

ADHDnews

ADD Information Services (ADDISS) Registered Charity No 1070827

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ADHD IS REAL

Over two hundred people gathered in Stockport on 15th October 2014, and another two hundred or so in London on 16th October 2014 as part of ADHD Awareness Week 2014. ADDISS ran these two events to reach families, professionals and people with lived experience of ADHD.

This year the theme was ADHD is Real – Promoting Positive Attitudes and Building Resilience in People with ADHD. Andrea Bilbow OBE opened each event with thanks to all the speakers, who came without taking a fee because they all know how important it is for people to have proper evidence based information and support. Exhibitors included education, service and product providers as well as local groups. The ADDISS bookshop was open for business and well stocked with books recommended by the speakers.

Professor Thomas E Brown started us off with an examination of the behaviours associated with ADHD – and the underlying medical understanding of the condition, including brain differences. He likened executive function to the conductor of an orchestra. Regardless of how good individual musicians are, without a good conductor you don't get good music. One of the biggest communication jobs that we have to get across is the message that ADHD is not a willpower thing. Where an individual has a strong interest, or there is a powerful imperative, then some of the ADHD impairments may be less evident. But this doesn't mean that ADHD is not still there.



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Christian Moore spoke from personal experience about the challenges he faced with his own ADHD, especially in childhood. Resilience was a recurring theme throughout these two events; the ability to bounce back when you have every reason to shut down – but you fight on. Resilient people have both tapped and untapped reserves, enabling them to overcome and thrive as they face setbacks, challenges and fears in every day life. Check Christian's article in the last edition of ADHD News, where he explored four sources of resilience – Relational, Street, Resource and Rock Bottom. A strong theme of Christian's talk was the need to tap into negative energies as well as the positive – and to flip the switch. People with ADHD can learn how to be resilient – including through the Why Try Programme.



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Doctor Loretta Giorcelli speaks from 45 years of continuous service in education. She has worked with schools to provide safe, supportive environments where all students are valued, individual differences are respected and catered for, students from all cultures are welcomed and learning is an adventure creating independent, responsible learners. Loretta spoke of the different tools that she has used with leadership teams to help them to gain insights into their inclusivity – and to highlight areas of change to be addressed. She used a very powerful phrase – if the water in the aquarium is dirty, it makes little sense to spend our time diagnosing individual fish. It is not helpful to pathologise the child.

Jerry Mills picked up some of the themes mentioned by previous speakers, and illustrated them through his personal experiences – and in song.

- The extraordinariness of ADHD.
- The positive influence that teachers can have on a child struggling with a school system that tells them they don't fit.
- The deficit model that describes children in negative terms - disorder, impairment, difficulty.
- The damaging effect of repetition of a negative thought that then becomes a belief – that there is something wrong with me.
- The turning of a negative into a positive – both Jerry and Christian were in trouble at school for talking too much in class, but both now earn a living doing pretty much the same thing.

Jerry reflected that he and Christian had some experiences in common, but what matters about the past is how we choose to feel about it now.

And most important:



Image © Jerry Mills

Marko Ferek talked about his experiences in Croatia, where there is a lack of support for people with ADHD – that he seeks to address. He talked in terms of diversity, not deficit or disorder, and the need for equal rights in terms of classroom settings, teaching and support. Marko said that his hope is for a future with no need for labels – where children feel that they are good as they are, and the environment changes in relation to each person's abilities. Definitely not 'one size fits all' because it invariably doesn't fit. However, school is an instrument that measures children – and variations are attributed to the child, not the tool. He reinforced Loretta's views on this.



With Thanks...

ADHD Matters had the pleasure of hosting a seminar for ADDISS within the ADHD is Real Conference. This was very well received in Northampton, and the seminar was a sell out. Jerry Mills and Marko Ferek were the main speakers. There were parents, teachers and other school and social care professionals attending.

Many thanks to Witherslack for sponsoring these important ADHD Awareness Events.

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ADHD Is Real Conference

People attending the Stockport event were also able to hear from our ADHD News cover stars (see the last edition) Sharyn Gallimore and her son Bryn. What a fantastic personal story of achievement and belief - resilience in action and an inspiration to all.

Phil Anderton also spoke to the Stockport group about the links between ADHD and criminal behaviour – and his work developing new preventative services. Phil has worked in this area for many years and is the author of *The Tipping Points* – what every professional should know about ADHD.

So drawing the days together, what have we learned? That there is more to do in raising awareness of ADHD in teachers and school management teams. That investing in resilience equips people with ADHD to take control and bounce back from adversity. That individuals believing in a child can make a huge impact on their lives. That language is powerful – in both positive and negative ways. That there are effective resources out there for families, professionals and schools. **That ADHD is most definitely real.**





ADHD & Couples

Submitted by Helene Deguise, Solutions for Living, MBACP, LMHC, GZ psyc.

As a therapist and Adult ADHD specialist, I have the privilege of working with couples in my practice. I see many couples where one or both partners have ADHD but are unaware of the impact their different kinds of behaviours have on their marriage. Once identified, they have more understanding of each other and are able to develop a completely new way of relating to one another. It can mean the difference between thriving in their marriage or being in a highly conflictual one. When accepting help from a trained ADHD professional experienced in the impact on relationships, couples can discover new ways of structuring, communicating, utilising strengths, recognising efforts, developing empathy, and a greater connection.

While the majority of the literature (Melissa Orlov, Gina Pera, Dr.Ned Hallowell) describes couples with an ADHD partner and non ADHD partner, my clinical experience points in the direction of both partners having ADHD but often different subtypes, which lead to the original strong attraction. They either share similar qualities, or compensate for each other with the ADHD attributes they both have. In my experience, ADHDer's attract other ADHDer's as partners, friends, and co-workers.

When you first met, there were many qualities that attracted you to each other:

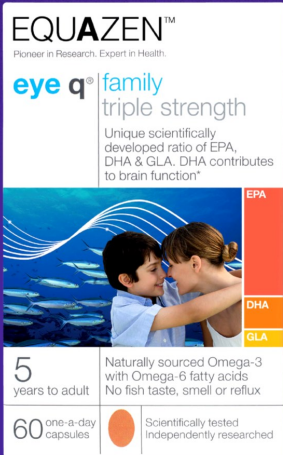
- Incredible creativity
- Out of the box thinking
- Ability to take action in a crisis
- Ability to hyper focus
- Exciting to be with
- Willing and able to take on new challenges
- Hyper sensitive and aware
- High achiever
- Empathy and charm

As time has gone on, you have realised that you and your partner also share in some of these qualities:

- Interrupt conversations
- Feel you cannot stop your thoughts
- Underachieve at work/school
- Have difficulty planning, procrastinate
- You drink, smoke, overeat and spend hours in cyberspace
- Have difficulty sitting still, are on the move or impatient
- Leave your belongings behind
- Are overly sensitive to criticism
- Are seen as a chatterbox
- Are chaotic with your things and with your thoughts
- Over-promise and under-deliver
- Have difficulty sleeping
- Get bored easily
- Spend a lot of time looking for things
- Get easily upset

Anyone can have some of these symptoms. The question is how many and to what degree does it impact your life? It may take months or years to understand the impact of ADHD on a relationship and it may be just a very recent discovery that perhaps one or both of you have ADHD, and the impact that has on your relationship.





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While cognitive behavioural treatment is often recommended to best treat couples, I would add that psychoeducation, coaching, a more directive approach and knowledge of treatment options and medication are equally important.

My current work with a couple can serve to illustrate the usefulness of seeking professional help, and the surprises and possibilities that can be created and often occur (names have been changed).

Sally and Henry are in their early 30s, have 2 children and both work full time. Sally made the initial call. She had just read Melisa Orlov's book, "The ADHD Effect on Marriage" and wondered if she had to accept that Henry's ADHD issues were always going to impact their relationship and whether there was any hope of things getting better. She was quite distraught and discouraged. She was hoping her husband would engage in couples therapy.

Due to her sense of urgency, I met with Sally a few times to offer support, and suggestions about how to approach certain tasks at home and how to learn to ask her husband for things. Sally had always been in charge in her family of origin and was therefore used to being in that role. She was successful at work but was beginning to feel bored in her position. She felt a strong need to be social and resented Henry's desire to stay home, his lethargy, and his feeling constantly overwhelmed. She was angry, frightened and heading for burnout.

I succeeded in getting Henry to commit to coming in for an individual session to get a sense of how he saw things at home. He was well aware of Sally's discontent, presented as very tired, highly anxious, feeling inadequate, a negative self-image, and complete lack of self-confidence. Although he was successful in his role in his own company, loved his children, and greatly valued his family life, he could only see what was wrong and missing. He came in for another few sessions where he ventured to discuss his difficulty with his wife's constant busyness, strong need for social life, and complaining about chores while not being willing to outsource some of the tasks at home. He felt his symptoms had increased and severely impacted his behaviour in the past year and reported being unable to cope. I suggested a consultation with a specialist for evaluation given the severity of his depression.

The couples sessions started soon afterwards and Henry complied with the recommendations from his doctor and was told it would take several weeks to feel improvement.

Worthy of note is that every week Sally was convinced that the medication was not working. Her negativity towards Henry and her tendency to parent him were discussed. Henry received support for following through with his treatment.

While each session often began on a negative note, both Sally and Henry began acknowledging improvement in their relationship. It became clearer that Sally's approach to life consisted of a sense of needing to be perfect, wanting to keep up with the lifestyle she had before children, and had difficulty "being present" while with her children. She tended to get everything done while she was with them. She judged Henry's passion for movies and apprehension about social events involving large crowds as problematic. She resented Henry's ability to

sleep in while she was not able to because her head would be "spinning" early in the morning.

I addressed Sally's hyperactivity and the impact on the relationship as well as how hard it must always be for her to feel she has not done enough and is always in charge.

Her reply was "so everyone has ADHD....what are you saying!" - she was quite defensive. Meanwhile, Henry began to speak more openly about his approach to life, their need to make arrangements for more help around the house, and his views.

I actively used psychoeducation to discuss the impact of ADHD, treatment options such as exercise, nutrition, natural sleep aids, mindfulness meditation, and the particular need to rest one's brain and to have alone time with ADHD, as well as their different needs and how they can compromise. I have also addressed their positive attributes and contributions to their relationship.

Sally is now using lists, has delegated the organising of home and office into a system they can follow, has agreed to a vacation with "chill time" that appeals to both of them. She is not ready to be tested for ADHD. Her perfectionism and feeling that an accomplishment is never enough has begun to be conscious in relation to the impact on her expectations and the relationship. She is encouraged by the shift in Henry's behaviour and acknowledges progress. She is beginning to recognise her hyperactivity.

Henry has started being able to discuss his needs and expectations more openly. He is committed to finishing some tasks for the family and we have discussed how to find the motivation to follow through, which is a core issue for him. As he is feeling better, he anticipates trying ADHD medication as his difficulties with executive functioning - such as memory, planning ahead, lack of motivation and inability to complete tasks - continue to impact his daily life activities and relationship.

There is still more work to be done but I can see they each have a twinkle in their eye when they look at each other and they are beginning to see how they are different and each add value to their family. Sally loves to take the children to the park and meet up with friends.

Henry loves to be "in the moment" with his children, observing their play.

In conclusion, I would add that of utmost importance to an ADHD relationship is:

Learn about the ADHD effect: predictable patterns and symptoms that crop up in your relationship time and again... to know and understand them is to be able to work with them. Seeking professional help can promote greater understanding and a healthier relationship with your partner and with yourself.

Learn to laugh together, no one is perfect!

Treat your partner with respect

Be constructive with your anger

Take walks to talk

Set up a sleep routine...a sacred bedtime even if your clocks are different

Forgive yourself and your partner

Learn to appreciate the present

Don't assume your future will look like your past

Discover what truly motivates you and discover your gifts

Dream together and set a future vision



Brain Connections & ADHD

By Dr Leon Rozewicz

Problems in ADHD are linked to brain networks, and not to single brain regions. These networks - intrinsic connectivity networks (ICNs) - are collections of brain regions which work in tandem. The human brain is organised into collections of networks.

During the past 10 years a lot of research has been done on the ways in which these networks function in ADHD, and the differences in function between those who have ADHD and those who are not affected. This research has mostly been done using functional magnetic resonance imaging (fMRI). This technique utilises the contrast between oxygenated and deoxygenated haemoglobin to demonstrate blood flow.

fMRI studies usually measure and map blood flow in the brain whilst engaged in particular cognitive tasks. DMN studies are resting state fMRI studies.

A study published in September 2014 in the Proceedings of the National Academy of Sciences (PNAS) | September 30, 2014 | vol. 111 | no. 39 | 14259-14264 shows that some of these problems are related to delays of brain maturation seen in ADHD.

This study focused on the Default Mode Network (DMN). The DMN comprises the medial pre-frontal cortex, medial and lateral parietal regions. The DMN is active when people think about themselves, or day-dream. It is also active when people are asked to remember past events or imagine upcoming events. DMN abnormalities have been found in a variety of psychiatric conditions: psychotic illness, bipolar disorder, anxiety disorders and Alzheimer's disease.

When people need to perform a task which requires attention to the external world they deactivate the DMN and activate task positive networks (TPNs). DMN abnormalities have also been found. Previous research has shown that children with ADHD are poor at deactivating the DMN when faced with a low motivation task (this is consistent with the observed behaviour of daydreaming and poor concentration). However, when given a high motivation task they are able to switch off the DMN as well as their non ADHD peers. The performance on low motivation tasks can be improved by treatment with methylphenidate.

Past research has additionally shown that the brains of people with ADHD mature later than the brains of those without the condition.

The scientists used a large international database of resting fMRIs from participants with ADHD and those who were typically developing, the ADHD-200 initiative. They focused on the development of connections between the DMN and several TMNs. The participants ranged in age from 7 to 21 years old. They studied 400,000 connections in 756 participants; 275 with ADHD and 481 typically developing controls.

They found that two connections with DMN were particularly slow to develop: connections with the ventral attention network (VAN) and with the fronto parietal network (FPN). Both are involved in cognitively demanding externally focused processing. VAN involves connections to the anterior insula, this part of the brain is involved in detecting salient stimuli in the external environment. It is also involved in regulating shifts between introspective and extrospective

attention. FPN is involved in the performance of novel tasks in non-practiced situations. The FPN is also involved in tasks involved in planning for one's future. This therefore sheds light on some of the motivational problems seen in ADHD. They additionally found that individuals with more severe inattention were slower to develop.

This gives a biological explanation for excessive day dreaming in children with ADHD and for the finding that those with ADHD are easily distracted. It is hoped that this study will help develop treatments for ADHD. These treatments could work by boosting specific connections. An improved understanding of these connections could help predict the development of individual children, you could tell a child and his parents that one day he will outgrow the problem.

However, it is important to understand that at present this study is mainly of theoretical importance. The translation into day-to-day patient management is many years away.

The lead author, Prof Chandra Sripada from the University of Michigan, said: "Ultimately the brain is an information processing machine and that process occurs in the connections between regions,... so the real test of the maturation hypothesis ... is looking at the connections rather than structure".

More generally, it is important to note that the study used image databases which had images that researchers and children allowed others to use freely. This demonstrates the importance of international collaboration and that the free use of images in that way can lead to important progress that will benefit all those who are affected by ADHD.

ADHD in Adolescence

Susan Young first became interested in ADHD through her PhD, supervised by Professor Eric Taylor, examining the adolescent outcomes of girls with ADHD. Twenty years later she is a clinical academic working in the Centre at Imperial College London; a consultant clinical and forensic psychologist and Director of Forensic R&D for the West London Mental Health Trust. In this article Susan tells us of the influences that lead her to set up a website with three colleagues (Professor Gisli Gudjonsson, Ms Emma Woodhouse and Dr Jade Smith) offering free resources for health professionals and, in some cases, families.

My PhD research sparked an interest that was to shape my future clinical and research practice and in 1994 I helped set up the Adult ADHD service at the Maudsley Hospital. Over the years I have worked with children, adolescents and adults with ADHD and I strongly believe it is important to adopt a life-span approach to patient care. My work has focused on the presentation of young people and adults with ADHD, including their neuropsychological functioning, psychosocial functioning, comorbidity, psychological interventions and the transition from adolescence to adulthood.

I have always been interested in the patient voice and much of my research has developed from what patients have said. Hence my work has focused on the presentation of young people and adults with ADHD, including their neuropsychological functioning, psychosocial functioning, comorbidity, psychological interventions and the transition from adolescence to adulthood. I have published over 100 articles in scientific journals, three psychological intervention programmes and three books. My work has been translated into Icelandic, Swedish, Hebrew, Spanish, Polish, Chinese and Japanese. In some cases I had to develop assessments and psychological interventions that were suitable for young people with ADHD, as in those days there was not much around.

The website www.psychology-services.uk.com includes free downloadable resources, materials and psychoeducational information of assistance to healthcare and allied professionals and, in some cases, to families. Check the resources section for:

ADHD in Adolescence

The transition from childhood to adulthood is a challenging period for all involved and especially so for children with ADHD.

'ADHD in Adolescence' is a document that can be viewed online and/or downloaded with eight modules that cover an introduction to ADHD and its symptoms, common co-morbidities, education, employment, interpersonal relationships, delinquency, substance use and planned transition. Developed in collaboration with service-users, the modules are not only based upon 'what the science says', they also draw on clinical experience of working with young people and their families, and provide information from their unique perspective. These materials have been independently certified by the CPD Certification Service (who gave feedback that these were among the best materials they had reviewed on the topic), and include a 'Test your Knowledge' quiz in the Appendix.

Dos, Don'ts and Rewards

The guide, 'Dos, Don'ts and Rewards' was developed for parents and carers of children with ADHD and gives tips for dealing with challenging behaviours that can be applied on a daily basis. This includes an example of how to set up and use a 'home made' star chart to motivate and reward positive behaviour.



Adult ADHD Functioning Interview (AAFI)

The AAFI was designed during my time at the adult ADHD service as a way to semi-structure a clinical interview to assess for ADHD in adulthood. The AAFI guides the assessor to cover important topics in childhood and adulthood, including core symptoms, history of presentation to services, family circumstances, school history and qualifications, occupational history, antisocial behaviour, substance use, social functioning and interpersonal relationships. The AAFI, which comes with a manual, also has a follow-up interview to assess functional change. Aside from garnering helpful qualitative information to support a clinical interview and progress during treatment, ratings are generated that can be used for research purposes (and was the basis for some of my early publications). These days, semi-structured interviews focus exclusively on symptoms and to my knowledge there are no other interview guides that provide more holistic guidance of this nature.

The RATE Scales x

The RATE scales are a quick screening tool for adults that identify different problems based on measures of functioning and behaviour in the past month. A children's version will soon be published on the website. The RATE scales can be used as preliminary screening tools and/or as outcome measures to evaluate progress over four domains: ADHD symptoms, emotional control, antisocial behaviour and social functioning. American Psychological Association has permission for them to be published in their PsycTESTS database. The RATE scales, which have been used in published research, are available for downloading from our website together with details about their standardisation.

Central Control

The stresses and strains of life can get to everyone at times. For those who feel overwhelmed, stressed and/or anxious, we have added a psychological intervention called Central Control that can be used directly from the website or downloaded onto devices. Central Control teaches individuals to induce relaxation of the mind and body through verbal prompts of progressive muscle techniques, breathing techniques and mental imagery. Scientific research has shown that these techniques reduce tension, headaches and migraine, lower blood pressure, relieve chronic pain and/or menstrual symptoms, and improve sleep.

Publications and Events

ADHD does not feature highly on the current national and EU policy agendas, hence last year, the "Expert White Paper" - 'ADHD: making the invisible visible' was presented to policymakers and key stakeholders in Brussels. The Paper, based on patient-informed research and independent expert opinion, demonstrates the substantial impact ADHD can have on an individual from childhood into adulthood, in addition to the broader impact on families, welfare systems and national budgets, and sets out practical recommendations for action. In addition, the website includes a publication section where we have listed our publications in peer reviewed journals, books and treatment manuals. Some of these are in open access and include links for downloading. There is also information about events where we publicise training, seminars and workshops, including some video clips of me 'in action'!

Written By Susan Young

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New office

We moved into our new office in October 2014. Many thanks to everyone who contributed money, time and paint to help us to make this transition smoothly. You can imagine how much stuff we have accumulated over the years and it was quite a feat to get the move organised without disrupting services for families in need of our help and advice.

Our Address is now:

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As a professional or a parent, you can support ADDISS – and benefit from the support that we can give you.

Keep in touch with new research, new treatments, learn what is working – and what isn't.

When you become a member of ADDISS then you will receive this newsletter four times a year, notification of talks across the UK and abroad, notification of new publications as well as special offers including discounted entrance to conferences and training events. In most cases your discount more than covers your membership fee – so it is well worth it.

A year's subscription costs £45 for professionals and £30 for parents, or adults with ADHD.

You can subscribe online, or telephone our office for an application form.

<http://www.addiss.co.uk/subscribe.htm>

Dates for your diary...

Information to come on ADHD Awareness Week events in October 2015

Also ADHD Europe conference in Athens

More dates to follow

Infant Scientists Wanted!



Are you pregnant, or do you have a baby between the ages of 0-10 months who has an older sibling with autism and/or ADHD?



The Studying Autism and ADHD Risk in Siblings (STAARS) project is part of the British Autism Study of Infant Siblings (BASIS), a UK wide network of researchers. Our aim is to learn more about the early development of baby brothers and sisters of children with autism and/or ADHD. We hope our studies will in the long-term help to improve early detection and diagnosis of children with autism and ADHD.

If you are pregnant, or have a baby between the ages of 0-10 months who has a full sibling diagnosed with an Autism Spectrum Disorder and/or an Attention Deficit Hyperactivity Disorder, please contact us for more details.

Travel costs to central London (WC1) are reimbursed and special arrangements are made for families who live further away.

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