Supporting children and young people in school who have a dual diagnosis of ADHD and ASC

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When I deliver courses on ADHD for education professionals, I often ask participants to name which dual diagnoses in children and young people that they are currently working with in school. The most common response is ADHD and ASC. The question that I have been asked the most about this is, "when is it ADHD and when is it ASC?"

In this article, I will ask you to consider, is this a valid question to ask? When I am asked this question some part of me thinks, what does it matter? Every child is unique and, as professionals, we address the behaviours that we are presented with. The way in which the symptomology of both ASC and ADHD will coalesce in a child or young person is individual to that person and highly influenced by broader genetic and environmental factors, like every learning difference. However, I do believe that ultimately the question is valid, in that, to really help a child or young person with ADHD and ASC, we need to understand what is motivating the behaviours. Only when we understand this, can we then put in place the most appropriate interventions and supports which are most likely to be effective. Easier said than done of course, as the two conditions overlap considerably as well as being quite distinct. As a former colleague of mine once said, "if it was easy, it wouldn't be worth doing!"

The three principal symptoms of ADHD are inattention, impulsiveness, and/or hyperactivity. Whereas, Autism is characterised by impairments in social interaction and communication, for example, difficulties in social-emotional reciprocity, nonverbal communication and developing relationships as well as restricted,

repetitive patterns of behaviour, interests or activities. Yet these two conditions have a high degree of co-occurrence. Dr Simon Bignall, a leading UK expert in ADHD and ASC cites research in his work which reports the level of co-occurrence to be as high as 80% of children with ASC would meet the criteria for an ADHD diagnosis and there is currently research using Neuroimaging being undertaken to explore the biological similarities between the two conditions.

Therefore, there are many ways in which the symptomology of both ASC and ADHD can result in similar behaviours and presentations within an individual child, for example, difficulties with emotional regulation, impulsivity and social awkwardness and this is the reason why they can often be mistaken for each other.

However, in my opinion, it is still important for us to recognise that they are two distinct conditions. Let's take social communication. A child with ADHD may experience difficulties in this area because they are highly inattentive and distractible and have problems keeping up with conversations or may impulsively interrupt, change the subject and over talk. A child with ASC may avoid eye contact and / or physical contact, have difficulties understanding social reciprocity and may default when stressed to talking about their own particular interests in a socially inappropriate way. Both responses would lead to ongoing issues with social communication. Yet they are distinct.

Let's explore why. A child's ability to socialise begins in infancy and progresses along with key developmental milestones. A neurotypical one year old will understand gesture language, show a desire to share interests and will seek comfort when upset. However, some of the early signs that a child may have ASC will include a lack of engagement in social play, poor eye contact and delays in imaginative play. Some early milestones will be delayed, typically in speech development or responding to their name. These developmental delays are not commonly seen in children with a single diagnosis of ADHD. The difference is concisely summarised

by Russell Barkley, a leading US authority on ADHD, when he writes, “ADHD is not a condition of not knowing what to do, it is not doing what you know.” When we really consider the symptomology of ADHD, it becomes more apparent that it is fundamentally a condition of self-regulation. The ability or not to self-regulate your own thinking, behaviour, actions and emotions. Therefore, the distinction here lies not only in differences in brain function but differences in early social development.

Let us consider another example. Children with ADHD and ASC may present as being hyperactive. However, the causes of this can vary considerably. We know that children with ADHD want to move excessively because it helps them to concentrate. A child with ASC may be moving excessively as an attempt to self- soothe when feeling overwhelmed, often called “stimming” behaviours.

When I was a secondary school teacher, I remember a Year 7 student with a dual diagnosis of ADHD and ASC, who was struggling in one lesson in particular. The teacher was very concerned, especially as he had learnt that the boy had settled reasonably well in all of his other lessons. The boy was constantly fidgeting and very inattentive and couldn’t explain why he was finding this lesson particularly challenging. For

weeks, the teacher focused upon his ADHD to address the inattention, put strategies in place but nothing worked. Eventually, he contacted the boy’s parents and his father agreed to come into school and observe him in that lesson. It took his father less then ten minutes to tell the teacher that he needed to move his son to another seat in the room because of the overhead lighting. It was a low-ceilinged room and the boy was sat directly under a bright, strip light. As soon as he moved seats, the change in his behaviour was palpable. He was clearly more comfortable and more attentive. The cause was a typical feature of ASC, sensory integration, but presented as inattentive behaviours.

I believe that there is still more to be done to really understand how these two conditions interact and the specific challenges that a child or young person will face. However, to return to the original question, “when is it ADHD and when is it ASC? This is, I believe, a very valid question. It is incumbent upon us as educators to learn about and understand both conditions to help us to begin to identify the possible different causes and triggers for certain behaviours. This will then enable us to more successfully intervene and support.