

IS IT ADHD OR CHILD TRAUMATIC STRESS?

It can be challenging to tell the difference between child traumatic stress (CTS) and Attention-Deficit/Hyperactivity Disorder (ADHD), as symptoms often look similar. This ongoing conversation among caregivers and professionals proves to be complicated as trauma may potentially mimic or even worsen ADHD-like behaviors. At the same time, both can coexist, making it harder to understand what a child is truly experiencing. When symptoms overlap, it becomes even more important to take a careful, trauma-informed approach to assessment and treatment to ensure children get the correct support.



- Difficulty sustaining attention
- Struggling to follow directions
- Difficulty with organization
- Constant fidgeting
- Difficulty waiting
- Talking excessively
- Losing things necessary for tasks and activities
- Interrupting upon others



ADHD



- Difficulty concentrating and learning in school
- Easily distracted
- Often doesn't seem to listen or be present
- Emotional reactivity
- Disorganization
- Hyperactivity
- Restlessness
- Difficulty sleeping



BOTH



- Feelings of fear, helplessness, shame, & vulnerability
- Avoidance of reminders of trauma
- Irritability, quick to anger
- Dissociation
- Continuous feeling of threat and/or danger
- Reckless, aggressive, or self-destructive behavior



CTS

ADHD is a common condition that begins in childhood and affects attention, self-control, and activity levels. Many children with ADHD continue to have symptoms as they grow older, though the way those symptoms show up may change over time. ADHD often runs in families, which points to a strong genetic connection. Other factors—like being born early, having a brain injury, or being exposed to alcohol or drugs before birth—may also increase the risk. While stress or family challenges don't cause ADHD, they can make symptoms more noticeable or harder to manage.

WHAT IS ADHD?

NCTSN

The National Child
Traumatic Stress Network