

Side note: I switched my topic more recently so this, similar to what I turned in on Thursday, is a very generalized first draft. I still need to sift through my articles and decide which of these quotes to use. Also I know I need to shorten them.

Questions:

- **How is the flow of my outline? Do the body paragraphs seem like they go in a logical order?**
- **Are there any sections you think could be merged together or ones that should be separated?**
- **Is there anything unclear about the subjects that I should try to make more clear with different paragraphs or analysis?**

Outline

- Thesis: Women with ADHD are overlooked for diagnosis, treatment, and aid
- Intro paragraph:
 - **Attempt 1:**
- Body paragraphs:
 - **(Note)**
 - **Claim:** personal connection to this subject
 - This will be trickled throughout my paper in different ways to show why it is important to recognize the disparity between diagnosis of women compared to men
 - **Evidence (1):** my experience
 - **Analysis (1):**
 - **Evidence (2):** “A diagnosis of ADHD independently predicts functional impairment both in preadolescents and adults, including interpersonal difficulties, peer rejection, lowered self-esteem, academic underachievement, cognitive impairment, and occupational challenges.” (Elise 2)
 - **Analysis (2):** why it is important!
 - **(1) - background**
 - **Claim:** What is ADHD?
 - **Evidence (1):** “Attention deficit hyperactivity disorder (ADHD) represents a heterogeneous and multifactorial clinical disorder, defined by a complex etiology and a group of shared core symptoms, namely, hyperactivity, impulsivity, and inattention.” (Elise 1)
 - **Analysis (1):** In this description, it details what it is as well as the different types which will be discussed later in how that affects women’s likelihood of getting a diagnosis
 - **Evidence (2):** “The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; American Psychiatric Association [APA], 2000) defines ADHD as ‘a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequently displayed and severe than is typically observed in individuals at a comparable level of development.’” (Waite)
 - **Analysis (2):** again just giving the specific details of the disorder
 - **(2) - background**
 - **Claim:** proving it is more heavily diagnosed in men than women
 - **Evidence (1):**
 - **Analysis (1):**
 - **Evidence (2):**
 - **Analysis (2):**
 - **(3)**
 - **Claim:** how they fail to accommodate women (outcomes of failures on the part of the medical complex - real life situations playing out from the stigma)
 - Historically studied only men - failures on the part of medicine come from previous failure to understand female physiology
 - **Evidence (1):** case studies identifying

- **Evidence (2):** studies in the past that have failed to include women
- **Evidence (3):** “Indeed, a meta-analysis of gender differences in ADHD noted that only two studies explicitly considered age effects in their analyses.” (Willoughby)
- **Evidence (4):** “... from early years ‘checklists commonly used by schools, pediatricians, and psychologists to identify children with ADHD continue to emphasize hyperactive/impulsive behavior-patterns more typical of boys’ (p. 17). Given that symptoms of ADHD in the DSM are focused on studies that primarily focused on boys, mental health specialists may see ADHD symptoms in girls as atypical. Thus, socialized gendered behaviors may be denied or alienated under pressures of social forces and this may contribute to barriers to treatment on the part of clinicians.” (Waite)
- **Evidence (5):** “Because these symptoms are regarded as more disruptive in a social environment (e.g., the classroom), boys are frequently referred for assessment because of their externalizing behavioral problems, while girls are at lower risk for comorbid disruptive behavior disorders.” (Waite)
- **Evidence (6):** “The current diagnostic criteria for ADHD were developed for children, and few are suitable for assessment and diagnosis with adults. Problem areas in the criteria include symptom descriptions, diagnostic threshold cutoff, gender bias, an individual's developmental course, and age at onset.” (Waite)
 - **Analysis (6):** since it is more typical for women to develop it later, the common effect is that
- **Evidence (7):** “inclusion of this subtype in samples would help increase the numbers of girls available for study. However, the higher rate of inattentive subtype in females raises questions about the relationship of the subtypes. One solution could be to explore the "groups" dimensionally.” (Arnold 10)
- (4)
 - **Claim:** what it looks like/is like for women
 - **Evidence (1):** “Over the past decade, research findings have noted that women who were not diagnosed as having ADHD until they were adults were more likely to report depressive symptoms, stress, anxiety, low self-esteem, eating disorders, alcohol and drug use disorders, and sleep disorders.” (Waite)
 - **Analysis (1):**
 - **Evidence (2):** “Compared with boys, girls and adults tend to show fewer symptoms of motor hyperactivity and other externalizing and disruptive behaviors, but present with more symptoms of inattention, as well as mood and anxiety disorders.... As the hyperactive and interruptive behaviors often seen in boys are the symptoms that are most likely to lead to referral for evaluation and treatment of ADHD, statistics based on clinically referred samples will naturally reflect an image of ADHD as a predominantly male disorder.” (Elise 1)
 - **Analysis (2):**
- (5)
 - **Claim:** stigmas against women that make receiving aid difficult (societal norms)

- **Evidence (1):** “Hyperactive behavior is commonly judged as less socially acceptable in girls than in boys, or manifest in ways that does not make the surroundings consider them signs of ADHD, such as hyper-talkativeness, high arousal, fidgeting, flight of thoughts, internal restlessness, and emotional reactivity (Hinshaw, 2002; Nussbaum, 2012). Common symptoms of inattention in females include forgetfulness, low arousal, internalizing symptoms, daydreaming, and disorganization, while impulsivity may manifest as a tendency to interrupt others, say whatever comes to mind, act out on impulses, and suddenly change directions in life.” (Elise 2)
 - **Analysis (1):**
- **Evidence (2):** “In women, these symptoms are often interpreted as signs of emotional difficulties, disciplinary problems, and learning or attention difficulties, rather than symptoms of ADHD.” (Elise 2)
 - **Analysis (2):**
- **Evidence (3):** “The prevailing social norms in a society influence the standards for what is considered appropriate behavior, and the way ADHD is portrayed and perceived by the majority of members in a society, for example, as either a “moral deficit” or a neurodevelopmental disorder, is of great importance for how individuals are met, and thus, how they experience their symptoms and impairments (Hinshaw & Scheffler, 2014). Girls are encouraged to exhibit both traditional “feminine” qualities, such as being empathic, good with relationships, nice, obedient, good mothers and home-organizers, as well as traditional “masculine” qualities, such as being assertive, competitive, academically driven, and career focused. When girls display disruptive, hyperactive, impulsive, or disorganized behavior, they are at risk of harsh social judgment because these violate the norms for feminine behavior.” (Elise 2)
- **(6)**
 - **Claim:** scientific reasoning for why people miss it in women more often than men (brain chemistry)
 - Where can we go from here knowing the systemic issues in place?
 - “Rutter, Caspi, and Moffitt (2003) and Quinn (2005) indicated that gender difference in ADHD identification has often been attributed to complex issues surrounding neurobiological differences between men and women, as well as methodological issues interacting with socio-environmental influences.” (Waite)
 - **Evidence (1):** “These descriptions were consistent with the then popular idea that although HIA behaviors were prominent in middle childhood, they rarely remitted during the transition from childhood to adolescence. Although not explicitly stated, these early suggestions primarily pertained to males, as systematic research on ADHD in females has only begun to occur in the past decade.” (Willoughby)
 - **Analysis (1):** don’t have the exact quote yet but this can be taken out once used to set up for the evidence about hormone related reasons why this occurs

- **Evidence (2):** “The effect of hormones over the life course on the manifestation and impairment of the disorder seems another prime area in which to suspect important sex differences.” (Arnold 12)
 - **Analysis (2):** again, don’t have specific quote but this is where I will get into this subject (has the specific hormone listed)
- Conclusion paragraph:
 - **Attempt 1:**
 - **Call to action:** there needs to be more research specifically studying women’s behavior and physical differences that distinguish the criteria for diagnosis between men and women. I believe it is important that people are aware of the societal norms that create these differences, particularly teachers.