

ClearMinds



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What Have We Been Up To?

Dr. Dalea Launches Humanitarian Mental Health Initiative :

This past year, Dr. Dalea has co-founded a humanitarian working group called Keif, alongside three other psychologists. The group was born out of a shared commitment to support children and families affected by war and displacement, particularly in the Middle East.

Keif provides mental health and educational support to those navigating the psychological toll of conflict. So far, their efforts have been focused on families from Gaza, with plans to extend their reach to other regions such as Lebanon in the coming year.

This initiative reflects the values that underpin the work we do at Clearminds: compassion, community, and care that extends beyond borders.

If you would like to learn more, contribute, or explore ways to get involved, you can reach the team directly at :

info@keifcommunity.com



What If ADHD Is a Cry for Connection?

"The infant is not only fed and comforted but is neurologically shaped through these thousands of micro-interactions"



By Hacer Subais, MSc

When parents encounter the diagnosis of Attention-Deficit/Hyperactivity Disorder (ADHD), it is usually introduced as a neurodevelopmental disorder. The message is that the child's brain carries an inborn dysfunction, often framed as genetically transmitted or chemically imbalanced. Yet such a framing risks overlooking one of the most fundamental insights of developmental psychology: the human brain is not fully completed in its development at birth. Rather, it continues to develop intensely in interaction with the caregiving environment.

The Sensitive Period of Life :

Researchers have shown that the first months and years of life represent a sensitive period of development. During this time, neural circuits are rapidly forming, pruning, and reorganizing. Crucially, the quality of early interactions — the caregiver's ability to notice, respond, soothe, and attune — becomes a core organizer of the infant's brain. The infant is not only fed and comforted but is neurologically shaped through these thousands of micro-interactions.

If these interactions are consistent and nurturing, the child develops core capacities such as emotion regulation, impulse control, and trust in others. But when they are disrupted, the developmental trajectory may shift. These disruptions are sometimes described as bonding breaks (Ladnier & Massanari, 2001) — moments in which the infant's need for containment, comfort, or repair is not adequately met. Bonding breaks can occur for many reasons: maternal depression, premature birth requiring separation, overwhelming stress in the family system, or subtle misattunements that go unrepaired.

From Bonding Breaks to Symptoms :

When bonding breaks accumulate, the infant may become chronically overstimulated without being sufficiently soothed. Neurobiological research shows that such condition



So, instead of yelling at your popcorn-munching partner, you might try a little humor: "Hey babe, can we put your snack on mute?" You might still be annoyed — but you'll be in charge of your response.

In other words, what is clinically labeled as ADHD may, in fact, function as a non-verbal cry for help — an embodied attempt to restore regulation in the absence of words. This conceptualization does not deny the seriousness of the behaviors, but it reframes them: rather than “deficits” to be corrected, they are communications to be understood.

Implications for Parenting :

This attachment-based reading carries significant implications for how parents approach their child. Instead of focusing only on behavioral control or on pharmacological solutions, caregivers are invited to consider what the behavior means in relational terms. The question shifts from “How do I stop this behavior?” to “What does this behavior reveal about my child’s early experiences of safety and connection?”

In practice, this means recognizing that the child’s struggle with attention or self-control may not be defiance but an echo of unmet needs during the sensitive period of life. Approaches that emphasize repairing relationship — consistent emotional availability, empathic listening, predictable caregiving routines, and therapeutic interventions such as family or play therapy — offer pathways to healing that go beyond symptom suppression.

Reading ADHD through the lens of attachment challenges the dominant view of the condition as a purely neurodevelopmental disorder. It suggests that what we often interpret as “inattention” or “hyperactivity” may, at root, be manifestations of attachment deficits shaped during the earliest phases of brain development. For parents, this perspective is not meant to assign blame but to open a space of possibility: if ADHD behaviors are also relational signals, then they can be met with relational repair.

In this sense, ADHD is not only a label but a mirror reflecting the profound influence of early caregiving on the developing brain. To see it this way is to see the child not simply as disordered, but as reaching — persistently, sometimes desperately — for connection



Hyperactivity, distractibility, and impulsivity can be read as the child’s non-verbal language, signaling an early relational injury rather than merely a “brain disease.”



Beyond The Clinic Walls: Understanding the nuances of Therapeutic Engagement

By Sara Caroppo MSc

“No one can be forced to grow;
the seed of change must be
planted from within.”

— Irvin D. Yalom



It is a familiar scene in private practice: a teenager sits opposite you, not because they chose to be there, but because their parents did. The commitment to therapy is external, and the young person's body language makes it clear they'd rather be anywhere else.

Having worked in schools in England and Dubai, as well as private clinics and charities, I have seen myself how the origin of the decision to attend therapy changes the entire process. In school counselling or walk-in settings, a young person often makes that choice themselves, however hesitant, and that single act of agency changes the starting point completely.

When a client seeks therapy of their own terms, there is already a seed of awareness and willingness to engage. They may be nervous or sceptical, but they have acknowledged something is wrong and are curious about finding solutions. That initial decision means the work can begin more directly; the focus can move to understanding and change, rather than first convincing them that therapy is even relevant.

In private practice, it is often the parents who have noticed a problem: the irritability, the withdrawal, the sudden drop in grades. The young person, however, may see none of this as an issue. I recently worked with a client who had no belief that anything needed to change, no goal to achieve, and no wish to be there. Her defiance towards her parents was so ingrained that she actively worked to derail therapy, not because she disliked me, but because sabotaging the process was, in fact, her ultimate act of rebellion. These are the moments when the *“solution before problem”* paradox appears. The adults have identified the problem whilst the young person hasn't, and sometimes even refuses to. Before any meaningful therapeutic work can happen, we have to bridge that gap.

The early phase in these cases is not about immediate change. It is in fact, about building trust so the young person feels understood, not managed. Helping them connect their own experiences with the idea that change might be useful, and reframing therapy as something they own, rather than something imposed on them. Inevitably this can take weeks or even months and that is even before the “real” work begins. It is why therapy in private practice can sometimes be perceived as slow compared to other settings. The reality is that we are not just addressing the presenting concerns; we are dismantling resistance, fostering awareness, and creating a space where internal motivation can grow.

Once a young person moves from “I’m here because they sent me” to “I’m here because I want to be”, the work gains depth and momentum. In schools and walk-ins, you may start with that commitment already in place. In private practice, we often have to grow it from scratch and that takes time. But the progress that follows is more resilient because it’s theirs.



“When people experience no control over their choices, they resist.
When they feel ownership, they transform.”

Edward L. Deci & Richard M. Ryan (Self-Determination Theory)



A Safe Space for Big Feelings

"Connection is the most important gift we can offer our children when they are emotionally overwhelmed.", Dr. Dan Siegel



Moni El Ramlawy

It's back to school season. Children and parents alike are navigating more stress – school demands, work pressures, and family responsibilities. When emotions run high, it becomes difficult to channel this energy. This can create a stressful home environment. As adults, stress can look like irritability, withdrawal, or overreacting. For children, it can show up through meltdowns and tantrums.

To regain our sense of calm, what we often need is safety and comfort. This can mean a space (a calm corner) to retreat and come back when we are ready. Creating a calm corner in your home is a space for adults and children to step away and self-soothe. This corner is not about punishment and it's not a "time-out". It's a space to pause and regulate.

A calm corner doesn't require much space. It just needs to feel safe and comforting.

How to Create a Calm Corner at Home:

1. **Choose the spot:** Ideally, choose a quiet corner away from distractions.
2. **Make it cozy & comforting:** Add cushions and a soft blanket to make the space inviting. Comfort helps the body feel safe.
3. **Add fidget tools:** Items like stress balls, or squishy toys help with restless hands while calming down.
4. **Add books:** Picture books, breathing tips, or short stories can help shift focus.
5. **Soothing extras:** Consider adding calming music, or a soft lamp to set a peaceful atmosphere.

It's important to remind ourselves that people do better when they feel better. Calm spaces help us cool off and feel better.

Extra Pointers:

- Create it together and MAKE IT FUN! Make it a weekend activity.
- Brainstorm how you would like it to look like and what colors you want to add.
- Encourage children to personalize the space with their favorite stuffed animal or drawings – it gives them ownership and makes the corner a positive resource, not a “time-out.”
- Let your children give it a special and playful name.
- A calm corner works best when introduced in a positive way, and not when your child is already in the heat of the moment.
- After it has already been introduced, when they are upset, ask “Would it help to go to your _____ place?”
- Model using the calm corner when you are upset. When children observe their parents using it, it teaches them that it’s a healthy coping strategy, and not a punishment. Modeling the behavior means encouraging it rather than enforcing it.

What would it mean for your family to have a space where all emotions are welcome?

If you would like to share photos of your calm corners with us, we'd love to see them!

Please feel free to send them via WhatsApp or email, or even if you'd like to post it on social media and tag us – go for it!



Every family needs a corner where it's okay to fall apart and still be loved.

If that space doesn't exist yet, maybe today is the day to start creating it.



Why worrying doesn't really prepare you for the worst

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By Dalea Alawar, PsyD

Many people believe that a certain amount of anxiety before an exam, an interview or before an important event sharpens their focus and makes them more ready. Or that anxiety about health issues can prevent serious health problems from happening because they are “catching” all the signs. Anxiety can make us feel like it’s helping us, or even that we need it.

When we feel anxious, our nervous system goes into a state of hyper-alertness. Our heart rate increases, our breathing becomes shallow, and our mind scans for danger. This gives us the sensation of being “switched on,” that we are spotting risks and “what if” scenarios that we otherwise may have missed had we not been on high alert.

This is often an illusion. Anxiety doesn’t truly prepare us. Instead, it narrows our perspective and drains our resources.

The Tunnel Vision Effect :

One of the biggest downsides of anxiety is tunnel vision. This is when we focus intensely on specific problems or “what if” scenarios. While we may end up feeling prepared for the scenarios we had imagined, what also happens is that we miss other problems that our mind was not focused on. For example, think of an anxious interviewee, who spends hours anxiously preparing for questions that may be asked of him. He will likely focus on questions that he is afraid he does not know the answers to. Come interview day, likely a third of the questions he had prepared for were asked and he was caught off guard with several questions he had not even considered!

Tunnel vision may make us feel like we are being vigilant, but it limits our ability to think more clearly and comprehensively about issues and we ironically often “miss” things anyway.

The Trap of Overplanning :

The most relatable way that anxiety shows up is in overthinking and overplanning for worst-case scenarios. On the surface, this looks like being thorough. In reality, it leads to mental exhaustion and paralysis. You can spend hours imagining failures rather than practicing effectively, or you procrastinate because preparation never feels “good enough” and “good enough” feels so out of reach. So, you end up feeling tired from all the thinking and delaying meaningful action which can impact your confidence and your actual readiness for something.

The Physiological Consequences of Feeling “Prepared” Anxiety comes with physical costs that challenge true readiness :

- Elevated stress hormones like cortisol interfere with memory recall and concentration.
- Muscle tension and shallow breathing disrupt steady, confident delivery when speaking.
- Racing thoughts make it harder to organize ideas or solve problems creatively.

Ironically, these physiological consequences of anxiety tend to result in not being effective in what you were planning for, which then reinforces your fear that you were not prepared enough.



A Healthier Way to Prepare :

Anxiety is an essential part of the human experience and we cannot live without it. It can save us from dangerous situations, It is the level of anxiety that we experience that matters. High levels of anxiety are needed for life-or-death situations, not for interviews. A small degree of arousal can be quite effective at boosting performance and preparedness. Some nervous energy can help us stay focused, encourage us to prepare, to learn, and to be thoughtful about things. It is when anxiety moves beyond this helpful threshold that it starts to interfere with, rather than support, our abilities.

So, how can we use anxiety to our advantage?



True preparation comes from clarity, not panic. Calm awareness helps you focus on what matters, remember information more easily, and make thoughtful choices. One of the most effective ways to prepare is to plan, learn, and/or practice during a state of calm. When you find yourself in a state of anxiety, take a break until you are back to feeling steady, and then return to preparation. Keep in mind, being prepared is not about being on high alert, but about being steady.

The good news is that preparation doesn't require suffering. By learning to develop calm focus, you can replace the illusion of anxious preparedness with the reality of grounded confidence.



Quiz Time : Myth or Fact ?

Take a guess (Myth or Fact)

Test your psychology knowledge! Can you spot the myths from the facts?

1. ADHD only affects children. (Myth/Fact)

☞ Myth. Adults can also have ADHD, though symptoms may look different from childhood.

2. Talking about suicide increases the risk of someone attempting it. (Myth/ Fact)

☞ Myth. Open and sensitive conversations can actually reduce risk and encourage people to seek help.

3. The brain stops developing once we reach adulthood. (Myth/Fact)

☞ Myth. The brain keeps changing throughout life thanks to neuroplasticity.

4. Sleep is one of the most powerful tools for mental health. (Myth/Fact)

☞ Fact. Quality sleep helps regulate emotions, memory, and resilience to stress.

5. Laughter releases feel-good chemicals in the brain.

☞ Fact. Endorphins and dopamine increase when we laugh, improving mood and bonding.



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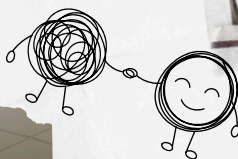
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