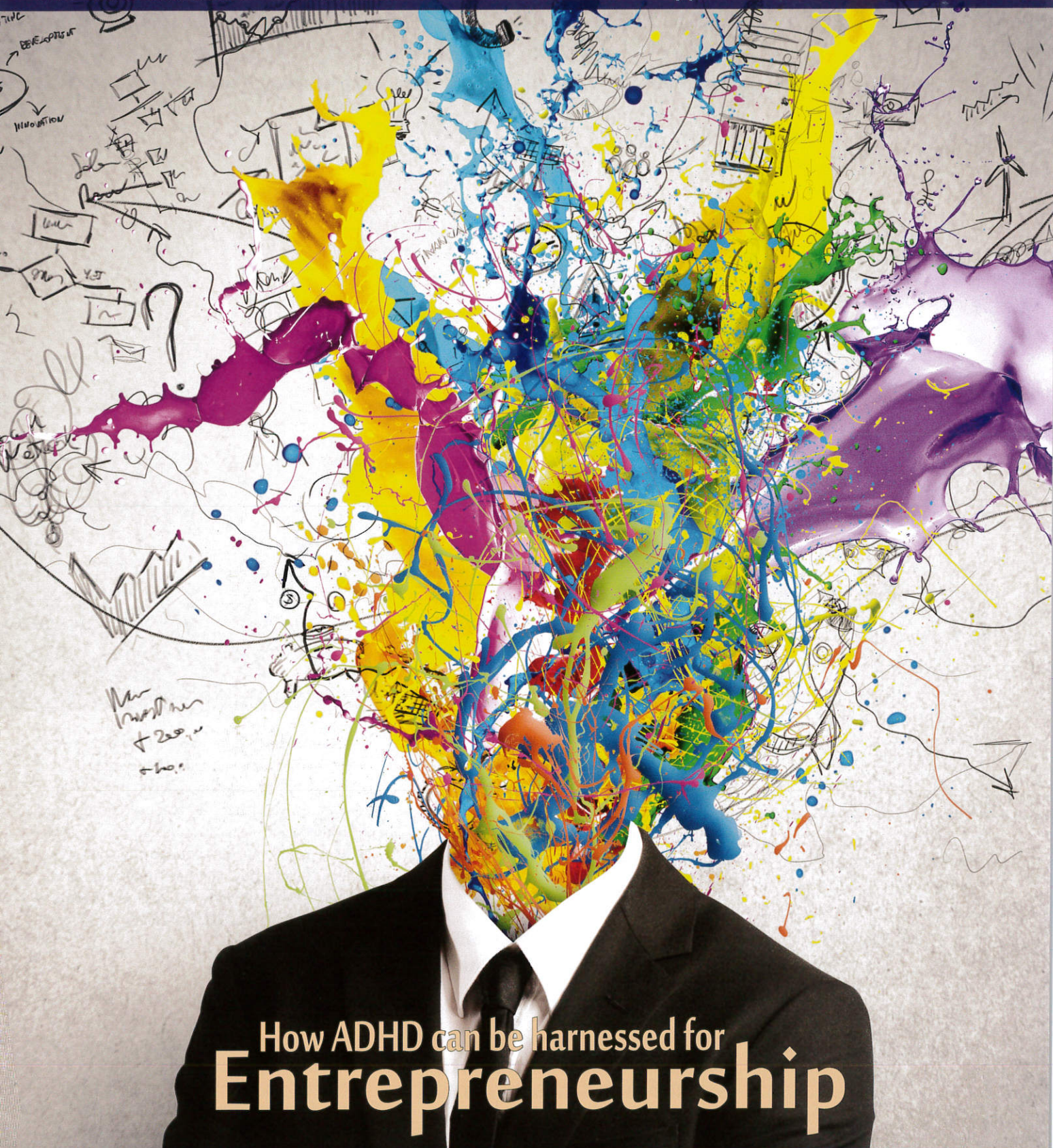


The voice of ADDISS - The National ADHD Information and Support Service



How ADHD can be harnessed for **Entrepreneurship**

THIS ISSUE

2-3 LONG TERM
PREDICTION
of ADHD

4-5 HOW ADHD CAN BE
HARNESSEDo for
ENTREPRENEURSHIP

6 ADHD DIFFERENCES
in SUBCORTICAL
BRAIN VOLUME

7-8 PAUCITY of TEENAGE
TRANSITION
SERVICES

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.

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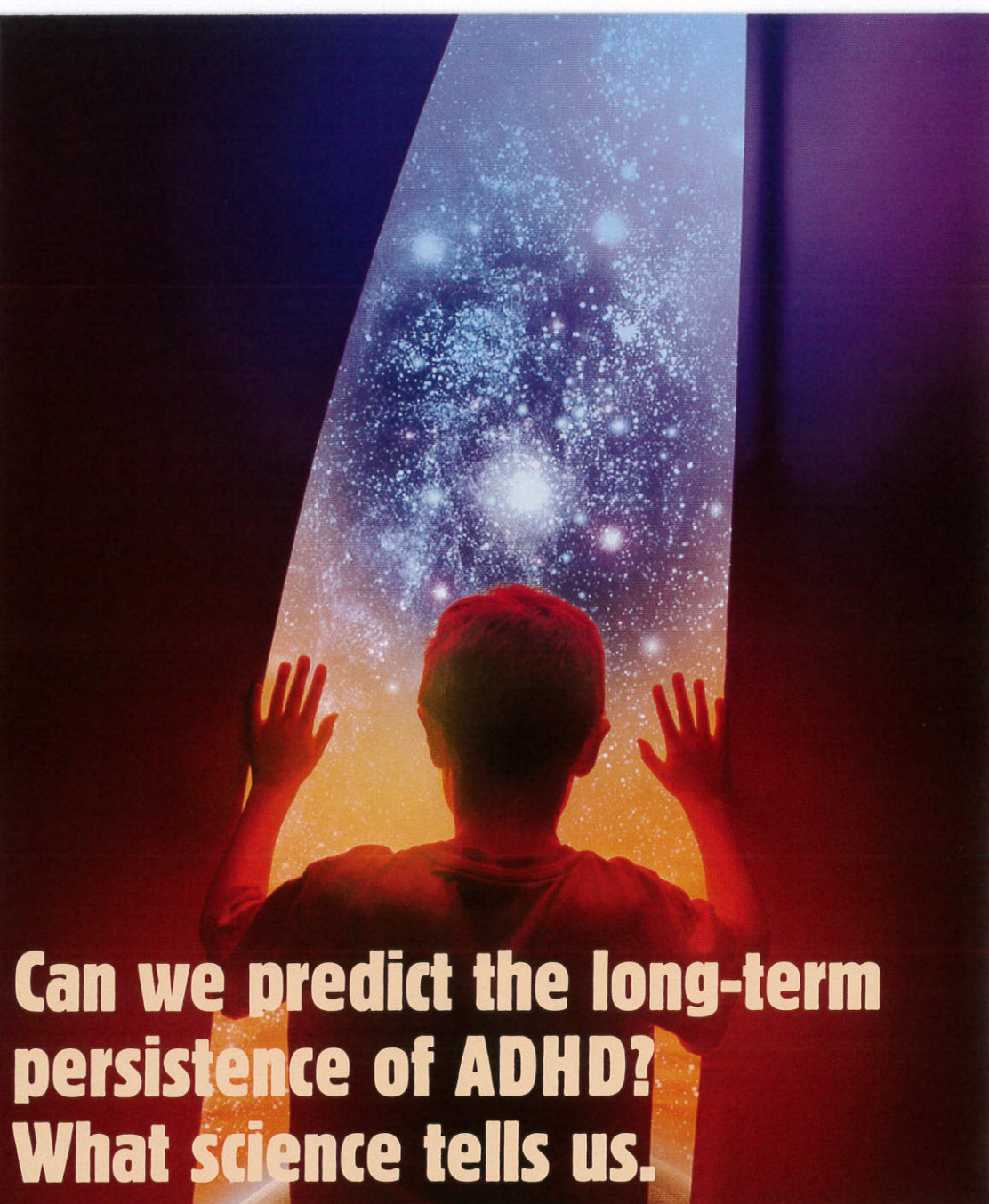
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Can we predict the long-term persistence of ADHD? What science tells us.



by Dr. Tara McAuley,
Department of Psychology,
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Waterloo, Canada

It may surprise some to know that until somewhat recently, ADHD was still widely believed to be a disorder limited to childhood. A commonly held assumption was that ADHD gradually disappeared as children aged, and in most instances was non-existent by the time they entered into adolescence or young adulthood. Many parents were advised to hold fast and not worry too much about the 'ADHD problem' because their child would almost certainly grow out of it.

MOST of us are familiar with current thinking about the nature of ADHD, which suggests that it is a disorder of neurodevelopment defined by inattentive and/or hyperactive-impulsive behaviours that appear early in life, cause difficulties for a child, and are not consistent with the child's level of development.

Research groups that have followed children with ADHD over time have done much to inform our understanding of how this disorder changes across development, and have given us insight into conflicting perspectives on the extent to which it persists beyond childhood. A summary of this work published in 2006 confirmed that most children who are diagnosed with ADHD do, in fact, appear to outgrow the disorder when strict diagnostic criteria are applied. Importantly, however, this study also found that about 70% of children with

ADHD experience clinically significant symptoms of the disorder in adolescence and that roughly 60% continue to do so in adulthood. These sobering numbers underscore the persistently impairing nature of ADHD for the majority of diagnosed children.

Today, it is clear that most children will continue to be affected by ADHD to some extent over time. It is, however, not clear which children initially diagnosed with ADHD will eventually outgrow their impairing symptoms, which will continue to experience full persistence of this disorder, and which will fall somewhere in-between. This question has obvious relevance to those of us who have children with ADHD and/or work with children who have been diagnosed with this disorder.

There are now a number of follow-up studies that examine whether the information we collect in childhood may be used to tease apart children who do and do not remit from ADHD over time. Although this line of work has the potential to identify which children may be the best candidates for longer-term clinical follow-up, it has proven somewhat challenging to derive clear interpretations from this varied literature: for example, some studies have examined only boys, others only girls; some studies have focused on children who have high levels of hyperactive-impulsive behaviours, but do not include children who are primarily inattentive; most studies have focused solely on a child's initial clinical presentation, leaving other potential predictors largely unexamined.

Returning to whether we can predict the persistence of ADHD, one challenge is that an incredible number of childhood factors can be examined – not all of which are possible to include and analyse in the scope of a single study. Case in point, children who are seen in our ADHD clinic at the Hospital for Sick Children in Toronto participate in comprehensive assessments with a

multi-disciplinary team that includes representatives from psychiatry, psychology, speech and language, and social work – resulting in hundreds of unique pieces of information about a particular child. In order to make progress toward the prediction of ADHD persistence, a framework is needed to guide decision-making for the selection of specific childhood variables.


In our study, we used childhood indicators of both biological risk (such as maternal exposure to drugs and/or alcohol, extreme maternal stress during pregnancy, and exposure to various forms of psychosocial adversity) and cognitive reserve (including working memory and inhibitory control) to predict ADHD remission status in children who were diagnosed with the disorder and then followed into adolescence¹. We also selected variables reflecting a child's initial clinical presentation, including number of ADHD symptoms, level of impairment, and co-morbid concerns with oppositional behaviour, anxiety and depression.

In adolescence, our teens were categorised into one of four groups based on the presence of ADHD symptoms and associated impairment. Included were a fully persistent group (49%), who continued to meet full diagnostic criteria for ADHD, a group who had remission of ADHD symptoms but not impairment (15%), a group who had remission of impairment but not ADHD symptoms (17%), and a group who had neither ADHD symptoms nor associated impairment and who were considered to be remitted from the disorder (19%).

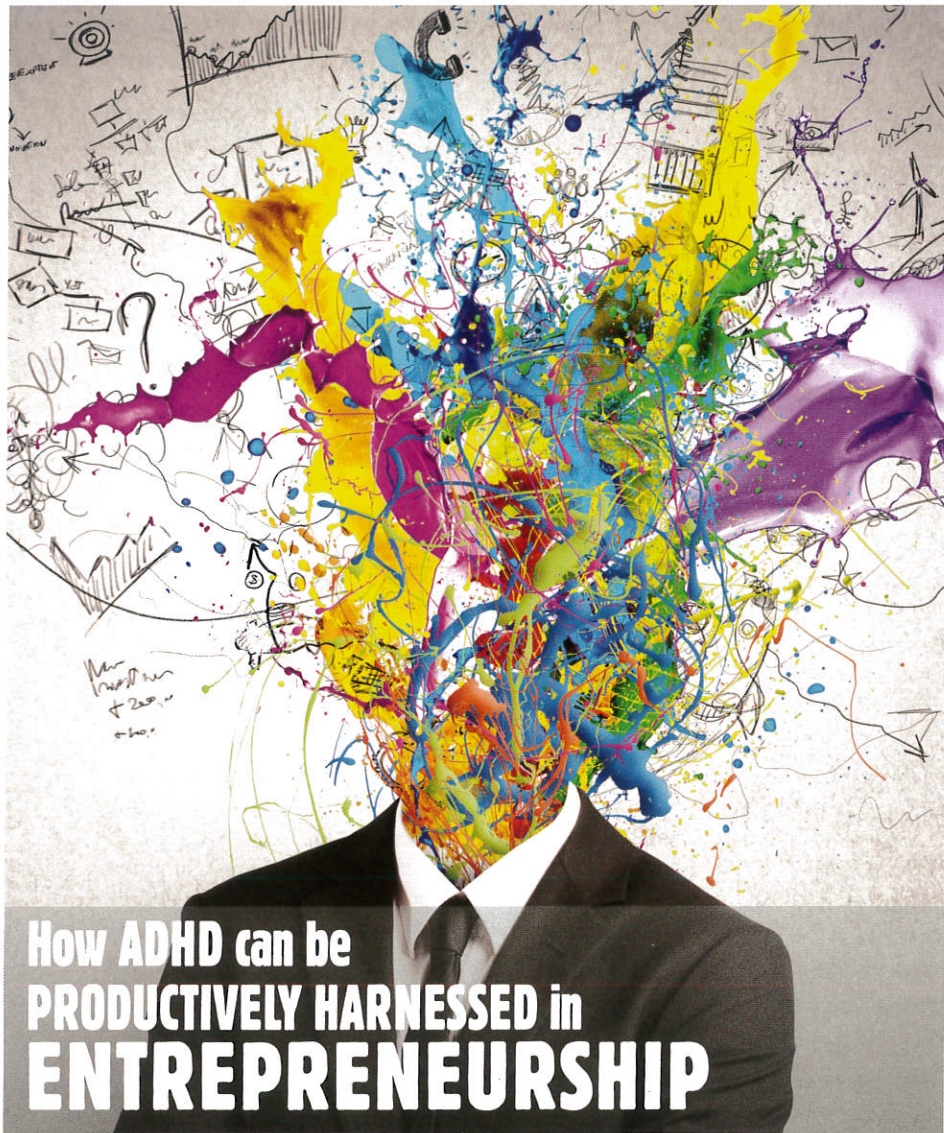
In our study, we looked at whether any of this information would predict adolescent remission status. We had anticipated that full persistence of ADHD in the teen years would be more likely amongst children who had high levels of biological risk and/or low levels of cognitive reserve. In fact, childhood levels of risk and reserve were quite

similar in each of our four adolescent subgroups, so this expectation was not supported by our findings.

Similar to other studies, we did find that a child's initial level of ADHD symptoms (particularly inattention) and overall level of impairment were reliable predictors of ADHD persistence – perhaps because children who are more severely affected by ADHD must experience more change compared with their less affected peers in order to 'outgrow' the disorder. In addition to childhood ADHD symptomatology, we also found that ADHD persistence was more likely to occur in adolescents who had co-morbid Oppositional Defiant Disorder (ODD) as children – with some indication that this effect was most pronounced amongst children who had both ODD as well as a parent with depression. Although we did not directly examine parent-child interactions in our study, this result indicates that parent-child dynamics may play an important role in predicting ADHD outcomes over time. This is an interesting and potentially informative direction for future research.

OVERALL, our findings and those of related studies suggest that most children who are diagnosed with ADHD will continue to be affected by this disorder at some level over time; however, those who are most likely to experience full or partial persistence of ADHD are those who have high levels of impairing ADHD symptoms and co-morbid ODD as children, particularly when they have a parent who is experiencing low mood. As clinicians, these findings indicate that we should be alert not only to a child's initial level of ADHD symptomatology, but should explore potential comorbid behavioural concerns in our initial assessments of children who are referred for ADHD assessments and, when possible, seek out information about the psychological well-being of the child's parents or primary caretakers. As parents of children with ADHD, this information can potentially be used to advocate for longer-term monitoring and follow-up – particularly in the teenage years, when it can become increasingly challenging to secure limited clinical resources 

¹ This work is more fully described in an article titled 'Clinical, sociobiological, and cognitive predictors of ADHD persistence in children followed prospectively over time', which was recently published in the *Journal of Abnormal Child Psychology* and is available for free download from the publications page of Dr. McAuley's personal website: www.uwaterloo.ca/child-adolescent-neuropsychology-lab/publications.



How ADHD can be PRODUCTIVELY HARNESSSED in ENTREPRENEURSHIP

Thousands, if not tens of thousands, of academic papers have documented the negative implications of having ADHD, and there seem to be many. Very few studies have examined, or found support for, any positive effects of the disorder. People with ADHD may potentially have qualities that make them well suited for entrepreneurship.



by Professor Johan Wiklund, PhD, The Al Berg Chair of Entrepreneurship, Whitman School of Management, Syracuse University, USA.

A NUMBER of prominent entrepreneurs have been publicised as having ADHD, and such examples have spurred speculation concerning potentially positive associations between ADHD and entrepreneurship. However, little academic research has been carried out on the topic. Research I have been involved in sets out to address this void.

We wanted to look at as many different examples as we could, and approached Sweden's largest support organisation for people with ADHD, and posted information on their Facebook and home pages. We specified that we were looking for people who had been diagnosed with ADHD and were operating their own firm. We ended up with an initial sample of fourteen individuals who had received a formal ADHD diagnosis and were also entrepreneurs. We interviewed each entrepreneur once for 40 and 60 minutes.

Our results have shown that traits and symptoms associated with ADHD permeated their entrepreneurial journeys. Impulsivity, activity level and attention style influenced a range of behaviours. Everybody mentioned

that one of the greatest advantages of being an entrepreneur is that they can adapt work to their energy level – to work when their energy level is high and take time off when it is low, irrespective of the time of the day. Also, several respondents mentioned that they started their business on an impulse because they were bored with their prior jobs, and they found something else they felt passionate about and wanted to pursue.

IMPULSIVITY and its IMPLICATIONS

In our data, we saw several examples of behaviours driven by impulsivity. These behaviours are consistent with ADHD symptoms and can be categorised into the following three separate and independent dimensions of impulsivity: acting without thinking, impatience and novelty seeking.

■ **Acting without thinking** is characterised by rapid decision making in situations that would seem to require extensive analysis and deliberation. Whether acting without thinking yields positive or negative outcomes for the decision maker depends on the complexity and uncertainty of the situation, and therefore the availability of information that can be analysed in a productive manner. A common response to uncertainty is anxiety and inaction, and many aspiring entrepreneurs avoid entrepreneurial action despite having entrepreneurial intentions. People who are high on impulsivity and act without thinking can overcome such paralysis. A negative outcome of acting without thinking relates to making poor decisions that are later regretted. A positive outcome is that it facilitates decision making in complex and uncertain situations.

Several entrepreneurs in our sample displayed acting without thinking, even for important and far-reaching decisions. On the basis of these observations, we conclude that in the entrepreneurial context, acting without thinking is associated with greater intuitive decision making. Intuitive decision making is judgmental and responds to emotions. It can be contrasted with rational decision making, which is consciously analytical. The appropriateness of engaging in intuitive decision making among the entrepreneurs in our sample can be questioned. It would seem, however, that in situations of high uncertainty, a rational decision making style could be associated with inaction because there would simply be limited information to be analysed.

■ **Impatience** signifies getting easily bored, having difficulties waiting, in particular to begin something, the rapid discount of time, preferring a small instant reward to a larger delayed reward, and the intolerance of delays,

all characteristic of people diagnosed with ADHD. It appears that impatience is a key trigger for engaging in new behaviours at work. Feelings of impatience serve to initiate new behaviour and keep entrepreneurs on constant outlook for new opportunities. As such, it reflects pro-activeness, which is characterised by experimentation with, and the development of, new opportunities whenever possible. Although there are differences in what these new behaviours are, many of them have a big impact on the development of the business. Rather than waiting to engage in a new activity until previous ones are established and a routine, or extensively evaluated and potentially abandoned if unsuccessful, many sample entrepreneurs engaged in several new activities simultaneously and constantly generated new ideas.

Paired with the associated problem of delegation of work tasks, there are several implications of the sample entrepreneurs' focus on generating new business opportunities. Several entrepreneurs reported that they do little else but work and sleep, since engaging in multiple activities simultaneously severely taxed their time resources. This is not an unusual situation for entrepreneurs in general and not necessarily an unwanted situation for hyperactive people with ADHD, but it was heavily emphasised in the interviews. Another implication of conducting several novel activities in parallel with limited delegation is increasingly complex work demands. While there are both positive and negative outcomes of impatience in the entrepreneurial context, it is associated with more proactive action.

Consistent with a focus on new activities, none of the entrepreneurs in the study were comfortable with accounting and book keeping, which are routine activities. As such, the majority have attempted to delegate these tasks with varying degrees of success because of their impatience.

■ **Novelty seeking** includes a tendency to enjoy and pursue activities that are exciting and an openness to trying new experiences, even if they may be risky and dangerous. Impulsive people tend to put more weight on upside potential than on downside risk, which can explain the attractiveness of novelty seeking. It seems that in the entrepreneurial context, novelty seeking is associated with risky action.

■ **Each of the three** dimensions of impulsivity seems directly associated with a specific aspect of how entrepreneurial action is being pursued. Acting without thinking is linked with intuitive decision making; impatience is related to pro-activeness, and novelty seeking is associated with risk taking.

ATTENTION, PASSION, TIME COMMITMENT, and EXPERTISE

People with ADHD have problems focusing on tasks that they do not find interesting (attention deficit) but can exhibit intensive concentration and become completely absorbed by tasks and activities they enjoy and find interesting or pleasurable, experiencing what some describe as 'flow'. We observed that ADHD entrepreneurs reported such experiences.

PRODUCTIVE ACTION under UNCERTAINTY

We've established that entrepreneurs with ADHD are likely to engage in actions that are intuitive, proactive and risky. These characteristics lead to a greater tendency for taking action despite high uncertainty surrounding the entrepreneurial task. For our sample of ADHD entrepreneurs, whether this tendency for action was productive or unproductive depended largely on the existence and nature of hyper focus. Respondents who lacked hyper focus related to their business activities tended to move into new and sometimes unrelated areas. Since successful intuitive decision making in a certain area requires that a person possesses expertise in that area, those who ventured into unrelated activities often made poor decisions by entering into activities that added little value to the business.

Whether acting without thinking is positive or negative depends on the complexity and uncertainty of the situation and also what information there is available. If uncertainty is high, analysis would be of limited use, and a decision making process based on 'gut feeling' could be appropriate, whereas the opposite applies in situation where information would be readily available. In such situations, impulsive individuals who act without thinking would be prone to take action, whereas more thoughtful individuals would be less likely to take action. A negative outcome of acting without thinking relates to making poor decisions that are later regretted. A positive outcome of this is that it facilitates decision making in complex and uncertain situations. This would be consistent with other studies on intuitive and gut feel decisions, which find that the outcomes of intuitive decision making can be highly detrimental or very productive, depending on the experience and expertise of the decision maker. The entrepreneurs in our sample who focused on activities essential to the development of their businesses were able to develop relevant expertise and were thus able to engage in productive rather than unproductive action.


ACTIVITY and ENERGY LEVELS

Finally, several respondents noted that they have a higher work capacity, higher energy level and less need for sleep than other (non-ADHD) people they know. Respondents with a work-related hyper focus are able to channel this work capacity into their work, which further fuels their time commitment to work.

At the same time, all respondents noted that their energy levels vary substantially during the day and one of the largest advantages of operating your own business is that you can work during the hours when your energy level is high, irrespectively at what time that occurs. Many entrepreneurs, however, reported having problems to find sleep during the night and get up and work instead.

CONCLUSIONS

This study was conducted as a first step towards understanding how ADHD impacts entrepreneurship. Our results suggest that ADHD symptoms – despite their negative connotation – convey a logic, which seems attuned to entrepreneurial action. In particular, impulsivity represents a behavioural logic, one of appropriateness rather than consequences. It involves little or no consideration of what will or might happen; it is driven by an internal sense of what is appropriate to do. For people with ADHD, what is appropriate is to act, not think or wait; to seek novelty. For people with ADHD this comes intuitively. Although they may regret their actions once the outcomes are known, they have an intuitive sense that such actions are appropriate.

Our respondents simply built upon what worked. Their intensive focus and honed expertise influence the distribution between positive and negative outcomes. It thus seems that the impulsivity to act facilitates an ongoing process of experimentation, which is taken to various ends through passion, time-commitment, and persistence. Entrepreneurs with ADHD are guided by what is, rather than what will be. For entrepreneurs with ADHD, working in teams or the interaction with stakeholders could help avoid some of the pitfalls in impulsivity and "acting without thinking", but overall ADHD can give them the edge to succeed and have an interesting and fulfilling professional life .



“ADHD is a brain disorder, not a label for poor parenting, say scientists”

A recent article in The Telegraph brings national attention to a breakthrough study published in the medical journal The Lancet; and a much welcomed boost to ADHD acceptance and understanding.

Henry Bodkin, The Telegraph - 16 February 2017

ADHD IS A neurodevelopmental disorder. Widespread knowledge and awareness of ADHD in the general population and within our medical and educational systems remains inconsistent or completely absent.

Having clear physical markers would help take the subjective out of the diagnosis.

The press typically loves to jump on the negative bandwagon to grab headlines and muddy the waters for those of us trying to engage constructively with our friends, family and community on the reality of ADHD and the effect it has on peoples' lives.

The study highlighted in the Telegraph was conducted at the highly respected Radboud University in The Netherlands, and measured the differences in the brain structure of 3,242 individuals - 1,713 people with a diagnosis of ADHD and 1,529 without, all aged between four and 63-years-old.

All participants were given an MRI scan to measure their overall brain volume, as well as the size in seven regions thought to be linked to ADHD.

Five key areas of the brain, including areas governing emotion and motivation, were found to be smaller in ADHD patients regardless of whether or not the participants were taking ADHD medication. Similar studies have been tried before, but the large number of people used in the study meant the small but significant differences could be clearly detected. The study findings are important for understanding but cannot yet be applied to individual diagnosis

Dr Martine Hoogman, who led the new research at Radboud University, said: “The results from our study confirm that people

Subcortical brain volume differences in participants with attention deficit hyperactivity disorder in children and adults: a cross-sectional mega-analysis *The Lancet Psychiatry*

with ADHD have differences in their brain structure and therefore suggest that ADHD is a disorder of the brain. We hope that this will help to reduce stigma that ADHD is just a label for difficult children or caused by poor parenting. This is definitely not the case, and we hope that this work will contribute to a better understanding of the disorder.”

The Telegraph article also included a fantastic quote by Dr Wendy Burn, president elect at the Royal College of Psychiatrists and co-chair of the College's Gatsby Wellcome Neuroscience Project, who said: “Neither children nor their parents should be blamed for the diagnosis of ADHD. A child suffering from this common and often distressing form of mental illness cannot simply be classed as ‘difficult’ - their behaviour is affected by a disorder of brain function. It is vital that neuroscience research is applied in clinical practice so that doctors, particularly psychiatrists, are trained to understand how increased knowledge of brain development can significantly improve the care of people suffering from ADHD and other mental illnesses”

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Help, my ADHD Teenager is becoming an ADHD Adult!

Recent Research studies find a paucity of Transitional Services for Young Adults (18+) who have ADHD: This Needs to Be Rectified.

OUR CHILDREN FOR WHOM we advocated 10 years ago (*Green Paper, 2006*) are now young adults, and the services that we pleaded for throughout the intervening years have on the whole improved for this age group.

However, ADHD-Europe members now find that there are a lot of difficulties for young adults (18+) when the services that were available for them as children and adolescents are no longer available to them once they reach 17-18 years of age, a critical time in their further development when they are still in education and training.

Research shows that there is a continuity of symptoms and that new comorbidities can appear in adulthood; it is widely recognised today that ADHD continues into adulthood for up to 75%* of those diagnosed as children/adolescents, the severity of which is directly related to the presence and seriousness of

comorbidities; this is especially the case if ADHD has not been diagnosed and treated as children/adolescents.

"In general, ADHD is a persisting disorder. Of the young people with a sustained diagnosis, most will go on to have significant difficulties in adulthood, which may include continuing ADHD, personality disorders, emotional and social difficulties, substance misuse, unemployment and involvement in crime."

NICE Guidelines February 2016

Most adolescents with ADHD symptomatology are transferred to adult services, where they are not given proper interventions to help them at this time.

As a result, many are not motivated to continue their studies, seek solace with companions who are also struggling and often end up abandoning their studies, they are at extremely high risk for developing substance abuse problems and engaging in risky or offending behaviours. In most cases, the reason is that the psychiatrists and psychologists whom they encounter in the adult clinics or services often do not have adequate training about ADHD in adulthood and do not understand the needs of young people (18+), which are distinct from diagnosis and treatment in childhood and adolescence. As ADHD is often accompanied by one or more psychiatric disorders, young adults who have not been diagnosed or treated as adolescent are more likely to be treated for a psychiatric condition rather than ADHD; this means that many of them are misdiagnosed, often with disastrous repercussions.

At the same time, the ADHD medication that they may need is not available anymore or - if available - is not reimbursable. This puts a big economic burden on their parents, who very often have two or more children affected by ADHD and cannot afford to pay for this medication. This is a recipe for disaster at an important time in the lives of these young people. Similarly, psychosocial interventions (e.g., ADHD coaches, CBT, etc.) are not available publicly, and very difficult and expensive to source privately.

The following declaration, released collectively by the many member countries of ADHD Europe addresses the transition of ADHD patients from child to adult services



ADDISS is a proud member of ADHD Europe, an organisation founded to advance the rights of, and advocate on every level throughout Europe for, people affected by AD/HD and co-morbid conditions, in order to help them reach their full potential.

* This figure comes from a range of research papers quoting figures between 50% and 82% depending on severity of symptoms and co existing conditions

Written Declaration on behalf of ADHD Europe

Adult Clinics should be able to offer ADHD transition services to young people where they can continue to obtain the care and multimodal interventions that were available to them as children and adolescents or to establish proper interventions to those newly diagnosed.



- The services that are available for other psychiatric disorders should be also available specifically for young adults (18+) who have ADHD.
- General psychiatrists should familiarise themselves with the symptoms of ADHD in young adults and the specific needs of young adults with ADHD, as well as the new comorbidities they may develop at this age.
- ADHD medication should be available and reimbursable throughout Europe for young people who have ADHD.
- Lack of adult services should not lead to withdrawal of treatment.
- Psychosocial interventions that specifically address the needs of young adults with ADHD should be available publicly throughout Europe.
- Educational accommodations and interventions that support young adults with ADHD in Further Education and Higher Education should be mandatory for educational institutions across Europe.
- The transition from child and adolescent services to adult services should be seamless without a break in treatment.

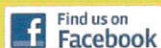
Chard ADHD, Children's Behaviour Support Group

Meetings
take place on the

4th Wednesday
of every month
during term time
9.30 - 11.30 am

Kelly Leigh School of Dance
35 Fore Street, Chard. TA20 1PT

For more information:
contact Donna on 07969 826064



The Chard ADHD, Children's Behaviour Support Group was

set up in Somerset, South West of England by Diane Stokes after her own son was diagnosed with ADHD at the age of six, "I found that there wasn't enough access to support and information for parents in my situation. My parent support advisor encouraged me to start a group, but I didn't do anything initially. Over time, meeting other parents who were in the same position gave me the boost to get on and start a local support group."

Most months, a guest speaker is invited to visit and give a talk; other months there is the opportunity for the parents and carers of children with ADHD to meet up, talk together and share their experiences and support.

Recent guest speakers include a representative from the 'Escape Support Group' www.escapesupportgroup.com a charity which provides opportunities and support to families of special needs children within Somerset, and a mother of a 26-year-old with ADHD, who shared her experience of both the positives and the negatives of raising a child with ADHD.

**Next month, the group is being visited
by Helen Brumpton of ADHD Yeovil.
New members are very welcome!**

Are you a member of a local ADHD support group? We would love to hear from you! You can email ADHDnews@ADDISS.co.uk with information and updates on your local group, if you have any upcoming events you would like to publicise, or perhaps share an interesting or inspiring story. Let ADHDnews help spread the word about what's going on in the ADHD network!