

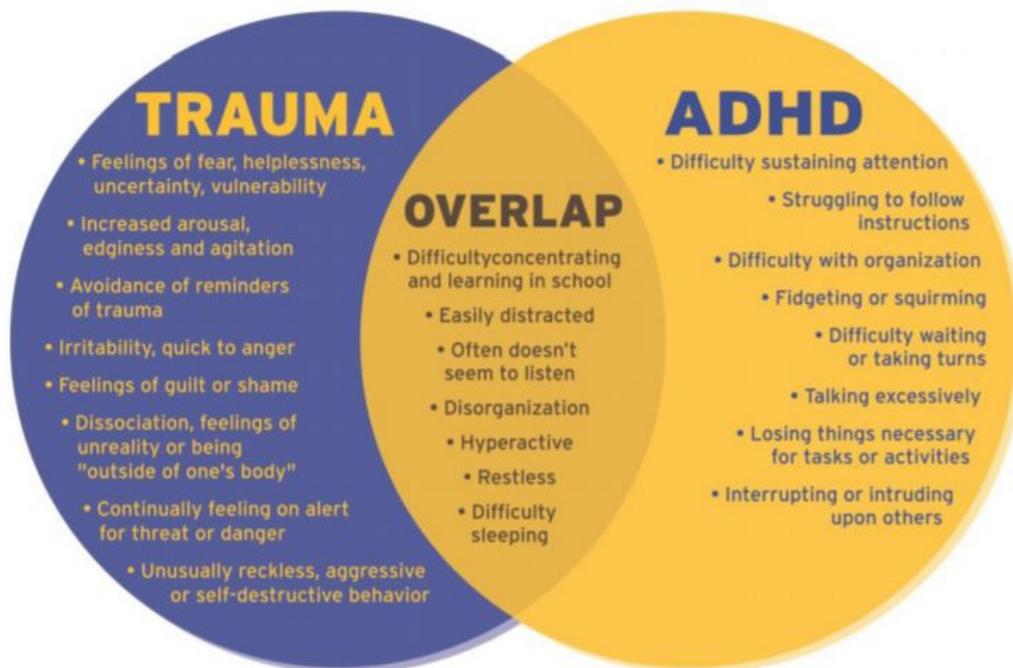


## The Overlap of ADHD and Childhood Traumatic Stress

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Educational neuroscience and the Adverse Childhood Experiences Study (ACES) are making it clear that adversity, trauma, and stress have significant effects on a child’s social, emotional, and cognitive development. Simply stated, stressed brains do not learn the same as brains that feel safe, can emotionally regulate, and feel connection. However, due to the fact that these indicators either go unrecognized or there is a lack of knowledge about their effects on learning and behavior, traumatized and stressed children are often identified or mislabeled as having behavior, discipline, and/or learning issues in a school setting (Harris, Lieberman, & Marans, 2007).

One important implication is the need for educators and other professionals working with students to take into consideration how closely trauma symptoms overlap with symptoms related to Attention Deficit and Hyperactivity Disorder (ADHD), as well as the other disruptive behavior disorders such as Oppositional Defiance Disorder (ODD), and Conduct Disorder (CD) (Ford, Racusin, Ellis, Davis, Reiser, Fleischer, & Thomas, 2000). All involve the dysregulation of emotional states (Saxe et al., 2007). This article will look more closely at ADHD in particular given its prevalence as a diagnosis within the current environment.



Siegfried, C. B., Blackshear, K., National Child Traumatic Stress Network, with assistance from the National Resource Center on ADHD: A Program of Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD). (2016). Is it ADHD or child traumatic stress? A guide for Clinicians. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.

The prevalence of ADHD diagnosis varies from seven to twenty-nine percent among school-age children (Barkley, 2006). The etiology of ADHD stresses biological factors over psychosocial factors and thus relies on the medical model to pursue psychotropic medication as the best course of treatment (Richards, 2012). However, as there has been a growing understanding of the overlapping features of ADHD and child traumatic stress, it has become necessary to adjust how we approach the assessment and treatment strategies of both. Szymanski, Sapanski, and Conway (2011) pose the following questions when considering a trauma-ADHD association: “First, is exposure to trauma a risk factor for the development of ADHD? Second, is the diagnosis of ADHD a misrepresentation of symptoms related to traumatic exposure?” (p. 51). Trauma may be a risk factor for ADHD given trauma exposure strongly impacts a child’s ability to regulate their emotions and ADHD, as well as ODD and CD, all involve difficulties in regulating emotion and affect (Szymanski et al., 2011). Similarly, the symptoms related to avoidance, hyperarousal, intrusive recollection, and re-experiencing that are found in a trauma diagnosis mirror the following symptoms in an ADHD diagnosis: inattention, distractibility, avoidance of activities, fidgeting, excessive moving around, restlessness, disorganized and agitated behavior, and feelings of anxiousness (Szymanski et al., 2011). The difference in diagnosis lies in the fact that trauma symptomology stresses the inward manifestation while an ADHD focuses on the outward. The key takeaway for educators and others within school settings is the need to consider the overlap when determining treatment and response strategies. On the one hand, while medication may be an important part of a treatment strategy, it is necessary to consider psychosocial approaches when traumatic stress is involved. The resource below from the NCTSN offers a good guide on how to consider, assess, and treat both ADHD and childhood traumatic stress:

[Is It ADHD or Child Traumatic Stress: A Clinicians Guide](#)

In addition to the above resource there are three other targeted steps schools can take to pro-actively address both ADHD and child traumatic stress:

- Be sure to have the professionals at the table who have the best training to consider the effects of trauma on learning and behavior. This could include school psychologist, counselor, and social workers, as well as community mental health partners.
- Provide professional development to teachers and all school staff on the effects of trauma and stress on learning and behavior for ALL students. The following is a book study you might consider with staff:
  - [The Heart of Learning & Teaching: Compassion, Resiliency, and Academic Success](#)
  - [Book Study Guide](#)
- Teach students about their brains and provide them with strategies to calm their own stress responses.
  - [Sentis Brain Animation Series](#)
  - [Calming Strategies](#)

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