

ADHD news

ADD Information Services (ADDISS) Registered Charity No 1070827

AUTUMN 2001

The Role of Impairment in Making the Diagnosis of ADHD

Sam Goldstein, Ph.D.

Recently as I watched a popular comedic actor's new movie, I was struck by the fact that many of the actor's behaviors appeared similar to the symptoms of ADHD. I began to count. By the end of the movie, the actor's character had met the diagnostic symptom count for the combined diagnosis of ADHD. Even the chronic, pervasive and early presentation of symptom criteria were met. Astoundingly, as I considered whether this character or possibly the actor himself might actually suffer from ADHD, I reminded myself to consider one additional but most important criteria - impairment. In the end this character, and in fact this actor, was very successful and, by popular report, doing well in life. This issue reminded me as it should all of us, that diagnostic criteria must not end with a symptom count or a review of history but rather with a discussion and serious consideration of impairment. Keep in mind that epidemiologic or large scale screening studies for symptoms of ADHD find approximately one in five youth to meet the symptom criteria, yet when the impairment criteria is added, 50% of these youth are not found to be struggling, nor for that matter experiencing problems reported by parents or teachers.

Why is impairment important? First and foremost, the impairment criteria in the DSM-IV diagnosis for ADHD (criterion C) reads, "some impairment from the symptoms is present in two or more settings (e.g., at school or at work or at home)." Criterion D follows. It reads, "there must be clear evidence of clinically significant impairment in social, academic or occupational functioning." Why do the authors of these diagnostic criteria choose to create two separate but

clearly overlapping criteria? I have inquired about this issue from colleagues as well as individuals affiliated with the DSM-IV field studies and have not found a satisfactory answer. Certainly criteria C and D are a step in the right direction from the criteria listed in the revised third edition of the Diagnostic and Statistical Manual. Recall that this diagnostic criteria required the individual to meet eight of fourteen symptoms and have an onset before age seven as well as not meeting the criteria for Pervasive Developmental

Disorder. Once these diagnostic criteria were met, the diagnosis was made absent any review of impairment. The DSM III-R diagnostic criteria, however, then contained a set of criteria for severity." The diagnostician was offered three options: mild, moderate and severe. Mild criteria read, "few, if any, symptoms in excess of those required to make the diagnosis and only minimal or no impairment in school and social functioning." Thus, up until 1994 a diagnosis of ADHD based upon symptom presentation crossing a threshold for age and number could be made, even if an individual demonstrated very mild impairment in every day functioning. I believe the authors of these diagnostic criteria could not foretell the popularization of this diagnosis and the potential for

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About ADDISS

Welcome to the new look autumn edition of our newsletter. ADD Information Services provides people-friendly resources and information to anyone who needs our help. We support a multi-disciplinary, assessment and treatment protocol, which includes medication and educational and behavioural interventions. However, we do realise that for some parents and children medication is not an option, and so we try to help them find an alternative solution. We always keep an open mind and acknowledge that for a small number of families non-medical intervention can be helpful.

ADDISS is run by unpaid staff. We have no core funding, and all profits from book sales and conferences directly fund the work of the charity.

The ADDISS Resource Centre in Mill Hill, London has now been open for one year, and we have had many visitors to the centre to use our facilities. We keep in stock a large range of books and videos for sale and we also have facilities to view our videos.

We were recently donated a lovely new photocopier, which collates and staples. This will help do away with endless visits to Office World for all our photocopying. We are very grateful to the Downlands Educational Trust who made this donation and we would like to thank them for their continued support.

We would like to thank Capital Radio's Help A London Child for their grant of £4,050. This grant has enabled us to set up a series of skill building groups for children in the North London area. The groups are small and have been very successful. If you would like some information about the groups, please telephone the office.

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This Newsletter is distributed to over 120 support groups and to a further 6000 parents and professionals.

Ryegate Children's Centre, Sheffield

My name is Michelle Richardson and I am a mother of an 11 year old son living with ADHD, I am also a Registered Sick Children's Nurse and have the amazing opportunity of working as the ADHD Liaison Nurse and Clinical Study Co-Ordinator at a child development centre in Sheffield, England.

I took up this newly created post in September 1999 and work as an independent practitioner within a multi disciplinary team led by a wonderful Consultant Paediatrician called Dr Valerie Harpin. Other members of the team include Consultant Paediatric Neurologists, Clinical Psychologists etc. My aim is to facilitate the provision of a consistent approach to the management of ADHD, leading to an improved quality of life for children and their families through the provision of support, education and information, and where appropriate medication. At which point I would just briefly like to note that I am also the study co-ordinator at the only UK site for a two and half year world wide study researching the efficiency of a new medication for the treatment of ADHD.

I promote evidence based practice, share skills and knowledge in the current

management of ADHD multi-professionally between families, health, social services and education providing a more holistic service. An example of my extended role as a nurse, which demonstrates how medical and nursing roles can overlap effectively is the establishment of my nurse-led clinic which is proving an extremely effective way of sharing information and monitoring progress. Also to extend and enhance the service I have written a patient group directive protocol enabling me to change the dosage and timing regime of Methylphenidate, which again is proving extremely effective.

As I strongly believe that the multi-model approach to managing those living with ADHD is most likely to succeed, and school provides the environment for a large proportion of a child's working day then it essential that schools have an increased knowledge of ADHD. I visit

and Liaise with schools, working in conjunction with school nurses, educating teachers and school staff. I also undertake observations of children in the classroom and I write reports and represent children with Special Educational Needs at Statutory Annual Reviews. I have also produced an information booklet for children, families and schools on the management of ADHD.

I am in the process of compiling a database, and currently I have in the region of around 300 children on my case load. I also have a website for you to visit at:

www.adhdryegate.org.uk.

Ryegate Children's Centre is part of the Sheffield Children's Hospital Trust and can be found at: Tupton Crescent Road, Sheffield S10 5 DD, South Yorkshire, England.

Conferences & Training

Milton Keynes Family Support Group are holding a one day conference

11 September 2001

Speakers include Dr Alison Munden Child and Adolescent Psychiatrist, David Pentecost, Family Therapist and author, Dr Ron Weinstein, Kymm Farmer, ADD Coach
Further details from Monica Harris or Tracy Parr 01908 676779

The next CHADD Conference "Communicating the Science of ADHD", will be held in Anaheim (Disneyland, California)

October 18-20 2001

www.chadd.org

For those of you who have never attended a CHADD conference, it is quite an experience. Three thousand delegates are expected this year.

A series of training days on ADHD, Asperger Syndrome, Language and Learning Disabilities

24 - 30th November 2001

Guest presenters:

Dr Paul Hutchins and Professor Loretta Giorcelli
Venues : Bristol, Manchester, London, Essex, Southampton
Full details will be mailed as soon as they are finalised
Tel ADDISS Conferences 020 8906 0354

ADD in Adults. Do They Really Grow Out Of It?

9th November 2001

Kensington Town Hall, London

A Day conference on ADHD in Adults
speakers include Professor Eric Taylor, Dr Nikos Myttas, Zara Harris (Occupational Therapist) special guest from Boston Dr Robert Doyle
Convened by ADDISS, Organised by Mole Conferences
For further information, telephone 01273 242634

Thom Hartmann will be running two residential courses in January 2002 covering relationships, business, parenting and how people experience transformation and set and reach their goals. One course will be aimed at couples and adults with ADHD, the other at parents, teachers and therapists.
More details in the next newsletter or telephone 020 8906 9068

The role of impairment...(cont from page 1)

over-diagnosis based upon the appropriate utilization of the criteria. It may be that the authors of the fourth edition of the Diagnostic and Statistical Manual, in an effort to provide continuity, chose to first describe "some impairment" in two or more settings but then once that criteria was met, decided to add a more stringent definition suggesting that the impairment had to be "clinically significant."

In my discussions with colleagues, many, though well aware of the evolution of the ADHD diagnostic criteria, are often surprised when the shift between DSM III-R and DSM-IV in regards to defining severity of the condition and impairment is presented. It would appear then, that prior to 1994 a clinician evaluating a late high school or college student with fairly good grades, absent of significant life problems but demonstrating symptoms of ADHD, despite only mild negative impact and impairment as the result of these symptoms, stood on safe clinical ground in making the diagnosis. However, it would also appear that since 1994 a diagnosis of ADHD for such an individual may not fit the diagnostic criteria for the condition and in fact may place the clinician on shaky ground clinically as well as in the legal arena. It would also appear that the DSM-IV diagnostic criteria represent a step closer, either intentionally or unintentionally by it's authors to fit the clinical diagnosis with the qualifications necessary to meet handicapping conditions under the Americans for Disabilities Act. This Act, as well as the courts' interpretation, have very clearly reflected the importance of not only meeting symptom criteria but also demonstrating significant impairment as the result of these symptoms while simultaneously processing all of the skills and abilities necessary to perform a particular job or activity successfully had accommodations been made. It is my opinion that when the fifth edition of the Diagnostic and Statistical Manual appears, the issue of impairment relative to symptoms will be even be more stringently defined. Thus, I advise clinicians to carefully consider the question of impairment when making the diagnosis of ADHD. I also advise they keep in mind that since problems with impulsivity and self-control cause the greatest degree of impairment, those with the inattentive type of ADHD are likely to have more subtle but not necessarily less negatively impacting impairments. Suggesting that an impairment is subtle (e.g., difficulty staying focused when studying) is not the equivalent of suggesting that it is not important nor causing a significant handicap in every day life. I also advise parents as well as those with ADHD to become experts in the condition, including the ongoing issue of symptoms versus impairment in making the diagnosis. By understanding this issue, parents are in a better position to advocate for their children and those with ADHD are in a better position to advocate for themselves.

Impairments from ADHD are the consequences that occur from living with disabling symptoms related to limited self-control and self-regulation. A number of researchers are collecting data in an effort to create a questionnaire and statistical formula for evaluating severity of impairment relative to symptoms. The more successful the field is in focusing upon a balanced clinical view of symptoms versus impairment, the more we will be able to truly help affected individuals and their families.

This article has been reproduced with kind permission of Sam Goldstein PhD, Neurology, Learning and Behavior Center, Salt Lake City, Utah.

from his website
www.samgoldstein.com

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Lady Astor of Hever

Professional Board

Professor Eric Taylor,
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Professor Paul Cooper,
University of Leicester

Dr Nikos Myttas,
Barnet Healthcare NHS Trust

Dr Gillian Baird,
Guys Hospital

Thank you to the following professionals who continue to support ADDISS in an advisory capacity:

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Dr Veira Bailey
Dr Robert Schapira
Dr Clive Jones
Jack Crompton
Lisa Blakemore Brown
Paul Conrathe
Dianne Zaccheo
plus many others.

USA

Sam Goldstein, Ph.D.
University of Utah School of Medicine.

Thom Hartmann

Harvey C Parker Ph.D
National Association for Continuing Education / ADD Warehouse

Australia

Dr Paul Hutchins
Childrens Hospital at Westmead, Sydney

Support Group News

Carlisle & District ADHD Support Group

Morton Park Family Centre, Wigton Road, CARLISLE
Tel Gina Higgin on 01228 607085
e-mail Ken McDonald on KJM@kebra.freemove.co.uk

The Carlisle & District ADHD Group was founded in 1998 following pressure from local parents about the lack of services available to families and affected children.

We are a small group of parents and carers and our aims are to provide support and information to families and carers of

children and young people with ADHD and related conditions. We also aim to provide an information resource for teachers, foster carers, social workers and health professionals in and around the Carlisle and Eden areas.

We are supported by Social Services and Family Centre staff and we meet at 10AM on the last Friday of every month at St. Bedes Church Hall, Wigton Road, Carlisle.

We also organise informal lectures from other professionals working in our local area, i.e CAMHs, Benefits Advice, etc. All are welcome to attend and further details can be obtained from Gina (telephone) or Ken (via e-mail).

Newark ADHD Family Support Group

Newark & Sherwood ADHD Family Support Group
The group meets on the 2nd Wednesday of each month at the C.V.S Buildings, 85 MillGate, Newark We have occasional guest speakers and alternate them with informal coffee mornings We provide

1. A Comprehensive Information Pack
 2. A Telephone help line
 3. A small lending library
 4. All information exchanged is strictly confidential
- Email newarkadhd.group@talk21.com
Tel: Linda Beckett(Secretary) 01636 679117

The Fourth Annual International ADDISS Conference, ADHD Across the Lifespan Missed Opportunities - Live Hopes



L-R Dr Paul Hutchins, Andrea Bilbow, Dr Nikos Myttas



Awards - Kathy West and Andrea Bilbow present awards to Professor Eric Taylor and Dr Geoff Kewley



L-R Monica Harris Milton Keynes), Helen Peters (Hertfordshire), Vicky Hughes(Manchester), Norma Bradley (Southend). Behind R-L Jackie Coole (Essex), Linda Perez and Brigit Solomon (Sussex), Andrea Bilbow, Caroline Hensby (Adders.org)

The Fourth Annual International ADDISS Conference, ADHD Across the Lifespan 'Missed Opportunities-Live Hopes', supported by FOCUS at the Royal College of Psychiatrists Research Unit, held on the 26th, 27th and 28th March 2001 was once again a huge success. Over 500 delegates attended, myself included. The Dorset Group along with approximately 20 other group representatives received sponsorship from ADDISS.

Over the three day period I met with many professionals, Dr G Kewley, Professor Eric Taylor, Dr Sam Goldstein, Dr Nikos Myttas, Dr Robert Doyle, Professor Thomas Brown, Dr Margaret Thompson, David Pentecost, Professor Loretta Giorcelli and many more.

There were discussions on the 'Findings of the 14 month Randomised MTA Trials' - Clinical Applications and future research; the effective care and treatment of Children with ADHD; Social skills training for children with ADHD/LD; the management of adolescents with complex ADHD and related difficulties; ADD, Inattention and Learning problems; Prescriber Masterclass, including novel pharmacological treatments of

ADHD; the role of the behaviour support teacher; developing behaviour management programmes for parents with an ADHD child; what makes a school effective for students with learning and/or attentional problems; Risk, Resilience and ADHD: Changing Lives of Challenged Children. Dr Sam Goldstein and Dr Robert Brooks covered 'The Helping Professional/Futurist'; ADHD in Adult Years; Resilience and the "Resilient Mindset" and

teaching empathy by practising empathy.

There were not just enough hours in the days to be able to fit in every parallel session that was available and there was just so much information on ADHD! Meeting the caring, understanding professionals rather than 'dinosaurs' was a pleasure. One workshop I attended had a great impact on me. It was presented by Professor Loretta Giorcelli, Loretta presented a useful framework for judging schools as affective and inclusive for students with learning and/or behavioural problems. This was useful for parents and professionals in making determinations about schools and their flexibility for

educating students, there were strategies for moving schools towards more effective, inclusive schooling practices.

There was also a keynote presentation on the critical nature of social learning and the importance of social skills programming. Strategies were shared for teachers, schools and agencies developing or delivering social skills programmes. Loretta also focussed on ways for classroom management, transition of activities and instructional focus which can help address the impact of inattention, distractibility and impulsivity in students.

Some of the other workshops I attended were by: Dr Nikos

Myttas who discussed ADHD, Substance Abuse and Criminal Behaviour; Dr Margare Thompson who presented the Evaluation of Two Treatment Packages for Three year old Children with Hyperactivity and their Parents; Dr Alison Munden on 'Making the Pieces Fit - Building an ADHD Service, an Interactive forum for Clinicians, Service Managers and users; Solicitor Paul Onrathe presented information on i) The new Code of Practice on the identification and assessment of children with special educational needs, ii)The new tribunal procedure and regulations and iii) The availability of compensation following the Phelps decision in the House of Lords. I will share more about other

workshops I attended in future editions of 'Fast Forward'

I must admit that it was not all work and no play. Many of us met up in the hotel restaurant and bar later in the evenings. It was a real pleasure to see professionals, parents, carers and other organisation representatives mixing and talking with each other. It was also nice to share information on what is happening in relation to ADHD in other counties and Health, Education and Social Services involvement. After hearing about some of the things that are happening in other areas I can say that we in Dorset are very fortunate to be able to say that our education and

social services departments are now working with us rather that against us. In other counties these departments do not even want to know that ADHD Support Groups exist but yet their Health Authorities work closely with them. (Well two out of three in Dorset is good going!) Thank you to all the staff within our LEA and Social Services Directorate who do work with us and understand the needs of our children and their families, this is good 'Partnership' - long may it continue.

Margaret Alsop
Chairperson for
Dorset ADHD Support Group

Support Group News

Add+up (Havering)

Add+up was first established in Havering in 1997. It is a parent led support and action group, which was initiated by the local Child Development Team. At that time there was no other support group for this area, and we remain the only support group who cover the Havering, Barking, Dagenham and surrounding area.

After we had got our committee together we set out our aims for the group. Firstly to raise public and professional awareness of ADHD. Secondly to help and support parents and their families by offering advice and information.

We achieved the first one by a chance meeting with our, then chairperson, Rosemary Kew and a Chief Executive Officer of the Health Authority who initiated a "Steering Group" to develop a 'Code of Practice' which would involve Health, Education and Social Services. So began a four-year journey until finally in January of this year the Protocol was finally launched.

We, as a group, are very proud of this document; it gives guidelines for the identification and management of ADHD. The document gives Cultural, Education, Health and Social Services perspectives, but most important of all a parents perspective.

The protocol is a live document and continues to be monitored and improved. The steering group meet regularly to do this.

Our second aim was to unite parents, and we did this by holding regular meetings, with guest speakers on relevant subjects, and organising events for the children with the limited funds we have. We also issue a quarterly Newsletter to all members keeping them up to date of forth coming events.

We are now moving into the next phase of Add+up, by putting together funding bids to find our own drop-in centre. I have been working from home, and our meetings have been held in church halls, but the time has come to move on. By getting our own base we will be able to achieve more, our parents can call in at any time for advice and information, to view our library or just for a chat and a coffee. Being limited to only the meetings, some parents were finding it difficult to get to them, either because of

getting babysitters, (and we all know that's like,) or because of other siblings at school or playgroups. A drop-in centre is now needed and this is our next move.

Our Belief

We believe that our children should not be disadvantaged in any way because of their condition.

We at Add+up will continue to work towards this goal for all children with ADHD.

Sheila Kelly
Secretary at Add+up, tel: 01708 709335

Support Group News

Dorset ADHD Support Group

Registered Charity 1067658
3 Mountbatten Close,
Wyke Regis, Weymouth,
Dorset. DT4 9ET

Helpline: 01305-768297.
E-mail: DorsetADHD@AdminWykeRegis.fsnet.co.uk

Dear Reader.

Since the setting up of the Group in a parents front lounge, the group has gone from strength to strength with the full support of all committee members, parents, carers and members of personnel from our local authority.

A registered charity for almost 4 years, received two lottery grants from the National Lotteries Board to purchase a Computer, printer, photo-copier and other office equipment. The group also produces a newsletter 'Fast Forward' which provides information to parents, carers and professionals who are involved in the providing of services to families of children with ADD/ADHD.

All committee members have a child who has ADHD, all are volunteers, there is no paid staff employed by the group. There is no membership fee for any person/persons wishing to join, we feel that parents/carers have a struggle to access information/support from some professionals who are involved with the diagnosis/treatment of their child/children.

As chairperson and the parent of a now 19 year old son who has ADHD, I am able to attend any conferences/seminars and training programmes that may be available, this then enables myself to bring this information into the group and make available to our parents and carers.

I have completed the Network 81 Befrienders training on, The Law Assessing and Statementing of children with Special Educational Needs, studied both the 1989 Children's Act and the 1948 National Assistance Act, this provides me with the information to assist parents and carers on Statementing procedures on SEN, Disciplinary Hearings on exclusion from school and any other difficulties they may experience. My main area is on Respite services for families and once again assist parents/carers with social services involvement.

As a Group, we have questioned local authority on the non-existence of a Children's Disability Register. We are now pleased to say that this is now available within Dorset and named the 'Dorset Children's Directory'. Children with ADHD can be placed on this directory as being a disabled person.

We have also raised issues within local authority on 'Quality Protects' funding as this money is not only for looked after children by local authority, it also includes children with disabilities. Due to the Group's persistence with our social services directorate, we are now pleased to say that there is a large recruitment campaign taking place to employ 'Shared Carer's' for families of children who have ADHD to enable these families to have a break from caring for a couple of hours

each week to overnight stays with carers. We have been involved with the introduction of ADHD awareness to prison staff with our local Young Offenders Institute. Putting together a training package for schools, especially for SENCO's and Learning Support Assistants, we are fortunate enough to have the support of our local education authority to implement such training within our schools.

We were selected as charity of the year (1999) by the local ROAB. The money raised enabled the group to fund places at the local Outdoor Education Centre for children with ADHD. The support from the Weymouth Outdoor Education Centre was superb, all of the children having a wonderful time during the long school summer holidays last year. (The parents enjoyed the break also). The Group has yearly financial support from both Dorset Social Services and Dorset Parent Partnership. These funds cover the cost of meeting venues, Insurance, telephone Helping rental, IT Training and updating the group's library. We are hoping to apply for funding from other organisations to enable the group to hold a conference/seminar here in the South. I am presently putting together guidelines on Special Educational Needs provision for children with ADHD, these put together in accordance with section 324 of the Education Act 1996 and the Education (Special Educational Needs) Regulations 1996. The heading being, 'Children should be included - not excluded', it will identify the needs of children with ADHD, how our children require a programme of special educational provision in order to learn successfully within school. Children with ADHD need an Individual Education Plan (IEP) which is aimed at making progress in all areas.

I would also like to say that I am pleased at being invited down to London with other ADHD Support Group representatives by ADDept, meeting with members from other areas was good 'Partnership', it clearly demonstrated what each and every group required. My now being on the Steering Group for, ADHD and Hidden Disabilities (UK) now means that what I have learned in relation to services for families can be shared with others. No matter how large or small all of the organisations involved with the setting up of ADHD and Hidden Disabilities (UK) means that we can all make contributions and work closely with each other. Support Groups/Organisations are there for families/persons with disabilities, not the families/persons with disabilities for our Support Groups/Organisations.

I am so proud of all the committee members/volunteers from within our group for the hard work and dedication that they put in to making it successful, without these persons my role as the chairperson would not exist, they support me by supporting them.

Thank you to,
Glynne Hebborn Newsletter Editor/Librarian
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Mary Walden Secretary
Sue Pering Fund Raiser/Other
Volunteers, Peter Lee and Sue Daniel for the support.
Chairperson Margaret J Alsop (Mrs)

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Women with ADD

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and Patricia Quinn, M.D.

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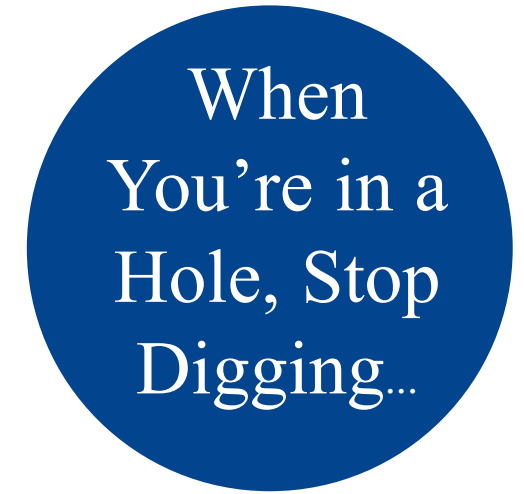
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Back to School

By Dianne Zaccheo, MSW, Family Therapist, Coach

School Daze

Those summer winds have begun to shift and the days are growing shorter and darker. September is drawing close. Can't believe it? Another new school year is about to begin.

I've become very familiar with the sound of panic, I hear about this time of year in the voices of the people I see in my family therapy practice, especially those families with AD/HD children. I am convinced the panic is real and well justified, however I am invested in helping to find good solutions that will diminish pain and poor results in the lives of ADHD sufferers.

The parents of AD/HD children are very knowledgeable people. They often know they'll need to brace themselves for the real difficulties that lie ahead: Not just in the role of parent, or advocate for their child, but also in the role of educator, to the very education system itself that may fail to provide for them and their child the support that is necessary for school success.

My best advice is to help the family set out a plan that lists their worst fears and past experiences, with a matching set of ideas, strategies and action plans to ensure the possibility of creating something more positive and enriching. The following is a list of some ideas that may help you to do your own planning from the comfort of your own home.

Be a proactive NOT reactive parent. Do not wait for "it" to happen. Make the first move. Decide what targets you want to achieve and stay steady on course.

Communicate respectfully with the teacher and school as much and as often as you think necessary.

Begin the year by writing a letter of introduction about your child, highlighting his/her strengths and your ideas about best approaches to utilise during school hours.

New Titles

Managing Attention Deficit Hyperactivity Disorder in the Inclusive Classroom - Practical strategies for teachers

Author: John Alban-Metcalf (Head of Special Needs Education, Trinity & All Saints' University College), Juliette Alban-Metcalf (Project Consultant, NHS). Publisher: David Fulton Publishers, Published April 2001

A well laid out and easy to read text providing common sense information and insights into the condition known as AD/HD, considering the key features and warning signs. It looks at the educational implications for children diagnosed and examines the pros and cons of using medication. Case studies demonstrate the successful and effective inclusion of children with AD/HD into mainstream classrooms. The book also looks at ways in which parents, teachers and schools can co-operate with other agencies to ensure the best provision for the child.

The authors provide guidance on writing Individual Education Plans, clear explanations of the statementing process and a discussion of the implications of whole-school planning and multi-agency working.

Note: The authors have kindly donated all royalties from the sale of this excellent book to ADDISS. We at ADDISS would like to thank John and Juliette for their donation, but more importantly, we would like to thank them for writing an extremely well researched and well presented book which will help teachers understand and meet the needs of all children affected by ADHD in the British School System.

ISBN: 1-85346-749-9, PRICE: £13.00 available from ADDISS

Take responsibility for the design and maintenance of systems involving communication between school and home; i.e. weekly notes, e-mail, fax, post, telephone. Be consistent. If not written down somewhere, it may not be remembered.

Develop routines and recite the steps out loud until they become automatic. Ask your child about his/her schoolwork everyday and have a set time according to your child's comfort levels for when homework is done. Definitely read: Sam Goldstein and Sydney Zentall's book: "Seven Steps to Homework Success" If you have children aged 2 - 12 use "1 2 3 Magic" by Thomas Phelan. It really works!!

Learn the skill of reframing techniques. Read Thom Hartmann's book: ADD A Different Perception.

Develop and learn a positive language vocabulary. Use positive phrases to describe your AD/HD child and his/her behaviour.

Foster and facilitate your child's areas of strengths by providing frequent opportunities to engage in what he/she does best.

Greet every 'so-called' mistake as a fresh opportunity to provide continuing instruction and use frequent praise.

Become an expert at noticing what's right rather than what's wrong with anything and everything.

If you're a mom with AD/HD, and find it difficult to balance both your AD/HD and your child's, ask for help from other mom's who understand. Go to a support group where you may meet potential supporters. A must read: "Moms with ADD" by Christine Adamec. You may benefit from coaching as well. Take good care of yourself. By that I do not mean the word: "selfish" I simply mean to practice good daily habits and routines, because, guess who's watching?

Eat well, exercise as much as you can, get some relaxation, and have fun whenever possible.

Be prepared and do your homework. Don't use good energy to point the finger. You need to preserve your energy resources. Develop a no-blame policy, however, continue to do your part to support organisations that work on behalf of AD/HD sufferers, and promote the change of systems that fail to meet AD/HD needs.

Trust your own instincts and check out your ideas with knowledgeable people who understand AD/HD issues.

In the next issue of ADHD News Dianne will tell about the successes of coaching with an AD/HD mom who helped her AD/HD son to turn his failing marks around and stayed in school.

All books mentioned above can be purchased through ADDISS.