

One Step at a Time

ADHD Next Steps for Parents and Teens

WIDER NEURODIVERGENCE

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Other aspects of neurodivergence

Before we move on to thinking about mindset and resilience in more detail. I want to delve a bit into neurodivergence* more widely. Neurodivergence is an umbrella term used to describe people whose brains process information, emotions, and stimuli differently from what we might alternatively consider “neurotypical”. Neurodivergence covers the following main diagnoses:

- ADHD
- ASD
- Dyslexia
- Dyspraxia
- Dyscalculia
- Dysgraphia
- Tourette’s Syndrome
- Sensory Processing differences
- OCD

*A note on terms used:

- Neurotypical: someone whose neurological development aligns with societal norms
- Neurodivergent: Someone whose brain functions differently from typical expectations
- Neurodiverse: A group with a range of neurotypes, including neurodivergent individuals
- Neurodiversity: The concept that neurological differences are part of natural variation.

We know that once you have one diagnosis (for example ADHD), about 50% of your children will have another diagnosis from this group. 50% - that’s a lot right!

*This comes from Gillberg’s (2010) ESSENCE Framework. Some researchers suggest that up to 80% of individuals with ADHD have at least one co-occurring condition (Katzman et al., 2017)

This illustrates really nicely how complex ADHD can be, particularly when you consider that at least half of young people with ADHD will have other traits from other disorders going on at the same time. Sometimes these traits appear to confuse the picture (like how the ADHD brain loves novelty and the ASD brain loves routine!) and sometimes they complement each other nicely (ADHD hyperfocus paired with ASD special interests).

My purpose here is to raise awareness that there may be other things going on for your child and give you a broad concept of what each is, and what you might see. I would encourage you to read up about any that feel like they might fit, and seek professional advice if you think one or more of these might also be present for your child. I have given below the type of professional that I think is useful to talk to about what sort of presentation. In the first instance I think it is often helpful to talk to school about anything that they observe too to see if there are similarities or concerns that relate.

With all these neurodivergences there is a debate to be had about whether one needs to pursue further formal diagnoses. For some it is enough to recognise that there are wider

neurodivergences present that might impact on how your young person experiences the world, what their struggles are and what support they might need.

I think this is very individual and comes down to:

- Is it useful for this to be recognised as a separate need?
- Does it help your child with understanding their identity in that way?
- Do you need anyone else to be able to recognise this part of them and adapt their approach?

Let's look at each of the different presentations in more detail.

Specific Learning Disorders

This is what we mean when we are talking about Dyslexia, Dyscalculia, Dysgraphia. All of these are about a discrepancy (or difference) between a child's overall skills and their skills in a specific area. For dyslexia this is seen in reading, writing and verbal skills. It might be that they have struggled since the beginning with picking up these skills and that they are still struggling now. This will probably be an area where they struggle with attention particularly, as it is also doubly hard for them. Although not an exhaustive list, here are some indicators I would be looking out for:

Dyslexia (Specific Learning Difficulty that primarily affects skills in accurate and fluent reading and spelling)

- Poor spelling
- Difficulty with phonics
- Slow reading
- Family history of reading difficulties

Dyscalculia (Specific Learning Difficulty affecting understanding of numbers and mathematical concepts)

- Difficulty understanding number relationships
- Difficulty learning times tables
- Trouble with mental maths
- Poor number sense
- Difficulty estimating quantities

Dysgraphia (Specific Learning Difficulty with written expression, handwriting and fine motor skills)

- Poor handwriting and spacing
- Trouble organising thoughts in writing
- Difficulty spelling or copying accurately

Here are some good references for finding out more yourself:

<https://www.bdadyslexia.org.uk/dyslexia>

<https://dyscalculianetwork.com/dyscalculia-for-parents/>

<https://www.understood.org/en/articles/understanding-dysgraphia>

Professional I would speak to get find out more about any of the above: Educational psychologist.

Dyspraxia and Autism Spectrum Disorders (Conditions)

Dyspraxia (Specific Learning difficulty that affects coordination, balance and movement planning) or Developmental Coordination Disorder

This can look like:

- Clumsiness
- Difficulties with buttons, laces cutlery
- Poor handwriting
- Struggles with sports
- Delay in motor milestones

A good reference for finding out more yourself: <https://dyspraxiauk.com/definition-of-dyspraxia>

Professional I would speak to get find out more: Specialised Occupational Therapist or Paediatrician (both are needed for a diagnosis to be made)

Autism Spectrum Disorders (Conditions)

Autism describes a spectrum of difficulties that centre around social communication, social interaction and behavioural patterns. Whilst it is a spectrum (there are many different symptoms) you need to have a core set of traits to be recognised as having autism. This doesn't mean that your young person won't have some traits related to this, but it is whether they have the full spectrum of traits that matters for diagnosis. I like the analogy here that a spectrum is like a rainbow that I heard many years ago: you have to have the full range of colours to be a rainbow, you can't be 'a bit' or moderately rainbow, you are either a rainbow, or you are not. Just the same with ASD.

This can look like:

- Difficulties with non-verbal communication (e.g. understanding facial expressions)
- Repetitive or fixed interests
- Sensory sensitivities
- Preference for routines
- Delays or differences in speech

A good reference for finding out more yourself? <https://autism.org.uk/advice-and-guidance/what-is-autism>

Professional I would speak to find out more: Clinical Psychologist, Psychiatrist, Specialised Speech and Language Therapist or Specialised Occupational Therapist

Sensory Processing Differences and Tourette's Syndrome

Sensory Processing Differences

Sensory processing differences are where the brain struggles to interpret and respond to sensory information effectively. This is commonly related to ADHD, but is also part of the diagnostic criteria for ASD. It is not a diagnosis recognised by DSM but is identified by Occupational Therapists.

This can look like:

- Being over or under reactive to sound, touch, taste and/or movement
- Becoming overwhelmed in stimulating environments
- Seeking or avoiding sensory input
- Difficulty with clothing textures, food textures, or noise

A good reference for finding out more yourself? <https://cerebra.org.uk/wp-content/uploads/2020/04/sensory-processing-low-res.pdf>

Professional I would speak to get find out more: Specialised Occupational Therapist

Tourette's Syndrome

This is a neurological condition which is characterised by motor and vocal 'tics'.

This can look like:

- Repeated involuntary movements or sounds (tics)
- Tics which increase with stress or excitement

A good reference for finding out more yourself? <https://www.tourettes-action.org.uk/7-about-ts.html>

Professional I would speak to get find out more: GP, Clinical Psychologist

OCD (Obsessive Compulsive Disorder)

This is an anxiety disorder involving intrusive thoughts (obsessions) and repetitive behaviours that an individual does (compulsions) to reduce their anxiety.

This can look like:

- Repetitive checking, washing, counting
- Intense fear of harm or contamination
- Rigid thinking
- Avoidance behaviour

A good reference for finding out more yourself? <https://www.ocduk.org/>

Professional I would speak to get find out more: GP, Clinical Psychologist