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ADHD news

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Towards Adulthood with ADHD

This edition reflects an increasing understanding of the challenges faced by adults with ADHD. ADDISS has run conferences on this topic, and it will be picked up again at the national conference in Liverpool in October 2013.

We have articles researching what it is like to be an adult with ADHD, and what young people with ADHD expect life to be like as an adult. Geraldine McGreevy writes about her experiences as an opera singer with ADHD, and offers some practical strategies that have worked for her.

If you have a personal story to tell, about your own life with ADHD, or as a carer for a family member with the condition, we would love to hear from you. Contact the ADDISS office.

What are the experiences of adults with ADHD?

By Lauren Matheson & Sarah Clifford

We conducted a research study to find out what it is like to be an adult with Attention Deficit Hyperactivity Disorder (ADHD) in the UK. At the moment, there are widely held misconceptions that ADHD is only a childhood disorder; however, around 3% of adults worldwide are also affected. Many children with the disorder will continue to have some ADHD difficulties in adult life, and there are also adults who have experienced difficulties their whole lives who are now seeking a diagnosis for the first time.

The symptoms in adult life are very similar to childhood ADHD. Adults with ADHD will

experience difficulties with attention and concentration, being impulsive, restless, forgetful and disorganised, which will cause significant impairment to their day-to-day lives. However, we don't know much about the experiences of adults with ADHD (both those diagnosed as children and as adults), so this is what our study aimed to do.

Our Study

We interviewed 30 adults in depth about their experiences of getting diagnosed, managing treatment (ADHD medication as well as 'talking' therapies) and living day-to-day with ADHD. Here are a few of our key findings (see link below to read the full report);

ADHD-related impairment had an overwhelmingly chaotic impact on every aspect of patients' lives and many felt ill equipped to cope, particularly those who had not been diagnosed until late adolescence or adult life. Many told us they felt a persistent sense of failure and unfulfilled potential from living with the impact of ADHD impairment, and the difficulties had accumulated over the years. Many of these participants had struggled with depression and anxiety, and felt that undiagnosed ADHD was the root cause. So for many, **finally getting a diagnosis of ADHD and finding out the reasons behind their behaviour was really valuable, yet many regretted a lack of earlier diagnosis and treatment.**

ADHD affected people across all areas of life, including social lives, education and careers, work and home life, as well as their emotions, mental health and relationships. However, accessing services and support to help with these difficulties was very problematic for participants in our study. Many experienced major difficulties accessing NHS services for their ADHD, which was seen as an 'uphill struggle', often due to sceptical and negative attitudes towards ADHD by healthcare professionals, who sometimes didn't believe ADHD existed. In some patients, difficulties accessing appropriate care and medication could exacerbate their ADHD difficulties and lead to a downward spiral in their day-to-day functioning.

Participants felt that ADHD medication was vital in helping them cope with ADHD symptoms, however many felt strongly that medication by itself was not enough. Many strongly wanted additional support, particularly psychological or talking therapies, yet very few had access to them through the NHS.

Some conclusions drawn from our study…

- Adults with ADHD may experience a range of difficulties when trying to access care and support in the UK, and have many unmet psychosocial needs. Therefore, there should be better support for adults with ADHD, particularly with ADHD medication, as well as greater availability of psychological support.
- There needs to be greater awareness of adult ADHD, particularly amongst health professionals as well as society in general, so that the condition is detected and diagnosed earlier.

To read the full study, see:
http://www.biomedcentral.com/1472-6963/13/184

CONTENTS

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How do adolescents with ADHD see their needs as they move beyond Paediatric and CAMH services?

Ruth MacQueen, Richard Gilham

We looked at how young people with ADHD view their needs as they get older. Many had an expectation that their difficulties would be resolved by the time they left school and few had considered any impact on their adult lives.

Historically, Attention Deficit Hyperactivity Disorder (ADHD) has primarily been associated with children and young people (with a ratio of between three and five to one, male/females). However, there is now a greater acceptance that the behaviours and problems associated with an ADHD diagnosis persist into adolescence and adulthood. Studies have suggested that in adolescence, ADHD may impact on peer and parental relationships, academic and job performance and on mental health. Babinski et al. (2011) found that girls with ADHD experienced more conflict with their mothers, were involved in fewer romantic relationships, and experienced more depressive symptoms than a comparison group of young women. Whereas teenage boys may be more typically characterised by aggressive, conduct related problems (Young et al., 2010). Evidence suggests that up to 65% of children with an ADHD diagnosis will continue to be troubled by these behaviours into young adulthood (Faraone et al., 2006).

Research has also highlighted that children with ADHD are at higher risk for negative developmental outcomes including co-morbid disorders such as anxiety and depression (Willoughby, 2003), antisocial activities and drug use in adolescence and adulthood (Barkley et al., 2004). Gjervan et al. (2012) also found that adults with ADHD had a lower educational attainment and lower levels of employment.

However, studies which consider how adolescents use services have demonstrated a general decline in engagement and involvement in their treatment as they get older. McCarthy et al. (2009) found that by age 21, 95% of the participants in their longitudinal study had stopped taking ADHD medication. They felt that this was unlikely to reflect an improvement in how the young person was coping with their difficulties.

Interventions for ADHD may therefore prematurely come to an end for many who still require support as young adults. Turgay et al. (2004) highlights that teenagers with ADHD tend to underestimate their symptoms, question their diagnosis, and reject support from parents which contributes to the decline in service use. In line with such research, the NICE guidance has ceased recommending that treatment for ADHD should stop during adolescence. The guidance now highlights the need for continued treatment (NICE, 2008).

This study aims to investigate attitudes towards current service provision as well as find out about how young people view their current and future needs. Based on the views of the young people, recommendations for a service which supports adolescents and young adults with ADHD and prepares adolescents during their transition to adult services are discussed.

Method

Participants

Participants were recruited from open caseloads of specialist nurses and psychologists in a Community Trust Paediatric Psychology team. All participants had previously received a diagnosis of ADHD from a paediatrician or child psychiatrist. 121 invitations to participate in the project were sent out. A total of eighteen young people completed the interview (response rate 14.9%).

Participants were aged 15-18 (average age 16 years and 3 months). Fourteen of the participants were in school or further education. Two were working and two were unemployed.

Procedure

Semi-structured interviews with each of the adolescents were carried out either at the clinic base or at their home. Data was transcribed by hand as the interview was conducted and then analysed to consider common themes.

Measures

A semi-structured interview was used to gather qualitative data about the young person's past service experience, suggestions for improving the service and ideas about what might be helpful for them as they get older.

Results

The results presented relate to information collected on the views of young people about receiving a diagnosis, their thoughts on the future impact of ADHD and ideas around what support may help them now and in the future. The results were summarised under the following themes.

Understanding of what ADHD meant.

Four of the respondents said that either they were too young or didn't remember being told about ADHD by a doctor or nurse. Eight respondents felt that they had no understanding at the time of diagnosis and five indicated that they had partial understanding. It appeared that many of the young people's understanding had not changed considerably as they had grown older. Those who felt their understanding had improved indicated that this was through their own life experience rather than any input from services.

"I've learned (through) the more experience I've had. I've learned from having days off meds what ADHD is like."

Other indications of a partial understanding about ADHD included

"It is a bit of an extreme version of other people. More excitable."

"If I had chocolate I'd be hyper. That was the synopsis - sugar equals bad."

"I was told to take tablets and told that it (ADHD) made me more hyper."

'How might ADHD impact on you as you move into adulthood?'

Seven young people responded with ideas about what the impact might be, including:

Work:
"I want to be a lawyer but I can say things quickly and my mood can sharply change. I might say something I regret in court"

Relationships:
"I think it will affect jobs and relationships – I'm quite scatty and hyper"

Confidence:
"It will have an affect when I look back at the past. I have so many regrets wishing I hadn't done things. Confidence is a big problem too. I don't have much confidence probably since I didn't do well in exams. I want to put it behind me as part of childhood."

Daily living:
"Daily things like forgetting to catch a bus. I'm disorganised. I'm not good at remembering to eat. Or if I had a pet to care for I'd worry I'd forget to feed it without someone to remind me."

Medication:
"I have to get into a routine because I can't sleep at night, or I get shaky if I take them too late on in the day"

Eight were vague or uncertain about what the impact might be.

"I think there will be times now and then when it annoys me."

"Now it has (an impact) but when I get older, hopefully not. Once I leave school I probably won't need help from people about it. I don't want to have to come and see a psychologist after year 11."

Three did not think that ADHD would have an impact.

"I've got better so I think it will keep getting better"

When thinking about the future, have you made any plans relating to your ADHD?

Five young people indicated that they had accepted an impact and considered strategies; most commonly this was to do with informing further education.

"Mum and I have been up to college and they understand the help I need better than school have done."

Seven had thought about it but had no clear strategies to manage, for example they recognised that some jobs would not suit them

"Certain jobs I couldn't do. I'd like to be a taxi driver. You get to communicate with others and see the world around you."

"I think I will go to the army but I don't know whether to tell them or not, or whether to take meds or not".

Six had no specific plans related to ADHD or had not considered ADHD in what they were hoping to do in the future. For some it appeared that this was the first time they had considered whether they may need to put plans in place around ADHD.

"It's just something to do that I think I'd like (working with horses)."

"Not really. I want to join the army and be a gunner or a driver engineer. I didn't think about ADHD really. But if I was a gunner then it might be difficult because of ADHD - I get fidgety, if I move then I'd blow the cover!"

What support might be helpful for you now and in the future?

Eleven young people put forward ideas which included further support around school, information, medication and individual counselling.

"It would be good to have someone with me to help explain to new teachers about ADHD."

"(It) might be nice to see a work counsellor, or something, to see how practical the things I want to do are."

"Continue to see the doctor to tell me what meds and when."

"Keeping updated with leaflets and things on what services are available, and updates on ADHD. Other young people could contribute to it."

One person felt that they had sufficient continued support from their family and did not want additional support. Two did not know what support would be useful and four felt that they did not want any further support in the future.

"I don't know, it's difficult to think about. Things have changed since leaving school, I've matured and the people I hang around with are different. I'm trying to be sensible and I'm working."

"I don't know, I think I'll be ok. I want to come off medication at the end of year 11 but I think I'll be fine without seeing anyone. "

Discussion

Transition into young adulthood is generally a time when young people become more responsible for managing their time, relationships, finances and decisions around education and career. However, those who continue to experience the problematical behaviours associated with ADHD (inattention, impulsivity, poor emotional regulation) are highly vulnerable during this period with a much greater incidence of negative outcomes when compared to young people without the diagnosis.

The responses from the young people involved in this study suggested that less than 40% had given consideration as to how the behaviours associated with ADHD could impact on them in adulthood.

Despite being individuals who were sufficiently motivated to respond to the survey, 22% of this group had effectively 'opted out' of treatment all together (despite still being troubled by ADHD symptoms). Of those who had previously taken medication and had found it beneficial, 30% of those interviewed had now stopped. This reflects the decline found by McCarthy et al. (2009).

Almost 70% of this group couldn't recall whether ADHD or the effects of medication had been explained to them and/or felt that they did not understand what they had been told. The comments of the young people indicated that some thought they had taken medication to 'stop them from being naughty' and to help others (parents, school) manage their behaviour. The study suggests that in many cases, the explanations about ADHD will need to be revisited with the young person at different developmental stages.

Over 60% of those interviewed hadn't considered how ADHD may affect them in adulthood. There was an assumption amongst some of the young people that they would 'grow out of the ADHD' and that by the age of 18 the difficulties experienced in childhood would have disappeared. The commonly held view of ADHD as a childhood condition, may promote this belief amongst young people and parents. In turn this may discourage the young person from actively participating in ways of managing their difficulties. We wondered whether they questioned 'what's the point of attending appointments if I'm going to grow out of it by 18…?'. Even for those who had considered ADHD in adulthood, there was a lack of awareness of the limited services available and many thought that the community paediatric support would continue in some way into adulthood.

The interviews with the young people suggested that many did not feel actively involved in their treatment and that they viewed appointments as being for their parents or carers. Some felt that the treatment (particularly medication) was given to control their behaviour or 'naughtiness'. It is therefore unsurprising that many become increasingly disengaged from treatment at a time when many require the greatest level of support.

Larsson et al. (2011) suggest that service provision for ADHD should be adapted to support adolescents and adults respective to their developmental needs. The comments from the young people in our study will be used to redesign a service which more effectively meets the needs of this group.

The study suggests that health professionals working with adolescents with ADHD should move away from the focus of treatment as supporting parents and schools to manage behaviour. Many of the respondents referred to their behaviour as 'bad' or 'naughty'. Understandably many rejected interventions which they saw as others managing (or controlling) their behaviour. In order to prevent young people with ADHD from 'opting out' of medical and psychological support, interventions should focus on encouraging a collaborative approach with the young person which explores ways of helping them to make decisions about their future, reach their educational potential, avoid confrontations, and develop fulfilling relationships.

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Please contact the ADDISS office for details of the research papers referenced in this article.

ADHD news

Very bright and gifted people with ADHD

Dr Geoff Kewley and Hannah Wachnianan

Learning Assessment and Neurocare Centre, Horsham, West Sussex

'If we say that all people look at the world through a lens, with some lenses cloudy or distorted, some clear, and some magnified, we might say that gifted individuals view the world through a microscope lens and the highly gifted view it through an electron microscope. They see ordinary things in very different ways and often see what others simply cannot see.'
(Silverman, 2009).

The ability to transfer one's innate intellectual brightness into meaningful achievements requires only an adequately supporting environment and opportunity, but it also requires focus, resistance distraction, task completion and organisation. This can be as difficult for very bright individuals as for anyone else with ADHD. Gifted individuals may appear to have ADHD symptoms of loss of concentration and restless, impulsive behaviour if they are not adequately supported to develop their intelligence, or are in an inappropriate environment. Recognising that a person is very bright or gifted and in the wrong environment, and thus avoiding misdiagnosis, is just as important as missing the correct diagnosis of ADHD in a gifted person because of the masking effect and ability to hyperfocus. [See article by Tom Brown in last issue of ADDISS newsletter]. A very careful professionally experienced assessment to evaluate **whether or not** a child has ADHD/ADD is essential.

Common overlapping symptoms between giftedness and ADHD include the individual being very hypersensitive and impatient and having very strong viewpoints. Both may have elements of hyperactivity, inattentiveness and impulsiveness and get bored easily. Gifted individuals can be extremely intense in their emotional response to difficulties, as well as exhibiting power struggles with authority figures and having very strong views of right and wrong, perceiving issues and solutions not easily seen by others. **(Webb, Amend, Webb, Amend, Goerss, and Olenchak, 2005).**

Individuals with ADHD, particularly when gifted, may be able to hyperfocus on particular subjects they like, for example computer games, or on a school subject they really enjoy or when they find the teacher stimulating. Adults may hyperfocus on their job, their business or a hobby. Their focus may be so intense that all else is excluded. Their intelligence often enables them to compensate for their ADHD sufficiently to put in an average academic performance, but nevertheless significantly underachieve relative to their ability. This tendency to over or under-focus in different situations may mean that the diagnosis is not considered, or is dismissed, in a bright child. It may mean that the issues are seen as being within the child's own willpower rather than because he can concentrate on some things, that if they try hard enough they can concentrate on anything else. With ADHD children this isn't the case. There is no easy test for this. At our Centre we now do Quantitative EEG's, a technique we have found very helpful. Research **(Chabot, R. J., & Serfontein, G.)** has shown that 93% of children with ADHD have different brain wave activity, commonly an increase in slow wave activity. An abnormal result in difficult to sort out clinical situations can sometimes help clarify diagnosis.

This is really important because an incorrect diagnosis may mean the child with ADHD continues untreated and gets detentions for poor concentration and organisation. Usually self-esteem becomes more fragile and there is increasing lack of motivation.

If the diagnosis of ADHD is made this must be communicated to, and properly understood by, the teachers. The diagnosis must be seen as an explanation, rather than an excuse. The fact that the child isn't reaching their full potential in all subjects may be being overlooked by teachers. Such children usually do not qualify for special needs help as they are so bright and 'there are a lot worse children in the class'. Even when they are keeping up with their classmates academically, this is frequently a very significant and unrecognised under-achievement compared to their potential ability, which might have enabled them to be top of the class, or even top of the year. Such children

frequently have major problems with low self-esteem, social skills problems and personal relationships, of which they appear to be acutely aware. They lack the concentration span to support their intelligence, so while they may have an innate intelligence which is in the top 1%, their concentration span for mundane and boring things appears to be in the lowest 1%. These children really don't do boring. They misread social cues, are oblivious to body language, tend to overreact and to be excessively sensitive. They are often impulsively disruptive, both verbally and physically, yet sense their social isolation very acutely. They are often described as being like a mountain range with high peaks, or strengths, and low valleys, or weaknesses, and immaturity, contrasting with their well above age intellectual ability. In our experience at the Learning Assessment and Neurocare Centre, children who are gifted and have ADHD frequently become much more demotivated and their self-esteem lowers at an earlier stage as they are much more aware of their underachievement. This can lead the child to become anxious and frustrated. Gifted individuals are often sensitive to sounds, touch and taste, which again is a common feature co-existing with ADHD/ASD. They tend to react strongly to smells, find the labels in their clothes very annoying, and overly reactive to touch.

Very bright and gifted people with ADHD can also have other neurodevelopmental difficulties. Having a well above average intelligence can act as a cushion and mask the degree of difficulty that many bright children with ADHD have. For a child who is in the top 1 to 5% for intelligence scores to be achieving at about average in class is just as bad as being of average intelligence and being at the bottom of the class. Frequently, gifted children with ADHD do not come to the attention of professionals until they go to secondary school, as their intelligence often pulls them through primary school but then their lack of self-esteem and frustration causes problems. Due to these many overlapping difficulties that the individual is experiencing, it is important that all the difficulties are teased out and assessed thoroughly. On many occasions, giftedness is masked as it is not seen as a main concern.

The assessment of gifted children with ADHD may be difficult for all the above reasons. They do not always clearly meet all the ADHD criteria, and they may be able to achieve well in a test or one-to-one situation. In a supportive school, they may cope well and their condition might only show up when they reach the more pressured and less structured environment of A-level, college or university. In an unsupportive or educationally unstimulating environment, distinguishing bright but understimulated individuals from those with a high IQ with ADHD can be very difficult.

There are specific difficulties with IQ testing in very bright and gifted people with ADHD. These have been well articulated by Linda Silverman, at the Gifted Development Centre, who conducted research which led to the development of extended norms on the WISC-IV, for children with high abilities. The previous standard norms were not seen as accurate when measuring IQ for the extremely gifted, hence why these norms were developed. The Verbal Comprehension and Perceptual Reasoning subtests, whereby understanding verbal information and solving nonverbal problems skills are measured, are considered good indicators of gifted abilities. They are able to assess verbal abstract reasoning in addition to visual reasoning, whereas Working Memory and Processing Speed are less correlated with giftedness **(Silverman, 2009)**. These norms are used to further differentiate highly gifted children from gifted children. The extended norms are useful when a child's score is the maximum on two or more subtests. It is important to note that the extended norms are not useful for most children.

In conclusion, people with ADHD have the same range of intelligence scores as the rest of the population. However, clinical experience shows that being very bright or gifted may alter the way in which the ADHD difficulties may present and thus affect both diagnosis and management. It is important for clinicians to appreciate the masking effect that having high IQ can have, and the common pattern of strengths and weaknesses. Often there is a 'mountain range' effect with significant academic strengths with weaknesses in social skills, very low self-esteem, early demotivation, and immaturity. The frequent ability to 'hyperfocus' on subjects or things interesting in comparison to the more mundane can erroneously make it appear, in the absence of impulsivity or hyperactivity, that concentration issues are within the person's own willpower or volition. This particularly applies to adults, who may somehow have survived school and be able to focus exceptionally well on certain interesting aspects of their job and excel in those areas, but who have great difficulty with the mundane, humdrum or organisational aspects of the job. It is almost certainly worth conducting a cognitive assessment to help the person recognise their potential, and to help exclude specific learning difficulties, although the limitations of such tests in bright people with ADHD should be recognised.

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ADHD and Autism a personal story

This is the story of a young boy with ADHD and autism (ASD). Corey was out of school for ten months until he got his ASD diagnosis. Up until then he suffered through the lack of understanding of ADHD and ASD co-morbidity by CAMHS and school staff. His mother Ellen tells us what happened.

I have a ten year old son with ADHD/ASD/ODD. Looking back now there were signs that he was different to other children. He didn't cry when he was born, but his eyes were wide open and he stared at the lights above him! He didn't sleep when being fed, but would stare at you; in fact he never slept much at all. When we were out he wouldn't fall asleep as he was too interested in looking around. At 9 months he preferred to spin the wheels of his toy cars, rather than play with them. He didn't crawl, but at 11 months he just got up and walked, refusing the pram and walking for up to an hour without complaint.

At 18 months or so he started temper tantrums. He kicked, hit, bit and threw things, attacking me on a daily basis. This continued until he was 9, in spite of my efforts to discipline him. He had no sense of danger and loved climbing. At the park I would find him dangling from some high climbing frame and have no idea how he'd got up there. At around 24 months he started speech therapy. Corey wouldn't ask for things, preferring to get them himself by climbing.

Corey was my first child, and I didn't really think anything was wrong at this stage. When he began nursery though - he couldn't share; he wouldn't sit on the carpet because he said it was dirty; he wouldn't play with sand, Play-Doh or anything that he considered dirty. His aggression was getting worse and he often attacked adults. I asked to see a psychologist but the teacher kept talking about reward charts and things I was already doing. She told me to get on his level to speak to him. I told her she was mad, he would have my face off!

Finally in year 2, aged 6, the school agreed to refer him to CAMHS. After a year of seeing a psychologist and observations at school, a week before his 7th birthday, he was officially diagnosed with ADHD by CAMHS and was given Concerta XL. We were not offered any therapy, just medication which appeared to reduce his hyperactivity for 5 months, but then he developed a vocal tic and became more aggressive.

In year 3, aged 7, I asked the Headteacher to request a statutory assessment and was told "you cannot get a statement for ADHD". Staff at the school clearly didn't understand ADHD, and he was excluded on a weekly basis. When teachers shouted at him, he shouted back and his aggression turned to swearing and throwing things. The Headteacher kept asking me to consider a special school, but did not offer any practical support to achieve this.

He really has suffered in school. He has been dragged out of classrooms, screamed at and labelled naughty. Only two teachers understood how to approach him and get the best out of him. When I tried to explain about his ADHD, and how to get the best out of him, I was told "he is a clever kid, he knows what he is doing". When he was in year 4, aged 8, a parent came up to me to advise that another parent in his class was trying to start a petition to get my son out of the school, that felt awful. Parents look at you like you are scum, they look at your child like vermin, and it is a very lonely and difficult place to be.

I ended up applying for a statement myself and he finally got it at the beginning of year 5, aged 9. A week after the draft statement was issued he was permanently excluded for kicking a ball at a teacher who had told another boy not to play with him. I had nowhere to turn, I was in a panic and didn't know what to do. CAMHS had refused to reassess him, or to change his medication, which was not effective. I was at my wits end. Someone told me to contact ADDISS. I went to meet Andrea Bilbow and within minutes of reading school reports she suspected ASD, and we decided to fight the exclusion, and also to seek help from the Maudsley hospital.

The Maudsley were happy to see Corey, but CAMHS had refused. I wrote to my MP who asked CAMHS to explain themselves, and they relented. Within a couple of months Corey was confirmed ADHD/ASD/ODD/Anxiety disorder.

The doctor explained that CAMHS rely on lack of eye contact for ASD diagnoses, whereas my son had inappropriate eye contact. The doctor had asked him to sit still for 5 minutes, he lasted 15 seconds! The doctor advised he was being dangerous in clinic twisting himself up and falling off chairs – to me that was all normal. He tried to have conversations with Corey, but Corey only wanted to talk about football and Roblox. It was such a relief to finally be getting some help. He had shown signs of ASD, the spinning of the wheels on his

cars, the aggression, the lack of social skills, not understanding facial expressions, lack of compassion to others, the over sensitivity to smells, sounds and touch but nobody had picked up on it.

As soon as I got a good doctor they recognised all the signs.

The exclusion was overturned and finally, after a year of no education at all, Corey was diagnosed with ASD and offered a special school for ASD children. He is doing well now. The school allow him regular breaks. They notice when he is becoming anxious or angry. They understand his sensitivity issues and I am not called to the school every week! They allow him an iPod in class to help him concentrate. He has ear defenders for noisy places, and he is receiving different therapies. He is a lot calmer and when angry, he walks away to calm down and then comes and talks to me. I believe this is a mixture of the correct medication and the therapy.

It's sad that my son only got the support and help he needed when he was diagnosed with ASD. Children's services and schools really need to take ADHD more seriously and understand how it relates to other conditions. I wish I had heard of ADDISS sooner, so that I could have prevented Corey from experiencing some of the things he did.

Unfortunately, this is not an uncommon story. At ADDISS we know that there is a high degree of overlap (or co-morbidity) for ADHD and autism. If you think that this might apply to you, or a member of your family, then please get in touch for support and advice.

Practical Strategies for managing your ADHD

By Geraldine McGreevy

I'm an opera singer with ADHD, diagnosed in my 30's. I gave a keynote talk at the 2012 ADDISS conference, ADHD from the heart, and was asked to share some of my tips and strategies for this newsletter. I'll start with the big ones – the meta-strategies – that have helped me the most.

I find it very helpful to believe that although my ADHD will probably never go away, the deficits can improve over time. There's mounting evidence of how elastic the brain is; why would the cluster called ADD be neatly, exclusively non-elastic? We all know that people can change; mellowing out, thinking sharper, working smarter, becoming wiser. The ADD parts of the brain can be part of those changes too. Having this belief has probably contributed to many positive changes I've experienced in the last 10 years. I recently took a mindfulness course offered by Adult ADHD Support Harrow; I think mindfulness could be a powerful accelerator for these changes.

Find your personal, meaningful, powerful "Whys". The more emotion you have behind wanting something, the better your brain will work towards it - that's how the chemistry works. This applies everywhere - to small, immediate goals, ongoing relationship issues and long-term ambitious goals. Keep revisiting those Whys – writing them down can help. Make it a habit to use them before you do any planning, and also when you're daunted or procrastinating or under-activated.

Be curious and become knowledgeable about ADD/ADHD, especially your own, and at the same time, regularly revisit sources of tips and strategies. If you do both these things, then when a problem happens to be on your mind there's a better chance a possible solution will pop out at you. Be as specific as you can; "Oh, my ADHD stops me sleeping" is a starting point; but "Oh, I was feeling sleepy at 10pm but then I had a really fun interesting discussion which left me feeling wide awake till hours later" is really useful information! One of the best ways to learn about your own ADD is to talk about it. I've been going to the Harrow support group (mentioned above) this year and I've found it extremely useful; luckily I can also discuss things with my very ADD-aware partner. A knowledgeable coach can really help too. But beware of talking to people who don't know much about ADHD and might make simplistic or judgmental assumptions; that's just not helpful.

Go for meta-strategies that kill more than one bird with a stone, if possible. That's why there is repeated advice for ADD-ers about paying attention to sleep, stress, nutrition, fitness etc. If your brain works just 1% better, but does so in 100% of your waking life, it's going to bring a lot of benefit. Organisational strategies that address many areas – calendars, task lists, timers, reminders, planning etc., are worth taking seriously; keep going with them until you find out what works best for you.

You've only got so much willpower a day, so it seems, [1] and ADD or not, we all need to use willpower sometimes, so use it wisely. Perhaps you know that once you're activated you are good at continuing, then you might use willpower a few times a day to "force yourself" to start activities. Perhaps you have a particular hateful task to do that you've been procrastinating for ages – if you decide you're going to just "knuckle down" and use willpower for it you could plan to make the rest of that day easy, even fun. Perhaps you're trying to build a new habit that you hope will become automatic, like tidying as you go or taking regular breaks - then that's where your allotted daily willpower might go for 3 weeks or so.

A couple of pieces of advice from Flylady [2] that I have found invaluable: keep reminding yourself that you are never behind; just jump in right where you are. And don't try to change everything all at once; take baby steps.

Here are a few other tips I hope might be helpful.

Time buffers:
I build in a buffer for my appointments. And I always eat into it. That means that if I didn't have the buffer I would always be late. I admit that I resist using a buffer for very local appointments and I am indeed almost always late for them.

Pomodoro's and other work/break timers:
At my most organised, I always use a timer (25 minutes = one pomodoro [3]) for working through my task list. It has multiple benefits worth mentioning. I feel more inclined to start something because I'm only committing to a limited time. Because there's a timer going and a deadline very soon I get a useful sense of urgency so I am less distracted and more focused and efficient. It also stops me doing one thing for too long - the mental breaks help my brain work better. The breaks are also useful for noticing time passing and are an opportunity to check to-do lists and make sure I'm doing what I'm supposed to be doing. Also, if I'm at home and there are "little and often" tasks to be done, like cleaning, I can get a lot done in short 5 min bursts throughout the day during the breaks.

What is your favourite time-wasting activity?:
At times when I've not been very aware of what I'm procrastinating, or even that I am procrastinating at all, I've nevertheless been somewhat aware of certain habitual time-wasting activities. We all have our own favourites – one of mine used to be spending hours online doing "research" on an interesting subject that came up in the news or a blog. The more aware of these habits I become, the sooner I realise I'm doing them; I can choose to stop, take a break, look at my list, have a think … and then I'm much more likely to get on with what I plan to, mean to, or really want to do.

Notes – useful books and websites to follow up:

[1] Willpower: Why Self-Control is the Secret of Success (Roy F. Baumeister)

[2] www.flylady.net

[3] www.pomodorotechnique.com

www.familiesinc.uk.com

ADHD news

Important Dates for your diary

ADDISS run bespoke training and workshops on ADHD for a variety of audiences, from teaching staff to those working with young offenders. We also run regular **1-2-3 Magic** and **Why Try** training courses.

Girls on the ADHD and ASD Spectrum, a talk by Dr Nikos Myttas - Tuesday 24th September 2013 - 10.45am to 1pm - Palmer Building, Reading University, Shinfield Road, Reading, RG6 6UA. Contact admin@parentingspecialchildren.co.uk Or 07876 275731

Non-pharmacological interventions for children with ADHD in the school setting, a seminar from Cerebra – Wednesday 25th September 2013 – 9.30am to 2.30pm - BAWA, 589 Southmead Road, Filton, Bristol, BS34 7RG. Contact Melanie Dean at melanied@cerebra.org.uk Or telephone 01267 242 556

Keep checking the ADDISS website for details of our programme of events and conferences. **For more information, and to book your place at ADDISS events, ring us at the office 020 8952 1515**

Advertising rates

The ADHD news 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. 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 can offer competitive prices for advertising space – available in quarter, half or whole pages. Contact us for details of rates and editorial deadlines.

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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

Join us in Liverpool from 10th to 12th October 2013 for three inspirational and enlightening days in an ADHD friendly and multi-sensory environment.

Hearts & Minds
11th International ADHD Conference
10 - 12 October 2013
Adelphi Hotel, Liverpool

Open your hearts and minds – meet new people, make friends, share experiences, network and connect with others who understand.

The conference is open to anyone involved with, or affected by, ADHD – healthcare professionals, teachers, social workers, the probation service, carers, parents, families and ADHDers.

On Thursday 10th October you will have a choice of ADHD masterclasses covering topics including – a full training day for teachers (with Jerry Mills), a workshop for parents, 123 Magic for children aged 2-12 years and Integrative Treatment for adult ADHD (lead by Ari Tuckman).

Keynotes and workshops on Friday 11th and Saturday 12th October will cover a wide variety of subjects including – ADHD and addiction, the new DSM 5, Mindfulness and ADHD, NICE quality standards, adult ADHD, medication, ADHD and the justice system – with eminent speakers from across the world.

There will also be opportunities to talk directly to experts and get personal advice, as well as chances to network and browse the bookshop.

For the full programme visit www.adhdconference.org.uk

Conference fees (including lunches and refreshments) for 3 days

	Non-members	Members
Professionals	£280	£240
Schools/Voluntary Organisations	£220	£180
Parents, carers, ADHDers and students	£180	£120

If you can't make the whole conference then we have daily rates for members and non-members.

Contact the ADDISS office to book your place.