ADED news

ADD Information Services (ADDISS) Registered Charity No 1070827

SPRING 2007

ADHD IS REAL



Jeremy Clarke (Cohn & Wolfe), Hayley Knight (Just Health PR), Andrea Bilbow (ADDISS), Emma Crozier (Just Health PR)

Congratulations and a big well done to everyone who was involved in and supported our first ADHD Awareness Week in September 2006. This campaign has been recognised by the Communique Awards for PR and Medical Education, a prestigious annual event.

The Awareness Week, ADDISS Families Survey and the media reporting around it was named "Best UK Media Relations Campaign" of 2007. The judges praised "a very clever and targeted campaign that pressed all the NHS 'hot buttons'." Thank you for all the hard work of the ADDISS National Affiliate Network and the many others who got involved in making this a real success. Well done!

For the first time, ADDISS and its affiliate groups came together to launch the first ever ADHD Awareness Week.

As part of the first National AD/HD Awareness Week, many TV and media shows high-lighted the problems associated with the disorder. These included a number of bulletins on SkyTV, ITN, Channel 5, Central Television and articles in The Mirror, The Times Educational Supplement, BBC Online, SEN Magazine and a host of regional newspapers. Interviews took place with over 25 regional radio stations.

During that week many events took place across the country which included the following;

The launch of two books published by ADDISS. ADDISS was pleased to be publishing two very important books which have proved to be extremely popular. The first book, **Everything a Child Needs to know about ADHD** by Dr C Yemula, is a guide written specially for children age 6-12 It helps them to understand their condition and encourages them to be positive about the outcomes.





Do You Know about ADHD Sir? Is written by 11 year old Josh Jones and is a very clever and informative dialogue between Josh and his teacher whereby Josh explains to his teacher how his symptoms affect him and what his teacher needs to know to teach and manage him effectively in the classroom in a positive manner.

The book launch took place in St Thomas's Hospital and was attended by over 80 people. Attendees were also treated to the first public performance of the play Could Do Better, Must Try Harder written by Debbie Manship and performed by a group of professional actors.



A conference in London entitled Including ADHD & ASD in the Mainstream Classroom: Effective Management - from the top down with Loretta Giorcelli, Professor Peter Hill, Fintan O'Regan and Holly Evans ADHD Advisory Teacher for Barnet LEA.

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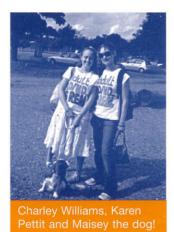
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ADHD IS REAL continued...

A sponsored walk was held in Richmond Park, Surrey. The sun came out and stayed out all day. 127 walkers took part ranging from the family dog to grandma. Over £4,000 was rasied.



The Kane Family plus friend Sophie Kneen



As their part of the Awareness week, Hartlepool-based ADDvance held a series of events between 18th and 23rd September last year.

A great success, it attracted a larger than expected audience. Speakers included Professor Maurice Place from Hartlepool CAMHS (Child and Adolescent Mental Health Services) and Consultant Paediatrician Nigel Speight from the University of Durham Hospital.

ADDvance's staff members gave a presentation on the link between AD/HD and addiction and many factsheets were available.

The star attraction, Jerry Mills from Michigan USA, was very impressed with the service and spent a great deal of time talking to parents and children in Hartlepool.

'The first attempt at organising an awareness week, was a great success and our groups are now supporting a number of families who were previously struggling alone with the disorder.' commented Sheila Hudson from ADDvance

ADHD North West (Barbara Worrall) and the Liverpool ADHD Foundation (Liz Miller and Rita Jones) both held events for parents and professionals featuring Jerry Mills as key presenter.

In Essex the ever energetic Dr Puvanendran, recipient of this year's ADDISS Award, held two programmes aimed at empowering parents and professionals and children to manage their ADHD.

WAADDSUP the support group in the Wirrall run by Gary Sendall, held an amazing ADHD is Real Funday in Birkenhead Park.

In Plymouth Town Centre Marianne Bruce braved the town centre to do a bit of belly dancing. Supported by her family she gave a wonderful performance for shoppers and onlookers while her children handed out information sheets, wristbands and brains. Marianne managed to raise a substantial amount of money for ADDISS. Thank you Marianne



Pat Bolton from the Gateshead ADHD Support Group organised a series of lectures, workshops and coffee mornings to cover every day of the week.

Up in Scotland several events were organised by Ruth Thomson and Ecosse Adders in Falkirk. Ruth received an email from her MSP Cathy Peattie who gave her support. She had prepared and submitted a motion to the Scottish Parliament which had attracted 26 supporters. This is about a quarter of backbench MSPs and includes Labour, Liberal, SNP, Green, SSP and Solidarity members. The motion was submitted as below:-

S2M-4845 Cathy Peattie (Falkirk East) (Lab):

AD/HD Awareness Week—

That the Parliament notes that 18 to 24 September 2006 is the first national AD/HD Awareness Week, which takes as its theme "AD/HD is REAL"; congratulates groups such as Falkirk-based Ecosse Adders, set up to promote awareness of attention deficit hyperactivity disorder and to provide information and free practical help to sufferers, both adults and children, and their families; notes the increasing recognition that AD/HD is under-diagnosed and that it may affect 5% of the population; further notes that with appropriate help most hyperactive children will settle down and catch up with learning and social interaction by the time they reach their mid-teens, and believes that the Scottish Executive should promote public awareness and better understanding of AD/HD and ensure that those affected have access to appropriate advice and support.

Supported by: Ms Rosemary Byrne, Bruce Crawford, Marlyn Glen, Fiona Hyslop, Margaret Jamieson, Mr Kenneth Macintosh, Maureen Macmillan, Michael Matheson, Alex Neil, Mr Jamie Stone, Shiona Baird, Cathie Craigie, Trish Godman, Donald Gorrie, Robin Harper, Marilyn Livingstone, Kate Maclean, Tommy Sheridan, Frances Curran, Mr Adam Ingram, Jackie Baillie, Chris Ballance, Sarah Boyack, Pauline McNeill, Dr Elaine Murray, Eleanor Scott

KEY FINDINGS OF THE ADDISS FAMILY SURVEY (2006):

In July and August 2006, ADDISS surveyed more than 500 families with children diagnosed with ADHD. In responding to the survey, 39% reported that their child had been on 'fixed term' exclusion from school as a result of their condition, with 11% excluded permanently.

The findings painted a distressing picture of educational and social isolation amongst children living with ADHD.

Almost two thirds of parents said their child's ability to achieve at school was 'very affected' by their ADHD and 67% feel they miss out on positive learning experiences. A staggering 80% of the parents felt that their child with ADHD had low self-esteem compared to other children.

"Many of the children we hear about on our advice lines are in trouble at school because of lack of recognition of and support for their difficulties. We are very aware that ADHD seems a particularly difficult area for schools," commented ACE(Advisory Centre for Education)**, whose vision is a 'fair education for all'. "We hope the Government will offer constructive clear solutions to schools in the new guidance on behaviour policies due out in autumn 2006."

The survey highlighted the lack of resources and support available for children with ADHD and their families. More than two thirds of parents questioned did not have access, in their local area, to a dedicated ADHD clinic, dedicated ADHD nurse or ADHD advisory teacher.)

"Early identification of ADHD is

key" explains Andrea Bilbow, Founder of Attention Deficit Disorder Information and Support Service (ADDISS). "With the right help from schools and access to appropriate medical and non-medical treatment, we can support children with ADHD through their developing years and help them succeed in life."

The new data underline the devastating effect ADHD can have on the whole family. Nearly two thirds of parents questioned had divorced, separated or experienced marital distress and nearly half had received treatment for depression - as a result of their child's ADHD. Brothers and sisters are also affected, as the behaviours associated with ADHD make normal family life difficult. Over half of parents revealed that it impacted on the family's ability to go on holiday, 76% on their

ability to visit friends and 82% on their ability to go shopping.

It's not all bad news. These findings bring to life the positive impact that early identification and treatment can have. Over 80% of parents felt huge relief at their child's diagnosis. In addition, parents saw real benefits from both medical and non-medical treatment:

- 80% of parents felt their child's relationships with other children have improved as a result of receiving treatment
- 89% felt their performance at school has improved as a result of receiving treatment and 84% that their relationship with their teacher improved

The Full Details of the Survey Report are available at:

http://www.adhdisreal.co.uk/ survey.htm

Homework Do's and Don'ts -

PART I (BY DR. THOMAS PHELAN)

Homework hassles can make school nights miserable for the whole family. For some families homework battles can go on for two, three or four hours per night. People begin to dread the evening, relationships are strained severely and the child in question learns to hate schoolwork more and more. There are no easy answers to the problem; children's needs vary depending upon their intelligence and the presence of handicaps such as learning disabilities and AD/HD. There are ways though, of making things more tolerable and more productive.

WHAT NOT TO DO

Don't go around asking the child every five minutes if he has homework or if he's started it yet. Instead try to pick the best time to start and stick with it - consistency is very important here.

Don't interrupt the youngster in the middle of his favorite TV show to tell him it's time to begin. There's no better way to get no cooperation. He should not start watching a show in the first place if it's going to overlap with his regular homework time.

Don't let the would-be student do work with the TV on. Believe it or not, a radio or stereo may be OK because it provides consistent background noise, but the television is always out to get your attention.

If you can avoid it, don't let the homework time change each day. One of the best ways of setting things up is to have the child come home, get a snack, goof off for about 30-45 minutes, and then sit down and try to finish his work before dinner. Then the whole evening is free.

WHAT TO DO

Consider trying the following

steps in order (you can combine them as you go), and be sure to use plenty of positive reinforcement with whatever else you are doing.

1. Natural Consequences
If you are having trouble with
homework for the first time - say
with a fourth grader - consider
using Natural Consequences first.
That means do nothing. Keep your
mouth shut and see if the child
and the teacher can work things
out. If this approach doesn't seem
to be working after a few weeks,
then go on to the next step.

Natural Consequences is obviously not the method to use if you have been having homework problems for years and years.

2. An Assignment Sheet

Assignment sheets or notebooks can be extremely helpful. They tell you exactly what work is due for each subject. Some schools have even instituted "Homework Hotlines," where forgetful but fortunate kids can call in after

hours to find out what their assignments are. The idea of the assignment sheet, of course, is that after the child does the work, parents can check it out against the list of items to be done. If this is the procedure you are considering, you must routinely include two basic principles: the "PNP Method" and the "Rough Checkout." Failure to do so will result in unnecessary misery.

See our next issue for Homework Do's and Don'ts – Part II.

Adapted from:

1-2-3 Magic Effective Discipline for Children 2-12 New 3RD Edition by Dr. Thomas Phelan

This award-winning, best-selling program provides easy-to-learn parenting techniques that WORK-guaranteed! Learn three simple steps to raising well-behaved, happy, competent youngsters and get results quickly! Available in book, video and DVD editions. To learn more visit:

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ADHD does not only affect the way that you cope with different situations and tasks, but can also generate symptoms that many people with ADHD find distressing. This can include for example difficulties with mood regulation (moods go up and down all the time), restlessness and overactivity (feeling on the go all the time, ceaseless and unfocused thought processes and exhaustion) and feelings of impatience and frustration. Medication is one approach that can reduce these symptoms yet taking medication alone is only rarely sufficient for most people. Medication can help to control but rarely 'removes' all of the difficulties associated with ADHD and there is therefore a great need for additional support and advise from people who understand the problems that people with ADHD face.

This book describes a modular psychological approach (the Young-Bramham programme named after the authors) for understanding and treating adults with ADHD. The book is therefore a very welcome addition to the literature since there are few other books that cover this in such detail or in such a practical way. The book is primarily written as a guide for clinicians and therapists to help clients with ADHD but is also very readable and accessible to all. It will help many people wishing to find out more about developing a range of coping and treatment strategies for themselves. The authors are established clinical psychologists who have both

ADHD in Adults

by Susan Young and Jessica Bramham

Reviewed by K. Xenitidis and P. Asherson

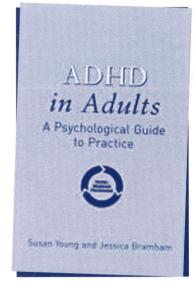
Symptoms of ADHD affect many people with the majority of children with ADHD going on to have persistent problems as adults. Recent research suggests that around 15% of children with ADHD retain the full diagnosis and around 65% have persistence of some symptoms associated with significant difficulties in academic, work, interpersonal and emotional aspects of life. Furthermore, the problems associated with ADHD are persistent, in the sense that they affect people with ADHD every day. This means that people with ADHD need to develop many different strategies to enable them to cope and function well in different aspects of their lives.

worked at the Adult ADHD Service at the Maudsley Hospital in London for many years and they have drawn on their experience to write a book that is full of clinical wisdom.

The main emphasis of the book is a client-centred approach based on a bio-psychosocial model. It is a unique guide that describes how psychological thinking and treatment that builds on scientific advances can help adults with ADHD. The chapter headings indicate that this book is about treating major domains of ADHD in a systematic way with separate sections on core symptoms such as inattention and memory problems, time management, problem solving and impulsivity; as well as coexisting problems such as social relationships, anxiety, frustration and anger, mood problems, sleep problems and substance abuse. The book manages to be a comprehensive guide to psychological practice that enables individuals to focus on one problem area at a time in a modular way. It starts by providing a very informative introduction into adult ADHD, the concept, the assessment and therapeutic approaches available. After introduction the main body of the text is dedicated to the therapeutic approaches for the core symptoms followed by associated problems. People with ADHD would recognise clearly difficulties such as organisation problems, procrastination, anger control difficulties, anxiety, depression, addiction and mood swings. Finally the authors conclude with an

appropriately optimistic 'Preparing for the future' chapter. A rigorous scientific approach is adopted throughout and assisted by generous bibliographic references that accompany the text. The format of the book and the companion website are explained and the possible ways of using the book are presented. Numerous figures and tables are used throughout the text to effectively illustrate the key clinical points.

The approach described in this book considers change to occur by two main processes: 'inside out' (helping adults with ADHD to develop psychological strategies for adaptive functioning) and 'outside in' (helping adults with ADHD to change their environment to optimise function). The authors can see that people with ADHD are motivated to change and try and try again - they are both resilient, persistent and courageous - and they build upon this to help adults with ADHD to cope with ADHD and maximise their individual strengths. They recognise that there is no 'magic cure' for ADHD but there is a great deal that can be done by adults with ADHD for themselves and with the assistance of psycho-education (learning about the ADHD and the way that it effects you), motivation interviewing (to overcome ambivalence towards treatment and change), cognitive remediation (to help control core symptoms) and cognitive behavioural therapy (for co-occurring problems).



Overall this is an excellent book from UK clinicians that effectively combines the best of modern psychological practice with a rigorous scientific approach. The book is a valuable and unique guide that should be read by all those in adult mental health working with people with ADHD as well as by those in related areas such as addiction sciences, forensic psychiatry and learning disability. The book will also be an invaluable guide to individuals with ADHD their families, friends and employers.

ADHD in Adults: A Psychological Guide to Practice £24.99 Available from ADDISS