

# ADHD news

ADD Information Services (ADDISS) Registered Charity No 1070827

AUTUMN 2005

## Hospital Team are Deserving

The Child and Family Unit Nursing Team, Queen Elizabeth Hospital Gateshead have won the regional Health and Social Care Awards 2005 in Mental Health for their ADHD Clinic.

Attention Deficit Hyperactivity Disorder (ADHD) affects approximately 5% of school-age children and can have a major impact on a child's ability to function at home, socially and academically. Many affected children require medication, the drug of choice usually being Methylphenidate – a controlled medication which must be monitored closely.

In Gateshead, children presenting with ADHD were assessed, diagnosed and monitored within Child and Adolescent Mental Health Services (CAMHS); on diagnosis, the child's case was transferred to the care of the Consultant Child Psychiatrist, the rationale being that only consultants could take responsibility for the prescription and monitoring of controlled medication.

Consequently, each consultant was responsible for a high number of these children, representing around 50% of their caseload. This had a huge impact on service delivery, not least because constraints on clinical appointments affected the quality of care children and their families received.

Observing these difficulties and frustrations, the nursing team considered ways in which service delivery could be changed or adapted. A nurse-led weekly clinic was developed, and all ADHD children were transferred from their consultants' caseloads to the responsibility of the nursing team. To ensure that the children's needs were met effectively, the transfer was managed in partnership with

service users through questionnaires and collaboration with local Gateshead ADHD Support, a registered charity which gives help and support to families where ADHD is apparent.

### The Clinic

The Clinic runs every Tuesday, by the Nursing Team, and families are sent an appointment to attend the clinic. This gives the family a chance to talk through any concerns they have, how the young person with ADHD is getting on, and to look at various interventions like behaviour management and if necessary signpost the families on to where they can get further support, like the local support Group.

If necessary and the family feel they are at a crisis point in their lives they can ring up the nursing team and an appointment can be made to go and talk to the team very quickly.

They also have an information pack that families are given when their child is given a diagnosis of ADHD. The pack itself is filled with information on other organisations that families can go to for help, for example, Contact A Family, ADDISS, and much more. It also gives information on what ADHD actually is and how to manage ADHD in the home.

### The Award

Because this clinic was running so effectively it was decided to enter the Health and Social Care Awards 2005. The core criteria for this was:

- People centred approach
- Impact on patients, users, carers and staff



The Child and Family Unit Nursing Team, Queen Elizabeth Hospital Gateshead have won the regional Health and Social Care Awards 2005 in Mental Health for their ADHD Clinic.

- Team-working and cooperation
- Patient and Public involvement
- Reducing Burdens

On top of this especially for the mental health award there was also the criteria of

- Addressing the mental health needs of hard-to-reach groups
- Engagement of carers

The Nursing Team as well as the Trust felt excited and proud when they had been selected to go to Manchester for the ceremony of the Regional Health and Social Care Awards.

They had been short listed down to three very deserving cases, and the Nursing Team as well as the Chair from the Local Support Group ventured off to Manchester in the hope that they would win.

When they realised what they were up against, it was decided that everyone should be proud of getting where they were in the awards and in fact they were already winners to have got that far.

Everyone held their breath when it came to the Mental Health Category and when Gateshead was read out as winner everyone was extremely happy and proud. We won't discuss here, the hangovers the next day, but it was a long train ride home.

So now the Nursing Team will be entered for the National awards in London in December and it is hoped that they will win because it not only means that it will be such

a prestigious award for the trust but also it means £15,000 for the clinic and this will ensure that the good work is carried on.

### Comments

Pat Bolton Chair of Gateshead ADHD Support Group, which is the group that was consulted along the way says "This is an exciting time for ADHD in Gateshead, and we are hoping this will put ADHD high up on the Agenda. The Nursing Team deserve this award, they consulted with us along every step of the way, and they took on board what we suggested. This I believe is one of the reasons why the clinic is successful and they won the award because so often consultation is ticky box, but we know we were listened to."

How do you measure success? – "well I quite often ask our parents how the clinic is doing, how it is helping them, and one parent said that she had tried for months and months to access social services and hadn't been able to for various reasons. She mentioned this on one of her visits to the clinic and within days a social worker had arranged to go out and see this family. That is success, making a real difference to peoples lives and making their lives better. That to me is success."

**Pat Bolton**  
Chair

Gateshead ADHD Support  
Registered Charity No 1105581

**Queen Elizabeth Hospital**

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## ADHD and the Law

By Susan Young

Prison studies show that a sizeable proportion of inmates have had childhood ADHD and many continue to be symptomatic. High rates of recidivism by offenders with ADHD have also been reported. Youth and adults with ADHD may be vulnerable at all stages of the criminal justice process, particularly if they are unmedicated. On 12th October 2004 the Court of Appeal quashed a conviction for murder in May 1996 on the basis of new evidence. This new evidence was that the defendant, Billy Joe Friend, had undiagnosed ADHD at the time and significant impairment in attention, impulsivity and behavioural control. These impairments meant that he was unlikely to have effectively participated in the trial proceedings or give evidence.



Susan Young

In the criminal justice system ADHD is a neglected vulnerability which can leave a suspect disadvantaged when interviewed by the police and also during court proceedings. In recent years there has been increased recognition of risks for the defendant associated with psychological vulnerabilities. Attention has been mainly concentrated on learning disability, mental illness, and those found to be abnormally suggestible and compliant.

However, the recent case of Billy Joe Friend, heard in the Court of Appeal on 12th October 2004, showed how the failure to suspect and diagnose ADHD pre-trial resulted in a wrongful conviction of a 15-year-old youth for murder. This is a landmark case for ADHD as the legal precedent set in this case has important implications for ADHD sufferers who come before the Courts, as well as for suspects interviewed by the police.

The judgment states "We now turn to the subsequent developments, which are to our mind conclusive of the resolution of this appeal" (R. v. Billy-Joe Friend, [2004] EWCA Crim 2661, p. 8). This 'subsequent development' that so decisively determined the outcome of the appeal was a report commissioned by the Crown Prosecution Service from an expert on ADHD.

I carried out a comprehensive neuropsychological and ADHD assessment of Mr. Friend, who at the time of the assessment was 23 years of age and concluded (1) he was in partial remission of his symptoms; (2) at the time of his trial in 1996 his symptoms would likely to have been more severe; (3) it was undesirable for Billy Joe Friend to give evidence; and (4) he was unlikely to have effectively participated in the trial proceedings.

In England and Wales fitness to plead and stand trial requires certain criteria to be met (R. v. Pritchard, [1983] 7 C. & P. 303). Namely, the defendant must be able to comprehend the proceedings of the trial; be able to challenge a juror to whom he might wish to object; understand the details of evidence; instruct counsel; and follow proceedings and give evidence. At the time of his trial Billy Joe Friend was considered fit to plead and stand trial and fit to give evidence. However ADHD was not widely recognised outside of child psychiatry at the time, although Billy Joe Friend had been assessed by Professor Gisli Gudjonsson who recognised and gave evidence about his poor attentional control and distractibility, the severity of his cognitive deficits was not fully appreciated, nor the diagnosis and ADHD identified.

This meant that the effect of impairment in sustained attention over a prolonged period of time was not highlighted in evidence, nor was high levels of impulsivity and the implication of inhibiting an immediate (and perhaps inappropriate) response. If presented as expert opinion, these factors might have been relevant to his ability to give considered and reliable answers before the jury. This latter point would have particular relevance as to whether it was desirable for Billy Joe Friend to give evidence. For example, aside from concentration problems in the witness box causing him to lose his train of thought, Mr Friend may have blurted out the first thing that came to mind. He may have been inconsistent and given conflicting evidence. He may have become emotionally labile, distressed

and/or angry when giving evidence. He may not have been able to inhibit a verbally aggressive response. These vulnerabilities are likely to be misinterpreted by a jury unless a suitably qualified expert carefully explained them.

This case demonstrates the importance of specialist psychological expertise and assessment for the assessment of ADHD. Psychiatrists and other mental health professionals may recognise some of the core symptoms of the condition but usually will not have the expertise to objectively assess the functional deficits. Comparison of an individual's scores with norms obtained from a 'normal' population provides information about severity of functional deficits or symptoms. This is language that the courts understand as a person's functioning can be measured and in turn indicate a level of statistically significant impairment. For example, this means that evidence can be framed in terms of performance falling at, say, the 2nd percentile (i.e. bottom 2% of the normative population). In other words 98% of the 'normal' population would have obtained a higher score. How these core deficits relate to legal issues will vary, in some cases they may be relevant to the reliability of statements given in police interviews; ability to follow trial proceedings; ability to give evidence; in other cases they may be relevant to the presence of abnormality of mind in cases of those charged with murder.

Special consideration by the courts is needed in some cases of ADHD, particularly for individuals who are unmedicated and are exhibiting active symptoms. Sensible precautions might include, regular breaks during the trial, avoiding lengthy questions and complex language structure, and making sure that important information is put across directly and simply. If these simple precautions are taken the defendant may not be unfairly disadvantaged in spite of his vulnerable qualities. In this way the diagnosis can help to ensure that the defendant has a fair trial, not necessarily by making it 'undesirable' for him to give evidence at trial, or to be found unfit to plead and stand trial.

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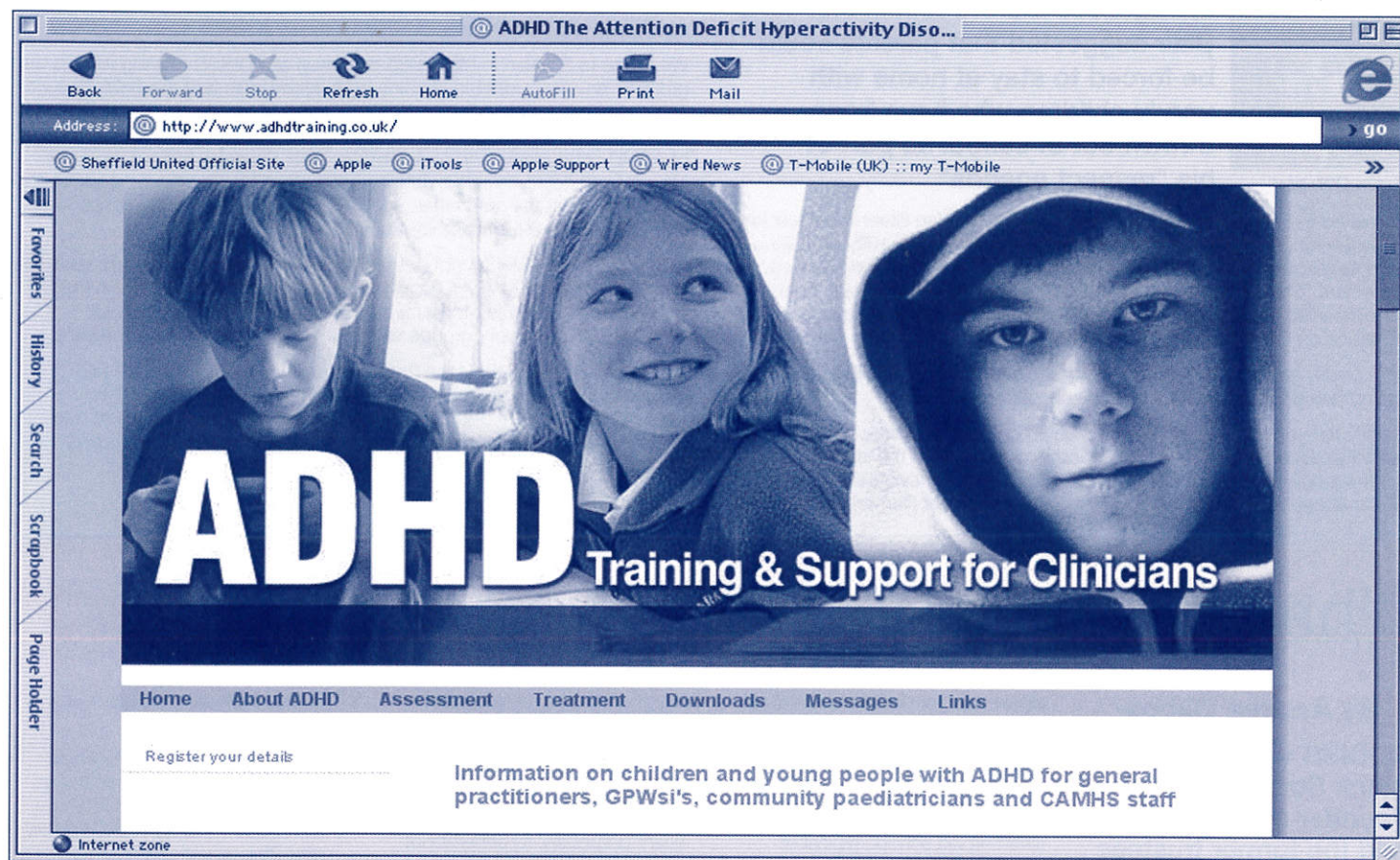
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### Founder and Director

Andrea Bilbow



## ADHD Training and Support for Clinicians: A new website available at <http://www.adhdtraining.co.uk>



Gill Salmon and Amanda Kirby

The 'ADHD Training and Support for Clinicians' website was developed by Dr Gill Salmon (Consultant and Adolescent Psychiatrist in Swansea) and Dr Amanda Kirby (Medical Director of the Dyscovery Centre in Cardiff) as part of a project funded by the Welsh Assembly Government to look at new ways of working within Child and Adolescent Mental Health Services. The site has been designed to be accessible to all web browsers and is particularly suitable for screen readers commonly used by people with visual impairment

The website aims to give information to clinicians including general practitioners, GPWsi's (GP's with a special interest), community paediatricians and CAMHS staff as well as interested parents and young adults with ADHD.

Once visitors to the site have registered their details they can access other areas of the site listed on the home page (as above) as follows: About ADHD; Assessment; Treatment; Downloads; Messages and Links.

The website contains detailed information on ADHD and related

neurodevelopmental disorders; identifying the signs and symptoms of ADHD including consideration of the differential diagnoses, co-morbid disorders and associated functional difficulties; management options for children with ADHD and their families including behavioural strategies and prescribing options; and how to manage ongoing care and support for children with ADHD and their families including medication monitoring.

The Downloads section allows the visitor to download and print off materials of general interest which include: ICD-10 and DSM-IV

criteria for Hyperkinetic Disorder/ADHD; information on Special Educational Needs (SEN) and the Disability Discrimination Act; Information for parents on managing the signs and symptoms of ADHD in the home; Information for teachers on classroom approaches for the child with ADHD; A variety of standard letters for use by the clinician and finally a pdf file of all of the information available on the website.

The Links section lists useful contact organisations and also provides links into websites about ADHD and its management which

may be of interest to clinicians, parents and young people. In addition, throughout the rest of the website, links are made to other websites of interest. For example, in the Treatment section, a number of links are made to websites offering information sheets about ADHD and behavioural management for parents. The site also offers links to other sites offering information on the medical management of ADHD such as the National Institute for Health and Clinical Excellence and the Royal College of Psychiatrists.



## The "Respect" Agenda



Fintan O'Regan

**In July 2006 the Prime Minister Tony Blair suggested that parents could be forced to stay at home with unruly children who have been thrown out of school as part of his "respect agenda"**

He asked the New Discipline Task force leader Sir Alan Steer head teacher of Seven Kings High School in Ilford Essex about the feasibility of making parents responsible for children suspended from school in the reported statement "Should we legally require suspended students to stay at home, accompanied by a parent, rather than allowing them to freely cause a nuisance on the streets or in shopping centres"?

"It is clearly essential that parents fully accept their responsibilities if we are to improve discipline and respect in schools"

Clearly this is part of an overall crackdown on poor behaviour that has seen the development of a range of options to address the issue including multi-agency contracts such as ASBOs Antisocial Behavioural Orders. ABCs Acceptable Behavioural Contracts and Parental Control Agreements.

Will it work? Will it be implemented and how indeed will this effect the lives of children with ADHD some of whom may be at risk of school exclusion.

We wrote to Sir Alan in May 2005 on behalf of ADDISS offering to help the group in any way possible sending both information and the book "How to teach and manage children with ADHD". The hope was, by doing this we would be able to educate and inform the committee regarding the issues of ADHD on students and their families. After 2 weeks without reply we rang the school to be told by the secretary that Sir Alan thanked us for my interest but that the committee was now established and would not be taking any more information into consideration.

Once again ADDISS has not been given an opportunity at the top table to explain the impact of ADHD on the lives of children and families in the UK. No doubt we will be left to battle policies that will be made without consultation to the very groups such committees are said to represent.

By the way it is also the case that another education committee has decided the words; students or children does not exist anymore in eduspeak.....the official title for those that occupy classrooms and go to and from places called schools on buses wearing uniforms and carrying bags from September to July are.....learners.

## Thank you to LADDER and Stan Mould

**By Andrea Bilbow**

**ADDISS would like to thank Stan Mould, the Founder of LADDER, and the former trustees of LADDER for donating the balance of their funds to ADDISS. Ladder was finally wound up last month.**



Many of you may remember Stan Mould from way, way back when he founded the first charity for ADHD sufferers in 1992. After happening on and reading 'The Hidden Handicap', (now out of print) when looking for help for his

eldest son, he discovered that he too had the same problem, ending 43 years of anxiety at his being 'different' and not succeeding at many things. Despite a very high IQ, he only managed one 'O' level when he left school, typical of many adult AD/HD sufferers. He called the author in Australia and was astonished at finally having his suspicions confirmed. He researched for 9 months and then lost his job for a list of reasons which read like the diagnostic criteria for AD/HD. Spurred by this, he went to America to be diagnosed, along with his son, at Russell Barkley's clinic in Worcester, Massachusetts, followed by attending a CHADD conference in Chicago, the first Europeans to do so.

Armed with his new-found knowledge, he embarked on a journey of awareness raising, educating and training professionals and parents. To fund this, he cashed in his few investments and dedicated himself to publicising the disorder which had plagued him all his life. Working almost always single-handedly, he soon built up a huge membership of over 2000 families. He also established a magazine, (ADD-vice) which was always filled with excellent articles. It was in one of these magazines that I first

learned about a conference in Israel in 1993/4 and a further conference in Washington in 1995, both of which I attended. This was the beginning of my own journey, complementing Stan's started two years previously, to bring about change in the UK.

Stan himself has ADHD and like many adults with ADHD was highly focused on his project but also distracted by the problems in his own life. LADDER grew very quickly and soon became unwieldy for one person to manage full time with no staff and little support.

He arranged conferences and gave talks to many groups of parents and professionals, made TV and radio appearances, was in many newspapers and magazine articles, all the while pushing for recognition of the disorder and better treatment, especially for more effective use of medication. He began to bring materials in from abroad, especially the US and Australia.

I first met Stan at a conference in Washington DC and he suggested all the groups work together so that we could unify our strengths. While ADDISS was beginning to emerge we felt we complemented the work of LADDER and The ADHD Family Support Group set up by Gill Mead and Barbara

Tuffell, both of which have now sadly folded.

As Stan's personal life became more complex he was unable to devote his time to LADDER. We continued to support each other and Stan would often come down from Wolverhampton to the ADDISS offices to help out.

Where is he now? Stan recently contacted me by email. He had lost everything through many years of fighting for access to his daughter, born in 1995 at the height of LADDER's success. He had to relinquish his work for LADDER to concentrate on his daughter, but became demoralised over the years by the family courts inability to deal effectively with his case. He started to campaign for 'father's rights' as well.

Later, he sold his home, packed his bags and is now living in Thailand. He was off the radar for some time but surfaced to tell me of his many adventures in the Far East. He has settled down a bit now whilst working in Thailand teaching English as a foreign language.

Thank you Stan for all you have done for people coping with ADHD. We wish you well in your new life.



# 10 Myths and Facts about ADD/ADHD

by Thomas E. Brown, Ph.D.



In his new book, Attention Deficit Disorder: The Unfocused Mind in Children and Adults, Professor Thomas E. Brown uses findings from clinical practice and from recent scientific research to show how these 10 widespread myths about ADD/ADHD are contradicted by facts. Writing in a clearly understandable way, Dr. Brown uses many case examples of children, adolescents and adults to illustrate the complexity of this disorder.

This book for the general public and for professionals is being released by Yale University Press in September, 2005. Dr. Brown is Associate Director of the Yale Clinic for Attention and Related Disorders at Yale University School of Medicine. He has lectured at many ADDISS conferences and will be presenting a workshop and several lectures at the ADDISS conference in London in November.

**MYTH:** ADD is just a lack of willpower. Persons with ADD focus well on things that interest them; they could focus on any other tasks if they really wanted to.

**FACT:** Many adults have struggled all their lives with unrecognised ADD impairments. They haven't received help because they assumed that their chronic difficulties, like depression or anxiety, were caused by other impairments that did not respond to the usual treatments.

**FACT:** ADD looks very much like a willpower problem, but it isn't. It's essentially a chemical problem in the management systems of the brain.

**MYTH:** Everybody has the symptoms of ADD, and anyone with adequate intelligence can overcome these difficulties.

**MYTH:** ADD is a simple problem of being hyperactive or not listening when someone is talking to you.

**FACT:** ADD affects persons of all levels of intelligence. And although everyone sometimes has symptoms of ADD, only those with chronic impairments from these symptoms warrant an ADD diagnosis.

**FACT:** ADD is a complex disorder that involves impairments in focus, organisation, motivation, emotional modulation, memory, and other functions of the brain's management system.

**MYTH:** Brains of persons with ADD are overactive and need medication to calm down.

**MYTH:** Someone can't have ADD and also have depression, anxiety, or other psychiatric problems.

**FACT:** Underactivity of the brain's management networks is typical of persons with ADD. Effective medications increase alertness and improve communication in the brain's management system.

**FACT:** A person with ADD is six times more likely to have another psychiatric or learning disorder than most other people. ADD usually overlaps with other disorders.

**MYTH:** ADD is simply a label for behaviour problems; children with ADD just refuse to sit still and are unwilling to listen to teachers or parents.

**MYTH:** Medication for ADD are likely to cause longer-term problems with substance abuse or other health concerns, especially when used by children.

**FACT:** Many with ADD have few behaviour problems. Chronic inattention symptoms cause more severe and longer-lasting problems for learning and relationships for those with ADD.

**FACT:** The risks of using appropriate medications to treat ADD are minimal, whereas the risks of not using medication to treat ADD are significant. The medications used for ADD are among the best researched for any disorder.

**MYTH:** Those who have ADD as children usually outgrow it as they enter their teens.

**MYTH:** ADD doesn't really cause much damage to a person's life.

**FACT:** Often ADD impairments are not very noticeable until the teen years, when more self-management is required in school and elsewhere. And ADD may be subtle but more disabling during adolescence than in childhood.

**FACT:** Untreated or inadequately treated ADD syndrome often severely impairs learning, family life, education, work life, social interactions, and driving safely. Most of those with ADD who receive adequate treatment, however, function quite well.

**MYTH:** Unless you have been diagnosed with ADD as a child, you can't have it as an adult.

For more information about this new book, visit [www.DrThomasEBrown.com](http://www.DrThomasEBrown.com)



# Coping Strategies For ADHD Sufferers In The Dental Chair

**Dr. Norman A Cahi**

BDS (WITS) / DIRECTOR ADHASA

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**A visit to the Dentist, is almost always, a very stressful situation for anybody, least of all for a child (or adult) suffering from ADHD!**

**This article aims to provide parents information about the proactive management of their children before, during and even after a visit to the dentist!**

With a deep understanding of this so called "hidden handicap" parents, care-givers, teachers and other professionals can go a long way in helping to alleviate the trauma, stress and anxiety that these children may experience in what is considered to be a threatening environment.

I shall list a number of potential difficulties facing ADHD children and possible strategies to combat these.

#### **Preparing for the visit:**

It is very important for the parent not to create added anxiety by

giving the child incorrect information or to mislead the child. Instead of saying "it won't hurt" or "don't be afraid" rather use positive terms such as "Dr Jones is going to ask you to open your mouth so your teeth can be looked at" or "You may need to have your teeth cleaned just as you need to wash your face or hair". It may help if you actually visit the surgery and speak to helpful staff before the actual appointment to give the child a greater sense of control and remove the "fear of the unknown" factor.

You as the parent should also ensure that the practice and the dentist you choose to take your child to is not only "child-friendly" but also one that displays a clear understanding and ACCEPTANCE of a child suffering with this neurobiological disorder.

If the child is not in school yet (the ideal age for a first dental visit is about 2 to 3 years) an early morning appointment works best when the child is well rested, calm and has had a good balanced breakfast (protein!). Should your child be on any medication, this should be taken by the child, as normal, and obviously you should inform the dentist (a good practitioner will ask you to complete a very comprehensive medical history).

Try to arrive with plenty of time at hand for the child to feel settled, go to the toilet, drink water and have a look around, but do not arrive too early so as to create further worry while waiting!

#### **ADHD SUFFERERS**

##### **The Actual Appointment:**

ADHD children have a heightened sense of smell, touch, taste, sound and sight and so many find the loud noises, bright lights, strange smells, foreign tastes (latex gloves etc) all far too overwhelming! However, with an understanding dentist and auxiliary staff, these obstacles are easily overcome.

These children will ask a lot of questions and these should be answered truthfully and calmly. In a child who is tactile defensive or sensory defensive, or one who has low muscle tone, the positioning of the chair, instruments, lights, etc. may need to be slightly changed.

If possible dim lighting, restful music, the sound of "white noise" smiling staff faces, TV, the sound of running water, all may help alleviate anxiety and restlessness. An informed and understanding dentist will remember to make eye contact with your child when trying to give him/her instructions e.g. on tooth brushing, dietary advice etc.

***If a child behaves appropriately and co-operates with the dentist, it is very important the child receives positive feedback for the things done well. As children with ADHD often have low self-esteem such a strategy will be an important component in helping them feel confident about returning for further dental treatment.***

Often these children present with a runny nose, recurrent ear infections, puffiness under the eyes, dry skin, rashes and teeth grinding.

They also crave sugars, which has a great negative impact on their dental health.

They are often very thirsty and the importance of drinking water instead of sweet fizzy drinks cannot be stressed enough. These children are very often "chewers" – constantly needing to chew on something to help them stay calm and focused.

The dentist should stress the need for healthy eating habits – avoiding synthetic colourants, flavourants, and anti-oxidant preservatives.





# Let people know that **ADHD IS REAL**

## RAISING FUNDS FOR ADDISS AND RAISING AWARENESS

You can help raise funds for the national ADHD Charity ADDISS.

At the same time you will be helping to raise awareness about ADHD by purchasing our Shopping Trolley Token Keyrings and/or the National ADHD Charity Wristband which comes in a two tone colour of orange and blue.

Available to purchase on the website [www.addiss.co.uk](http://www.addiss.co.uk)



Complete with shopping trolley token

Fresh fruit is a good snack and a high protein breakfast is a must!

The dentist may assess the child's speech and language as this is often delayed.

Finally, the dentist who is skilled in this condition will understand that for every child affected by this condition, there is at least one parent affected too!



The dentist may advise your child to use special toothpastes and mouth rinses, which are free of additives.

Above all, it helps to have a good sense of humour!

With a little extra time, and a lot more tolerance, an understanding dentist can go a long way to helping you and your child have a stress-free visit to the dental rooms.

# "CBEEBIES FUN" online website for children who like to "DO"

The "Mr Tumble Star Game" was mainly designed to capture the interest of and to encourage children with ADHD. As problems and puzzles are key to developing skills for children with ADHD, the game involves a number of challenges all pitched at the appropriate level. These range from a fun and simple maze, engaging the user without distraction, to a driving game. The ultimate purpose is for the user to guide Mr Tumble and his trusted companion (available from a selection of animals: a cat, a dog and a lizard) to gather as many stars as possible. The companion

was an additional, yet essential, element to provide the user with the confidence to help them through.

As part of the research for this game BBC representatives visited the ADDISS offices and met with Andrea to find out more about ADHD. In addition they also spent a considerable amount of time with Therese Glynn at the Harrow ADHD support group.

The game provides lots of rewards and encouragements, as positive reinforcement is so important for this special audience. This is also why there are no negative elements to the game. The game culminates in a printable reward chart where the user can type their name and

collect lots of stars! We have tried to ensure a fast download time too so the user doesn't get frustrated with waiting and provide a novelty focus for the child as this is something they engage well in: a constant stimulation but of a focused kind.

One parent commenting said "My little one who has ASD tried this game yesterday and concentrated for ages, which is great. He also liked it when I was able to print off the stars at the end."

The instructions are shown very clearly in an animated run through. There is also support for parents and carers on the Grown-ups website.

## Details can be found at:

<http://www.bbc.co.uk/cbeebies/somethingspecial/games/star.shtml>

[http://www.bbc.co.uk/cbeebies/grownups/special\\_needs/learning\\_difficulties/adhd/article.shtml](http://www.bbc.co.uk/cbeebies/grownups/special_needs/learning_difficulties/adhd/article.shtml)

<http://www.bbc.co.uk/cgi-perl/h2/h2.cgi?&board=grownups>



## 7th International ADDISS Conference

'Quality Matters'  
Royal National Hotel, London  
9-11th November 2005

For full programme details see  
[www.addiss.co.uk](http://www.addiss.co.uk) or telephone 0208 9060354

## Sussex ADHD Support Group Annual Conference

In Relation to.....ADHD  
In memory of Michele Nocentini  
4th February 2006

Presentations and workshops from a range of specialists in the field  
Tickets: Non members: £22.50 Members: £12.50

For booking form and further details contact 01293 428025/421252  
Sussex ADHD PO Box 150, Crawley, RH11 0ZQ  
[www.sussexadhd.org.uk](http://www.sussexadhd.org.uk) <<http://www.sussexadhd.org.uk>>

## CHANNEL 4 Wants Families For A New Documentary...

Channel 4 would like to meet families with children that don't have grandparents or have limited contact with their grandparents.

They are currently producing a documentary for Channel 4 about Surrogate Grandparents. The programme will match families who are not benefiting from having a Grandparent with older people without Grandchildren. This documentary hopes to bring the generations closer together and will explore the experiences, interests and opinions of both old and young and will look at the role grandparents can play in modern families. This unique and invaluable experience hopes to bring something special to the

lives of everyone involved. Our discussions with parents have shown that those dealing with children with conditions such as ADHD are often those most in need of support from an older person. We will introduce the family to an older person that does not have grandkids of their own. The older people are interesting and exciting characters. They are still physically and socially active and have lots to offer and they would like a young family to share their lives with.

The aspiration of this ambitious series is that after the cameras leave, the relationship continues. We therefore want a family that genuinely feels that they would like to get to know an older person for the long term.

If your family would benefit from spending more time with an older person call Susan or Jess on 020 7017 8765 ASAP or email: [family@zigzag.uk.com](mailto:family@zigzag.uk.com)



The Business Design Centre,  
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[www.teachingexhibitions.co.uk](http://www.teachingexhibitions.co.uk)

We regret, no entry to students under 18.

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For your FREE Entry Ticket and information pack please complete the following form and return to:

The NASEN & TES Special Needs Exhibition, c/o Expo Systems, Park House, Greenhill Crescent, Watford, Herts WD1 8QU or fax to 01923 690 680

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Surname: \_\_\_\_\_

School Name and Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

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| <input type="checkbox"/> 01 Nursery/Pre-School              | <input type="checkbox"/> 06 P.R.U.                             |
| <input type="checkbox"/> 02 Primary School                  | <input type="checkbox"/> 07 Teacher Training College           |
| <input type="checkbox"/> 03 Secondary School                | <input type="checkbox"/> 08 Local Authority                    |
| <input type="checkbox"/> 04 Special School                  | <input type="checkbox"/> 09 Education/Trade/ Industry/Commerce |
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TESSE

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