućih ponašanja tijekom adolescentne dobi.

CILJ ISTRAŽIVANJA

Sveobuhvatni je cilj ovog istraživanja učiniti istraživače, kliničare i javnost osjetljivijima na ADHD, kao poremećaja koji se ne javlja isključivo kod dječaka te pružiti informacije o svakodnevnim životnim iskustvima djevojčica i adolescentica s ADHD-om kroz perspektivu njihovih majki. Istraživačka su pitanja koja proizlaze iz ovog cilja sljedeća: (1) Kako majke djevojčica s ADHD-om opisuju svoje iskustvo roditeljstva?; (2) Kako majke opisuju socijalnu i okupacijsku uključenost svojih kćeri s ADHD-om u obitelji i školi?; (3) Kako majke opisuju socijalnu i sustavnu podršku potrebnu svojim kćerima s ADHD-om?; (4) Kako majke djevojčica s ADHD-om opisuju svoje strategije suočavanja s izazovima koje ADHD donosi u njihov život?

parental role, women with ADHD struggle with planning and carrying out daily activities with a child that requires setting boundaries and routines, but also flexibility (executive functions). With respect to emotion regulation (such as harsh, extremely critical, or physical discipline), a mother with ADHD also has difficulties providing a greater degree of external support and organisation, especially when their children also show symptoms of ADHD (Chronis-Tuscano, 2022).

Research into the parenting experiences of mothers of children and adolescents with ADHD indicate extremely demanding and stressful parenting (Gordon & Hinshaw, 2017; Biondic, Wiener & Martinussen, 2019), associated with impaired mental health, especially of mothers (Robinson et al., 2022), who often state that they feel marginalised and stigmatised (Hallberg et al., 2008). However, Gordon and Hinshaw (2017) reported an unexpected decrease in parental stress in mothers of adolescent girls, which is attributed to the stabilisation of parental roles up to that age, but also an increase in internalising behaviours during adolescence.

RESEARCH GOAL

The overarching goal of the present study was to provide information about the daily life experiences of girls and adolescents with ADHD and their mothers in order to make researchers, clinicians, and the public more sensitive to ADHD, especially in the aspect that this disorder is not exclusively observed in boys alone. The following research questions were addressed: (1) How do mothers of girls with ADHD describe their parenting experiences?; (2) How do mothers describe the social and occupational involvement of their daughters with ADHD in the family and at school?; (3) How do mothers describe the social and systemic support needed by their daughters with ADHD?; and (4) How do mothers of girls with ADHD describe their strategies for coping with the challenges that ADHD brings to their lives?

METODOLOGIJA

Sudionici

Sudionice su ovog istraživanja šest majki adolescentnih djevojaka u dobi od 13 do 18 godina s dijagnozom ADHD-a. Riječ je o namjernom uzorku sudionica koje su iskustvene stručnjakinje (Smith i Osborn, 2008) za temu istraživanja. Kriterij za uključenost majki je dijagnoza ADHD-a njihove kćeri koju je postavio stručnjak (npr. klinički psiholog ili psihijatar), a koje su u rasponu školske dobi.

Majke koje su sudjelovale u ovom istraživanju u dobi su od 46 do 49 godina. Jedna majka ima završeno srednjoškolsko obrazovanje, dok su ostale majke visokoobrazovane. U vrijeme prikupljanja podataka sve su sudionice bile zaposlene. Sudionice žive u različitim krajevima Republike Hrvatske: Gradu Zagrebu, Osječko-baranjskoj županiji te Primorsko-goranskoj županiji. Pet majki u formalnom je braku, dok je jedna u izvanbračnoj zajednici, no u svim su obiteljima prisutna oba biološka roditelja. Uz osnovnu dijagnozu ADHD-a, tri adolescentice imaju potvrđene komorbidne dijagnoze; kod jedne je riječ o opsesivno-kompulzivnom poremećaju, dok je kod dviju utvrđena disleksija. Jedna je djevojka kći jedinica, dok ostale imaju jednog/u ili više braće i sestara.

Postupak

S obzirom na nedostatak informacija koje bi dale odgovor na istraživačka pitanja, u ovom je istraživanju primjereno primijeniti kvalitativni istraživački nacrt. Metoda prikupljanja podataka u ovom istraživanju je polustrukturirani intervju. Sudionicama se pristupilo putem javnog poziva na društvenim mrežama. Intervju s majkama provodio se *online*, putem videopoziva zbog epidemiološke situacije tijekom pandemije COVID-19. Svaki razgovor sniman je s pomoću opcije snimanja razgovora aplikacije za videopozive. Sveukupno trajanje intervjuja iznosi 515 minuta, dok je prosječno trajanje pojedinačnog intervjuja bilo 85 minuta. Svi intervjui doslovno su transkribirani nakon razgovora te je njihov ukupni opseg iznosio 130 stranica. Prije počet-

METHODS

Participants

The participants included six mothers of adolescent girls (aged 13-18 years) who had been diagnosed with ADHD. This is a purposive sample of participants who are considered *experiential experts* (Smith & Osborn, 2008:59) on the research topic. The criterion for the inclusion of these six mothers was the ADHD diagnosis of their school-aged daughters conducted by an expert (e.g., a clinical psychologist or a psychiatrist).

The mothers who participated in the present study were between the ages of 46 and 49 years. One mother had completed high school education, while the other mothers had university degrees. At the time of data collection, all participants were employed. The participants live in different parts of the Republic of Croatia: Zagreb, Osijek-Baranja County, and Primorje-Gorski Kotar County. Five mothers are registered as being married, while one is part of a committed partnership: both biological parents are present in all families. In addition to the basic diagnosis of ADHD, two of the girls have also been diagnosed with comorbidities: in one case, the girl was diagnosed with obsessive-compulsive disorder, while the other was diagnosed with dyslexia. Only one of the girls is an only child, while the others have one or more siblings.

Research procedure

Given the lack of information with respect to the research questions, it is appropriate to apply a qualitative research design in the present study. The data collection method used in this research was a semi-structured interview. The participants were approached through a public invitation posted on social media networks. The interview with the mothers was conducted online via video call due to the epidemiological restrictions during the COVID-19 pandemic. Each conversation was recorded using the conversation recording option in the video calling application. The overall duration of the interviews was 515 minutes, while the average duration of an individual interview was 85 minutes. All interviews were transcribed verbatim after the conversation, and their total volume was 130 pages.

ka formalne provedbe intervjuja, provedeno je pilot-istraživanje s ciljem provjere jasnoće i razumljivosti pitanja iz protokola za intervju, povratnih informacija, pripreme pribora za provedbu intervjuja i posljedične korekcije protokola do finalne verzije. Podaci iz pilot-intervjuja nisu uključeni u ovaj rad zbog dobi djevojčice koja izlazi iz zadanog kriterijskog raspona.

Istraživanje je provedeno poštujući sva načela istraživačke etike, uvažavajući ljudska prava te dostojanstvo svake sudionice. Sudionicama je prije intervjuja dostavljeno pismo namjere i informirani pristanak, koji se odnosio se na suglasnost za snimanje razgovora putem videopoziva, povjerljivost svih podataka, kao i anonimizaciju rezultata prilikom njihove objave.

Obrada podataka

Dobiveni podatci obrađeni su tematskom analizom koja se temelji na doslovnim transkriptima razgovora. U ovom radu korišten je protokol tematske analize prema Brown i Clarke (2006) kao linearne metode koja se sastoji od šest faza. Organizacija i analiza podataka provedena je računalnim programom za obradu kvalitativnih podataka Quirkos v2.1. U prvoj fazi iščitavanja intervjuja kreirani su kodovi. Kodovi su uglavnom sistematizirali doslovne citate, deskriptivne komentare iz bilješki istraživačice te dijelom lingvističke (Smith, Flowers i Larkin, 2012:83-90). Sveukupno je kreirano 106 kodova s ukupnim brojem od 1567 citata. Po završetku kodiranja svih intervjuja, kodovi su povezivani u klastere koji su činili inicijalne teme. Osim preklapanja kodova (*quirk-overlap*), pri klasteriranju su se upotrebljavali intuitivni i logički kriteriji smislenog grupiranja kodova. Kodovi su najprije povezani u devet inicijalnih, a potom u pet glavnih tema. Kodiranje, klasteriranje te oblikovanja inicijalnih teme neovisno su provele dvije istraživačice, a konačan broj i nazivi tema definirani su usuglašavanjem. U radu se ne prikazuju identificirajuće informacije o sudionicama, već je njihov identitet zaštićen šiframa (M1, M2, M3, M4, M5, M6), rednim brojem poznatim istraživačicama. Podatci, snimke, bilješke i transkripti čuvani su na zaporkom zašti-

Before the start of the formal implementation of the interview, a pilot study was conducted to check the clarity and comprehensibility of the questions from the interview protocol, feedback, preparation of accessories for conducting the interview, and subsequent correction of the protocol to the final version. The data from the pilot interview were not included in the analysis since the age of the girl in question was outside the given age criteria.

This research study was conducted under the framework of the principles of research ethics, respecting human rights and the dignity of each participant. The participants received an invitation letter and were requested to provide informed consent before the interview. Informed consent referred to the consent to participate and record the conversation via video call, the confidentiality of all data, as well as the anonymisation of the results published.

Data analysis

The data were processed using thematic analysis based on the verbatim transcripts of the conversations. The thematic analysis protocol presented in Brown and Clarke (2006) was used as a linear method consisting of six phases. The organisation and analysis of data were carried out using a computer program that processes qualitative data - Quirkos v2.1. In the first phase of transcript reading, codes were created. The codes mainly systematised verbatim quotes, descriptive comments from the researcher's notes, and partly linguistic ones (Smith, Flowers & Larkin, 2012:83-90). A total of 106 codes were created based on a total number of 1,567 quotes. After the completion of coding, the codes were connected into clusters that formed the initial themes. In addition, quirk-overlap, and intuitive and logical criteria were used for meaningful grouping of codes during clustering. The codes were first linked in 9 initial and then stratified into 5 main themes. Coding, clustering, and shaping of initial themes were carried out by two independent researchers, and the final number and theme titles were defined based on consensus. The identifying information about the participants was deleted and their identities were protected by using codes (M1, M2, M3, M4, M5, M6), where the ordinal numbers were known only to the researchers. Data, recordings, notes, and transcripts were stored on a pass-

ćenom računalu te će se po završetku istraživanja izbrisati.

REZULTATI

Tematskom analizom sadržaja transkripta izdvojeno je pet glavnih tema:

1. „Nevidljive“ djevojčice¹ s ADHD-om, simptomatologija i kasna dijagnostika: *To što ona ne visi s lusterom i ne trči po razredu ne znači da nema ADHD*
2. Organizacija obiteljske svakodnevice: *Jedan dan je prekratak za nas, nama vrijeme prebrzo prolazi*
3. Iskustvo školovanja djevojčice s ADHD-om: *Cijela obiteljska dinamika se vrti oko škole*
4. Odnos socijalne okoline, stručnjaka i sustava: *Nažalost, ne postoji podrška za djevojčice s ADHD-om*
5. Osobno iskustvo majčinstva: *Osjetim na sebi koliko sam se u određenim situacijama tog našeg životnog puta potrošila*

Tema 1: „Nevidljive“ djevojčice s ADHD-om, simptomatologija i kasna dijagnostika: *To što ona ne visi s lusterom i ne trči po razredu ne znači da nema ADHD*

U razgovoru s majkama adolescentnih djevojčica s ADHD-om spontano se otvara tema tijeka dolaska do dijagnoze ADHD-a njihovih kćeri. Od sudionica saznajemo da je najranije dijagnosticirana djevojčica u trećem razredu osnovne škole, dok je najkasnije dijagnosticirana tek u drugom razredu srednje škole. Osim kasne dijagnostike, dvije sudionice istraživanja (M1, M2) navode kako je najprije bila postavljena druga dijagnoza, u oba slučaja disleksija.

¹ U nazivima tema, rezultatima i tekstu rasprave upotrebljava se pojam „djevojčica/e“ u svim situacijama u kojima sudionice spominju iskustva koja su se događala u dječjoj dobi. Ako se spominju iskustva koja su recentnija, upotrebljavaju se pojmovi „adolescentica“ ili „djevojka“.

word-protected file and will be deleted after the publication of the research study.

RESULTS

The thematic analysis of the transcript content identified 5 main themes:

1. “Invisible” girls¹ with ADHD, symptomatology, and late diagnosis: *“The fact that she does not hang from the chandelier and does not run around the class does not mean that she does not have ADHD”*
2. Organisation of everyday family life: *“One day is too short for us, time flies too quickly”*
3. Experience of schooling a girl with ADHD: *“The whole family dynamic revolves around school”*
4. Attitudes of society, professionals, and systems: *“Unfortunately, there is no support for girls with ADHD”*
5. Personal experiences of motherhood: *“I sense how much I wore myself out in certain situations of that life path of ours”*

Theme 1: “Invisible” girls with ADHD, symptomatology, and late diagnosis: *“The fact that she does not hang from the chandelier and does not run around the class does not mean that she does not have ADHD”*

During conversations with mothers of girls with ADHD, the topic of the process of arriving at the ADHD diagnosis of their daughters always came up spontaneously. Considering all the six girls in the present study, the earliest diagnosis was made in the third grade of elementary school, while another girl was diagnosed only in the second grade of high school. In addition to a late diagnosis of ADHD, two research participants (M1, M2) stated that their daughters received a different diagnosis at first, which was, in both cases, dyslexia.

¹ In the results and the text of the discussion, the term “girl/s” or female child are used in all situations in which the participants mention experiences that happened during childhood. If more recent experiences are mentioned, the terms “adolescent girl” or “female adolescent” are used.

Čitavo vrijeme je ona zapravo u tretmanu logopeda, stalno je bilo: čitanje, pamćenje, kratkoročna memorija, brzina obrade podataka, a zapravo meni i svima je totalno promaklo da se radi o problemima pažnje. A stvarno kod nje se radi baš o problemima pažnje. (M2)

Jedna sudionica progovara i o nedostatku znanja stručnjaka o ADHD-u kod djevojčica i njihovoj specifičnoj simptomatologiji.

Oni su mislili da muški i ženski ADHD da je to isto i to što ona ne visi s lustera i ne trči po razredu da to ne znači da ona ima ADHD. (M6)

Djevojčice koje nisu imale izraženu komponentu hiperaktivnosti, opisuju se kao „nevidljive“ i kao one koje „lako prođu ispod radara“ te skrivaju (maskiraju) svoje simptome:

Ona je zapravo jako mirna, ne radi nikakve probleme, ne stvara buku, razumijete? Ona nije hiperaktivno, nekakvo pod navodnicima „zločesto“ dijete koje će plijeniti njihovu pažnju. (...) Ona je toliko nevidljiva da oni ne primijete da ona nije napisala sve s ploče, na primjer. Do te mjere je nevidljiva. (...) (M2)

Karakteristične simptome ADHD-a, odnosno simptome teškoća regulacije pažnje i ponašanja (hiperaktivnosti/impulzivnosti) majke su kod svojih kćeri uočile znatno kasnije, a postaju najuočljivije prilikom obavljanja školskih aktivnosti poput pisanja domaće zadaće ili učenja te kroz povratnu informaciju učitelja o ponašanju za vrijeme nastave. Poteškoće s održavanjem pažnje i lutanjem misli jedna majka opisuje:

Znači ona nije mogla odsjediti 45 minuta i učiti. (...) Ona vam nije ni dan-danas svjesna u kojem trenutku baš ona odluta. Jednostavno se to dogodi. I onda vi nju samo po ramenu onako malo je potapšate i kažete: „(Ime) to je to, sad znaš, sad treba napraviti možda pauzu. (M5)

Druga majka opisuje distractibilnost u školskim zadacima, pri čemu bilo kakav podražaj nevezan za zadatak može odvući pažnju i otežati praćenje nastave:

“The whole time she was actually being treated by a speech therapist. It was constantly: reading, memory, short-term memory, data processing speed, and in fact, I and everyone else totally missed the fact that it was about attention problems. And really, with her, it’s about attention problems.” (M2)

One participant talked about the insufficient expert knowledge about ADHD in girls and their specific symptomatology.

“They thought that male and female ADHD were the same and that the fact that she does not hang from the chandelier and does not run around the class does not mean that she does not have ADHD.” (M6)

Girls who did not have a pronounced manifestation of hyperactivity were described as “invisible” and as those who “easily pass under the radar” and hide (mask) their symptoms:

“She is actually very calm, she doesn’t cause any problems, she doesn’t make noise. She is not a hyperactive, in-quote “naughty” child who will capture their attention. (...) She is so invisible that they don’t notice that she didn’t write everything from the board, for example. To that extent she is invisible. (...)” (M2)

Characteristic symptoms of ADHD, i.e., symptoms of difficulties in regulating attention and behaviour (hyperactivity/impulsivity) in their daughters, were noticed much later by the mothers. Difficulties with maintaining attention become most noticeable when performing school activities such as doing homework or studying, as well as based on teacher’s feedback on behaviour during classes. Difficulties associated with maintaining attention and wandering thoughts were described by one mother:

“So, she couldn’t sit for 45 minutes and study. (...) Even to this day, she is not aware of the exact moment she wanders off. It just happens. And then you just pat her on the shoulder a little and say: “(Girl’s name) that’s it, now you know, maybe you should take a break now.” (M5)

Another mother describes distractibility in schoolwork, where any stimulus unrelated to the task can distract attention and make it difficult for the girl to follow and memorise lessons:

Muha šušne, ona je gotova. Ona će pratit tu muhu na zidu, papirić na podu. Ono što je govorila razrednica, pola će ući u uho, pola izaći i to je to. (M4)

Uz pojam pažnje, dvije majke povezuju i pojam *hiperfokusa* čime pokazuju da razumiju srž poteškoća s regulacijom pažnje, a ne deficitom pažnje. Govore kako u područjima koja su predmetom njihova zanimanja djevojčice mogu zadržati svoju pažnju *jako dugo vremena* (M1).

U onome što nju zanima to je apsolutno hiperfokus, definitivno... Te nekakve filmove ona bi valjda mogla 24 sata gledati, da ne mora spavati, jesti. To je nešto nevjerojatno. Ili crtati, ili (...) (M2)

U ovom istraživanju pojedine majke spominju i neke simptome pojačane motoričke aktivnosti pridjevima *hiperaktivna* (M5), *krcata energijom* (M2), *skakutava* (M4), *vrckasta i u pogonu* (M1) Primjerima iz svakodnevnog života pokušale su objasniti kako se hiperaktivnost u mlađoj dobi izražavala kod njihovih kćeri:

Znači sve snimke koje imam kad su one odrastale su gdje ona (...) trči, skače, radi sklekovе, radi stoj na glavi ili zvijezdu u stanu, baš je imala tu hiperaktivnost izraženu. (M3)

Ona je uvijek bila aktivno dijete, znači dijete koje vam nikad nije sjedilo i gledalo crtić, ona nikad nije sjedila i igrala se pola sata. (M5)

Osim teškoća s regulacijom pažnje i motoričke aktivnosti, majke navode cijeli niz simptoma ADHD-a iz područja izvršnih funkcija koje otežavaju svakodnevno funkcioniranje.

Jedan od simptoma ADHD-a koji navode sve majke koje su sudjelovale u ovom istraživanju su poteškoće s organizacijom dana, ali i organizacijom osobnih predmeta poput školske torbe ili pribora.

Ona se ne može organizirati da ima iz svakog predmeta jednu bilježnicu. I to je onda kaos u tim bilježnicama. Ili ima bilježnicu i onda preskoči četiri stranice ili odjedanput počne pisati na sredini stranice i bilježnice, pola bilježnice ostane prazno. Dakle, potpuno je dezorganizirana. (M2)

“Then we got the confirmation that her attention is zero points. She and exams don’t go together. A fly rustles, she’s done. She will follow that fly on the wall, the piece of paper on the floor. She will hear only the half of what the class teacher said and that’s it.” (M4)

Two of the mothers (M1, M2) associated the concept of attention with the concept of hyperfocus, indicating that they believed that the main difficulties were associated with attention regulation rather than attention deficit. They said that the girls can maintain their attention for a long time in subject areas corresponding to their interests (M1).

“What she is interested in, it is absolutely hyperfocus, definitely. That is, she can watch some videos, I guess she could watch it 24 hours a day if she didn’t have to sleep or eat. That’s something incredible. Or draw, or (...)” (M2)

In the present study, mothers described their girls with several adjectives: *hyperactive* (M5), *full of energy* (M2), *bouncy* (M4), *playful*, and *in motion* (M1). They also cited examples from everyday life, with which they tried to explain how hyperactivity was expressed in their daughters at a younger age:

“So, all the recorded videos I have when they were growing up are where she (...) runs, jumps, does push-ups, does a handstand or a cartwheel in the house (...) she really had that hyperactivity expressed.” (M3)

“She was always an active child, meaning a child who never sat and watched a cartoon, she never sat and played for half an hour.” (M5)

In addition to hyperactivity and dysregulated attention, mothers reported a whole range of ADHD symptoms around executive functions that made daily functioning difficult.

“She cannot organise herself to have one notebook for each subject. And those notebooks are chaotic. Either she has a notebook and then skips four pages, or she suddenly starts writing in the middle of the page and half of the notebook remains empty. So, she is completely disorganised.” (M2)

Another characteristic symptom of ADHD that was reported by the participants was forgetfulness, i.e., difficulties with working memory. Mothers stat-

Majke navode kako njihove kćeri zaboravljaju što treba napraviti ili ponijeti sa sobom (M3, M5), dajući tako primjere teškoća s radnim pamćenjem: *Ona ide u grad i ne ponese novčanik i osobnu iskaznicu (M5).*

Sve majke koje su sudjelovale u ovom istraživanju navode kako njihove kćeri imaju narušen osjećaj za vrijeme, „čitanje“ sata i organizaciju vremena. To opisuju riječima: *izgubljena u vremenu (M2); time blindness (M3); nikakva svijest o vremenu (M6).*

Ko da joj pojam vremena ništa ne znači. Sat, dva, tri, to njoj apsolutno ništa ne znači. Ona i dan-danas ne zna koliko je sati. Ona ratuje koliko je sati. Na digitalnom satu sve ok, ali na analognom satu, to je koma. (M4)

Uz vremensku organizaciju, majke tijekom razgovora spominju poteškoće s prostornom orijentacijom, kako navodi jedna majka:

Ostaviš je u gradu gdje je tol'ko puta prošla, okreni je oko osi i gotovo. Gotovo! Ne zna di je, ni šta je, ni kud je. Znači u gradu u kojem živi, u kojem je odrasla. (M4)

Druga majka, slično opisuje ovu problematiku kod već punoljetne djevojke:

Ona sjedne na tramvaj u krivom smjeru i ja ju skupljam na drugom kraju grada. (M3)

Pri opisu simptoma ADHD-a kod njihovih kćeri, dvije majke navode kako ih najviše brine njihovo rizično ponašanje uslijed i zanemarivanja potencijalne opasnosti. Jedna sudionica daje primjer:

Inače, ono što mene jako isto plaši, ona vam uopće nema osjećaj straha, ali nikakav. Znači, ona je „adrenalin junkie“, nju najviše zanimaju zabavni parkovi. Što je vožnja opasnija, što je gore, što je strahovitije to je njoj bolje. Ona se ne boji ničega i nikoga i to je meni strašno jer strah je evolucijski zadan da preživimo. (M6)

U razgovoru s majkama o psihosocijalnim posljedicama simptoma ADHD-a, one spominju sniženo samopouzdanje njihovih djevojčica, povezano s negativnom slikom o sebi:

ed that their daughters often forget what they need to do or take with them, for example: *“She goes to town and doesn't take her wallet and ID” (M5).*

All the mothers who participated in the present research study stated that their daughters seem to have a dysregulated way of “reading” the clock, and a disrupted sense and organisation of time. They described it with the following words: *lost in time (M2); time blindness (M3); no awareness of time (M6).* Mothers mentioned that the girls can orient themselves to some extent using a digital watch, but not one that is analog (M4, M6).

“Lately, I have to control when she leaves the house because she either goes too early or too late. She can't do it at all, she can't manage in time.” (M2)

“As if the concept of time means nothing to her. An hour, two, three, that means absolutely nothing to her. To this day, she doesn't know what time it is. She is fighting with what time it is. Everything is fine with a digital watch, but with an analog watch, it's like oblivion.” (M4)

In addition to speaking about organisation of time, the mothers mentioned difficulties with spatial orientation. One mother described it as follows:

“If you leave her in the town where she has commuted so many times, and turn her around, that's it. Done! She doesn't know where she is, what she is, or where she is going. So, this is happening in the city where she lives, where she grew up.” (M4)

Another mother similarly described this problem with her young adult daughter:

“To get from point A to point B without reminding her where she was going... So, she waits at the station in the square, I mean, she is (x) years old, and she needs to go home (...) She gets on the tram driving in the wrong direction, so I have to collect her at the other end of town.” (M3)

When describing the symptoms of ADHD in their daughters, two mothers stated that they were most concerned about their risk-taking behaviour since they seemed to be ignoring potential danger. One participant said:

Ona ima jako malo samopouzdanja, jako malo. I sad na tom radimo. Mislim da se to čak možda i mijenja, ali jako lošu sliku o sebi. (M6)

Majkama je konačni poticaj da trebaju potražiti pomoć bio u trenutku kad su komorbidni znakovi poput anksioznosti i sniženog samopouzdanja počeli ometati kvalitetu svakodnevnog funkcioniranja. Upiti njihovih zabrinutih djevojčica koje zbog nemogućnosti izvršavanja svojih školskih obveza postavljaju pitanja poput: *Mama, jesam ja glupa?* (M5) i *Jesam li ja, mama, luđakinja?* (M4), ilustriraju okidače za dijagnostiku.

Na pitanje o postupku dijagnosticiranja, majke opisuju kako je riječ o procesu koji nije jednostavan, *dugo se čekalo na sve obrade* (M1), kao i dobivanje *potvrde onoga u što sam sumnjala* (M5). Jednako tako opisuju teškoće s definiranjem prave dijagnoze:

I onda je krenula borba s vjetrenjačama (...) Zbog te nepostojeće dijagnoze iz (navodi ustanovu) niti jedan psiholog nije htio potvrditi, promijeniti dijagnozu i tvrditi drugo. Znači nitko nije imao znanja, stručnosti i hrabrosti da to promijeni i kaže - slušajte, vašem djetetu je to i to. (M6)

Također, pojedine djevojčice morale su proći višestruke obrade u različitim ustanovama (M3, M6) kod različitih stručnjaka kako bi dobile dijagnozu ADHD-a: *Znači, tri različite obrade* (M3).

Majkama je bilo važno dobiti točnu dijagnozu kako bi *olakšala svojoj djevojčici u sustavu* (M5) i jer samo s pomoću valjanog dokumenta mogu ostvariti primjerenu podršku svojim djevojčicama, u smislu ostvarenja prava na individualizaciju, pomoćnika u nastavi, strategija podrške u školi ili uključivanja u tretmane: *... dajte mi neki papir s kojim moje dijete može dobiti ono što treba i služuje, to je meni.* (M6)

“By the way, what really scares me is that she doesn't feel any fear at all, but none at all. So, she is an adrenaline junkie, she is most interested in amusement parks. The more dangerous the ride, the more intense it is, the more terrifying it is, the better it is for her. She is not afraid of anything or anyone and that is scary to me because fear is an evolutionary given to survive.” (M6)

When talking to mothers about the psycho-social consequences of ADHD symptoms, they mentioned lowered self-confidence associated with a negative self-image:

“(...) she has very little self-confidence and we are working on that now. I think that it may even be changing, but (she has) a very poor self-image.” (M6)

The final incentive for mothers to seek help happened when comorbid symptoms such as anxiety and low self-confidence began to interfere with the quality of daily functioning. Inquiries from their concerned girls who, because of the inability to fulfil their school obligations, asked questions like: *“Mom, am I stupid?”* (M5) and *“Am I crazy, Mom?”* (M4), which illustrate triggers for diagnostics.

When asked about the diagnostic process, the mothers described it as challenging, there was a *“long wait for all the treatments”* (M1), as well as getting *“confirmation of what I suspected”* (M5). They also described the difficulties associated with defining the right diagnosis:

“And then tilting at windmills began (...) Because of that non-existent diagnosis from (states the institution), not a single psychologist wanted to confirm, change the diagnosis, and claim something else. So, no one had the knowledge, expertise, and courage to change it and say – Listen, your child has this and that.” (M6)

Additionally, some girls had to undergo multiple treatments in different institutions (M3, M6) and visit different specialists in order to receive a diagnosis of ADHD: *“That means three different treatments”* (M3). It was important for the mothers to receive an accurate diagnosis to *make it easier for her little girl in the system* (M5), because only with the help of a valid document can they gain adequate support for their girls, in terms of reali-

Tema 2. Organizacija obiteljske svakodnevice: *Jedan dan je prekratak za nas, nama vrijeme prebrzo prolazi*

Simptomi ADHD-a uvelike oblikuju svakodnevni obiteljski život sudionica ovog istraživanja. Majke navode kako su za organizaciju dana djevojčica, ali i cijele obitelji, najčešće zadužene one same. Jedna majka kaže:

Nedjeljom cijelo jutro radim organizaciju sljedećeg tjedna. Dakle, dogovaram sve instrukcije, učenje, njezine aktivnosti, liječničke preglede, sve dogovaram i upisujem u te neke tablice koje imam i meni prođe cijelo jutro na to. (M2)

Sudionice navode da ako nema rasporeda te njihovih usmenih podsjetnika, djevojčice vrlo često zaborave na svoje obveze ili osobne predmete.

Ima čak raspored što kada u danu radi, u koliko sati ruča, u koliko sati izlazi van, u koliko sati odmara. Mislim, ne drži se toga jer ona to zaboravi pogledati. (M2)

Svakodnevice ovih obitelji ovisi o radnom vremenu roditelja, školskim smjenama, izvannastavnim aktivnostima, tretmanima u koje su djevojčice uključene, školskim obvezama (učenje, domaća zadaća, lektira...). Sudionice spominju kako zbog dnevne dinamike i užurbanosti nemaju mnogo zajedničkog, obiteljskog vremena i druženja: *jedan dan je prekratak za nas, nama vrijeme prebrzo prolazi* (M2). Zajedničke obiteljske aktivnosti, ako ih imaju, najčešće „na red“ dolaze vikendom i ponekad ih je teško organizirati tako da se djevojčica osjeća uključeno.

Međutim, naši vikendi se razlikuju tako što kad god možemo provedemo ih u prirodi, u zajedničkim trenucima. (M5)

Upravo to, neke igrice zajedničke, to kod nas nema. Ne možeš uklopit (imenuje djevojčicu), i onda to više nije to... Mi nikad nismo imali nešto zajedničko, kao obitelj, nikad ništa. (M4)

Majke govore o tome koliko su vremena uložile u rad sa svojim djevojčicama te koliko po-

sation of the right to an individualised educational approach, teaching assistants, support strategies at school, or inclusion in treatments: "... give me some paper with which my child can get what she needs and deserves, that's (important to) me." (M6)

Theme 2. Organisation of everyday family life: *"One day is too short for us, time flies too quickly"*

ADHD symptoms greatly shape the daily family life of the participants of the present study. Mothers stated that they were most likely to be responsible for the organisation of the girls' day, as well as for their entire families. One mother said:

"(...) I spend the whole morning on Sundays organising the following week. So, I arrange all the tutoring, studying, her activities, and medical examinations, I arrange everything and enter it in those tables that I have. And I spend the whole morning doing it." (M2)

The participants stated that without the schedule and their verbal reminders, the girls often forgot about their obligations or personal items.

"She even has a schedule of what time of day she must do something, what time she eats lunch, what time she goes out, and what time she rests. I mean she doesn't stick to it because she forgets to check it out." (M2)

The everyday life of these families depends on the parents' working hours, school shifts, extracurricular activities, treatments that the girls are involved in, and school obligations (studying, homework, required reading). The participants mentioned that due to the dynamics and hustle and bustle of everyday life, they do not spend much time together socialising as a family: *"One day is too short for us, time flies too quickly for us"* (M2). Joint family activities, if they have any, usually take place on weekends and are sometimes difficult to organise in such a way that the girl feels included.

"However, our weekends are different in that whenever we can, we spend them in nature, in shared moments" (M5)

"Exactly that, some shared games, we don't have that. You can't fit her in, and then it is not the same anymore. We have never had anything together, as a family, never anything." (M4)

sljedično teško odvajaju vrijeme za svoje slobodno vrijeme i produktivnost:

Slobodno vrijeme? Što je to, što je to? (smijeh) Nema slobodnog vremena, to sam odavno pozdravila. (M4)

Gledam koliko je vremena otišlo na rad s (imenuje djevojčicu). Koliko je vremena otišlo na usmjeravanje, na... To je baš, ako čovjek ima 100% energije i to lijepo raspoređi. A kad imaš dijete s poteškoćom, tu ti većina vremena i energije ode na to i naravno da onda s druge strane ostane manje. (M3)

Iako su sad sve djevojke samostalne u obavljanju osobne higijene i odijevanju, sudionice često spominju kako ih se tijekom odrastanja trebalo stalno podsjećati na započinjanje aktivnosti koje bi trebale biti rutinske (*to je svakodnevna borba*, M1), kao što je pranje zuba:

To isto ja moram: Jesi oprala zube, jesi oprala zube, jesi oprala zube? Sto puta ujutro (M2)

*Moram ju podsjetiti da **sad** se ide okupat, da **sad** ide oprat zube (...) (M6)*

Sudionice navode kako se zadaci i obveze koje djevojčice imaju u domu svode na obavljanje različitih kućanskih poslova i šetnju psa. Dvije obitelji nabavile su psa upravo zbog djevojčica i jedna majka kaže: *Taj pas je stvarno terapijski za nju (M2)*. Majke napominju kako im je važno da djevojčice steknu radne navike i pridržavaju se zadanih obveza, koristeći se različitim strategijama kako bi si pomogle, no najčešće uz njihov poticaj.

Brine se o svom vešu, znači stavlja sušiti veš i kasnije kad je suh skida ga sa onog strika i kao slaže ga. Međutim, ona nikad nije naučila složiti majicu, to je njoj totalna konfuzija u glavi. Sad smo otkrili da može sve to staviti na vješalice pa onda ona sve to stavi na vješalice, osim hlača naravno i stavi u ormar. (M2)

Staviti prati rublje, objesiti rublje, staviti suđe u perilicu (...) Ja uvijek moram reći: „Ok, danas je spremanje“; „Dobro, mama“. Možda kad bude sama i kada bude vidjela da

Mothers talk about how much time they have invested in working with their girls and how difficult it is for them to set aside time for their free time and productivity:

“Free time? What is that? What is it? (laughs) There is no free time, I said goodbye to that a long time ago.” (M4)

“I am thinking of how much time was spent working with (names the girl). How much time was spent on directing, on... That’s right if a person has 100% energy and distributes it nicely. But when you have a child with difficulties, that’s where most of your time and energy goes. And, of course, there’s less time left for other things.” (M3)

Although all the adolescents are now physically able and independent in performing personal hygiene and dressing, the participants often mentioned that, while the girls were growing up, they had to be constantly reminded to start activities that should be routine (*it’s a daily struggle*, M1), such as brushing teeth:

“I must do that as well: Did you brush your teeth, did you brush your teeth, did you brush your teeth? A hundred times in the morning.” (M2)

“I must remind her to go take a bath now, to brush her teeth now, to finish her homework now, to go pack her bag now, to do it now...” (M6)

The participants stated that the tasks and responsibilities that the girls had at home were reduced to performing various household chores and walking the dog. Two families got a dog specifically for the girls and one mother said: *“That dog is really therapeutic for her” (M2)*. Mothers noted that it is important for them to encourage the girls to develop work habits and adhere to given obligations using different strategies to help themselves.

“She takes care of her laundry, that is, she puts the laundry to dry, and later, when it is dry, she takes it off the clothesline and sort of folds it. However, she has never learned how to fold a shirt, it’s a total confusion in her head. Now we have discovered that she can put it all on the hangers, and then puts them in the closet.” (M2)

“She can put the laundry in the washing machine, hang the laundry, load a dishwasher

nema 'ko drugi, napraviti će, jer je navika da jednostavno se to radi. (M5)

Djevojke čije su majke sudjelovale u ovom istraživanju imaju široku lepezu interesa te na različite načine provode svoje slobodno vrijeme. Najčešći hobi u koji je bila uključena većina djevojaka iz ovog istraživanja različite su sportske aktivnosti, a pritom su se okušale u više različitih sportova ili ih treniraju paralelno. Sudjelovale su ili još sudjeluju u plesu, rukometu, plivanju, mačevanju, vaterpolu, klizanju, odbojci, karateu, rock-climbingu...

Ona vam, oduvijek je htjela isprobati sve sportove i nikada se nije zadržala. Bila je u odbojci, htjela je karate, htjela je plivati, hoće skijati. (M5)

Ipak, sudjelujući u sportskim aktivnostima, djevojčice su pokazivale svoju neurorazličitost:

Ona bi recimo uvijek u akslu, kako ADHD-ovci često, isplazila jezik. I zbog tog jezika, na primjer, nemre dobiti bodove. Da, mislim to su finese u tom klizanju. Svaki prst mora gledati u određenom smjeru. Nije ona za to, znači. (M3)

Ona radi svoje, ona ide u svom smjeru i ne prati grupu i njoj uopće nije jasno zašto tu ona mora nekoga pratiti i o čemu se tu radi. (M6)

Osim sporta, djevojčice s ADHD-om uključene su u brojne druge izvannastavne aktivnosti poput likovne grupe, fotokluba, dramske grupe, religiozne grupe za mlade i pjevačkog zbora. Ako je za odabranu aktivnost dijete intrinzično zainteresirano, ima priliku pokazati svoje sklonosti i talente:

Sad odnedavno se zainteresirala za fotografiju i ide u fotoklub. I opet ono što ja vidim, nevjerojatno je nadarena. Dakle, ona je te jedne subote prvi put primila fotoaparatus u ruke i ona je napravila bolje kadrove nego neka djeca koja su već godinu dana u toj fotografiji. (M2)

Majke spominju i provođenje slobodnog vremena na ekranima, koje roditelji moraju ograničavati (M1):

(...) But I always have to say: "Okay, today is cleaning"; "Okay Mom". Maybe when she will be living alone and when she sees that there is no one else, she will do it. Because it is a habit to simply do it." (M5)

The adolescents, whose mothers participated in the present research study, have a wide range of interests and differ in how they choose to spend their free time. The most common hobby which most of the adolescents were involved in were different sports activities. They tried several different sports or trained for them in parallel. They participated or are still participating in dance, handball, swimming, fencing, water polo, skating, volleyball, karate, and rock climbing.

"She has always wanted to try every sport and has never carried on (with any sport). She was into volleyball, she wanted karate, she wanted to swim, she wants to ski." (M5)

Nevertheless, the girls showed their neurodiversity while participating in sports activities:

"For example, she would always stick out her tongue in the axel, as ADHD people often do. And because of that tongue, for example, she can't get points. Yes, I think it's this finesse in skating. Each finger must point in a certain direction. She is just not following that." (M3)

"She does her own thing, she goes in her own direction, and she doesn't follow the group and she doesn't understand at all why she must follow someone, and what this is this all about." (M6)

In addition to sports, girls with ADHD are involved in numerous other extracurricular activities such as art group, photo club, drama group, religious youth group, and choir. Mothers noticed that by choosing an activity that the child was intrinsically interested in helped showcase her affinities and talents:

"Recently, she got interested in photography and joined a photo club. And again, from what I see, she is incredibly gifted. So, that one Saturday, she picked up a camera for the first time and she took better shots than some kids who have already been in that photo group for a year." (M2)

Mothers also mentioned spending free time on screens, mobile phones, or computers, adhering to restrictions set by parents:

Nekad joj dozvolimo nekakvih sat vremena kompjutora, igrice sa svojom ekipom, gdje se spajaju u nekakve mreže pa svi zajedno igraju Minecraft ili te neke njihove (igre), koje su se dogovorili. (...) prati onda te razne youtube-re. (M1)

Tema 3. Iskustvo školovanja djevojčice s ADHD-om: Cijela obiteljska dinamika se vrti oko škole

O školovanju djevojčica s ADHD-om majke progovaraju samoinicijativno i spontano, što govori o istaknutosti ove teme u njihovom životu. Pojedine sudionice navode kako je upravo školovanje najveći izazov za njihove kćeri.

Škola je najveći izazov, to je toliko teško. Cijela obiteljska dinamika se vrti oko škole, iako se jako trudim da se ne vrti sve oko škole i da to nije najbitnija stvar na svijetu. (M2)

U osnovnoj školi ništa njoj nije bilo lijepo (...) od učenika, nastavnika, samog tog osoblja, pedagoga, ma sve. Nažalost, naše iskustvo je tako. (M4)

Polaskom u školu otkrivaju se poteškoće u nemogućnosti prilagodbe školskim pravilima i uvjetima, koje su nekim majkama bile znak da potraže pomoć:

Kad je krenula u školu, to je bilo grozno. Onda se tek vidjelo da ona nemre 45 minuta sjedit. (M3)

Jedna majka govori da je njena djevojčica jednostavno drugačije dijete, nije bila u kalupu, nije bila k'o oni (M4). Osim M4, još četiri majke (M1, M2, M5 i M6) spomenule su kako škole nameću tzv. kalupe, u koje se njihove djevojčice ne mogu uklopiti zbog svojih individualnih osobina i neurorazličitosti.

Oni svi na tjelesnom stoje u vrsti, jedino ona radi zvijezde uokolo. ... A sada srednja škola (...) ona kasni i nije ni svjesna da kasni. (M3)

Kako djevojčice odrastaju i prelaze u više razine, tako su izazovi postavljeni pred njih znatno veći te majke izjavljuju kako su s povećanjem zahtjeva njihove kćeri počele iskazivati izravan otpor ili maskiranu nezainteresiranost.

(...)sometimes we allow her an hour of computer time, and games with her team, where they join some kind of network and all play Minecraft together or one of their (games), which they have agreed upon. (...) then, she follows those various YouTubers" (M1)

Theme 3. Experience of schooling a girl with ADHD: "The whole family dynamic revolves around school"

Mothers talk about the schooling of girls with ADHD without being asked or prompted, suggesting the prominence of this topic in their lives. Some participants stated that education is the biggest challenge for their daughters.

"Oh, school is the biggest challenge, it's so difficult. The whole family dynamic revolves around school. Although I try very hard to make sure that everything does not revolve around school and that it is not the most important thing in the world." (M2)

"In elementary school, there was nothing she liked, from students, teachers, the staff itself, pedagogues, you name it. Unfortunately, our experience is like that." (M4)

The beginning of schooling revealed difficulties in the form of an inability to adapt to school rules and conditions, which were a sign for some mothers to seek help:

"When she started school, it was terrible. Then it became clear that she couldn't sit still for 45 minutes." (M3)

One mother said that her daughter was "simply a diverse child, she did not fit in the mold, and she was not like the others" (M4). Apart from M4, four more mothers (M1, M2, M5, and M6) mentioned that schools impose so-called "molds" that their girls cannot fit into due to their individual characteristics and neurodiversity.

"They all stand in a line in PE, only she is doing cartwheels around the gym. And now in high school (...) she is late and is not even aware that she is late." (M3)

As the girls grow up and move to higher grades, the challenges set before them are significantly greater, and the mothers noticed that with increasing demands, their daughters began to show direct resistance or resistance masked as disinterest.

Ona je tada, pošto joj nisu dali prostora, počela je raditi, što bi rekli dalmatinci, dišpet. (M6)

Češlja se, na mobitelu je, jede pod satom i tako. Kroz svaku poruku ona pokazuje svoju nezainteresiranost (M3)

Specifične teškoće vezane za školu, koje spominju majke djevojčica s ADHD-om u ovom istraživanju su: čitanje, pisanje i grafomotorika, pamćenje, a posebno pojedini predmeti poput matematike ili prirodoslovlja.

Naime, u trećem razredu smo primijetili da nije usvojila čitanje kako treba i da joj jako teško ide pamtiti puno podataka iz prirode. (M1)

Jednostavno pisanje, pisanje je noćna mora. I da se mora nešto na papir prepisat, to je bila noćna mora s njom. (M4)

Matematika i ta STEM područja je nešto što je njoj teže razumljivo (...) to su sada konceptualni, problemski zadatci i vrlo zahtjevni zadatci i tu jednostavno ona treba podršku (...) jer je imala silnih problema s memoriranjem tablice množenja, baš s matematikom posebno. (M5)

Izazovi sa zbrajanjem i oduzimanjem prenose se i na svakodnevni život pri baratanju novcem:

Mislim, nju kad pitaš: „(Imenuje djevojčicu), koliko ti je ostalo novaca?“ „Pff, ne znam, nemam pojma.“ Ona nikad ne zna koliko novaca ima, ne zna koliko joj tko treba vratiti... (M5)

Dvije sudionice govore o težem shvaćanju apstraktnih pojmova i prenesenih značenja. Njihove kćeri s ADHD-om imaju poteškoća s razumijevanjem što se u rečenici ili zadatku „krije“, teškoće pri čitanju s razumijevanjem te orijentaciji u vremenu. U školi se to interpretira tako da ne razumije lektiru koju je pročitala ili je povijesna lenta vremena neshvatljiva i apstraktna (M5).

Za pojedine djevojčice u ovom istraživanju izazov su predstavljali pisani ispiti u školi:

“Then, since they didn’t give her space, she started with, as the Dalmatians would say, “dišpet” (being spiteful).” (M6)

“She combs her hair, is on her cell phone, eats during classes, and so on. By sending these messages, she shows her lack of interest” (M3)

Specific difficulties related to school that were mentioned by the mothers of girls with ADHD in the present study include reading, writing, and graphomotor skills, memorisation, and certain subjects such as mathematics or science.

“In the third grade, we noticed that she did not learn to read properly and that it is very difficult for her to remember a lot of information in natural science class.” (M1)

“Writing is a nightmare. And having to write something down on paper was a nightmare for her.” (M4)

“Mathematics and those STEM fields are more difficult for her to understand (...) These are now conceptual, problem-based tasks and very demanding tasks and she simply needs support there (...) because she had great problems with memorising the multiplication table, exactly, with mathematics in particular.” (M5)

Challenges with addition and subtraction are transferred to everyday life when handling money:

“I mean, when you ask her: “(Name), how much money do you have left?” “Pff, I don’t know, I have no idea.” She never knows how much money she has, she doesn’t know how much change she has to get back...” (M5)

Two participants talked about difficulties in understanding abstract concepts and conveying their meanings. Their daughters with ADHD find it difficult to understand what is “hidden” in a sentence or a task, to perform reading comprehension exercises, as well as to understand the concept of time. At school, this is interpreted as: “she does not understand the text she has read or that the historical timeline is incomprehensible and abstract” (M5).

For some girls, written exams at school were a challenge:

“Because we realised that she expresses herself much worse in writing than verbally and that, in principle, she is graded excellent in an

Jer smo shvatile da se ona pisano puno lošije izražava nego verbalno i da ona u principu usmeno odgovara isto gradivo za ocjenu odličan, a pismeno za 1,2,3. Ono, strašne ocjene. (M5)

Malo informacija saznaje se o stvarnoj primjeni individualizacije te stručnoj podršci koju djevojčice dobivaju u školi. Majke upućuju o situacijama u kojim je individualizacija nužna:

Ona je, recimo, pismeno riješila loše, preskočila ili riješila krivo zadatak. Oni imaju pravo pitati usmeno te zadatke. Ako dijete zna usmeno odgovor to znači da se dogodila nepažnja pri ispitu i da je upravo nepažnja razlog krivog odgovora ili neispunjenog odgovora, a ne njezino neznanje. (M5)

Domaća zadaća i učenje kod kuće školske su obveze koje ovim djevojčicama s ADHD-om predstavljaju znatan izazov. Svoja poslijepodneva ovih šest djevojčica uglavnom provode zakupljene ovim dvjema aktivnostima te znatno više energije i vremena moraju ulagati u svladavanje školskog gradiva.

I ona nema kapacitet da se prilagodi školi i onda njezino učenje traje. To se protegne na cijelo popodne. I onda umjesto da se bavi nekim sportom, ona više nema vremena za to. Srela je trenericu i trenerica kaže: „Pa di si ti, zašto ne dolaziš, tako si lijepo napredovala?“ A ona kaže: „Ja vam nemam vremena, ja vam stalno učim.“ (M2)

Stoga sudionice navode kako njihove kćeri trebaju svakodnevnu pomoć u učenju i pisanju domaće zadaće zbog nemogućnosti održavanja pažnje i nerazumijevanja gradiva. Majke im pomažu tako što sastavljaju pitanja za ispit, objašnjavaju gradivo, ponavljaju, ali i pomažu s organizacijom školske torbe ili pernice.

Tak da sam već od početka ja s njom morala raditi što je ona u školi kakti savladala. Sve smo morali mi. Učenje s njom je bilo pod normalno; mentalne mape, kako njoj objasniti ovo ili ono, znači to traje do dan-danas. (M3)

Ako hoćemo bolju ocjenu, onda joj ja moram pomoć. Ako hoće za tri, onda može sama. ...

oral exam, and then in the written exam about the same subject matter she gets a 1, 2, or 3². I mean, terrible grades.” (M5)

Little is known about the actual application of individualised educational programs (IEP) and professional support that the girls receive at school. Mothers indicated situations in which individualisation was necessary:

“For example, she solved the written task poorly, skipped, or solved the task incorrectly. They have the right to be examined orally. If the child knows the answer orally, it means that carelessness occurred during the exam and that carelessness is the reason for the wrong or incomplete answer, not her lack of knowledge.” (M5)

Homework and studying at home are school responsibilities that present a significant challenge to these girls with ADHD. They spend most of their afternoons busy with these two activities and have to invest significantly more energy and time in mastering the school material.

“And she doesn’t have the capacity to adapt to school and then her learning continues (at home). This extends it to the whole afternoon. And then instead of doing some sport, she no longer has time for it. She met her coach, and she says: “So, how come you haven’t showed up for training? You’ve progressed so nicely.” And she says: “I don’t have time for training, I’m always studying.”” (M2)

Therefore, the participants stated that their girls needed daily help in studying and doing homework due to their inability to maintain attention and inadequate understanding of the curriculum. Mothers helped them by composing questions for the exam, explaining or repeating the learning material, as well as with the organisation of the school bag or pencil case.

“Right from the beginning I had to do with her what she had allegedly mastered in school. We had to do everything. Studying with her was regular; mental maps, how to explain this or that to her, and it continues to this day.” (M3)

“If we want a better grade, then I have to help her. If she wants 3 (middle grade), then she can

² Numeric grading system: 5 indicates excellent and 1 indicates insufficient/failing.

ja sam morala naučiti puno toga da bih njoj mogla sastaviti pitanja za ispit, recimo, razumijete? (M4)

Dugotrajno učenje i pisanje zadaće, rješavanje zadataka koje nisu dobro razumjele u školi, održavanje pažnje i opseg gradiva majke navode kao velike izazove i ono što od djevojčica traži velik napor koji nisu uvijek u stanju ulagati, stoga pritisak da se izvrše školske obveze izazivaju otpor i odbijanje.

Njezino učenje je zapravo bilo ono što je ona naučila u školi. Doma ju natjerati da sjedne općenito i da uči, to je bilo nemoguće. jer ona zapravo ne može napisat zadaću ako nije shvatila gradivo u školi. (M1)

Izazovi su joj sjesti i naučiti (...) Ona nit zna učiti, nema sistem učenja, ne pamti, ništa ne pamti. (...) uvijek uči za jedva dva. Za proći kroz ušicu igle. (M3)

Majke stoga razvijaju različite strategije kako im pomoći pri učenju, kako bi uloženo vrijeme bilo učinkovitije iskorišteno, primjerice:

Tako da, tu smo sad uveli nekakvu praksu da to učenje i to pisanje zadaće nije dulje od nekakva dva sata sve skupa sa nekakvim objašnjavanjem, zapisivanjem, ako treba prepisati. (M1)

Također, majke spominju kako su neke djevojke već same razvile kompenzacijske strategije koje im olakšavaju učenje, kao što je uvećani font slova (M5) ili primjerice:

Sad je skužila da kad nešto treba učiti, da snimi si na mobitel pa si to pusti kasnije, da što manje čita, da lakše ide. (M4)

Također, neke djevojčice idu na instrukcije, jedna ima pomoć u učenju od šire obitelji, samo jedna je imala pomoćnika u nastavi. Plaćanje instrukcija ili privatne edukacijske podrške dodatno financijski opterećuju obitelj.

U učenju je na moju inicijativu jednu školsku godinu imala pomoćnika u nastavi. (...) A instrukcije, to stalno, to je ono, više manje normalna stvar. (M4)

do it herself... I had to learn a lot to be able to compose questions for her for an exam, for example, you see?" (M4)

Some of the big challenges are studying for a long time and doing homework, solving tasks that were not well understood at school, maintaining attention, and the scope of the learning material. These are considered by the mothers as aspects that require a lot of effort from the girls, which they are not always able to invest. Therefore, the pressure on them to fulfil school obligations causes *resistance* and refusal.

"Her learning was actually what she learned at school. At home, it was impossible to get her to sit down and study in general. (...)she can't do her homework if she didn't understand the material at school." (M1)

"Her challenges are to sit down and learn anything (...) she doesn't even know how to learn, she doesn't have a learning method, she doesn't remember, she doesn't remember anything. (...) She studies barely two hours. To go through the eye of a needle." (M3)

Mothers therefore develop different strategies to help their daughters learn, so that the time invested is used more effectively. For example:

"So, we have now introduced some kind of practice that the studying and doing homework take no longer than 2 hours, all together with some kind of explaining, writing down, or if something needs to be rewritten." (M1)

Additionally, mothers mentioned that some adolescents have already developed compensatory strategies that make it easier for them to learn, such as enlarged letter fonts (M5) or for example:

"Now she has figured out that when she needs to learn something, she should record it on her cell phone and play it later, to read as little as possible, to make it easier." (M4)

Some of the girls also receive additional tutoring, one girl's extended family helps her study, and only one has a teaching assistant. Paying for tutoring or private educational support puts an additional financial burden on the family.

"On my initiative, she had a teaching assistant for one school year. (...) And the tutoring, that she has all the time. That's more or less a normal thing." (M4)

Tema 4. Odnos socijalne okoline, stručnjaka i sustava: Nažalost, ne postoji podrška za djevojčice s ADHD-om

Izvan nukleusne obitelji sudionica, socijalna okolina većinom nije bila svjesna dijagnoze djevojčica, niti su razumjeli što je ADHD ili kako jedna majka navodi: *Ne žele prihvatiti da ona ima neki problem* (M2). Objasniti drugima kćerinu neurorazličitost, majkama se pokazalo izazovnim.

Prvo nam nisu vjerovali uopće da dijete ima bilo kakvih problema. (M1)

Prvo sam probala na lijep način, a onda kad sam vidjela da to baš ne ide, onda sam rekla, „oćete se pomirit s tim ili nećete, ona živi sa mnom. Imamo taj poremećaj pažnje, tako se zove, koji uzrokuje da je ona takva kakva je. Možete shvatiti to kako ‘oćete‘. (M4)

Ipak, pojedine majke opisuju primjere razumijevanja drugih i važnost podrške prijatelja, kolega ili obitelji:

Imamo i dosta ljudi s kojima se družimo zapravo koji isto tako imaju djecu s ADHD-om. Međusobno recimo izmjenjujemo informacije, nekakva iskustva, gdje imamo tu podršku da znaš da ti nisi jedini. (M1)

Jedino prijateljica moja koja je imala razumijevanja. I onda bi recimo, kada se već osjećate ljudi pa tražite pomoć, netko da vas čuje i da vam netko kaže i to potkrijepi ili ne potkrijepi ili iskomentira. (M6)

Podrška okoline nije dolazila samo od obitelji i prijatelja, već i udruga u koje su se uključile ili psiholoških centara.

Pa smo se tu učlanili (navodi mjesto i ime udruge). I s roditeljima komuniciraš, (...) tu smo stvarno svašta čuli i dobili puno savjeta. (M4)

Tada me tamo jedna psihologica utješila. (...) na tome sam joj je neizmjerne zahvalna jer s tim me ohrabrila. (M5)

Imali smo podršku (navodi naziv ustanove) gdje smo (kćer) i ja prošle petodnevnu edukaciju. (M2)

Theme 4. Attitudes of society, professionals, and systems: “Unfortunately, there is no support for girls with ADHD”

Outside the nuclear family of the individual participants, the social environment was mostly not aware of the girls’ diagnosis, nor did they understand what ADHD is. As one mother stated: *“They don’t want to accept that she has a problem”* (M2). Explaining their daughter’s neurodiversity to others proved to be challenging for mothers.

“At first, they didn’t believe us at all that the child had any problems.” (M1)

“In the beginning, I tried it nicely. And then, when I saw that it wasn’t working, I said, “You’ll put up with it or you won’t, but she lives with me. We have this attention deficit disorder, it’s called, that causes her to be the way she is. You can take it as you will”.” (M4)

Nevertheless, some mothers described examples of being understood by others and the importance of support from friends, colleagues, or family:

“We have a lot of people we hang out with who also have children with ADHD. Let’s say we exchange information with each other, some experiences, where we have that support so that you know that you are not the only one.” (M1)

“Ah, only one friend of mine was understanding. And when you already feel crazy and ask for help, someone would listen to you and someone would tell you, and support you or not, or comment on it.” (M6)

The social support was not only received from family and friends, but also from associations (NGOs) that they joined or psychological centres.

“So, we joined (indicates the place and name of the association). You can communicate there with other parents (...) we heard all kinds of things there and got a lot of advice.” (M4)

“Then a psychologist comforted me there. (...) I am extremely grateful to her for that because she encouraged me.” (M5)

“We had support from (states the name of the institution) where (daughter) and I went through a five-day education.” (M2)

Iako su razgovorom o podršci obitelji i prijatelja pojedine majke navodile pozitivne primjere, opisuju i neugodne situacije te manjak razumijevanja i podrške:

Nisam iskreno (imala podršku) čak ni kod svoje obitelji, uvijek je bilo: „Moraš ti nju malo stegnut. Daj ti to malo strože, ti prelabavo nju odgajaš“, uvijek je bilo to. (M3)

Oni su se ponašali kao da je ona kužna, kao da je zarazna, to je nešto prijenosno. (M4)

Iako ih nerazumijevanje i neprihvatanje bližnjih najviše uznemirava, majke većinom spominju manjak ili izostanak konkretne podrške sustava.

Nažalost, kako ne postoji pomoć i potpora za djevojčice s ADHD-om. (...) ja sam mislila - pa ja se nemam tu u ovoj zemlji kome obratiti. Ja ne znam više kome da se ja obratim. (M6)

Pojedine majke opisuju iskustvo diskriminacije i vršnjačkog uznemiravanja koje su njihove djevojčice doživjele tijekom odrastanja:

Gdje su meni u vrtiću rekli da ju ne mogu voditi na jedan izlet jer je (djevojčica) jedno hiperaktivno dijete koje zahtijeva da s njom bude samo jedna teta i jednostavno su mi dijete isključili sa izleta. (M2)

(...) sada su ju počeli zapravo napadati, riječima, vrijeđanjima i slično. (...) ona sama smatra da ju djeca u školi, odnosno u razredu ne vole. Zbog nekih komentara koje oni njoj kažu, ona to dosta osobno sve shvaća. (M1)

Najveći broj primjera nedostatka podrške odnosio se na suradnju s učiteljima/nastavnicima u školi. Samo jedna majka spominje podržavajućeg razrednika koji je, kako ona navodi, *vječito stavljao ruku u vatru za nju* (M6). Od izazova opisuju nerazumijevanje ADHD-a kao neurorazličitosti, neuvažavanje i neprovođenje individualiziranog pristupa, lošu komunikaciju i slabu suradnju, „krute“ stavove učitelja i nezainteresiranost, nezamjećivanje da djevojčice nisu uključene u rad na satu (primjerice da ne zapisuju). Sudionice navode kako je slaba suradnja s učiteljima/nastavnicima bila stresna i frustrirajuća.

Although some mothers reported positive examples of being supported by family and friends, they also described unpleasant situations and the absence of understanding and support:

“I honestly didn’t (have support) even from my family, it was always: “You have to be tougher with her. Be more strict, you’re raising her too loosely”. It was always like that.” (M3)

“They acted as if she was contagious, something infectious” (M4)

Although the lack of understanding and acceptance of their relatives unsettled them the most, the mothers mainly mentioned the inadequacy or absence of concrete support from the system.

“Unfortunately, there is no help or support for girls with ADHD. (...) I thought - Well, I have no one to turn to here in this country. I don’t know who to turn to anymore.” (M6)

Some mothers described the experience of discrimination and peer harassment that their daughters experienced while growing up:

“I was told in the kindergarten that they could not take her on a field trip because she is a hyperactive child who requires one kindergarten teacher to be only with her. And they simply excluded my child from the field trip.” (M2)

“(...) now they started attacking her, with words, insults, and the like. (...) she believes that the children at school, in her class, do not like her. Because of some of the comments they make to her, she takes it all very personally.” (M1)

A significant number of examples of inadequate support were related to cooperation with teachers and the school. Only one mother mentioned a supportive class teacher who, as she stated, was *“forever vouching for her”* (M6). Among the challenges, they described the need for understanding ADHD as a neurodiversity, the lack of consideration, and the limited implementation of an individualised approach, as well as poor communication and inadequate cooperation, “rigid” attitudes of teachers and absence of interest, for example, not noticing that the girls are not involved in class work (taking notes). The participants stated that the poor cooperation with teachers was stressful and frustrating.

(...) preporuke su nam došle za individualizaciju same ispitne tehnologije (...) iako smo mi tu imali veliku borbu isto, trebalo je puno vremena, gotovo godinu dana i više, da neki nastavnici krenu primjenjivati ono što je struka rekla. (...) Jer vi opet imate jedan broj ljudi koji odmahuju rukom i kažu: „Ne, ja smatram da (djevojčica) nema taj problem“. Jednostavno oglašuju se na preporuku struke. (M5)

S posebnom se nelagodnom sjećaju situacija u kojima su prisiljene lobirati za svoje dijete kako bi joj osigurali provođenje individualiziranog odgojno-obrazovnog programa, pri čemu se susreću s neugodnom reakcijom stručnjaka:

Jer meni je rekla razrednica da ja dođem na informacije. Kad je tamo bila ona, stručni suradnik i ravnatelj (...) Cijeli tim. I ravnatelj je cijelu priču vodio, bio je vrlo agresivan u tom svom verbalnom nastupu i ja sam bila totalno šokirana. (M6)

(...) To su takve traume za njih, za moje dijete pogotovo. Da, to je bilo nešto užasno. I tako nakon te cijele epopeje, prva razrednica je bila rekla: „Ja sam znala šta je s vašim djetetom, ona meni nije bila prvo takvo dijete, ali to nije moja briga.“ Eto tako mi je rekla. (M4)

Iako majke dobro poznaju svoje djevojčice te su isprobale različite strategije kako bi im pružile podršku, ne doživljava ih se kao iskustvene eksperte ili suradnike te se njihovi savjeti ne prihvaćaju.

Sjećam se kad je učiteljica od prvog do četvrtog razreda rekla: „Znate, mama, ona vam ne može sjediti, ali ona jednostavno mora odsjediti 45 minuta.“ Kad sam ja pitala, a dobro zašto mora dijete u prvom razredu sjediti 45 minuta? Pa dajte joj da nešto napravi, ... dajte joj da obriše ploču, da nešto napravi. (M5)

U razgovoru o tome kakva je socijalizacija djevojčica s vršnjacima, samo jedna majka navodi: ona se ni sa kim ne druži (...) ona nema prijateljstva (M6). Sve ostale djevojčice imaju veći ili manji krug prijatelja. Opisuju ih kao otvorene i pristupačne: *strašno draga i topla i empatična (M3); (Ona) vam je jedna jako em-*

“We got recommendations for the individualisation of the exam technology (...) Even though we had a big fight there. It took a long time, almost a year or more, for some teachers to start applying what the professionals recommended. (...) Because, there is again a number of people who wave it aside and say: “No, I think that (the girl) does not have that problem”. They simply ignore the recommendation of the profession.” (M5)

With particular discomfort, they remembered situations in which they were forced to lobby for their child to ensure the implementation of an individualised educational programme, while encountering an unpleasant reaction from school professionals:

“Because the homeroom teacher told me to come for a consultation meeting. And there was she, school professional and director (...) The whole team. And the director led the whole conversation, he was very aggressive in his verbal performance, and I was totally shocked.” (M6)

“(...) These are such traumas for them, especially for my child. Yes, that was something horrible. And after that whole epic story, the first-grade teacher said: “I knew what is with your child, she wasn’t the first child like that (in my classroom). But that’s not my concern.” That’s what she told me.” (M4)

Although mothers know their girls well and have tried many different strategies to support them, they are not perceived as experienced experts or collaborators and their advice is not always accepted.

“I remember when the elementary school teacher said, “You know mom, she can’t sit (in the classroom), but she just has to sit for 45 minutes.” When I asked – Well, why does a first-grade child have to sit for 45 minutes? Give her to do something, ask her to wipe the board, to do something.” (M5)

In a conversation about socialisation with peers, only one mother stated: *“She does not hang out with anyone (...) she has no friends” (M6)*. All other girls have a large or small circle of friends. They are described as being open and approachable: *“very sweet and warm and empathetic” (M3); “(She) is a very empathetic person, a girl full of love for the whole world” (M5)*.

patična osoba, jedna djevojka puna ljubavi za cijeli svijet (M5).

Tema 5. Osobno iskustvo majčinstva: *Osjetim na sebi koliko sam se u određenim situacijama tog našeg životnog puta potrošila*

Saznavanje kako njihova djevojčica ima ADHD majkama je bilo izrazito stresno. Jedna majka to opisuje ovako: *Šok! Prva riječ, je l'. I ADHD, što je to?* (M4) Majke u početku nisu shvaćale ponašanje svojih djevojčica, primjerice:

Što mi nije jasno bilo kako možeš kući svih pet stvari nabrojati, a u školu kad dođeš ti ništa ne znaš nabrojati. I to je ono što me prvo ljutilo kod nje pa sam onda bila ljuta da je neodgovorna, da ne sluša (...) (M4)

Meni je bilo jako teško razumljivo i shvatljivo. (M5)

Nakon prvotnog šoka, sve majke ulažu svoj trud i vrijeme kako bi se bolje upoznale s tom dijagnozom i onime što ona nosi. Informacije koje su dobile od stručnjaka nisu bile dovoljne, stoga su se educirale same. Najčešće navode kako su čitale knjige i istraživanja ili se informirale razgovarajući s drugim roditeljima koji imaju to iskustvo.

Da, pa potrebno je jaaakoo puno rada sa strane. (...) dio jesu stručnjaci davali informacije, ali to je sve nešto onako uopćeno, tako da, mora se zapravo jako puno sam čovjek potruditi. (M1)

Ja sam došla doma i odmah to išla googlati, čitati. (...) Ja sam si kupila tu knjigu, pročitala ju kao Bibliju, ispodvlačila i iskriptirala. Znači, to je na engleskom, prevela i napravila brošuru i upute za moju kćer (...) (M6)

Majke koje su sudjelovale u ovom istraživanju aktivno djeluju kako bi pomogle svojim kćerima u svakodnevnim izazovima te opisuju strategije kojima su im pokušale olakšati svakodnevicu:

Znači, pokušaj da novčanik staviš uvijek na isto mjesto, ključ na isto mjesto, možda će ti to olakšati da jednostavno ne moraš razmišljati gdje je šta, da jednostavno kada vidiš da nešto trebaš da znaš gdje ti je. (...) Njima jako treba 1001 podsjetnik. Moraš jednostavno naći na-

Theme 5. Personal experiences of motherhood: *"I sense how much I wore myself out in certain situations of that life path of ours"*

Finding out that their daughter has ADHD was extremely stressful for the mothers. One mother described it as follows: *"Shock! The first word (that comes to my mind), indeed. And: ADHD, what is it?"* (M4). The mothers reported that they did not understand their daughter's behaviour initially, for example:

"What I don't understand is how she can list all 5 things at home, and when she comes to school, she can't list anything. And that's what made me angry about her at first. At that time I was angry that she was irresponsible, that she didn't listen." (M4)

"It was arduous for me to comprehend and understand" (M5)

After the initial shock, all mothers invested their effort and time to become better acquainted with the diagnosis and what it entails. The information they received from experts was not enough, so they educated themselves. Furthermore, they stated that they read books and research or informed themselves by talking to other parents who had the same experience.

"Yes, it takes a substantial amount of side work. (...) So, some of this information was provided by the experts, but that is all something broad. So that in fact, the person herself has to spend a lot of effort doing it." (M1)

"I came home and immediately went googling it, reading it. (...) I bought that book, read it like the Bible, underlined it, and took extensive notes. I translated it from English and made a brochure and instructions for my daughter (...)" (M6)

Mothers who participated in the present research study are actively involved in helping their daughters in everyday challenges. They described the strategies they use to make everyday life easier for their daughters:

"So: "Try to always put your wallet in the same place, the key in the same place. Maybe it will make it easier for you so that you simply don't have to think about where what is. So that when

čin kako ćeš se podsjećati na stvari koje moraš obaviti. (M5)

Sudionice s mnoštvom emocija potkrjepljuju svoje opise kako je biti majka djevojčice s ADHD-om, pri čemu niz godina neprekidno pružaju podršku, balansirajući između brojnih uloga i suočavajući se s brojnim stresorima.

Ako općenito gledam sve ove godine, jako teško. Ti kao roditelj moraš onda balansirat između škole, stručnjaka, djeteta i bit roditelj na sve to. (M1)

Užasno je stresno, ali nisam ja toga svjesna jer u toj koži živim. (M3)

Opisuju svoje iskustvo roditeljstva kao iscrpljujuće i prepuno odricanja, a tijekom razgovora stječe se dojam da ih rijetko tko pita kako se one nose sa svim tim izazovima:

Ali da je bio težak naš put i da nismo imali podršku i da je uistinu bilo teško našoj obitelji to sve staviti na ovakve noge. Da je bilo jako puno odricanja, da je bilo jako puno rada, jako puno strpljenja i da ja osjetim na sebi koliko sam se u određenim situacijama tog našeg životnog puta potrošila, osjetim. (tuga u glasu, suzne oči) (M5)

U razgovoru s majkama, one spominju svoju opterećenost neugodnim emocijama: *frustrirana i zabrinuta* (M2), *ljuta i nesretna* (M4). Često spominju strah i zabrinutost. Strah kao emociju spominju prilikom razgovora o budućnosti i nastavku školovanja: *Baš sad me isto strah kako će to biti u srednjoj školi* (M6) ili zabrinutost zbog dječje naivnosti u socijalnim situacijama koju jedna djevojčica iskazuje (*Još uvijek imam strah zbog te njene naivnosti, zbog tog njenog dječjeg ponašanja*; M4), kao i brige za mentalno zdravlje djevojčice:

To je meni bio prioritet, da je ona meni psihološki dobro i da ona može sama sebi objasniti da ona nije bolesna, da ona nije glupa, da ona nije neinteligentna, već da samo ima jednu teškoću s kojom mora naučiti živjeti i izvući najbolje za sebe. (M5)

Nekoliko sudionica spominje osjećaj krivnje te govore o tome kako su se znale zapitati gdje

you see that you need something, you know where it is". (...) They need umpteen reminders. "You just have to find a way to remind yourself of the things you have to do". (M5)

With a multitude of emotions, the participants corroborated their descriptions of what it is like to be the mother of a girl with ADHD, while providing support for many years, balancing numerous roles, and facing numerous stressors.

"Principally, I look at all these years as very difficult. As a parent, you must balance between school, professionals, the child, and being a parent on top of all that." (M1)

"Normally, it's all very stressful, but that's the skin you're in, you can't get out of it." (M3)

They described their parenting experience as exhausting and full of sacrifices, and during the conversation, one got the impression that hardly anyone talked to them about how they dealt with all these challenges:

"But that our path was difficult and that we had no support and that it was truly difficult for our family to make it all work. That we sacrificed a lot, that there was a lot of work, that it took a lot of patience. And that I sense how much I wore myself out in certain situations of that life path of ours, I feel that. (Sadness in the voice, teary eyes)" (M5)

During the conversation, participants mentioned being burdened with unpleasant emotions: *frustrated and worried* (M2), *angry and unhappy* (M4). They often mentioned fear and worry. Fear was mentioned as an emotion when talking about the daughter's future and the continuation of her education: *"Right now, I am also afraid of what it will be like in high school"* (M6), or when talking about the child's naivety in social situations (*"I still have fears because of her naivety, because of her childish behaviour"*; M4), as well as when considering their daughter's mental health:

"My priority was that she is psychologically well and that she can explain to herself that she is not sick, that she is not stupid, that she is not unintelligent, but that she just has one difficulty that she must learn to live with and get the best out of herself." (M5)

su one to pogriješile. Osjećaj krivnje javlja se jer smatraju da su trebale prije reagirati, prije potražiti pomoć za dijete.

Zapitaš se stvarno, gdje sam ja pogriješila, šta se s mojim djetetom dešava? (M4)

Ja sam isto to rekla, da si ne mogu oprostiti koliko sam dugo čekala, da sam možda trebala već u petom razredu, šestom razredu reagirati da joj olakšam. (M5)

Jedna majka govori o tome kako je u jednom trenutku cijela situacija postala previše stresna i utjecala je na njeno raspoloženje i mentalno zdravlje, dok druga opisuje iscrpljenost, nerazumijevanje i usamljenost u svojoj roditeljskoj ulozi (M5):

Ja sam isto u jednom trenutku trebala da me netko razumije, da netko vidi da pucam po šavovima, da moram biti jaka, da moram raditi s drugom djecom i biti za drugu djecu spremna prepoznati njihove teškoće, a da jednostavno se borim doma sa svojom teškoćom koju nitko ne razumije i koju nitko ne uvažava na kraju krajeva. (M5)

Opisujući svoja iskustva roditeljstva, odrastanje svojih djevojčica, sve izazove s kojima su se susrele, majke nerijetko govore sa suznim očima i drhtavog glasa. Jedna majka govori:

Meni je ovo poprilično emotivno, ovaj intervju (drhtavim glasom, oči pune suza). I nemojte se ljutiti ako u nekom trenutku ja počnem... malo ovaj, te emocije popuste. (M5)

Sudionica M2 opisuje kako joj njeno zanimanje omogućuje bolji uvid u prava koja bi djevojčici trebala biti omogućena, daje joj argumente za zastupanje, ali i uočavanje propusta:

Neki drugi roditelj ne bi znao kako se zauzeti, ne bi znao što je individualizacija, ne bi znao tražiti njezina prava, ne bi znao inzistirati, ne bi razumio sve te zakone. Mislím, meni je to otegotna okolnost jer ja previše znam i vidim koliko se onda ne radi (...) U mjesec dana sam bila na informacijama kod svih učitelja. Dakle, potrebna je jedna tolika količina energije u komunikaciji sa školom, a ja uopće ne vidim rezultat. (M2)

Several participants mentioned feelings of guilt and talked about how they used to ask themselves where they went wrong. They believed that the feeling of guilt arises because they felt that they should have reacted sooner and sought help for their child earlier.

"You ask yourself, where did I go wrong, what is happening to my child?" (M4)

"I said the same thing, that I can't forgive myself for how long I waited, that maybe I should have reacted already in the fifth or sixth grade to make it easier for her." (M5)

One mother talked about how at one point the whole situation became too stressful and affected her mood and mental health, while another described exhaustion, misunderstanding, and loneliness in her parental role:

"At one point, I also needed someone to understand me, for someone to see that I was bursting at the seams, that I had to be strong, that I had to work with other children and be ready to recognize their difficulties, and that I was simply struggling at home with my struggle that no one understands, and no one respects in the end." (M5)

Describing their parenting experiences, how their daughters were growing up, and all the challenges they faced, the mothers often spoke with teary eyes and trembling voices. One mother said:

"This interview is quite emotional for me (with a trembling voice, eyes full of tears). And don't hold a grudge if at some point I start to... well, those emotions overflow." (M5)

Participant M2 described how her occupation enables her to gain a better insight into the rights that should be provided to her daughter, giving her arguments for advocacy, but also noticing omissions:

"Some other parents would not know how to stand up, would not know what individualisation is, would not know how to demand her rights, would not know how to insist, and would not understand all these laws. I mean, it is an aggravating circumstance for me because I know too much, and I see how much work is not being done (...) Over the course of one month I went to consultation meetings with all the teachers. So, it takes a lot of energy to communicate with the school, and I don't see any results at all." (M2)

Zastupanje djeteta, naglašavanje pozitivnih osobina, potencijala i mogućnosti djeteta te prihvaćanje djeteta, afirmativna je strategija koju opisuje jedna majka pri susretu s učiteljicom:

A ja na to kažem: „Jeste li vi skužili koliko je to briljantno dijete?“ Ja znam da je ona briljantna, ali nije za školu briljantna. Ali nije škola sve. Ona je divna, ona je divna i ja ću je podržavati koliko god mogu. (M3)

Sudionice ovog istraživanja izrazito su senzibilizirane i suosjećajne prema svojim kćerima. Prihvaćaju ih, razumiju i pružaju im podršku. Kao rezultat toga, većina majki opisuje kako imaju dobar odnos u kojem djevojke u njih imaju povjerenja, u kojem se međusobno poštuju i vole.

Nas dvije smo jako povezane, jako bliske. Nema teme o kojoj nas dvije ne razgovaramo. Ja sam nekako izabrala taj način da želim s njom razgovarati o svemu otvoreno, nikada u rukavicama nego onako kako je. (M5)

Tijekom razgovora, u situaciji odmaka od fokusa na svakodnevne teškoće i izazove, jedna majka priziva svoj osjećaj zahvalnosti za osobine svog djeteta koje smatra posebno vrijednima, mijenjajući tako percepciju s dijagnoze prema ljudskosti:

(Ja) sam sama sa sobom posložila koliko je to zapravo posebnost, koliko je to drugačije i koliko to nije uobičajeno u smislu, mislim koje su to vrijednosti koje moje dijete ima na kojima sam ja uistinu zahvalna, a to je nekako prije svega ta empatija. (M6)

RASPRAVA

Tematskom analizom obrađeno je pet tema koje se bave iskustvom svakodnevice majki djevojčica s ADHD-om. Teme obrađuju proces (kasnog) dijagnosticiranja ADHD-a, organizaciju svakodnevnog života u obitelji, iskustvo i izazove školovanja, odnos socijalne okoline prema djevojčicama i roditeljima te iskustvo majčinstva/roditeljstva.

Sudionice opisuju proces dijagnostike na različite načine, no zajednički im je postupak višestruke obrade kako bi dobile dijagnozu. Klefsjö

Advocating for the child, emphasising their positive qualities, potential, and capacities, as well as simply accepting the child, are affirmative strategies described by one mother when meeting the teacher:

“And I said to that: “Have you noticed how brilliant that child is?” I know that she is brilliant, but she is not brilliant in school. But school is not everything. She is wonderful, she is wonderful, and I will support her as much as I can.” (M3)

The participants in the present study are extremely sensitised and compassionate towards their daughters. They accept, understand, and support them. As a result, most mothers described having a good relationship with their daughters that involved trust, respect, and love for each other.

“The two of us are very connected, very close. There is no topic that the two of us do not discuss. I somehow chose that way of wanting to talk to her about everything openly, never beating around the bush, but as it is.” (M5)

During the conversation, in a situation of moving away from the focus on everyday difficulties and challenges, one mother invoked her feeling of gratitude for the qualities of her child that she considers particularly valuable, thus changing the perception from diagnosis to humanity:

“I agreed with myself how special it really is, how different it is, and how unusual it is in terms of, I mean, what are the values that my child has that I am truly grateful for, and that is somehow, above all, that empathy.” (M6)

DISCUSSION

Five topics dealing with the everyday experiences of mothers of girls with ADHD were analysed through thematic analysis. The themes generated are associated with the ADHD symptoms in girls and the process of (late) diagnosis of ADHD, the organisation of everyday life in the family, the experience and challenges of schooling, the attitude of the social environment towards these girls and their parents, and the experiences of motherhood/parenting.

The participants described the process of diagnosis in different ways, but what they all had in

i suradnici (2021) u radu koji se bavi razlikom u dijagnostici ADHD-a između dječaka i djevojčica potvrđuju kako djevojčice imaju znatno veći broj posjeta klinikama prije negoli im se uspostavi dijagnoza. Djevojčicama čije su majke sudjele u ovom istraživanju dijagnoza ADHD-a postavljena je najranije s devet godina, a najkasnije sa 16 navršenih godina. Kao razlog kasnijoj dijagnostici ADHD-a ovih djevojčica majke spominju internalizirane simptome koji djevojčice čine „nevidljivima“. U literaturi se ADHD kao oblik neurorazličitosti pojavljuje unutar skupine takozvanih „nevidljivih poteškoća“², a ponekad se u literaturi nailazi i da neurorazličite djevojčice (i žene) imaju dodatan sloj „nevidljivosti“ ili „skrivenih“ simptomatologije (npr. Volkens, 2018; Dray, Quinn i Madhoo, 2014; Campbell i Gilmore, 2006) zbog drukčijeg iskazivanja simptoma negoli je to u dječaka. Istraživanja ukazuju da, za razliku od dječaka, djevojčice imaju značajno manje socijalno prepoznatih problema u ponašanju i prkošenju, hiperaktivnost češće izražavaju kroz hiperverbalizaciju i emocionalnu pobudljivost/reaktivnost (Nadeau, Littman i Quinn, 2018). Dodatno, zabilježeno je naglo i pojačano izražavanje simptoma djevojkama u ranoj adolescenciji, popraćeno povećanjem pretjerane emocionalne reaktivnosti, promjenama raspoloženja i impulzivnošću (Murray i sur., 2019; Ostojic i Miller, 2016). Ovo je važno imati na umu jer u tom slučaju djevojke ne ispunjavaju zahtjev DSM-5 prema kojem trebaju postojati dokazi o iskazivanju simptoma prije 12. godine života, kako bi se postavila dijagnoza ADHD-a. *Štetni stereotip* da je ADHD isključivo hiperaktivnost te ponašanje koje izrazito ometa nastavu jedan je od najčešćih uzroka kasnije dijagnostike djevojčica, navode i Hinshaw sa suradnicima (2022) u svom posljednjem longitudinalnom istraživanju. Prema istim autorima, komorbidna stanja kao što su tjeskoba ili depresija mogu prikrivati prisutnost ADHD-a, a majke u ovom istraživanju

² Engl. *invisible disability*, skupina neurorazvojnih poteškoća kao što su spektar autizma, disleksija, dispraksija, ADHD, dijabetes, depresija i druga stanja koja nisu vidljiva na razini tjelesnih simptoma, ali ipak značajno narušavaju i otežavaju funkcioniranje u svakodnevnom životu.

common was the fact that the girls had to undergo multiple procedures before receiving a confirmed diagnosis. Klefsjö et al. (2021) analysed the difference in the diagnosis of ADHD between boys and girls and confirmed that girls have a significantly higher number of clinic visits before they are diagnosed. Among the girls whose mothers participated in the present study, the earliest age that they were diagnosed with ADHD was at 9 years, while some were diagnosed only at the age of 16 years. One of the reasons for the delayed diagnosis of ADHD in these girls, as understood by the mothers, could be internalised symptoms that seemed to make the girls “invisible”. In the literature, ADHD as a form of neurodiversity appears within the group of so-called “invisible difficulties”. Sometimes, it is found that neurodiverse girls (and women) have an additional layer of “invisibility” or “hidden” symptomatology (e.g., Volkens, 2018; Dray, Quinn & Madhoo, 2014; Campbell & Gilmore, 2006) due to differences in the presentation of symptoms compared to boys with ADHD. Research shows that, unlike boys, girls have significantly fewer socially recognised problems related to behaviour and defiance, and they express hyperactivity more often through hyper-verbalisation and emotional excitability/reactivity (Nadeau, Littman & Quinn, 2018). Additionally, in early adolescence, a sudden and heightened expression of symptoms in girls has been reported, accompanied by an increase in excessive emotional reactivity, mood swings, and impulsivity (Murray et al., 2019; Ostojic & Miller, 2016). This is important to keep in mind because, in this case, girls do not meet the DSM-5 requirement that there must be evidence of symptoms before the age of 12 years in order for a child to be diagnosed with ADHD. The *harmful stereotype* that ADHD is exclusively associated with hyperactivity and behaviour that significantly interferes with schooling is one of the most common causes of delayed ADHD diagnosis among girls, as stated by Hinshaw et al. (2022) in their latest longitudinal study. According to the same authors, comorbid conditions such as anxiety or depression can mask the presence of ADHD. The mothers who participated in the present study also mentioned these factors as a turning point in the decision to seek help for their girls and ultimately receive a diagnosis. At the same time, these girls may be diagnosed

spominju ih kao prekretnicu u odluci da potraže pomoć za svoje djevojčice i u konačnici dobi-ju dijagnozu. Ujedno, specifične teškoće učenja poput disleksije mogu biti dijagnosticirane umjesto ADHD-a iako se zapravo radi o defici- tu pažnje / hiperaktivnom poremećaju (Young i sur., 2020). Dvije sudionice u ovom istraživanju navode upravo disleksiju kao prvotnu dijagnozu koju su stručnjaci pripisali djevojčicama. Quinn i Madhoo (2014) upozoravaju da propuštanje ili pogrešno dijagnosticiranje ADHD-a kod djevoj- čica te posljedični izostanak podrške dovodi do istih negativnih posljedica kao i kod dječaka, uključujući loš akademski uspjeh i probleme u ponašanju.

Pogrešno uvjerenje da djevojčice imaju blažu ili manje ozbiljnu verziju ADHD-a, može otežati identifikaciju i dostupnost podrške, jer simptomatologija s kojom se nose može biti jednako izazovna i onesposobljavajuća (Nadeau, Littman i Quinn, 2018). Upravo to potvrđuju i sudionice koje primjećuju neurorazličitost svojih dje- vojčica u svakodnevnim zadacima, a posebno onim vezanim za školu. Kod starijih djevojčica/ djevojaka sržni simptomi iz područja izvršnih funkcija s kronološkom dobi postaju sve izra- ženiji, što se odražava na teškoće u izvršavanju školskih obveza koje iz godine u godinu postaju sve zahtjevnije, a očekivanja okoline sve veća, s čime se djevojčice ne uspijevaju nositi. Kako navode majke, to su teškoće s kontinuiranim održavanjem pažnje tijekom nastave te vođe- njem bilješki/prepisivanja, ali i organiziranjem učenja i pisanja domaće zadaće kod kuće. Sudi- onice spominju i drugu krajnost u regulaciji pa- žnje koju primjećuju kod djevojčica, spominjući *hiperfokus* koji se javlja u aktivnostima za koje djevojčice iskazuju poseban interes. Hiperfokus je intenzivno stanje trajne ili selektivne pažnje, odnosno potpune usmjerenosti na pojedincu zanimljiv, privlačan i važan zadatak, pri čemu postoji smanjena percepcija podražaja koji nisu relevantni za zadatak, a izvedba zadatka se po- boljšava (Ashinoff i Abu-Akel, 2021), što od- govara opisima sudionica. Ipak, hiperfokus nije adaptivno ponašanje jer osoba pritom nema kon- trolu nad svojom regulacijom pažnje (pažnja je

with specific learning difficulties such as dyslexia, instead of ADHD, even though it is an underlying factor that is associated with attention deficits and hyperactivity (Young et al., 2020). Two participants in our research study stated that dyslexia was the initial diagnosis that the professionals attributed to their girls. Quinn and Madhoo (2014) caution that missing or misdiagnosing ADHD in girls and the resulting insufficient support can lead to the same negative consequences as in boys, including poor academic performance and behavioural problems.

The mistaken belief that girls have a milder or less severe version of ADHD can make identifica- tion and access to support difficult, since the symp- tomatology that they deal with can be just as chal- lenging and disabling (Nadeau, Littman & Quinn, 2018). This was confirmed by the participants in the present study who noticed the neurodiversity of their daughters in everyday tasks, especially those related to school. In older girls, the core symptoms in the area of executive functions become more and more pronounced with chronological age. This is reflected in the difficulties in fulfilling school obli- gations, which become more and more demanding year by year, as the expectations of the social en- vironment increase, and the girls find themselves unable to cope. According to the mothers, the girls face difficulties associated with maintaining atten- tion during classes, taking notes/writing, as well as organising their studying and doing homework. The participants also mentioned another distinct as- pect associated with the regulation of attention that they noticed in their girls: they mentioned that they observed the *hyperfocus* that occurs in activities in which the girls show a special interest. Hyper- focus is an intense state of permanent or selective attention, i.e., complete focus on an interesting, at- tractive, and important task for the individual, in which there is a reduced perception of stimuli that are not relevant to the task, thus improving specific task-related performance (Ashinoff & Abu-Akel, 2021) - this corresponds to descriptions provided by the participants of the present study. However, hyperfocus is not an adaptive behaviour because the person does not have control over his/her at- tention regulation (attention is inflexible), and by entering a state of hyperfocus, the person is senso- rially and psychologically isolated from the envi- ronment, losing track of time with the probability

nefleksibilna), a ulaskom u stanje hiperfokusa osoba se senzorički i psihološki izolira od okoline, izgubivši pojam o vremenu uz vjerojatnost propuštanja važnih znakova iz okoline (primjer hiperfokusa na videoigru).

Simptomi koji su posljedica nezrelih izvršnih funkcija dovode do niza posljedičnih teškoća, a to su poteškoće s organizacijom vremena, slaba organiziranost aktivnosti i stvari, zaboravljivost i poteškoće s radnim pamćenjem koje prepoznaju majke sudionice. Narušen osjećaj za vrijeme, neusvojena vještina „čitanja sata“ te poteškoće s organizacijom vremena majke navode kao česti problem i izazov u svakodnevici jer dovode do kašnjenja (ili preuranjenog dolaska) u školu ili na izvannastavne aktivnosti, zaboravljanja rokova i zadržavanja u distrakciji. Uz upravljanje vremenom spominju poteškoće s prostornom organizacijom i teškoćama snalaženja u prostoru, čak i onom poznatom poput mjesta stanovanja, što može dovesti do opisanih rizičnih situacija, kao što je izgubljenost ili lutanje. Također, majke navode kako neorganiziranost dovodi do neurednosti, a kao primjere navode neuredne školske torbe prepune stvari, neorganizirane pernice te neposloženu odjeću. Glaser Holthe i Langer (2017) u svom radu navode kako neorganiziranost znatno otežava realizaciju i održavanje strukture i rutine, što rezultira nepredvidljivošću na dnevnoj razini, a dugoročno brigama i tjeskobom.

Školovanje i sve obveze koje ono nosi, najveći je izazov za ovih šest djevojčica. Sudionice govore o tome kako su njihove kćeri većinom bile odlične učenice, no onda se dogodio nagli pad ocjena, što im je i bio znak da se nešto događa. Zahtjevi obrazovanja s odrastanjem se povećavaju; javljaju se problemski zadatci, apstraktni pojmovi, veći obujam gradiva, a upisom u srednje škole nova društvena okolina. Sve to od djevojčica zahtijeva sve veći adaptivni kapacitet pažnje, učinkovite samoorganizacije i razvijenih socijalnih vještina. Istovremeno, veća izraženost simptoma u pubertetu će potaknuti sumnju na ADHD i upućivanje na daljnju obradu, čega se prisjećaju i sudionice istraživanja. Međunarodno istraživanje koje su proveli Tan i suradnici

of missing important signs from the environment (for example, hyperfocus on a video game).

Symptoms resulting from immature executive functions lead to a whole series of consequent difficulties, namely difficulties in organising time, poor organisation of activities and things, forgetfulness, and difficulties with working memory, as recognised by the participating mothers. Impaired sense of time, the unacquired skill of “reading the clock”, and difficulties with organising time are cited by mothers as frequent problems and challenges in everyday life, as they lead to lateness (or premature arrival) to school or extracurricular activities, forgetting deadlines, and continuing to remain distracted. In addition to time management, they mentioned difficulties with spatial organisation and finding their way in different spaces, even familiar ones such as the place of residence, which can lead to the previously described risky situations, such as getting lost or wandering. Additionally, mothers stated that this disorganisation leads to untidiness and cited examples such as untidy school bags full of things that are unrelated to school, disorganised pencil cases, and untidy clothes. Glaser Holthe and Langer (2017) stated in their work that disorganisation makes it much more difficult to establish and maintain structure and routine, which results in unpredictability on a daily level, as well as worries and anxiety in the long term.

Schooling and all the obligations it entails are the biggest challenge for these six girls. The participants talked about how their daughters were mostly excellent students in the beginning years, but they went through a sudden drop in grades, which was a sign that something was going on. Demands of the educational system increase with age (for example, introducing problem tasks, abstract concepts, and a larger volume of learning material), and the enrolment in secondary schools comes with a new social environment. All of this requires an increasingly adaptive capacity with respect to attention, efficient self-organisation, and social skills. At the same time, the predominant expression of symptoms in puberty will lead to suspicion of ADHD and referral for further treatment, which was mentioned by the research participants. International research conducted by Tan et al. (2022) warns that dysregulated attention and hyperactivity/impulsivity can

(2022) upozorava kako neregulirana pažnja i hiperaktivnost/impulzivnost odražavaju nedostatke u kognitivnom i izvršnom funkcioniranju, kao što su radno pamćenje, rješavanje problema i upravljanje vremenom, a oni su u izravnoj korelaciji s učenjem. Navode kako je uslijed toga razumno očekivati kako će ova ponašanja biti rizični čimbenici za uspješnost u uobičajenim akademskim aktivnostima kao što su čitanje i matematika. Upravo su čitanje, pisanje i matematika najčešće teškoće vezane za školu koje spominju sudionice ovog istraživanja.

Razgovarajući o tipičnom danu u njihovim obiteljima, sudionice navode kako djevojčice većinu popodneva provode pišući domaću zadaću i učeći. Upravo prema ovim dvjema aktivnostima djevojčice pružaju otpor jer im dugotrajno učenje i pisanje domaće zadaće biva najveći izazov. Langberg i suradnici (2010) u svom istraživanju ističu kako poteškoće s pisanjem i dovršavanjem domaće zadaće doprinose nižem akademskom uspjehu te kako djeca s ADHD-om imaju znatno više poteškoća s domaćim zadaćama od svojih vršnjaka. Također, napominju kako će djeca s ADHD-om vjerojatnije zaboraviti donijeti potrebne materijale za rad u školu te kako često odugovlače s ispunjavanjem zadataka ili ga ostave nepotpunim. Identične primjere spominju i majke djevojčica u ovom istraživanju. Nadeau, Littman i Quinn (2018) u svojoj knjizi *Understanding Girls with ADHD* citiraju niz istraživanja koja potvrđuju da djevojčice s ADHD-om imaju znatno niže razine samopouzdanja i samopoštovanja. Sudionice ovog istraživanja to i potvrđuju, pri čemu pet od šest sudionica progovara o niskim razinama samopouzdanja njihovih djevojčica kao posljedici znatno većeg truda i vremena koje moraju ulagati u izvršavanje školskih zadataka, znatno duljoj potrebi za podrškom od strane roditelja pri izvršavanju školskih obveza, nižoj razini školskog uspjeha u odnosu na sposobnosti, sumnji u vlastitu inteligenciju i neugodnih vršnjačkih komentara.

Djevojčice s ADHD-om imaju mnogobrojne interese, poput sportskih i kreativnih aktivnosti. Iako majke navode da njihov ADHD i u tim aktivnostima postaje vidljiv kroz često mijenjanje

reflect deficits in cognitive and executive functioning such as working memory, problem-solving, and time management, and that they are directly correlated with learning. They stated that, as a result, it is reasonable to expect these behaviours to be risk factors for performance in common academic pursuits such as reading and math. Reading, writing, and mathematics are the most common school-related difficulties mentioned by the participants of the present study.

Conversing about a typical day in their families, the participants stated that the girls spent most of their afternoons doing homework and studying. It is precisely these two activities that girls resist because long periods of studying and doing homework is the biggest challenge for them. In their research, Langberg et al. (2010) pointed out that difficulties associated with doing and completing homework contribute to lower academic success and that children with ADHD have significantly more difficulties with homework than their peers. They also note that children with ADHD are more likely to forget to bring the necessary learning materials to school and that they often procrastinate completing tasks or leave them incomplete. Mothers of the girls interviewed in the present study also mentioned similar examples. In their book, *Understanding Girls with ADHD*, Nadeau, Littman, and Quinn (2018) cite several studies that confirm that girls with ADHD have significantly lower levels of self-confidence and self-esteem. This is consistent with the accounts of participants in our research study, where five out of six participants talked about the low levels of self-confidence in their girls: their self-confidence was affected by the greater amounts of effort and time they have to invest in completing school assignments, their extensive need for support from parents when completing school duties, a lower-level of school success in relation to their abilities, doubts about one's own intelligence, and the effect of unpleasant peer comments.

Girls with ADHD have many interests such as sports and creative activities. However, mothers report that their ADHD becomes visible in these activities, as well as when they frequently change the sports/activities they participate in, when they are unable to follow the rules, or participate in several sports at the same time. Apart from the

sportova, nepridržavanje pravila ili istovremeno pohađanje više sportova. Osim što je sport predmet njihova interesa i strukturirani način provođenja slobodnog vremena, on može djelovati i terapijski. Čileanski istraživači Montalva-Valenzuela, Andrades-Ramirez i Castillo-Parades (2022) zaključili su kako tjelesna aktivnost, vježbanje i sport doprinose poboljšanju izvršnih funkcija kod djece i adolescenata s ADHD-om. Iako zbog obveza u školi i izvanškolskim aktivnostima imaju nedostatnu količinu slobodnog vremena, majke navode sklonost djevojčica da slobodno vrijeme provode pred ekranima (društvene mreže, dopisivanje, videoigre). Panagiotidi i Overton (2022) u rezultatima svog recentnog istraživanja ukazuju na povezanost ADHD-a i nepoželjne uporabe mobitela, odnosno rizika od ovisnosti o pametnom telefonu. Njihovim istraživanjem utvrđena je značajna korelacija između simptoma nepažnje i izloženosti većem riziku ovisnosti o ekranima.

Sudionice ističu kako pri izvođenju svakodnevnih aktivnosti djevojčice nisu samostalne te da im je potrebna stalna podrška. Pri izvršavanju svakodnevnih obaveza i zadataka u kućanstvu, majke napominju kako su djevojčice uglavnom samostalne, no trebaju stalne podsjetnike i nadzor roditelja. Jednako tako, majke su uglavnom one koje im osiguravaju pomoć u učenju, a većina djevojčica koristi se uslugama instrukcija. Veću vjerojatnost pohađanja školskih instrukcija za djevojčice s ADHD-om spominje i Biderman sa suradnicima (2012). U literaturi se naglašava važnost poučavanja roditelja različitim strategijama kojima se mogu koristiti kako bi pružili podršku pri učenju svojim kćerima s ADHD-om (primjerice Nadeau, Littman i Quinn, 2018). Sudionice ovog istraživanja aktivno su posvećene dobrobiti svojih kćeri na mnogobrojne načine. Istraživanja kazuju kako majke češće preuzimaju odgovornost za svakodnevnu brigu, disciplinu, traženje i provedbu odgovarajućeg tretmana za svoje djevojčice, u usporedbi s očevima (Babinski i sur., 2016). Navedeno potvrđuje i ovo istraživanje. Majke neprestano podsjećaju djevojčice na njihove obveze, izrađuju rasporede, brinu se hoće li djevojčice stići na vrijeme, izrađuju tabli-

fact that they find sports interesting and that it is a structured way to spend their free time, it can also have a therapeutic effect. Chilean researchers Montalva-Valenzuela, Andrades-Ramirez, and Castillo-Parades (2022) concluded that physical activity, exercise, and sports contribute to the improvement of executive functions in children and adolescents with ADHD. Although girls have an insufficient amount of free time due to obligations at school and extracurricular activities, mothers report their tendency to spend their free time in front of screens (social networks, texting, and video games). In the results of their recent research, Panagiotidi and Overton (2022) point to a connection between ADHD and the undesirable use of mobile phones, i.e., the risk of smartphone addiction. Their research established a significant correlation between symptoms of inattention and exposure to a higher risk of cell phone addiction.

The participants in the present study pointed out that the girls were not entirely independent when it comes to carrying out their daily activities and that they need constant support. When performing their daily duties and tasks in the household, mothers noted that the girls are mostly independent, but need constant reminders and parental supervision. Furthermore, the mothers were the ones mainly involved in helping them study and most girls used tutoring services. Previous literature emphasises the importance of teaching parents different strategies that they can use to support the learning of their daughters with ADHD (e.g., Nadeau, Littman & Quinn, 2018). The participants of the present study are actively dedicated to the well-being of their daughters in numerous ways. Research shows that mothers are more likely to take responsibility for daily care, discipline, and seeking and implementing appropriate treatment for their girls, compared to fathers (Babinski et al., 2016). The aforementioned is confirmed by our research. Mothers constantly remind the girls of their responsibilities, make schedules, make sure the girls arrive on time, make tables for punishments and rewards, drive them to training sessions, go with them to therapy sessions, and help organise school supplies and clothes. Since they are investing considerable energy and time in supporting their daughters, they experience an imbalance in their daily activities and do not have enough free time for themselves, thus,

ce za kazne i nagrade, voze ih na treninge, idu s njima na terapije, pomažu pri organizaciji školskog pribora i odjeće. Ulažući znatnu energiju i vrijeme u podršku svojim kćerima, one same doživljavaju neravnotežu u svojim svakodnevnim aktivnostima, nemajući dovoljno slobodnog vremena za sebe, a svoje potrebe i ambicije stavljaju na drugo mjesto. Jednako tako, spominju da im zbog pretrpanosti tjednog rasporeda nedostaje zajedničkog slobodnog vremena i aktivnosti unutar njihovih obitelji.

Iako Peters i Jackson (2008) u svom istraživanju iskustva majčinstva djece s ADHD-om navode izostanak podrške obitelji i prijatelja, sudionice ovog istraživanja opisuju podršku koju su dobile od obitelji i prijatelja. Ipak, mnogo više primjera navode za manjak/izostanak podrške, posebno u kontekstu školovanja. Iako su nastavnici dužni poštivati donesen individualizirani odgojno-obrazovni plan (IOOP), sudionice navode primjere nepridržavanja smjernica za individualizaciju nastave. Naglašavaju loša iskustva u pokušaju uspostavljanja suradnje i komunikacije sa zaposlenicima škole (ravnatelji, učitelji, stručna služba). Također, napominju nerazumijevanje ovog poremećaja i njihove prezentacije u djevojčica, a prilagodbe i individualizacija ne mogu se provesti ako se ADHD ne prepozna i dijagnosticira. Stoga su prisiljene preuzeti ulogu zastupnika svog djeteta, podučavajući okolinu o ADHD-u te zalažući se za ostvarenje njihovih prava u školskom sustavu. Slično iskustvo imaju i majke dječaka s ADHD-om u zastupanju prava svoje djece tijekom osnovnoškolskog obrazovanja (Bartolac, 2023). Istraživanja dosljedno upućuju na važnost edukacije nastavnog i nenastavnog osoblja o ovom poremećaju i njegovoj manifestaciji u djevojčica te važnosti ranog otkrivanja potreba djevojčica i strategija kojima mogu pomoći da ostvare bolje akademske rezultate u skladu s rodno specifičnim razlikama (Young i sur., 2020). U konačnici, sudionice opisuju i izostanak osiguravanja dovoljnog broja dostupnih, kvalificiranih stručnjaka u svim krajevima države koji bi mogli pružati usluge podrške djevojčicama s ADHD-om, osjećaj da se nemaju kome obratiti te diskriminaciju djevojčica.

putting their needs and ambitions second. They went on to mention that due to the overcrowding of their weekly schedule, they need family leisure time and activities.

Although Peters and Jackson (2008) in their study of the experience of mothering children with ADHD stated the absence of support from family and friends, the participants of the present study described the support they received from family and friends. However, they cited many more examples of the lack/absence of support, especially in the context of schooling. Although teachers are obliged to respect the adopted individualised educational plan, the participants stated that the guidelines for individualising teaching were not followed by school professionals. They talked about frustrating experiences when trying to establish cooperation and communication with school employees (principals, teachers, professional service). They also noted the inadequate understanding of this disorder and its presentation in girls, thus resulting in the inability to implement adjustments and individualisation if ADHD is not recognised and diagnosed. Therefore, they are forced to take on the role of their child's advocate, teaching their social environment about ADHD, and advocating for the realisation of their daughter's rights in the school system. Mothers of boys with ADHD have a similar experience in advocating for their children's rights during primary school education (Bartolac, 2023). Research consistently points to the importance of educating teaching and non-teaching staff about this disorder and its manifestation in girls, as well as the importance of early detection of the need of these girls needs and the strategies that can help them achieve better academic results in accordance with gender-specific differences (Young et al., 2020). Finally, the participants in the present study described the shortage and unavailability of a sufficient number of qualified professionals in different parts of the country who could provide support services for girls with ADHD, resulting in the feeling that they had no one to turn to when these girls were being discriminated.

The mothers who participated in our study reported that finding out about the diagnosis was a *shock*, but after initial consternation, they invested their time and effort to inform themselves in detail

Saznavanje dijagnoze za majke koje su sudjele u ovom istraživanju bio je *šok*, no zatim svoje vrijeme i trud ulažu kako bi se detaljno informirale o dijagnozi i načinima intervencije. Sudionice opisuju kako im je na početku bilo teško razumjeti ponašanja svojih kćeri, misleći da je riječ o njihovoj neodgovornosti ili prkosu, a ne simptomima ADHD-a. Opisuju brojne neugodne emocije poput stresa, frustracije ili ljutnje, te posljedican utjecaj na njihovo mentalno zdravlje. Isto tako, spominju osjećaj krivnje jer smatraju kako su trebale prije prepoznati, reagirati i potražiti pomoć kako bi njihove djevojčice na vrijeme dobile dijagnozu i prikladan tretman. Majke djece s ADHD-om u istraživanju Peters i Jackson (2008), osjećaj krivnje, tuge i samookrivljavanja spominju kao tri najčešće emocije.

Razgovarajući o odnosima unutar obitelji, pet majki opisuje kvalitetu svog odnosa s kćerima kao odnosima punim povjerenja i bliskosti. Rezultati istraživanja Gordon i Hinshaw (2017) kazuju kako narušen odnos između majke i kćeri s ADHD-om značajno utječe na njihovo ponašanje, a osobito na rizična ponašanja. Iako u literaturi spominjanje sukoba unutar obitelji djevojčica i adolescentica s ADHD-om nisu rijetkost (Young i sur., 2020), u većini obitelji sudionica to ipak nije bio slučaj. Ove majke svojim su suosjećanjem i razumijevanjem uspjele ostvariti privržene i bliske odnose sa svojim kćerima. Nadeau i suradnice (2018) naglašavaju da su pozitivne i učinkovite strategije roditeljstva i vjera u uspjeh djevojčica s ADHD-om najznačajniji zaštitni čimbenici. Razgovori s majkama o njihovom iskustvu roditeljstva djevojčica s ADHD-om većinom su bili vrlo emotivni. Iako govore koliko je to iskustvo bilo teško, izazovno, zahtjevno i stresno, ipak roditeljstvo opisuju kao smisljeno i nagrađujuće.

Ograničenja istraživanja i preporuke za buduća istraživanja

Većina ograničenja ovog istraživanja proizlazi iz odabranog metodološkog pristupa, odnosno ograničenog broja sudionika u uzorku, kao i vrste uzorka. Nadalje, sve majke koje su sudjele u istraživanju uključene su u istraživanje

about the diagnosis and methods of intervention. Participants stated that it was difficult for them to understand their daughters' behaviour at first, thinking that they were irresponsible or that it was teen rebellion, rather than ADHD. They also described numerous unpleasant emotions such as stress, frustration, or anger, indicating how the entire situation affected their mental health. They also mentioned the feeling of guilt because they thought that they should have recognised, reacted, and sought help earlier so that their daughters could receive a timely diagnosis and appropriate treatment. Mothers of children with ADHD who participated in a study conducted by Peters and Jackson (2008) also mentioned feelings of guilt, sadness, and self-blame as the three most common emotions.

When discussing relationships within the family, five mothers who participated in our study described the quality of their relationships with their daughters as liaisons full of trust and closeness. The results of research conducted by Gordon and Hinshaw (2017) showed that a damaged relationship between mothers and daughters with ADHD can significantly affect the child's behaviour, especially risky behaviours. Although conflict within the families of female children and adolescents with ADHD is not uncommon in the literature (Young et al., 2020), this was not the case in the majority of families who participated in the present study. Through their compassion and understanding, these mothers were able to achieve affectionate and close relationships with their daughters. Nadeau et al. (2018) emphasised that positive and effective parenting strategies and belief in the success of girls with ADHD are the most significant protective factors. Our conversations with mothers about their experience of parenting girls with ADHD were mostly very emotional. Although they noted how difficult, challenging, demanding, and stressful that experience was, they still described parenthood as meaningful and rewarding.

Research limitations and recommendations for future research

Most of the limitations of the present research study stem from the methodological approach, i.e., the limited number of participants in the sample, as well as the type of sample. Furthermore, all the

po principu samoselekcije, visoko su motivirane te su (gotovo) sve visokoobrazovane. Jednako tako, iako istraživanja upućuju na visoku stopu razvoda roditelja djece s ADHD-om, u ovom uzorku svi su brakovi očuvani i funkcionalni. Kako je osobno iskustvo roditeljstva djevojčica s ADHD-om u potpunosti podzastupljena tema u istraživačkom prostoru, bilo je nužno pristupiti joj otvoreno, uvažavajući bogato proživljeno iskustvo sudionica voljnih podijeliti svoju privatnost u svrhu boljeg razumijevanja specifičnosti ADHD-a kod djevojčica te senzibilizacije stručnjaka i javnosti. Iako su izazovi vezani za partnerske odnose uslijed djetetove dijagnoze spomenuti u razgovorima s majkama, to čini sasvim novu temu koja zaslužuje biti pomnije obrađena. U tom smislu bi se u budućim istraživanjima trebao obuhvatiti i širi uzorak, uključiti očeve te nastavnike djevojčica s ADHD-om, kako bi se postigla triangulacija te zahvatila šira perspektiva. Jednako tako i posebno važno, trebalo bi uvažiti i dati glas samim djevojčicama/djevojkama/ženama s ADHD-om kako bi mogle progovoriti o svojem osobnom iskustvu.

ZAKLJUČAK

Pretpostavka da se ADHD ne javlja kod djevojčica, neprepoznavanje simptoma i „nevidljivost“ u sustavu neki su od razloga zbog kojih se djevojčice s ADHD-om znatno kasnije dijagnosticiraju te stoga propuštaju dobivanje primjerene sustavne podrške, posebice tijekom ranijih godina školovanja. Dinamika svakodnevice ovih obitelji obilježena je ulaganjem znatnog nпора u organizaciju i realizaciju svakodnevnih obveza te posljedično do nedostatka slobodnog vremena i djevojčica i majki. Školovanje navode kao najznačajniji izazov u životu djevojčica zbog nedostatka podrške, neprovedbe individualizacije i nerazumijevanja specifične simptomatologije ADHD-a djevojčica. Iskustvo roditeljstva za ove majke izazovno je i zahtjevno, no pružajući podršku svojim djevojčicama, s njima razvijaju kvalitetne odnose pune povjerenja. Iz rezultata ovog istraživanja može se zaključiti da su edukacija i podrška potrebne svima uključenima; djevojčicama, roditeljima, ali i nastavnicima te stručnim suradnicima.

mothers who participated in the study were included in the research according to the principle of self-selection: they were highly motivated and were all highly educated. Although research has indicated a high rate of divorce among parents of children with ADHD, in this sample, all marriages/partnerships were preserved and functional. Since the personal experience of parenting girls with ADHD is a completely underrepresented topic in research, it was necessary to approach it openly, respecting the invaluable lived experiences of the participants who were willing to share their private stories for us to gain a better understanding of the specifics of ADHD in girls and sensitising experts and the public. Although the challenges related to partner relationships due to the child's diagnosis were mentioned in the conversations with the mothers, this constitutes a completely new topic that deserves to be addressed separately and in detail. In this sense, future research should include a wider sample, including fathers and teachers of girls with ADHD, to achieve triangulation and capture a broader perspective. Equally and especially important, girls/adolescents/women with ADHD should be recognised and given a voice so that they can speak about their personal experiences.

CONCLUSION

The assumption that ADHD does not occur in female children, failure to recognise their symptoms, and “invisibility” in the system are some of the reasons why girls with ADHD are diagnosed much later and are, therefore, overlooked when it comes to receiving adequate systemic support, especially during the early years of schooling. Dynamics of everyday life in these families are complex, which leads to the investment of considerable effort in the organisation and accomplishment of daily obligations, and consequently to less free time for both the girls and their mothers. They cite schooling as the most significant challenge in the girls' lives due to inadequate support, failure to implement individualisation, and insufficient understanding of the specific symptomatology of ADHD in girls. The experience of parenthood for these mothers is challenging and demanding, but by providing support to their girls, they can develop

Zahvala

Iznimno smo zahvalne sudionicama ovog istraživanja što su s nama podijelile svoja iskustva i emocije te što su dopustile da postanemo glasnice njihovih priča. S puno poštovanja i obzira pokušale smo uklopiti ustupljena iskustva u znanstveni okvir, u nadi da će pomoći stručnjacima u iznalaženju učinkovitih strategija podrške ovim obiteljima, ali i pružiti podršku drugim roditeljima koji imaju kćeri s ADHD-om ili su žene koje su tek u odrasloj dobi dijagnosticirane ili sumnjaju na dijagnozu.

quality relationships based on trust. Based on the results of the present study, it can be concluded that education and support are necessary for everyone involved – the girls, their parents, but also teachers and other school and health professionals.

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