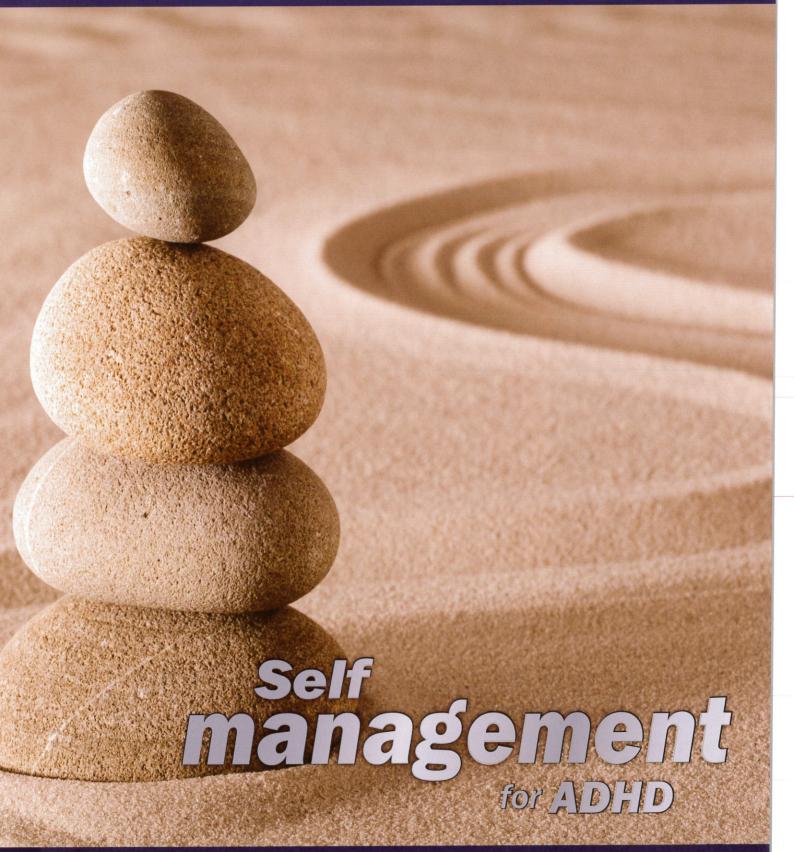


issue 36 Winter 2016

The voice of ADDISS - The National ADHD Information and Support Service















ADDISS is the National Attention Deficit Disorder Information & Support Service.

We provide people-friendly information and resources about Attention Deficit Hyperactivity Disorder (ADHD) to anyone who needs assistance - parents, sufferers, teachers or health professionals. All our activities are supported by our Professional Board of expert advisers.

■ MEMBERSHIP OF ADDISS

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.

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£45 for professionals £30 for parents & adults with ADHD

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Meet the Trustees

Our ADDISS trustees come from a range of backgrounds and professions, and each provide their own unique skills and experience to the charity on a voluntary basis. Trustees have overall responsibility for the work that we do, they make sure we fulfill our legal requirements and that we have a clear set of goals that we are continually working towards.

Bernadette Ashton

Chair of ADHD Lancashire

What motivated you to become an ADDISS trustee?

I became a trustee for ADDISS in June 2016, although I have been involved with ADDISS for a lot longer. I first found out about ADDISS when I was looking for support after my son was diagnosed with ADHD in 2009. In 2011, I founded the ADHD Lancashire support group, for families and adults dealing with ADHD in Lancashire; after volunteering for ADDISS for a number of years I felt I would like to be more involved and so applied for a trustee position.

What aspects of ADDISS are you involved in?

I help coordinate the ADDISS National conferences and find sponsorship from local and national organisations to support the conferences. I am also actively involved in fundraising for the charity and raising awareness of ADDISS and ADHD.

What do you enjoy about being a trustee?

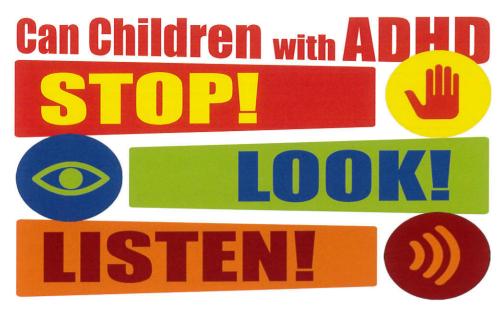
I enjoy supporting Andrea (Andrea Bilbow, ADDISS CEO) and being more actively involved in supporting the work and awareness of ADDISS and ADHD. I enjoy being part of an amazing team who are committed to making a difference.

What skills and expertise do you bring to your trustee position?

As well as my role as ADDISS trustee and Chair of ADHD Lancashire, I am a Public Governor for Lancashire Care NHS Foundation Trust, a Trustee of Clayton Brook Community House which is in a deprivation area of Chorley, a Steering Group member of the Lancashire Parent Carer Forum and a Trustee of Lancashire Equalities.

I have been running my own ADHD support group for five years and have additional expertise as an events coordinator, website developer and ADDISS promoter on social media, radio and TV.

I bring my commitment to making a difference for families and adults living with ADHD, as well as organisational skills, knowledge and an adaptability to new challenges.



A study carried out by researchers at the Universities of Strathclyde and Dundee provides new insights into the behaviour of children as pedestrians.

by Dr Sinéad Rhodes Deputy Director - Salvesen Mindroom Centre, Edinburgh University

oad accidents are recognised as a leading cause of accidental death for children and young people, and we know that children and adults with ADHD are much more likely to be involved in accidents compared with others. Surprisingly, it is only quite recently that researchers have begun to explore road safety in children with ADHD. It is important to recognise that road accidents arise from a wide variety of factors, including the ways that roads are designed and laid out, traffic management and the behaviour of other road users, and should by no means simply be attributed to the behaviour of the child pedestrian. However, children with low levels of pedestrian skills are less able to read the road well, and this can exacerbate the difficulties we all face when confronted with the challenges of modern traffic conditions and the poor behaviour of other road users. For this reason, children's pedestrian skills, their understanding of traffic, and the ways in which this improves with age, and may be amenable to training, has become a major focus of research in recent years.

When the team began their research in this area in 2012, only two other research projects had studied the pedestrian behaviour of children with ADHD directly. One of these studies, carried out in the U.S (Stavrinos et al., 2011) suggested that difficulties children with ADHD have with high-level thinking processes called executive functions may explain why they have more road accidents. It was still not understood though which specific aspects of the thinking process actually caused these increased risks. This new research project therefore aimed to identify the specific psychological factors (such as memory and impulse control) that may help to explain the vulnerability of children with ADHD at the roadside and also examined a wider range of pedestrian skills than had been investigated in previous studies.

The study included 122 children aged 5 to 12 vears old from Scottish NHS Health Boards and local education authorities. Sixty-one of these were children with ADHD who were then matched to children without ADHD on a range of factors, such as age, gender, socioeconomic background and general ability. Children completed computer tasks assessing three key pedestrian skills. These tasks were created by a member of the research team as a part of research into pedestrian behaviour that was commissioned by the UK Government's Department for Transport. Children's performance on these computer tasks has been shown to reflect quite well how they actually behave by the roadside. Children also completed a well-recognised battery of cognitive tests that assess abilities like memory and impulse control.

What type of mistakes are children with ADHD making at the roadside?

The first pedestrian skill investigated was children's ability to plan a safe route across the road. This has been described as one of the most important pedestrian skills of all and has been shown to improve significantly between the ages of 5 and 12 years old amongst children without ADHD, and has not previously been examined in an ADHD group. There were clear differences in skill level between children with and without ADHD in their ability to plan a safe route across the road. Children with ADHD were much less able to identify a safe place to cross the road or plan a safe crossing route compared with the group of children without ADHD. Unlike their peers, children in the ADHD group did not alter their crossing routes in order to avoid hazards and, as a consequence, more often crossed near to blind corners and between parked

cars which obscured their view of the road. When they were asked to justify their selected routes they were much less able to do so than the children without ADHD. The research found that difficulties with being able to hold information in short term memory over a delay was linked to problems children with ADHD had in remembering features of the road scene and in choosing crossing routes to avoid hazards obscuring their view of the road or placing them at risk of being struck by a vehicle.

The second skill that was investigated was ability to make speed, distance and time judgements to determine whether there was sufficient time to cross through gaps between approaching cars in a flow of traffic. The researchers found that children with ADHD were less able to identify gaps between cars in a flow of traffic that were large enough to cross through compared to children without ADHD. Children with ADHD were willing to attempt to cross through smaller gaps and had more 'close calls' with approaching vehicles. Here it was found that impulsivity in children with ADHD was linked to their less safe performance in respect of this skill.

The study also investigated children's ability to make predictions about what other road users intend to do and what actions they plan to make. Children viewed short video clips of road scenes that showed moving vehicles, pedestrians and cyclists. The clips were then paused and children were asked what they thought would happen next based on what they had seen (e.g. a car indicating to leave the road at a junction). Children with ADHD made significantly fewer correct predictions and when asked as to why they had made the prediction they had, they were much less likely to mention clues featured in the clips which could have allowed them to make correct predictions (e.g., a vehicle's indicators, break lights or changing traffic lights). Here it was found that difficulties with how the children organise their memory (working memory) appeared to cause difficulties in making accurate predictions.

Bottom Line

The research findings clearly show that children with ADHD face considerable difficulties when crossing the road. Crossing the road safely is an important life skill which gives young people independence and allows them to take part in social activities and exercise.

The findings suggest that children with ADHD have additional road safety needs relative to other children and may even require specialist training. The researchers now hope to secure funding to explore what form such training might take and to evaluate its effectiveness in enhancing the skill levels and behaviour of children who have ADHD.

This study was carried out by:

- Dr Martin Toye
 Prof Jimmie Thomson
- Prof David Coghill
 Dr Sinéad Rhodes



Self-management for ADHD

By Dr Jemma Coates

Assistant Psychologist for the Devon Autism and ADHD service.

Dr Jemma Coates has been researching into a plan for self-management to improve the lives of those with ADHD and their carers. Ideas generated from her work have been used for developing a self-management programme for ADHD clients who attend the Devon Autism & ADHD clinic.

What is self-m

elf-management is a portfolio of techniques and tools given to patients by their doctors or healthcare providers to get them involved with managing their condition, and to help them choose healthy behaviours. Self-management is used in combination with medical treatment for improving physical health, for example following an injury or surgery, and for improving mental health, with good success rates.

The treatment and care of those with long term conditions accounts for 70% of the primary and second care budget in England (Department of Health, 2011), and providing people with tools to help

ADHD specific s

study trialling group
therapy for adults with ADHD
to support the learning of
self-management skills, specifically
time management, organisation and
planning 1, showed that the program
could bring marked improvement
with respect to core ADHD symptoms
of inattention, as well as executive
functioning skills.

A review of research into self-management for ADHD in 2005² suggested a holistic approach needs to be introduced to effectively treat ADHD in both adults and children:

"A multimodal treatment combining psycho-education, medication, psychotherapy, compensatory behavioural/self-management skills, technological tools and devices, coaching, advocacy, and reasonable school or workplace accommodations is probably the most comprehensive and effective"

A similar viewpoint is echoed in Hinshaw's research on self-management theories for ADHD³; it argues for the inclusion of :

nagement?

manage care and improvement of their conditions themselves would have profoundly positive effects on the patients, their families, communities and the healthcare system.

Giving individuals tools, and showing them a range of techniques, to help choose healthy behaviours has been shown to improve a person's knowledge about their condition, improve adherence to medical recommendations, make them feel more in control, and improve their psychological wellbeing, all of which is associated with improved clinical outcomes.

Devon Autism & ADHD Service



The Devon Autism & ADHD team in Exeter (DANA) provides a diagnostic and advisory role for the assessment of high-functioning autism/ Asperger's disorder and Attention Deficit Hyperactivity Disorder (ADHD).

The team are primarily an assessment service but are able to offer time-limited post-diagnostic support in the form of psycho-educational courses and 1:1 sessions if there is a complex presentation.

Courses offered include: introduction to Autism/ADHD, relationship difficulties, 8 informal support groups.

Devon Partnership NHS Trust

lf-management - can it help?

"self-evaluation and anger control interventions in self-management programmes to effectively treat ADHD in both childhood and adulthood"

However, Hinshaw's research recognises the need for a combination of treatments that could include the use of medication.

The use of self-management in the classroom for children with ADHD was trialled in research by Barry & Messer in the U.S. They taught self-management techniques to monitor academic performance, on-task behaviours, and disruptive behaviours.

They found that self-management was associated with increases in on-task behaviours and academic performance and with a decrease

of disruptive behaviours when compared to other phases.

Further review of research ⁵ on the education systems' treatment of children with ADHD in the U.S concluded that self-management skills are important for ADHD children in order to succeed in the education system but implementing this in isolation is not enough.

An approach is needed which includes educating parents, children and the education system itself on what ADHD is, and adapting aspects of the curriculum where possible and supporting teaching staff with those adaptations.

In addition, incorporating a wellness plan for family and friends supports a lot of current literature on ADHD and relationships e.g:

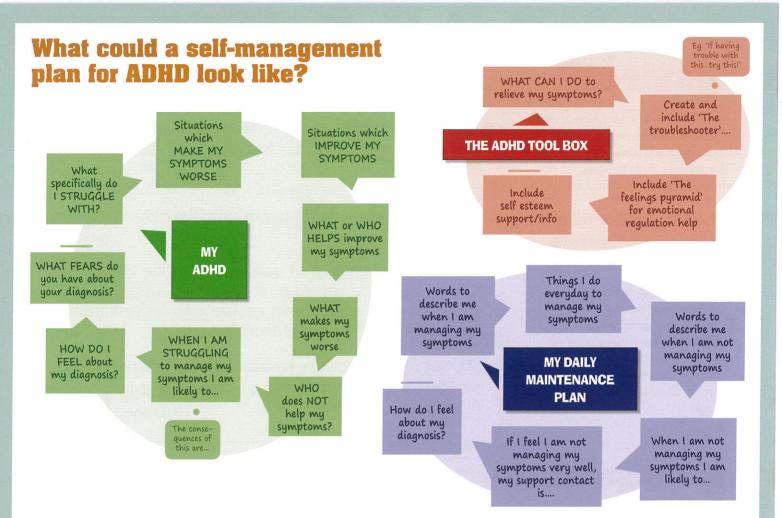
- Gina Pera's

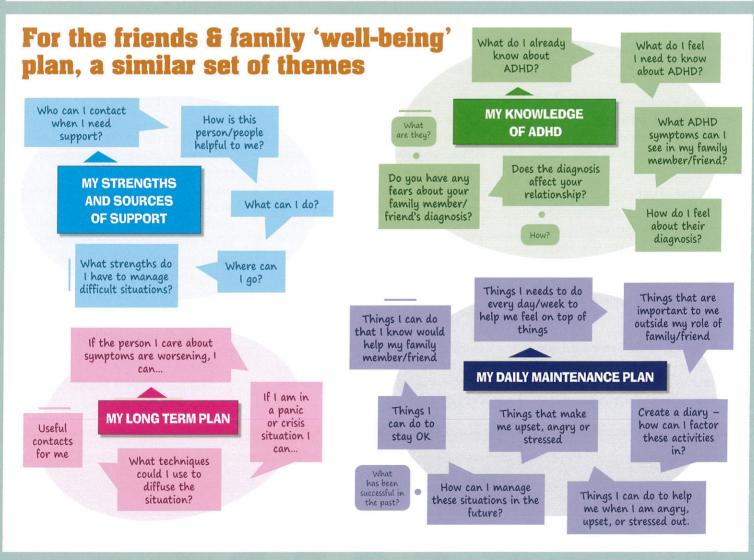
 Is it you, me, or adult ADD.
- Melissa Orlov's
 The ADHD effect on Marriage.
- Edward Hallowell's Married to Distraction.

Building from her research into how other teams and services implement self-management, Jemma has devised a model which encompasses all the positive elements from previous studies, stressing that any self-management model for ADHD needs has to be collaborative, has to be patient centred and has to be personalised.

SELF MANAGEMENT AND FRIENDS & FAMILY WELL-BEING PLANS...

- 1 Solanto, M., Marks, D.J., Mitchell, K.J., Wasserstein, J., Kofman, M.D (2011) Development of a new psychosocial treatment for adult ADHD, Journal of Attention Disorders, 11 (6): 728-736
- **2** Murphy, K. (2005) Psychosocial treatments for ADHD in teens and adults: a practicefriendly review. Journal of Clinical Psychology 61 (5): 607-619
- 3 Hinshaw, S. (1992) Self-Management Therapies and Attention-Deficit Hyperactivity Disorder, Journal of Behaviour Modification, 16 (2): 253-273
- 4 Barry, L. M., & Messer, J. J. (2003). A practical application of self-management for students diagnosed with attention-deficit/hyperactivity disorder. Journal of Positive Behavior Interventions, 5(4), 238-248.
- **5** Bloomfield, V. (2010). TEACHING SELF-MANAGEMENT TO CHILDREN WITH ADHD: IMPROVING ACADEMIC SUCCESS (Doctoral dissertation, The Evergreen State College).







A support group for parents/carers of children & young people with Autism, ADHD & related conditions

e meet up seven times a month during term time, and have either a speaker or a coffee & chat session. We have a library of books available to borrow in all of our sessions. We regularly have professional speakers, workshops, seminars and social events.

DURING 2016 we organised several seminars and workshops - including sleep seminars • educational psychologist workshops • a sensory massage & sensory toy equipment workshop • a Tui Na massage for ASD/ADHD workshop • and many more.

We also invited collaboration from respected professionals in the Special Educational Needs and Disabilities (SEND): in September Lynn Bhania (Head of SEND at The University of Hertfordshire) ran a very successful workshop about autism • in November, Dean Beadle (a successful international speaker and journalist, who has Asperger's Syndrome) gave a sell-out evening talk.

We are a
Hertfordshire
based, voluntary,
non-profit
organisation running since 2007

During the year we organised several social events for our children: Manic Ceramics • Celtic

Harmony • Paradise Wildlife park • Stanborough Park • and in November we kicked off the festive season with a fantastic Ice-Skating event in the local Van Hague Garden Centre.

OUR SPACE COMMUNITY IS GROWING! We launched "SPACE Hatfield" our 7th support group in October. It was a great success, with over 30 people attending; and has led to contact from many parents/carers, and local Hatfield companies who are keen to offer support • We are very happy to announce that "SPACE Stevenage" will be launching in the Spring • and there may be more openings throughout the year.

We invite ADHD parents/carers to join our community, in the very exciting year ahead!

For details of our monthly meetings, upcoming events, and links to other support, resources & information: www.spaceherts.org.uk • spaceherts@gmail.com • facebook: @spaceherts

SPACE Group locations

Buntingford - 10:30 - 12:30 am Anstey First School, SG9 0BY

· First Wednesday of every month

Cheshunt - 9:30 - 11:30 am

Andrews Lane Primary School, Waltham Cross, EN7 6LB

• Third Wednesday of the month (term time only)

Hatfield - 10:00 - 12:00 am

De Havilland Children's Centre, Travellers Lane, AL10 8TQ

• Third Friday of the month (term time only)

Hertford - 9:30 - 11:30 am

Selections Children's Centre, Welwyn Road, SG14 2DG

• Last Tuesday of the month (term time only)

Hoddesdon - 9:30 - 11:30 am

Rye Park Nursery, Walton Road, Hoddesdon, EN11 0LN

• First Wednesday of the month (term time only)

Ware - 6:30 - 8:30 pm

Salvation Army Church, Baldock Street, SG12 9DH

Second Wednesday of the month (term time only)

Welwyn - 9:30 - 11:30 am

Waterside Children's Centre, Rowans, AL7 1NZ

First Thursday of the month (term time only)

ADDISS supports new ADHD research

By Andrea Bilbow, Addiss CEO

Over the past three years, as President of ADHD Europe, I have been fortunate enough to get on board with a number of interesting research projects, and learn about the world of scientific research into ADHD and co-existing conditions.

unding for research from the European commission is very much dependent on research consortiums that include the patient voice at every stage of the process, from developing the proposal and submitting the grant, to playing a significant role throughout the project. Here is a list of projects which are really interesting for patients to learn about; for some of them I have been involved in, ensuring our voice is heard, helping with disseminating outcomes, sitting on ethics advisory boards and helping to keep scientists firmly grounded so they can make the links between scientific investigations and outcomes for patients.



The ADHD ADDUCE Project

■ Funded by the European Union, the Attention Deficit Hyperactivity Disorder Drug Use Chronic Effect (ADDUCE) project started in November 2011. The ADDUCE consortium hosted experts in the field of ADHD, psychiatry, drug safety, neuropharmacology and cardiology across several European universities. The aim of the project was to investigate drug safety in the treatment of ADHD by studying the long term effects of methylphenidate in individuals with ADHD. The project finished on April 30, 2016. In June this year, members of the team presented their findings at an ADDISS conference held in Dundee in partnership with the Dundee and Angus ADHD Support Group.

www.adhd-adduce.org



The Impact Group

■ The 'International Multi-Centre persistent ADHD Collaboration' is a consortium of clinical and academic researchers from several European countries, as well as the



The MIND Project

■ MIND (Mastering Skills in the training Network for ADHD and ASD) is a pan-European training network which aims to educate a new generation of researchers in the field of neurodevelopmental disorders, through innovation-oriented research combined with highly interdisciplinary and intersectoral international training, 15 young researchers are being trained, and will undertake research as part of a PhD programme. As part of their initial training they were invited to a series of lectures during a two-week seminar held in Bergen, Norway. I was invited to give a talk about the effect of ADHD and ASD on families, bringing the human aspect and the science together. In Berlin this year, some of the young scientists presented some very interesting findings and hypotheses at the Eunethydis conference.

www.mind-project.eu

USA and Brazil, which co-ordinates clinical samples (mainly blood) and clinical symptom information from over 4000 individuals with persistent ADHD, and over 8000 non-ADHD individuals. The website is an interesting list of who's who in the field of ADHD scientific research.

www.impact adhd genomics.com

MiND the gap

■ Mind the Gap is a blogging site with interesting articles provided by the researchers involved in all the above projects. You can sign up to receive regular updates, and keep yourself informed of new ideas, new developments and new research.

www.mind-the-gap.live



The CoCA Project

■ The CoCA project is investigating some of the conditions which occur with ADHD, in order to understand their underlying mechanisms, specifically mood and anxiety disorders, and substance abuse and obesity. 80% of adults with ADHD have a comorbid psychiatric problem, increasing the burden of their condition.

"Our overarching goal is thus to deliver to professionals and society new knowledge and tools to prevent adolescent and young adult ADHD from escalating into detrimental comorbidities with mood and anxiety disorders, substance abuse, and obesity."

www.coca-project.eu



The Aggressotype Project

■ Many children with ADHD and conduct problems will display aggressive behaviours and for some, the aggression may lead to social maladjustment and crime. Scientists working on the Aggressotype project are looking closely at the underlying mechanisms and subtypes of aggression; it is hoped that their findings will help open up possibilities for developing effective prevention and treatment strategies that will benefit vulnerable patients with paediatric conduct disorders.

www.aggressotype.eu