

# ADHDnews

ADD Information Services (ADDISS) Registered Charity No 1070827

CHRISTMAS 2004

## Launch of All Party Group on Attention Deficit Hyperactivity Disorder (ADHD)



Wednesday 8th September, 2004 Portcullis House, Westminster

**Fiona McGuinness**

The All Party Group on ADHD was launched in September 2004 at Portcullis House in Westminster. The launch was attended by health professionals working in the field as well as parents and their children affected by ADHD. Andrea Bilbow represented ADDISS at the launch. The group is chaired by Kerry Pollard MP, who opened the launch by speaking briefly about his own interest in ADHD and the commitment within government to put ADHD firmly on the political agenda.

Mr Pollard then introduced two parents of children with ADHD who spoke about the ways in which ADHD affected the lives of their families. Lorna Atkinson spoke about ADHD as a hidden disability, different from other disabilities and often portrayed by the press in a misleading way. She then spoke about her three children with ADHD, Christopher, Emily and Bethany and the different ways in which the condition manifested itself in their

behaviours and characters. Christopher was hyperactive and unable to learn in the sense that he might know the rules, but was unable to follow them. The first clue to his ADHD was at the age of 3 when the nursery he attended contacted his mum – she had previously thought that his naughty behaviour only happened at home. When his parents discovered that they were facing an eight month waiting list on the NHS, he was

privately diagnosed and started taking methylphenidate six months later. His behaviour was very positively modified on medication and she felt that the dose he was taking was now right. Emily's ADHD, now diagnosed, showed itself in severe mood swings – she was hyperactive, very sensitive and had an anger problem. Bethany is as yet undiagnosed, but hyperactive. Mrs Atkinson made a plea for the right of families of children with ADHD to respect, diagnosis, adequate education and treatment.

Sue Zaidman spoke next and described her son Louis, who was diagnosed at the age of 5. He was unable to keep friends, unable to share, got wound up very quickly and had no concept of danger. Louis found it hard to settle in at school and likes routine, although his mum was quick to praise his school where the teachers are fantastic. Sue found the reactions of others to her son's ADHD and the judgement of other parents very difficult. Natural remedies and dietary control had no effect at all. When Louis had reached the age of 6 and after extensive research, his parents decided to try methylphenidate. Their son's response was immediate and positive, Louis started learning from that time on. In his own words, medication helps. His Mum expressed the view that the media are very unhelpful and anti-medication and there should be recognition that ADHD is devastating to families.

Fintan O'Regan is a former head teacher, educational consultant to ADDISS and an expert in behaviour management strategies and started his address to the launch by saying that it is crucial that ADHD is recognised in education. Most school exclusions are the result of

bad behaviour, and UK schools are particularly poor at dealing with behaviour problems. His view is that other problems are being addressed, such as dyslexia and dyspraxia and that ADHD must find a way be addressed as these conditions are. Kerry Pollard MP added that the aim of the group for the next twelve months is to get ADHD into the SEN Code of Practice. Fintan added that ADHD has a huge social and financial cost – 75% of young offenders are considered to be impulsive and many will have been excluded from school before they enter the criminal justice system.

Alison Munden, Consultant Child and Adolescent Psychiatrist with a keen interest in ADHD and considerable involvement in the field, expressed delight at finding political commitment to change in regard to ADHD. Dr Munden heads a multidisciplinary team in Malvern and Worcester which has forged excellent interagency relationships, but stated that ADHD service provision on an adequate scale is a considerable challenge. A revolution in attitudes towards child and adolescent mental health has taken place, largely driven by parents and carers – the challenge now is to develop services. ADHD is a biological, genetic and lifelong disorder – undiagnosed individuals approaching adulthood are at risk of becoming disaffected, smoking and using drugs. ADHD is a public health issue and should be addressed in terms of its social, rather than financial implications, including school exclusions, employment problems, relationship difficulties, the increased possibility of accidents, arrest, incarceration, higher levels of recidivism and the stigma that attaches to these. Dr Munden emphasised that it is important to listen to parents and

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## The Comorbidity Business and Specific Developmental Disorders

By Peter Hill

I write this column from the perspective of a clinician who has spent much of his time in recent years being asked to decide whether a child has ADHD or something else. The something else could be a clinical condition that can be confused with ADHD – a developmental language disorder for instance – but more commonly it is something which co-exists with ADHD. Another professional has thought that the child's problem is dyspraxia, dyslexia, an autistic spectrum disorder (ASD), conduct disorder or anxiety. What may have been missed is that the child has that problem as well as ADHD.



Peter Hill

This is the issue of comorbidity: what is going on alongside ADHD. It is a common problem, especially when specific developmental disorders are concerned. In Bonnie Kaplan's Canadian study for instance, most children with ADHD had another developmental condition. More than half had dyslexia, more than half had dyspraxia, and it followed that more than half of those with ADHD had both dyslexia and dyspraxia. It was unusual to have ADHD on its own.

Specific developmental disorders are conditions in which one aspect of a child's functioning is at a more immature level than the rest. In dyslexia, for instance, the child cannot learn to read easily, in spite of being intelligent enough and old enough. The specific developmental disorders include developmental delays in language (specific language impairment), co-ordination and balance (dyspraxia), and academic learning such as reading (dyslexia), spelling or arithmetic (dyscalculia). They are all more common in boys, run in families and commonly co-exist in any one child. That is why the older texts on dyslexia include co-ordination problems and hyperactivity in their descriptions of what they call dyslexia. Even modern accounts of dyspraxia sometimes include comments on affected children's

difficulty in reading or paying attention. The handwriting difficulties of many children with ADHD (sometimes called dysgraphia) are actually the result of a form of mild dyspraxia affecting fine motor movements of the hands. The treatments advocated for dyspraxia such as DDAT (DORE Treatment Centres) claim to benefit reading – and so it goes on.

The classification systems don't include ADHD as a developmental disorder, but in the minds of many it might well be. A specific developmental delay in higher order thinking (cognitive executive function) has been postulated. Like the conditions mentioned above, ADHD is commoner in boys, often runs in families, improves in many ways with age and commonly co-exists with other specific developmental disorders. The same can be said of tic disorders including Tourette's syndrome. There is a high rate of ADHD in complex tic disorders – found in up to about half of children in tic disorder clinics. Similarly one can also understand ASDs as a selective failure in the development of something to do with mind-reading, empathy, or an intense interest in other people for their own sake. An ADHD picture is also common among children with ASD.

There are perhaps three implications. Firstly that there should be great caution exercised in attempting to include the features of one specific developmental disorder in the description of another. It muddles everyone if dyslexia is held to include hyperactivity which may then go untreated (and vice versa).

Secondly, since these conditions commonly co-exist in one child (are comorbid), clinical assessment of ADHD must go beyond the ADHD features and include an assessment of such things as reading, co-ordination of complex movements, and the presence or otherwise of tics.

Thirdly, to recognise that some of these conditions not only frequently co-exist with ADHD but may also mimic it. A developmental receptive language disorder, for instance, will result in difficulty understanding what is said. This can look like inattention. A child with Asperger's syndrome is also likely to appear inattentive because he is not very interested in another person's point of view. A child who cannot learn to read may become disaffected with settled work in class and become restless or disruptive.

Much of this comes down to ensuring that a child with possible ADHD must be assessed by someone who will consider whether any of the specific developmental disorders is also present. The development of the whole child needs to be assessed and no parent or individual should be satisfied unless that is done. Likewise, a decision needs to be made as to whether any comorbid developmental disorder needs treatment or educational attention in its own right. Just identifying and treating ADHD may not be good enough.

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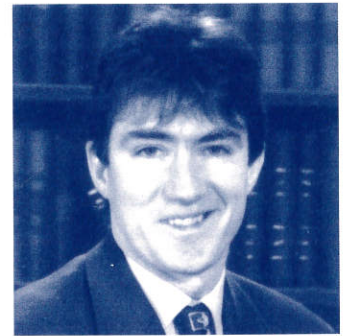
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Andrea Bilbow

# Inclusion and ADHD - The Current Situation

Fintan O'Regan

It is obviously difficult to assess how much time and what it costs to support children with SEN/ADHD, but one thing is clear – learning difficulties accompanied by behavioural issues cost a great deal of money. As in most businesses today, personnel represent the most expensive resource in schools and learning and behaviour difficulties engage vast amounts of personnel time in terms of specialist teaching (often 1-1 provision), additional learning support, staffing and a range of time consuming meetings, conferences, phone calls, paper administration and communication with external agencies.



Fintan O'Regan

To illustrate this, I recently spent most of a particular Tuesday on one issue, for which seven other adults, including the senior LEA educational psychologist, a social worker, the child's current head teacher, the classroom teacher, two learning support teachers, the careers advisor and the parent had to also give up their time.

This is not a unique scenario as on a day-to-day basis throughout the UK vast resources are absorbed in planning, managing and teaching children with ADHD.

Within mainstream schools however, children with ADHD will require varying amounts of

support dependent in part on the nature of their difficulties, the type of school they attend and, to a very large extent, the training of the SENCO and SEN skills/knowledge/attitude of the majority of the regular teaching staff.

Differences across the UK will vary widely, however one issue is clear: inclusion means different things in the context of each specific school. In viewing a South London secondary school recently it was noted that specific children with ADHD would spend up to 85% of their day in the schools Learning Support Unit either directly with the SENCO or with a LSA supervised away from their main

classroom. It was suggested to the head teacher that this is not really inclusion, as the child is never actually in his scheduled class. Her rather defensive response was to disagree, saying that his situation was better than at a specialist school because he had the opportunity to interact with the other children, however, she did not say when this interaction actually took place.

There is no doubt that early identification and intervention in teaching and management of students with ADHD can play a huge part in preventing secondary behavioural issues from developing. This philosophy was extolled by Estelle Morris

the former Minister of Education regarding the revised 2001 Code of Practice when she commented '...the focus is on preventative work to ensure that children's special educational needs are identified as quickly as possible and that early action is taken to meet those needs.'

However, in reality it is likely that in every class of 30 children there will be between 1-2 students with ADHD. Due to the potential impact of these children on the class dynamics in terms of teacher time and social interaction it could well be argued that ADHD will affect every student in UK classrooms, either directly or indirectly.

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## Launch of All Party Group...(cont from page 1)

children and address their needs – ADHD is as common as diabetes, yet there are only four nurse consultants nationwide. Dr Munden had the following suggestions to make:

1. Politicians, the Department of Health, schools and employers should be encouraged to listen and learn about ADHD. Policy makers need to listen to parents.
2. There should be recruitment and training of staff to work with families and children. ADHD should be adequately addressed in both the Children's and Adult's

NSF. Training and education of medical and other staff in child psychiatry and postgraduate training/continuing professional development as regards ADHD must be addressed.

In conclusion, Dr Munden stated that it would probably take 10-15 years to build a decent system – with staff already facing burnout in CAMHS, she asked how the challenge could be met.

The children who came to the launch had a short tour of Portcullis House and all those who attended

had tea at the end of the launch.

Kerry Pollard MP has now tabled the following Early Day Motion and we suggest you ask your local MPs to support this EDM and to sign it.

*That this House welcomes the formation of an All-Party Parliamentary Group on Attention Deficit Hyperactivity Disorder (ADHD); highlights the cross-party recognition that ADHD is a medical condition which affects five per cent. of school-aged children; hopes the Group will advance information-sharing and best*

*practice among professionals working in the field and patient groups; notes that failures to diagnose and properly manage the condition have serious adverse consequences for children, their families and society; and calls on the Government to improve understanding and treatment of ADHD in the education, health and social services as well as in the criminal justice system, so that all children have access to the support they need to have the best chances in life.*

## Inclusion and ADHD... (cont from page 3)

### ADHD and the educational agenda

No blame should be attached to teachers regarding confusion or misunderstanding over the term ADHD as regards the overall SEN provision in their school setting. This is largely due to the fact that the main tools for documenting the range of SEN terms within the UK do not directly mention the ADHD phrase, despite individual government departments stating their desire to take 'direct action in terms of early diagnosis and treatment'.

In neither the old or the revised Code of Practice is the term ADHD found or written in this form although Paragraph 7.60 in the Behavioural Emotional and Social Development Section of the code makes specific references to '...interventions for schools to support pupils who are hyperactive and lack concentration...'

Even Ofsted, who monitor the code, cannot find room for the ADHD term within their own 12 broader categories of SEN that are used within the school inspection process and adopted by the DFES. Once again, although not mentioned by name, reference is made to a group of symptoms listed within the Behavioural Emotional and Social Difficulty (BESD) section in direct comparison with for example Dyslexia, Dyspraxia, Dyscalculia etc., all of which are mentioned separately within the Specific Learning Difficulties section of this document.

It is interesting to observe that the former umbrella term of Emotional and Behavioural Difficulties (EBD), classifying issues such as Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD), is expanding into an even broader classification of BESD to include or soak up socialisation issues not covered elsewhere.

### SEN support for a child with ADHD

The question is how SEN support for a child with ADHD can be achieved in an inclusive school. In theory, the answer is very simple, but in practice it presents difficulties, for the main reason that despite the recent battle cry stating: "All teachers are teachers of pupils with special educational needs. Teaching such pupils is therefore a whole school responsibility requiring a whole-school response" (Code of Practice 2001) teachers neither have the training nor do schools have the structures to support the successful inclusion of many children with SEN/ADHD.

However, the emphasis appears to be that because it is said it must be done. The onus on teachers is to somehow make it happen as the code continues to put the issue in the teachers lap when it says: "The key to meeting the needs of all children lies in the teachers ability...to find ways of providing appropriate access to the curriculum for every child" (Code of Practice 2001)

So how is this to happen in reality? The days of the lone SENCO fighting for students with learning difficulties are, in theory, gone. Government policy states that SEN should be a whole school driven issue from the top down, with the Head teacher and SMT fully supporting practices drawing in those teachers who do see SEN as their responsibility. In truth however, inclusion is a process not a policy and it will take time, support and above all a willingness to make it happen.

## STOP PRESS . . . STOP PRESS

### A one day seminar with Thomas W. Phelan PhD



The author of 1 2 3 Magic, 1 2 3 Magic for Teachers,

Surviving your Adolescents and many other titles will be running a one day seminar in London for parents, teachers and healthcare professionals at the end of May 2005.

Further details will be available in February 2005.

For information please visit the ADDISS website

[www.addiss.co.uk](http://www.addiss.co.uk)

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# Exploring the Condition of ADHD: Misunderstood, Misdiagnosed, Untreated, Unmanaged.

11th November 2004  
Hatfeild Hall, Wakefield

## West Yorkshire ADHD Support Group Conference

Report from Judith Monk

Conference organiser and West Yorkshire ADHD Support Group member, Lorraine Forbes, was inspired to create a Study Day for the West Yorkshire area while at this year's ADDISS event in Liverpool. She convinced her husband Gordon (who has access to design and publicity services) and Brenda Maw, Chair of the Support Group, that it would be an excellent way to enlighten many of the professionals in their region about current information and the background of ADHD. From the concept of a small Study Day it became a full sized Conference for more than 135 delegates.

Lorraine invited me to give a presentation and I arrived in Wakefield the day before the Conference to join members of the Support Group for an enjoyable Italian meal. Another of the speakers, Lorraine Marer, was there too and she soon had us all laughing with her unusual take on life.

Hatfeild Hall, (yes, it really is spelled that way), is set at the entrance to the Normanton Golf Club whose beautiful grounds decked in Autumn finery made it an outstanding venue.

The first speaker of the day was Dr Muthukumar, a local Consultant Paediatrician, who very effectively set the scene for the Conference by detailing what ADHD is and isn't. He outlined a brief history of ADHD and explained that ADHD is a Neurobiological disorder caused by an imbalance of some of the neurotransmitters in the brain, mainly norepinephrine and dopamine. He also outlined the cost of the untreated disorder in societal terms.

Speaker number two was Lorraine Marer, a Behavioural Specialist and ADHD Coach. Lorraine is shortly to become a TV star so watch out for her on Channel 5! This is a lady with personality writ large; she didn't do a usual presentation but decided to let the audience ask the questions and then give them the answers. She certainly did that! Lorraine talked to us about using

descriptive praise and said it's the most valuable tool in the toolbox. This type of praise builds self-esteem. Descriptive praise praises the action by describing it and how well it was done rather than evaluative praise which is the good boy, good girl, type. She says she always gets results by teaching responsible behaviour, respect and co-operation through the use of descriptive praise and reflective listening. Lorraine covered topics like House Rules, and never getting involved in arguments; she also told us a lot of lovely but relevant anecdotes about her own ADHD son Ben. My heart sank though, as I listened to Lorraine, knowing that I was following her with a traditional presentation! In the end my own presentation about how ADHD affects teenagers and adults was well received. I teach Challenging Children Courses to parents who are struggling with 'hard to raise' children. They are often at the end of their tether when they reach me and then I work to strengthen them and prepare them to carry on the battle. Much of the Support work I do is with newly diagnosed

teenagers and adults and their families and I was able to share some of these experiences with the delegates and also used anecdotes garnered during 25 years of raising a severely affected ADHD, ODD, CD son.

Next up to the podium were Inspector Phil Anderton and Sergeant Steve Brown, two Lancashire policemen who have made a staggering effort to get ADHD recognised by lecturing not only across this country but the USA as well. Having recognised the huge social costs of untreated and under recognised ADHD in youngsters, where these young people get excluded from school and then often drift into crime and substance abuse, these policemen set about learning as much as they could about ADHD and then creating a strategy whereby they educated others and networked multiple agencies together. Their message to the delegates was that many agencies get one Key Contact Opportunity to engage with a young person and help them turn their life round. Many agencies miss that chance by not

recognising the opportunity or sometimes not making the extra effort required. They illustrated all this by telling the story of a girl who had been through 4 sets of foster parents at the age of 4, had been to four schools by 8, was an educational failure without friends but had a bad drug habit by her early teens. She had been seen by three psychiatrists who all diagnosed different things then locked her up in psychiatric unit for six months where a social worker went the extra mile having recognised her Key Contact Opportunity. Once properly diagnosed with ADHD, she was medicated then took and passed three top grade A' levels at 17 and is now studying at a top university. Phil and Steve have worked hard with the many agencies in their patch so that ADHD youngsters don't slip through the net. These two men are an inspiration.

The final speakers were Liz Miller and Rita Jones from the Liverpool ADHD Project. They told us of how the Project was set up, then funded and how it runs first a six week parenting

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## Lincoln ADHD Conference Adolescence to Adulthood: Which Way Now?

Sharon O'Dell

**On the 15th November 2004 the Lincoln ADHD Support Group hosted Lincoln's first ever conference on ADHD. The purpose of the conference was to draw attention to the lack of services available for young people with ADHD who are in the transition period from child to adult services, or who have already been discharged from children's services.**

Nearly a hundred people came along to listen to nationally and internationally renowned speakers and to browse the various exhibition stands. Delegates were made up of parents, teachers, Parent Partnership, EBSS, members of youth offending teams and many more.

The morning session was chaired by Dr Anne Thompson from Lincoln CAMHS, who gave a short presentation about the work her team is undertaking in Lincoln.

Andrea Bilbow, founder of ADDISS, took to the floor next to give a presentation about the media and the way it shapes public perception about ADHD, medication and people's attitudes. The presentation was

very timely as it came directly following an article in the Lincoln press where a local professor had claimed that "ADHD is no more real than Santa Claus!" Andrea also presented some of the findings from the Parent Consultation weekend in Southport. She spoke with great passion and certainly made a huge impact on everyone!

After a coffee break we were treated to a brilliant presentation by Inspector Phil Anderton and Sergeant Steve Brown from the Lancashire Constabulary. Unfortunately only one policeman from the entire Lincolnshire force actually came to the conference, but the Youth Offending team and Anti-social behaviour team were well represented. We heard how the Lancashire police are working

together with schools and all agencies that deal with young people with ADHD to raise awareness and prevent them from falling into crime. They also talked about the affect having ADHD has on driving and ways to help people with ADHD to avoid accidents. Phil and Steve made such a huge impact on the Youth Offending Team that they have arranged a meeting with the local police and Lincoln ADHD Support Group to try to implement a similar project here in Lincolnshire.

After lunch Joe Warner from Social Services' strategic development team chaired the afternoon session. Chris Martin (20) and Paul Green (16) presented the short film they made with Cheryl Colson (15) at the request of Lincoln ADHD Support Group. In the film they spoke about the impact ADHD has had on their lives. The film was very moving and really brought home the importance of understanding ADHD when working with these young people.

To close the day, Jerry Mills delighted us all and reduced

many of us to tears with his unique presentation 'Don't Doubt the Dream'. Jerry uses music to illustrate the emotions and feelings associated with ADHD and to tell his personal story about how he overcame his early struggles with ADHD and eventually became a teacher working with 'problem children'.

Jerry's presentation so inspired Chris Martin that he asked if he could address the delegates. We all waited uncertainly to hear what this unpredictable individual would say. He told us all that the purpose of the day was to highlight the difficulties people like him faced in Lincoln, that we had started something today and everyone in the room should listen to what had been said and act on it - "it's up to you now" he said.

A perfect way to end a truly motivating and inspirational day.

We would like to thank the Catalyst Fund, Children's Choices and all the speakers without whom the day would not have been such a resounding success.

## Support Group Conference...(cont from page 5)

course which is followed up with a similar children's course. The project has consulted and involved children throughout and produced various examples of work on ADHD friendly playgrounds and easing transitional pathways from primary to secondary school. Both

ladies are passionate about making a difference and also mentioned developing a further project to deal with issues arising from ADHD in teenagers and adults.

Many of the delegates took the

time to fill in evaluation forms and the vast majority were extremely complimentary about all of the speakers, some quotes are: 'enlightening', 'very informative statistics', 'really useful insight', 'passionate' and 'that ADHD is a fact not fiction'.

Many thanks are due to Lorraine, Gordon, Brenda and everyone from the Support Group who all worked tirelessly throughout.

# ADHD Talk

Lorraine Marer

What do we do when our ADHD children talk us to death in an effort to manipulate us into giving into their requests? This is such a common problem and I hear it all the time. We get involved and try to rationalise and negotiate our way around a situation. All this does is give the child more ammunition with which to manipulate us. If you have established a rule that no television is to be watched until the homework is done, stick to it. So the conversation goes something like this:

- Can I watch my favourite programme? It's only on for half an hour.
  - No, homework first.
  - I promise to do homework as soon as it's finished, oh come on, it's only half an hour.
  - I said, no, homework first, we have this conversation every day and the homework never gets done and then there are arguments all over the place.
  - That's because you're so mean and everybody else's mum let's them watch the Programme.
  - I am not mean (for goodness sake don't justify yourself), it's just that you never keep your word.
  - I do. Don't you remember when you asked me to clean my room and I did?
  - Yes, but how many times did I have to ask you to do it?
  - So- I did it in the end.
- This then goes on and on and you cover many and varied topics

only to find that the volume escalates and the tempers get shorter. It usually ends with 'Go to your room!' So no homework is done and no TV is watched. Alternatively, how about not getting involved so that the conversation goes something like this:

- Can I watch my favourite programme? It's only for half an hour.
- What do you think I'm going to say now?
- You're going to say, homework first.
- Very clever of you to come up with the right answer first time.
- So can I or can't I?
- What do you think?
- No I can't, but I really want to and everybody else's mum let's them watch the programme. Uh huh. You are so mean
- I am sorry you feel like that.

Now the child is struggling for something to say. Not getting

involved prevents an explosive situation and remember, A DIALOGUE IS SOMETHING THAT HAPPENS BETWEEN TWO PEOPLE - A MONOLOGUE IS ONE PERSON BANGING ON ALL ON THEIR OWN. It soon becomes boring and the message being conveyed is, 'I will not change my mind, I will not negotiate on this point because I end up being manipulated and I am putting very firm boundaries in place'. What do all ADHD kids need more than anything else? Firm boundaries. That's what makes them feel safe.

Good luck.

Lorraine Marer  
Behavioural Specialist and  
ADHD Coach  
0208 537 0104  
lorrinemarer@bigfoot.com

## Red Arrows host visitors at Blackpool Airport

The Team were recently contacted by Lancashire Constabulary, asking if we would host a party of visitors from a local Attention Deficit Hyperactivity Disorder (ADHD) project whilst we were operating from Blackpool Airport.

Led by Lancashire constabulary, assisted by a parents support group from Morecambe, the group is run by parents for young people who have Attention Deficit Hyperactivity Disorder (ADHD). The attendees of the group have as a rule been banned from other groups, find it hard to socialise within peer groups and are often marginalised by school, society as a whole and have a low self esteem. All of this is as a consequence of their ADHD, which affects their behaviour. The groundbreaking Lancashire project is working with schools, youth

workers and the health service to change this.

ADHD is a condition that causes people difficulty in focusing their attention, controlling their behaviour and often makes them impulsive. As a consequence of this some young people with ADHD inevitably achieve a poor education standard despite having a higher than normal IQ. This in turn can lead to some young people with ADHD ending up in trouble with the police. The group HAVOC (Hyper Active Very Own Club) tackles those issues,



especially through the long summer months. The young people with ADHD are given activities and supervision throughout the period and the model is based on positive reward and encouragement.

Lancashire Constabulary asked us if we could arrange the visit as a 'thank you' from them to the group members for their hard work and for keeping motivated through the summer period. Both engineers and pilots were

delighted to meet the group, and they also seemed to enjoy themselves! The best verdict comes from Dr Phil Anderton of Lancashire constabulary, who said, "Given the fact that the young boys struggle to pay attention and keep quiet, it was to the credit of all concerned that during the Reds' briefing all ten boys were silent for over ten minutes. That's motivation!

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www.raf.mod.uk/reds/news.html

## 7th Annual ADDISS Conference

9th - 11th November 2005

The Royal National Hotel, London

Prospective speakers are invited to submit proposals. The address for submissions and further information about the conference will be available on the ADDISS website [www.addiss.co.uk](http://www.addiss.co.uk)

## The Challenges of ADHD in Adolescents and Adulthood:

They do grow out of it, don't they?

11th March 2005

Centre for Life, Newcastle-upon-Tyne  
Keynote speaker: Thomas E Brown PhD

Speakers include:

Professor Eric Taylor, Professor Peter Hill, Dr Paul McArdle, Dr Eilish Gilvarry, Phillip Anderton and Steve Brown (Lancashire Constabulary), Lorraine Marer, Dr Phillip Asherson, Fintan O'Regan, Pinda Perez.

Full details available on the website [www.addiss.co.uk](http://www.addiss.co.uk).  
For booking form telephone 02089069068 or 02089060354

A list of accommodation is available from ADDISS

## Understanding and Supporting Young People with Attention Deficit/Hyperactivity Disorder: A Multidisciplinary Approach

12 - 14th April 2005

Leicester University  
Qualified Teachers: £345.00  
Non Teachers: £500.00

The course will run over three consecutive days.  
Each day will run from 9.30 - 4.30.

Tutors: Professor Paul Cooper, School of Education  
Dr Rashmin Tamhne, School of Medicine

This accredited course is run by the Professional Studies in Education at Leicester University school of Education and has the following features:

30 hours of University lectures, workshops, seminars and tutorials  
Individual study and research.

Interested delegates must be committed to supplying a portfolio of material for assessment.

Application forms are available from Kim Saini  
Tel: 0116 252 3656 Email: [KS51@le.ac.uk](mailto:KS51@le.ac.uk)

## ADHD: Impact and Intervention

The 2005 ADDISS Training Programme for Teachers and Support Staff

Monthly

Institute of Education, London

ADHD is considered to be one of the most significant causes of educational and social failure in children and adolescents. In relation to the Government's green paper Every Child Matters which promotes multi-agency cooperation, these training days will provide the knowledge, confidence and skills to address the key issues of successful child development.

Topics covered will include:

Overview of ADHD and related conditions  
Strategies for Management in the Classroom and Playground  
Behaviour Modification  
Social Skills Training  
Developing School Policies  
Media Myths and Medication  
The role of diet and supplements  
Working with Parents  
Case studies  
Multi Agency cooperation

The training days will run monthly in London at the Institute of Education. Further details available from ADDISS  
[www.addiss.co.uk](http://www.addiss.co.uk)

## New Titles

1 2 3 Magic for Teachers Effective Classroom Discipline

Thomas W. Phelan PhD  
Sarah Jane Schonour, MA  
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