

[00:00:01.390] - Lisa Qualls

Welcome to the Adoption Connection podcast, where we offer resources to equip you and stories to inspire you on your adoption journey. I'm Lisa Qualls.

[00:00:10.400] - Melissa Corkum

And this is Melissa Corkum. Don't worry, we get it, and we're here for you.

[00:00:19.170] - Lisa Qualls

This week, we're bringing you a recording from a recent workshop that took place in the Village.

[00:00:25.050] - Melissa Corkum

In case you haven't heard about it, the Village is our membership community where you can find support and training to meet your needs. For more information, head to the adoptionconnection.com/village.

[00:00:35.740] - Lisa Qualls

We hope you enjoy the workshop.

[00:00:41.770] - Lisa Qualls

So today, we have our good friend Kay Heikes here speaking on the topic of Is it Trauma or ADHD? And this is clearly a very popular topic based on the number of you showing up live, which we're just thrilled about. So, Kay, would you like to just go ahead and introduce yourself and take it away?

[00:01:04.210] - Kay Heikes

I am Kay Heikes, and I am first and foremost a wife and a mom to four kids. I have three boys by birth that are like 25, 23 and 21. And then we have a daughter by adoption who is 13. And she is a big part of how I began my journey to understand adoption and trauma, and how do we help our kids be the best human beings they can be? I'm also a therapist, so I'm in private practice. This all came about as a result of my journey through adoption. And my practice is made of primarily clients who are foster and adoptive parents. I'm going to share just a little bit of my story of how I've come to become really interested in and passionate about ADHD and trauma. And it really starts with my own daughter and becoming a connected parent, working very hard. She came to us as an infant, and so working very hard over the years to respond to her very consistently in a connected parenting way. Once she was about three when we became familiar with and I became trained as a TBRI practitioner, trust based relational intervention practitioner. And so we were doing this and doing this and parenting and parenting, and we just weren't seeing the gains that it seemed like we should have been seeing by the time she was around seven or eight. And I was just really confused by that. And so I began to do a little bit more digging deeper. At that time, she became diagnosed with Dyslexia. And as I was researching Dyslexia, I came to find out that there is a large percentage of comorbidity or happening at the same time, Dyslexia and ADHD, which then made me start to think about, hmm, could these behaviors be ADHD? And so then we went into the journey of getting a diagnosis and then starting finding out, yes, she is, and she's pretty extreme. And so then we started the journey of how are we going to respond to this? And then as I was doing that, I was also starting to be more mindful that ADHD and trauma can coexist and began sitting with parents in my office and kids and beginning to get very curious about could there be more going on here? There's two different extremes that I came to be very aware of. One is either families and pediatricians have seen the behaviors of children who come to us with trauma as 100% ADHD related, and with no conversation about the impact and the influence of trauma on behavior and really assessing, what are we seeing here? Are we seeing ADHD? Are we seeing trauma? Are we seeing both? Or I saw the other side that there was kind of no acknowledgement of ADHD, and if we just use enough connected parenting, these behaviors will subside. And without a recognition and acknowledgement that ADHD is a brain based issue that most kids are not going to grow out of, and we're not going to parent them away. What we're going to do is we're going to figure out how to help our kids be the best person they can be with this unique part of their brain, which has lots of positives. But as they're growing up, sometimes as parents and educators, we just see the hard parts of ADHD. I'm going to go to my presentation now. So today I want to just kind of share with you what I've been learning as I've been into a deep dive for the last couple of years of trying to understand these issues of trauma or ADHD. And the question is, does it

really matter? Does it matter that we figure it out, that we think about which it is? So today we're going to talk a little bit about what is ADHD, what also is trauma and complex developmental trauma, because that's what most of us are dealing with, who have had trauma come into our home through adoption and foster care. We're going to look at how the two are different and how they're similar. And then we're going to understand and talk about how understanding the differences and the similarities between ADHD and complex developmental trauma might influence our choices of intervention. Trauma is a description of when children have been exposed to multiple traumatic events, not just one. They're usually invasive and interpersonal. The child's trauma was created by another person in relationship with that person, and there's usually a wide range of responses and longterm effects of this exposure. These events tend to be severe and pervasive, such as abuse and neglect, as we often see in our kids who have come to us through adoption and foster care. And again, why it's called developmental trauma is it's occurring early in the life, during the child's development and their formation of a sense of self? So when different types of trauma are occurring in an infant, a one year old, a two year old, and three year old, as they're developing their sense of self, you're going to see a developmental response to that trauma, and usually it's a delay and it's an impact on how they will develop at that time and over the lifespan. What I wanted to look at is a developmental trauma symptom checklist that kind of pulled together from lots of different resources. Is this developmental trauma or is this ADHD? And there's a couple of different categories we're going to look at. The first one is emotional regulation difficulties. Now here, we see a lot of overlap between developmental trauma and ADHD, but a big one that separates out developmental trauma is flat and numb emotional expression. We're not going to see that in ADHD, and we won't see it in all cases of trauma, but when we do see that, we know this is a response, a trauma response and not an ADHD response. Some of the other emotional regulation difficulties that we're going to see in both ADHD and developmental trauma is going to be developmental regression, emotionally acting like a younger child, frequent crying and irritability and crying in appropriate situations, excessive worry, nervousness fear, shyness, intense emotional outbursts, those big meltdowns that's going to be in both an irritability and then in general, a lack of coping skills of dealing emotionally with stress Adversity, Again, that's going to be present in both ADHD and developmental trauma. So that makes it much more confusing to tease out. In the psychological body complaints difficulties, we see a lot more unique symptoms to developmental trauma that are not as present or rarely present with ADHD. One of those is going to be unexplained physical complaints, headache, abdominal pain, any kind of physical complaining that we pretty much can't figure out. And there's no true physical origin too. Big one that comes with trauma and not ADHD is eating disturbances. Our kids who hoard and gorge and hide food, refuse food or eat strange things, that is going to be much more common with trauma. What you see with ADHD kids around food is usually an extreme pickiness, and that's going to come along with sensory issues often. And so if we're looking at the sensory side of trauma, we're going to maybe see that in trauma, the pickiness, but it's really a very frequent symptom in ADHD, but not gorging, not hoarding, not hiding foods, those sorts of things. Those are related to trauma, unexplained weight gain and loss. When we're not on any kind of medication, that's going to be more related to trauma, failure to thrive, where we see issues with an uretisis, incompresis, constipation, hair loss, and an exaggerated startle response, again, those are trauma responses. We are going to see hyper vigilance in ADHD often, but it's not going to be coming from the same origin as trauma, and you're not typically seeing that exaggerated startle response in ADHD. And social difficulties in developmental trauma, again, lots of overlap between ADHD and trauma. The thing I think through the research that I have been perusing over the last couple of years, what I'm finding that separates trauma out from ADHD and social relationships is this intense preoccupation with safety of the caregiver or difficulty reuniting with the caregiver after a period of separation, and that separation could even be a couple of hours. So that intensity in the relationship between the caregiver or the parent and the child, those issues and those struggles are going to be far more related to trauma than they are to ADHD. We will talk about the impact of ADHD on the parent child relationship, but the origin of those difficulties between the parent and child are not necessarily going to be coming from ADHD, but more so from trauma. I think sometimes we see an overlap in the inappropriate peer relationships. We see overlap between ADHD and trauma in relational conflict, in the difficulty maintaining and keeping friends, and in the areas of lacking empathy, compassion, remorse. We feel a lot of overlap. Deep seated shame is more unique to trauma, but I think over the course of years, sometimes by middle school and high school kids with ADHD and no trauma often carry a lot of shame from all, especially when their ADHD has been undiagnosed and nobody's understood where

the behaviors are originating and coming from. Okay, so now we're going to talk a little bit more about ADHD and its unique characteristics. And then we'll go into the overlap. One of the key pieces of ADHD separate, for example, that shows up and is diagnosed in a child who has no known trauma is the fact that it is a neurodevelopmental disorder. Its disabilities are associated primarily with the functioning of the neurological system in the brain. So most often we believe that at least a piece of ADHD we are born with and it resides in the way the nervous system is developing in the brain. ADHD is thought that it's the neurotransmitters that signal the neurons that are affected. So there's a lot more going on in the brain from birth with ADHD. Now as we look at some of the symptoms of ADHD and those a big one that we see is executive functioning, skill problems. Now, we also see that in developmental trauma as well. So I'm really hesitant to say that any of these are unique to just ADHD because I think what the research shows is that we see them in both. It depends on what the origin of these behaviors comes from. Now, a couple of things that I feel like the research set is reporting that we're seeing a little bit more unique to ADHD would be the symptoms of having a hard time with the sensing, the passing of time. So the concept that when you say to them their homework will take ten minutes in their mind, they don't have that concept and it feels like all day or they're doing an activity playing with Legos, and they feel like they've only played for ten minutes, but, you know, they've played for an hour and a half or when we tell them five more minutes, oftentimes they don't have a concept of how long that is. Another unique quality, I think, that's seen more often in ADHD would be the difficulty tolerating boredom and a lot of sometimes struggle with being able to play by themselves and have individual creative self play that's often lacking in ADHD and not so much in trauma. With ADHD, another symptom that's unique to it is having a hard time recalling how he performed a task in the past in order to apply it to the future. So it's almost like it's a new task every time. So if you think about our kids that were just like, but you know how to do this, you've done it before and they're looking at you and saying, I don't know, I don't know, I can't do that. It's equally hard often times for them kids with ADHD every time to try some of the more difficult non preferred tasks. That also leads to difficulty with future planning. They really struggle to put themselves into the future and imagine what that looks like and then come back and take the steps it takes to create what they imagined. A good example of this would be cleaning your room. If we ask them to clean a room, typically, what most of us do without even realizing it is we think to what our room has looked like when it was clean. And then we look around and figure out the tasks that we want to do to create that picture again, and we figure out the order we want to do those tasks in. For kids with ADHD, this is just a muddled mess because they can't envision even what the room is going to look like clean in order to put those tasks in place to get another more unique to ADHD symptoms would be the chronically disorganized for getting materials and completing homework but not turning it in. Now if we've got a severely traumatized child who is struggling with disassociation a lot, I think you're still going to see those characteristics with trauma. So I really want to remind us all of that. Some of the overlap in executive functioning would be struggles that both ADHD symptoms and developmental trauma systems are going to be struggling with unstructured time, needing lots of prompts to get through non preferred tasks. Impulsivity is in both the origins and the reasons for that impulsivity are often very different. In trauma, the brain has not been mentored to pause and think. There's not been a lot of co regulation to allow that part of the brain that manages impulsivity to develop. And so that's how it's going to show up in ADHD or in trauma, and it's going to show up in ADHD. It's kind of probably being there almost from the get go. Sometimes we just don't recognize it in younger children until it becomes an interference with relationships. So we were talking about executive functioning skills. But now we're going to go to emotional regulation skills as it relates more to ADHD. Okay, so what's common with ADHD and trauma is going to be that they both are going to appear to be several years behind socially and emotionally than their chronological age. We're going to see that in both. In both, we're going to see the difference, the struggle with differentiating between small problems and big problems. Everything is a big problem for separating on the negative. We're going to see that oftentimes in both. What's unique to ADHD at times is having a hard time solving problems and wanting someone else, wanting you or the teacher or someone else's problem solve those for him. Many kids of China are going to seek out help, aren't going to want help or just going to avoid you will still see this with some kids in trauma, but I do think it can be, from what the research says, a little bit more unique to ADHD. And another thing that we see often in ADHD that we don't see in developmental trauma would be difficulty with competition. And so when you see that, the extreme difficulty, it might give you pause to ask yourself, is this more an ADHD thing? That doesn't mean it's not going to show up with trauma. Oftentimes with ADHD kids, we see they're able to hold it together during school and then they have

that big after school meltdown. I do think from what the research shows, that is more common in ADHD than it is in trauma, but it can be there for trauma as well. So I want to recognize there's a lot of overlap, as I said earlier, between emotional regulation skills in both ADHD and trauma. Okay. Social skills, lots of overlap here. Very, very overlapped. One big difference between trauma and ADHD is kids with ADHD have a lot of difficulty reading a room, recognizing what's happening, assessing emotions and connections. Kids with trauma are almost over aware of everything that's happening in a room because their trauma has caused that hyper vigilance to be in place. So I feel like that's a big one. Another one that's a little bit more unique to ADHD would be labeling other kids with ADHD who are just like them as annoying and weird, despite the fact they're just like them. This is a huge one that I see often in kids who have ADHD, and I don't see this in my kids that I work with that have trauma and don't have an ADHD diagnosis. Another one that's unique, ADHD is perceiving. He's being bullied without recognizing that the child did something to cause that negative reaction, very unaware that their behavior brought on in that negative action from their peers. So they weren't necessarily truly being bullied. It was just their peers response to that child's choice of behaviors. So those are the big areas I think we see as really different. Some overlap in social skills is both ADHD and trauma will have a tendency to police other kids, will frequently interrupt others, have impulsively and lack of filter, had friends in elementary school but start to struggle when they get to fifth or 6th grade. And I would say both kids who have experienced trauma and have an ADHD diagnosis will have trouble with social cues. So here are some myths about ADHD that I think are really key and really important for us all to think about. It's often seen as not a real medical condition, but it is by the American Academy of Pediatric Physicians. It's considered a medical condition where there is a brain wiring and signaling difference that can be seen on brain imaging. So it's not just something that's made up and it's not just something that people use as an excuse to cover up other things. There's a myth that it's not a serious disorder, but it really is. It affects learning, home life, social relationships, and self esteem in a very big way. Another myth is that people with ADHD can never focus. And actually they have a lot of trouble with focus. But it's not that they can't focus. It's that they're easily distracted or they become hyper focused on preferred tasks and cannot pull themselves away. And then another myth is that kids with ADHD will outgrow it. And there's just so much growing body of research and literature about adults who were not diagnosed as kids but have lived with ADHD their whole lives and are finally getting a diagnosis as an adult and then beginning to understand how they can help themselves as a result of that. All right. So one of the places that I really want to talk about the overlap, and this is a very long slide. So you might want to take a picture of it because I'm not going to read the whole thing. But it is the fact that the neuropigenetic pathways of the brain are what underlies the struggles of ADHD in the brain. And it also is what underlies some of the struggles in brain changes with kids with trauma. So it's in the same area of the brain. It affects the neurochemistry of the brain. Dopamine is a big one that's associated with behavior and impulsivity and focus and planning. And there's often in trauma, a lack of dopamine, a lack of serotonin, and other parts of the neurochemistry that help us regulate and feel good. And so there are often times both of those are present with ADHD and trauma. Okay. So here we're going to start talking a lot about the overlap and the differences even more. And I want to kind of share a few stories very quickly about why I'm so concerned about thinking about both of these, is that we have to consider for our complex kids that both can be taking place and how we can begin to filter and look at through a lens of both trauma and ADHD with our kids and think about how do I meet both of those issues if both are present? And I think that's really hard to think about. But it's super, super important, in part because what the research shows with ADHD is the two key pieces to treatment of ADHD are going to be medication for the brain based differences and changing the way we parent. What I feel like sometimes is some of our children not all may benefit from medication if they truly have an ADHD diagnosis. But what's hard is sometimes ADHD medication can trigger a higher trauma response because of the stimuli. And so then we have to think about if we are going to go down the road of medication, we may need to think about with our provider who is working with us to consider medication. What is going to be the best medication for a child who's both got a history of trauma and looks like they have a brain based difference that would qualify them for an ADHD diagnosis. And sometimes that's not going to be a stimulant medication, which is the first go to if a child has no trauma and just has ADHD. Now, medication is a really touchy topic, and I'm not really a promoter of you should do medication, you shouldn't do medication. What I try to promote with parents is curiosity and exploring how is my child doing? What does my child need to be supported in their brain to be doing better? And for some kids who have both trauma and ADHD, some medication can really help

with those ADHD symptoms and then allows them to have more energy to work through and address the trauma symptoms, and they're not fighting both at the same time. Also, sometimes we need to be aware that we have to have a lot of Grace for the ADHD symptoms because there is another medication at this time that's going to be effective until we've addressed the trauma. We have to keep both of those things very much in the forefront of our mind, and then we need to be thinking about what other interventions can address both. And a really big one that is very hard, I think, for us trauma parents to begin putting into effect on our life so that we can help support our kids with it is mindfulness and slowing down and helping our children's capacity expand through mindfulness. And there is a large body of research that supports mindful meditation, mindful breathing, and mindfulness. Addressing the nervous system can have an equal impact on ADHD as it does on trauma, but it takes a lot of practice, and our kids need a lot of modeling, and they need the opportunity to practice, practice, practice, practice before we're going to start seeing some changes in the symptoms that come with either trauma or ADHD or both. And so as I want to wind up and give us some opportunity to consider some questions, I just want to go back and remind us how do we approach both of these issues with curiosity? They're very, very difficult to tease out. And oftentimes we have to make sure that the providers we're working with are taking both of these lenses into consideration. If you have educators and a physician who are just looking at ADHD, you want to remind them that you have a child with a history of trauma. As you think about is this ADHD or trauma or both. And if you have a child with trauma, you don't want to rule out that there may be ADHD going on, that you can help with that. It may come to them genetically, and it may also have been exacerbated by their early childhood distresses and chronic stress. And then finally, parenting is the key for both. So as I mentioned earlier, the research shows what helps ADHD the most is a combination of medication and a change in parenting. And that change in parenting is where we go from a reward system and a punishment based system to a connected parenting system that has very high structure, probably a higher structure with kids who have ADHD symptoms than kids who are just in the trauma category. And with that higher structure comes a lot of focus on teaching those executive functioning lagging skills, over and over, repetitive experiences of us teaching them because they're not coming online automatically and us teaching those regulation skills, those emotional regulation skills, those are lagging skills. And we need to be teaching, teaching, teaching because they're not going to necessarily come online on their own by observing others. And so when we parent with connection, high structure and a focus on teaching lagging skills, we're going to see both symptoms of ADHD and trauma over the long haul are going to improve. So with that, I'm going to step out of my slide presentation and I wanted to go to asking some questions.

[00:31:04.590] - Lisa Qualls

Well, thank you so much, Kay. We really appreciate you. I have to say, for all of you listening, Kay normally teaches this presentation over 50 minutes and not condensed like this, so I know there was a lot of content. This is great information for all of us. If you are listening to this on the podcast, the full recording of this workshop is available in the Village. So Kay, how can people find you?

[00:31:30.990] - Kay Heikes

So the best way to find me would be through my website. My website is Heart in Hands KC, and that hands is plural, so it's heartinhandskc.com.

[00:31:50.850] - Lisa Qualls

Great, thank you. And for those of you listening on the podcast, we will have the link to our website in the show notes.

[00:32:02.830] - Melissa Corkum

We are so thankful for the amazing guests who share their wisdom and expertise in the Village. Adoptive parenting gives us both the challenge and the opportunity to keep learning new tools and perspectives.

[00:32:14.890] - Lisa Qualls

Each workshop in the Village is followed by a live Q and A with our guests if you're not already a member of the village, we invite you to join us for regular gatherings and workshops where you will find the tools you need for exactly where you are.

[00:32:28.630] - Melissa Corkum

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[00:32:54.910] - Lisa Qualls

Thanks so much for listening. We love love having you and remember you're a good parent doing good work.

[00:33:02.410] - Melissa Corkum

The music for the podcast is called New Day and was created by Lee Rosevere.