

# ADHDnews

ADD Information Services (ADDISS) Registered Charity No. 1070827

AUTUMN 2014

## The Journey

By Sharyn Gallimore  
(Mum to Bryn)



The 17th of June 2014 - a day like no other. My son Bryn summed it up remarkably so, in a few short yet incredibly poignant words "Yes!! My last official day in education."

Attending his graduation ceremony, Bryn looked ever so smart wearing the

infamous cap and gown attire. He had a smile from ear to ear as he proudly accepted his award; Bachelor of Arts in Performance: Dance Theatre. In true Mum fashion, my happy tears began to flow.

Memories of that cheeky faced little boy flooded into my mind; that mischievous look in his eyes. As I reflected upon our journey through the education system, I recalled moments of tremendous hardship; feelings of hopelessness, despair, sheer frustration and being alone. I suddenly felt incredibly overwhelmed and taken by surprise; I had definitely not envisioned something quite this powerful. Seeing all the past battles laid out before me, I asked myself ..... "How The Hell Did We Get Here?"

Back in 2001, I found myself sitting in a lecture that included ADHD as a research topic. This was the defining moment where I recognised a crystal clear description of my child within the definition. Bryn was later diagnosed with ADHD and additional comorbidities at age 9yrs.

He suffered with all three core symptoms (inattention/hyperactivity/impulsivity) and although various medications were trialled, a suitable treatment plan was not always achievable due to the complexities. At school, he had a statement of educational needs for behaviour and he was provided with shared support. However, the nature of this support was questionable; building relationships proved difficult and a lack of ADHD knowledge prevented understanding. School consequently proved to be an extremely difficult period of time and Bryn was repeatedly reprimanded for being disorganised, not following instructions, arriving late to class, disrupting learning, etc. Informal phone calls home and requests to collect Bryn continued on a regular basis, together with weekly detentions and numerous official exclusions. All of which eventually resulted in me leaving my job and Bryn continuing for the best part of his remaining high school life on a part time schedule.

Several GCSE passes later and Bryn was knee deep in his college studies; BTech Sports and A level Performance. He found the physical aspects of his chosen subjects of great benefit and he became super absorbed; acquiring reams of knowledge and information that were of real interest to him. However, whilst he excelled

in some areas, he secretly struggled in others; the social aspects of student life. Bryn had no difficulties initiating friendships; in fact people often gravitated towards him. He has natural charisma; he fascinates people with his infinite knowledge and vast topics of intriguing conversation. He can generate a crowd in a matter of moments pulling off a death defying stunt or an acrobatic trick of some kind and he could easily have you rolling around in laughter with one of his amazing impressions. However, ADHD can often make these situations appear very one sided and you may find yourself alone, confused and misjudged as a result.



As Bryn matured he became increasingly aware of his inability to sustain friendships and this impacted upon both self-esteem and self-confidence. His university experience resulted in some truly dark moments; where tolerance levels were tested to the absolute limits and his emotions hitched a ride on the roller coaster of doom. Bryn most definitely felt a real sense of injustice in terms of his ADHD; being repeatedly highlighted and persecuted for symptomatic behaviours that are not only difficult to manage but often beyond his control.

The whole journey has been fraught with challenges, our hardest 'slog' to date but boy what an achievement; to have finally come through the other side!!

So, back to my question...

"How The Hell Did We Get Here?"

We Encouraged \* We Believed \* We Achieved

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## The Adversity Advantage

by Christian Moore LCSW



My name is **Christian Moore**. I am a proud father. I am a husband. I'm an author, a licensed clinical social worker, and the founder of WhyTry, one of the largest resilience education programmes for youth in the U.S.

I also grew up with severe learning differences and ADHD in a large blended family. In my school days, I acted out to cover my inability to process anything the teacher was saying. By a miracle, I managed to make it to high school graduation, but the question of what to do next scared me to death.

I still remember wandering the school commons on yearbook day at the end of my last high school year. College campus booths and recruitment reps lined every wall, but before I could go investigate, the school counsellor, who knew me well, intercepted me. "Christian," he said, "if you want to take off after you're done signing yearbooks, you don't have to stick around." And I knew he was right. College was not an option for me. So I left.

To understand the details of what happened in the years that followed, you'll have to read my book, but suffice it to say that my journey eventually **did** lead me to a beautiful and reputable university campus, where I found myself in an exhausting daily struggle to earn a bachelor's degree in social work. Every day I was there I felt like I'd won the lottery, but some days I felt like an academic fraud for being there. I kept waiting for campus security to come and tap me on the shoulder and say, "Young man, we've looked over your records, and it's apparent you don't belong here," before dragging me kicking and screaming off campus.

My worst fears were realised when a guidance counsellor learned of my anxiety about taking the required math course to earn my degree. I confessed to her that I didn't know the answer to nine times six or how to read the clock on her wall, and she thought I was joking. When I finally convinced her I wasn't being funny, she was shocked. "You shouldn't be here," she blurted. "You'll never cut it on this campus."

This run-in with the counsellor was one of many adversities I encountered in my struggle to earn my bachelor's degree – and eventually my master's degree – and become a licensed clinical social worker. But each experience like this one was a lesson – greater than any I found in my college textbooks – on using challenges as fuel to thrive in every aspect of life. These

experiences, combined with observations I made as a social worker and as founder of the WhyTry Programme, helped me understand the power of resilience and the ability we all have to access it.

### The Resilience Breakthrough

I decided to package these experiences and lessons in my new book, "The Resilience Breakthrough – 27 Tools for Turning Adversity into Action."

This book delivers a practical primer on how a person can become more resilient in a world of instability and narrowing opportunity, whether facing financial troubles, health setbacks, challenges on the job, or any other problem. We can all have our own resilience breakthrough – and can each learn how to use adverse circumstances as potent fuel for overcoming life's hardships.

### Understanding the Sources of Resilience

The book reveals **four sources of resilience** that every human being has access to. Through these sources, I reveal resilience-building tools that individuals, organisations, and schools can start using today. These sources are:

- **Relational Resilience: You don't give up because of the knowledge that others depend on you.**

I have two sons, and when times get rough, I think about them and what would happen if I threw my hands up and quit. Their dependence on me has helped me reach heights in life I never thought possible.

- **Street Resilience: You take pain and use it as fuel.**

Remember that guidance counsellor who told me I didn't belong on her campus? After the initial shock subsided, I was able to use the pain of that interaction as fuel to fight my way even harder to graduation. I was determined to prove everyone wrong who thought I couldn't make it. Anger, disrespect, and discrimination can be some of the most powerful sources of motivation, fuel, and resilience if you know how to channel them.

- **Resource Resilience: You increase your resilience by recognising and utilising the resources around you.**

I had an experience in college where my pockets were empty and I had no idea how I was going to buy food and pay rent that month. I was a newlywed, and my wife had just been laid off from her job. While she frantically searched for work, I was forced to take a good hard look at my skills and abilities – my resources – to come up with a solution. I didn't know how to run a cash register or operate a computer, so at first I felt like a failure.

Then I remembered that I love art and am pretty good with watercolours. There was a wealthy gated community nearby, and with camera in hand, I decided to go where the money is.



I snapped photos of a few houses and hurried home to paint them in their greatest detail, right down to each daffodil blossom in the yard. I framed the paintings and returned to the neighbourhood. I took a deep breath before knocking on the first door, hoping to get two hundred dollars for the painting. The woman who answered gasped when she saw her home portrayed like that, neatly framed on a canvas, and offered me six hundred dollars. Everyone whose home I painted bought a painting.

I came home a more confident person – able to provide my family with basic needs and even make a car payment. I had found a way to access my talents and abilities to begin solving a really big problem. That is Resource Resilience.

• **Rock Bottom Resilience: You believe in your ability to change your circumstances, no matter how helpless.**

You may be saying, "I've never hit rock bottom. Life is going pretty well for me." But the fact is, you don't have to be homeless or penniless to hit your own personal rock bottom. Your rock bottom could be a divorce, a failed business, a closeted addiction, or something smaller – what I call emotional rock bottom – when you're simply burned out, exhausted, overwhelmed, or in mental-shutdown mode. You might find yourself just going through the motions.

When you have Rock Bottom Resilience, you believe in unforeseen options no matter how bad things get, and that

drives you to keep moving forward. You have an awareness that losing in the past does not necessarily equal losing in the future.

**Which of the four sources are you strongest in? Which ones could use some work? I've developed a free self assessment to help you find out at [www.resiliencebreakthrough.com](http://www.resiliencebreakthrough.com).**

**Resilience is a vital skill that everyone deserves access to – the teacher, the parent, the inmate, the kid who, like me, struggles daily with ADHD and severe learning differences. I hope you'll join me on my journey to help the world experience a resilience breakthrough.**

**If you would like to order your copy of The Resilience Breakthrough, you can do so through the website [www.resiliencebreakthrough.com](http://www.resiliencebreakthrough.com).**

**ADDISS regularly runs Why Try programmes for different groups – keep checking our website for the next dates.**

**Christian Moore will be giving the opening keynote address at the ADHD Awareness week conferences in October where you will be able to purchase copies of the new book.**

**See the back page for more information.**

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## Young males with ADHD needed for research

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4% of the population are affected by Attention Deficit and Hyperactivity. In Autism that number rises to 25%. We would like to know why.

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We are looking for young males aged 21-26 years, native English speakers, who have been diagnosed with Attention-Deficit and Hyperactivity Disorder (ADHD), to take part in our study.

You cannot take part if you: suffer from substance abuse, have epilepsy, have had a head injury, have learning disabilities, or have a history of psychiatric illness.

This study consists of 2x 2.5-3 hour sessions to be completed in one or two days. You will be given £50 at the end of the study. Lunch and travel expenses will be reimbursed.



Email us at [snap@kcl.ac.uk](mailto:snap@kcl.ac.uk) with ADHD Study on the subject heading, or call us on 020 7848 0469 to speak to our research team.



## Drug Driving and ADHD

By Dr Philip Asherson

A new offence of drug driving - driving under the influence of drugs, including some prescription drugs above specified limits - is due to come into force on Monday 2nd March 2015. According to the government this has been introduced as a "tough new measure to crack down on the menace of drug driving". This raises the possibility that some people taking legitimate prescription medications could be picked up by drug tests and potentially prosecuted under the new drug driving law.

In relation to the treatment of attention-deficit/hyperactivity disorder (ADHD) this is mainly a concern for those taking amphetamine based drugs - dexamfetamine, lisdexamfetamine (Elvanse) and Adderall. Other stimulant drugs containing methylphenidate (e.g. Concerta, Equasym, Medikinet, Ritalin) as well as non-stimulants like atomoxetine (Strattera) are not listed under the new drug driving laws.

Despite potential concern, the new law should have no impact on drivers being treated legitimately with amphetamines for ADHD. In fact, the police can already prosecute anyone impaired in their ability to drive due to any drug, whether taken illegally or as a legitimate prescribed medication. So why is there a need for this new law? The government explain that this is in response to the very high number of road traffic accidents that occur while under the influence of drugs, and evidence that many drugs bring about impairments in reaction times or an increase in risk taking behaviour. So in order to bring the law into line with those for alcohol, the new rules now include the use of certain drugs over specified limits while driving, regardless of whether the person involved is shown to be impaired in their ability to drive. In other words, it is assumed that the use of certain drugs above specified limits will always lead to impairment and will therefore be an offence for the protection of other road users.

In general, the limits for the majority of prescribed drugs have been set above the normal doses. However, according to the Department of Transport, even when this is not the case, the new law offers protection to people using drugs legitimately, because



there is a medical defence for people taking medicine in accordance with a health care professional's instructions - provided, of course, they are not impaired by the use of the drug they are taking. However, to avoid the risk of prosecution under this new law it is advised that drivers being treated for ADHD with amphetamines (or other drugs on the list) should carry written evidence with them in case they are stopped by the police while driving. This evidence could, for example, take the form of a letter from their doctor explaining the drugs and dosage they are prescribed, or a copy of the prescription.

The new law is of course designed to limit the use of drugs that might impair ability to drive, and are often found in people who have had accidents. The law is particularly targeted at controlled drugs which are taken illegally. For these drugs the government has decided that the risks far outweigh their legitimate use and have decided on a zero tolerance approach. This means that the use of even very small amounts of controlled drugs while driving can lead to prosecution under the new law. For example, a few puffs on a joint might be detected with new roadside saliva tests and could then lead to prosecution under the new law. A second list of drugs includes those that are more often prescribed for medical reasons, but are nevertheless addictive or abused in some cases and known to cause problems such as drowsiness and loss of concentration. These include drugs that are often prescribed for short periods of time to help with anxiety or sleep problems. The drugs listed by the government are listed in Table 1.

### Drugs and driving in relation to ADHD

It is the inclusion of amphetamine that causes most concern for people being

treated for ADHD, although drivers should be aware of other drugs that should not be used while driving. For example, under the new law there will be zero tolerance for the use of cannabis. This may be a problem for those people with ADHD who use cannabis as a form of "self-treatment". The use of cannabis in this way for the treatment of ADHD is not however evidence based and can lead to problems with paranoia and impaired cognitive function, including impaired ability to drive. Some of the other drugs listed may be prescribed for the short term control of anxiety or sleep problems, which are often experienced by people with ADHD - but these can cause drowsiness and impair cognitive functions relevant to driving. It is also important to remember that it is an offence to drive under the influence of any drug that causes impaired driving ability, whether the drugs are on the list or not. For example, drugs such as antidepressants or antihistamines can also cause drowsiness and impair driving ability.

The place of amphetamine on the list remains controversial and at the time of writing this article (August 2014) is the only drug for which a final decision on maximum allowable blood level has yet to be agreed. It is however planned to consider this further during September 2014, after which a final decision will be made in time for the new law in March 2015. Arguments have been given for both high and low allowable levels. However, whatever the final decision, it will be within the law to drive while taking prescribed medication for ADHD (including amphetamines) so long as this is supported by your doctor and the drugs do not impair your ability to drive.



**Table 1: Drugs listed in the new drug driving law**

Drugs with zero tolerance	Drugs with specific blood levels
Cocaine	Clonazepam
Ecstasy (MDMA)	Diazepam
Ketamine	Lorazepam
LSD (lysergic acid diethylamide)	Oxazepam
Heroin (diamorphine)	Temazepam
Methylamphetamine	Methadone
Cannabis	Morphine
	Amphetamine*

\*At the time of writing the allowable blood level for amphetamines has not been decided.

### Should people being treated for ADHD be concerned?

It is not surprising that some people will be cautious about being diagnosed with ADHD and being treated with medication because of the new rules on drugs and driving - even though it is entirely legitimate to take prescribed medications so long as they do not cause driving impairment. Overall, the driving laws should not affect adults with ADHD who are safe drivers. The DVLA already has a section on its website in which it states that people with ADHD should declare their diagnosis and treatment if they are driving a vehicle. To be precise, the DVLA does not state that everyone with ADHD must declare the diagnosis, but rather the diagnosis must be declared if it is thought to be associated with impaired driving. They state: "you can be fined up to £1,000 if you don't tell DVLA about a medical condition that affects your ability to drive". They go on to say that you should "check with your doctor if you are not sure if your ADHD affects your driving. You must tell the DVLA if it does". This is good advice, because ADHD has a wide range of effects on driving ability and if you are at all unsure it is always best to discuss this with your doctor.

### What are the risks of driving accidents associated with ADHD?

The available evidence suggests that people with ADHD are at a higher than average risk of serious driving accidents. For example, recent research from Sweden using national databases showed that serious transport accidents are 1.5 times more common in adults with ADHD than those without ADHD. However, they were able to show that the

use of medication reduces this risk. They used data that tracks people through periods when they are being prescribed medication for ADHD and compared this to periods off medication. They showed a reduction in serious transport accidents during periods on treatment, that was particularly pronounced (and statistically significant) in men, with a 58% reduction in risk of a serious transport accident (Chang et al., 2014). They estimated that among men with ADHD, 41% to 49% of the accidents could have been avoided if they had been receiving medical treatment for ADHD during the entire follow-up period of the study.

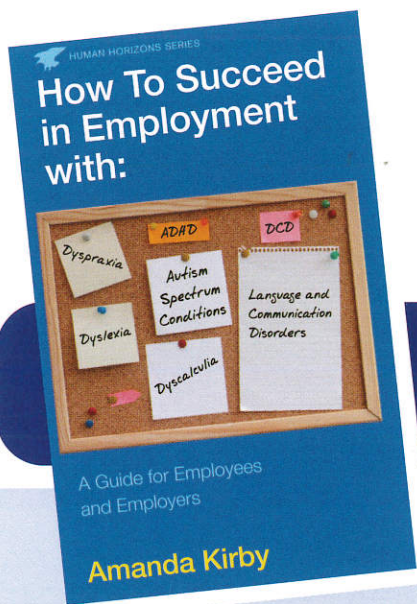
Although ADHD does present as a risk factor for serious driving accidents, there is a wide range of severity of the condition and impact on driving ability. This means that each case is different and you will need to decide whether having ADHD impairs your ability to drive safely. Some people with ADHD have driving problems because of their ability to sustain their attention, without having their mind wander to the extent that they are not paying attention to potential dangers. However, others may be able to focus sufficiently well on driving, especially if they find this to be a rewarding activity. So there are many people with ADHD who can and do drive safely. More difficult to manage can be drivers with ADHD who are impulsive and may drive dangerously without sufficient care and attention. For example, there are higher rates of driving offences such as speeding among men with ADHD. If you or your family are unsure of your ability to drive safely because of your ADHD you should discuss this with your doctor. You will also need to inform the DVLA if ADHD does indeed affect your driving.

### Conclusion

- People with ADHD should not be concerned about the use of prescribed drugs for the treatment of ADHD symptoms in relation to the new drug driving laws. At the time of writing it remains unclear whether a low or high blood level of amphetamine will be allowed while driving. It is to be hoped that a sensible limit is accepted, so that people using prescribed amphetamines legitimately should not have to explain themselves to the police, or the courts, unnecessarily. However, even if a zero tolerance approach is adopted, this should not be a concern to those using medication as prescribed.
- To avoid potential problems it is advised that evidence of legitimate use is carried by drivers taking amphetamines (dexamphetamine, lisdexamphetamine or Adderall). The new drug driving laws do not include the use of any other drugs for ADHD, including methylphenidate and atomoxetine.
- It remains the responsibility of everyone to ensure that they are not impaired when taking any drug while driving, whether on the specified list of drugs under the new law or not.
- Adult drivers with ADHD should declare that they have ADHD to DVLA if they think their driving is impaired due to ADHD. If you are unsure about your ability to drive you should discuss this with your doctor.

**Reference:**  
**CHANG, Z., LICHTENSTEIN, P., D'ONOFRIO, B. M., SJOLANDER, A. & LARSSON, H. (2014). Serious Transport Accidents in Adults With Attention-Deficit/Hyperactivity Disorder and the Effect of Medication: A Population-Based Study. JAMA Psychiatry.**





## Book Review

### How To Succeed in Employment with Specific Learning Difficulties:

A guide for employees and employers.

By Amanda Kirby

Book reviewed by Colin McGee

The general overview of the book is helpful and it is a comfortable read. A real strength of the book is that it presents helpful ideas and information for both the employees and the employers. The author provides a useful outline of how the book can be used and this is well worth reading first.

She offers support and advice to help people overcome the problems that a number of different Learning Difficulties present and to enable people to find ways to gain access to employment. The fact it's in an e-book format as well as a book is helpful as the font size can be changed and it can be read aloud by the device if needed.

Chapters 13 and 14 are aimed primarily at the Employer. But they are useful for the employee to read.

The chapters follow a good order and lead us sensibly through the book. Each chapter builds on the previous chapter's information. However, you can dip in and pick out sections that may be currently more important for you.

- 1 Introduction for employees and employers
- 2 What are specific learning difficulties?
- 3 Thinking about career choice and matching strengths
- 4 Finding a job and gaining support
- 5 Interviews from beginning to end
- 6 In the job
- 7 Being organised IN work
- 8 Using technology
- 9 Getting organised at home
- 10 Looking after yourself

- 11 Socialising with others in work and out of work
- 12 Mental health and well-being
- 13 Employers guide
- 14 Making reasonable adjustments
- 15 Useful organisations

#### What I liked about the book

The book design is one that can enable people to access the text in a comfortable way. There are areas of blank space on each page that helps not to overload the reader. The blocks of text are often broken up with the paragraph heading in a bold font. The book is easy to read and full of many useful tips and ideas. The author covers a wide range of activities and issues in accessible ways. Her method is to move slowly through potentially tricky situations and obstacles while identifying challenges and sticking points. Thankfully she has done a lot of work for us by offering well thought out ways to overcome the pitfalls and develop workarounds. Some of these ideas will be familiar to you and some will be an interesting addition to your arsenal of effective strategies.

I liked the section on gaining a diagnosis. I thought it provided an accurate description of the lucky dip that appears to be involved when anyone is seeking a diagnosis. However, there are some issues about the ADHD descriptors that seems to offer a limited view for me. This is to be expected as the book is giving a light touch to all other 'labels' that are described. The one that really caught me was when Amanda said that ADHD affects 1-2% of the populations (page 26). Most of the research that I am aware of shows an estimate of between 4-9%.

As an experiment I read through chapter 11 of the book with a young man of 16

(who has Aspergers, PDA and ADHD). This chapter was about socialising after work. He is becoming actively interested in meeting girls and this helped outline a current basic misunderstanding that he was beginning to develop. Amanda's very helpful suggestion was that just because someone is treating you in a friendly way they are not necessarily your friend. This helped the young man to ask questions about his recent meeting with a girl and to begin to understand that she was simply being friendly. Perhaps the friendship will grow and develop later, perhaps not. But even though she treated him in a friendly manner they are not now in a boyfriend/girlfriend relationship as he was beginning to think. Perhaps they are on the way to becoming acquaintances.

He found some of the ideas tricky to understand and this offered us the opportunity to spend some quality time discussing the issues. I found that this was a great way to help motivate my pupil. I think that because the ideas were from outside of our relationship, of pupil - teacher, it enabled us to talk about them without getting caught up with the emotional buttons that can sometimes be pressed, and can lead to halts in our discussions. I think he will find this book becomes more helpful as he gets older.

On the whole a useful addition to your library and one to let employers see as well. I would recommend this book.

Available from the ADDISS  
bookshop adult section  
[www.addiss-shop.com](http://www.addiss-shop.com)  
Publishers Human Horizons  
Series - Souvenir press  
ISBN 978-0-28564-246-1.  
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Dr. Edward Hallowell M.D., Ed.D. (Hon) 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 around the world.

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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## AWARENESS WEEK CONFERENCES

### ADHD is REAL

**Promoting Positive Attitudes  
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People with ADHD**

ADDISS is running two ADHD Awareness Week conferences, in partnership with local groups.

Speakers will include Professor Thomas E Brown, Kevin Roberts, Professor Loretta Giorcelli, Marko Ferek, Phil Anderton and Christian Moore

15th October 2014 in Stockport  
16th October 2014 in London

Book here  
[www.adhdconference.org.uk](http://www.adhdconference.org.uk)

or email  
[events@addiss.co.uk](mailto:events@addiss.co.uk)

### Other dates for your diary



ADHD Inspiration Day in Wiltshire - for parents and carers on 25th October 2014 - contact [adhdkids.org.uk](http://adhdkids.org.uk) for more details.

The 12th International ADDISS Conference will be in March 2015. More details, dates and venue to be confirmed.

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## Infant Scientists Wanted!



**Are you pregnant, or do you  
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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.

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

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