

from the editors of

ADDITUDE

The ADHD-Autism Link

Distinctions and similarities between autism spectrum disorder and attention deficit hyperactivity disorder in children.



ADDITUDE | Expert eBook

A trusted source of advice and information for families touched by attention-deficit disorder—
and a voice of inspiration to help people with ADHD find success at home, at school, and on the job.

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CONTACT INFORMATION

New Hope Media
108 West 39th St, Suite 805
New York, NY 10018

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Carol Brady, Ph.D. (Children)

Edward M. Hallowell, M.D. (Life)

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Ann Dolin, M.Ed. (Education)

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Russell Barkley, Ph.D.

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Dodson ADHD Center
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J. Russell Ramsay, Ph.D.

Perelman School of Medicine
University of Pennsylvania
Philadelphia, PA

Jerome Schultz, Ph.D.

Harvard Medical School
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New Hope Media
Ph: 646-366-0830
letters@newhopemedia.com

ADDitude
New Hope Media
108 West 39th St, Suite 805
New York, NY 10018

The ADHD-Autism Link

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PART 1

*Autism vs. ADHD:
A Parent's Guide to
Tricky Diagnoses*

Autism vs. ADHD: A Parent's Guide to Tricky Diagnoses

Social delays. Communication difficulties. Repetitive behaviors. What's behind them: ADHD? Autism? Both? When conditions overlap, parents need an intimate understanding of each diagnosis to effectively manage everyday life.

BY EILEEN COSTELLO, M.D.

MEDICALLY REVIEWED BY ROBERTO OLIVARDIA, PH.D.

What Is Autism?

Autism is a complex neurobiological developmental disability that results in persistent deficits in social communication or interactions, plus restricted, repetitive patterns of behavior; sensory issues may also be present. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), a diagnosis of autism spectrum disorder (ASD) is now appropriate for patients who, prior to 2013, may have been diagnosed with autistic disorder, Asperger's syndrome, childhood disintegrative disorder, or pervasive developmental disorder not otherwise specified (PDD-NOS) — all conditions characterized by social and communication impairments.

To merit an ASD diagnosis, a patient must experience significant impairment due to persistent deficits in the following areas, beginning at a young age:

- Social-emotional reciprocity – a failure to initiate or respond to social interactions, including back-and-forth conversations
- Nonverbal communicative behaviors used for social interaction – poor use of eye contact, body language, gestures, and facial expressions
- Developing, maintaining, and understanding relationships – difficulties adjusting behavior for disparate social contexts, making friends, or showing an interest in peers

In addition to the above, a patient must display two of the following behaviors to qualify for an ASD diagnosis, assuming the behaviors are not better explained by another diagnosis:

- Stereotyped or repetitive motor movements, use of objects, or speech

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- Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior
- Highly restricted, fixated interests that are abnormal in intensity or focus
- Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment

According to the Centers for Disease Control (CDC), “Individuals who have marked deficits in social communication, but whose symptoms do not otherwise meet criteria for autism spectrum disorder, should be evaluated for social (pragmatic) communication disorder.

ADHD vs. Autism

ADHD and autism are neurodevelopmental disorders that impact similar brain functions. They are different conditions that share some similar behaviors — difficulty managing emotions, social awkwardness, the ability to focus only on things that interest them, and impulsivity. Scientists believe they share a common genetic link, which could explain why their comorbidity is common.

Differentiating autism from ADHD confuses many families. When a child can't sit still for homework or a meal, gets up during class, fidgets, or talks too much and too insistently, parents, caregivers, educators, tutors, and coaches think, “This kid must have ADHD!”

The first explanation most doctors arrive at is also attention deficit hyperactivity disorder (ADHD or ADD). The condition is familiar, it's been around a long time, and there are effective strategies to manage it. It is important to remember, however, that almost any psychological or developmental disorder of childhood can look like ADHD, with or without hyperactivity. Kids under stress, living with learning disabilities, anxiety, depression, trauma, or sensory integration problems, can all exhibit symptoms that resemble ADHD. It takes a skillful evaluation to tease out explanations for the behaviors.

Diagnosing autism is frequently completed by a developmental pediatrician, child psychiatrist, child psychologist, or pediatric neurologist. Most insurance companies, and virtually all public schools, require a written assessment by a specialist before they provide, or pay for, services autistic children need.

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No laboratory test exists to diagnose ASD; screening and diagnosis involve interviews, observation, and evaluations. Even when a professional imparts an opinion, they often hedge by saying, “Well, there are some typical behaviors, somewhat consistent with a diagnosis of a pervasive developmental disorder.” This kind of talk is frustrating to the parents but is sometimes unavoidable. A follow-up assessment a year later might provide a definitive diagnosis.

Another reason for the confusion is that treatments for ADHD sometimes change the way autism presents in an individual. Frequently, a child diagnosed with ASD does not receive an additional diagnosis of ADHD. But, children on the autism spectrum can benefit from interventions that help children with ADHD, even if they don't have it.

Intervention Options and Distinctions

Some parents may prefer to start with non-medicinal therapies to manage behaviors associated with autism that hinder academic and interpersonal success. One mainstay ASD intervention is behavioral therapy administered by a psychologist who specializes in ASD or a professional trained in Applied Behavioral Analysis. Behavioral therapy reinforces an individual's strengths and discourages inhibiting behaviors. Posting lists, rules, and schedules to keep ASD kids organized can be helpful. Checking off items on a checklist can give autistic kids a sense of accomplishment when they complete tasks.

Physical exercise is a useful intervention for children with ADHD and/or autism, all of whom seem to have boundless energy. Channeling excess energy into physical activity, such as swimming or karate — which don't require a lot of interaction with other kids — allows them to burn it off without the pressures of socializing.

Medication can also form part of an individual's care plan. Because children with ASD have more unpredictable reactions to stimulants (the most common class of ADHD medication) compared to children with ADHD, they are less likely to be prescribed. Most pediatricians, and virtually all child psychiatrists, feel competent in prescribing stimulants for ADHD, but might refer a child with ASD to a psychiatrist or a psycho-pharmacologist before trying different types of medications or increasing the dosage of current ones.

A class of medicines called atypical neuroleptics is often effective at treating motor restlessness, repetitive behaviors, and sleep disturbance in children with autism. These include:

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- aripiprazole (Abilify)
- quetiapine fumarate (Seroquel)
- risperidone (Risperdal)

Risperdal is the only one approved by the FDA for treating behaviors associated with autism. If atypical neuroleptics decrease symptoms, stimulant medication might not be needed.

Every child with autism can benefit from the support of a developmental and behavioral pediatrician or a child psychiatrist, child psychologist, or Applied Behavior Analysis specialist with training in ASD. Having a specialist who understands what it's like to live with an active autistic child (is there any other kind?) is a bonus for parents, as well.

Eileen Costello, M. D., and Roberto Olivardia, Ph.D., are members of the ADDitude ADHD Medical Review Panel.

PART 2

**Autism and ADHD:
The Complete
Playbook for
Social Challenges**

Autism and ADHD: The Complete Playbook for Social Challenges

Understanding key differences between the social challenges of ADHD and autism is often the key to effective supports.

BY MARK BERTIN, M.D.

All parents want their children to get along, play, and interact well with their peers. Usually, these social abilities develop intuitively. For children who struggle socially, the earlier the interventions start, the quicker kids catch up. Since both autism and ADHD affect relationships, finding the “why” behind social difficulties is a critical first step.

Autism and Social Development

Autism is a neurobiological disability in which social skills do not develop as expected. More severe impairment affects children who barely interact with others around them and have limited language or are nonverbal. On the other end of the spectrum, some extroverted autistic children seek out others and get along with adults, but have a hard time getting along with children their age.

The ability to socialize and communicate begins in infancy and progresses as children move down developmental paths. While autism presents other behaviors, what distinguishes it from ADHD and other developmental disorders are differences in social development. Autism is diagnosed by looking for social delays, along with communication differences and behavioral markers.

SOCIAL CHALLENGES: Children with autism lag their peers in social skills. Social and behavioral signs could appear as early as six months old. Still, most medical professionals do not attempt a diagnosis until a child is at least 18 months old. Before the age of two, behaviors can change – some continue to emerge, and others disappear. For example, some children have delayed language skills, but when they do appear, they quickly catch up with their peers. It can also be confusing because some autistic children seem to develop within normal ranges, such as saying their first word at around 12-15 months and then suddenly regress, and at about 18 months to two years, they lose those skills and stop speaking.

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At one year, most children respond to their name, engage in back-and-forth interaction, and understand gesture language, such as pointing and waving. The ability to interpret facial expressions, understand humor, and demonstrate empathy happen on their own during typical development, as does a desire to share interests, play with others, and to seek comfort when upset. Early signs of autism include:

- Poor eye contact
- Limited facial affect
- Delays in imaginative play and self-help skills
- Not engaging in social play
- Doesn't respond to parent's smile or other facial expressions
- Doesn't look at objects parent is looking at or pointing to

COMMUNICATION CHALLENGES: Most autistic children have early delays in language and speak later than their peers. A few never speak at all. Others develop large vocabularies and the ability to form sentences, but may be challenged by the non-verbal aspects of communication. Their speaking might seem scripted, repetitive, or awkward. They may struggle to read facial expressions, understand tone and humor, and initiate or follow a conversation. Early signs include:

- Doesn't say any words by 16 months
- Doesn't point at objects
- Doesn't respond to name
- Doesn't seem to have a desire to communicate

BEHAVIOR CHALLENGES: Autism can manifest in other behaviors as well, including repetitive physical motions, special interests, or overly rigid thinking. Many autistic people have sensory challenges as well. However, behavioral symptoms alone are not enough for a diagnosis; a child must demonstrate social and communication differences as well. Some early signs include:

- Rocks, spins, flaps hands
- Doesn't adjust well to changes in routine

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- Repeatedly engages in one or two activities
- Plays with parts of toys instead of the whole toy

ADHD and the Social World

ADHD symptoms affect social interactions, cause communication differences, and can lead to behavior challenges. The best one-line description of ADHD comes from Russell Barkley, Ph.D., who said, “ADHD is not a disorder of not knowing what to do, it is a disorder of not doing what you know.” This concept also helps distinguish ADHD from autism: Children with ADHD typically know the “social rules”; they just don’t know how to follow them.

SOCIAL CHALLENGES: Children with ADHD usually understand what they’re supposed to do socially, but they can’t yet show it in everyday life. Being distracted, impulsive, and off-task affect interactions. Children with ADHD miss social cues they would otherwise understand — if only they noticed them.

COMMUNICATION CHALLENGES: One often-overlooked aspect of ADHD is the relatively high risk of language delays. Yet even in the absence of an actual delay, ADHD undermines communication. Children lose track of details, are overly talkative, interrupt, stray off-topic, and have a hard time keeping track of information. They may speak and process information more slowly than peers, which is not a measure of intelligence. Unlike kids with autism, children with ADHD typically understand the pragmatic part of language, but ADHD itself gets in the way.

BEHAVIOR CHALLENGES: Behavioral concerns frequently, but not always, occur with ADHD. They involve not following social rules, such as acting impulsively, being overly silly, or disrupting situations in other ways. When peers prefer sticking to one activity, a short attention span is disruptive. The chronic challenges with organization and planning related to executive functioning that occur with ADHD are not linked to autism. If a child with autism struggles with attention or executive functions, ADHD could also be present.

The key trait that distinguishes ADHD from autism is the ability to comprehend the social world intuitively. Delays and differences in this skill are the common thread among all diagnoses of autism, regardless of how it presents. Children with ADHD alone may also struggle socially, but their intuitive understanding is present.

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Distinguishing & Treating Autism and ADHD

In many situations, the distinction between autism and ADHD is not black and white. As challenging as it is for a professional to know whether ADHD, autism, or both are present, receiving appropriate intervention matters most for a child. Often, developing a plan helps sort out whether either diagnosis — or neither — is appropriate. Most social and communication interventions benefit children, whether they have ADHD or autism.

Ask your child's school to evaluate their development, including language pragmatics, play, and self-help skills. Or seek a private, comprehensive evaluation outside of your school district. Having a secondary condition frequently occurs with both ADHD and autism, so screening for these disorders is essential.

Some common coexisting conditions with autism include:

- ADHD
- Gastrointestinal problems
- Epilepsy
- Feeding issues
- Sleep problems
- Anxiety
- Depression
- Obsessive-compulsive disorder (OCD)
- Bipolar disorder

For ADHD, common coexisting conditions include:

- Disruptive behavior disorders, such as oppositional defiant disorder (ODD)
- Depression
- Bipolar disorder
- Anxiety
- Learning disorders

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- Sleep problems
- Substance abuse

Interventions that improve symptoms of ADHD usually enhance the social abilities hindered by it. Comprehensive care for ADHD can include individual- or parent-based behavioral therapy, social skills groups, medication, and other evidence-based treatment. (As a side note, misbehavior without remorse doesn't always mean a child lacks empathy. Children with ADHD are often emotionally overwhelmed and immature and might not know how to express remorse when they've done something wrong.)

With autism, the foundation of intervention is behavioral therapy. One of the primary tools is applied behavioral analysis (ABA) therapy, which employs the Antecedent-Behavior-Consequence (ABC) theory to improve behaviors. Simplistically this can be explained as, A) you make a request, B) your child complies, and C) you reward the desired action. When you repeat this approach, you increase the positive behaviors and reduce potentially challenging ones.

Depending on need, children with autism may receive intensive behavioral services in a self-contained classroom, or may participate in mainstream, general education classrooms. All children with autism, however, can benefit from consistent behavioral therapy — one of the best predictors of outcome. Think of it this way: If you want your child to be a concert pianist or a professional athlete, they should practice each day. The same goes for social skills. As skills strengthen and grow, therapies need not be so intensive, but the interventions should continue until skills become fluent.

If a child has autism, they have communication challenges. However, it is challenging to measure language pragmatics through testing. Therefore, regardless of test scores, a child with autism benefits from language services. With ADHD, consider the possibility of language delays, and intervene when appropriate.

If progress slows, it might be helpful to look for co-existing conditions, such as the frequent comorbidity of autism and ADHD. When children have compromised social and language abilities, adding ADHD to the mix makes it much harder for them to succeed. Addressing ADHD allows a child to focus, act less impulsively, access the skills they developed through intervention, and improve social skills.

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Autism at School

Schools work toward placing children in mainstream classrooms whenever possible. Some kids prefer it, but others thrive in a more supportive setting. Keeping up with mainstream demands and typically developing peers can be stressful. Contained classrooms also allow for more intensive social work, which can make mainstream placement easier down the road.

Language and pragmatic delays often affect the necessary skills in school. Reading comprehension, making inferences, and writing are all affected by ADHD or autism. Homework and in-class assignments frequently require supports or modifications.

While social plans often focus on the classroom, unstructured time (such as recess or gym) is often challenging for kids with autism and ADHD. In class, the rules are usually “sit quietly and raise your hand.” On the playground, social mores are more fluid and less understood, especially for children with autism. Children with autism are 63 percent more likely to be bullied than neurotypically developing children, according to the [Autism Society](#). Children with ADHD are more likely to be bullied and somewhat more likely to bully others, according to [StopBullying.gov](#). Bullied children and children who bully others can have serious, lasting problems and are more likely to develop depression and anxiety.

ADHD and autism stress parents and strain marriages, especially when there are young children with ADHD in the household. Parents of children with ADHD under the age of eight are twice as likely to divorce as parents of children without ADHD. The good news is that this lessens as the child ages, with parents of children with ADHD over the age of eight having no difference in divorce rates than parents of children without ADHD. As far as raising a child with ASD, many parents report less marital satisfaction, according to the [American Psychological Association](#). However, parents who do stay together indicate their marriage is “highly satisfying.”

Mark Bertin, M.D., is a member of ADDitude’s ADHD Medical Review Panel.

PART 3

**Case Studies
Illustrating the
ADHD-Autism Link**

Case Studies Illustrating the ADHD-Autism Link

Could your child with ADHD also have autism spectrum disorder (ASD)? Or was the original diagnosis possibly incorrect? Here are several case studies that demonstrate how to get a comprehensive evaluation and an accurate diagnosis — and how to best support your child.

BY KAY MARNER

What's the Relationship Between ADHD and Autism?

Roughly two-thirds of children with ADHD have at least one comorbid condition, and autism is among those that commonly occur with ADHD. Some studies suggest that nearly half of autistic children also have ADHD.¹

What's the Difference Between ADHD and Autism?

The most notable symptoms of ADHD include 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-behavioral pediatrician and the author of *The Family ADHD Solution*.

Autism typically includes problems with social interactions, communication, and repetitive or ritualistic behaviors.

“Children with autism do not intuitively understand some aspects of the social world,” Bertin says. They have specific behaviors, such as limited imaginative play or lack of gesture language. They often find it challenging to manage social interactions and emotions.

While the primary components of ADHD and ASD are different, some overlap exists between the two. The trick to differentiating between them is to determine the reason behind the behavior. For example, both can cause social challenges. For children with ADHD, the root causes may include inattention and inability to organize their thoughts, or impulsivity.

CASE STUDIES ILLUSTRATING THE ADHD-AUTISM LINK

For autistic children, the reasons are often different — such as not understanding nonverbal communication or delays in language skills.

“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), humor, and empathy are also unaffected,” Bertin says. Those traits, when lacking, are critical 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,” Bertin says.

How Are ADHD and Autism Diagnosed?

To obtain an accurate, complete diagnosis, Bertin suggests working with a professional who is familiar with both conditions. “A thorough evaluation aims to define a child’s strengths and weaknesses,” he says. “Various test measures try to document ADHD symptoms, executive function, social and communication delays, anxiety, mood disorders, and a host of other symptoms.”

But 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 their life in the real world, a global sense of a child’s social and conversational abilities, as well as their play and daily living skills.”

Case Study: Autism Diagnosis Following ADHD Treatment Shortfalls

Diagnosis can be a fluid, ongoing process. It was for Clark, now 17, according to his mother, Pamela Fagan Hutchins, the author of the book *The Clark Kent Chronicles: A Mother’s Tale of Life with Her ADHD and Asperger’s Son*. Although Hutchins’ earliest concerns about Clark were about autism-like behaviors, ADHD, not ASD, was Clark’s first diagnosis.

“We first noticed autism-like symptoms when Clark was two, like running to the left in circles while wagging his left hand,” Hutchins says. “It was when he started school that we noticed ADHD symptoms. He had a lot of trouble staying on task.” Clark received an

CASE STUDIES ILLUSTRATING THE ADHD-AUTISM LINK

ADHD diagnosis in fourth grade, and Asperger's syndrome (no longer a discrete diagnosis) about a year and a half later.

Although parents might find it stressful not knowing the source of their child's challenges, there isn't always a definitive answer. "There are times when we need to put aside the diagnostic debate, in the short run, and focus instead on a plan to address whatever is going on with the child," Bertin says. "It can be helpful to think, 'What interventions would be most useful right now?' instead of waiting for complete certainty on the diagnosis. In fact, the interventions themselves may help determine the most accurate diagnosis."

In Clark's case, treatment with ADHD medication helped to clarify his diagnosis. After being diagnosed with ADHD, Clark started taking Concerta to treat his symptoms.

"It was clear, after he started Concerta, that the autism-like symptoms remained," Bertin says. "He still ran laps around the house, to the left, was insensitive to the feelings of others, was prone to making odd statements, and rattled off statistics."

Clark, now 17, continues to take Concerta. "He doesn't love it," says Hutchins, "but he recognizes he can hold everything together better when on it, and that he is less anxious and less prone to outbursts."

For ADHD, there is substantial evidence in favor of using medication. For autism alone, some medicines may help with specific facets, such as obsessive behavior, but there is not medication approved for treatment of the underlying condition.

Case Study: When ADHD Treatment Moves the Needle

Cassie Zupke's son is a case in point. Zupke runs a non-profit group, Open Doors Now, and is the author of *We Said, They Said: 50 Things Parents and Teachers of Students with Autism Want Each Other to Know*. Her son, James, 17, has autism, with a history of severe ADHD symptoms. "As a toddler, James had no fear," says Zupke. "He would take off and wouldn't stop if I called him. I'd have to physically catch him to get him to stop."

James' delayed speech led Zupke to have him assessed at age three. A neurologist diagnosed him with autism spectrum disorder. James was in special education for preschool and kindergarten, then in a regular classroom for first grade. "It was a disaster," Zupke

CASE STUDIES ILLUSTRATING THE ADHD-AUTISM LINK

says. “He had severe meltdowns due to his sensory difficulties and poor social communication skills. His impulse control was still terrible. He ran when he got a chance, and he got into everything — the teacher’s desk, the janitor’s closet.”

Zupke didn’t like the idea of starting James on medication but believed he was in danger. His doctor reminded Zupke that taking medication wasn’t a long-term commitment; they could take him off it if side effects were a problem. James started taking Adderall. “That decision probably saved his life,” Zupke says. “Not only did it improve his impulse control dramatically, but it also helped him pay attention in class.”

Beyond Meds: Treating ADD and ASD

Before or after a child gets a definitive diagnosis, behavioral therapies can help. “If a child has ongoing social challenges, for example, many of the interventions are similar — such as behavioral therapy to help develop skills,” Bertin says.

After Clark’s ADHD diagnosis, he received counseling and assistance with organizational skills. Later, when he was identified as autistic, the focus of treatment changed. “Treatment now involves helping Clark intellectually grasp the gaps between him and the rest of society — why hygiene matters, what kind of things he does that other people might find odd or insensitive,” his mother says.

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

When Your Child Has Both ADHD and Autism

Dr. William Dodson is a psychiatrist who spent his career specializing in both ADHD and autism. When a patient has both, Dodson takes a direct and honest approach: “The concept I try to get across to patients and their parents is that ADHD and autism are two separate and distinct conditions that happen to be found together much more frequently than would be expected by chance alone. The patients have two life-long conditions that will affect every moment of their lives.”

“For people with co-existing ADHD and ASD, treating the ADHD is a means to an end,” says Dodson. “The world is a classroom for people with ASD, and they have to be ready to observe and practice what they’ve learned.”

CASE STUDIES ILLUSTRATING THE ADHD-AUTISM LINK

Toward that end, medication to treat ADHD is a must, Dodson says. “Few people with both ADHD and ASD succeed without medication to remove the additional obstacle of ADHD from their path.”

Sources

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PART 4

Is My Child with ADHD on the Autism Spectrum?

Is My Child with ADHD on the Autism Spectrum?

Behaviors associated with autism spectrum disorder can look a lot like ADHD. Here's an overview of signs previously associated with Asperger's syndrome, plus common reasons why parents mistake ASD for ADHD — and vice versa.

BY EILEEN COSTELLO, M.D.

Many children with traits associated with autism spectrum disorder receive an ADHD diagnosis — or misdiagnosis — before a pediatrician or developmental specialist concludes that it's autism. Hallmarks of autism spectrum disorder and ADHD often overlap. Many autistic children also have symptoms of ADHD — difficulty settling down, social awkwardness, only focusing only on things of interest to them, and impulsivity.

What Causes Autism?

Researchers don't understand what causes autism, though there seems to be a strong genetic component. Research suggests that autism may develop from a combination of genetic and environmental factors, though much further study is required to fully understand this interplay.

Is ADHD on the Autism Spectrum?

Characteristics of autism spectrum disorders and ADHD sometimes overlap. More than half of children on the autism spectrum have symptoms of ADD, according to [CHADD](#) — difficulty settling down, social awkwardness, the ability to focus only on things that interest them, and impulsivity. ADHD itself, however, is not part of the autism spectrum.

A mother I previously met summed up her confusion and eventual enlightenment: “John is smart and quick to learn something new if he is interested,” she says. “But he has a terrible time focusing on things he doesn't find interesting. When this happens, he starts rocking or pacing around the room. For years, we thought it was ADHD, but, at his last evaluation, his teachers suggested that he might have a form of autism. After seeing a

IS MY CHILD WITH ADHD ON THE AUTISM SPECTRUM?

pediatrician, he received a diagnosis of Asperger's. Knowing he has it — and working to manage the symptoms — is a relief.”

What Happened to Asperger's Syndrome?

In 1944, Hans Asperger first described Asperger's syndrome (AS) in children who:

- Had strong vocabulary and language skills
- Had a distinct use of language and tone of voice
- Were socially isolated from their peers
- Performed repetitive behaviors
- Had strong interests in specific topics
- Preferred structure and routine

In 2000, the American Psychological Association (APA) included AS in the umbrella term of pervasive developmental disorders alongside autistic disorder associated with these three main difficulties: communication, social interaction, and restricted interests. AS was both related to and separate from autism at that time.

The newest version of the APA's *Diagnostic and Statistical Manual*, published in 2013, does not include Asperger's. Instead, it uses the term “autistic spectrum disorder (ASD),” which encompasses several distinct disorders, including AS. People previously diagnosed with AS received a new diagnosis of ASD. The APA believed this change could help those with AS more easily receive community and school services.

The clinical use of the term Asperger's has mostly gone away; however, it is still frequently used by people previously diagnosed with AS and their families. Many believe it is a much better description for their condition than the general term autism. Many still call themselves “Aspies.” Today, many lay people still use the term Asperger's, while medical professionals do not.

IS MY CHILD WITH ADHD ON THE AUTISM SPECTRUM?

Signs Your Child May Have Qualified for an Asperger's Syndrome Diagnosis

Children previously diagnosed with AS typically had moderate delays in speech development, but most communicated by age three.

Asperger's Syndrome Checklist

Communication Impairment

- Speech development may be within the normal range or somewhat delayed, but difficulties arise in the functional and social use of language for communication
- Impaired use of nonverbal behaviors, including eye contact, body language, and social expressions

Poor Social Interaction

- Failure to develop age-appropriate peer relationships (inability to understand the social give-and-take of friendships). Most children with indicators formerly associated with Asperger's syndrome want to make friends, but they don't know how.
- Failure to seek out others to share enjoyment, interest, and achievements (such as sharing a good grade on a test)
- Lack of social and emotional reciprocity (not enjoying being with others just for the sake of being together)

Restricted Interests

- Narrow interests abnormal in intensity and focus (for example, a single TV show, the Titanic, or an unusual object such as a vacuum cleaner)
- Rigid adherence to nonfunctional routines and rituals (following a strict protocol when leaving the house to go to school)
- Stereotyped repetitive motor mannerisms (pacing, rocking, rubbing a blanket)

IS MY CHILD WITH ADHD ON THE AUTISM SPECTRUM?

Why Parents Miss Signs of Autism

Parents may be slow to pick up the signs of autism enumerated above. A child with distinct special interests, like dinosaurs or cloud formations, may seem delightful to an adult, but odd to another 7-year-old. When a child goes to preschool, social difficulties become more evident. Typically, kids with behaviors associated with AS find it difficult to make friends. They have a hard time reading other people or understanding humor.

Most children with AS want to make friends, but frequently don't know how. Their poor conversation skills and difficulty reading social cues can lead to loneliness or a mood disorder as they go through middle school.

Asperger's Diagnosis and Treatment

Getting Evaluated for Autism. Parents who suspect that their child has autism should consult with a developmental and behavioral pediatrician, a child psychiatrist, or a psychologist with expertise in the autism spectrum. The evaluation typically involves observing your child and talking to you about his development, such as asking questions about your child's social interaction and communication skills. Your child may undergo tests to determine their level of intellect and academic abilities and to assess their current level in speech, language, and visual-motor problem-solving.

Assist the Doctor's Evaluation. Write down any behaviors you have noticed, vital personal information (any significant stress or recent life changes), a list of medications, vitamins, and supplements your child takes, and questions you want to ask the doctor.

Support Plan for Autistic Children. Most children benefit from early, specialized interventions that focus on behavior management and social skills training, such as learning how to interpret gestures, eye contact, tone of voice, humor, and sarcasm. Cognitive behavior therapy can help them manage obsessive behavior and anxiety.

Some doctors suggest medication for autistic children. Stimulant medications, like Ritalin, are among those commonly prescribed to address symptoms such as impulsivity, but you should exercise caution. Stimulants are less likely to be effective for children with autism. Some children develop tics or see a worsening of repetitive behaviors, according to Asperger/Autism Network ([AANE](#)).

IS MY CHILD WITH ADHD ON THE AUTISM SPECTRUM?

Accommodations for Autism at School

Schools are getting better at providing services for children diagnosed with autism. Many schools offer pragmatic language therapy, which helps a child learn the basics of social interaction. Look for “friendship groups” or a “lunch bunch.” Parents should make sure that social skills accommodations are part of their child’s individualized education program (IEP).

Many autistic children can lead independent lives; parents and professionals can help parents and professionals can work together to help children advocate for themselves as they approach adulthood.

PART 5

**ADHD, Autism,
and Anxiety:
Your AAA Guidebook**

ADHD, Autism, and Anxiety: Your AAA Guidebook

We have covered many aspects of raising a child with ADHD and/or autism, including knowing the difference and understanding supports. But there is yet another condition that is common in children with ADHD and/or autism: anxiety. In this section, we look at how anxiety disorders impact these conditions.

BY ADHD EDITORIAL BOARD, LAURIE BETTER PERLIS, PSY.D

No single parenting book addresses the unique experience of raising your child, especially if your child has anxiety along with ADHD, and/or autism spectrum disorder (ASD). There is no one-size-fits-all presentation — or approach to diagnosis and treatment. As parents, we are the experts when it comes to our children — how they operate and what's not going to work for them. We can use that information to play detective and create our unique guidebook for understanding their behaviors, managing their lives, and helping them thrive. Here is how to get started.

The ADHD-ASD Connection

ADHD and ASD are neurodevelopmental disorders that impact similar brain functions. They are distinct conditions but have similar symptoms and a common genetic link. What helps distinguish ADHD from ASD is communication and social relatedness, but it is sometimes challenging to make these distinctions accurately. Some experts in the field argue that we should focus less on diagnostic labels and more on how a child's functioning is impacted.

How Anxiety Manifests

Imagine a child with ADHD or ASD in class, trying to absorb verbal instruction. They might have attention problems or feel lost and confused, which can lead to anxiety — especially if they get called on, and they don't have the answer or aren't even sure of what is going on in the discussion. Anxiety makes it hard to think clearly, which increases stress.

ADHD, AUTISM, AND ANXIETY: YOUR AAA GUIDEBOOK

Anxiety is the brain's essential internal alarm system that activates our fight, flight, or freeze response. This reaction occurs when we feel vulnerable, in danger of being embarrassed, or are in trouble. Most children with ADHD and ASD experience anxiety this way – a rise in feelings of fear or panic when faced with an uncomfortable situation; others have generalized anxiety disorder, which leads to chronic worrying.

Diagnosis Is Rarely Easy

“The different therapies and medication are helpful, but there are some lingering behaviors we just don't understand.” If this sounds like you, it might be time to see a specialist. A more comprehensive psychoeducational or neuropsychological assessment could help you understand the source of your child's struggles beyond ADHD.

You may be missing effective treatments because you didn't realize an issue like anxiety or autism was present. A complete and accurate diagnosis is a key to unlocking new therapies and to accessing the appropriate services or accommodations at school.

Is Comprehensive Best?

There are psychological, psychoeducational, neuropsychological, and hybrid evaluations that study a child's functioning across a broad range of areas. These look at psychological functioning, thinking and intelligence, academic functioning (e.g., math, reading, and writing), emotional functioning, attention, memory, and executive functioning. Your child's doctor should explain the different types of assessments available and recommend which ones they feel are most appropriate.

Comprehensive evaluations are always more accurate, but they can be costly and time-intensive. They may also require travel if there isn't access to specialists where you live. It might be necessary for you to miss work or for your child to miss school. When making an appointment, be sure to ask, “How are you going to determine whether my child is on the autism spectrum? What tools are you going to use?” Ask about the costs. Check with your health insurance company to find out if any of the tests are covered. It is crucial to weigh the pros and cons and determine what is best for your family.

An accurate diagnosis requires input from you, based on your experiences with and observations of your child's behaviors and struggles. You should keep track of behaviors, struggles, and accomplishments. All of these provide clues on how to help your child best.

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Document Behavior Challenges

Behavior is a pressing concern for many parents. Tantrums, meltdowns, noncompliance, and shutting down are all outward signs or manifestations of problems you can't see.

Maybe your child throws a fit, ignores you, or hides in the closet when they're supposed to get dressed for school. What's the real problem here? For you, it's getting your child out the door on time. For your child, it could be school-related anxiety. Or discomfort transitioning from one activity to the next. Or a sensory issue related to his clothes. Or they are having trouble sleeping and is very tired.

Look at the reaction. Is it a fight reaction of tantrums and meltdowns? Is it a flight reaction of noncompliance? Or is a freeze reaction – shutting down, hiding, or not talking?

Document Social Challenges

Is your child making friends? Do they avoid other children? Do they struggle in groups? Do they misbehave and say awkward things? These social challenges are outward signs of a problem caused by ASD, ADHD, or anxiety.

If a child is withdrawn, plays alone, and lacks interest in other kids, we sometimes associate those behaviors with ASD. Children with ASD also sometimes have trouble interpreting social cues and distinguishing between teasing, playfulness, and bullying.

Or, it could be that your child's ADHD-related inattention or hyperfocus makes it difficult to cooperate, take turns, or play a game. Fear of failure, embarrassment, or exclusion might keep an anxious child from trying to join in with peers.

Document Learning Challenges

Kids with AAA tend to see things in black and white, yes or no, right or wrong. They do not recognize nuances. Learning challenges can be outward signs of your child's problems with paying attention. Internal anxiety and stress over what's coming next can cause difficulty in paying attention. Some children with ADHD or ASD are sometimes thinking about a TV show they watched or video games they played when they should be paying attention to school.

Weak class effort can be a symptom of ADHD and executive functioning weaknesses, which impact a child's ability to keep instructions in their head, follow multi-step direc-

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tions, and get started without support. Or a fear of failure could cause a kid to give up before even trying.

How Do We Determine the Underlying Cause?

The purpose of the preceding steps is to look for clues and signs to determine: Is anxiety causing the issue? A symptom of ADHD? Or ASD? While you are gathering information, write down your observations, ask teachers for comments, and get your child to participate in this process actively. If they can articulate their feelings and experiences, ask questions such as:

- When does the challenging behavior occur most often?
- How frequently does it happen?
- Is it part of a routine?
- How long does it last?
- What are possible contributing factors (i.e., hunger, transition, exhaustion)?
- What is the trigger that preceded the behavior?
- What function is this behavior serving?

For example, your child might resist taking a bath because of trouble transitioning from playing video games or because of a sensory issue. They might find it hardest to concentrate in school right before lunch and at the end of the day because of hunger. They might feel left out during recess, or someone could be bullying them. Dig deep for the reasons behind the behaviors. Solutions tailored to specific situations work best.

How to Create a Plan

Without an understanding of the root causes behind your child's behavior, you can't hope to set them up for success. It is best to take time to create a plan of action to help your child manage challenging behaviors, reactions, and emotions.

Step One — Identify the behavior problems and the situations that spark those behaviors.

Step Two — Ask questions and make observations to try to determine the underlying reasons for the behavior.

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Step Three — Identify one desired behavior and discuss it with your child. It is easier for them to act in an appropriate way when they know what action you find acceptable.

Step Four — If possible, make changes or adjustments to the underlying cause to see if the undesired behavior continues; this is sometimes a matter of trial and error. Choose a solution that makes sense and try it out. If it works, keep it in mind for future use, if it doesn't, go back to Step Two to find out why. Then choose a different solution and try that.

Remember, kids can be inconsistent, hard to understand, and unpredictable, especially children with special needs. They might manage something one day and have a meltdown about the same situation another day. You might also notice that a strategy works one day and not another. These situations are frustrating, overwhelming, and familiar to other parents of children with ADHD and ASD. Keep in mind, it is also frustrating and overwhelming for your child. Keep a log of the behaviors and the strategies that were helpful, even for a short time, so you can continue to build on your child's successes.

Behavior Strategies

- Modify your child's environment when possible. For example, if your child has difficulty with disruptions to their routines, try to provide plenty of notice, a reason for the change, and how long it will last.
- Teach your child how to manage their worry effectively by using apps that teach mindfulness and breathing techniques. Yoga and daily exercise also make fears more manageable.
- Teach your child the difference between "Thinking Brain" and "Feeling Brain." When a strong negative feeling occurs, they can train the Thinking Brain to say, "It is okay. You did this yesterday. You'll get through it." Practicing and reinforcing positive messages helps build up the muscle.
- For inflexible kids who see things in black and white, teach them ways to see the situation from different perspectives. Sometimes, physically changing your location changes your view of a situation. Help them brainstorm problem solving to come up with different options.
- Teach your child to pay attention to clues that something bad is about to happen and give them the language to talk about it.

Strategies for Social Issues

- Set your expectations based on where your child is right now. Each child develops at their own pace. Instead of worrying because your child hasn't reached certain milestones in social development, accept where your child is, and set goals accordingly. Encourage your child to expand his world while recognizing their unique comfort level and motivations.
- If your child is comfortable playing with one friend, schedule one-on-one playdates instead of larger get-togethers or big birthday parties.
- Seek out opportunities for your child to connect with others over shared interests. Look for clubs or classes that revolve around your child's likes.
- Seek out structured environments with adults who can help keep things moving in a positive direction.
- Kids with ADHD, ASD, and anxiety tend to do better when they know what to expect — when they can see a clear beginning, middle, and end to an activity. Sometimes taking breaks or setting a time limit can make play a successful experience.
- Set clear rules, expectations, and consequences. Be specific and concrete, especially with social boundaries. Communicate rules, expectations, and consequences to your child in ways they can understand.
- Use books to help teach your child about social expectations and the consequences of poor social behavior. Some examples include:
 - *The World of Julia Cook* children's books
 - *The Superflex Curriculum*
 - *The Asperkid's (Secret) Book of Social Rules*
 - *The Hidden Curriculum: Practical Solutions for Understanding Unstated Rules in Social Situations*
 - Dawn Huebner, Ph.D. children's books

Strategies for Learning Issues

- Work with your child's school to come up with ideas for helping your child succeed in school. If you don't have a Section 504 Plan or IEP, request an evaluation to

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determine if your child qualifies. Even if they do not, many schools and teachers are willing to work with parents to help a child learn better.

- Write down areas where your child has difficulty during the school day, for example, sitting for long periods. Come up with potential solutions and work with the teacher on those easily implemented, with little disruption to the classroom.
- Build solutions around your child's strengths rather than focusing on weaknesses. For example, teachers can integrate your child's unique interests in examples during math class or in choosing reading assignments.
- Suggest strategies such as extra time for tests, taking tests in an area with fewer distractions, weekly emails to parents with progress reports, or advance notice of due dates for tests and reports.
- Find opportunities for your child to show off their skills, build confidence, and take a leadership role among peers. Look for ways to build them up and increase self-esteem.

Step By Step

It is challenging to differentiate autism, ADHD, and anxiety. You might find it more helpful to focus on your child's specific symptoms and behaviors rather than worrying about which condition caused them. Then, you can develop strategies built on a step-by-step process of learning. At times, it might feel like one step forward, two steps back. Just remember each step of the way, you are helping your child build life skills and resilience.

20 Ideas for Educators

- Provide weekly summaries on classroom behavior, academic progress, missing work, and a notice of upcoming important dates, such as field trips, due dates for projects, and test dates. Weekly summaries are usually most helpful when emailed so parents can refer to the information as needed.
- Use online programs to post daily homework, test notices, and other important classroom information. If your school does not provide a platform, use a free website platform or sites such as [ClassTrak](#). Make sure to post this information on a whiteboard to make it available for any students who do not have access to the internet at home.

- Set up an email for accepting digital homework assignments. Allow students to complete the task digitally or scan their homework and submit it immediately to avoid lost papers.
- For younger children, set aside time each week to do a backpack cleanout to stay more organized and avoid lost papers and homework assignments.
- Post classroom rules and a general daily schedule with simple language. When possible, let students know in advance of any changes to the plan. Give an oral heads-up when transitioning between tasks or lessons; for example, “In five minutes we will be moving on the social studies.”
- Set up a quiet workspace in the classroom. This area can double as a quiet area for children with autism or anxiety to destress for a few minutes.
- Color-code materials for each subject.
- Teach strategies for notetaking and provide typed notes or outlines for students who have trouble taking notes.
- When giving instructions, keep them clear and concise. When giving to an individual student, have them repeat back to you.
- Thank students for complying with requests, for example, when a student speaks quietly after being asked to do so, say, “thank you for using your inside voice,” to show appreciation for their efforts and provide immediate, positive feedback.
- Offer choices when possible, for example, let students choose between writing a paper, creating a digital presentation, or making a poster to show their mastery of a subject.
- Establish classroom rules, such as writing homework assignments on the board at the end of the day or handing in homework at the start of class.
- For long-term assignments or reports, set specific checkpoints to help students stay on track throughout the process.
- For students with ADHD, offer extended time to complete tests or classwork or shortened assignments, such as completing only the odd number problems.
- Schedule more frequent quizzes rather than an extended test.
- Teach students a variety of organizational methods and let them choose the one that makes the most sense and best fits their thinking process.

- Keep in mind children with ASD have difficulty with abstract and conceptual thinking. Provide concrete examples when possible in teaching new concepts. Use specific questions and statements, such as, “It is disruptive when you slam your book on your desk, please put it down gently,” instead of “Don’t be disruptive.” Avoid idioms, sarcasm, and other forms of speech that are interpreted by the listener.
- Students with ADHD or autism may struggle to pick up on nonverbal language and social cues. Use specific words to describe what you want.
- Avoid overstimulating students by having regularly scheduled breaks, even if it is standing at their desk and stretching. Keep bulletin boards and walls free of clutter. Break into small groups to teach new skills.

PART 6

Resources

Resources

Further reading on the link between Autism and ADHD

ADHD and ASD: Distinct Brain Patterns of Inhibition-Related Activation

Despite similarities and possible gene sharing, there was a significant difference in the brain activities of children with ADHD compared to those with ASD as it resulted from impulsiveness.

Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorders Have a Similar Burden of Rare Protein-Truncating Variants

Researchers in Denmark found that these two conditions share a genetic link. The scientists discovered that children diagnosed with either ADHD or ASD had the same gene mutations.

Overlapping and Distinct Cognitive Impairments in Attention-Deficit/Hyperactivity and Autism Spectrum Disorder without Intellectual Disability

Autism and ADHD share similar executive function deficits a study finds bolstering the theory that ADHD and autism spectrum disorder share genetic underpinnings and that children with either condition demonstrate parallel cognitive challenges.

The Association Between Autism Symptoms and Child Functioning in a Sample with ADHD Recruited From the Community

Children with ADHD who experience autism symptoms like repetitive behaviors and social interaction deficits are at higher risk for behavior, peer, and quality of life problems, according to an Australian study.

Autism, OCD and Attention Deficit May Share Brain Markers

Autism, ADHD, and OCD May Have More in Common Than Previously Thought. Similarities in the brains of kids with one of the three conditions may lead to changes in how we categorize and treat them, experts say.

More **ADDitude** eBooks Available Now

www.additudemag.com/shop

A Parent's Guide to Effective ADHD Discipline

A better-behavior plan for the most oppositional, defiant children

Nothing works. You take away electronics or special activities, and he couldn't care less. You try rewards, points, praise, consequences – nothing turns around his behavior. He shows no remorse, and you feel like a failed parent. Sound familiar? This 25-page eBook, filled with expert tips and solutions is a game-changer.

>> Learn more about this eBook: <http://additu.de/disciplinebook>

9 Conditions Often Diagnosed with ADHD

Depression. Bipolar Disorder. Anxiety. OCD. And five more conditions that often show up alongside attention deficit.

About 80 percent of individuals with ADHD are diagnosed with at least one other psychiatric condition at some time in their lives. This in-depth eBook looks at the nine most common, outlining symptoms, treatment strategies, and differentiating features of each. Plus, strategies for living well with any mental health condition.

>> Learn more about this eBook: <http://additu.de/related>

Video Games and the ADHD Brain

A parent's guide to setting limits, easing transitions, choosing brain-building games, and keeping kids safe online

Is your child addicted to Minecraft? In this eBook, the editors of *ADDitude* present research on hyperfocus and video games, recommend games that build thinking skills, and offer advice on setting limits your child will honor. Includes frequently asked parent questions answered by gaming expert Randy Kulman, Ph.D.

>> Learn more about this eBook: <http://additu.de/videogames>

FREE ADDitude Downloads

4 Parent-Child Therapies for Better Behavior

Many families living with ADHD use behavior therapy and family training programs to break the cycle of bad behavior and defiance.

50 Smart Discipline Tips for Children with ADHD

The best techniques from parenting experts for dealing with dishonesty, getting your child to take you seriously, and much more!

A Routine That Works for Kids with ADHD:

Customize this hour-by-hour routine for your child — and make your day less stressful..

13 Parenting Strategies for Kids with ADHD

What does it take to be a great parent to a child with ADHD? Here's what works, and why.

Music for Healthy ADHD Brains

8 of the best songs to help your child focus.

9 Foods to Eat (And Avoid) for Improved ADHD Symptoms

Your guide to a high-protein, low-sugar, no additive diet.

Mobile Apps for Better Sleep

Easy-to-use resources to overcome common ADHD sleep challenges.

Find these and many more free ADHD resources online at:

<https://www.additudemag.com/download>

FREE ADHD Webinar Replays from ADDitude:

Why Don't I have a Best Friend?

>> <http://additu.de/best-friend>

Nothing is quite as heartbreaking for a parent as seeing your child repeatedly strike out in the social arena. Just because he wants to make friends, doesn't mean he can turn into a social butterfly overnight. Fortunately, there are some things parents can do to help. Fred Frankel, Ph.D., shares strategies for helping your child foster true friendships.

The Calm Parent

>> <http://additu.de/staycalm>

Parents of children with ADHD that have challenging behavior may be locked in a cycle of defiance, disrespect, bullying, sibling fights, meltdowns, and power struggles. Kirk Martin, founder of Celebrate Calm, explains how to stop that cycle.

Calming Intense ADHD Emotions

>> <http://additu.de/emotions>

Emotionally intense: that's what we are, and it takes some finesse to manage it. Experts Elaine Taylor-Klaus and Diane Dempster offer strategies to keep those turbulent emotions in proportion, and nip your child's anger in the bud.

Positive Parenting

>> <http://additu.de/positivep>

Improving behavior in elementary-aged children through consistency, external motivators, and selective negative consequences, from Mary Rooney, Ph.D., a clinical psychologist at the ADHD and Disruptive Behavior Disorders Center. Learn the importance of consistency for kids!

Emotions in ADHD Teens

>> <http://additu.de/teens>

Dealing with an emotionally volatile teen? It could be her ADHD. Thomas E. Brown, Ph.D., offers strategies for maintaining emotional control, as well as advice for teaching teens to find emotional balance.

FREE ADHD Newsletters from ADDitude

Sign up to receive critical news and information about ADHD diagnosis and treatment, plus strategies for school, parenting, and living better with ADHD:

<http://additu.de/newsletter>

Adult ADHD and LD

Expert advice on managing your household, time, money, career, and relationships

Parenting Children with ADHD or LD

Behavior and discipline, time management, disorganization, making friends, and more critical strategies for parents

ADHD and LD at School

How to get classroom accommodations, finish homework, work with teachers, find the right schools, and much more

Treating ADHD

Treatment options including medications, food, supplements, brain training, mindfulness and other alternative therapies