

ADHD and Trauma: Making the Connection

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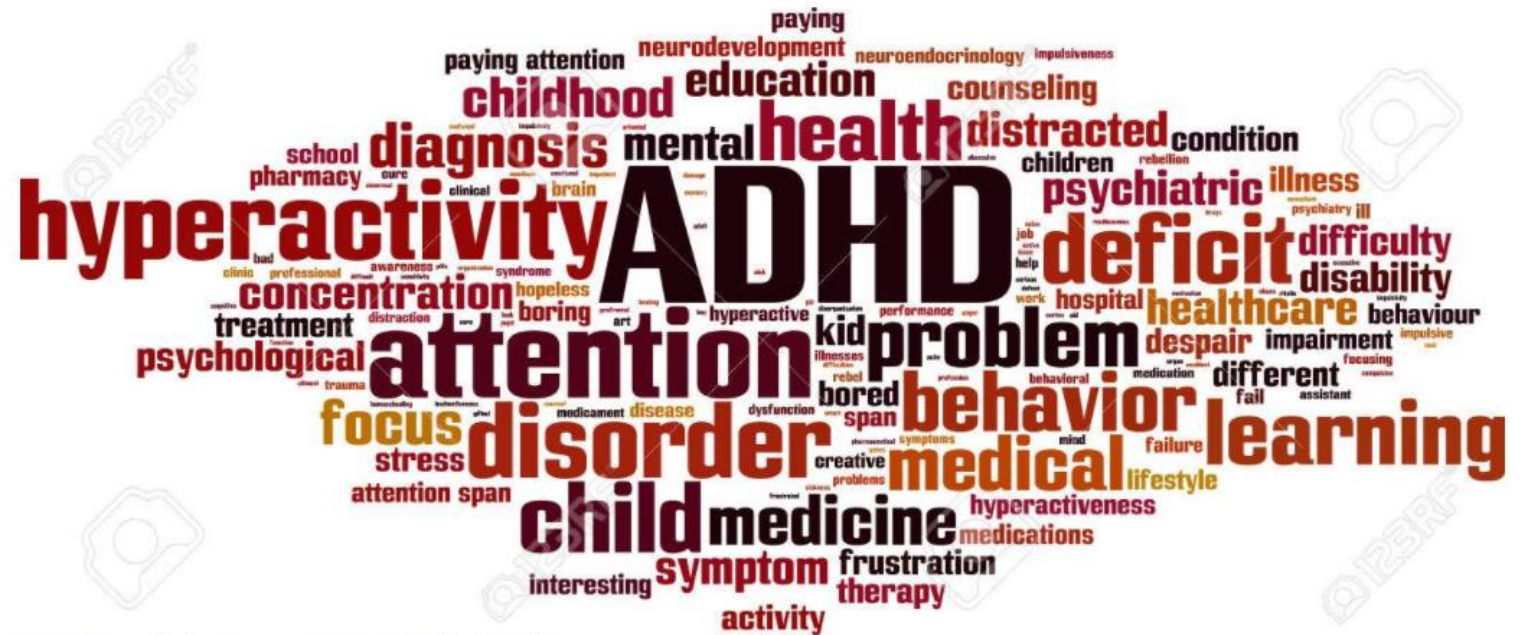
Purpose of today:

We must not lose sight of the role of trauma in ADHD

Because the successful treatment of ADHD in the presence of significant traumatisation is impossible without attending to the traumatic mechanisms as well.

ADHD Recap

- ◇ Inattentiveness and distractibility
- ◇ Restlessness and hyperactivity
- ◇ Impulsiveness
- ◇ Emotional Affective Dysregulation



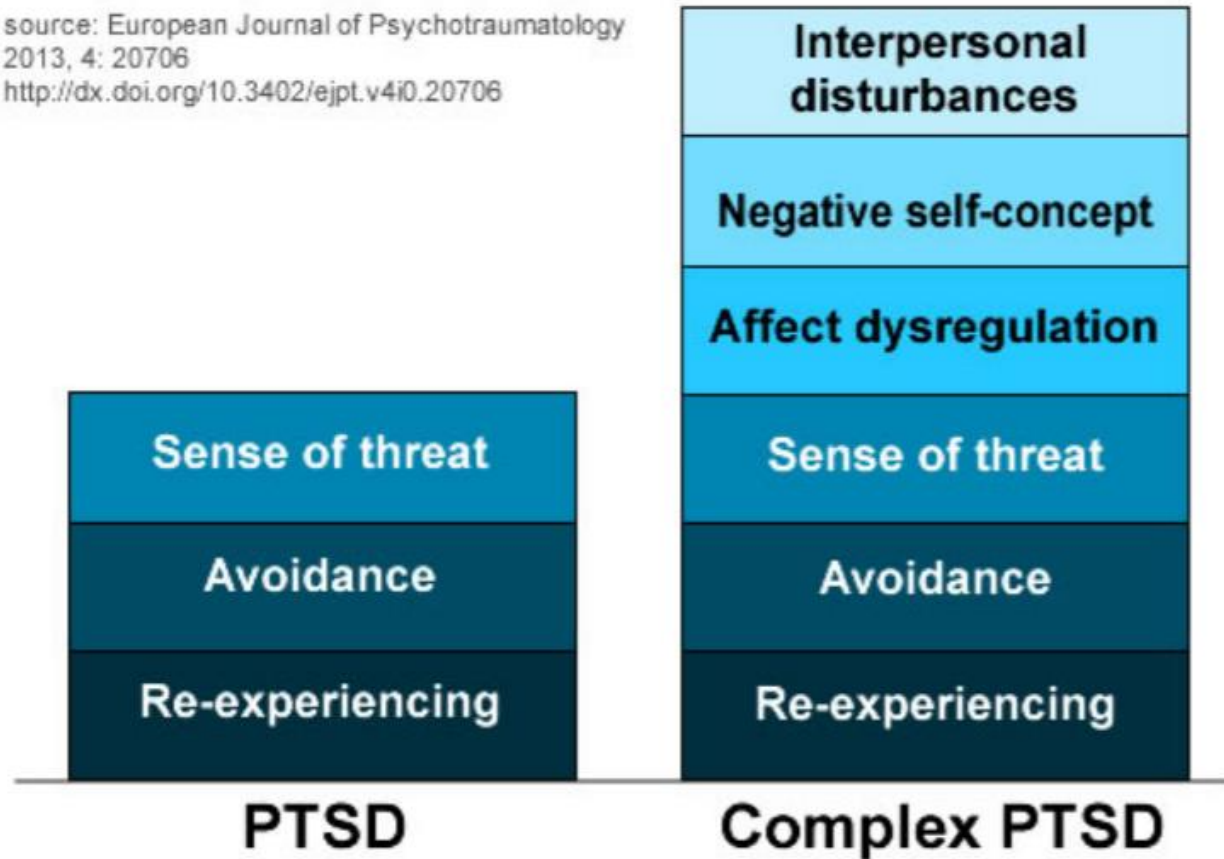
ADHD word cloud concept. Vector illustration

Trauma: Causes

- ◇ One-time events
 - ◇ PTSD
- ◇ Ongoing, relentless stress
 - ◇ complex PTSD
 - ◇ Attachment trauma (BPD)
- ◇ Commonly overlooked causes
 - ◇ Experiential (often HSP)

PTSD and complex PTSD symptoms

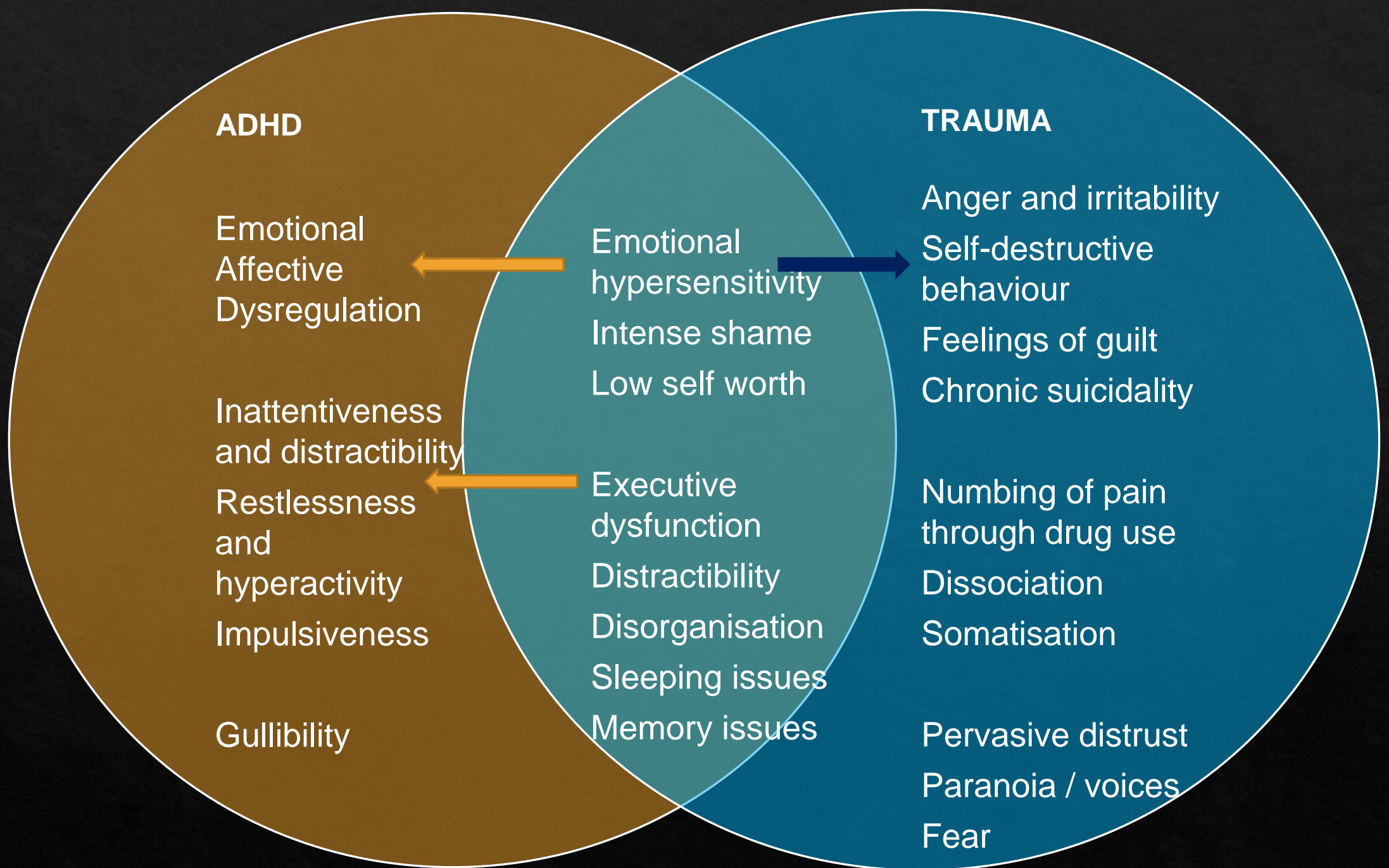
source: European Journal of Psychotraumatology
2013, 4: 20706
<http://dx.doi.org/10.3402/ejpt.v4i0.20706>



<http://traumadissociation.com/complexptsd>

What is Psychological Trauma?

- ◆ I propose, for our purpose here today, to define trauma as a summation of stress which has significantly overwhelmed the compensatory capacity of the individual organism, and/or of the group this individual belongs to.
- ◆ Stress responses and any adjustment strategy are 'credited with survival', and - via learning processes - become fixed response patterns that are 'preserved past expiration date', thus becoming physiologically damaging, psychologically distressing and socially dysfunctional. They can be transmitted across generations.
- ◆ Where traumatic disruption has occurred during crucial stages of development and early learning, these developmental steps can become permanently distorted. In this case we speak about early complex trauma, developmental trauma, and/or attachment trauma.



Applying in practice

History / Look for:

- ◆ Attachment history
- ◆ Early and multiple losses
- ◆ History of bullying
- ◆ Accidents and TBI
- ◆ Family stressors (size, \$, moves)
- ◆ ACEs
- ◆ Chronic sleep problems
- ◆ Indirect evidence of shame

Clinical features:

- ◆ Triggering
 - ◆ Affective dysregulation (implicit memories)
- ◆ Hypervigilance
 - ◆ Anxiety
 - ◆ Distrust / Paranoia
 - ◆ Sleep problems
- ◆ Avoidance
- ◆ Numbing
- ◆ Dissociation (comes in many guises)
- ◆ Voices

To conclude:

- ◆ Recognising and initiating Rx for ADHD is an excellent first step
- ◆ But overlooking trauma will lead to eventual treatment failure
- ◆ Building trust takes time but is essential to healing
- ◆ Psychoeducation: Explain childhood shame / implicit memories
- ◆ Trauma is challenging to work with: Seek support, get supervision; beware vicarious traumatisation



Questions?

Resources

- ◆ The Trauma Centre: www.traumacenter.org/products/instruments.php
- ◆ The ACE Questionnaire
- ◆ Reading: Bessel Van den Kolk, Janine Fisher, Daniel Siegel, Susan Johnson, Stephen Porges, Allan Schore

My Six Heroes in the Trauma Field

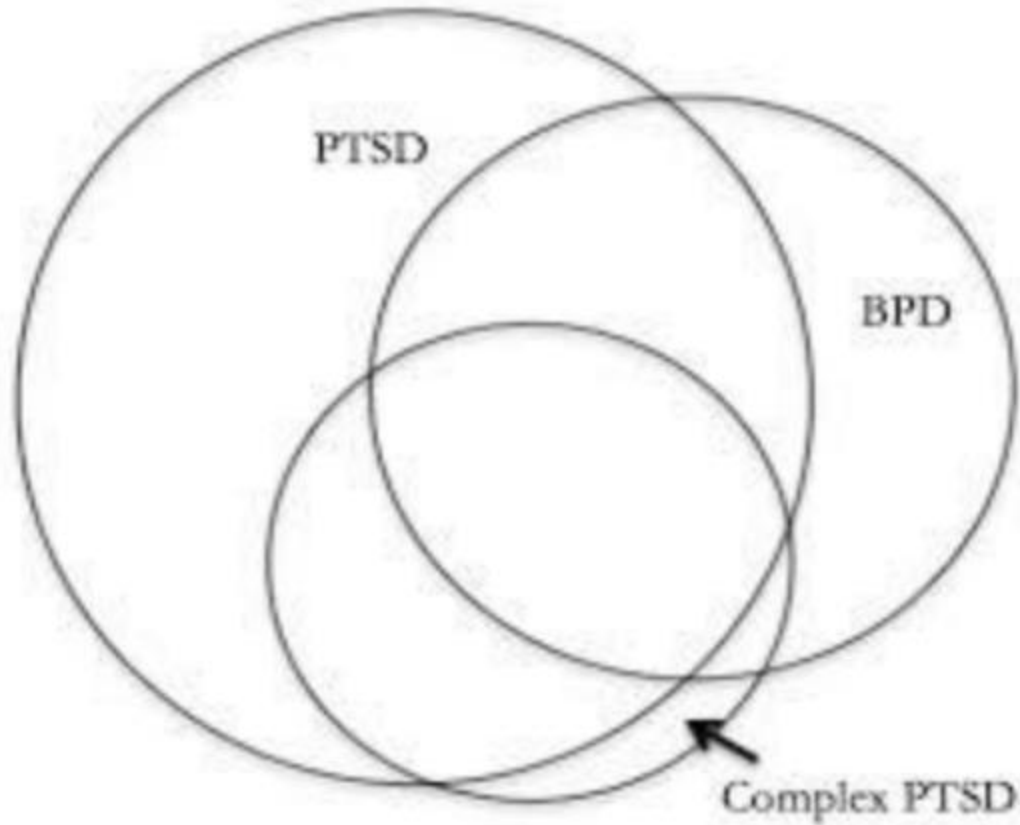
1. **Van den Kolk** - Synthesis neurobiological + psychodynamic + interpersonal
2. **Fisher** - Functional dissociative mechanisms in (C)PTSD
3. **Siegel** - Attachment + role of shame + implicit memories, intergenerational trauma
4. **Johnson** - Emotional trauma perpetuated/healed in intimate relationships'
5. **Porges** - Polyvagal Theory & relevance to trauma responses
6. **Schore** - Attachment trauma -> multiple psychopathologies

Bessel van der Kolk	Janina Fisher	Daniel Siegel	Susan Johnson	Stephen Porges	Allan Schore
<p>Clinician, researcher and teacher in the area of posttraumatic stress. His work integrates developmental, neurobiological, psychodynamic and interpersonal aspects of the impact of trauma and its treatment. Founder of the Trauma Center.</p>	<p>Clinical Psychologist and Instructor at the Trauma Center. Teaches the integration of research and treatment and how to introduce these newer trauma treatment paradigms in traditional therapeutic approaches.</p>	<p>Clinical professor of psychiatry. Founding co-director of the Mindful Awareness Research Center. He has researched family interactions with an emphasis on how attachment experiences influence emotions, behavior, autobiographical memory and narrative.</p>	<p>Clinical psychologist, researcher, professor, author, speaker, and a leading innovator in the field of couple therapy. She along with Dr Leslie Greenberg developed Emotionally Focused Therapy (EFT) and is the founder of the International Centre for Excellence in Emotionally Focused Therapy (ICEEFT),</p>	<p>Scientist at the Kinsey Institute. He has studied the intersects of psychology, neuroscience, and evolutionary biology. Through his development of the Polyvagal Theory, Porges is discovering how the autonomic nervous system controls the reactions and behaviors of individuals affected by a wide-range of traumatic experiences.</p>	<p>Psychologist and researcher in the field of neuropsychology .He has researched early abuse and the negatively impacts on developmental trajectory of the right brain, dominant for attachment, affect regulation, and stress modulation.</p>

Studies have shown...

Some research-based links between adverse childhood experiences and ADHD:

- ADHD Inattentive type associated with physical /emotional neglect and sexual abuse
 - ADHD hyperactive type associated with physical abuse
 - Overall incidents of ADHD in large community sample is increased from 5% to almost 20% with increasing number of ACEs.
- Semiz, Oner, Cengiz & Billici (2017): Childhood abuse and neglect in adult attention-deficit/hyperactivity disorder, *Psychology and Clinical Psychopharmacology*, 27
 - CS Walker et al (2021): Defining the role of exposure to ACEs in ADHD, *Child abuse and Neglect*, 112.
 - Ellis and Boyce (2008): Biological Sensitivity to Context, *Current Directions in Psychological Science* 17(3)



Source:

MSc, D., & V. (2017). What Are The Differences Between BPD And Complex PTSD? : A Study. Retrieved from <https://childhoodtraumarecovery.com/complex-ptsd-articles/differences-bpd-complex-ptsd-study/>

Comorbidity

- 30.2% of individuals with BPD were also diagnosed with PTSD
- 24.2% of individuals with PTSD were also diagnosed with BPD.

Outcome

Those with comorbid PTSD-BPD had...

- A poorer quality of life
- Increased comorbidity with other Axis I conditions
- Higher odds of suicide attempts
- Higher prevalence of repeated childhood traumatic events than individuals with either condition alone.
- These results show that PTSD and BPD have a high degree of lifetime co-occurrence but are not entirely overlapping (Pagura et al., 2010).

Source:

Pagura, J., Stein, M., Bolton, J., Cox, B., Grant, B., & Sareen, J. (2010). Comorbidity of borderline personality disorder and posttraumatic stress disorder in the U.S. population. *Journal Of Psychiatric Research*, 44(16), 1190-1198.

Central Sensitisation

Definition: The amplification of pain by central nervous system mechanisms

Areas of the nervous system in persistent state of high reactivity. Glutamate up, GABA down. Increased resting brain network connectivity to nociceptive areas results in lowered pain threshold. Decreased connectivity to antinociceptive areas means that pain is maintained after original source subsided. Insula activated by (unrelated) aversive visual stimuli: increase in pain! Think of ARI in ADHD and in trauma!

Co- occurring: fatigue, mood and cognitive problems, sleep disturbance and multisensory hypersensitivity.

Stress lowers pain threshold and later contributes to the development of central sensitisation.

*A prior history of anxiety, physical and psychological trauma and depression
are significantly predictive of the onset of chronic pain later in life.*

Source:

Hauser, W., Galek, A., Erbsloh-Moller, B., Kollner, V., Kuhn-Becker, H., Langhorst, J... & Glaesmer, H. (2013). Posttraumatic stress disorder in fibromyalgia syndrome: Prevalence, temporal relationship between posttraumatic stress and fibromyalgia symptoms and impact on clinical outcome. *Pain*, 154, 1216-1223.

Orchids & Dandelions

Some of us are particularly vulnerable to stress

Dandelion have capacity to survive—sometimes even thrive under moderately adverse conditions. They are psychologically resilient.

Cf. Orchid children, highly reactive/sensitive to environment, i.e. quality of parenting. They magnify their environment, i.e. they wither or they thrive.

Research bedrock: Environmental reactivity genetically encoded?

Source:

Ellis, B., & Boyce, W. (2008). Biological Sensitivity to Context. *Current Directions In Psychological Science*, 17(3), 183-187.

Free after Janine Fisher

