

Autism and ADHD (AuADHD)

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Outline

- Autism, ADHD, and associated needs
- A very brief history of AuADHD
- What might AuADHD look like?
- Supporting the needs of AuADHD children and young people
- Take home messages
- Questions

Autism, ADHD, and associated needs

Core autistic needs	(Some) Additional autistic needs
Supportive relationships and understanding/support around autistic social communication	Reasonable adjustments to support learning preferences/styles and executive functioning differences (e.g. processing differences)
Time and engagement with deep interests/passions	Support around sleep
A need for sameness	Support around emotional regulation, maintaining good mental health , and improving poor mental health
Support around sensory hypersensitivities, hyposensitivities, and sensor-seeking behaviours	Support to maintain good physical health and to improve poor physical health
Repetition around certain movements, sounds, and objects	

What can others do? Recognition of, and provide support around, the **'Double empathy problem'**, understand and support **'Monotropism'**, and families and professionals (from different organisations) to **work together collaboratively**

Autism, ADHD, and associated needs

Core ADHD needs	(Some) Additional ADHD needs
Support around attentional differences and organisation	Reasonable adjustments to support learning preferences/styles and executive functioning differences (e.g. planning, organisational, and working memory differences)
Support around restlessness (internal and external)	Support around sleep
Support around difficulties ' putting the brakes on ' (impulsivity)	Support around emotional regulation, maintaining good mental health , and improving poor mental health
	Support to maintain good physical health and to improve poor physical health
	Support around sensory needs

What can others do? Understand that **ADHD attentional differences, restlessness, and impulsivity are not intentional**, provide **ADHD-supportive social and physical environments**, and families and professionals (from different organisations) to **work together collaboratively**

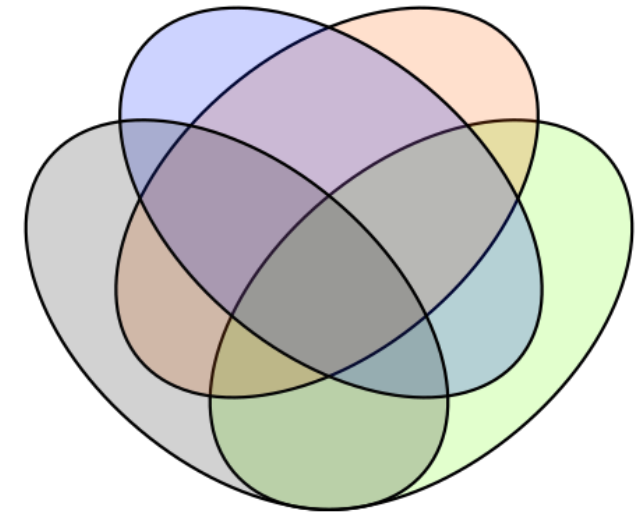
A very brief history of autism and ADHD

- Until **2013** people couldn't be diagnosed as autistic and ADHD
- Of course, there have always been people who are autistic and ADHD!!!!
- Now: we believe that between **30% and 70% of autistic people are also ADHD.**
- And many other autistic people have features of ADHD (but not enough for a diagnosis)
- And many ADHD people have features of autism (but not enough for a diagnosis).

What might AuADHD look like?

Important considerations:

- The autisms and ADHDs – every neurodivergent individual is unique.
- Intersectionality:
 - **Age:** Autism and ADHD look different at different ages (and autistic and ADHD characteristics fluctuate across contexts and over even short periods of time).
 - **Gender:** How autism and ADHD present in people of different genders varies (although there is, of course, overlap).
 - **Ethnicity:** An individual's ethnicity may, for example, impact masking.
 - **Use of spoken language:** Autism and ADHD will look very different in non-speaking autistic and ADHD people.
 - **Intellectual ability:** Autism and ADHD often look very different in people with intellectual disability compared to people with a higher level of intellectual functioning



	Autistic CYP	ADHD CYP	AuADHD CYP
Interaction	Less likely to start interaction in a neurotypical way (different quality) in certain contexts. Might be/appear more anxious. Less likely to use non-verbal communication (NVC) to start interactions.	More likely to start interactions. Might be energetic or 'full on'. More likely to use NVC in addition to verbal communication to start interaction.	A blend of autistic and ADHD ways of starting interaction (e.g. talking about interests in detail but with very high levels of energy/excitement). NVC may not be so obviously different.
	Less likely to respond to others in a neurotypical way (different quality) trying to start interaction in certain contexts. Reduced NVC. Might be more anxious.	More likely to respond to others trying to start interactions. May respond with high levels of excitement. More NVC.	A blend of autistic and ADHD responses (e.g. may struggle with being asked to play/talk in ways outside of preferences and or being asked imprecise questions but still bring high levels of energy/excitement). NVC may not be so obviously different.
	Less likely to do 'back-and-forth' interaction in a neurotypical way in certain contexts. Reduced NVC. May prefer parallel play and/or interactions with clear role(s)	More likely to do 'back-and-forth' interaction but may lose focus, get bored, go off on tangents, or move onto something else.	A blend of autistic and ADHD ways of doing 'back-and-forth' interaction (e.g. may struggle with chit-chat, talks about a range of matters (including interests), and keen to maintain conversation but may then lose focus). NVC may not be so obviously different.

	Autistic	ADHD	AuADHD
Relationships	Difficulties understanding, starting, and/or maintaining certain relationships in a neurotypical way (different quality) in some contexts	Fewer difficulties with understanding and starting relationships. But difficulties maintaining relationships because of high energy levels and/or impulsivity.	Difficulties with relationships may not be so much about difficulties starting relationships but rather keeping them going because of combination of e.g. double empathy problems, boredom, impulsivity, emotional dysregulation.
Interests	Very deep passions that bring joy, meaning, and comfort. Intense focus. Interests typically less physical and are often more solitary (or shared online).	Interests are important but lack the same intensity. Physical interests/activities (which have a social component) and gaming are often seen. May hyperfocus.	Interests might be very intense but the CYP doesn't spend as long in one go doing them and/or the interest changes very frequently.
Relationship to change	Preference for sameness. Seeks structure and routine.	Seeks novelty and stimulation. But may benefit from structure/routines.	The CYP's preference for order might be hidden behind disorganisation but aspects of their life might be very organised (e.g. bedroom organisation).
Attention	Deep focus on things that are of interest/importance. May be very hard to shift attention. May be distracted by sensory stimuli.	Very hard to focus on most things. Distracted by 'anything and everything'. May hyperfocus.	Attention is always at the extremes – either very deep, powerful focus or highly distractible.

Supporting the needs of AuADHD CYP

- Being both autistic and ADHD can add to the complexity of **neurodevelopmental assessments/diagnosis**.
- AuADHD is more than just Autism+ADHD – it's a **complex interaction** that varies across times and places.
- People supporting AuADHD CYP need to understand both autism and ADHD.
- A **formulation** of a CYP's AuADHD will help parents and professionals understand the CYP's needs. This formulation will change over time.
- The **mental health and behavioural needs** of AuADHD people are very often highly complex and intervention needs to take account of both autism and ADHD (in terms of both needs and strengths).



Take home messages

- We are only really beginning to understand what AuADHD is/looks like.
- There is huge variety in what AuADHD looks like.
- We need to understand the core and additional needs of autistic CYP and ADHD CYP as well as how they interact in order to support AuADHD CYP.
- Factors such as age, gender, ethnicity, speech, and intellectual abilities influence what AuADHD looks like in an individual.



Resources

Book: 'Untypical' by Pete Wharmby

Website: National Autistic Society (NAS).

<https://www.autism.org.uk/advice-and-guidance/topics/related-conditions/related-conditions/all-audiences>

Videos: Purple Ella:

https://www.youtube.com/channel/UCzske-KMAJYQn84rz6oD_yA

<https://www.youtube.com/watch?v=irqcnMk4fIE>

Questions