

ADHDnews

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My ADHD - In Prison



"But you're not detoxing", the confused officer says with eyebrow arched when I join the queue for controlled medication on my first morning in prison. I politely explain that I'm on medication for ADHD and not for withdrawal from drugs or alcohol. "So you're one of those simple people", he asks. I take my Concerta XL, throw

the plastic cup in the bin, and walk away, muttering under my breath "No, Sir, I'm not."

Prison is, by design, a difficult environment to live in. The constant challenges of being heard and understood in an environment surrounded by big characters, whilst in an over-populated and under-resourced system is a fact of life here. Throw into the mix the complexities of ADHD and the challenges become barely tolerable. For around 22 hours a day I am locked in a room. TV, toilet, sink and bed all jostle for space in a 6 x 9 foot cell. This is now my life. I am reminded often of the struggles all prisoners have in common – a lot of the others can't handle life here so they resort to chain smoking, self-harming, illicit drugs, or violence. But as an ADHDer the feelings of desperation to run around, spend money, express myself, and celebrate freedom are not new to me. I've been inhibiting them and trying to dominate them for as long as I can remember. Since being diagnosed with ADHD as a teenager I've tried to use my restlessness and impulsiveness to my advantage. My relationship with ADHD has always swung between hugging and wrestling – I love my hyperactivity when it means I can work on a project I love for hours, but when I can't sleep for nights on end because I can't switch off my hyperactive mind I really struggle. I feel as though I've been imprisoned by my ADHD at times – my best friend and worst enemy. I'm 24 and now I've served 18 months of the 5 years I was sentenced to – for an offence when I was 16, but was only charged with at 22. In my time in prison I've met quite a few other ADHDers, none of whom are "simple!" There seems to be a common thread amongst the sufferers I've

met – that our crimes are generally crimes of impulsivity. I've yet to meet an ADHDer who set out with the intention of breaking the law – it seems that whether it's peer influence, or difficulty in resisting temptations, it's clear to me that we're not acting out of malice. Often we just fail to think about the impact of our actions, before we act.

I don't use ADHD to excuse my behaviours or even mitigate them. I broke the law and I must do my punishment. My deeper concern is about how I'm going to learn not to reoffend – how I will see the "red flags" I failed to notice before. I want to learn, to develop, to grow, and to change, but I am yet to understand how to bridge that gap between wanting to learn and actually learning. It's like school all over again!

In the meantime, I wanted to write an article for the ADDISS ADHD News so the voices of the ADHDers behind bars are heard, and so that I can contribute in my own small way to the wider discussion about ADHD. If there are any professionals looking into ADHD that I can help in any way, please contact me via ADDISS. Also, if there are others in the community – sufferers or otherwise – I would be delighted to hear any suggestions, feedback, or to hear of your experiences living (both hugging and wrestling) with ADHD.

This article has been contributed anonymously. ADDISS is in touch with several prisoners with ADHD and is working to address many of the issues raised here.

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Well done Corey!

It is so wonderful to have good news stories to report. In our Autumn 2013 edition of ADHD News Ellen told us of the struggles that she had had in getting a diagnosis, and then a suitable school place, for her son Corey. Corey is now doing so well that his school, The Bridge Special School in Islington, recommended him for a Jack Petchey award. Corey has made excellent progress in managing his behaviour, self control and being able to identify his feelings and ask for help. Here is a photograph of Corey receiving his award from Islington Borough Police Commander Detective Chief Superintendent Gerry Campbell.



ADHD and Asperger Syndrome

By Dr Edward Aull



It has been several years now since I wrote an article on autism for Attention magazine. "Is it ADHD or Asperger syndrome?" was published in April 2003. There has been significant change in thinking about Asperger syndrome and ADHD since that time. The general public is much more likely to have heard of Asperger syndrome and know that it is a mild form of autism, or even know a family with a child or adult with a diagnosis of Asperger syndrome considered or confirmed. Not only is the general public more aware of Asperger syndrome, but so are the schools, so autistic spectrum disorders are much more likely to be suspected and diagnosed.

The incidence of ADHD in the general population is about 8-10%. The incidence of any autism-spectrum disorder is currently thought to be about one in 150 children, or a bit less than 1% (this is a figure from the Federal Center for Disease Control). In 1990, when the incidence of an autism spectrum disorder was thought to be 4 per 10,000, a careful study revealed an incidence of 12.3 per 10,000. In that study seventy percent of patients who met criteria for an autism spectrum disorder also met criteria for mental retardation. We now know that there are patients with an autism spectrum disorder who are not only of normal intelligence, but are actually gifted. Most of the

large increase in incidence is related to better recognition and diagnosis of the more common milder types of autism, which includes Asperger syndrome. The incidence of the more severe forms of autism has not significantly increased.

In 1994, the Diagnostic and Statistical Manual of Mental Disorders, edition IV (DSM IV), was published and it brought Asperger syndrome to the forefront when it was included as a separate clinical diagnosis under Pervasive Developmental Disorders. According to the DSM IV, a diagnosis of ADHD or Asperger syndrome excluded one another. That is, if you made a diagnosis of ADHD the individual could not have a diagnosis of Asperger syndrome and vice-versa. Since then, studies in the USA and abroad have shown that indeed ADHD may be a significant issue in Asperger syndrome and is going to require treatment for good patient outcome. It has also been shown that patients with Asperger syndrome are much more likely to have side effects from stimulant therapy for their ADHD.

I have long defined Asperger syndrome as a mix of ADHD, anxiety, and a language-based learning disability, where language is taken too literally and body language is poorly understood. We see that many patients with mild Asperger syndrome are often diagnosed by their family and by their doctors as having only ADHD, because the anxiety and the language difficulties are overlooked or poorly understood. In patients with a mild condition it often requires prolonged symptom review by the evaluator to "discover" the correct diagnosis. It is not that the diagnosis of ADHD is incorrect; it is that it is incomplete. I recently saw a college junior who was referred by his school for an evaluation for ADHD. Indeed his history was significant for symptoms of ADHD, but one should not ignore the fact that he has a brother with high-functioning autism. One has to at least be suspicious that this student may have ADHD, but he may also have a milder form of Asperger syndrome. I could not make a conclusive diagnosis of Asperger syndrome and I could for ADHD. But when I picked a medication, I picked one that was less likely to aggravate anxiety and social quietness in case he has more than "simple ADHD". He did note that while he had dated, it seemed to always be "one date and gone" and he did not know why.

Typically, if a patient is begun on a stimulant medication for ADHD and he or she actually

has Asperger syndrome, there will be less than ideal results. A common situation, the medications may work for three or four months and then cease to be effective. Perhaps the dose is raised or the medication is changed to another stimulant and it works for a while and then again ceases to be effective. Another common effect is to increase attention, focus mostly on anxiety, and become worse.

Patients with Asperger syndrome have more trouble with ADHD treatment because of their innate comorbid anxiety issues. Many of the medications used in ADHD can "pressure" anxiety and cause patients with Asperger syndrome to be less comfortable, or even fearful. 31% of patients with ADHD are comorbid for an anxiety disorder, and may have similar outcomes, but patients with Asperger syndrome are almost uniformly affected. It often requires a doctor with experience in treating autistic spectrum disorders to achieve the best results, although it is not required.

In DSM-IV, Asperger syndrome has been eliminated and all patients are diagnosed with an "autism spectrum disorder" and there are modifiers for severity. There is also a new "social pragmatic disorder" which I may find difficult to separate from an autism spectrum disorder like Asperger syndrome. Many of the medications for ADHD work, at least in part, by improving the effects of dopamine in the brain. This is very effective for ADHD but it can worsen anxiety in patients with ADHD and anxiety disorders. Patients who have been diagnosed with Asperger syndrome often suffer symptoms of attention deficit and anxiety disorders.

It is important to discern whether Asperger syndrome might be a diagnosis for multiple reasons. Patients with Asperger syndrome have more social difficulties than patients with ADHD alone. In fact, although frequently mentioned, social difficulties are not part of the DSM-IV diagnostic criteria for ADHD but are a major component for an Asperger diagnosis. Patients with Asperger syndrome have difficulty joining into groups and are often bullied by others. Certainly patients with ADHD may have trouble with bullies but patients with Asperger syndrome are quite gullible and can be easily set up to be in trouble.

In ADHD, 31% of children and about 50% of adults suffer anxiety, but it should always be present to some degree in patients with an autism spectrum disorder. Many of the medications

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used to treat ADHD affect dopamine. Dopamine is good for attention symptoms but it aggravates anxiety. If the doctor understands that the patient has Asperger syndrome then therapy can be adjusted to protect the anxiety, or a medication used for the ADHD that is less likely to aggravate the anxiety.

Patients with Asperger syndrome have a language-based learning disability, in that they take language too literally, don't read body language well, and may have difficulty making inferences or abstracting an answer from material that was read. In the classroom if you are not certain what you are supposed to be doing you may appear inattentive to the teacher, but it is not always your ADHD that is the cause. Dyslexia with ADHD can produce a similar situation.

Patients with Asperger syndrome are much more likely to say the wrong thing, at the wrong time. Again, this trait is sometimes attributed to ADHD but it is much more typical of a patient with Asperger syndrome.

I recently saw a patient, who I diagnosed with Asperger syndrome, who had to drop out of school due to extreme anxiety. He had been diagnosed with ADHD many years before, and was thought to have been adequately treated. He did make very good grades. It is quite

possible that he never told the doctor about his anxiety, or his mild social issues, or maybe the doctor never asked. His issues came to a major head in the fall of his senior year in college when he had to drop out of school due to high anxiety and inability to sleep. His situation should respond to appropriate treatment for anxiety and he should soon be back in school when the new semester starts, but this is a poor result that may have been avoided with the correct diagnosis at an earlier time. He does have a particular academic interest and wants to be a professor. This could work well for him as a profession. But if he had been in business management, hotel management, or personnel management, his education would not have fitted well with his Asperger syndrome diagnosis in the "real world". Knowing a patient has Asperger syndrome may be helpful, even while in school, in selecting certain occupations - or at least avoiding some.

In summary, scientific study suggests that ADHD is a part of Asperger syndrome and the treatment of ADHD and anxiety is helpful in achieving good outcomes in school and employment. Recognition that a patient doesn't simply have ADHD, but also has Asperger syndrome, may lead to better school and

occupational results. Although the diagnoses are not always easily differentiated, Asperger syndrome is a diagnosis that is important to consider when a patient thought to have ADHD is not doing well.

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ADHD, Autism and Asperger

By Professor Eric Taylor

The DSM5 has drawn on increasing amounts of research to revise its account of autism and to make it plain that autism and ADHD can often coexist. It is, therefore, a good idea to be up-to-date with the current thinking about autism.

In the past there have been several subdivisions – autism itself, Asperger syndrome, pervasive developmental disorder and disintegrative disorder. Research, however, has clarified that they should all be seen as part of one problem: Autism Spectrum Disorder. The essential features are persistent deficits in social communication and social interaction across multiple contexts. This may involve lack of reciprocity, poor verbal and non-verbal communication, and major problems

in developing and understanding relationships.

There is more: the children also have to show restricted and repetitive patterns of behaviour if they are to get an Autism Spectrum Disorder diagnosis. These may be stereotyped movements or speech, insistence on sameness, unusually intense and fixated interests and/or an altered reactivity to sensory stimuli.

The symptoms have to arise early in development and they have to be causing significant impairment in functioning. It is not yet clear whether these changes in definition will have an impact on whether it is easier or harder to get a diagnosis.

The changes leave uncertainty in some people's minds about the end of "Asperger Syndrome". It has been a

popular diagnosis, but problematic. One difficulty with the label in the past has been the lack of a standardised meaning. It has usually been applied to very intelligent children who nevertheless show all the autistic problems mentioned above. Sometimes, however, it has been taken to refer to children who are not fully autistic, but do have major problems in understanding the normal social rules of verbal and non-verbal communication. Their communications are often inappropriate to the social context, do not meet the needs of the listener, have problems taking turns and cannot use metaphor. Children like this – if they do not have the other features of autism – are now diagnosed with "Social Communication Disorder".

Can't get it down on paper

By Lisa Hawking,
educational
psychologist, and
Professor Peter Hill,
consultant child and
adolescent psychiatrist



In our experience it is quite common for a parent of a child with ADHD to say that at school he (it usually is he) cannot seem to get anything down on paper. Despite being creative and able to generate ideas, he struggles to write enough and runs out of steam quickly. He is slow to copy down from a board so that he doesn't know what homework to do or has insufficient notes for revision. He can't write enough of an answer or an essay. Adults may have the same problem of course, but our professional experience is with children and teenagers so we focus on them. We would like to make some suggestions here as to how this problem might be understood and what can be done about it.

Causes and reasons

ADHD itself

The mere fact of having ADHD itself can make it hard to get things down on paper. Not being able to listen adequately to instructions, becoming distracted while writing, talking instead of writing, not concentrating on completing a task, and being too disorganised to think through what has to be written, are all part and parcel of the classical ADHD picture. Difficulties with planning, sequencing and organising ideas add to this problem. Should the child hit an impasse, he loses focus.

Then there are problems with mental effort control. It takes a lot of mental energy to do the things we don't like doing, and maintain the momentum needed for a mind to get work done. Maintaining stamina, delaying gratification and engaging in reflective thinking are all extremely difficult for children with ADHD. A writing task is often a seemingly insurmountable threat to these children as it

takes strong attention controls and motivation to put in place all the key elements needed to express thinking on paper.

The straightforward treatment of ADHD as a condition should improve matters in any case but there may also be co-existing factors, psychological and physical, not themselves part of core ADHD, but which often crop up in children who have it.

Co-existing psychological issues

Problems with short-term memory aren't a necessary part of ADHD but are quite common in association with it, and can take various forms. Short-term memory in psychological terms refers to what has happened in the last 30 seconds or so. It is rather different from the everyday use of the term, when some people are talking about forgetfulness across a number of minutes or hours.

A *visual short-term memory deficit*, meaning that the child cannot remember well enough what he has seen in the last minute or so, will make copying down from a board slow and difficult since he will have to keep looking up to check.

Similarly, an *auditory short-term memory deficit* can make it hard to take down notes dictated by a teacher. If the teacher is dictating instructions for homework or using long spoken explanations for a writing task then the child with a weak auditory short-term memory will not be able to remember what has just been said so cannot get started on the task or know what homework is expected.

A more complex form of short-term memory is working memory, which is the ability of the mind to re-arrange or process new information. A weak auditory working

memory means that a child cannot hold in mind what has just been said to him if he has to reorganise it or mentally digest it. He may be able to simply repeat back what he has just heard, but if he has to think about it and analyse it or rearrange the order of what has been said then he can only do this if he can continue to hold it in mind. If his auditory working memory is small then he just can't do it. So if there is a long instruction about a writing task which requires thinking about, that instruction gets lost.

Active working memory is the place where the multiple ideas or plans of any activity are held in place long enough to complete it. It plays a vital role in productivity (writing output) in class. If the writing task is an essay, or similar, so that ordering of ideas into successive sections is needed and the child tries to do this organisation in his head, a weak working memory will make the task very difficult and a very brief piece of written work results. Many children with ADHD may be described as absent-minded but in reality they have a capacity problem in working memory. Forgetting what they intended to say whilst writing will cause a child to lose the thread of their thinking and dry up.

Clinicians can assess *auditory short-term memory* by asking the child to repeat back a string of single numbers. If they go on to ask the child to repeat the numbers back in reverse order to the way they were given they are testing *auditory working memory*. *Visual short-term memory* is tested by asking the child to copy a complex diagram and then to draw it from memory.

In psychological testing, the scores for a memory for numbers spoken forward and

backward are usually combined into a single score. If the child has a superb straightforward auditory short-term memory this can mask a limited auditory working memory, yet the latter can be a substantial problem in the classroom.

A more complex difficulty with understanding the instructions or explanations of a teacher to carry out a piece of written work is when a child cannot process language or make sense of what he has heard. This may be the result of a *receptive language difficulty* or an *auditory processing disorder (APD)*. Assessing these issues is a complex business and requires a speech and language therapist, or an audiological physician if auditory processing difficulties are suspected. We notice, incidentally, that a diagnosis of auditory processing problems is quite fashionable at the moment and often diagnosed without the full assessment that is needed to confirm them.

A *slow rate of mental processing* (sluggish cognitive tempo) can cause a child to present with a predominantly inattentive form of ADHD (the old ADD). These are the dreamy, "in a fog", children who take a long time to think things through even though they may have normal or even high intelligence. If a child is a slow processor then it will take him a long time to get something down in writing because he thinks slowly.

Children with both ADHD and a *mild autism spectrum problem* can write relatively little because they are distracted by their own preoccupations, or simply not able to grasp what the teacher wants them to do, or just why they should do it. They may well be on their own agenda rather than that of the teacher so do not listen effectively or bother to write to please the teacher when they do not see the point of the task. Their creative writing is also likely to be brief and limited because they are typically not imaginative thinkers.

Dyslexia is very common in association with ADHD but can be missed. It will inevitably lead to errors in writing that elicit criticism. This can make the task of writing unpleasant and thus avoided. Although ADHD is characteristically associated with careless errors (such as poor punctuation or spelling mistakes), not all such errors are necessarily careless. It is crucial to establish whether they are caused by dyslexia as a co-existing problem; something to recognise and address in its own right.

Physical issues

If the child with ADHD also has physical problems affecting the movements required for writing so that the act of writing is slow, awkward or even painful, then little will be written down. Children with *low muscle tone* or *hypermobile joints* often need to use unorthodox methods of holding a pen or stabilising their upper body in order to write, and this may make writing for any length of time difficult or slow.

Difficulties with fine motor control can arise because of problems co-ordinating the wrist and finger movements required for handwriting. If simple movements such as putting the tip of a finger to one's nose can be performed accurately but more complex sequences such as tying shoelaces, or indeed handwriting cannot, then the terms *developmental dyspraxia* or *developmental co-ordination disorder (DCD)* are used. These are roughly the same, dyspraxia being the term used by most UK clinicians, DCD by researchers and academics because it is more clearly defined. It is best to use these terms when there is a general difficulty with complex movements, not just in the hands, but quite often one sees a complex co-ordination problem which is confined to the hands.

Dysgraphia, a physical difficulty with handwriting, can be a result of a general dyspraxia or an inability to carry out rapid movements such as repeated finger flexing or alternating rotatory movements of the hands at the wrist, a problem called *dysidiadochokinesia*. Whatever the cause and nature of co-ordination problems, writing is likely to be poorly formed, slow and possibly painful if carried out for more than a few minutes.

All these physical issues should be easily identified by a doctor carrying out a physical examination but not all children's doctors have been specifically trained in how to identify developmental problems with movement control. It is usually better to involve a physiotherapist or occupational therapist in order to assess these.

What can be done?

Physical problems and writing

Children with ADHD are typically careless and rush tasks, but not all poor handwriting is the result of carelessness and if there are physical problems causing poor handwriting then these need to be addressed, usually by informing teachers so that appropriate expectations and allowances can be made. Allowing extra time for a task when the act of writing is slow for physical reasons is appropriate.

The advice and assistance of a physiotherapist with a special interest in handwriting is extremely valuable but not always easy to obtain. An occupational therapist can yield practical advice. Private handwriting tutors exist.

Many children with physical co-ordination difficulties will find using a laptop easier than

handwriting. This cannot be an automatic recommendation as some have substantial difficulty with rapid alternation of finger movements, and typing may be as difficult as writing so that audio transcription or scribing may be needed, especially in exams. Mere access to a laptop is, of course, pointless without systematic instruction in touch-typing.

Psychological issues causing difficulties with writing tasks in the classroom

An experienced teacher will already be applying differential teaching techniques to children with ADHD to compensate for differences and weaknesses in learning style.

When it comes to the issue of getting it down on paper, the basic issues to be addressed include:

- Generating ideas,
- Planning,
- Pacing (timing) in the writing task itself

Whilst simultaneously attending to small details (punctuation, spelling, capitalisation and use of grammar).

Generating ideas

• **Mind maps** are a widely used, highly visual way to generate and organise ideas. A central idea is brainstormed and recorded as one or two words on different branches surrounding the main title or heading. Ideas can then be grouped into relevant sections and paragraphs. Having material visible rather than having to be kept in the mind is a helpful principle. The key resource is the book 'Mind Mapping' by Tony Buzan.

• **Software** that is good for 'concept mapping' and training pupils to organise their thinking for longer written tasks include: 'Inspiration' and 'MindGenius' both from iansyst Ltd.

Planning

Once ideas have been generated, they need to be written about logically. Planning is critical, yet the impulsivity of ADHD means that children pitch into the task, impatient to get it over with, and then do not know what to write after the first few lines. This can be overcome by teaching the child to break up a writing task into manageable stages.

• For younger children **writing frames** are useful – Divide a sheet of paper into 3 or 4 blank sections entitled 'Beginning', 'Middle', 'End', 'Conclusion'. Provide sentence starters and 'cheat sheets' which suggest the vocabulary needed for each section.

The writing task itself

• Reducing the length of a writing task: Requiring written work to be short yet gradually increasing its required length over time, particularly with homework assignments.

• Offering frequent breaks

• Providing time feedback: Time judgement is often weak in ADHD and knowing how much

time is left for completion can be hard for a child to estimate.

The small details

The problem of carelessness in presentation need not become a major preoccupation and can be dealt with by asking the child to concentrate on just one issue in each writing task – full stops, tall letters, separate paragraphs etc. rather than the whole presentation.

Homework

This poses a particular challenge to children with ADHD who can feel tired, or have just had enough by the end of the day. In addition, they may have not attended to instructions in class or failed to grasp their entirety, lost the homework sheet, left key books at school or find themselves too distracted in the home environment. Just like writing tasks in the classroom, children with poor attention control are unsure of where to start, how to plan and organise their writing and they tend to write as little as they can get away with. This leads to homework battles, and written homework becomes anticipated as a particularly unpleasant experience to be rushed through as quickly as possible by both parent and child.

The whole situation can be helped by establishing *work rules and a work ethic at home*.

- Having a routine for homework, starting at the same time and the same place each evening.
- A relatively distraction-free, clear workspace and equipment (handouts, books, pens, paper and rulers to hand at the start).
- Offering mutually agreed rewards for completed homework. These can include activities such as free time on the computer, PlayStation and so forth (bearing in mind that screen time is to be limited within each day).

Most children will need *help getting started* with a writing assignment

- Planning how long each task is likely to take.
- Brainstorming ideas around the topic/title with a parent.
- Offering possible opening sentences and sitting with them until they have started writing is also helpful.
- Frequent short breaks.
- For children with weak self-monitoring skills reviewing work is laborious and often ignored. However, parents do not need to anticipate what the teacher will say when marking and there is a risk of making the process unpleasantly negative. It may be better for a parent simply to praise (where appropriate) rather than criticise.

Weak Working Memory and Writing Tasks

In class the first task for the teacher of a child



with both ADHD and an auditory working memory problem is to *ask the child to repeat or otherwise demonstrate that they have understood what it is they have to write*.

Teachers and classroom teaching assistants can help children who have both ADHD and auditory short-term memory difficulties by breaking longer verbal information into manageable chunks and repeating and emphasising important points to record. Other strategies that can help include:

- Setting up a system for getting notes from a peer buddy or from the teacher. This works best if set up as a daily routine rather than expecting the pupil to make the choice each day and get the notes himself;
- Providing pupils with an outline at the beginning of each lesson with space to fill specific information. This helps to preview new learning and highlights the important information.

Such children will also have major problems with planning. They may not have enough working memory capacity to hold enough information in mind in order to sift out important details and to rearrange a sequence of ideas. This makes it very difficult to condense information, paraphrase, summarise and place paragraphs in sequence.

Children whose visual short-term memory deficit makes copying material from a board a slow process, because of frequent looking up to check, will be helped by being provided with notes on what they would otherwise have to copy. Alternatively it may be enough simply to recognise that such children need more time to copy things down.

The following simple technique is useful for written homework:

- Write down or mind map key ideas briefly, take a break.
- List ideas in the best order, take another break.

- Write a draft without worrying about neatness, spelling or punctuation.
- Tidy these up for a final piece of work.

The fundamental problem of a weak working memory can be addressed by computerised training programs such as Cogmed or Jungle Memory. Medication may help with working memory or slow processing issues.

ADHD and co-existing Dyslexia, Dyspraxia, Dysgraphia and Specific Language Impairment (Developmental Language Disorder)

The sub-skills of writing include letter formation, use of good language on paper, punctuation and capitalisation, spelling and the correct use of language. Sub-skills like these in turn result from various mixtures of neurodevelopmental functions and can be difficult for children with ADHD who have a co-existing specific learning difficulty such as dyslexia, dyspraxia or dysgraphia. The effort of having to concentrate on thinking about accurate spelling, mechanics of letter formation and where to put punctuation, places considerable load on thought, imagination and concentration during writing. This leads to fatigue before writing is completed, or unexpectedly disorganised or simplistic written work with a marked mismatch between ability to verbalise and record thought in writing.

The key issue here is recognition and support by teachers and parents, as the risk is that such children will be regarded as simply lazy or careless. They may, of course, have also already learned that it is easier to avoid writing tasks because of the difficulty they have rising to the expected mainstream educational standard.

Managing a long written assignment

It is nearly always much easier to use a computer for longer written work. It reduces the burden of having to handwrite and the editing facility of a word-processing program with a screen means the child who can touch-type can readily see what he has written while

he is writing. This supports sequencing and organising of ideas.

Children whose fine motor co-ordination difficulties make using a computer keyboard difficult can still benefit from computers, using voice recognition software such as Dragon Naturally Speaking or Dragon Dictate.

Critical Thinking (higher order thinking skills) in secondary school

As a child progresses through school they will be expected to increasingly think more critically, analysing and evaluating information. Again this is extremely difficult for children with ADHD who may well have associated executive function and working memory difficulties. This is where teachers and parents are needed to help 'walk children and teenagers through' a step-by-step process. This seems to be a particular problem with English and History. In which case, a parent or teacher can help the child:

- Enumerate the facts: Ask them to report the facts presented in the text. This may include details of a plot if it's a novel, or summarising a piece of non-fiction.

- Uncover the author's creative point of view: Support the child in exposing or describing any point of view, intention or motive in the work.

- Establish what the child thinks: How do I feel about this? What is my opinion or point of view?

- Search for Errors and Exaggerations: Look for any false claims, distortions or exaggerations in the text. What is on the surface and what is authentic? Is the author manipulating the reader/viewer?

- Use technology: Using information from an expert website to back up evidence. Look for other reviews of the work and use these to help inform opinion.

- Weigh the Evidence: Pull together all the above steps to produce a well-informed opinion. This involves separating and considering the objective findings, biases, motives and information gained from other sources.

- Communicating: Formulate opinions using words. List these before they are written.

Summary:

If you're a child, it's tough living with a sense that your thinking is hard to control, and for a parent it's equally frustrating to be striving to raise a child with a mind that lacks focus. It's hard for a student to be intelligent yet not productive. It's tough teaching a bright child who somehow can't get the written work done. Although it is a common problem that the child with ADHD cannot seem to get things down in writing, it is when there are overlaps between ADHD, short-term memory problems, specific learning difficulties and dyspraxic problems that the work gets hardest for all concerned. Thorough initial assessment ought to identify these and may need to be reviewed if doubts arise.

Lisa Hawking and Professor Peter Hill can be contacted at 127 Harley Street, London W1

Patrick Robertson Kay

- my story

My name is Patrick and I am 15 years old.

I suffer from ADHD, and was diagnosed when I was about 6 years old.

Primary school was very difficult for me. I found it really hard to control my behaviour and most of the time I was in trouble. I was very popular with my peers because I made people laugh and was the class clown. I was also very good at athletics.

Being diagnosed young has its benefits as you are given support from school, teachers and doctors. However, the two places that I receive the most support from are my wonderful family and ADHD & Autism Support Harrow.

When I learnt I had ADHD, I started reading books about it, mostly looking at pictures of cartoon people jumping up and shouting.

At 12 years old, I was more aware of my ADHD and more conscious of my abnormal behaviour. I was on a very high dose of Concerta xl, a form of Ritalin, and lost a lot of weight as my appetite was affected, and my behaviour got worse. I started my first secondary school and was finding things really difficult. My mum sent me on a course at the charity called CALMS, which gives coping strategies for teenagers with ADHD.

I learnt new strategies, including new ways to behave. One thing I learnt was how I behaved when I walked into a classroom, and how the teachers would be watching my behaviour. I would be purposely late, rude, unapologetic and loud. This always got me into trouble. I practiced what I had learnt and the next day I

went to my worst lesson (English). I arrived early, went in looking smart and sat down. I said to myself "first task completed". Second task was to get my homework out...damn no homework, stay calm. I apologised to the teacher and I accepted the punishment.

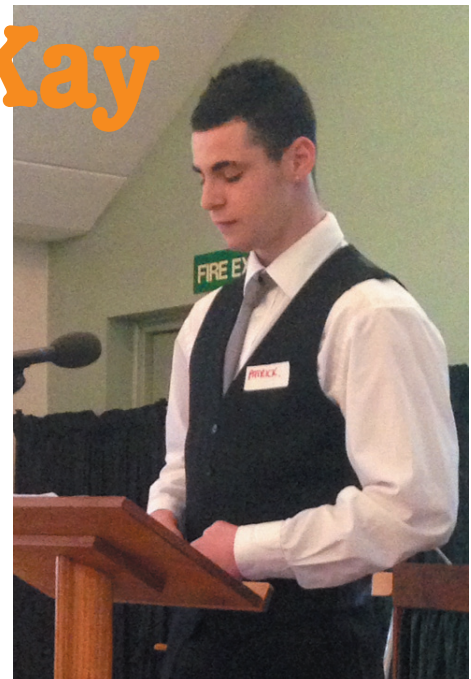
I was excluded from my first secondary school and then moved to an all boys' school. My experience was still bad. I felt very unsupported and everyone assumed I knew where to go. I was often late for class having got lost, and ended up with detentions. At that point I wanted to make the teachers lives HELL. I survived 24 days in the school before I was excluded again.

I then ended up in the local tuition services. There I felt scared and intimidated as it's a place where some of the worst teenagers go, and I knew I needed to get out of there if I was going to make anything of myself. Eventually I was offered a place in another high school. The teachers really seemed to understand me. However, I was still badly behaved and little had changed.

I also started the "WhyTry" programme at ADHD & Autism Support Harrow. I learnt lots of ways to motivate myself and stay out of trouble. I learnt about decisions and consequences and who my support is.

I don't know if it was because of "WhyTry" but my grades started to go up. I have reports and evidence to show that before "WhyTry", and learning ways to control my anger, my grades were bad - I used to get "D" in Engagement and behaviour.

In the last two weeks of year 10 I received 2



awards, best progress in year 10 for English and Tutor Group award. I received a "B" in Attainment and "A" in Engagement and Behaviour.

I was also able to do my work experience at the charity at the end of last summer term. "WhyTry" helped me to recognise my difficulties and weak points, and to manage them. I have remained calm, confident and have less stress on my shoulders. I am now a good student in school and my family say "A joy to be with" at home. It's a lot quieter in the classroom.

I also recognise when I need to take my medication and when it works well for me.

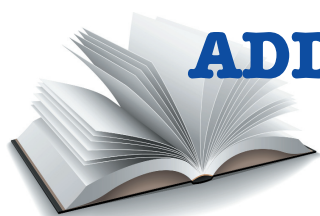
ADHDnews



Important Dates for your diary

1. ADHD Conference 2014 - Malta - 25th, 26th and 27th April at University of Malta Hall. Contact info@adhdmalta.org for details. Speakers include Kevin Roberts, Phil Anderton and Dr Nikos Myttas.

2. ADHD North Wales and ADDISS conference - Wrexham - 20th June 2014 - check the ADDISS website and facebook page for more information.



ADDISS Bookshop

To order a book from the ADDISS bookshop go to www.addiss-shop.com or contact the office info@addiss.co.uk

Current titles include:

Hyperactive Dreamers – by Marko Ferek - £13.00

Aspergers Rules – by Blythe Grossberg - £8.95

Boys from Hell - Life with a child with ADHD – by Alison Thompson - £10.00

There are also a variety of books targeted at children with ADHD - and helping them to understand ways that ADHD influences behaviours, and offering strategies that help.

The bookshop has a range of gifts – including silver jewellery specially made for the ADHD community, and books to help children understand their ADHD.

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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>

Infant Scientists Wanted!



Are you pregnant, or do you have a baby between the ages of 0-10 months who has an older sibling with autism and/or ADHD?

The Studying Autism and ADHD Risk in Siblings (STAARS) project is part of the British Autism Study of Infant Siblings (BASIS), a UK wide network of researchers. Our aim is to learn more about the early development of baby brothers and sisters of children with autism and/or ADHD. We hope our studies will in the long-term help to improve early detection and diagnosis of children with autism and ADHD.

If you are pregnant, or have a baby between the ages of 0-10 months who has a full sibling diagnosed with an Autism Spectrum Disorder and/or an Attention Deficit Hyperactivity Disorder, please contact us for more details.

Travel costs to central London (WC1) are reimbursed and special arrangements are made for families who live further away.

STAARS, The Babylab, Centre for Brain and Cognitive Development

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