ASD Helping Hands

ADHD and ASD

How the two conditions co-occur…but more specifically how do we support ADHD...

Contents

Let us start by identifying what is ASD and what is ADHD?

DSM-5 (2013-now)	Pervasive Developmental Disorders	
	DSM-IV (1994-2000) DSM-IV-TR (2000-2013)	**ICD-10 (1996-now)**
299.00 Autism Spectrum Disorder	299.00 Autistic Disorder	F84.0 Childhood Autism
	299.80 Asperger's Disorder	F84.5 Asperger Syndrome
	299.80 Pervasive Developmental Disorder - not otherwise specified (including Atypical Autism) — PDD-NOS	F84.1 Atypical Autism
		F84.8 Other pervasive developmental disorders
		F84.9 Pervasive developmental disorders, unspecified

ASD is defined as per the ICD-10 (used by the NHS to diagnoses)

Childhood Autism - A type or pervasive developmental disorder that is defined by:

(a) The presence of abnormal or impaired development that is manifest before the age of three years and

(b) The characteristic type of abnormal functioning in all the three areas of psychopathology

(i) Reciprocal social interaction
(ii) Communication
(iii) Restricted, stereotyped, repetitive behaviour

In addition to these specific diagnostic features, a range of other non-specific problems are common such as

- Phobias
- Sleeping
- Eating disturbances
- Meltdowns
- Self directed aggression

Atypical Autism - A type of pervasive developmental disorder that differs from childhood autism either in age of onset or in failing to fulfil all three sets of diagnostic criteria

This subcategory should be used when there is abnormal and impaired development that is

(a) Present only after age three years, and,

(b) A lack of sufficient demonstrable abnormalities in one or two of the three areas of psychopathology required for the diagnosis of autism namely

(i) Reciprocal social interactions
(ii) Communication, and
(iii) Restricted, stereotyped, repetitive behaviour

In spite of characteristic abnormalities in the other area(s)

Atypical autism arises most often in profoundly retarded individuals and in individuals with a severe specific developmental disorder of receptive language.

The DCM-5 criteria for ASD can be found here
http://images.pearsonclinical.com/images/assets/basc-3/basc3resources/DSM5_DiagnosticCriteria_AutismSpectrumDisorder.pdf

ADHD is defined by the ICD-10 (used by the NHS to diagnoses)

Hyperkinetic disorders

A group of disorders characterized by an early onset (usually in the first five years of life), lack of persistence in activities that require cognitive involvement, and a tendency to move from one activity to another without completing any one, together with disorganized, ill-regulated, and excessive activity.

Several other abnormalities may be associated.

Hyperkinetic children are often reckless and impulsive, prone to accidents, and find themselves in disciplinary trouble because of unthinking breaches of rules rather than deliberate defiance. Their relationships with adults are often socially disinhibited, with a lack of normal caution and reserve. T

They are unpopular with other children and may become isolated. Impairment of cognitive functions is common, and specific delays in motor and language development are disproportionately frequent. Secondary complications include dissocial behaviour and low self-esteem.

F90.0 Disturbance of activity and attention

Attention deficit:

- disorder with hyperactivity
- hyperactivity disorder
- syndrome with hyperactivity

The DCM-5 criteria for ADHD can be found here
http://images.pearsonclinical.com/images/assets/basc-3/basc3resources/DSM5_DiagnosticCriteria_ADHD.pdf

ASD and ADHD are developmental disorders with early onset and strong persistence over time.

ASD	ADHD
Onset before age 3 >90% persistence into adulthood	Onset before age 12 About 50% have onset at 2-3 year 70% persistence into adolescence 30-50% persistence into adulthood

Is it ADHD or something else...

Unfortunately, there is not one definitive clinical test for ADHD so diagnosis can be difficult.

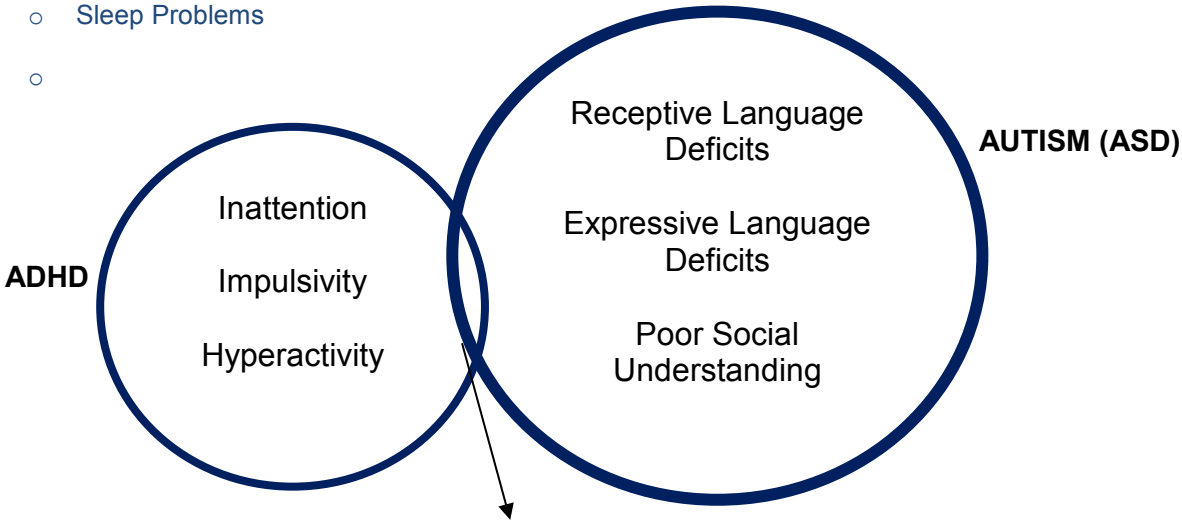
Many children have problems with self-control from time to time and it is difficult to know when this is 'ordinary' behaviour or when it could be as a result of ADHD.

There may be other causes of disruptive behaviour such as dyslexia, language or hearing difficulties, conduct disorder which need to be considered although these problems may affect children with ADHD also.

For these reasons, a diagnosis of ADHD should only be made by a Child and Adolescent Psychiatrist, Paediatrician or other appropriately qualified healthcare professional with training and expertise in the diagnosis of ADHD and other mental health conditions.

Children with ADHD often have other problems. Conditions which can co-exist or overlap with ADHD:

- Oppositional Defiant Disorder (the child is often defiant, oppositional, argumentative, angry, losing temper etc) and/or Pathological Demand Avoidance
- Conduct Disorder (there are problems such as persistent and repetitive lying, stealing, truancy, bullying, vandalism, setting fire etc)
- Learning Disorders such as Dyslexia
- Developmental Co-ordination Disorder (co-ordination difficulties / Dyspraxia)
- Autism Spectrum Disorder/Asperger's syndrome (social and communication difficulties)
- Anxiety
- Depression
- Tic Disorders (Tics are involuntary movement of muscles)
- Tourette's Syndrome (the person has tics, involuntary and uncontrollable movements and sounds)
- Sleep Problems
-



The Overlap

- Often interrupts/intrudes
- Often engages in activities without considering possible consequences
- Often has difficulty organizing tasks and activities
- Emotionally volatile, often exhibit wide mood swings
- Over/under-responsive to stimuli

Working with ADD Norfolk

ADD Norfolk is a well known voluntary sector organisation in Norfolk, providing support around ADD and ADHD. We have worked with them now for many years and they regularly support us in particular with co-occurrence between ASD and ADHD

In all our work we see many similarities and crossovers with Autism. ADHD children are known to have social difficulties, sensitivities to noise and heightened sensory needs concurrent with an Autistic Spectrum Disorder.

A child/young person with ADHD will present with the following:

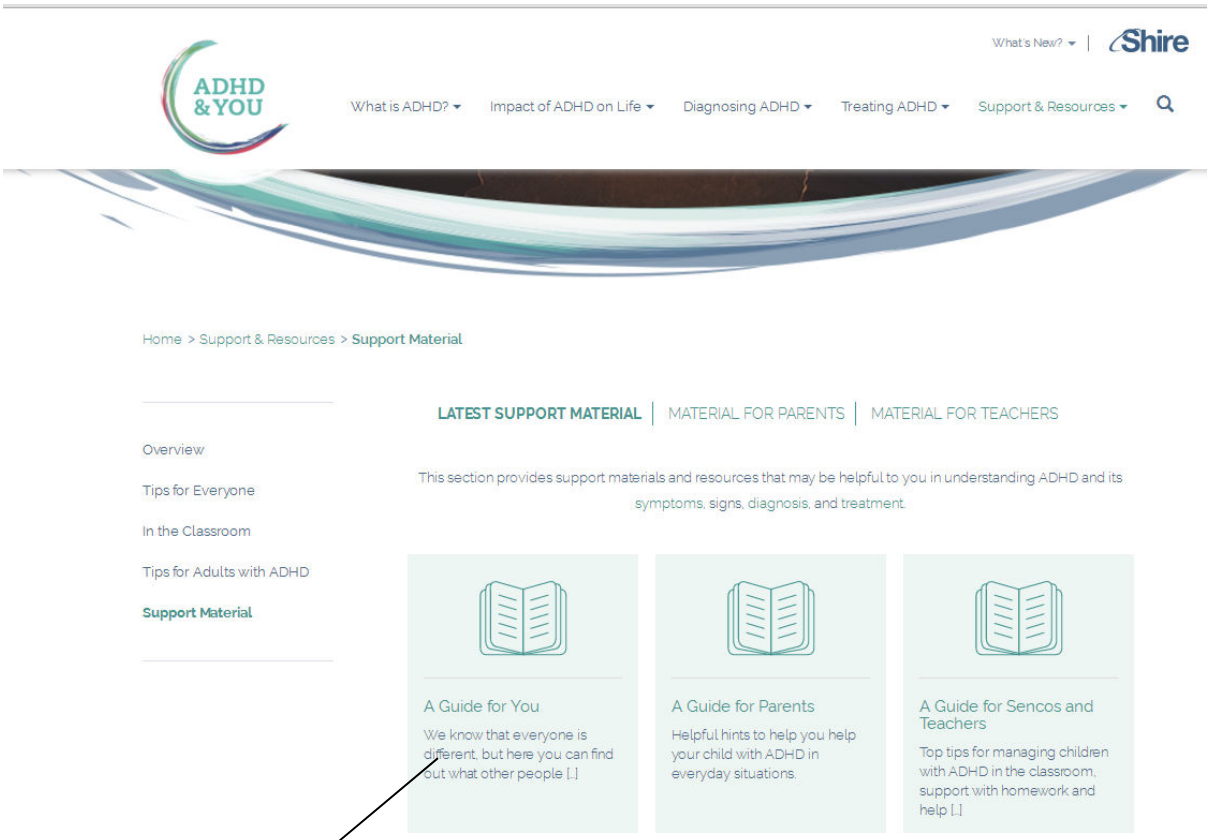
- Fidgeting
- Excessive noise making
- Short attention span
- Appearing forgetful
- Unable to listen attentively
- Unable to maintain concentration/daydreaming
- They will struggle with empathy but can also appear hyper-sensitive emotionally
- They exhibit extreme frustration and will reach their anger point when not listened to
- They will often be aware of what they've done and appear remorseful however, their perception of the incident appears lesser
- They will often lose things and have poor organisational skills
- They will often appear impulsive

If you're ASD child/young person appears to be experiencing any of the above then we would both advise you ask your GP for a referral for an ADHD assessment

http://www.adhdandyou.co.uk/impact-of-adhd-on-life/adhds-impact-on-parenthood/

http://www.adhdandyou.co.uk/adhd-support-and-resources/tips-for-everyone/adhd-self-esteem/

http://www.adhdandyou.co.uk/impact-of-adhd-on-life/how-adhd-affects-social-relationships/



Links to these guides

http://www.adhdandyou.co.uk/adhd-support-and-resources/support-material/a-guide-for-you/?filter=

http://www.adhdandyou.co.uk/adhd-support-and-resources/support-material/guide-sencos-teachers/?filter=

http://www.adhdandyou.co.uk/adhd-support-and-resources/support-material/a-guide-for-parents/?filter=

From the above websites you may be interested in the following advice/guidance used by CAHMS, Starfish (LD), Paediatricians and Psychologists across Norfolk and Suffolk.

It is often important to consider partnering with people around you

Understanding ADHD and how to effectively manage it can be a difficult and painstaking process for both children and parents.

One of the best ways for a parent to understand his or her child's situation is by talking about it. This process could be aided by suggestions from teachers or advice from healthcare professionals.

Here are some ways to talk about your child's situation and get help:

You can work with teachers, administrators, and other school support team members to determine whether additional support may help your child.* Here are examples of additional support:

- Using a digital recording device in class
- Giving the child a quiet place to work
- Letting the child have extra time to complete work
- Using daily or weekly school reports
- Having your child work with a study buddy
- Using directed note-taking (definition of directed note-taking)
- Allowing your child to choose amongst several tasks to finish a project

ADHD & self-esteem – it is important to note the impacts these have on children, adolescents and adults with ADHD. They may hear negative or naïve comments from classmates, teachers, friends, and even family. Children growing up with ADHD may have lower self-esteem if they see themselves as "different". Sometimes the symptoms of ADHD mean that the child needs extra time to take tests or finish tasks, which can draw attention in school. However, with the appropriate tools, he or she can manage these feelings about themselves. A guidance counsellor, social worker, or therapist can help. There may already be one on your child's ADHD team. Encourage children with ADHD to be open and honest with their feelings and to talk with someone they are comfortable with if they are feeling sad or frustrated.

As an adult, it can be daunting to deal with self-esteem issues on top of your ADHD symptoms. You may be overwhelmed making the extra effort to stay focused at work or in social settings, and feel as if you are the only one going through it. You are already doing so much to manage ADHD, and it is important to give yourself credit. Be sure to have a mental healthcare professional on your team.

Effects of low self-Esteem

As a person living with or close to someone with ADHD, you may pick up on the following signs of low self-esteem:

- Difficulty receiving and appreciating encouragement.
- The person may interpret everything he or she hears, even a greeting, as criticism
- Loss of confidence in skills and little interest in trying to do something out of fear of failure or criticism
- A poor attitude that results in moodiness and depression

Self-esteem can produce many other problems that get in the way of living the best life possible. Low self-esteem may seem like a case of the “blues”, but it can be much bigger than that. Here are some of the different ways that low self-esteem can manifest itself:3

- **Psychologically**: Extreme sadness, hopelessness, pessimism, guilt, worthlessness, and helplessness. The person may have difficulty concentrating, remembering, and making decisions. Additionally, the person may experience trouble falling asleep, may feel restless and irritable, and may have a lot of fear and anxiety.

- **Cognitively:** Difficulty understanding facts in daily life, difficulty communicating, self-devaluation, inability to confront anyone, and repetitive memories or thoughts that the person often cannot move past.

- **Physically:** Anorexia, loss of appetite, vomiting, tension in the neck muscles, gastrointestinal disturbances, changes in the frequency of heart rate, dizziness, and nausea are all possible side effects of poor self-esteem.

- **Behaviourally:** Neglect of obligations and personal hygiene, poor performance at work, and tendency to use harmful substances, such as drugs or alcohol.

HELPING YOUR CHILD IMPROVE HIS OR HER SELF-ESTEEM

- Emphasise the positive and congratulate your child. Show that you recognise when your child does the right thing instead of criticising what he or she does wrong.
- Allow your child to take responsibility. Give simple tasks and establish a reward system when he or she completes them. Give your child more responsibility as time goes on and he or she proves the ability to handle it.
- Build on strengths. Encourage your child to pursue interests, whether academic, athletic, or creative, and celebrate his or her achievements.
- Have faith in your child’s abilities. Remind your child that you believe in and support him or her no matter what.
- Stay calm and keep it in perspective if your child makes a mistake. Help your child understand that everyone makes mistakes and that we all learn from them. Keep in mind, however, that it is common for children with ADHD to make the same mistake a few times. Try to use it as a teaching moment and calmly talk with him or her about it.
- Focus on the process, rather than the outcome. Try not to focus on the end result; instead, take note of all the things your child is doing right to help him or her achieve his or her goal.

How ADHD affects social relationships

Children, teens, and adults living with ADHD may have trouble making and keeping friends. Their symptoms and sometimes “irrational” behaviour are not usually met with understanding, especially in children. It can be hard for people living with ADHD to insert themselves into conversations, because they tend to interrupt and have a hard time following along.

Family and friends of someone living with ADHD may find support groups beneficial. It may even help for them to note when they are having a hard time understanding their loved one’s behaviour, so they can work through it together. In addition, a mental health professional can work with the person living with ADHD, their family or friends, or everyone together.

ADHD and siblings - Siblings of children living with ADHD often feel sad, worried, or nervous, in part because family dynamics tend to be formed around the child with ADHD. Here are some issues that may come up in relationships between siblings:

- **ENVY -** A child living with ADHD may be envious of the opportunities and successes his or her siblings achieve at school. On the other hand, siblings may be jealous of the child living with ADHD and the additional attention paid to him or her by their parents.

- **RESENTMENT** - Siblings may resent their brother or sister living with ADHD for being treated differently and for taking up their parents' time. Similarly, children with ADHD can resent a sibling without ADHD, because that sibling is the "normal one".

- **LOW SELF-ESTEEM** - The child living with ADHD may have low self-esteem, especially in comparison with his or her brothers or sisters. However, siblings may also have low self-esteem if they experience the stigma attached to the condition and worry about their brother or sister.

- **ANGER** - Differences that siblings see in the child living with ADHD, whether real or perceived, can cause outbursts of anger that are sometimes very disturbing. The behaviour of children living with ADHD can lead to arguments or sibling rivalry.

- **ATTEMPTS TO DRAW ATTENTION** - Siblings may see the attention given to the child living with ADHD and want to mimic the child's behaviour to get time and attention from their parents.

Maintaining Discipline in Children with ADHD

Maintaining discipline in children with ADHD can be a challenge for both parents and teachers. It is important to reinforce the positive and explain the strategies behind the rules and repercussions.

Focusing on the Positive

Positive comments can help improve the behaviour of children with ADHD. Focusing on the good can also be an effective way of managing potential conflicts. Parents and teachers should not consider discipline to be a method of punishment for bad behaviour, but as a way to teach the child about responsibility and positive actions.

- Encourage the child as soon as you notice he or she has improved his or her behaviour
- Note boundaries between good and bad behaviour
- Reduce stress at home and in the classroom by speaking calmly and not overreacting
- Use reward systems already in place for good behaviour

Behaviour strategies (these can work for both Autism and ADHD)

- Never act in moments of anger. Give yourself a few moments to accept what has happened, and think of the best way to address it.
- Maintain serenity. When you speak calmly, it is easier for your child to understand and listen.
- Be concise. Children with ADHD often “disconnect” or accidentally stop listening. Carefully choose a few words to explain yourself.
- Explain clearly that the behaviour in question is unacceptable. Your child must understand what went wrong.
- Get on your child’s level and maintain eye contact. A seated chat across a table is perfect.
- Ask your child to repeat what you just explained. This way, you know he or she understands and is clear on what to do next time.
- Explain the consequences of not meeting the expectations beforehand. This is so your child is not surprised when something is taken away or he or she is asked to take a timeout.
- Apply a reward system. If your child does not repeat the behaviour that necessitated the discipline, immediately implement the reward system and explain the reasons why he or she is being rewarded. It is important that your child understands the reason for the reward.
- Talk up the reward. Strengthen the kind of reward that your child may receive if the conduct is not repeated and he or she is well behaved.
- Only punish bad behaviour, not your child’s personality. Sometimes it’s a case of kids being kids, and they are just trying to figure out who they are.
- Do not overreact. Try to understand your child’s behaviour, and if you decide a punishment should be involved, do something proportionate. For instance, if you are a parent and send your child to his or her room, do so for an amount of time that makes sense and is not excessive.

Talk to your child. Choose goals together so your child can keep in mind what he or she has to do correctly in order to receive a reward. It could be waking up on time and getting ready for school, completing homework without letting distractions become an issue, or getting good marks at school or receiving good feedback from a teacher or coach.

Caring for students with ADHD

As a teacher or SENCO, you are not alone in your efforts to help students living with ADHD. It may help to partner with parents or caregivers from the start, because these partners can support your efforts.

Talking about ADHD helps to remove the stigma surrounding the condition. Talking openly with parents and school officials about ADHD shows there is nothing to hide and no reason to be afraid or ashamed. While a teacher can address this in the class environment, a SENCO can help find support across the whole school and bring all involved teachers, school personnel and parent on one table. This ensures that everyone who works and interacts with the child on a day to day basis will work in alignment.

Getting parents involved

Engaging in an open dialogue with parents about symptoms related to ADHD is the first step in helping a struggling student maximise his or her opportunities in the classroom. However, ADHD can be a sensitive subject to broach, and the best forum for discussion about ADHD symptoms is generally through a team of school professionals.

When you talk with the parents of a student that possibly has ADHD, consider some of the things they may be worried about:

- How society or the school would label their child
- Social isolation and rejection
- Having their concerns dismissed by healthcare professionals or school personnel

One way to build a positive rapport with parents is to recognise their child's strengths, interests, and positive characteristics. If you are asking parents to share your concerns, think of something good to share, listen carefully to what they have to say, and always end the conversation on a positive note.

Talking with the parents of other students in your class

If you have a student living with ADHD in your classroom, you may need to address the concerns of other students' parents who may be unfamiliar with ADHD or who may associate it with a likelihood of violence or antisocial behaviour. It is important the other students' parents understand the condition, so their children will treat the child living with ADHD kindly and not act out of ignorance.

Talking with your class about ADHD

Healthcare professionals who have experience with ADHD advise teachers to tell the truth about the condition. If a child is receiving special treatment for ADHD, it may be better to talk with the class about why this is happening. As you know, children are very observant, and he or she will likely notice that something is going on anyway. Talking openly about ADHD may be better than keeping it a secret, because secrecy implies that there is something to hide. Of course, before doing this, you should get the permission of the parents and the child.

Understanding school policies about ADHD

Your school may have a policy for supporting children with special educational needs, including students living with ADHD. Educational provisions for students with ADHD vary from country to country, but may include a special education teacher or custom

considerations related to homework or taking exams. Some schools may offer special classes or services for children living with ADHD. There may also be local, regional, or national education policies that are pertinent to students with ADHD.

Seeking support from other school personnel

Your school may have a special education professional who could assist you in finding the right resources to help a student living with ADHD.

Meeting the educational, behavioural, and social needs of a student living with ADHD at school requires coordination between you, the student's parents, and other school personnel (and the treating clinician).

These are the people who may be on your team:

- Other teachers involved in the student's learning
- SENCO's
- The school nurse or other qualified person who is in charge of dispensing medications
- The school psychologist or counsellor
- Speech therapists or other special education staff for students with ADHD who also have associated learning disabilities, such as dyslexia
- School administrators

Seeking support from other teachers

Teaching a student living with ADHD requires flexibility and patience. It can be frustrating, exhausting, or even isolating for you. Given that ADHD or its symptoms are common in children, some of your colleagues are experiencing similar challenges in their own classrooms.

Sharing your problems with other teachers or colleagues may help keep you from feeling burned out from your efforts. In addition to having the opportunity to talk with someone who understands what you are going through, you may even pick up a few strategies that will help you manage your classroom more easily, such as a better understanding of the individual with ADHD, and praising positive actions or their achievements.

See - http://www.adhdandyou.co.uk/adhd-support-and-resources/adhd-in-the-classroom/ for more information ☺

National Resource Center on ADHD

ADHD and Co-occurring Conditions

More than two-thirds of individuals with ADHD have at least one other coexisting condition.

This infographic is supported by the Cooperative Agreement Number NU38DD005756 from the Centers for Disease Control and Prevention (CDC). The contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

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CHADD
CHILDREN AND ADULTS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

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ADHD VERSUS AUTISM

COMPARING THE 2 MENTAL CONDITIONS

ADHD	AUTISM
	
Executive functioning skills are impaired	Communication skills are impaired
Symptoms include a hard time prioritizing, focusing, or holding back impulsive behaviors	Symptoms include difficulty deciphering body language, not taking turns speaking, and averting eye contact
Affects 7 to 12% of the population, very common	Affects approximately 5 people per 1,000 (0.5%), less common
Treated by medication, behavioral therapy, or school/home interventions	Also treated by medication, behavioral therapy, or school/home interventions

ADHD VERSUS ASPERGER'S

COMPARING THE 2 MENTAL CONDITIONS

ADHD	ASPERGER'S
	
Executive functioning skills are impaired	Communication and motor skills are impaired
Symptoms include a hard time prioritizing, focusing, or holding back impulsive behaviors	Symptoms include low understanding of implied meanings, one-sided conversations, delayed walking or running
Affects 7 to 12% of the population, very common	Affects approximately 1.3 people per 1,000 (0.13%), somewhat uncommon
Treated by medication, behavioral therapy, or school/home interventions	Treated by social skill lessons, behavioral therapy, or school/home interventions

Dr Simon Bignell, PhD, BA(Hons), CPsychol, MBPsS

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Department: Life Sciences

Subject area: Psychology

Research Centre: Centre for Psychological Research

PhD, CPsychol, SFHEA, MBPsS and is Senior Lecturer in Psychology, University of Derby

His primary research looks at the language and literacy skills of children who show symptoms of Attention-Deficit/Hyperactivity Disorder (ADHD). I am also developing research that is investigating the language abilities of people diagnosed with Autistic Spectrum Disorder (ASD)

We have been lucky to link with Dr Simon Bignell to provide much needed research and information around the co-morbidity of ADHD and Autism. All the information below has been gained from his own research and presentations.

Are ADHD And Autism Really That Different? - *See review by Gillberg and Billstedt (2000)*

• A large number of medical conditions, psychiatric disorders and behavioural and motor control problems are very often associated with ADHD and/or Autism.

• ADHD and Autism are generally described as separate disorders with separate genetic aetiologies.

• Most genetic studies exclude cases of Autism from studies on ADHD and vice versa.

• Comorbidity: one condition may “mask” another

• More symptoms of Autism in children with ADHD than in their siblings who do not have ADHD.

• A great need for in-depth research into this area.

• As many as one-third of children diagnosed with ADHD also have a co-existing diagnosed condition.

• The presence of ADHD in children with ASD complicates children's learning.

Overlap Of 'Symptoms' In Autism, Asperger's And ADHD

- Naïve remarks, faux pas, too honest.
- Can only be with others on own terms.
- Poor at games, scores "own goals."
- Unaware of social conventions.
- Indifferent to peer pressure/crazes/fashion.
- Pedantic, corrects other students.
- Genuine poor empathy may lead to aggression.
- Good at some things/poor at others.
- Same with everybody.
- No language adjustment to fit social context.
- Expect others to know their thoughts. • Take things literally.
- Poor motivation/Lack of spontaneity.
- Eye for detail, but fail to see big picture.
- Autodidact, struggle to follow teachers.
- Perfectionist.
- Everything black/white, all or nothing
- Catatonic symptoms.
- Sensory sensitivities (noise, pain threshold).
- Special interests
- Odd "flapping" gait when running.
- Tics, facial grimacing.
- Prefer non-fiction to fiction.
- Exceptional memory for facts/dates.
- Exceptional isolated ability.
- May seem immature.

ADHD is (almost) always an indication that there will be other problems and disorders, not just ADHD.

• Autism Spectrum Disorders can present with severe hyperactivity and attention problems (Gillberg, 1992).

• Extreme hyperactivity is a common presenting problem in pre -school children with Autism.

• Many individuals with ADHD also have mild Autism Spectrum Disorder (Gillberg et. al., 1987).

• Nearly one third of children with ASD also meet diagnostic criteria for ADHD (Rao & Landa, 2013)

Important Questions to ask ourselves

Could it be that ADHD comprises a mixture of other syndromes (e.g. Tourette's, bipolar, depression and variants of Autism Spectrum Disorder) that all present with some "ADHD" symptomatology?

• Could any dopamine/noradrenaline dysfunction syndrome with early onset present as ADHD or a "shadow syndrome" of ADHD?

• Could Autism, Asperger's and ADHD fall on the same continuum?

Comorbidity – with a focus on ADHD/Autism/Aspergers

It is reported by the parents of children with ADHD that the most troublesome elements of having ADHD are not the primary symptoms but the secondary symptoms or those caused by other conditions that go alongside ADHD. ADHD is often associated with co-occurring disorders, including disruptive, mood, anxiety and substance abuse (Wilens & Spencer, 2010). However, the two most frequently occurring co-morbid disorders are oppositional defiant disorder and conduct disorder. These behavioural conditions account for many of the most negative behavioural problems associated with ADHD. **However, it is important to realise that this condition rarely presents on its own in isolation.**

One less obvious problem related to childhood ADHD is the associated difficulties with language skills that may accompany the condition. Children with ADHD frequently experience pragmatic language deficits, such as difficulties with their comprehension of figurative or non-literal language. Some children with ADHD have trouble making meaning from context, understanding figurative language or understanding the dual meanings used in sarcasm or jokes. These difficulties seem to be most prevalent in children who show high levels of inattentiveness even in non-diagnosed samples of children; poor attention and elevated levels of hyperactivity are associated with pragmatic language weaknesses (Bignell & Cain, 2007). Likewise, it is reported that the reading comprehension problems of children with attention difficulties are related to poor word reading and that listening comprehension is particularly vulnerable in children at risk of ADHD (Cain & Bignell, 2014).

- **Difficulties in pragmatic language deficits such as difficulties with their comprehension of figurative or non-literal language**

- **Have difficulty making meaning from context, understanding figurative language or understanding the dual meanings used in sarcasm or jokes**

- **Difficulties in poor word reading and listening comprehension**

The behavioural problems that are frequently associated with ADHD may have a subsequent impact on children's cognitive, behavioural, emotional and academic performance, confounding the difficulties that these children can face. It is important to note that having a diagnosis of ADHD itself does not lead to a child misbehaving or being anti-social. However, conditions that frequently accompany ADHD, such as oppositional defiant disorder and conduct disorder may cause significant difficulties for the child. **These behaviours, in school-age children, are characterised by talking back to adults, rejection by peers and failure in school**. However, children with ADHD without these associated conditions who are followed into adolescence have been found only in some cases (where there is a combination of genetic predispositions leading to cognitive deficits, combined with exposure to other risk factors) to exhibit anti-social behaviours into adolescence and adulthood (Ahmadi-Kashani & Hechtman, 2014).

The existence of other conditions alongside ADHD does not mean that one causes the other, but they may well make things worse. For example, having a short attention span and anxiety can lead to behaviours that are prone to misinterpretation by others, causing additional problems. Likewise, being always 'up and on the go' coupled with social and communication problems can lead to what may be interpreted as being deliberately disrespectful of personal boundaries or authority.

Comorbidity is common in developmental disorders, and a large number of clinical conditions often occur alongside both ADHD and autism. There is also a high overlap between the symptoms of ADHD and autism.

Comorbidity is the presence of one or more psychiatric diagnoses in addition to a primary diagnosis. Alternatively, quite simply, it is the “co-occurrence of different diseases in the same individual” (Blashfield, 1990, p. 61).

Comorbidity with other clinical disorders is to be expected in autism (Gillberg & Billstedt, 2000).

Research into the inherited and genetic contributions to ADHD suggests a substantial overlap with autism (Thapar et al., 2013).

As First describes, “It is important to understand that comorbidity in psychiatry does not imply the presence of multiple diseases or dysfunctions but rather reflects our current inability to apply… a single diagnosis to account for all symptoms” (2005, p. 1).

Comorbidities are mostly defined by the co-presence of another diagnostic category, rather than by individual symptoms, for example ADHD and major depressive disorder. However, it is also possible to specify comorbidity in a less rigid way at the symptom level, for example hyperactivity and anxiety. The use of fixed diagnostic categories or more-expressive symptom descriptors largely depends on why one is communicating such information. Historically, depending on which diagnostic manual was consulted, the categories of ADHD and autism existed alongside other closely related conditions.

For example, ADHD was listed alongside conditions like conduct disorder and oppositional defiant disorder in the DSM-4-TR (diagnostic manual) (American Psychiatric Association, 2000). Likewise, autism was included as a pervasive developmental disorder alongside Rett’s disorder, childhood disintegrative disorder and a separate category: Asperger’s disorder, which is now formally included as part of autism spectrum disorder.

In versions before DSM-5, autism and ADHD were mutually exclusive: it was not possible to diagnose both concurrently. The exclusion criteria restricted a dual diagnosis of these conditions.

In the latest revision of the diagnostic manual (DSM-5, American Psychiatric Association, 2013), individuals can be diagnosed with both autism and ADHD at the same time.

As many as one-third of children diagnosed with ADHD also have a co-existing diagnosed condition

The symptoms of ADHD can overlap with symptoms of other related disorders. Common co-existing conditions in children with ADHD include anxiety disorders and disorders of mood, conduct, learning, motor control, social communication and reading. In adults, ADHD often is reported to occur in people who also have a personality disorder, bipolar disorder, obsessive-compulsive disorder and substance misuse (National Institute for Health and Care Excellence (NICE), 2013).

Notably, learning disabilities also occur in about 25% of children with ADHD, especially receptive language problems (spoken instructions) and expressive language problems (written output). A wide variety of problems co-exist alongside ADHD (Taylor, 2011).

A diagnosis of ADHD is almost always an indication that there will be other difficulties, even if they are undiagnosed.

According to Thomas Brown, ADHD is not just one of many different psychiatric disorders; "It is a foundational disorder that substantially increases a person's risk of experiencing additional cognitive, emotional, or behavior disorders across the life span" (Brown, 2009, p. 13).

Comorbidity is to be expected in autism, directly or indirectly (Gillberg & Billstedt, 2000); about 50% of people with autism also have an intellectual disability.

A person with autism may also have a sensitivity to light, sound, touch, smell and balance. As well as other psychological conditions, physical conditions are also frequently reported alongside autism. Commonly occurring examples include tuberous sclerosis, Fragile X, Rett's syndrome and brain damage following encephalitis.

In pathological demand avoidance (PDA), people show avoidance of everyday tasks and manipulative, socially inappropriate, in some cases aggressive, behaviour. These conditions are similar to autism in some respects.

Overlap of 'Symptoms' in Autism, Asperger's and ADHD

There are great similarities and overlaps of symptoms in autism, Asperger's and ADHD.

At the behavioural level, the indicators of these conditions are often the same. For example, talking and interrupting, poor executive function and planning, and poor turn taking are all indicative of both ADHD and autism; however, the reasons for these are not. In a large study of people diagnosed with autism and Asperger's syndrome, boys were much more likely to have hyperactivity or a short attention span and aggressive behaviour (Giarelli et al., 2010).

Impulsivity, emotional dysregulation and cognitive impairment are all similarly shared between autism and ADHD. Children with both conditions may make naïve remarks, or faux pas, or may be seen to be too honest. Likewise, they often can only be with others on their own terms and may be unaware of social conventions or are indifferent to peer pressure. Their strong preferences mean that they are good at some things and poor at others but may act the same with everybody. They may share pragmatic language difficulties and make little language adjustment to fit social context or may take things overly literally. Autism can present with severe hyperactivity and attention problems, and hyperactivity is a common presenting problem in pre-school children with autism.

There are great differences between the manifestations of the conditions as well. ADHD and autism are generally described as separate disorders with separate genetic aetiologies. The elevated levels of activity seen in children with ADHD are not a clinical feature of autism. Likewise, the attentional features of autism are different in quality from ADHD. For example, in ADHD, they are mostly externally cued; in autism, these are primarily internally cued by the person's thoughts. Similarly, with ADHD, there is a lack of focus (inattention), whereas with autism, this is an over focus on things that they seem to find interesting.

Trying to Map the Route Cause of ADHD and Autism – The boring but interesting bit!

The causes of ADHD and autism are not entirely known, and there are likely to be multiple causes and complex interactions.

Many theories have been proposed to account for ADHD and autism.

There is reliable evidence for a genetic component and evidence of structural and functional brain abnormality. Genetic research provides the best potential for understanding the underlying aetiology. Russell Barkley's theory of 'response inhibition' in ADHD provides one convincing psychological explanation. The classic psychological theories of autism include 'theory-of-mind' deficit, executive dysfunction and weak central coherence. However, many other theories and accounts from both within the field of psychology and surrounding disciplines inform our knowledge of these complex conditions.

Asking Questions

Perhaps the biggest question is, 'Why do children's developmental conditions occur?', and this may be the hardest question to answer. It is clear that both autism and ADHD are not caused by any one thing that we can definitively identify. Frustrating the search for answers is that both autism and ADHD are not singular disorders, so there cannot be a simple response to this question. It is likely that the reply to the central question then is that there are many different causes.

Psychological research into autism and ADHD that uses large samples of diagnosed individuals in group designs, and generalises from these, may well be 'washing out' results by combining individuals on the basis that they have a similar diagnosis.

Many people are content to stay at the descriptive level of examination when considering both the autism spectrum and the subtypes of ADHD. However, a deeper understanding and appreciation of some of the background theory of these conditions can help to contextualise the outward behaviours seen in people with a diagnosis. It is true that understanding the possible causes may not contribute to remediating the most troubling of challenges faced by individuals with these conditions, but it is needed if scientific advancements in identification and treatment are to be made. In short, we try to identify the causes of developmental conditions to be best able to progress our understanding of the behaviours that ultimately arise as a result of them.

When we consider the underlying causes of a condition at the psychological level, we should realise that we use the term 'theory' in a convenient way. Psychological theories in most senses are not theories about cause and effect; they do not set up scientific hypotheses to test root causes of disorders. In this sense, we use 'theory' to describe a set of ideas about a psychological principle or phenomenon; they are explanatory and help us to understand the expression of a condition. Even so, in the scientific sense, we cannot prove a hypothesis, only discard or remove those we know not to be true and move towards a better understanding of causes. We seek to present ideas based on the available evidence and welcome challenges to these, and, in light of critique, we try to generate better ideas.

In psychology, like many other disciplines, complex ideas are usually presented as models to be critiqued, rather than as absolute truth. As time passes, scientific knowledge is built up and we refine ideas, progressing to better understanding. Our awareness of the causes of autism, ADHD and childhood developmental conditions has become better in light of new methods, theories and technologies, but they are always speculative. However, these psychological ideas about developmental conditions, which are mostly first diagnosed in childhood, often exist to comprehend behaviour directly and are supported by knowledge of

biological and genetic processes – modern-day psychology is inseparable from these other disciplines.

Various experts assume each level of enquiry and explanation in different ways to view any given condition. For example, family doctors and psychiatrists may use a physiological or biological framework, whereas psychologists and teachers may use another. Professionals, including theorists and researchers, asking fundamental questions about the origins of clinical conditions, vary in the way they perceive and understand those conditions, in keeping with their preoccupations, education and training. These differing viewpoints are most apparent in the different language that professionals use and their assumptions about general principles of cause–effect or disease–symptom relationships or of the emergent behaviours that arise as a result of multifaceted developmental disorders. There are many ways of describing the multiple systems of human functioning, for example the biological, emotional, psychological and social, but rarely is a condition viewed holistically, taking into account all of these levels of explanation. Experts are specialists and are by definition rarely a 'jack of all trades'. It can be hard to get a full understanding across distinct disciplines and bodies of research. This short course, for example, offers mainly the psychological view of the individual in relation to ADHD and the autism spectrum. The critical skill here is to know what level of enquiry or explanation one is using at any given time and, most importantly, to know how it relates to others.

It is true to say that one does not need a good theoretical understanding of ADHD or autism to accept and appreciate people with these conditions, but it can help. Acceptance and understanding can result from knowledge about underlying causes. Most people have heard of both ADHD and autism, but further understanding of these conditions and what causes them is needed. More importantly, general understanding about the way they affect people's everyday lives is required. This public lack of understanding is being addressed by the campaign work of advocacy groups that support and represent people with these complex conditions, their families and their carers.

ADHD/ASD Research – *The Comorbidity of ADHD and Autism Spectrum Disorders (ASDs) in Community Preschoolers - By Maria Carmen Carrascosa-Romero and Carlos De Cabo-De La Vega*

(https://www.intechopen.com/books/adhd-new-directions-in-diagnosis-and-treatment/the-comorbidity-of-adhd-and-autism-spectrum-disorders-asds-in-community-preschoolers)

It has been eye-opening researching the co-occurrence of ASD and ADHD. There is actually little research to be able to support such a combination yet it is still the most common. According to research ADHD and ASD are more frequent in boys than in girls and both emerge at least to a certain degree at preschool age. Clinicians have been able to recognise behavioural characteristics, such as social deficits, in children with ADHD type Hyper activity among children with ASD for a long time, however, research remains limited.

Any combined diagnosis of ADHD/ASD tends to be behaviour based – both conditions frequently encompass deficits in communication with peers, attention, various degrees of restlessness, hyperactivity and impulsivity.

Research suggests that the co-occurrence can cause enhanced anxiety, oppositional and conduct symptoms, general motor problems and working memory deficits.

Research suggests that both ADHD/ASD show

- Pragmatic language deficiencies
- Executive function attention deficits
- Inhibition impairment

Although social difficulties are not considered central for ADHD diagnosis, the truth is that children with ADHD present significant social problems: they tend to be more frequently rejected by their peers (approximately 50–60%), and they do not have as many friends

Important to note that research indicates that those with a co-occurrence of ASD and ADHD are less sensitive to current therapies for either condition than patients with only one of the syndromes. In actually fact ASD/ADHD should allow for more targeted interventions but this is rarely seen.

Adolescents diagnosed with both ASD and ADHD appear to need psychiatric medication more frequently (58%) than young people with ASD (34%) or ADHD (49%) alone.

Medication research

Methylphenidate (Concerta) is clearly effective in treating children with ASD and hyperactive symptoms or comorbid ADHD, but a lower daily dose is generally required. However, not all children with ASD benefit from methylphenidate treatment and those who respond present more side effects than children with ADHD

Straterra - There is some evidence for effectiveness of non-stimulant ADHD medications in youth with ASD. They also alleviate ADHD symptoms in both disorders

Several studies report positive results for guanfacine treatment in children with co-occurring ADHD and ASD symptoms

Linking ASD and ADHD together - https://www.additudemag.com/is-it-adhd-or-asd/

Your child has been diagnosed with ADHD. But those four letters alone don't seem to explain all of their struggles. You sometimes wonder if he/she has ADHD *and* autism.

Roughly two-thirds of kids with ADHD have at least one co-existing condition, and Autism Spectrum Disorders — ASD — are among the conditions that commonly occur with ADHD. Some studies suggest that up to half of kids with ASD also have ADHD.

Similarities and Differences

ADHD is marked by inattention, hyperactivity, and impulsivity. "It is primarily a disorder of self-regulation and executive function – skills that act as the 'brain manager' in everyday life," says Mark Bertin, M.D., a developmental behavioural paediatrician and the author of *The Family ADHD Solution*.

Autism Spectrum Disorders — a continuum of conditions that includes autism, Asperger's syndrome, and pervasive developmental disorder not otherwise specified (PDD-NOS) — are characterized by problems with social interactions, communication, and stereotyped (repetitive or ritualistic) behaviours.

"Children with autism do not intuitively understand some aspects of the social world," says Bertin. "Their social development, reflected in play and communication abilities, is delayed. They have specific symptoms, such as limited imaginative play or lack of gesture language," Bertin says.

While the primary components of ADHD and ASD are different, there is some overlap in symptoms. The trick to differentiating between the two is to determine which executive function or developmental building block is broken or missing, thereby causing the symptom.

"Children with ADHD may struggle socially, but with ADHD alone, markers of early social development, such as turn-taking play, gesture language, responding to names, and imaginative play, are usually intact. Traits like appropriate facial affect (the child's facial expression reflects his or her current emotional experience), humour, and empathy are also unaffected," says Bertin. Those traits, when lacking, are key indicators of autism.

"Kids with ADHD may not be able to stick to turn-taking play, but they understand it. They may not respond when called because of attention problems, but they are socially engaged and recognize their name and what it means," says Bertin.

Diagnosis: A Fluid, Ongoing Process

Tests alone are not enough. "Evaluating both ADHD and autism remains a clinical skill based on getting to know a child and seeking a comprehensive picture of his life in the real world, a global sense of a child's social and conversational abilities, as well as his play and daily living skills."

For ADHD, there is substantial evidence in favour of using medication. For autism alone, there are medications that may help with specific symptoms, such as obsessive behaviour, but not the underlying condition.

Beyond Meds

Non-medical interventions are also used before children get a definitive diagnosis. "If a child has ongoing social challenges, for example, many of the interventions are similar — such as behavioural therapy to help develop skills," says Bertin.

Several other interventions, including speech therapy, occupational therapy, educational interventions, and parent training, can be explored.

Teaching a student with ADHD – tips (http://www.adhdandyou.co.uk/wp-content/uploads/2016/01/New-combined-Teachers-Guide-v14.pdf)

What might frustrate a teacher when dealing with a child/young person with ADHD?

We have to be mindful that our own perspectives, values and attitudes do not affect the way we manage children with known SEN such as ADHD. People with ADHD do not set out to make life difficult and are often not in control of their behaviours. Their short attention spans means that they are easily distractible, this often leads to disruption for others. Their work is often sloppy and not completed due to the breakdown in attention. Their homework is lost, late or ignored this links with the difficulties around organisational skills. The child or young person may come across as non-engaging, fidgeting, and not focused and will sometimes rock on his/her chair. Due to their lack of organisational skills they will often lose book and materials. They will often appear reckless and impulsive. They might make inappropriate comments which can be seen to be socially inappropriate which can cause them to be alienated from peers.

Using Rewards

Stickers and/or points

A certificate of merit or acknowledgement from the head teacher at assembly

Additional computer time
A choice of activity

Free time

Rewards can change behaviour, and children with ADHD respond very well to incentives tied to short-term targets.

- Agree certain achievable targets such as sitting still for 10 minutes
- Negotiate rewards with the child and vary them regularly to keep up the interest
- Make sure the rewards are age appropriate.

Try to catch them being good and take every chance to help the child recognise their achievement. Reward schemes could be used by any member of staff who works with the child. However, remember it's not just the reward that matters, it is often who gives the reward.

Rules/Responsibilities

Many children/young people with ADHD do not actually understand what is expected of them in terms of behaviour. So it may be helpful to sit down with the child to explain the issues specifically. Draw up a list of specific rules and responsibilities to address particular problems. Be crystal clear on what is and what is not acceptable.

What about discipline?

Children with ADHD often feel that they are being picked on.

- With discipline be specific. As mentioned previously it's best to tell them what they should be doing rather than what they shouldn't; for example, instead of saying "Liam, can you stop talking and bothering Sadie?" say "Liam, please listen to me and finish the writing in your book"

- When you impose sanctions, it's helpful to remind the child that poor behaviour will have a consequence. Remember it is never the severity, but the certainty, if you say it you must follow through

- Sometimes dig for empathy for example if the child has knocked a pot of paint over a classmate, you could say: "I'm so upset/ disappointed that this paint has gone all over Emma and caused such a mess on the floor."

Remind children in specific terms

Children with ADHD may simply not be doing what you've asked because they have forgotten the specific task. Instead of telling them in broad terms to get on with their work, remind them of the actual task, specifically.

How do we deal with outbursts?

Children and adolescents with ADHD can have explosive outbursts. When things go wrong they may feel very frustrated and take it out on those around them. When the rage subsides they feel even more frustrated with themselves. However difficult it might be, you know that the most important behaviour to control during this time will be your own. Be calm, try not to show any emotion and show the student that you are in charge of the situation.

How do we develop structure?

Children and adolescents with ADHD feel safe and secure if they know what to expect. With regular routines and rituals, they become more familiar with what they need to do. The more you can keep to routines and rituals, the better.

Any change simply creates distraction, uncertainty and confusion.

How do we help them sort out their thoughts?

A major problem facing students with ADHD is that they have problems expressing their thoughts verbally and on paper.

They may also do things in the wrong order. Getting students with ADHD to learn how to develop a sequence of events in the right order will bring about real improvements in their academic performance.

A fun way of doing this is to ask the child to describe the sequence of events involved in various everyday activities; for example, you could ask them to explain step by step, how to clean their teeth, run a bath or play a computer game. You could also ask them to describe things in 30 seconds – like a day at school, their home or their favourite video.

How do we get them organised?

Developing a sequence of events is important so they can learn how to get organised.

They need to understand that things are meant to happen in a certain order. Always begin with a simple overview of what you want them to achieve.

Then create a framework with simple steps so that the student knows what is meant to happen next.

For some students it helps them to say out loud what they are about to do next.

Differentiated learning

With a differentiated approach to teaching and learning you can help the student with ADHD who may be having difficulty with basic academic skills. The important thing is to help them organise their thoughts and to be aware of what is expected of them

Memory retention issues

- Encourage your student to connect information or concepts being presented; for example, they're more likely to remember that someone who had 6 wives and was a famous English King and is called Henry is a Horrid Henry as in the book series when they think of them
- Mnemonics can also be useful as in Richard Of York Gave Battle In Vain or ROYGBIV for the order of the colours in the spectrum
- Repeat directions individually
- Use visual maps
- Colour code their homework diary
- Flash cards

Post-it notes®, student diaries and taping instructions to their book bags can all serve as memory prompts. With adolescents it's a good idea to plan things with them in advance. You can also help them draw up a checklist of things to do. As they grow older, lists can make their lives much easier.

Where should you seat them?

Children with ADHD tend to get over-stimulated when working in group situations. As a result the following may help:

Pair them with less distractible students who are likely to follow the teacher's instructions

Seat them near the front of the classroom away from doors, windows and other distractions or in another area of the room which may be more suitable

It is often better to have them either sit at a single desk or at most a paired desk within the main classroom

There should also be another area or workstation set up facing the wall and away from the main classroom area where they can learn on occasions.

Giving previews

It is always worth trying to give students with ADHD a preview of what is going to happen in tasks, projects and lessons.

This will prepare them in advance of what will be expected of them and prevent them from a feeling of uncertainty and insecurity.

How can we keep them focused?

As students with ADHD get bored easily, it is important to try and keep your educational content stimulating and varied. In addition, in terms of teaching presentations change your tone of voice and your pace.

Students with ADHD often tend to respond better to concrete learning experiences. They often have high levels of creativity and welcome the chance to learn independently.

Encourage them to tell you if they do not understand what they are meant to be doing. The key is to reinforce the instructions as many times as possible and to remain positive at all times.

How do we deal with inattention?

- To encourage attention, provide students with a brief outline of the lesson at the beginning
- During the lesson, try to include a variety of activities
- Break everything into short chunks
- In some cases it can help to have non-vocal music playing either in the background or through a headset device
- Reduce expectations of written work and use alternative ways of recording information
- Review design of worksheets and tests
- Present only one or two activities per page
- Avoid unnecessary pictures or visual stimuli
- Give prompts
- Provide alternative environments for tests and exams
- If attention seems to be waning, use special cue phrases to stimulate interest. Such cues could include “Right, here we go”; “Wait for it”; “Now for the interesting bit”; “The next clip is amazing”; “We’re nearly there now” and many more of your tried and trusted attention-grabbers.

Walking round the classroom

- Instead of trying to get children with excessive motor activity to remain still, find them opportunities for regular seat breaks
- If something needs to be written on the whiteboard, ask them to do it
- Give them a job or task that allows them to be active in a controlled way during the lesson

How do we deal with impulsiveness?

Children and adolescents with ADHD act first and think afterwards. As a result they will need help in processing their thoughts in order to hesitate before responding.

Try:

1. Stop and Listen
2. To Look and Think
3. To Decide and Do

You can help students with ADHD by practising these processes with them. Take everyday situations stage by stage.

It may help to get the student to verbalise everything they need to do.

How do we deal with calling out in class?

Calling out and making inappropriate comments are common signs of impulsiveness. You may need to remind the whole class that doing this is unacceptable. If the student with ADHD continues to call out, don't address the student personally. Instead address the problem in general terms. You might say: "It makes things very difficult when people call out and interrupt me when I am talking". If you are running a reward scheme, establish a private signal in advance with the child so that they know that this sort of behaviour will not win points. The signal could be something like visually tapping the reward card or some other pre-agreed sign.

How do we deal with their poor organisation?

Students with ADHD typically have problems organising themselves and they really need help with study skills as a result:

- For daily routines, stick a timetable to their desk
- When they are working on projects, draw up a checklist to ensure every point is covered
- To avoid confusion, don't give them more than one assignment at a time
- Overall, concentrate not on teaching them what to learn but how to learn.

What is the best way to deal with their difficulty settling?

It takes time for students with ADHD to settle in different places. It can be difficult for children with ADHD to wind down, especially after break time. Going from the relative calm of the classroom to the playground and back again can be quite difficult for students with ADHD to manage.

- After a break, they may need to settle down for a few minutes before focusing on specific tasks.
- In some cases it is a good idea to ask them to come back 2 minutes before the end of break to help settle them before the next class.
- Changes to daily routines are also unsettling. If there is going to be a change, explain what's going to happen in advance.

How do we deal with their fiddling and fidgeting?

It's hard to stop students with ADHD fiddling and fidgeting and so therefore be proactive and not reactive to this. As a result it is a good idea to give them something for their hands to fiddle with.

Things like squeezable balls, tangle toys or small building blocks are some of a number of good options.

How do we deal with their difficulties with peers during and outside the classroom?

Students with ADHD are easy to distract and often overreact to teasing and bullying.

Try to help them not to respond to teasing and make sure that other students are aware that they may be more sensitive to this type of behaviour than other children in the class.

Rituals for learning and praising children with ADHD frequently in class may help raise their general levels of self-esteem and make them less vulnerable. If possible set them up with a 'buddy' or peer mentor, ideally from an older class, who can help to support them especially during more unstructured times such as breaks and lunchtimes. Try to involve them proactively in games and activities with close supervision and support from conflict.

ADHD and Homework

There is a fairly established statistic that it takes a student with ADHD three times as long to do the same assignment in the home environment in comparison with the school setting. With this in mind it is recommended that the following options should be considered for students with ADHD with regards to homework:

1. **Can homework be reduced or differentiated to that which is essential**

   Is the homework really necessary and if so can the amount or style be adapted for the student with ADHD. Perhaps more on word answers than essays or multiple choice answers for maths

2. **Can bonus points be provided for doing more**

   In some cases it will be necessary to have extended assignments and in this case can the school provide extra incentives for a student with ADHD to complete the task as this arrangement can help to provide additional focus to task

3. **Could there be ways of reducing writing requirements to that which is essential by using information technology**

   Writing tends to a difficult skill for many students with ADHD. As a result providing another option for getting thoughts on to paper will be necessary. As a result encourage the use of technology to assist the homework process

4. **Can students stay at school to finish homework or complete it during the day**

   Based on the above statistic it may be more productive to have the student complete homework tasks at school where there will be more structure and less distractions

5. **Can parents be allowed to be a 'parent secretary' for students with handwriting difficulties**

   In some cases technology will not be appropriate and so if writing is a problem then look to use the parent as a scribe to write down the thoughts of the student but obviously not to do the work for them.

   Overall bear in mind that homework sometimes can be a "bridge too far" for some students with ADHD and so the main factors are to try to reduce the burden of homework away from the child and family as much as possible

Students with ADHD often find it difficult to make and keep friendships.

This is often more of a concern to teachers and parents than even academic issues. Social Skills can be difficult for students with ADHD who cannot always wait to take their turn, blurt out inappropriate comments and may be overtly antagonistic and even aggressive.

As a result the following ideas may help to improve friendships and peer relations in schools:

1. **Structure unstructured time**

   Break time/lunch times can be tricky parts of day unless careful thought is given to the amount of free time and groups that students with ADHD have access to. As a result it is a good idea to create options for inside activities and clubs

2. **Assign a student with ADHD a study buddy and/or peer mentor**

   This is a good idea to have both during class time and break time. Students with ADHD who have difficulties with study skills and socialisation should be assigned another student who could act as an "auxiliary organiser" in the classroom and advocate in the playground. The peer mentor could be rotated on weekly basis

3. **Educate the other students about differences in learning styles such as ADHD**

   Schools are inclusive environments. As a result all students should receive information regarding issues such as ASD and ADHD and how they affect people as part of PHSE classes. Circle Time is also an opportunity to discuss these issues

4. **Have specific support and plans for situations such as Field trips and Sports**

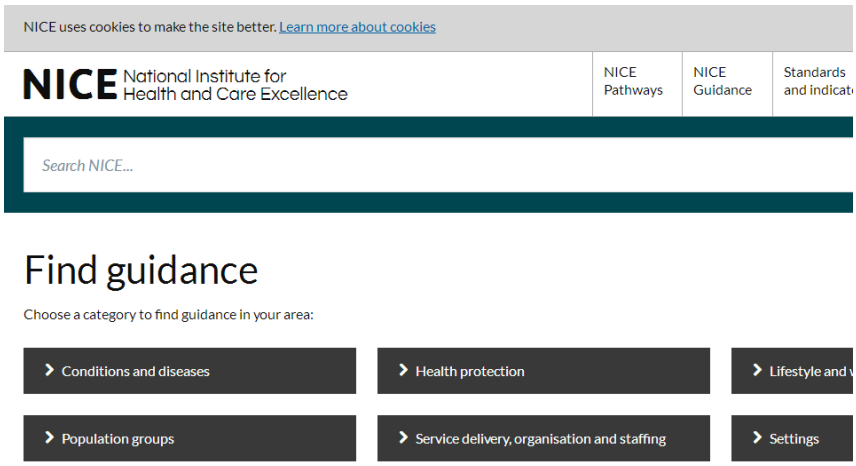
   Planning for these in advance will prevent situations occurring in terms of proactive supervision, groupings and activities

5. **Plan groups carefully**

   Students with ADHD can often do well in 1-1 situations so often a group of 2 is the best arrangement. The other common issue is that students with ADHD often appear to socialise more effectively with older and younger students rather than their peers. This is something to consider during break and lunchtimes in terms of groups

6. **Teach social skills**

   The issue of helping students recognise the need for impulse control and to listen more effectively does take time but this will pay long term dividends in the end in terms of helping to forge successful friendships.



NICE Guidelines for Autism

The NICE (2014) Quality standard QS51 for autism maps out standards for the care of people with autism.

It lists the assessment and referral pathways and procedures that should be followed when people seek help and support, as well as guidance on treatment.

The NICE guidelines CG128 (2011) are the definitive clinical guidelines on the recognition, referral and diagnosis of autism in under 19s.

The NICE guidelines CG170 (2013) are the definitive clinical guidelines on the support and management of autism in under 19s.

The guidelines CG142 (2012) provide definitive clinical guidelines on the diagnosis and management of autism in adults.

These documents can be found at http://pathways.nice.org.uk/pathways/autism.

NICE Guidelines for ADHD

The NICE Quality standard QS39 (2013) for ADHD maps out standards for the care of people with ADHD.

It lists the assessment and referral pathways and procedures that should be followed when people seek help and support as well as guidance on treatment. The guidelines CG72 (2008) are the definitive clinical guidelines on the diagnosis and management of ADHD.

These documents can be found at http://pathways.nice.org.uk/pathways/attentiondeficit-hyperactivity-disorder

Norfolk and Suffolk ADHD Teams

ADHD Nursing Service

Overview

The Starfish ADHD Nursing Service works with children **who have been diagnosed with an attention deficit disorder or are going through an initial assessment of a suspected attention deficit disorder.**

The service provides:

- Initial triage to determine if Paediatric input is required
- Supporting diagnosis through observation at school or at home
- Parent information workshops after a child has been diagnosed
- Medication review/follow-up
- Behavioural interventions

Address:
Woodlands House, Norwich Community Hospital, Bowthorpe Road , Norwich NR2 3TU

The Children's Centre, 40 Upton Road, Norwich, Norfolk, NR4 7PA

To access: ring Tel: 01603 508962 and ask to speak to the Starfish ADHD Team

Psychology and ADHD Services (Children)

Psychology and ADHD, Fledglings, Norwich Community Hospital, Bowthorpe Road, Norwich, NR2 3TU

The Children's Community Psychology and ADHD Services provide care to young people across the county who have been diagnosed with an attention deficit disorder and/or an autistic spectrum disorder and are experiencing emotional and/or mental health difficulties. Clinics are held in Norwich and King's Lynn to provide psychological and therapeutic intervention. As well as caring for children, we also work with family members as part of our Family Therapy clinics.

Support available includes:

- Initial triage to determine if Paediatric input is required
- Supporting diagnosis through observation at school or at home
- Parent information workshops after a child has been diagnosed
- Medication review/follow-up
- Behavioural interventions

Address: Community Psychology and ADHD clinics
Psychology and ADHD, Fledglings, Norwich Community Hospital, Bowthorpe Road, Norwich, NR2 3TU

Phone Tel: 01603 508931

Referral Information: 18 and under. **Referrals must be from Community Paediatricians.**

Gt Yarmouth and Waveney

Silverwood Child and Family Centre

The Silverwood Child & Family Centre provides an ADHD service for Yarmouth. The ADHD clinic is run in conjunction with Community Paediatrics. The more straightforward cases are usually seen by the Community Paediatrician. The cases where there is co-existing behaviour or other developmental difficulties are seen by a Psychiatrist. The treatments offered are medication and behavioural advice. There is an ADHD Nurse Specialist who can provide further support and advice to families.

How do I get help from your service?

To get help from our service you need to be referred by the Access and Assessment team based at:

Silverwood Child and Family Centre
Northgate Hospital
Northgate Street
Great Yarmouth
NR30 1BL
Call: 01493 337601

ADHD Community and CAMHS Service for Great Yarmouth and Waveney is provided by James Paget NHS Trust

Attention Deficit Hyperactivity Disorder (ADHD) Nursing and Community Psychology Service is for children from school age up to the age of 18 who are registered with a GP from the Great Yarmouth and Waveney Commissioning Care Group. There is a small proportion of young people who live in Acle and some outlying northern villages who can access the service due to their geography.

Children are referred to the service when there is a concern about a Neuro-Developmental disorder such as ADHD and when there are concerns about a child's attention and levels of activity. The concerns will be at home and in other places such as school.

The team are involved before an assessment (pre-diagnostic work), during an assessment (ie school observations), during diagnosis. The teams support post diagnosis for individuals and families started on a medication regime.

How can I get a referral?

Referrals into the service are taken from GPs, acute paediatricians, health Visitors, school nurses, speech and language therapists, physiotherapists, OT, CAMHS, educational psychology, social services amongst others.

Address: Newberry Child Development Clinic, Lowestoft Road, Gorleston, Great.Yarmouth, Norfolk
Telephone Number: 01493 442322

Adults with ADHD

Things get a bit haphazard in Norfolk with regards to ADHD,

Adult Attention Deficit Hyperactivity Disorder (ADHD) Service

What help do you offer?

The ADHD service provides assessment and brief interventions to people with an existing or new diagnosis of ADHD.

How do I get help from your service?

Referrals are accepted from GPs, Practice Nurses and Secondary Mental Health Professionals with a brief history and a rating scale being attached.

What is the main address of your service?

Adult ADHD Service,
Resource Centre,
Northgate Hospital,
Northgate Street,
Great Yarmouth,
Norfolk
NR30 1BU

How can I contact you?

Letter to address above
01493 337781
Adult.adhd.gyw@nsft.nhs.uk

What conditions do you treat?

Attention Deficit Hyperactivity Disorder (ADHD) in adults

Adult ADHD – Great Yarmouth and Waveney

Phone Number – 01603 421 421
Email – adult.adhd.gyw@nsft.nhs.uk

Adults with attention deficit hyperactivity disorder (ADHD) in the Great Yarmouth and Waveney area are now receiving the specially-targeted support they need to help manage their condition and lead a fulfilling life. The service has been launched to make sure people aged 18 and over can receive the right medication, specialist support and access to additional therapy, wherever appropriate. The new service is being provided by a team made up of a clinical team leader / non-medical nurse prescriber, a staff grade psychiatrist for one day a week, two community mental health nurses (1FTE) and an administrator with support from a named Consultant Psychiatrist

Referral by GP

Suffolk families you could also try:

Integrated Delivery Team (IDT) Central Suffolk

In the IDT, we are responsible for the coordinated delivery of community mental health services in our designated locality. This includes support for children and their families, adolescents, working age and older adults, and individuals with a learning disability.
We provide clinical interventions to address complex mental health needs, as well as certain specialist difficulties such as ADHD and autism. We have a range of qualified and experienced clinicians including doctors, nurses, social workers, occupational therapists, support workers, psychologists and psychological therapists.

How do I get help from your service?

Most of our referrals come from GPs, following prescribing and other interventions within their guidance, through to the Access and Assessment team. Other professional agencies can also refer you.

Our Access and Assessment teams provide you a standalone comprehensive assessment from qualified and experienced clinicians, who explore a range of your health and social care needs. Subsequently you could be signposted to universal mainstream resources or else referred into the IDT.

What is the main address of your service?

Haymills House
Station Road East
Stowmarket
IP14 1RF

How can I contact you?
Call us on 01449 745200

Recommended Reading

My Doctor Says I Have ADHD - A Child's Journey by Dr C R Yemula published by Health Insights 4U Ltd. UK; 2008

Learning to Slow Down and Pay Attention: A Book for Kids About ADHD by Kathleen G. Nadeau, Ellen B. Dixon published by Magination Press (American Psychological Association); (3rd Revised Edition) 2004

Putting on the Brakes: Understanding and Taking Control of Your ADD/ADHD by Patricia O. Quinn, Judith M. Stern published by Magination Press (American Psychological Association); (3rd Edition) 2012

Attention Girls! A Guide to Learn All About AD/HD by Patricia O. Quinn, MD published by Magination Press (American Psychological Association); 2009

Understanding ADHD by Christopher Green and Kit Chee published by Vermilion; (2nd Revised Edition) 1997

1-2-3 Magic: Effective Discipline for Children 2-12 by Thomas Phelan published by Child Management Inc. (U.S.); (5th Revised Edition) 2014

Keep in touch

Find out more about how we can help you and your family, and how you can get involved with our work. Just fill in this form and post it back to us

Title
First Name
Surname
Address (line 1)
Address (line 2)
Address (line 3)
Town
Postcode
Telephone number
Mobile number
Email address

ASD Helping Hands would like to keep you informed about our services, upcoming news, events and fundraising activities. We will look after your data as set out in our privacy and data protection policy.

☐ If you prefer not to receive information by post, please tick this box

☐ If you prefer not to receive information by telephone, please tick this box

☐ We'd like to keep in touch by email, if you are happy with this, please write your email address in the space provided above

What is the date of birth of the person you are contacting us about?

☐☐ / ☐☐ / ☐☐

Please return this form to:
Room 219 Breckland Business Centre
St Withburga Lane
Dereham
Norfolk
NR19 1FD

We would like to tailor our communication with you to ensure they are relevant to your interests.

What is your connection with autism? (Please tick all that apply)

☐ I am autistic

☐ I am the parent/carer of someone on the Autistic Spectrum

☐ Someone in my family is diagnosed with autism

☐ I know someone who's autistic

☐ I am a professional working in the field of autism

☐ I have another connection with autism
Please Specify_____
_____

☐ I have no connection with Autism

"ASD Helping Hands will support all service users affected by an Autistic Spectrum Disorder (ASD) regardless of age or what stage of life they are at. We aim to offer guidance, practical advice and support whether you are personally affected or you are an associated family member, carer, friend or professional. We will actively champion the rights of all people affected by ASD's and aim to make a positive difference to their lives while delivering a service that is accessible, reliable and trustworthy."

The organisation is for all affected by the Autistic Spectrum, this covers a wide variety of difficulties. We believe that all families and individuals have the right to good quality information, support and guidance in order to promote empowerment to allow positive choices to be made, enabling access to the same opportunities as everybody.

Currently working across Norfolk and Suffolk

ASD Helping Hands

219 Breckland Business Centre
St Withburga Lane
Dereham
Norfolk
NR19 1FD

Autism Helpline: 01362 853018
Email: asdhelpinghands@gmail.com
Website: www.asdhelpinghands.org.uk

ASD Helping Hands is a voluntary organisation and relies on voluntary income to support its work, including the development of resources like this one for parents and carers