THE LINK BETWEEN ADHD AND TRAUMA

DR ABIGAIL BARRAGRY

WWW.ABIGAILBARRAGRYPSYCHOLOGIES.COM

FACTORS AT PLAY



SIGNS OF ADHD

- Impulsivity
- Hyperactivity
- Poor attention skills

- Tuning out
- Starting and stopping tasks
- Lack of motivation
- Sleep issues
- Visuo-spatial difficulties
- Emotional sensitivity
- Organization
- Dysregulation
- Time-blindness
- ST working memory

PRO'S AND CONS OF PURELY MEDICAL MODEL

MEDICAL MODEL ONLY

- A clear and simple reason
- Simple explanation- undersupply of dopamine
- Medics can treat with just a pill
- A 'disorder'
- All down to genetics
- Why more ADHD the more ACE's?

COMBINED NATURE-NURTURE

- We are not helpless to our 'broken brains'!
- If environment created the fine tuning, environment can re-tune
- An 'impairment'
- An inherited predisposition

DOES TRAUMA CREATE NEURODIVERSITY?

Trauma  **Neurodiversity**

Five sixths of the branching of nerve cells develops AFTER birth

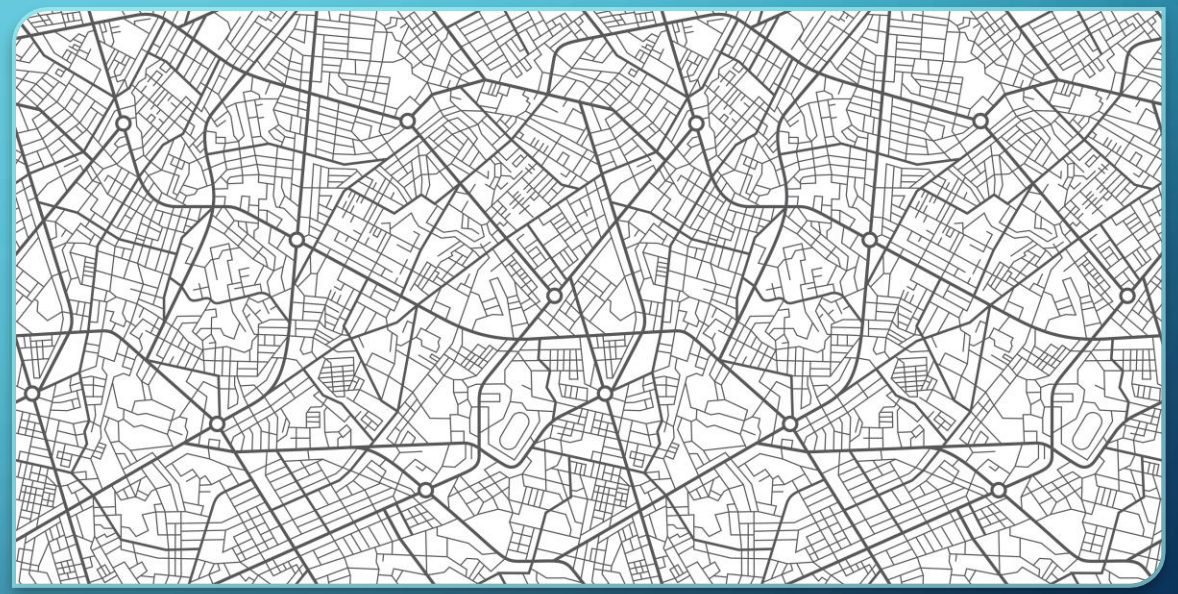
HYPERSENSITIVITY IS HEREDITARY

Definitions of ‘sensitivity’:

1. Very open to or acutely affected by external stimuli or mental impressions
2. Easily offended or emotionally hurt
3. Responsive to or recording small changes
4. Empathic, respectful of other people’s feelings

- Feelings are felt the same as physical pain. ‘Emotional allergy’

Genes provide a rough map of the brain. The journey is still open to being plotted by experience and by the individual



THE GROWING BRAIN

- In first year of life, new synapses established at a rate of 3 billion per second!!!!!
- Brain size has tripped by aged 4, quadrupled by adulthood.
- = three quatres of brain growth is outside the womb.

ADHD is miswiring of brain circuits in susceptible infants.

NOT EVERYONE WITH IDENTIFIED GENES DEVELOP ADHD. NOT EVERYONE WITH ADHD HAS THIS GENE

More common if first degree relatives have:

- Addiction
- Anxiety
- Depression
- OCD
- Own trauma
- Parents struggling with any major stress (e.g. relationships) or psychological problems

Highly sensitive child has what seem to be exaggerated response to things. Parents see these as excessive and respond accordingly. Infant left alone with big feelings and internalizes shame and guilt and a negative sense of self. Labelled ‘difficult’.

This is NO-ONES FAULT.



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ATTENTION AND EMOTIONAL SECURITY

- Nobody is born with attention.
- Can't attend to something if emotional needs not met.
- Emotions remain the basis for attention even after intellect forms.
- Not so much a problem of attention in childhood as a preoccupation with emotional connections.
- If tend not to get needs met successfully, will try all the more desperately = negative feedback = perpetuates the cycle.

'Connection before correction'

EMOTIONS AND TUNING OUT

- Tuning out develops in early infancy where there is emotional hurt combined with helplessness (remember, this is as perceived by the sensitive infant)
- If an infant senses a key caregiver in anxious, they become distressed. They unconsciously sense expressing fully their emotions will heighten that anxiety- thus a threat to their survival = dissociate /tune out
- But this only aggravates infant distress = vicious circle.

NATURAL SELECTION

- Wouldn't be getting more ADHD if just genetic. So must be happening after birth. Same as alcoholism, anxiety etc.
- So why isn't sensitivity gene being bred out? It's an advantage! Under normal circumstances these are the artists, seekers, inventors, shamans, poets, prophets from early times to now.
- It is not a disease being inherited, but a trait of huge value to human beings.



Would it be classed a disorder if we lived more freely, with nature, singing round fires after moving bodies all day, connecting in communities on a deep, authentic level???

‘BUT I HAD EVERYTHING I NEEDED AS A CHILD’

- Love of parents doesn’t automatically translate into feeling loved, safe and secure by a child (predisposed sensitivity/factors impacting on parent)
- Suppressed emotional conflict between parents, anxieties, depression. What was going on for them?
- Babies and pupil size/ eye gaze. Sensing non-presence or stress.
- Trying extra hard to get needs met causes opposite response. Exacerbates and continues the issue.

SOCIAL ANXIETY

Difficulties picking up social cues likely originates from:

- Infant being confused by parent/s being loving but infant detects something else (inconsistencies)
- Infant's relationship cues not being read by the nurturing adult, who was distracted by stress
- Infant not being given space to break eye gaze when too aroused (mother is anxious)

Maybe why a tendency to over-check if someone is 'really' OK or be concerned about saying/doing something wrong? Needing a lot of reassurance?

NO GENE FOR SELF-REGULATION

- We're born with NO ability to self-regulate emotions or actions.
- Specific brain centres develop and grow connections with other nerve centres to create pathways.
- Don't develop the 'policeman' in the frontal cortex which controls inhibition, chooses what to focus on and filters things out (underactive prefrontal cortex)

(ORBITO)FRONTAL CORTEX

The frontal cortex develops after birth (what humans have that other animals don't).

Orbitofrontal cortex (front right) implicated in disorders of impulse control, emotional self-regulation (ADHD). Impacted by stressed attunements or attachments.

Has connections with reptilian brain- primitive and powerful emotions- fear, rage/ fight or flight. Acts to inhibit these or delay response (or not!)

Also visuo-spatial and motivation.

Deals with emotions AND auto-nervous system (=arousal / feelings felt as physical pain)

Interprets emotional content of interactions.

I'M SORRY'

The most common phrase in vocab of adults with ADHD!

A lifetime of not being able to control impulses and emotional state has led to frequent negative feedback and many failed tasks and perceived short-comings = shame = more easily triggered = cycle continues

'The child or adult with ADHD swings back and forth between over the top, purposeless excitement and a nonrestful vegetative state in which the predominant emotion is shame'

EXTERNAL VS INTERNAL

WHAT IT LOOKS LIKE

- Blurting out
- Excessive movement
- Frustration (anger, tears)
- Complains of aches and pains
- Impulsivity
- Dissociation ('daydreaming' or 'not hearing')
- Tiredness
- Attention seeking

WHAT WE REALLY SEEK/NEED

- To connect
- Attunement
- Attachmnet
- Positive regard
- To play/create
- Sensory experience (to ground)
- To feel safe
- To feel validated

FROM SURVIVING TO THRIVING

- Circuitry in the brain: to create new connections where there is a different, non-helpless self-image. String evidence these can develop at any time.
- Self-compassion (via self-understanding) and compassion to others
- Recognising the positives of sensitivity (the part unlikely able to change)
- Recognising positives of other signs and symptoms and adapting environment, where possible, to express these as strengths
- Being open, honest but boundaried with others

DEALING WITH TRAUMA / THERAPY

- Trauma is not the event, but how you see yourself in the event and how it has impacted your sense of self (helplessness, guilt, shame).
- Inner child work (therapy) to look at if you judge him/her and if he/she still carries guilt/shame. What do they need? To be seen, heard and integrated into the adult self.
- Being your own compassionate adult to that inner child.
- Compassion-focused therapy: rebuilding a positive sense of self, removing blame (from ANYONE).