

# ADHD news

ADD Information Services (ADDISS) Registered Charity No. 1070827

WINTER 2011

## Practical responses to Adult ADHD

**On 15th October 2011, ADDISS was proud to run a conference in Central London focusing on the issues faced by adults with ADHD. There is evident demand for this kind of event and the spaces were booked up very quickly.**



ADDISS provides advice, information and support for people of all ages who are impacted by ADHD. We have run events and conferences for over 17 years, but none have been embraced as enthusiastically as the Practical Responses to Adult ADHD conference. 126 people attended and a growing waiting list confirms that more of these events are needed. ADDISS is currently evaluating the feedback to ensure that the next adult ADHD conference responds to the issues raised at the event.

The design of the conference incorporated a mix of prestigious international speakers, and practical workshops delivered by experts in their field. Throughout the day there was a real buzz, as friendships were formed and stories shared. For some families, just getting to the event was an achievement!

One mother of an ADHD adult son commented: "We had real

trouble persuading him to come, but his eyes have been opened wide. He really liked Andrew (one of the speakers) and can now see a positive future for himself"

Christine Jarvis from ADHD Solutions, herself a parent of a 25 year old son with ADHD, chaired the conference and kept everything on track – not an easy task, with a room full of people with ADHD!

Equipped with ADDISS tangle-toys to fiddle with, the conference kicked off with a talk by Professor Eric Taylor, chair of ADDISS's professional board. Professor Taylor took a look at ADHD through a person's lifespan. He explained that, although ADHD is often a long term condition and brain changes can persist into adult life, there are effective treatments and strategies. Adults cope through gaining an understanding of the dysfunctions that come with

ADHD and adopting a way of life that limits the negative impact, and enhances the positive features. Professor Taylor mentioned a number of performers with ADHD whose success is partly due to the impulsivity and creativity that goes with the condition.

Myths continue to persist about ADHD - particularly that it is a childhood problem and people will grow out of it. There is a public perception that ADHD is simply childish high spirits, and prescription drugs overmedicalise the condition in order to make life easier for parents.

It has taken a long time to get ADHD recognised as a disorder by the national health service, and the NICE (National Institute for Clinical Excellence) guidelines from 2008 are a positive step forward. The guidelines recognise that ADHD is a valid psychiatric disorder which can

be cost effectively treated, and requires the NHS to provide assessment and treatment in adults, as well as young people.

Professor Taylor described research into the root brain causes of ADHD. People with ADHD often have a smaller right frontal lobe, but more research is needed to investigate this further. Brain differences in themselves are insufficient for diagnosis. However, this research is helping us to understand how the brain under-functions, if sections are not connecting well. There is also evidence to suggest a genetic element at play in this complex disorder.

The teenage years pose particular challenges, as brain and hormonal changes occur together. Exposure to drugs and peer group changes at this age will also impact on

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behaviours. Typical teenagers will challenge structures put in place by parents and those in authority. So, disentangling ADHD behaviours from normal teenage behaviour becomes more complex.

In adults there is an opportunity to take greater control of day-to-day circumstances. With self awareness and a recognition of the strengths and difficulties of having ADHD, careful and informed decisions can be made. For example, actively choosing creative and reactive activities rather than those that require adherence to a tightly specified plan. Introducing some external controls will also reap benefits – for example, by setting one activity at a time, building in pauses to review before acting and then regulating work speed. Further involvement of others can help as well, for example through delegation of tasks involving memory and organisation.

These themes were echoed through a number of the sessions at the conference.

Andrew Lewis is an ADHD coach with ADHD himself. He spoke of the need to understand, accept and embrace ADHD – and all the positives of the neurology.

Andrew spoke of his own experiences and insights into the positive and beneficial traits of ADHD. These have led him to make a number of personal lifestyle choices, and also to develop a new working model to explain the features of ADHD – with three strands exploring under-stimulation from low dopamine levels, less dominant executive functions and more dominant creative functions. For more details of this model, check the website ([www.simplywellbeing.com](http://www.simplywellbeing.com)).

On page five you can find a synopsis of David Grant's talk on diagnosing ADHD as a specific learning difficulty. This prompted a lot of discussion, particularly about the ways that ADHD is comorbid with a number of learning difficulties. Once again, the point was made that we need professionals with expertise

across a number of conditions, rather than specialists who may not be equipped to spot and disentangle a number of difficulties working together.

ADDISS were pleased to welcome representatives from the Liverpool Adult ADHD group, Ladders of Life, to talk about their ADHD Works course. This was featured in the ADDISS newsletter for Summer 2011. The course is specifically designed to provide ADHD adults with confidence and understanding of their condition. It then builds the person's understanding of their personal and employment skills so that they can take control of their lives for the benefit of themselves, their families and communities.

As you can imagine, the open question sessions were lively and enabled delegates to ask a variety of questions. Topics included the benefits of occupational therapy, the impact of environmental factors on ADHD and the future of state services for adults with ADHD.

Afternoon workshops covered diverse topics including:

- Managing your ADHD in the workplace (see Jo Todd's article in the Summer 2011 edition of the ADDISS newsletter)
- Survival strategies for young adults with ADHD as they leave home (Linda Fox's work will be featured in the Spring 2012 ADDISS newsletter)
- The particular challenges for women with ADHD, led by Dr Nikos Myttas.

There was a session for partners of ADHD adults, led by Andrew Lewis, and one for parents (facilitated by Jenny Missen and Sharon O'Dell). Dr Max Zoetl explored the relationship between ADHD and addictions. Colin McGee ran two much needed sessions to cover finding ways to unwind and manage your emotions.

It was, by any standard, a packed and thought provoking programme. We hope that each person who attended was able

to take away some practical ideas to implement at home or in the workplace.

ADDISS would like to thank all the speakers and workshop facilitators, who gave their time and expertise free of charge. This really helps us to keep the price of our conferences down, and within reach of those who most need it.

For information about future ADDISS conferences please check the website, or the dates section on the back page of our newsletters.

## CONFERENCE QUOTES

*Best bit was talking to other parents suffering the way I am and finding common ground.*

*Fantastic day! When's the next one!*

*It was all so very interesting and relevant – there was a lot to take in all in one day. I'd like to do the whole lot all over again!*

*The best part of the day was the coming together of like-minded people and listening to the many differing opinions.*

*There was good networking time and a good mix of speakers and workshops*

*There was a lot of knowledge to be gained. Thank you – I took loads from it, and loved the Liverpool speakers from Ladders of Life.*

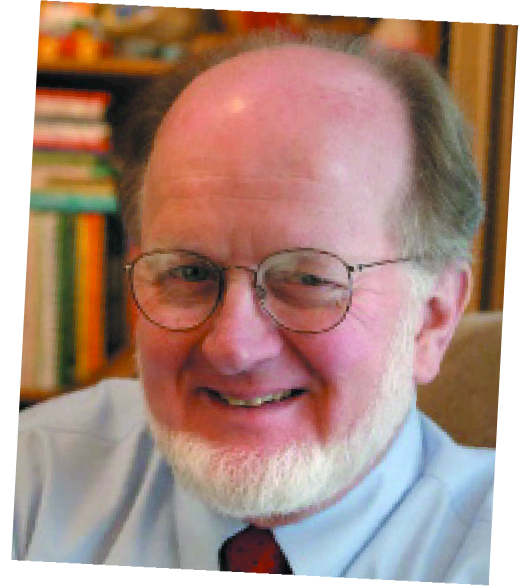
*Thank you for organising this event. I am more appreciative than you can know.*

# ADHD

## and reading study

By Dr Thomas E Brown

**A recent study at Yale University found that many adolescents with ADD/ADHD have difficulties with reading comprehension that may be helped by extended time for tests and examinations. Over half of these 145 students, aged 13 to 18 years, were unable to complete a standardised reading comprehension test within the usual time limits, despite their having above average intelligence and good basic reading skills. When allowed a slightly extended time to complete the test, 78% were able to complete it and score close to their verbal comprehension score on an IQ test not involving reading.**



None of the students participating in the study were dyslexic; all had average to above average basic reading skills. Yet most reported that they had chronic difficulty in recalling details, and with keeping in mind what they had just read. When reading longer or more detailed text they often had to stop and re-read passages, often several times, in order to grasp and remember adequately what they had just read. These difficulties were associated with relative weaknesses in working memory and processing speed, functions often impaired in ADD/ADHD. Such problems can significantly impair students with ADD/ADHD when they take timed examinations in schools and colleges, especially high stakes examinations required for admission to universities and graduate professional schools.

Many individuals with ADD/ADHD, including very bright people, report that they are able to understand what they are reading quite adequately at the moment of the reading but, even just moments later, are often unable to recall what they have just read and understood. I recall one university student who said "When I'm reading assignments in my textbooks, it's as though I'm just licking the words rather than chewing them."

These problems with reading comprehension occur much less when the individual with ADD/ADHD is reading something they have personally chosen because it is, for whatever reasons, quite interesting to them. He cited this as an example of how most people with ADD/ADHD are able to focus very well on specific tasks that are intrinsically interesting to them, though

they have chronic difficulty in getting themselves to focus on tasks that lack such personal appeal.

Under disability laws in the U.S., students with ADD/ADHD may be allowed extended time for taking examinations, including admission tests for university and graduate programs, if they have documented impairments that meet diagnostic criteria for ADD/ADHD. This recent study found that not all students with ADD/ADHD have such difficulty with reading comprehension under timed conditions; 47% were able to complete the test within standard time limits. Extended time allowances are usually limited to just 1.5 of the usual allotment, i.e. 1.5 hours for a test usually limited to just one hour, and are allowed only to those who demonstrate significant need for extended time.

A full copy of the article "Extended time improves reading comprehension test scores for adolescents with ADHD" by Thomas E. Brown, Philipp C. Reichel, and Donald M. Quinlan can be obtained without charge from the current Issue 3 of the Open Journal of Psychiatry (<http://www.scirp.org/journal/PaperInformation.aspx?paperID=7817>). A related article by our team reporting a study of executive function impairments in high IQ children and adolescents is available in Issue 2 on the same website. Further information about our research is available on [DrThomasEBrown.com](http://DrThomasEBrown.com) and in my book, *Attention Deficit Disorder: The Unfocused Mind in Children and Adults*, published by Yale University Press.

**Thomas E. Brown, Ph.D. is Associate Director, Yale Clinic for Attention & Related Disorders**

## 1-2-3 Magic by Mick Child

### A Bomb Disposal Course for Children.

It is strange that aside from being invented in the late 1800's the mousetrap, the zip fastener, the safety pin and the paperclip all have two things in common. They remain in everyday use without their original design ever having been modified and they continue to work as effectively and efficiently now as they did when they were invented. In essence, that means they are simple in design but effective in operation, and just about anything that fulfils those criteria clearly has every chance of success.

That is never more true than with 1-2-3 Magic. It is simple, effective and very successful. Designed by one of America's leading psychologists, Dr Thomas Phelan, it is a time tested behavioural management programme that he designed to help with his son, who has ADHD. It aims to help parents achieve three things.

- To stop wilful testing and manipulative bad behaviour.
- To start good, productive and responsible behaviour.
- To increase the bond between carers and children in order to make family life more enjoyable, less stressful and more rewarding for everyone.

Having completed a practitioners training course run by ADDISS in March 2011, I was in the position of putting the theory into practice in front of a group of 12 parents only a few days after I qualified, and these were a tough audience. All had children with ADHD, all had attended other behavioural management or support classes and all had achieved limited or nonexistent



results. All had children they felt were beyond effective discipline and all were highly sceptical that a system as simple as 1-2-3 Magic would work for their child. The course was held over three weekly sessions, each of which lasted for two and a half hours. By the start of the second session, parents were coming back with positive anecdotal feedback as to how their child's behaviour had modified and improved as a result of what they had learned and implemented from week 1. This increased on the third session and the final feedback forms contained such comments as:

- "Should be compulsory for all parents"
- "Saved my marriage"
- "Changed my life and that of my family"
- "A bomb disposal course for children"

So, how can a short course, covering a simple technique, achieve such amazing results? The course starts by changing the parent's perception of how they think about their children. For example, as adults we see our children as miniature versions of ourselves, bestowed with adult skills in logic, reasoning and comprehension. In fact, young children simply do not possess these skills, and when we treat them as if they do, they fail to understand us – which leads us, as adults, into a downward spiral of frustration and anger.

The course also looks at how our children see us, and the behaviour patterns they use to test and manipulate us, and the reasons behind why they do this. It is important for parents to

realise that this isn't unusual behaviour, nor is it a child being a monster, it is simply a natural part of a child's development, testing the boundaries and challenging the balance of power between the parent/carer and themselves.

Better armed with this information, parents can start to implement the three key aims of the course.

With stop behaviours, parents are reminded that their discipline within the home is not a negotiable issue – and with young children a home should be more of a dictatorship than a democracy. As the child grows and learns, this changes with the democracy aspect growing and the child taking a more proactive role in the decision making process. To instigate stop procedures parents use a simple counting method. When the child starts to display bad, testing or manipulative behaviour, the parent starts with the count of "1". From this point the parent shows no emotion to the child whatsoever and offers no further communication.

This indicates to the child that the behaviour is wrong and unacceptable and gives the child the first opportunity to stop it. If it continues, the parent waits for 5 seconds and then counts to "2".

Second chance for child to stop. The decision now rests firmly with the child; if the behaviour continues, the parent counts "3" and the child gets an immediate sanction. This is usually a simple 'time-out' where the child is removed to a safe place for one minute of their age, so a seven year old gets a seven minute time out. If this isn't practical, or the child refuses to comply, an alternative can be used – such as the temporary withdrawal of a privilege such as computer time, or time with friends. The good thing about the time out system is that it can be used anywhere. A time out zone can be found at friends' houses, at the supermarket, even in the car on a journey, and a time out alternative is equally as easy to impose, so the system is as flexible as you want to make it – and it works.

Once implemented, the child soon realises that they have two clear opportunities to stop the behaviour, or take the consequence if they don't. Their choice, their consequence and this sits well with many children, as 50% are immediate compliers and take to the programme right away. The other thing they like is the fact that once the time out sanction has been completed the matter is not discussed. It's a clean sheet for the child and the matter is forgotten with no recriminations.

With start behaviours parents are given several strategies to use to help with routines, homework, bathroom and bedtime problems. Great stress is put on praise and reward for positive behaviour, and quality time with individual parents.

Usually, once negative behaviour is controlled and positive behaviour has started, the conflict that can embroil family life is reduced, and as a result the relationship between carers and children can only flourish and improve. The child's relationship with siblings will improve, and equally important, the reduction of stress within the home means the relationship between parents/carers will also benefit. Once established, 1-2-3 Magic will set the foundations for a child to take responsibility for their actions, and for a parent to recognise and reward their positive contributions. As the child grows within the programme it will become self sustaining, and will equip them to become the well rounded, socially adept, caring adults we all aspire our children to become.

So, if you want something that is well designed, easy to use, and will not require redesign after a few months, find out more about 1-2-3 Magic.

Alternatively, you could buy a mousetrap, safety pin, paper clip or zip fastener.

ADDISS are the UK licence holders for 1-2-3 Magic and run training for practitioners.

**Mick Child facilitates 1-2-3 Magic training for parents with children with ADHD in Bedfordshire through his work with Outside In. Contact him at [mick.420@hotmail.co.uk](mailto:mick.420@hotmail.co.uk)**

# The diagnosis of **Adult ADHD** as a specific learning difficulty

This article covers some of the themes from David Grant's talk at the ADDISS Conference on 15th October – "Practical Responses to Adult ADHD".

David Grant is a Chartered Psychologist and writer who, since 1999, has specialised in diagnosing adults with specific learning difficulties. His recent publications include "That's the Way I Think: Dyslexia, Dyspraxia and ADHD Explained" (David Fulton Publishing, 2010), and a chapter on "The Psychological Assessment of Neurodiversity", in "Neurodiversity in Higher Education" (editor David Pollak).



David Grant with ADDISS CEO Andrea Bilbow.

When ADHD is diagnosed as a specific learning difficulty, this provides at least two major items of information. Firstly, it shows a specific neurocognitive profile (ADHD), but it also implies the presence or absence of other specific learning difficulties.

There is ample evidence to show that when ADHD is present, there are deficits of both working memory and processing speed. These are commonly called good intention syndrome and procrastination. So, the individual repeatedly commits to a course of action, and indeed action may even seem imminent, yet somehow it never quite comes to pass, despite reassurances to the contrary.

In adulthood, this can impact on the ability to carry out basic tasks. When that person is a child with ADHD, they may be very intelligent, and well supported by their school and family. However, when the transition to higher education takes place, the intricate scaffolding that holds their life in place is removed. Then the learning difficulty becomes extremely apparent. Assignments may not be handed in on time. The individual falls behind because of the expectation of self-direction. In fact, everyday life is impacted in many ways.

The typical profile of an ADHD adult reveals high levels of

verbal and visual reasoning. However, working memory is relatively poor. Individuals have the potential and the ability to get good answers to problems posed. But the lack of short term memory means that the whole process takes much longer. This is a common pattern for ADHD adults, as well as those with dyslexia and dyspraxia.

Medication can help to dampen down features of ADHD, but does not generally impact on the slow speed of processing and managing lots of information quickly. So the weaknesses remain constant.

Sleep difficulties feature, but are better expressed as difficulties in going to bed. Tiredness kicks in during the daytime. So we have an overall assessment of adults with ADHD who are intelligent, but underachieving.

David spoke of the need to explore the co-existence of other learning difficulties when assessing an adult with ADHD. This is frequently overlooked. Systematic checking and a detailed life history are needed to establish the true diagnosis. In David's experience, 37% of the people he has diagnosed as having ADHD have also been diagnosed as being dyspraxic, and 18% as dyslexic. That is, less than half of individuals having ADHD had just ADHD by itself. This high association of

ADHD and dyspraxia has been well documented since the 1980s, particularly by Christopher Gillberg.

When dyslexia is present, literacy skills of reading and spelling will be much lower than verbal reasoning skills. In most instances, there will also be a working memory weakness and a slow processing speed as well.

When dyspraxia is present, there is a history of clumsiness and poor motor coordination. In addition, visual reasoning skills (as expressed by measurements of perceptual reasoning) are usually noticeably weaker than verbal reasoning skills. Literacy skills are usually very good, but reading for comprehension can be a bit slow. A weak working memory and a slow processing speed are frequently observed as well.

Two other, quite surprising, observations also came out – sport avoidant behaviour is typical of dyspraxia; dyspraxia combined with ADHD, however, may result in enthusiasm for sporting activities, regardless of ability, due to the dopamine rush that results.

53% of the ADHD individuals seen by David over the last three and a half years were female. Caution is therefore required in assuming that ADHD is more associated with men than women.

As the presence of an undiagnosed specific learning difficulty (especially dyspraxia) often results in a loss of self-esteem and self-confidence, it is quite possible that the high incidence of depression and anxiety attack reported for individuals with ADHD may be an indirect consequence of having ADHD allied with dyspraxia. Disorganisation and poor coordination can lead to bullying, which then further reduces self-esteem. Poor handwriting and difficulties concentrating in exam situations add to the overall picture and exacerbate the anxiety. GPs may be called upon to address the depression and anxiety, but may not spot the underlying ADHD and dyspraxia combination.

As part of David's assessments he explores an individual's ability to visualise, or to create mental pictures. He asks how the process of reading is experienced – is it through hearing the spoken word as if in a radio play, or as a series of images? What is the quality of those images – low resolution, high definition, is the individual an observer or at the centre of the picture? This is a rich bonus for those with ADHD, who tend to be much more at the visual end of this scale, in the thick of the action.

The downside is the scope for distraction and sensory

*Continued on page 6*

overload. If a key word, e.g. giraffe, triggers a vivid image which entrances the individual, then the rest of the message may be lost in the reverie. This is an overlooked aspect of ADHD, and there is enormous variation from person to person.

David has found that synaesthesia, where the senses are blended, is evident in about 40% of the people he has seen with ADHD. Synaesthesia takes many forms, eg days/colours - Tuesday is blue, Wednesday is purple, or letters having personalities - T is prim and proper, X is fun. Some experience shapes and colours when listening to music. This contrasts with one in 25 people in the standard neurotypical population, without ADHD. Again this

provides a real sensory richness that has not been extensively explored.

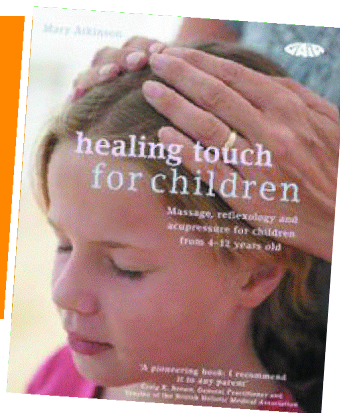
**To find out more about Dyspraxia and Dyslexia, take a look at the ADDISS bookshop, where we have a number of helpful publications.**

**Do you have ADHD and synaesthesia? Could you write an article for the ADDISS newsletter to tell others how it impacts your view of the world?**

**Have you developed strategies to handle day-to-day situations in the light of your ADHD and dyslexia or dyspraxia? If so, then we would love to tell your story in a future edition of the newsletter. Contact [admin@addiss.co.uk](mailto:admin@addiss.co.uk)**

## Healing Touch for Children

**Mary Atkinson has written Healing Touch for Children, based on over 12 years working as a complementary therapist.**



This is a very practical book, with lots of suggestions about introducing massage therapy and touch into daily routines. Mary refers to research at the Touch Institute in Miami that shows the impact of massage therapy, or relaxation therapy, on people with ADHD. There is a suggestion that massage and touch lead to the release of oxytocin, resulting in an increased sense of calmness and wellbeing. When provided regularly, at home or in a school setting, young people have described themselves as happier, and are observed as being calmer and less fidgety. Studies with ADHD adolescents have shown that there can be marked improvements in classroom behaviour in the areas of anxiety, daydreaming and hyperactivity.

Mary attended the ADDISS conference – Many Faces of ADHD in November 2011 – and spoke to parents about the practical ways that they could apply massage therapy. Lots of ideas were discussed – including the use of massage as part of a bedtime routine and in the management of anxiety. Massage is not the answer to all problems, but Mary believes that it may help complement other ‘tools’ in helping parents and children develop resilience and coping strategies. Healing Touch for Children retails at £12.99, but is available at a reduced price of £8.99 through the ADDISS bookshop.

## ADHD and brain differences

People who are diagnosed with ADHD in childhood appear to inherit differences in brain structure that persist in adulthood, according to a recent US study.

F. Xavier Castellanos, a professor of child and adolescent psychiatry at New York University in the US, said that although the majority of people who had ADHD in childhood improved in adulthood, the nature of their challenges did not change.

The researchers also found that some people's brains became even more characteristic of ADHD as they aged. Previous studies have shown that children with ADHD have less brain volume than children who do not have the disorder, especially where specific brain regions are concerned.

The areas of the brain that regulate being able to pay attention to things, as well as being able to regulate emotion, are both reduced in size.

A recent study followed up a number of volunteers who participated in research in the 1970s. Magnetic resonance imaging (MRI) was used to study the brain structure of those volunteers – some with ADHD, and a control group without ADHD.

Of the 59 people who had been diagnosed with ADHD in the 1970s, 17 continued to have symptoms of the disorder as middle-aged adults.

Using an MRI scan, the researchers were able to conclude that the outer layer of the brain was significantly thinner in people who had ADHD as children. Even in people whose ADHD symptoms were no longer present in adulthood, the researchers saw the same thinning of brain matter.

Castellanos said that, in people whose symptoms still presented a problem in adulthood, the thinning was particularly noticeable. He said that the areas where there was thinning seemed to have to do with top-down control of attention and the regulation of attention, such as when people managed to put things out of their mind in order to continue concentrating on something else.

Sara Hamel, a behavioural/developmental paediatrician at Children's Hospital of Pittsburgh in the US, said that such studies were exciting to her, since they managed to get at the real neurobiology of ADHD. She said that while some people still saw ADHD as a personality trait or simply the result of bad parenting, the recent study showed there were tangible neurological deficits in place.

**The results of this study were published in the November issue of the Archives of General Psychiatry.**



# My Story

## - by Carly Berresford



I am a twenty-four-year-old female and have recently been diagnosed with Adult ADHD. I have started on medication for ADHD (Ritalin) and have an appointment with my psychiatrist at the end of the month, to review the dose and talk about what therapy is available to help me with certain situations that I struggle with.

During my school years, I experienced problems in lessons and was disruptive, as I had poor concentration and a lack of understanding. I often got into trouble with the teachers and found myself in fights in the playground, which resulted in me being suspended from school on a number of occasions. My parents were always being called in to school for meetings with my teachers to discuss my behaviour.

On one occasion my Mum asked if the school could arrange for me to see a child psychiatrist about my behaviour, as she knew it was not normal and wanted to find out what was causing me to act the way I did. The school refused and said that they would not refer me, as it would be on my school record.

I continued struggling through school and sat my GCSEs, resulting in poor grades. Since leaving school I have had many jobs, each only lasting a short period of time, because either I've lost my cool with someone or I have got bored with doing the same task over and over again – and I like change.

I find it hard to keep friends and stay in relationships. I often find myself speaking my mind before I've thought about what I want to say. I feel awkward in silent situations, such as being in a sauna/steam room, and often start talking to people to break the silence without considering the other person's feelings.

I get angry very easily and find it difficult to calm down or to see the situation differently. I feel like I am not in control of my feelings and reactions.

After my last job ended, my parents suggested that I speak to my doctor about getting help with my issues. My Dad found some information on the internet about ADHD and the symptoms listed matched the things I had been experiencing since school, and throughout my life.

My Mum came with me to see my doctor as I find it difficult talking to people one-to-one. We took the information about ADHD with us to make it easier. The doctor referred me to a psychiatrist who, after a couple of sessions, carried out an ADHD diagnosis questionnaire with me. She requested that my Mum came with me so that she could voice her opinion about the answers given.

The following week I went back with my Mum for the diagnosis. The psychiatrist had asked my Mum to bring my old school reports, so she could see what the teachers

I feel that the system and the school have let me down, because if I had seen a child psychiatrist whilst at school – as my Mum requested – I would have started medication for ADHD and got the support I needed. I would not have then struggled through school/employment and life as much as I have.

Since being diagnosed I have tried to find a support group in my area for Adult ADHD, but have been unsuccessful. More help and support should be available for adults with ADHD, especially if they have not been diagnosed as a child.



had written about my behaviour at school. Luckily my Mum is organised and had saved all my reports, and knew exactly where to find them! The psychiatrist read my reports from primary school through to the end of secondary school and was alarmed that the school had refused to refer me to a child psychiatrist. From reading my reports she could see a consistent pattern of events that would indicate ADHD.

The diagnosis questionnaire showed that I have a high scale Adult ADHD.

I feel that more campaigns should be launched to raise awareness of Adult ADHD, and the schools should be made aware of the consequences of undiagnosed ADHD. It might not look good for the school to have pupils with ADHD, but it damages the life of the individual if the symptoms are undiagnosed.

I am due to start a new job soon and, with support and medication, I am going to work hard to keep it!

## Advertising Rates

The ADDISS newsletter is sent out to families and professional practitioners with an interest in ADHD issues four times a year. It is also distributed at conferences, training events, local support groups and clinics. After six months the newsletter is available on the ADDISS website where it can be viewed by an international audience.

Advertising in the ADDISS newsletter gives you a unique opportunity to reach families and individuals impacted by ADHD, as well as professionals working with the condition.

We have now reviewed our advertising rates and can offer competitive prices for advertising space – available in quarter, half or whole pages.

**Contact us for details of rates and editorial deadlines.**

## Ask an ADHD expert!

After every conference, we ask participants to complete an evaluation form to tell us what worked well and what we should include next time. For example, several people at the Practical Responses to Adult ADHD conferences were inspired by the Liverpool ADHD speakers, and asked how they could get support to set up their own local ADHD groups. Thank you to everyone who takes the time to complete these forms – they are so valuable to us.

People really seem to enjoy the opportunity to ask questions at the end of the conference sessions, and we try to make many of the workshops as interactive as possible. However, we know

that sometimes people leave feeling that they didn't quite get the chance to ask their question – and that this is a lost opportunity.

This is why we want to introduce a new feature to the ADDISS newsletter – Ask an ADHD expert!

If there is a question that you would like us to put to one of the members of our professional board, or to other ADHD experts who support us, then just e-mail ADDISS at [admin@addiss.co.uk](mailto:admin@addiss.co.uk) and put "Ask an ADHD expert!" in the subject header. We will do our very best to get you an answer, and publish selected responses, in the newsletter.

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As a professional or a parent, you can support ADDISS – and benefit from the support that we can give you. Keep in touch with new research, new treatments, learn what is working – and what isn't.

When you become a member of ADDISS you will receive this newsletter four times a year, notification of talks across the UK and abroad, a copy of our catalogue of books and DVDs, notification of new publications as well as special offers – including discounted entrance to conferences and training events. In most cases your discount more than covers your membership fee – so it is well worth it.

A year's subscription costs £45 for professionals and £30 for parents, or adults, with ADHD.

You can subscribe online, or telephone our office for an application form.

<http://www.addiss.co.uk/subscribe.htm>

## Important Dates for your diary

**The ADDISS 10th international conference is now going to take place in October 2012.**

This gives us the opportunity to support the American ADHD awareness week. If you would like to submit a paper or lead a workshop at this conference then we would like to hear from you. Please provide a 50 word synopsis to [andrea@addiss.co.uk](mailto:andrea@addiss.co.uk) by **30th March 2012.**

**May**  
The Eunethydis 2nd International ADHD conference will take place in Barcelona on: **23rd – 25th May 2012**  
[www.eunethydisconference.com](http://www.eunethydisconference.com)  
The Eunethydis conference programme is based on key themes which provide a

coherent progression from basic science (genetics, environmental influence, neurobiology) through to sharing best clinical practice (assessment, comorbidities and treatments)

**November**  
The next CHADD (Children and Adults with Attention Deficit Disorder) conference will take place in San Francisco from: **8th – 10th November 2012.**  
[www.chadd.org](http://www.chadd.org)

