

# ADHDnews

ADD Information Services (ADDISS) Registered Charity No. 1070827

SUMMER 2014

## Andrea Bilbow OBE



hyperactive kids with Ritalin', 'Just gives it a different name'.

ADHD is after all just a name we give to a cluster of symptoms. The thrust of his book is simply that the symptoms are the same but he prefers to call it something else. A rather disappointing and non controversial book after all. Nevertheless the interview went extremely well.

No sooner had we put that one to bed than the media starts again with Dr Bruce Perry, so called world expert neurologist, with yet again a theory that ADHD does not exist, it is simply children who are either traumatised or abused. Another kick in the teeth for parents, though I would admit that the media reporting bias may have fuelled things a bit.

And at the back of my mind I am wondering who was it within the cabinet who decided to recommend that the Queen honour me with an OBE for supporting children and families affected by this made up non existent condition called ADHD? And why would the Queen herself bestow such an honour upon me? Well she did. The Queen of England accepts the validity of ADHD and recognises the work of ADDISS in supporting so many families.

What an honour it was to go to Buckingham Palace, a place I had only ever dreamed about since I was five years old when I saw the 1955 film John and Julie about two little children who ran away from home to see the coronation of the Queen.

A place of such beauty and grandeur, the walls full of beautiful artworks. I was led into an ante room with 80 other wonderful people who had come to be honoured for the incredible work they do. We were given a briefing of what will happen, what we should say, how we should curtsy. We were then told it would not be the Queen as she had hurt her ankle but that Prince William would be standing in for her. I was a little disappointed at first but when it came to my turn to approach him and receive my medal it was so exciting I was almost speechless. He had prepared himself well, he was incredibly charming and asked interesting questions. We chatted and he chuckled at a comment I made. I was in awe and promptly forgot the procedure I had just been taught about how to address him. I am sure he did not mind. He certainly knew how incredibly difficult it is to raise a child with ADHD and was quite empathetic. This was very much reflected in our conversation. So if anyone tells you that ADHD does not exist, just tell them the Queen of England believes it exists and so does Prince William.



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The last few months have been quite challenging for the many parents whose children are struggling to live with ADHD.

First we see the publication of a book called ADHD Does Not Exist by Dr Richard Saul. Our first instinct is to be angry, to fight back and to shout very loudly YES IT DOES, HOW DARE HE! I was sent a copy of the book by BBC Newsnight, who wanted my comments and to invite me onto the programme to confront Dr Saul. I was a little bit hesitant because I didn't want a slanging match. I did however read his book. It is important to get your facts right when appearing on one of the BBC's flagship news programmes that reaches a very large audience. Knowledge is power. I empowered myself by knowing what was in the book in the same way we at ADDISS like to empower parents so they get the best for their children. As is usually the case I also got Colin McGee, our therapist here at ADDISS, to skim the book. He highlighted passages and put coloured page markers on the pages which were relevant so I could go to them quickly if need be.

My taxi came at 9.45pm and I was at the studios by 10.15pm. On my arrival I was told Dr Saul would not be there as he had gone to the wrong studio. At this point I was not sure if I was relieved or whether I felt cheated out of a good opportunity. I sat down in the green room and opened my bag to do some last minute reading of his book as the focus would now be solely on me. To my horror I discovered I had left the book at home. So I just switched on my autopilot and hoped for the best. My visual memory kicked in and I remembered the bits I had highlighted.

'Title deliberately provocative', 'Treats

## ADHD and the Disabled Students' Allowances (DSA)

By David Grant



Since 1993, students in higher education with specific learning difficulties, including ADHD, have been able to claim funding designed to help them study on an equal basis with other students. This funding is known as the Disabled Students' Allowances (DSA); it is not means tested. English students (other than those on NHS courses) need to make an application for the DSA to Student Finance England. There are equivalent bodies for Scotland, Wales, Northern Ireland and NHS students.

When submitting a claim for the DSA it is necessary to provide a post-16 diagnostic assessment. Until last year individuals with ADHD were advised their diagnosis should have been arrived at by a medical practitioner. However, satisfying this requirement was very problematic, given the patchy nature of ADHD provision across the country, and particularly so for adults. Even when provision was available, it was often accompanied by long waiting lists. Consequently, an ADHD Consensus Meeting (May, 2013) was convened under the auspices of the body that provides advice on assessment standards to Student Finance England. The outcome was very positive. It was agreed that, as ADHD has a negative impact on educational performance and achievement, diagnostic assessments for ADHD as a specific learning difference could be carried out by specialist assessors (practitioner psychologists and specialist educational assessors), subject to certain safeguards. Since then, such diagnoses have been accepted as being sufficient to enable an individual to submit a claim for the DSA. (NB The outcome of this consensus meeting and guidance on what a diagnostic assessment for ADHD should cover can be found on the website: [www.sasc.org.uk](http://www.sasc.org.uk))

This outcome was important for more than just enabling students to gain a diagnosis of ADHD without undue delay. A specialist assessor, unlike a medical practitioner, can screen at the same time for a variety of other specific learning difficulties. This is crucial, for there is a considerable body of research demonstrating that the majority of individuals with ADHD also have one or more other, co-occurring, specific learning difficulties such as dyspraxia (developmental coordination disorder) and/or dyslexia. Analysis of the ADHD diagnoses I have made (N = 156 over a 44-month period, 79 of whom were female) reveals the presence of an additional Specific Learning Difficulty in just over half (54.5%) of instances. In addition, about 40% also reported one or more bouts of depression.

ADHD	ADHD + Dyspraxia	ADHD + Dyslexia	ADHD + other SpLD outcomes
45.5%	26.3%	20.5%	7.7%

Another reason for recognising the role that specialist assessors can play is that ADHD is frequently accompanied by deficits of working memory and processing speed. These deficits, which are also frequently observed when dyslexia and dyspraxia are present, impact in well-known ways on both educational studies and everyday life. For example, a working memory deficit affects the speed of reading for information, the ability to structure ideas when writing, and speed of being able to commit fact-intensive material to memory. Most specialist assessors routinely assess working memory capacity and processing speed when carrying out a diagnostic assessment.

Such an assessment of an individual's neurocognitive strengths and weaknesses is of key importance in determining what support would be most appropriate, for medication, in my experience, does not improve working memory or processing speed. For example, Anna's ADHD diagnosis revealed the presence of both these deficits. She subsequently obtained a confirming medical diagnosis of her ADHD and was prescribed medication. She reported: *Concerta definitely helps me with focus and helps control impulse when distractions present themselves. It has also increased my energy and capacity for work. But I do not think it has improved my working or short term memory, sped up my reading, or made me work faster (just longer actually).*

The neurocognitive profile for an individual with ADHD is complex and varies considerably from person to person. While there is no doubt that students find a diagnosis of ADHD a major step forward, it is only a first step. This is captured in Fiona's comment: *I was stressed before, but now I feel more positive about next year and getting the right help I need to learn things.* That right help can be substantially funded via the DSA. (NB Students are also advised to seek a medical opinion following a diagnosis of ADHD as a specific learning difficulty as medication/cognitive therapies can be of major importance.)

Once a student has been advised they are eligible for the DSA, they will then be asked to contact an Access Centre to make an appointment for a Needs Assessment. These centres are often associated with universities and are subject to regular quality audits. The cost of this assessment is funded from the DSA.

Having made an appointment, the student will be asked to provide a copy of their diagnostic report in advance of the assessment. A typical Needs Assessment takes about two hours, during which the assessor will discuss with the student the study requirements of their course and the individual's own strengths and weaknesses. Brief demonstrations of specialist software/hardware may also be given and the types of one-to-one mentoring and study skills support that can potentially be funded discussed. The focus is very much on the individual. Centres will endeavour to match the specific expertise of an assessor with the diagnosis of the student. Saymah's experience was a very positive one: *My assessor was extremely friendly and very supportive, and had a good idea of the problems that I might be facing and made very relevant and good suggestions as to what support he thought would help. I didn't feel uncomfortable at all, I felt understood and very supported.*

# ADHD and the Disabled Students' Allowances (DSA)

There is a strong consensus amongst Access Centres and higher education institutions that mentoring is of key importance in supporting a student with ADHD, both in terms of providing psychological support and helping an individual to manage their time effectively.

The School of Oriental and African Studies, which is recognised as being at the forefront of providing support for students with ADHD, report that peer mentoring has been found to be 'really helpful'. *We have done that through volunteers and just a session with someone else who has ADHD can be very valuable.* Mentoring can also be provided by an ADHD coach. Study skills support, which covers a wide range of academic skills including effective revision techniques, organising notes and referencing, can also be recommended by a Needs Assessor and funded from the DSA. Saymah's response to being provided with both mentoring and study support captures the value of such support: *The mentoring and study support is really useful in terms of having someone to talk to, as I find that ADHD causes me to have a lot of mood swings and one moment I can be rational and calm the next having a complete breakdown or giving up. There's an element of accountability and it's like having someone check up on you, which really helps.*

As students with ADHD typically have problems with writing essays and reports (e.g. structuring, rambling, losing focus, proof-reading) a variety of specialist software, and training in its use, can be recommended. Saymah reported *'Texthelp and mindmapping really assists with organising my work, which for someone like me can be problematic with all the distractions, and so it is a quick and easy way to regain my train of thought'*.

After a student has attended a Needs Assessment, the assessor will write up a detailed report containing recommendations, with justifications, and costings. These will need to be formally approved by Student Finance England (or equivalent). The DSA has different sections against which costs can be allocated (e.g. Specialist equipment allowance, Non-medical helpers allowance), which is why it is titled 'Allowances' in the plural.

Once approval has been given, it is the student's responsibility to obtain the agreed software/hardware from an approved supplier, and set up a meeting with their institution's disability service to agree mentoring and study support provision. For a student who is already struggling with meeting deadlines and general organisation, this is no

easy task. While, ideally, this should take place before a student begins a higher education programme, the reality is that most diagnoses of ADHD take place after a student has enrolled and run into major difficulties with meeting deadlines, staying focused in lectures, as well as when reading and revising, and with remembering such things as appointments. Tom's description of his response to his academic difficulties before support was provided is typical of many: *I feel envy and frustration followed by a feeling of worthlessness when I see others finish their work in less than half the time it takes for me to finish, and then receive a score 20 or 30 points higher than me.*

The DSA is not the sole form of support. Universities themselves are obliged to provide appropriate accommodations. These can range from granting extensions for assignment deadlines, to allowing additional time in exams that are held separately in a quiet room with computer provision and a break opportunity. Occasionally an institution, such as the School of Oriental and African Studies, is able to provide imaginative additional support, such as regular Mindfulness classes and a creative working space for group work.

Support works. About six years after diagnosing a medical student with ADHD and dyslexia I received an email from her: *I graduated, doing better in practical exams than written ... I completed foundation training knowing to keep an eye out for my shortfalls and have spent some time working in xxxxxx. I return to a Core Surgical post in August. So far so good!*

What is not so good is that the government, which funds the DSA, has just proposed radical changes to the DSA, to take effect from the beginning of the academic year 2015/2016. One proposal is that only students with complex conditions will, in future, be eligible for the DSA. How 'complex' will be defined is an open question, but it is difficult to see how ADHD can be anything other than a complex condition.

The government guide to the DSA can be downloaded at: <https://www.gov.uk/disabled-students-allowances-dsas/overview>

Acknowledgements. *The writing of this article was greatly aided by feedback from students with ADHD, a study support tutor, Joseph Aquilina (a neurodiversity consultant), and information provided by members of SOAS and the Central London Assessment Services (CLASS).*

## Poem - Can I have a word?

Written by Lisa-Marie Dufield

Oh the joys of being a mum having a child with ADHD  
The constant craving for stimulation and boundary pushing needs  
Attention span – what is that “Are you talking to me?”  
Easily distracted, unorganised and always ill at ease!

Immature behaviour, forgetful, projects you fail to finish  
Impossible to stay quiet or still – endless energy that doesn't diminish

It's that time of day I dread the most, picking you up from school  
My stomachs in knots not knowing whether you've been super cool or super fool!  
Here come the mums - on the warpath - heading in my direction,  
This isn't going to be pretty, and I fold my arms for protection.

Get in line my darling I think you're fourth or even third

Either way you'll get your chance to ask me  
Can I have a word!



## Book Review

by Susan J. Chrysostomou

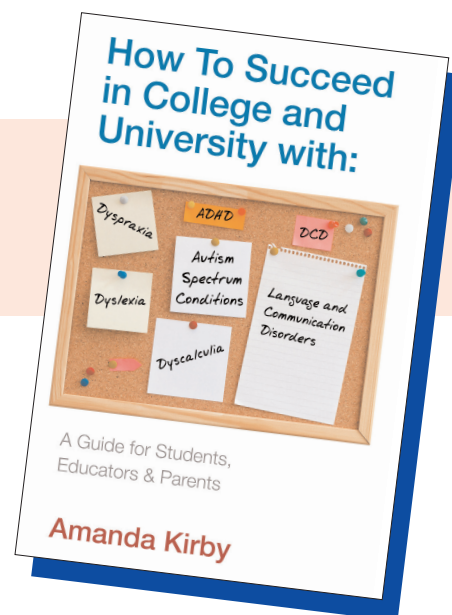
Raising a child is tough. Being a mother of two adopted ADHD children is hard work, and with no 'how to...' books' or road maps, one is often left to one's own devices and intuition. I founded ADD-ADHD Cyprus in the year 2000, a family support group for the exchange of experiences and ideas, with the purpose of strengthening and mentoring parents on how to best help their child at home and at school with practical strategies and techniques. As an ADHD Coach, with more than 25 years of experience designing, testing and adjusting structured goal setting and reward systems it has allowed me to provide students, and their parents, with a wide range of personalised tools to help them succeed.

In spite of both my kids having a good grounding of chores, responsibilities and 'you should do it like this!' training, when my daughter with severe attention, impulsivity and emotional difficulties went off to uni, she was really unprepared as to what life really was about to throw at her. Her organisational and study skills were intermittent; her time-keeping was atrocious and trying to keep up with the daily phone calls and texts to help her 'keep on track' was expensive and unproductive.

She soon gave up and came back home feeling a huge failure.

Amanda Kirby's book offers a very comprehensive view of all the things that one needs to think of even before leaving home, and presents it in a very sensitive way. The chapter on preparing for uni or college would have given my daughter a deeper insight as to what to expect, and the tools to better prepare her for it.

Last year, when my son went off to uni, he was older and more prepared than my daughter was. His hyperactivity and impulsivity made him rush everything without thinking things through first, very often resulting in a lack of thoroughness and sometimes complacency. I was sure, with all the 'home training' and army training he had received (as he had been conscripted to the Cyprus army for two years), he was far better equipped to deal with what lay ahead. He was independent, yes, being able to wash his clothes, buy his own food and get up and out on time, however, knowing how to finish the job with ironing and tidying his clothes and learning how to cook the food that he bought, was difficult for him to grasp.



Amanda Kirby's 'How To...' book really hits the spot. She covers all these every day domestic skills in her book. It is the essential handbook covering all the life skills from getting organised and settling in, finances to study skills and socialising to looking for work, so that when one heads off to uni or college, they can take their 'scaffolding' with them. The handbook takes into account all learning difficulties and provides lists, advice and techniques for any student, with or without a disability, whether it be hidden or visible, and prepares them for an enriched and successful university experience.

## President ADHD Europe

We are delighted to announce that Andrea Bilbow has been elected as the new President of ADHD Europe. This organisation facilitates the efforts of national and regional ADHD organisations in Europe to acquire funding for projects to improve

the lives of people with ADHD. It also disseminates information, provides support, lobbies and advocates on the topic of ADHD at a Europe wide level, to effect changes in policies and to improve legislation and services.

You can find out more about their work on the website [www.adhdeurope.eu](http://www.adhdeurope.eu)

### Research Notes - Omega 3

By Professor Eric Taylor

The fish oil story is continuing to make the headlines, and the latest is a trial from Mexico(1). Researchers there gave children with ADHD a mixture of omega-3 and -6 fatty acids (mostly omega-3, with EPA in about three times the quantity of DHA\*). The design had the important strength that there was randomisation of whether the children received the omega-3/6, or medication with methylphenidate, or both together. This meant that the fatty acid supplement could be compared fairly, without the confusing issue of different people choosing different treatments. The trial was also breaking new ground in that it went on for a long time (12 months), while most other studies have been just for a few weeks which might well not be long enough to catch all the effects on the brain.

They found that omega-3 was nearly, but not quite, as effective as methylphenidate. It was somewhat slower to work – so at three months it would probably have seemed considerably less effective than the medication, as indeed is implied by other trials that have not lasted as long. It did not, however, add much benefit if the children were already taking methylphenidate – but it did mean that the children were taking a smaller dose of the medication.

What does this mean in practice? We cannot be certain that the fatty acids were making a difference – because the trial did not include any children who were not treated. All the same, if the other trials of fish oils are put together, they do seem to show that the oils have a positive effect on ADHD symptoms even by comparison with a dummy capsule(2). The snags are that the effect is small and the cost is considerable. The fatty acid preparations are safe, but at the moment they cannot be prescribed on the NHS. If you do

decide to buy a preparation, then it is not possible to indicate a "best buy" scientifically, but most of the positive effects have been found with compounds that are rich in EPA.

Note:

\*EPA and DHA stand for eicosapentaenoic acid, and docosahexaenoic acid respectively. They are two of the omega-3 "essential fatty acids" that have attracted most of the research.

#### References

1. Barragán, E., Breuer, D., Döpfner, M. (2014) Efficacy and safety of omega-3/6 fatty acids, methylphenidate, and a combined treatment in children with ADHD.
2. Sonuga-Barke, EJS. et al. (2013) Nonpharmacological interventions for ADHD: Systematic review and meta-analyses of randomized controlled trials of dietary and psychological treatments. *The American Journal of Psychiatry* 170, 275-289

# APPLICATIONS WANTED FOR TRUSTEES

ADDISS is actively seeking to recruit new Trustees to sit on our Board. We would especially welcome applicants with a background in PR, legal, IT, finance and fundraising but any skill that you regard as being of value to the Charity would be considered. Knowledge of ADHD is not essential but we are looking for people who are committed to improving the lives of children and adults

and their families who are affected by the condition. If you would like more information on becoming a Trustee, I would recommend the Charity Commission website [www.charitycommission.gov.uk](http://www.charitycommission.gov.uk) and go to their section: Roles & Responsibilities of Trustees. If you think that you would like to join us, please contact myself, Jenny Missen, Chair

of Trustees by email: [missenj@aol.com](mailto:missenj@aol.com) and I will send an application form.

Applicants will be invited to meet with the Trustees and CEO and all applications are considered by the Board.

Thank you for your interest.

Jenny Missen – Chair of Trustees

## My fundraising experience

by Jane Reynolds

As I was inching slowly across a raging river in a storm of biblical proportions, I was asking myself why I was here in Ethiopia. The answer of course was that I was at the start of my fundraising trek to raise money for ADDISS...

From when our first child Harry started toddling around, 8 years ago, it had been a struggle. Compared to other children he seemed so hard to occupy, was so clumsy, broke everything he touched and never had the patience to play with toys. His days at nursery were legendary for his destructive behaviour! Once he started school, larger concerns emerged over his concentration, his ability to interact normally and behave appropriately in the classroom. It took over a year of tests and meetings with various agencies before our fears were realised and Harry was diagnosed with ADHD.

Despite having my husband to talk to, I felt totally isolated. I found ADDISS whilst desperately searching for information on the net. From the first conversation I had with Andrea, I felt as though I was not alone. During the following weeks, months and beyond our whole family has benefitted from the support and information, courses and services that ADDISS provides.

Thanks to all this we have been able to implement strategies to help Harry focus on what is important and to build his confidence, and despite his continuing struggles with attention and impulsivity he is doing really well in mainstream school.

So... here I was... at the end of March doing my best not to be swept away by the freak weather conditions in Ethiopia's supposedly "dry season" fundraising for ADDISS, trekking and camping for 10 days in the Simien Mountains, climbing Ethiopia's highest mountain, Ras Daschen, (4500m or 14,763 feet in old money) and battling my way through more mud than a thousand Glastonbury's!

It was a tough, challenging but ultimately extremely rewarding trek in a beautiful country rich with history, and the money I have raised is my, Harry's and the rest of our family's thank you to ADDISS for all their help. My family, and most importantly Harry, would not be where we are now without them.



★ It is still possible to sponsor Jane and help her to reach her funding target - through [www.justgiving.com/JaneDoesKilimanjaro](http://www.justgiving.com/JaneDoesKilimanjaro)

## Nine Things You Might Not Know About ADHD

by Thomas E. Brown, Ph.D.

Despite decades of research into the condition known as Attention-Deficit/Hyperactivity Disorder, many myths and misunderstandings still persist. One of those misunderstandings is the assumption that ADHD does not involve problems with emotion, that this disorder consists only of problems with focusing attention and with behaviour.

In my recent book, "Smart but Stuck," I share stories of past clients who were extremely intelligent, yet got "stuck" at school, work, or in personal relationships because of their ADHD. These stories illustrate how emotions - both positive and negative - impact individuals with ADHD, and the steps those with ADHD can take to get "unstuck." Here are some of the facts and problems described in this new book

- Emotions like anger, fear, shame, or hopelessness can take over the mind of a person with ADHD, much like a computer virus takes over a hard drive. This flooding of emotion makes it difficult for the person to keep any other feelings in mind - feelings that would help them to deal with the situation at hand, such as remembering that the person they are so frustrated with and confronting with strong anger is also someone they love and don't really want to hurt.

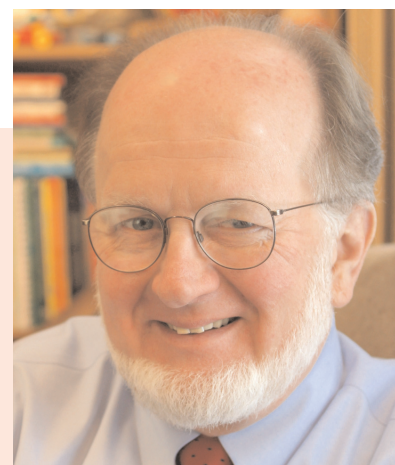
- ADHD often looks like a simple lack of willpower because those with the disorder can focus and work very well on a few specific activities that strongly interest them, yet have chronic difficulty focusing on other important tasks and activities. Evidence shows clearly that ADHD is not due to a lack of willpower - it's a problem in the dynamics of brain chemistry.

- Persons with ADHD not only have problems managing negative emotions like anger; they also struggle to manage positive emotions like excitement and intense interest. An inability to manage positive emotions can be just as problematic if it leads the person to remain too focused and stuck on one thing when they really need to move on to pay more attention to something else.

- Some extremely bright students with ADHD fail in high school or college not due to a lack of intelligence, but because unrecognised emotional problems with fear, shame, or depression lead them to avoid going to classes, getting their work done, and sustaining friendships.

- Parents of a child with ADHD are often extremely stressed and may become polarized against each other. Typically one parent assumes the role of "butt kicker", confronting the child each time he or she isn't doing what is expected, while the other parent acts as the "marshmallow", repeatedly making excuses for inappropriate behaviour. They may end up repeatedly arguing or fighting with each other, rather than working together to tackle the difficult decisions about when to give in and when to confront or hold the line in dealing with their son or daughter.

- As some women approach menopause they develop ADHD-like symptoms of inattention and memory problems, even though they have never had ADHD problems before. These symptoms - which often cause fears of Alzheimer's - are sometimes improved with ADHD medications.



- Emotional problems of those with ADHD involve not only "putting the brakes on" emotions like anger or frustration. They also involve problems with "stepping on the gas" or ignition - the ability to overcome lethargy and procrastination to get started on necessary tasks.

- It's often difficult for teens and adults with ADHD to feel strong enough motivation, and feel it consistently enough, to start and complete tasks where the payoff is further down the road (i.e., where gratification is delayed), even if the ultimate reward is much more substantial than whatever reward they can get more immediately.

- Recent research shows that a sizeable percentage of people with ADHD also suffer from significant problems in social relationships that are associated with Asperger's syndrome or other autism spectrum disorders. Often they simply don't realise how they are ignoring the concerns of other persons and inadvertently frustrating or hurting others.

If you would like to see examples of how these problems can occur, why they occur, and how individuals with ADHD can get "unstuck" from such difficulties, look for my new book, *Smart but Stuck: Emotions in Teens and Adults with ADHD* (Jossey-Bass/Wiley, 2014).



 ADDspark

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Dr. Edward Hallowell M.D., Ed.D. (Honorary) is a child and adult psychiatrist, NY Times bestselling author, world-renowned speaker, and leading ADHD authority. As a former faculty member at Harvard Medical School and founder of the Hallowell Centres, he has worked with people living with ADHD and mental health issues for more than 25 years.

As an adult with ADHD and dyslexia as well as the father of two ADHD children, Dr. Hallowell is considered to be one of the foremost ADHD experts and is globally recognised for his strength-based approach. Learn more at [www.addspark.co.uk](http://www.addspark.co.uk).

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- Michael Thompson, Ph.D., Independent School Consultant,  
Co-Author of "Raising Cain" and "Best Friends"

For further information and details of how to register for a workshop, please contact us at +44(0)20 8001 0307 or visit [www.addspark.co.uk](http://www.addspark.co.uk)

# ADHDnews

## Important Dates for your diary



### JUNE

20th June. One day Conference at Glyndwr University in Wrexham North Wales jointly hosted by ADDISS and the newly formed ADHD North Wales. This is an ADDISS project. Speakers confirmed so far are Phil Anderton, Dr David Bramble. Special guests Professor Thomas E Brown and Kevin Roberts.

### SEPTEMBER

September 10th, 11th and 12th. ADHD: Mind Brain and Body - a UKAAN conference. [www.ukaan.org](http://www.ukaan.org)

### OCTOBER

ADHD Awareness Week conferences - dispelling the myths - reducing the stigma  
15th October 2014 - Manchester  
16th October 2014 - London

Professor Thomas E Brown will be the main speaker at these ADDISS events for parents, professionals, teachers and anyone interested in ADHD.

Contact ADDISS for more details and to book places.

### 2015

March 2015. The Twelfth International three day ADDISS conference.

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

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

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

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

## 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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