

ADHDnews

ADD Information Services (ADDISS) Registered Charity No 1070827

SPRING 2006

ADHD-EUROPE STARTED UP!



Advocacy Representatives at ADHD Europe - Brussels

Maybe some of you have wondered why you have never read about European organisations working together before. The reason is quite simple: every advocacy organisation like ADDISS, and others all over Europe, have so much work to do at their home base that no one could make a priority of taking the initiative.

But we've had the opportunity to meet each other at several events over the past three years, and in June last year it became very clear that the need for a European voice on ADHD is real (as real as ADHD is). As Europe is a political entity with legislative jurisdiction, it is essential that an ADHD organisation is represented at the European level. Twenty participants of twelve organisations met in Brussels in September 2005 to brainstorm and to set out the agenda for this organisation. We realized that sharing information, working together against stigmatisation to influence legislation, could make this kind of cooperation beneficial for people affected with ADHD and their families.

In March 2006 we held our second meeting to evaluate the growing evolution of the organisation. We finalised our contribution to the Green Paper on Mental Health, which was launched on the 14th October 2005: this contribution will be then the first concrete result of our cooperation. Countries

represented were:

Germany, Ireland, Denmark, Spain, Belgium, Sweden, The Netherlands, Italy, France, The UK, Luxembourg, apologies from Cyprus, Malta, and Oslo.

It was clear from the meeting in March we all share the same obstacles with accessing help for our children and families. There are the same pressures from detractor groups, but generally the media in the UK is far more aggressive and less sympathetic which is unhelpful to families. There is much we can do to alleviate this pressure on our families by working at a European level. ADDISS will aim to keep everyone informed of any further progress within Europe. A website is being developed which will enable everyone to keep track of what is happening in Europe.

Rita Bollaert

the one who took the initiative...
Centrum ZitStil vzw
(charity group in Belgium)

and

Andrea Bilbow
ADDISS



Sharing Information, Andrea Bilbow (right)

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NATIONAL ADHD AWARENESS WEEK
18TH - 24TH SEPTEMBER 2006

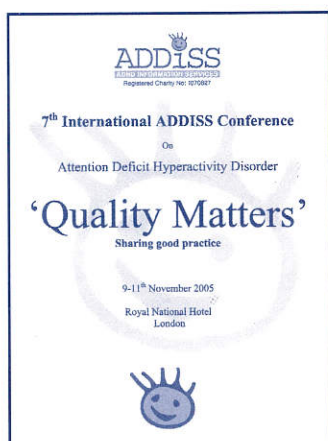
See page 11 for more information

Seventh International

at the Royal National Hotel, London
9-11th November 2005

'Quality Matters' Sharing Good Practice

Conference Report compiled by Judith Monk



As my much loved ADHD son matures and at 26, now manages his own life, the sheer demanding, punishing physicality of raising these children to adulthood begins to fade and at last relaxation has its place once more.

For me each new ADDISS Conference always firmly revives the constant adrenaline rush of 'ADHD' life, with early starts, minimal short breaks, continuous input of information and the heightening of many emotions, raw and otherwise. At the end of Day 3, I return home exhausted but sated and more importantly afire with new information to pass on and a renewed desire to inform and protect those mothers still struggling for help and understanding.

DAY 1

Day 1 opened with an address by ADDISS Patron, Lady Astor of Hever, who talked feelingly of her ADHD and Autistic daughters. She observed that the newly popularised ASBO's (Anti Social Behaviour Orders), much championed by the existing UK Government, actually worked against our ADHD children, whose often unruly behaviour has a biological cause, by the lack of differentiation between them and children who have been badly raised.

This thoughtful opening was followed by an enthusiastically

received video presentation from the team that ran the UK's first ever ADHD Summer Camp, *Camp 2005*. As I watched I noticed that collectively, the ADHD children had extra bounce and energy and an uncontained 'joie de vivre' but they also had an open faced innocence that made me feel very protective of them. The Camp attendees made the video themselves showing the range of activities from creative to sport while encompassing fun, social gatherings and relaxation.

The Camp Goals were outlined as: Confidence, Achievement, Enthusiasm, Self worth and Fun. These were certainly evident in the film and bookings for next years Attention Seekers Camp 2006 are already flooding in. The taking of 43 ADHD children to Legoland brought much applause for heroism and discovering what constitutes the science of *Grossology* brought much laughter and one or two groans of disgust! Trust me, you don't want to know! Next years dates are 30th July to 5th August and the website and contacts are listed at the end of

the article. The first impressive Keynote Speaker was Dr Craig Donnelly from the Dartmouth - Hitchcock Medical Center in New Hampshire. He disclosed a number of relationships with large drug companies, which was understandable as he is an expert in psychopharmacology. He also has a vast understanding of ADHD and many of the co-morbidities which he then succinctly explained using nearly 100 slides. He first gave us a background to the use and development of the many drugs used to treat mental health problems and the timeline of development starting with Bensedrine in 1937 leading up to the creation of Methylphenidate in 1955 and Atomoxetine in 2003. Because of their length of use he told us that these older drugs were among the most tested and trusted. Dr Donnelly then took us through the various Criteria explaining that ADHD was a chronic disease affecting pre-school, school years, adolescence and for some adulthood. The Worldwide prevalence from a variety of studies from many countries is between 5 and 8% with an Adult prevalence of 4% equivalent to 7 million adults. The 1999 Multimodal Treatment Study of children with ADHD pinpointed the percentages of comorbid disorders found along with ADHD giving 40% with Oppositional Defiance Disorder, 34% with Anxiety, 14% with Conduct Disorder, 11% with Tics and 4% with Mood disorders, 31% had ADHD alone.

He gave us startling illustrations of the cost of ADHD by using USA medical costs which show that ADHD children and adults cost 2 1/2 times more in medical fees than non ADHD and that ADHD children too are more than twice as likely to be arrested for crime during adolescence.



Dr. Craig Donnelly

Dr Donnelly pointed out that families had the most contact with an ADHD person and that is where the treatment programme should begin, with parental behaviour management training, followed up with school based management, Social Skills training and perhaps Cognitive Behavioural Therapy for the person with ADHD to alleviate some of the symptoms of ADHD and any comorbid disorders. The best results are achieved when used in conjunction with



Adrian Edgar (left) & Steve Kelly (right)

ADDISS Conference



Zara Harris

appropriate medication. Dr Donnelly discussed the medications used in treating ADHD backed by the biological information, which has been proven using genetic research, and PET scans of brain activity in ADHD and non ADHD brains. This fulsome and thought provoking lecture was followed by Dr Paramala Santosh a Consultant Developmental Psychiatrist at Great Ormond Street Hospital. He had been tasked 20 months ago, with developing a specialist service, where medical practitioners could refer complex and difficult to diagnose cases with multiple disorders. Most of his referrals have at least 4 disorders. His feeling is that we should move away from specialist ADHD services, as uncomplicated ADHD should be able to be dealt with in primary care. ADHD when partnered by comorbid disorders is no longer ADHD and requires a clinic that can identify and treat a wide range of disorders. He is very interested in developing technology based diagnostic and treatment methods using video links and web based assessment processes. Dr Santosh's clinic only takes referrals from Psychiatrists and Paediatricians. The Cases are discussed by his multi disciplinary team and prioritised. They then undertake around 15 to 20 hours of investigative work before even seeing the child. Part of this is an online interactive programme for the child to fill out which looked well prepared and engaging.

Fintan O'Regan, relieved the tension of 4 hours intensive listening and learning by making us all laugh while delivering some important 'sound bites' on educating ADHD children. He recommended buying and reading Ross Greene's book *The Explosive Child*. I've already ordered it! The afternoon of Day 1 then divided into parallel sessions and I opted to listen to an ADDISS Conference favourite, Dr Thomas Brown, telling us about Assessment & Treatment of Complicated ADHD. He likened an ADHD brain to a symphony orchestra with a duff conductor. The parts all work but the link that helps them function properly is not working well. This link is called Executive Function and it should Connect – Prioritise and Integrate Cognitive functions moment by moment. Dr Brown told us how EF capacity develops throughout childhood and adolescence and that demands on EF increase with age. This means it can often be difficult to diagnose ADHD before the age of



Steve Brown & Alistair Roy

6 as required by the DSM 4 criteria. Using computers terminology he told us that ADHD is a problem of the brain's operating system not the software! He also stated that adults with ADHD have a 6 x greater risk of acquiring psychiatric disorders than non-sufferers. A frightening and expensive statistic. My choice for the next session was Zara Harris a specialist Occupational Therapist who has worked extensively with people of all ages with ADHD. I was interested in what suggestions she might

make. Zara broke down the many categories of difficulty found in ADHD and gave ideas on how to tackle these in the workplace. These can also work in a school or home setting too. Some were: Hyperactivity – exercise before after and during breaks; Inattention- use a timer or beeper to cue you, reward yourself when completing tasks, write any 'Aha' thoughts in a notebook rather than go off task. Hyperfocussing- use planning – do the boring stuff first, ensure regular stretching breaks and so on. She also recommends using post it notes in bright colours and found Stephen Covey's book *The 7 Habits of Highly Effective People* recommendable.

DAY 2

The second day opened with a talk from Dr David Coghill and Andrea Bilbow about the NICE and European Guidelines. Dr Coghill described the differences in approach to diagnosis and treatment between current National Institute of Clinical Excellence (NICE) and European and American guidelines. The European for instance begin with a clinical interview, then observation of behaviour, obtain and analyse school and pre school information, psychometric assessment and physical assessment.

The Americans say that screening for ADHD should be part of the assessment of any patient referred to mental health services and their Clinical Guidelines developed by the American Academy of Paediatrics are specific and detailed and include evaluating for co-morbid disorders. The UK's NICE guidelines needless to say are still in development but are predicted to suggest that medication cost will be a factor. Andrea made the salient point that while medication is important it must still fit in with the lifestyle of the child and family

and should not be just about cost. Dr Coghill then talked about the different types of drug treatment available saying that there is evidence that Concerta is stronger than Stattera. He added that the biggest difference between the UK and the US is that here, Psychiatrists are far less likely to use multiple drugs combinations. Dr Mary Solanto followed with a talk about a new psychosocial treatment that she has developed for treating adult ADHD centred on Time Management, Organisation and Planning. It is believed that in the US 4.3% of ADHD adults lost \$77 billion in reduced earnings as a result of Time Management, Organisation and Planning problems that cannot be remediated by medication. This was an in depth and interesting session about how Cognitive Behavioural Therapies can help these adults achieve a good measure of control of their lives. These are her CBT Mantras:

- **If it's not in the planner it doesn't exist**
- **All things must be done in priority order**
- **If I'm having trouble getting started then the first step is too big (a small step is better than no step)**
- **Out of sight, out of mind (distraction control)**
- **Things you want to remember *Must be visible***

A place for everything and everything in its place To tell you a secret I've already started using her techniques myself and they work! Dr Gabrielle Carson was the third of the keynote speakers and discussed *Issues in the diagnosis and treatment of ADHD and bipolar disorder in children*. She told us that the emotional elements of ADHD are not listed in the DSM4 Criteria for ADHD and in her opinion they should be. Dr Carson gave us a detailed description of Bipolar disorder and said that 60% of teens diagnosed with Bipolar had comorbid ADHD. She then gave us detailed slides about the disorder, treatments and order of treatments.

Seventh International ADDISS Conference ...Continued

The final speaker of the morning was Dr Thomas Brown on *The Challenges of ADHD in Adolescence and Adulthood*. As always he gave clear insights into how ADHD travels on into adolescence and adulthood but with changes. The hyperactivity becomes a general restlessness, the impulsivity lessens but the major complication continues full strength and that is inattention. He says it's not inattention as in not being able to focus as when taking a photograph but inattention is a problem when driving a car because it requires continuous, complex interaction of the shifting and refocusing of attention and the use of working memory.

Dr Brown told us more about Executive Function. The structures and functions that support EF are not fully developed at birth but begin from around 2 to 4 years old and then continue to develop into the 20s. Dr Brown then used case studies to further illustrate problems of EF. He has an excellent website and a new book out too, both mentioned at the end of the article.



Professor Thomas E Brown

After lunch we were back into the realm of choices and I opted to listen to Dr Philip Asherson and his Assessment and Treatment of Adults with ADHD. I must confess to hoping he was really interesting because a good lunch and warm room can lead to eyelid droop! His eye-opening start was a discussion about the Image Project where families from many countries are taking part in a largescale study for



Dr. K Puvanedran and Lorraine Marer

scientists to be able to try and map the genetic ADHD markers in the human genome. Dr Asherson told us that many ADHD adults are being wrongly diagnosed with a Personality Disorder as some symptoms overlap. He says the risks associated with adult ADHD are Anti Social Behaviour, alcohol and drug misuse, driving accidents, academic and employment problems, marital discord and parenting difficulties. Dr Asherson concluded by saying that Adult ADHD must be recognised because it is impairing and it can be treated and too many adults have been treated for other mental disorders when in fact they have adult ADHD.

My final choice for the day was to find out more about what a GPWsi was! Dr Gill Salmon, Consultant Child & Adolescent Psychiatrist from Swansea was there to tell us. It means General Practitioner with Special Interest. This is a new concept which it is hoped will allow some GPs to study ADHD and then be able to diagnose and manage children with ADHD in a primary care setting under a shared care arrangement rather than them languishing on a CAMHS waiting list. With increased

awareness of ADHD comes more and more referrals to CAMHS and consequently longer waiting lists. This new development will allow some GPs to add this specialism to their portfolio and help relieve some of the pressures on CAMHS. Training is being made available through both paper and web based learning. I wasn't able to stay to the end of the talk as my 15 month old Granddaughter was rushed into hospital so like the 'helicopter' Mum I am, I rushed to smother both her and my daughter in love and support and just hover over them. You'll find the GPWsi learning website listed at the end.

DAY 3

As I struggled to find some spare 'mind space' to add new information on Day 3, I realised that next up was a friend, Lorraine Marer, a behaviour specialist, who with Dr K Puvanedran, Consultant Paediatrician at Basildon Hospital, had been running a group training programme for parents/children with ADHD and for the siblings. Siblings are such a neglected group, frequently ignored and sidelined because of the huge

attention required by an ADHD brother or sister, they can often feel lost. This Partnership involved, 6 evening workshops for parents, 4 sessions for ADHD children and 1 for siblings. The team received a Partnership Award 2005 from Basildon PCT. Dr Puva, as he's known talked eloquently about ADHD and his role in putting the partnership together. Lorraine is always good value as a speaker as she's cheeky, funny and dare I say hyperactive. The second session I chose to listen in on was run by Dr Nikos Myttas, Consultant in Child and Adolescent Psychiatry at St Leonards Hospital London, who instructed us on the Diagnosis and Treatment of ADHD in Girls and Young Women. He explained that there has been a bias against diagnosis in girls and women due to the general use of malespecific diagnostic criteria. He then described the female specific clinical and treatment issues with an emphasis on the cardinal features that distinguish male from female forms. The Inattentive ADHD form is the variation most often found in girls followed by the Combined Type. Tellingly he was able to give us diagnosis ratios for Boys to Girls, which suggests 3:1 is average, but there is no statistical evidence for ratios in the adult population. Girls with ADHD are largely unrecognised by teachers, experience greater peer rejection, are inattentive rather than hyperactive and can seem sluggish or spacey. The girls tend to be less aggressive and are more able to hide externalising disorders and



Dr. Nikos Myttas



Dr. K Puvanendran and Andrea Bilbow, ADDISS award winner

develop compensation strategies. The factors that often lead to late diagnosis are: a usually high IQ, obsessive symptoms, no associated specific learning difficulties, often good temperament, hard working and from a stable background. Dr Myttas gave a clear understanding of the differences in and difficulties in treating girls compared to boys too in that girls must have their premenstrual symptoms addressed and any possible pregnancy can interfere with medication regimes. An interesting and instructive talk. After a quick coffee the final session of the morning loomed and I wondered just how much more I could take in... I chose to hear about *ADHD and Substance misuse and treatment with a European Overview*. One of the presenters was another old friend, Lancashire policeman Sergeant Steve Brown who with his colleague Inspector Phil Anderton has between them created a vast information network on ADHD not only in their area but nationwide. Today, however, Steve was partnered by Alistair Roy a Senior Lecturer from The University of Central Lancashire (UCLan) who gave us a detailed talk about the connections between untreated ADHD and crime, anti social behaviour and drug abuse. Lancashire Constabulary and the Lancashire Drug Action Team have established a working group to explore the issues. This Study

offers a critical review of the debates around ADHD and its relationship to substance abuse and any interventions and also examines three projects known to be treating ADHD and Substance Abuse simultaneously. These clinics are The Bergen Clinics in Norway, The Trimboos Institute in the Netherlands and the Adolescent Health Centre in the USA. Alistair Roy then outlined the programmes currently being run and made a suggestion for a UK pilot programme that would be: Multimodal, structured for ADHD, have long term structured aftercare and be based on UK research. My brain is definitely made of an elastic compound because just when I thought it was full it stretched some more. An excellent presentation. After a final lunch with the many friends I made at the conference Andrea delivered the name of this year's ADDISS Award winner. It was a deserving Dr Puvanendran of Basildon Hospital in Essex who was described as having compassion, dedication and professionalism in improving the lives of children, adults and families who daily struggle with ADHD.

The Conference closed with a talk from another Conference favourite Australian Professor Loretta Giorcelli who discussed Parenting Modern Children and Teens. Most of the lecture was about disability in children and how this can impact on families. Loretta is a

charismatic speaker and opened by telling us about Emily Kingsley, the mother of a Down's Syndrome son and the way she explained her acceptance of her fate. The story begins, I am often asked to describe the experience of raising a child with a disability – to try to help people who have not shared that unique experience to understand it, to imagine how it would feel. It goes like this... When you're going to have a baby, it's like planning a fabulous vacation trip – to Italy. You buy a bunch of guide books and make your wonderful plans; the Coliseum, the Michelangelo David, the gondolas in Venice. You may learn some handy phrases in Italian. It's all very exciting. After months of eager anticipation, the day finally arrives. You pack your bags and off you go. Several hours later, the plane lands. The stewardess comes in and says, "Welcome to Holland." "Holland!?!?" you say. "What do you mean Holland?? I signed up for Italy! I'm supposed to be in Italy. All my life I've dreamed of going to Italy." But there's been a change in the flight plan. They've landed in Holland and there you must stay. The important thing is that they haven't taken you to a horrible, disgusting, filthy place, full of pestilence, famine and disease. It's just a different place. So you must go out and buy new guide books. And you must learn a whole new language. And you will meet a whole new group of people you would never have met. It's just a different place. It's slower-paced than Italy, less flashy than Italy. But after you've been there for a while and you catch your breath, you look around... and you begin to notice that Holland has windmills.... and Holland has tulips. Holland even has Rembrandts.

But everyone you know is busy coming and going from Italy... and they're all bragging about what a wonderful time they had there. And for the rest of your life, you will say, "Yes, that's where I was supposed to go. That's what I had planned." And the pain of that will never, ever, ever go away... because the loss of that dream is a very, very significant loss. But...

if you spend your life mourning the fact that you didn't get to Italy, you may never be free to enjoy the very special, the very lovely things... about Holland. Having been taken to Holland myself along with many other mothers in the room, we knew exactly what she meant and the tears came. As always ADDISS delivered up another life-changing conference, a chance to imbibe support and knowledge, make and renew friendships and importantly gather contacts that can help ensure that ADHD is recognised and most importantly properly screened for and appropriately treated using whatever it takes by way of resources and facilities.

Judith Monk ADHD Adult & Adolescent Support Network
jmonk45582@aol.com

A list of various contact points follows:

Useful websites
www.adhtraining.co.uk
www.doctorg.org
www.attentionseekers.org
www.drthomasbrown.com

Judith Monk runs the ADHD Adult & Adolescent Support Network, which is affiliated, to the Sussex ADHD Support Group. She also works with parents of 'hard to raise' children running her own Challenging Children 8 week Courses.

Contact:
jmonk45582@aol.com
or Tel: 01424 422105

SUPPORT GROUP NEWS

The ADDISS affiliation programme has now been launched and we are pleased to report that we now have eleven registered groups with a promise from four more to join. The groups who have joined this programme are as follows.



ADD ACTION PROJECT, MANCHESTER
 ADHD NORTH WEST REGIONAL ASSOCIATION
 ADD-PINS, WEST LOTHIAN
 ADD+UP, HORNCHURCH
 ADDITUP, AYRSHIRE
 ADDING SUPPORT, ESSEX
 ADVANCE, HARTLEPOOL
 ECOSSE ADDERS, FALKIRK
 GATESHEAD ADHD SUPPORT GROUP
 GREENWICH ADHD
 GWYNEDD AND MON ADHD SUPPORT
 HARROW ADHD SUPPORT GROUP
 LINCOLN ADHD SUPPORT GROUP
 NEWCASTLE EAST END ADHD SUPPORT
 NEWHAM ADD SUPPORT
 RADDISH, REDBRIDGE
 REACH ADHD, READING
 SOUTH TYNESIDE ADHD SUPPORT
 SUSSEX ADHD SUPPORT GROUP
 WOLVERHAMPTON ADHD FAMILY SUPPORT GROUP
 WEST DUNBARTONSHIRE ADHD SUPPORT

What does this mean?

These groups have chosen to come together to strengthen the ADHD voluntary sector to work together to bring about change. They have also agreed to work to a code of conduct to give both the public and the medical profession the confidence to work with them.

The group met for the first time in April and high on the Agenda was an action plan for a National ADHD Awareness Week. We are currently working hard to put together plans for this awareness week. We shall also be organising a sponsored walk to raise much needed funds for a national support network and telephone helpline. Your contributions are always gratefully received.



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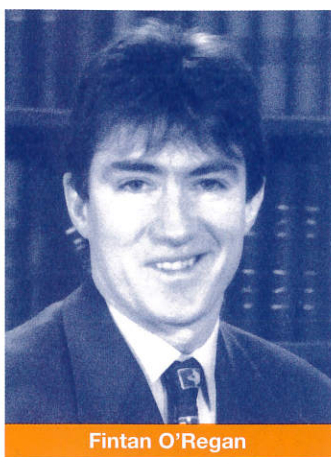


September 2006

UGANDA: Discover the White Nile

no limits, no boundaries

FINDINGS OF THE “The Learning Behaviour Report”



Fintan O'Regan

As mentioned in the last newsletter Sir Alan Steer was recently appointed to lead a study of Practitioners' Group on school behaviour and discipline in order to give advice to the Government on how behaviour in schools could be improved. Their report, issued in October 2005 consisted of ten policy chapters and made eighty four recommendations that covered areas such as; implementing existing policies; spreading good practice; training; diet; sport and the wider curriculum; exclusions and alternative provision; schools working in collaboration; parents support and guidance; school building design and new powers.

We had contacted the group on behalf of ADDISS to say that we would be happy to help with regards to ADHD issues in schools but were not invited to present any views. The report which is 113 pages long and makes 72 recommendations makes no reference to the term ADHD at all.

For your information those recommendations that required school action included:

An audit of behaviour management, teaching and learning, school leadership, classroom management, rewards and sanctions, behaviour strategies, the teaching of good behaviour, staff development, pupil support systems, liaison with parents and other agencies, transition and facilities to assess impact upon pupil behaviour.

Regular use of self-evaluation tools for behaviour and attendance.

Head teachers to reflect upon the interaction between learning, teaching and behaviour when completing the school self evaluation form.

Schools to adopt a proposed National Behaviour Charter.

Schools to have policies on the use of mobile phones.

Schools to identify a member of the leadership team to be responsible for leading the school's behaviour improvement strategy alongside a systematic professional

development programme for all staff.

Staff trained to enable pupils to understand good nutrition, and its benefits to health and well being.

Schools to comply with the Race Relations Amendment Act 2000 and DfES guidance relating to analysing exclusion levels of ethnic groups.

The requirement to notify parents in writing of exclusion enhanced to informing them of their responsibilities.

Reintegration interviews to be mandatory following any fixed period exclusion from a primary or special school,

and of over five days in a secondary school.

Schools to provide work for all periods of exclusion.

Schools through constructive dialogue to agree local arrangements for behaviour support.

School collaborations to encourage managed transfers of pupils on the principle of "one pupil out, one pupil in".

Schools to offer parenting contracts prior to exclusion to tackle poor behaviour at school.

The power to apply for a parenting order extended to schools following serious mis-behaviour at school.

Wherever possible, all secondary school pupils to have access to a Learning Support Unit among the local partnership of schools.

Learning Support Units to complement other provision in schools and not used as dumping ground for misbehaving children but attempt to improve behaviour and support continued learning.

All schools to ensure pupil and parent support in order to meet the objectives of Every Child Matters by the establishment in all schools by September 2007 of a Pupil Parent Support Worker (PPSW).

FURTHER INFORMATION: The summary and the full report can be accessed through <http://tinyurl.com/ayxaw>

Yale Study Shows Why Some Bright Students Fail



Professor Thomas E Brown

Some very bright students struggle and fail academically because of impairments from unrecognised attention deficit disorders. Yale psychologists Thomas E. Brown and Donald Quinlan studied 74 students aged 7 to 18 years with IQ scores above 120, in the top 9% of the population, referred for chronic underachievement in their studies. Most had no behavioural problems and were not hyperactive, but did have attentional disorders.

Despite excellent long term memory and strong verbal and perceptual abilities, these very bright students showed significant weakness on standardised tests of working memory and ability to focus attention. They were unable to recall accurately what they had heard or read just a few minutes earlier. Many also showed slowed processing speed that impaired output for writing tasks.

These high IQ students reported significant difficulties in organizing and getting started on their work. Often they found it necessary to re-read passages multiple times

in order to comprehend the assignment. Many did well on quizzes and tests, but received low or failing grades because of inattention and persistent failure to complete homework.

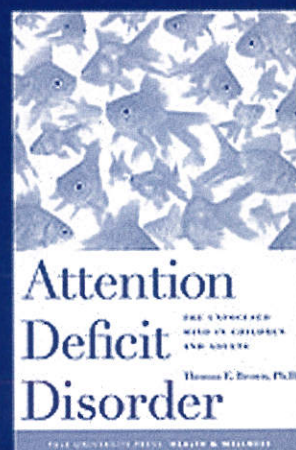
Parents and teachers were frustrated with these students because they appeared unmotivated to do assigned work, yet every one in the study had a favourite activity, e.g. computer games, tennis, drawing or playing guitar for which they regularly focused very well. Students claimed that they could focus easily on these few tasks that especially interested them, though they

were chronically unable to mobilise adequate attention or effort for their academic work.

Students in this study had experienced 2 to 10 years of deteriorating grades and demoralising failures before their attentional problems were recognised. After 3 months of treatment with appropriate medication, 81% of these students had improved significantly in their academic work. Such intervention can be important because an earlier study of high IQ adults with ADD showed that 42% had failed or dropped out of college or university due to attentional problems.

Yale University Press's recent Health & Wellness book

ATTENTION DEFICIT DISORDER:
The Unfocused Mind in Children and Adults
by Thomas E. Brown,



Associate Director of the Clinic for Attention and Related Disorders at Yale School of Medicine, explains how such problems with apparent "lack of willpower" are often due to inherited, chemically-based impairments of complex neuronal circuits that manage "executive functions" of the brain. The book also describes how this disorder can be recognised and effectively treated. More details about Brown's new model of attention deficit disorder are available at:

www.drthomasebrown.com

ATTENTION DEFICIT DISORDER:

The Unfocused Mind in Children and Adults by Thomas E. Brown is available from ADDISS.

I Feel The Need, The Need For SPEED!!

(Maverick and Goose – Top Gun Film)

SPEED was set up by Lincoln ADHD support group in the spring of 05 as a direct response to the plight of a young man, Chris Martin. Chris, with his Leaving Care Worker, was desperately searching for specific support in relation to ADHD due to limited service provision post 18 yrs.

Chris, his Leaving Care Worker and Lincoln ADHD support group worked together to find a way of bridging this ever increasing gap. It was agreed by all involved that the young people themselves should take ownership of the group and be actively involved in the planning and development of its future.

Their first task was to find a name for the group and after several suggestions - some of which we can not name or spell! - they were very enthusiastic about the name **Speed**. We resisted this at first, but when they sold it to us by saying

"it described the way in which we do everything"

we happily agreed, after all it is a name which has sparked a great deal of interest.

The aim of **SPEED** is to empower young people aged 15 – 25 with ADHD - to enable them to use their skills and knowledge to reach their full potential and to prepare them for the very real probability of a world where all previous support networks may have been removed. This will be achieved through a variety of means including talks and presentations which will address issues as wide ranging as substance misuse, fire starting, 'twoc' (taking without consent), and daily life skills (cooking, budgeting, personal hygiene and understanding what ADHD means for the individual and others around them). We will also undertake Social inclusion activities – e.g. Outward Bound weekends, fishing and bowling etc. We are also encouraging Adults with ADHD to take an active role in the Group and to become Mentors for these young people



Martin, Michelle and Chris

In December 05 we had the official launch of **Speed**, where a cross network of professionals attended e.g. NCH Lincolnshire Leaving Care Service, Connexions, The Autistic Society, YOTS, Disability Employment Advisor (Jobcentreplus) and Oasis (Drugs and Alcohol Family support service). The day was a resounding success and has laid a good foundation for the future of **Speed**.

The group meets twice monthly and we welcome referrals from all services that come into contact with young people with ADHD.

We hope that the creation of our group is the beginning of a process that will bridge the gap in service provision for young people with ADHD around the transition from children's services to adult services.

Just like Maverick we "feel the need, the need for Speed"

Sharon Odell
Lincoln ADHD Manger
ADHD Co-ordinator

Michelle Szendrey
ADHD Co-ordinator

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What to do about Lying

A primary rule for parents when dealing with lying is don't badger or corner children! Imagine you give a child the third degree about whether or not he has homework. He denies it six times and finally, after your seventh question, he admits that he has some. What has happened? By this time, of course, you are furious. More important, however, you also have given your child six times to practice lying! You may think to yourself,

"Sooner or later he'll realise he can't fool me and he'll give up."

Wrong. Many children will continue to take the easy way out: they will simply attempt to become better liars.



Thomas W Phelan PhD

EITHER YOU KNOW THE TRUTH OR YOU DON'T

Look at it this way: you either know the truth or you don't. If you don't know what is going on, ask once and don't badger. It's a good idea here not to ask "impulsively". Many kids simply respond back impulsively. They lie, but their real desire is just to end the conversation, get rid of you, and stay out of trouble.

If you are going to ask, you might say something like, "I want you to tell me the story of what happened, but not right now. Think about it a while and we'll talk in fifteen minutes." If he tells you the story and you find out later that the child lied, punish him for whatever the offense was as well as for the lie. No lectures or tantrums. Deal with the

problem and try to fix things—as much as you can—so that lying does not seem necessary to the child. If you do know what has happened, tell him what you know and deal with it. If he has done something wrong that you know about, simply punish him reasonably for that and end the conversation with, "I'm sure you'll do better next time."

Keep Your Perspective

Some parents still prefer to ask a child what happened—even when they already know what it was. This is OK if you do it right. You should say something like,

"I got a call from the school today about an incident at lunch. I'm going to ask you

to tell me the story, but not right now. I want you to think about it for a while, and then when you're ready you can tell me, but remember I already pretty much know what happened."

Lying is not good, but it certainly isn't the end of the world either. It happens from time to time. It doesn't mean that your kids don't love you or that they are bound to grow up to become professional criminals. Over the years, however, frequent emotional overreactions on your part—combined with badgering and cornering—can produce an Accomplished Liar.

Adapted from:
1-2-3 Magic Effective Discipline for Children 2-12 New 3rd Edition by Dr. Thomas Phelan

This award-winning, best-selling program provides easy-to-learn parenting techniques that WORK—guaranteed! Learn three simple steps to raising well-behaved, happy, competent youngsters and get results quickly! Available in book, video and DVD formats.

Learn more:
www.parentmagic.com

National ADHD Awareness week

18th – 24th SEPTEMBER 2006

In September this year children all over the country will be going back to school after the long summer break. Every teacher in every school in every classroom will have a child with ADHD diagnosed or undiagnosed.

We need to ensure that everyone is aware of this condition and so together with a large number of groups and organisation we have declared the week of the 18th September National ADHD Awareness week. We shall be running a large media campaign entitled ADHD is Real. There will be events happening all over the country some of which are listed here. To prepare for this campaign, ADDISS will be carrying

out a large survey to enable us to capture the realities of living with ADHD. If you wish to help with this survey please contact us and we will ensure a survey is sent in the post. Please specify if you are an adult with ADHD or parent of a child/children with ADHD as there will be two surveys. If you wish to be part of this event and contribute in some way either by fundraising or awareness raising, please contact ADDISS

CONFIRMED EVENTS SO FAR

Monday 18th September

1. Launch of two new books published by ADDISS, one for children and one for teachers.
2. Conference in Thurrock/Basildon area for parents, teachers and young people with ADHD. Special guest presenter Jerry Mills

Wednesday 20th

Lincoln – A training day for parents and teachers with special guest speaker Professor Loretta Giorcelli. For further details contact the Lincoln ADHD Support Group 01522 539939

Thursday 21st

London – A day conference for teachers *Including ADHD in the Mainstream Classroom Effective Management from the top down* Speakers

Professor Loretta Giorcelli
Holly Evans, Inclusive Education
Advisory teacher Barnet LEA
For further details contact ADDISS

Friday 22nd

Liverpool – day conference with Jerry Mills
Contact Liverpool ADHD Foundation 01517094239

Saturday 23rd September

Sponsored walk in Richmond Park, Surrey. We are holding a sponsored walk to help raise funds for ADDISS. If you wish to take part you can participate as a family, raising funds as a family rather than as an individual. We hope this will be an enjoyable day and an opportunity to meet other families. For an application form please contact ADDISS on 02089060354 or email admin@addiss.co.uk

Explore the Inca Trail and raise funds for ADDISS

CHARITY CHALLENGE

Dr David Coghill is seeking a team of people to join him on this trip. Do you have the stamina and the spirit of adventure. Would you like to have a journey of a life time and raise much needed funds at the same time.

**THE GROUP LEAVES
ON 6TH APRIL 2007
FOR 10 DAYS.**

Your initial taste of the Inca world will be in and around Cusco, the ancient Inca capital – it is here you will spend the first few days

acclimatising and seeing some must-see sites.

The first day's trek brings you to the entrance of the Machu Picchu sanctuary from here you will trek alongside the Cusichaca River. The next day you will join the famous flagstoned trail



which over the next few days will take you through high grasslands, dank cloudforest, challenging high passes and spectacular ruins. You will then begin your descent and the push to your final destination, Machu Picchu – the lost city of the Incas.

Stepping through the Incan Sun Gate for your first sight of the ancient citadel is an emotional and magical moment.

You will return the following day to fully explore and appreciate the hidden treasures of the city.

For further details please contact Addiss or see: www.charitychallenge.com

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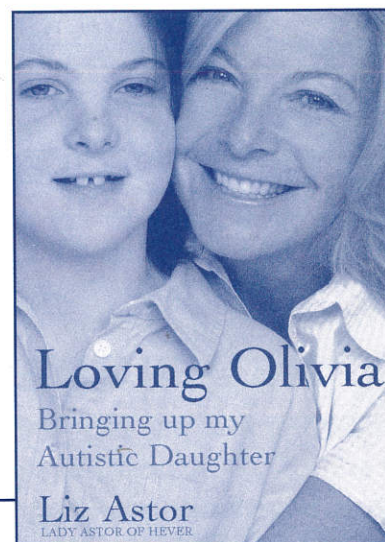
Loving Olivia

Bringing up my Autistic Daughter

LIZ ASTOR (Lady Astor of Hever)

The moving story of a devastating disability in a world of privilege

Foreword by **DR LORNA WING** OBE clinical psychologist and founding member of The National Autistic Society



Rodale, 9 May 2006
Hardback £12.99

In May 1990, after seven years as a single parent, Liz Astor's marriage to the charming and handsome Lord Astor of Hever, promised a bright future – financial security, beautiful homes and most of all the large family that she had always wanted. However, the birth of their second child, Olivia, was to change her life profoundly and irrevocably.

Pregnant at the age of 42, Liz experienced problems following an amniocentesis and was lucky to keep the baby. When Olivia was born, she was a quiet, well-behaved child and showed few signs of being any different from her siblings, apart from being a 'slow learner.' It was only when she had reached the age of four and after an exhausting series of

treatments and special classes, that Liz finally received a proper diagnosis. It was to be the start of a long and difficult journey for them both.

LOVING OLIVIA is Liz Astor's searingly honest account of coming to terms with autism; of accepting Olivia's limitations while struggling to do and to get the

best for her; of having to balance her daughter's needs with the needs of the rest of her extensive family; of fighting to raise public awareness of autism; of the myriad therapies and exercises that she has been in able to put to the test and the results of which she shares; of feelings ranging wildly from deep despair and rage to intense happiness and pride.

The book shows that there is much for us to learn from those who suffer from this profound disability, whatever their circumstances. LOVING OLIVIA offers hope and inspiration for children like Olivia and offers us all a chance to learn something about the true nature of acceptance and unconditional love.

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Efalex is an advanced combination of **Omega-3** and **Omega-6** fatty acids, sourced from high quality fish oil and evening primrose oil. Recent studies indicate these important nutrients may play a role in children's behaviour and learning. Taken everyday, Efalex helps maintain aspects of brain and visual function including learning ability, concentration and co-ordination.

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Have you read a book or seen a video that you would like to share with other parents and professionals? Please send your reviews to ADHD News.