Childhood Trauma and ADHD: 
an overview of symptoms and interventions
Objectives

• Define 3 types of trauma, the effects of trauma exposure on children and adolescents, and discuss related assessments and treatment.

• Define 3 symptoms of both Attention-Deficit/Hyperactivity Disorder (ADHD) AND childhood trauma

• Identify the 5 Core Values upon which Trauma Informed Care is built.
What is Trauma?

• “Trauma results from an event, series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional or spiritual well-being.”

(SAMHSA, 2014, p.7)
Dose Related Symptoms of Trauma

Acute
- Single traumatic event
- Limited in time

Chronic
- Multiple traumatic event exposures
- Effects are cumulative

Complex
- Exposure to chronic trauma, usually caused by adults entrusted with the child’s care and impact of such exposure on the child

(Psylegal, 2019)
Other Sources of Ongoing Stress

Individuals and families frequently face other sources of ongoing stress:

- Poverty
- Discrimination
- Separations from parent/siblings
- Frequent moves
- School problems
- Traumatic grief and loss
- Refugee or immigrant experiences

(Rodriguez & Opel, 2020)
Effects of Trauma Exposure

attachment  biology  mood issues  dissociation

behavioral control  cognition  self-concept  development

(Peterson, 2018a)
Potential Impacts of Trauma Exposure

- Emotional Impacts
  - Fear
  - Sadness
  - Anger/Rage
  - Anxiety
  - Shame
  - Emotional dysregulation
  - Numbing/emotional Disconnect

- Physiological Impacts
  - Hypervigilance
  - Sleep Difficulties
  - Hyperarousal
  - Trouble Concentrating
  - Somatic issues
  - Muscle tension/headaches
  - Racing heart

(Peterson, 2018b)
Potential Impacts of Trauma Exposure

• Cognitive Impacts
  • Inaccurate beliefs (*self-blame “I should have...”*)
  • *Distrust*
  • *Distorted Self-image*
  • *Negative view of world & future*
  • *Accurate, but unhelpful beliefs*

• Relational impacts
  • *Isolation*
  • Trouble developing/maintaining healthy interpersonal relationships
  • *violence/aggression*
  • *Sexualized behaviors*
  • *Difficulty trusting*

(Peterson, 2018b)
Potential Impacts of Trauma Exposure

- Behavioral impacts
  - Avoidance
  - Sleep difficulties
  - Poor coping
  - High risk behaviors
  - Maladaptive behaviors
    - Sexualized behaviors
    - Violence
    - Bullying

- Spiritual Impacts
  - Crisis of faith
  - Loss of hope for future
  - Inability to experience joy
  - Inauthenticity
  - Hopelessness
  - Identity issues

(Peterson, 2018b)
Long-Term Effects of Childhood Trauma

- Alcoholism
- Drug abuse
- Depression
- Suicide attempts
- Sexually transmitted diseases
- Heart disease, cancer, chronic lung disease, etc.
Attention-Deficit Hyperactivity Disorder (ADHD)
Here’s a simulation...

- Let’s watch a video which demonstrates what life can seem like when surrounded by extra stimulation.

  https://www.youtube.com/watch?v=nLVObdll0m0
What is ADHD?

- Neurobiological disorder, childhood onset
- Characterized by developmentally inappropriate presentations of hyperactivity, impulsivity, inattention, and/or combination
- Linked to specific stress-signaling pathway areas of the brain’s pre-frontal cortex which controls attention and behavior.
- Symptoms of hyperactivity/impulsivity often decrease with age, though symptoms of inattention and distraction may remain throughout adulthood

(Siegfried et al, 2016)
What Causes ADHD? influencing factors include:

- Brain injury
- Premature or low birth weight
- Prenatal exposure to drugs or alcohol
- Exposure to pesticides or lead in early childhood

More than 20 studies show a link between genetic predisposition and ADHD

Barkley, 2015)
Inattention, impulsivity and hyperactivity are the visible behaviors at the tip of the iceberg...
ADHD: Below the Iceberg

Executive Functions are below the visible iceberg:

- Impaired working memory
- Sleep disturbances
- Impaired sense of time
- 2-4 year developmental delay
- Impaired cause & effect
- Learning problems & disabilities
- Low frustration tolerance
- Co-existing conditions

(Barkley, 2015)
ADHD has been linked to:

- Poor school performance
- Trouble with the law
- Problems at work
- Alcohol or drug abuse
- Frequent car accidents or other accidents
- Unstable relationships
- Financial stress
- Poor physical and mental health

(Barkley, 2015)
Evolving Impact of ADHD: *Comorbidity in Adults*

- Mood disorders
  - Depression, bipolar disorder
- Anxiety disorders
- Personality disorders
  - Borderline or antisocial personality disorder
- Learning disabilities
  - Lower scores on academic testing than expected for age, intelligence and education

(Barkley, 2015)
The Dilemma

**TRAUMA/PTSD**
- Easily startled by noises or unexpected touch
- Feelings of guilt, shame, anxiety
- Irritability, quick to anger
- Tendency to self-isolate or feelings of detachment (dissociation)
- Difficulty trusting others and/or feelings of betrayal
- Diminished interest in everyday activities
- Acting helpless, hopeless, or withdrawn
- Unusually reckless, aggressive, or self-destructive behaviors

**ATTENTION-DEFICIT HYPERACTIVITY**
- Difficulty sustaining attention
- Struggling to follow instructions
- Fidgeting or squirming
- Difficulty waiting or taking turns
- Loses important items
- Interrupts/intrudes upon others

**OVERLAP**
- Difficulty concentrating and learning in school
- Often doesn’t seem to listen
- Easily distracted, hyperactive, and/or restless
- Difficulty sleeping
- Disorganized

(Crenshaw & Mayfield, 2021)
Complications for Trauma Exposed Children: *The Overlap*

- Children may have symptoms of hyperactivity and disruptive behavior that resemble ADHD.

- Trauma can make children feel agitated, troubled, nervous, and on alert, behaviors often mistaken for hyperactivity.

- Inattentive behaviors in trauma exposed children may be symptoms of dissociation or the result of avoidance of trauma reminders.

- Intrusive thoughts/memories of trauma may lead to confused or agitated behavior, resembling impulsivity of ADHD.

(Ruiz, 2014)
Trauma History Concerns:

- Many kids have not disclosed, or don’t have the ability to verbalize their traumatic histories.
- Teachers and foster parents, who are just trying to help, are given instructions to look for symptoms & fill out checklists for the symptoms which may be disrupting a classroom or appearing to be inattention (back to those overlapping behaviors!)

As a result, they may be treated with multiple medications and therapies that are ultimately ineffective.

“When you’re given a hammer, everything looks like a nail!”

(Ruiz, 2014)
Evaluation, Treatment, and Interventions
Assessing Child Traumatic Stress: a comprehensive assessment for child traumatic stress includes the following:

**Assessing**
- for time & occurrence of traumatic events
- the child's strengths, talents, abilities, sources of emotional support, and capacity for resilience
- child's strengths, talents, abilities, resilience

**Gathering**
- information using a variety of techniques
- Information from a variety of perspectives (child, caregivers, teachers)

**Conducting**
- ongoing assessments because symptoms often change as children develop and have new experiences and exposures to new stressors
Trauma: Healing and Best Practices

- Trauma assessments can discover likely risk behaviors (danger to self or others).

- A complete assessment can help spot the way an individual reacts and how his or her behaviors are linked to the past trauma.

- Not everyone who has been through trauma needs trauma-specific therapy.

- Some people have amazing natural resilience and are able to use their support system to help heal.

(Ryan et al., 2017)
Treating Traumatic Stress: *Important Ingredients*

- Promoting safety and building routines and rituals
- Teaching children stress management and relaxation skills to help them cope with distress and trauma reminders
- Talking about traumatic events in ways that enable children to master painful feelings and resolve the impact the events have on their lives
- Correcting untrue or distorted ideas about what happened and why
- Enhancing children’s ability to regulate emotions, behaviors, and physiological reactions

(Ryan et al., 2017)
Trauma Informed Care

• Difference between trauma treatment and Trauma Informed Care (TIC).

• Trauma Informed Care:
  
  • TIC is an approach that we all can take to the prevalence of trauma in our society and the recognition of the impact in people’s lives.
  
  • TIC sets out to create system-wide awareness of how to address the effects of trauma on people’s lives.
  
  • TIC basic tenants: 1. Do No Harm 2. Safety First.
  
  • TIC systems that are committed to not re-traumatizing people that they encounter.
  
  • TIC is not: “what’s wrong with you?” but “what happened to you?”

(Ryan et al., 2017)
Trauma Informed Care: *Three Key Elements*

- **Realizing trauma prevalence**
- **Recognizing multi-level impact of trauma**
- **Responding by putting knowledge into practice**

(Ryan et al., 2017)
Trauma Informed Care

Culture of Trauma Informed Care is built on 5 Core Values:

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment

(Ryan et al., 2017)
Examples of Evidence-Based Treatments

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Addiction and Trauma Recovery Integration Model (ATRIUM)
- Risking Connection
- Trauma Recovery and Empowerment Model (TREM and M-TREM)

- There are many different evidence-based trauma-focused treatments. A trauma-informed mental health professional should be able to determine which treatment is most appropriate for a given case.

(Ryan et al., 2017)
Other Promising Practices

Some other promising practices include:

• Alternative for Families: A Cognitive Behavioral Therapy.

• Child and Family Traumatic Stress Intervention (CFTSI).

• Sanctuary Model.

• Seeking Safety for Adolescents.

• Structured Sensory Intervention for Traumatized Children, Adolescents and Parents, for At-Risk and Adjudicated Youth (SITCAP-ART).

• Trauma-Focused Coping (TFC).

(Ryan et al., 2017)
Assessing ADHD

• There’s no single test to diagnose ADHD & few diagnostic instruments for facilitating assessment (especially for very young children)

• Components of a comprehensive assessment need to include the following:
  • Thorough medical examination (including vision and hearing screenings)
  • Psychological assessments and evaluations for commonly co-morbid/co-occurring disorders associated with ADHD
  • Educational evaluation
  • Behavioral rating scales/checklists interpreted by a mental health or medical provider (again, we often run into the subjectivity of the person filling out the checklist)

(Barkley, 2015)
Treating ADHD

A comprehensive treatment plan can include the following components:

• Parent/caregiver and child education about ADHD diagnosis, its causes, and the course of treatment

• Behavioral therapy for the child to manage his/her behaviors and acquire new skills

• Mental health counseling for the child, as well as the family, to address relationship, self-esteem, discipline, and parenting concerns, among other issues

• Parent-care-giver training classes or programs to help them address the child’s behavior

• Educational program modifications and supports, including 504 Plans, tutoring, and special education programs

• ADHD medication prescription, in conjunction with regular monitoring

(Barkley, 2015)
Screening Tools and Assessments

• Conners Test (Conners 3)
• Vanderbilt ADHD Scales
• Behavior Assessment System for Children (BASC)
• Quotient ADHD Test

Assessments should involve the Primary Care Physician and mental health professionals, parents/caregivers and teachers.

(Barkley, 2015)
Benefits of Integrated ADHD Care

Patients and doctors working together in this service delivery system...

...report improved satisfaction

...better quality outcomes

...lower costs to the health system

(Barkley, 2015)
Treatment Importance

Without appropriate identification and treatment, a child with ADHD can experience the following:

- School failure
- Depression
- Failed relationships
- Substance abuse
- Conduct problems
- Derailed healthy emotional/social development

- Health problems
- Limited capacity to handle stress
- Self-esteem challenges
- Brain developmental delays

All these are true with Child Trauma, too...

(Barkley, 2015)
Test Your Awareness

https://www.youtube.com/watch?v=Ahg6qcgoay4
Parting thoughts...

Please, remember the importance of you, of what you are, and of what you do.

“Don’t set yourself on fire trying to keep others warm.” – Penny Reid
Thank you & have a great day!
ADHD Resources for Providers

National Institute of Mental Health Publications


Screening Tools

• http://www.pearsonclinical.com/contact.html

Information and Education

• Center for Disease Control and Prevention
  • http://www.cdc.gov/ncbddd/adhd/

• Children And Adults with ADHD (CHADD)
  • http://www.chadd.org/
Additional Resources

ADHD and You
• http://www.adhdandyou.com/

ADHD Awareness Month
• http://www.adhdawarenessmonth.org

Attention Deficit Disorder Association
• http://www.add.org/

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
• https://chadd.org/

National Resource Center on ADHD
• http://www.help4adhd.org/

The National Child Traumatic Stress Network
• www.NCTSN.org

Compassion Fatigue Awareness Project
• https://www.compassionfatigue.org
References

References


