

ADHD meets AUTISM

Groundbreaking new research from Clinical Psychologist Thomas E Brown

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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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MESSAGE FROM THE Editor

Welcome to
the summer
issue of
ADHD News where
we focus on the

topical and important theme of co-morbidities and ADHD.

We are delighted to include the first findings from the CoCa project, a Europe-wide General Assembly which has some fascinating new results on the often-overlooked co-morbidities associated with ADHD. We are also pleased to have the work of the esteemed Clinical psychologist from Yale University Thomas E Brown, whose research into ADHD and Autism, and the overlap, and his new book make for very interesting reading.

Many of our readers are now engaging with ADDISS through the medium of Zoom, such as our Women's Support groups, and we are pleased that meetings have increased our reach, and membership, as more and more people are able to access our support than ever before.

This issue we are also excited to report on the success of a pilot project that has shown over the course of a year the benefit of training teachers and parents in school around this complex neurological disorder. We hope that these findings will give rise to other schools doing the same, and we will be reporting further on this in future issues.

We look forward to being back in touch in the Autumn, and all the team wish our readers a great summer, as we finally enjoy the fruits of the Covid-19 vaccinations, and can get out and about.

Emma Mahony

Meet the Team



COLIN MCGEE

My first
introduction
to ADDISS
was through the
Barnet High Incident
Support Team, or
HIST as it was known.
Our manager, the
wonderful Elaine

Crawford, was very appreciative of ADDISS and always held children central to her idea of support, as ADDISS does. We worked together with ADDISS on a number of ideas, and I attended ADDISS conferences - which I loved. When almost all of the HIST team were made redundant, I was more than happy to think about retiring. However, Elaine suggested I volunteer at ADDISS because she knew me well, and knew also that ADDISS needed some additional help. I met with Andrea and, in my early days, was part of a small team doing the kind of training and support work that I really enjoy. Fast forward to today and we have grown considerably, both in size and reach.

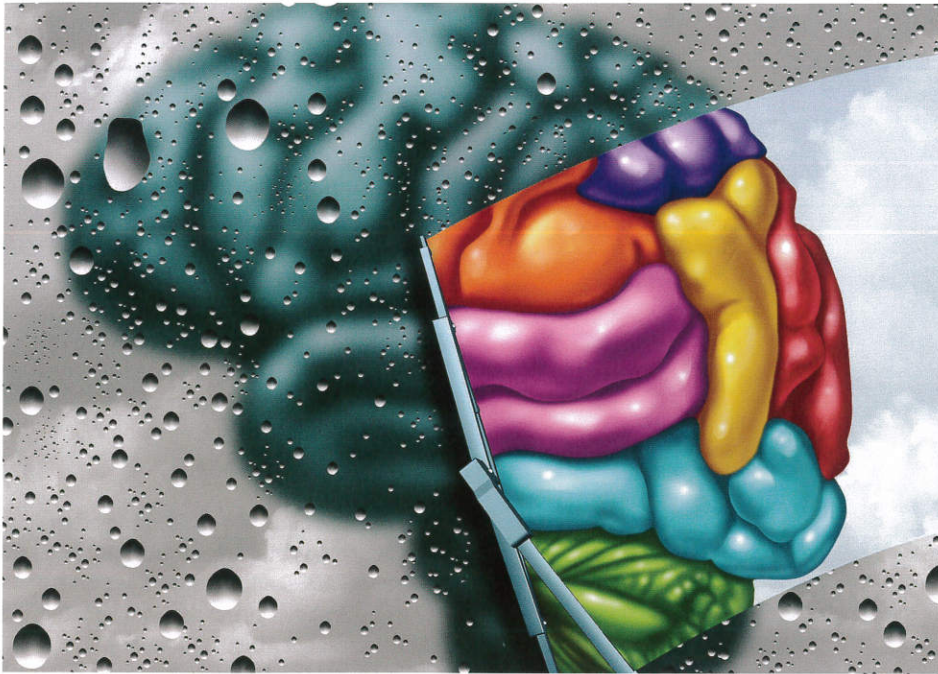
I have been a psychotherapist for over 30 years, but teaching was my main work, and I taught in a broad range of schools in three countries for many years. I've held the positions of Acting Headteacher and Deputy Head Teacher in two countries. I was also a Behaviour support specialist across two North London Education Authorities and a part-time lecturer in a London psychotherapy training organisation.

I've represented ADDISS as a behaviour specialist, parent/school trainer and psychotherapist as well as speaking at conferences and delivering training, both nationally and internationally. We are not sure when I first volunteered for ADDISS but I'm into my third set of offices. We are becoming wanderers in the wilderness of Barnet, and I always remember Tolkien's words, in the Hobbit: 'NOT all who wander are lost'.

ADDISS has been involved in many large European behaviour research projects involving universities and educators from different countries over the last ten years, and I've enjoyed being actively involved and meeting some wonderful people from around the world.

I appreciate being a member of a team and collaborating with the creative people on our team. For me, one of ADDISS's great strengths is that it has the rare ability to adapt and function effectively at times of great stress and demand. There have been times that the pressure has been immense, and we have been hit hard by external events, like the current pandemic with its personal loss and funding difficulties. But it's so wonderful to see the organisation, with Andrea's leadership, respond creatively and positively. Somehow ADDISS, in true ADHD spirit, finds ways to keep growing successfully and changing as it surfs the chaos that is all around us.

Now where did I put my cup of tea?



ADHD and the Comorbidities

Dr Jeannette C. Mostert of the Radboud University Medical Center in the Netherlands reports back on the first findings of the international COCA project, using huge datasets to investigate the issues found alongside an ADHD diagnosis.

THE MOST important finding of the CoCA project is that individuals with ADHD more often have comorbid conditions compared to individuals without ADHD. We used huge datasets containing medical information of millions of individuals from Norway, Sweden, Denmark and Germany and saw that anxiety, depression and obesity occur more frequently amongst individuals with ADHD, and to a lesser extent also Substance Use Disorder and Bipolar Disorder. Other conditions, such as Autism (see *Cover Story*) and Obsessive Compulsive Disorder (OCD), are also commonly co-occurred with ADHD, although those were not part of the project's focus.

We also investigated how the comorbidity of these five 'focus' conditions differed between men and women, with or without ADHD. Depression and anxiety, for instance, occur much more frequently in women with ADHD compared to women without ADHD, and this difference is also bigger than when comparing men with ADHD versus men without ADHD. By contrast, Substance Use Disorder is more common in men with ADHD, compared to women with ADHD.

These findings are important for several reasons. First of all, doctors should be made aware that if they diagnose someone with ADHD, they should also consider whether there are any additional conditions or unexplained symptoms which should be considered in the treatment plan. The reverse is also true: if, for instance, a woman is

diagnosed with depression, the doctor should check whether she also has ADHD. In that case, it might be much better to treat her ADHD first, before treating the depression.

IS IT IN YOUR GENES?

Just knowing about comorbidity is not enough. We also want to understand why this is the case. For this, we looked at genes. Again, we collected huge databases, this time containing genetic information from thousands of individuals. This allowed us to investigate whether certain small variations in the genome are more frequent in, for instance, individuals with ADHD and depression, compared to ADHD alone, or depression alone. If that is the case, this suggests that there could be a common biological mechanism underlying symptoms of both disorders. From the analysis, we found genetic connections between ADHD and several psychiatric conditions, including depression, Substance Use Disorder, Bipolar Disorder and obesity.

Identifying these genetic links can help us to further investigate the causes of these comorbidities. For instance, we identified several genes that are part of the dopamine system. Dopamine is important for the communication between brain cells. If this system does not work optimally, this can result in problems with attention, planning and motivation. Most ADHD medications, such as methylphenidate, target the dopamine system. Interestingly, we found that variations in dopamine genes were linked to


▶ both ADHD and obesity. This might be one of the reasons why ADHD and obesity often co-occur.

Findings from our genetic analyses can help to identify new biological pathways to target with drugs. One group of CoCA researchers has also explored already existing drugs that might be repurposed for treating ADHD or its comorbid conditions. However, given the complexity of brain disorders such as ADHD, it is still too early to recommend these treatments for routine use. Slowly but surely we're moving towards more personalised treatment, where your doctor doesn't just look at your symptoms, but also at your genes and perhaps a brain scan to determine what type of treatment would be best for you. We're not there yet, and research moves slowly, but we're confident that we will get there one day.

EXERCISE INTERVENTIONS AND SMARTPHONE APPS

So, what can we do already to help individuals with ADHD who have a high risk of developing comorbid conditions? One method is through lifestyle interventions such as exercise programmes or bright light therapy. We tested this as well in the CoCA project. Over the past five years 207 adolescents and young adults with ADHD participated in the PROUD trial. They were given a smartphone and a device to wear on the wrist that measures movement, and were divided into three groups. All groups continued to receive their usual treatment (i.e., medication, psychotherapy). The first group was the control group, they received nothing extra. The second group had to sit in front of a bright light therapy lamp six mornings per week. And the third group received exercise assignments through the smartphone, three days per week. The experiment lasted 10 weeks, and we also measured effects 3 months later.

It was the first time that such a large experiment was done, on four different locations in Europe (London, Frankfurt, Barcelona, and Nijmegen). At the moment researchers are very busy with analysing the results, and we're eagerly waiting to see how effective the interventions were. As you might know from your own experience, changing your lifestyle is very difficult for anyone and requires a lot of motivation and perseverance. Interestingly, in another part of the CoCA project we did see that directly after people moved (i.e. took a walk or exercised) their moods improved, especially in individuals with ADHD. So, if you need any encouragement to exercise, this might help you to keep motivated!

Even though the CoCA project has officially come to an end, we still have a lot of data to analyse, so our researchers will be busy for a while. Check out our website and blog to stay tuned about our findings (www.coca-project.eu) 



The overlap between two complex conditions

Author and Clinical psychologist Thomas E Brown looks more deeply into how ADHD and Autism overlap in smart kids and adults, and how often the two are missed.

FOR DECADES ADHD was thought of as essentially a problem of little boys with behaviour problems. Over the past decade, this understanding has shifted to recognise that ADHD is essentially a developmental impairment of the brain's management system - its executive functions (see page opposite) - which affects 5-9% of children and which, for about 70%, persists into adolescence and adulthood.

Often, but not always, ADHD is complicated by additional problems such as anxiety, depression, OCD, or a specific learning disorder such as Dyslexia. Persons with ADHD have increased risk of having one or more of these co-occurring disorders. For example, one study showed that 33% of children with ADHD have at least one additional emotional, behavioral or learning disorder.

A study of adults found that adults with ADHD are six times more likely to have at least one additional psychiatric disorder at some point in their life. Sometimes ADHD is recognised while a co-occurring disorder is not noticed. More often a co-occurring disorder is recognised while underlying ADHD is not noticed and not treated.

Overlap of Autism Spectrum Disorder with ADHD often goes unrecognised, especially for those on the Autism Spectrum with average or above average IQ (those who until 2013 were diagnosed as having Asperger Syndrome). Estimates are that half to two thirds or three quarters of those on the Autism Spectrum with average or above average IQ also have ADHD.

“More often a co-occurring disorder is recognised while underlying ADHD is not noticed and not treated”

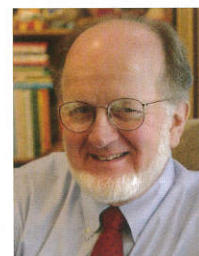
Despite their relatively strong cognitive abilities many of those with both ADHD and Autism Spectrum Disorder struggle with understanding and managing their own emotions and may be awkward socially. Many have difficulty understanding other people, especially their age mates. Their cognitive intelligence may be above average, but their social communication and emotional intelligence is much more limited than for most others of comparable age and cognitive abilities.

▶ A study at Harvard found that of 76% of 107 children diagnosed with Autism Spectrum Disorder, most with IQ scores within or above average range, also fully met diagnostic criteria for ADHD. Of those who had both Autism Spectrum Disorder and ADHD, 41% had never received appropriate assessment or treatment for their ADHD. Those researchers warned that: "...failure to recognise ADHD—especially in intellectually capable youth with Autism Spectrum Disorder can seriously undermine their educational and social functioning, worsening already compromised social performance and predisposing those youth to increased risk."¹

To address this under-recognised and often untreated combination I have just completed a new book: *ADHD and Asperger Syndrome in Smart Kids and Adults*. It provides updated information about ADHD and Asperger Syndrome and presents detailed case examples of 12 children, teens and adults with high IQ as well as both ADHD and Asperger Syndrome with whom I worked. It describes their strengths, struggles, and their progress in treatment and in daily life 🧠

ADHD and Asperger's Syndrome in Smart Kids and Adults: 12 stories of struggle, support and treatment is published by Routledge on 26 August, 2021, £29.99

¹ Joshi, et al, 2014, *J. Attention Disorders* 21(10) p. 847



Thomas E. Brown is a clinical psychologist who served on the clinical faculty of Psychiatry at Yale School of Medicine for 20 years. He taught

continuing medical education courses on ADHD for the American Psychiatric Association for 18 years and has given lectures and workshops throughout the U.S. and in more than 40 other countries.

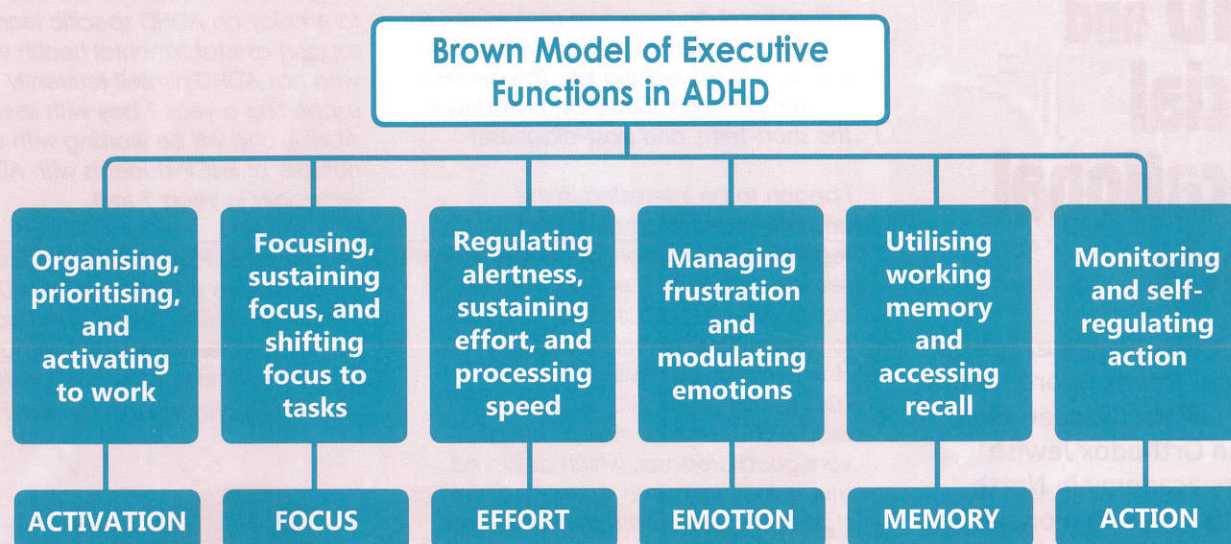
He is now Director of the Brown Clinic for ADHD and Related Problems in Manhattan Beach, California where he sees children, teens and adults. His most recent books are *Smart, but Stuck: Emotions in Teens and Adults with ADHD* (2014); *Outside the Box: Rethinking ADD/ADHD in Children and Adults—A Practical Guide* (2017), and *ADHD and Asperger Syndrome in Smart Kids and Adults* (2021). His 28 minute video *Explaining ADHD* on YouTube has had 3.5 million views.

His website is www.BrownADHDClinic.com

Executive Functions work together dynamically to help us deal with multiple tasks of daily life.

The executive functions often impaired in ADHD include:

- 1 Activation:** organising and activating for work; difficulties in getting organised and getting started on work-related tasks; problems in activating self for daily routines.
- 2 Focus:** sustaining attention and concentration; problems in sustaining attention to work-related tasks; excessive daydreaming or distractibility when listening or reading.
- 3 Effort:** sustaining alertness, energy and effort; difficulties in keeping up consistent alertness, energy and effort for work-related tasks; excessive daytime drowsiness; and slow processing of information; inconsistent work production.
- 4 Emotion:** excessive difficulties with managing frustration, irritability, anxiety, depressed mood or excessive temper.
- 5 Memory:** utilising short-term working memory and accessing recall; difficulties in recalling learned materials; excessive forgetfulness, problems keeping track of needed belongings.
- 6 Action:** excessive difficulties in monitoring and self-regulating action; problems in sizing up situations to recognize what should be done and in self-regulating actions.



5 basic facts about this: model of ADHD impairments

- Everyone has difficulty with these functions sometimes. For those with ADHD these functions are more often and more severely impaired than for most others of similar age.
- Executive functions operate very quickly, usually without much conscious thinking. They generally operate automatically.
- Executive functions of ADHD are "situationally variable." All persons with ADHD tend to have a few tasks or activities which strongly interest them for which they do not experience these impairments they struggle with most of the time.
- Executive functions impaired in ADHD are a very heritable syndrome. Among those diagnosed with ADHD about 1 in 4 has a parent with ADHD. The remaining 3 usually have at least one other blood relative with ADHD, e.g. a grandparent, sibling, cousin, uncle or aunt. ADHD syndrome runs in families.
- For 8 of 10 with ADHD, carefully fine-tuned medications can significantly improve symptoms of ADHD during the time the medication is active.

5 basic facts about: students with Asperger Syndrome

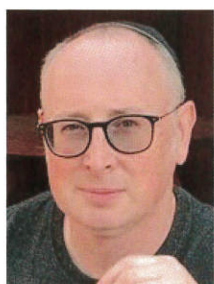
- They are often strong in understanding detailed, factual information, but have much more difficulty understanding emotional or social information and interactions.
- Tend to be loners; don't interact much with peers, prefer to talk with adults.
- Often are intensely focused on a few very limited interests with little interest in many other areas of life.
- Often have considerable difficulty in completing assignments or tasks that are not interesting or do not seem reasonable to them
- There are no medication treatments specifically for Asperger syndrome, but many benefit from medication treatment for ADHD, anxiety, and/or excessive irritability.



**Hasmaneian
High School
For Boys**

ADHD and Special Educational Needs

Dr Neil Alexander-Passe, Special Educational Needs Coordinator (SENDCO) at Hasmaneian High School, an Orthodox Jewish Secondary academy in North London, describes a pioneering scheme bringing great results to girls and boys in North London.



I JOINED Hasmaneian nearly two years ago after being the SENDCO in another Barnet secondary school. There I had begun to be interested in ADHD as we had

several students with the condition who were struggling to fit into a mainstream school system; however, other students on medication seemed to be doing well and achieving academically.

As a PhD researcher and published author on Dyslexia and school-based trauma, I recognised there was a lack of provision (many local authorities have Autism advisory teachers but nothing for ADHD).

ADHD seemed to fall between educational and medical professions: as a medical diagnosis, it can take a year due to CAMHS waiting lists. The question is: what provision should be provided in the short-term, and post-diagnosis?


I began to be interested in the arguments provided by parents regarding medication, and I researched several options of therapists who would come into the school once a week to deliver ADHD mentoring sessions. However, the cost was prohibitive. Luckily, I found ADDISS – and Andrea Bilbow OBE, who came up with a very good proposal, which delivered mentoring sessions to students, as well as staff and parents with training sessions.

In September 2020 we began the project, and all I can say is that the feedback from parents has been amazing. It is too early to really say about the students, as we do not yet have robust longitudinal data yet, but we do know there is a great demand. My email to all parents about the project meant that I began to have a long (and now even longer) waiting list for both schools (20+ students).

There are a boys' and girls' site, and this year ADDISS have only been delivering face-to-face ADHD mentoring sessions on the boys' site (the caseload has been approximately 12 students this year due to Covid restrictions). However, next year they will also be delivering ADHD mentoring on the girls' site (one day on each site). Parents have been offered free courses (ADDISS's '123 Magic' course) and the feedback has

► been amazingly positive, these two provisions seem to be the area that we can best support parents and students while waiting for assessment. We also have had a huge rise in parents and staff wanting to make CAMHS referrals, so I am looking at what provision to give them whilst waiting for diagnosis.

This week we began another phase by giving all students with an ADHD diagnosis or with an on-going CAMHS referral for ADHD, an ADDISS branded tangle toy (for free), agreeing that a standard school-wide tangle toy should be provided (to avoid making it a fashion item). Next week this will be extended to students with an Autism diagnosis or referral. We are also about to employ an ADHD specific learning support assistant/mental health worker who has ADHD himself (currently supporting a year 7 boy with severe ADHD), and will be working with our large number of EHCP students with ADHD, especially in years 7 to 9.

To conclude, Hasmaneian is offering an innovative programme for ADHD, with preventative support and positive outcomes, offering support to students and their families, along with raised awareness and training for teachers .



Linda Fox
THE ADULT ADHD COACH

From my ADHD clients, I hear about how much time they

spend online and how it can result in many hours of lost sleep, strained relationships and work problems, particularly when it affects performance and productivity.

Here are my top warning signs and strategies...

“In Sept 2020 we began the project, and the feedback from parents has been amazing”

Focus on Dundee and Angus

CEO Alison Clink details how the Dundee and Angus ADHD Support Group provides services to children, young people and parents/caregivers and also raises awareness, tolerance and acceptance of the condition.

My son received a diagnosis of ADHD/ODD over 12 years ago and it became quite apparent that there was no support available within Dundee or Angus, Scotland. In 2012, our group started off as a meet up for parents/carers and by 2013 the Dundee and Angus ADHD Support Group was established to deliver youth groups for children with a diagnosis of ADHD and support for parents/carers.

Currently, we run youth groups 3 nights a week in Dundee and 1 night a week in Angus with over 60 children in attendance. We deliver parents' support groups at the end of each month in both Dundee and Angus, and during school holidays we run holiday activity clubs and respite breaks for both children and their families.

Over the past few years we have produced research into Attention Deficit Hyperactivity Disorder [ADHD] Support needs in Dundee and Angus (2018) and Children and Young People. The experiences of ADHD in Dundee and Angus, as well as our ADHD Training Programme can all be found on our website www.adhdsupport.org

We have just finished an 18-month pilot where we taught social skills to children, and a better understanding of ADHD to parents/carers, and we are currently in the process of opening an ADHD Learning Centre for crisis support and information as well. We are also looking forward to starting an ADHD womens' group once the ADHD Learning Centre opens.

Over the past few years, we have had conferences with excellent speakers on ADHD and once COVID-19 restrictions are lifted we are looking forward to organising another one.

The Dundee and Angus ADHD Support Group are members of ADHD Europe, The Scottish ADHD Coalition and are also a Social Enterprise. We employ 12 members of staff and without their support and hard work we would not be where we are today, and I would like to take this opportunity to thank every single one of them. There are so many people that have helped our charity over the years, but a special thanks is deserved to Bill Colley, Andrea Bilbow OBE, and Professor David Coghill, because without their input at the beginning, we would never have achieved what we have today.



WARNING SIGNS OF SMARTPHONE/INTERNET OVERUSE



- 1** Is your relationship/friendships/social/work life suffering because of the time spent online or using smartphones. Have people commented about your phone/internet use?
- 2** Do you feel you need to hide how much time you spend online?
- 3** Are tasks piling up? Is your home environment suffering? Do you have to work extra hours to make up for time spent down online "rabbit holes"/apps?
- 4** Do you feel a sense of anxiety/panic if you can't find your smartphone?
- 5** Do you compulsively check for notifications/emails/messages on social media or messaging platforms?

Linda Fox is an Adult ADHD & Job Coach with 21 years' experience. She helps her clients reduce overwhelm, get organised & turn procrastination into productivity and can be found at theadultadhdcoach.com

SELF-HELP STRATEGIES FOR REDUCING SMARTPHONE USE

- 1** Limit checking your phone by reducing the frequency of looking. Schedule times to use it. Check it at certain times of the day & turn it off for when you need to focus on something. Remove it from your line of sight/reach. Check out the Forest app.
- 2** Remove social media apps from your phone - only check them on your computer.
- 3** Turn your screen onto "Greyscale" to make it less attractive (in the "Accessibility" settings).
- 4** Don't bring your phone (or tablet/laptop) to bed. You can use a smart speaker for alarms/relaxation sounds/podcast.
- 5** Many smartphones have app limits or screen time trackers—set limits on time spent on apps.
- 6** Replace your smartphone (over)use with healthier, more productive activities. Reading, sport, meditation, listening to audiobooks/podcasts. Spend quality time with the people you care about.

Understanding ADHD in Girls and Women

edited by Joanne Steer, £19.99, published by Jessica Kingsley Publishers, 21 April 2021.

Written by expert professionals, with a foreword by our own CEO Andrea Bilbow OBE, this book provides comprehensive information about available support for women and girls with ADHD and tips for clinicians and professionals who work with them.

The symptoms of ADHD are no less impairing in females than males, but can be missed or misunderstood. This book arms professionals, parents, and women themselves as it maps out where to go for information, who can help and how to understand ADHD better.

It explains routes to assessment and diagnosis for girls and young women, how to access support in education, available treatments, and the impact of living with ADHD on overall mental health. It explores the benefits of ADHD coaching for girls to help develop their unique strengths and talents.

There is also a focus on ADHD diagnosis for women in adulthood and specific advice about treatment and medication for later in life. Central to the book are the personal experiences of ADHD from women and girls from a variety of backgrounds. These tell of late diagnosis, missed opportunities, a lifetime of adaptations and the power of recognition and treatment, and are powerful stories for professionals and individuals with ADHD alike.

How NOT to Murder Your ADHD Kid

Instead, learn how to be your child's own ADHD coach

by Sarah Templeton, £21.98
Blue Poppy Publishing, 2 April 2021

The title of this book caused controversy and attracted censure from one person who attempted to whip up a storm in a teacup. They appeared motivated to do this by reading only the first part of its title, and not thinking about the sub-title. This negative pressure was aimed at the Author and the publisher, and even ADDISS.

Naturally we asked our ADHD community their views by checking with the parenting support groups we were running at the time. All of the parents responded very positively to the title, and said that they totally understood it.

This book is a virtual pick-and-mix of successful strategies that you can simply load into your shopping bag and take home for immediate use. It's a book that can show parents and carers the idea that hope exists and is possible to create change for them.

As someone that has actively worked with the, usually undiagnosed, ADHD community for over 45 years, I am looking for nuggets of accurate and up-to-date information and strategies that will help create substantial change in the quality of life of the children and their parents/carers. Also, I want the information and approaches to be helpful to all school staff.

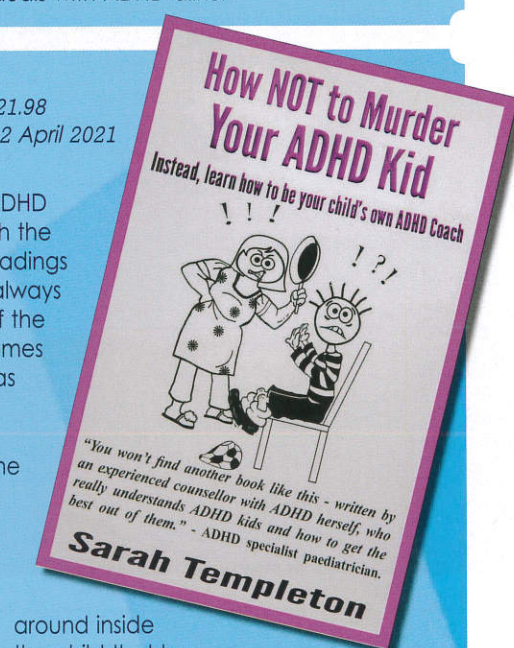
The chapters in the book are short and straight to the point. I love that the list of her chapter headings gives you

a sense of what it's like to raise or work with ADHD children. There are 31 chapters that begin with the word WHEN... Some are priceless chapter headings that many people will recognise: When they always want to know why; When hygiene goes out of the window; When the question of medication comes up. My favourite one is: When they won't do as they're told.

Sarah writes directly to you, the reader, as if she is talking to you. There aren't any moments of her lightly tiptoeing around delicate issues as if she is treading on eggshells. She knows that most readers will have exhausted their supply of eggshells and will have probably used up the street's supply as well!

This is a knotty book of ADHD life and explores different ways people have of living with it. She writes with the knowledge of a patient, and as a respected professional in the ADHD world. She liberally sprinkles stories, advice, challenges, difficulties and best of all drops in workable solutions throughout her text. Her approach is open and engaging and is a very easy read.

However, I personally found it a challenging book to read as I knew that behind each story, behind each event or incident are real people, real families who are often living with painful and uncomfortable feelings and emotions that are constantly being negatively reinforced from outside. People often miss the powerful, very personal element when working with the ADHD world. The unresolved and largely unseen personal toxic shame and sadness that rattles



around inside the child that has frequent meltdowns, or who doesn't get invited to the after-school party, or the one that keeps getting in to trouble but doesn't understand why. Never ever forget that huge emotional impact that this has for the parents and carers of the child they love and have high hopes for. Many people notice the behaviour, but few appreciate the emotional and financial cost of living the life of a person with ADHD. Sarah does though.

In short, this is a must-read book and one to have on the family bookshelf either in an ADHD home or of people that work in the field.

Reviewed by Colin McGee

Sarah Templeton is an English Counsellor, CBT Therapist, and Coach, who has specialised in ADHD since her own diagnosis at the age of fifty-one.

Both books are available for purchase - along with many other ADHD books and merchandise - from the ADDISS online store
www.addiss-shop.com