

Figure 1. Venn diagram of the overlap between posttraumatic stress disorder (PTSD) core symptoms, PTSD-associated symptoms, disorders of extreme stress not otherwise specified (DESNOS)/complex PTSD, borderline personality disorder (BPD), and major depressive disorder (MDD).

## TRAUMA

- Irritability, quick to anger
- Increased edginess and agitation
- Avoidance of reminders of trauma
- Feelings of fear, helplessness, uncertainty, or vulnerability
- Feelings of shame or guilt
- Dissociation, feelings of unreality or 'being outside ones' body'
- Continually feeling on alert.
- Heightened need to control environment and or other people
- Unusually reckless, aggressive, or selfdestructive behaviour
- Attachment problems
- Body memories
- Relational control of self or with others
- Emotional numbing
- Urges to isolate and withdraw from other people
- Intrusive memories related to traumatic experience (flashbacks)
- Occurs because of life experience

# ADHD

# **OVERLAP**

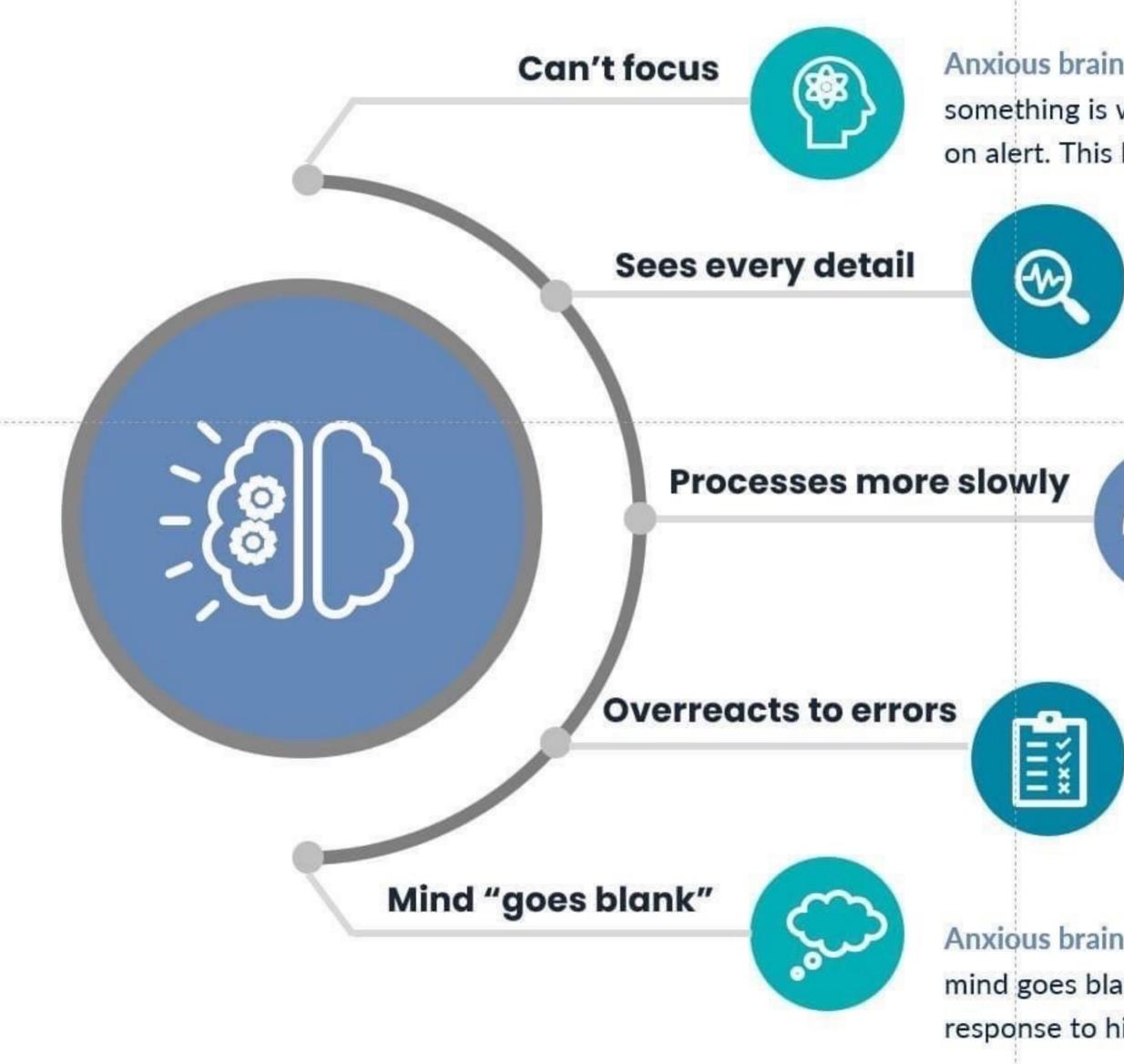
- Difficulty focusing
- Easily distracted
- Often doesn't seem to listen
- Disorganisation
- Tense hyperactivity
- Restless
- Difficulty sleeping
- Low frustration tolerance
- Difficulty understanding or expressing personal needs
- Low self-esteem
- Forgetfulness and spacing out
- Impulsivity
- Feelings of shame and guilt
- Mood regulation difficulties

- Difficulty sustaining attention
- Struggling to follow instructions
- Difficulty with organisation
- Fidgeting or squirming
- Difficulty waiting or taking turns
- Talking excessively
- Losing things necessary for tasks or activities
- Interrupting or intruding upon others
- Low frustration tolerance
- Poor planning
- Mood regulation difficulties
- Problems completing tasks
- Poor time management
- Hyperfocus on specific interests and activities
- A neurodevelopmental disorder that exists across the lifespan

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# **Anxiety and Information Processing**

Anxiety is not just an emotion. It is a brain-based information processing style. Anxious brains think differently than less-anxious brains.



Anxious brains are constantly on the lookout. Your brain is always checking for signs something is wrong. Any sensation, movement, noise, or thought can cause your brain to go on alert. This keeps you safe. It also saps attention needed for other tasks, so you can't focus.

Anxious brains focus on the details. Your brain processes every bit of info much more than other brains. So much data can be overwhelming. It can be impossible to see the "bigger picture" connecting all those details. Anxious brains also crave certainty. Not knowing or being "sure" feels uncomfortable.

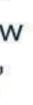
Anxious brains think carefully and cautiously. Your brain wants to protect you. This means your brain double-checks everything and tries hard not to make a mistake. This causes your thinking to slow down. Anxious brains prioritize "getting it right" over "going fast."

Anxious brains want to be perfect. Anxious brains show more activity in the brain region that lets you know if you've made a mistake. Anxious brains literally "overreact" to errors - or even the possibility of an error! This makes it hard to make decisions, take risks, and accept imperfection.

Anxious brains feel like the stakes are high. Everyone's brain "freezes" under pressure. Your mind goes blank, and you forget. Or you can't think of what to say or do. Freezing is a normal response to high stakes. But anxious brains freeze even when the stakes aren't high.





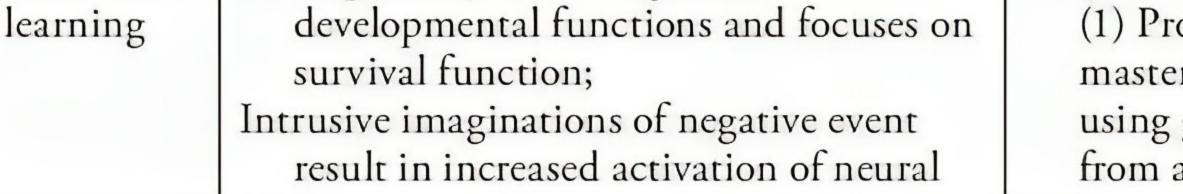


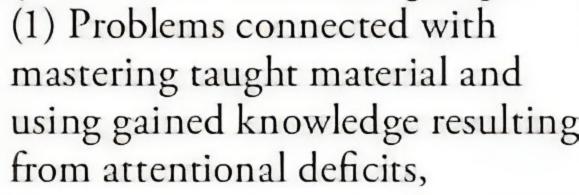






Symptom of	Causes							
functional disorder	PTSD	ADHD						
Hyperactivity	<ul> <li>Fear of event repetition;</li> <li>Alertness – state of readiness;</li> <li>Increase in tension and irritability;</li> <li>Responding with fear to stimuli associated with trauma;</li> <li>Lowered activity of anterior part of cingulated cortex – area of the brain inhibiting amygdala and other regions responsible for response to experienced fear;</li> </ul>	Neurobiological conditions;						
Attentional disorders	Result of concentration on searching for and identifying dangers;	Neurobiological conditions (low resilience to distractors, problems with inhibition of automatic reactions);						
Impulsiveness	Result of increased readiness; Defense reactions; Overreacting to stimuli associated with trauma;	Neurobiological conditions, deficits in respect of inhibition of reactions;						
Anxiety	Need for security; Fear of losing a parent; Increased separation anxiety; Lowered activity of anterior part of cingulated cortex – area of the brain inhibiting amygdala and other regions responsible for response to experienced fear;	Attentional disorders – poor attention shifting, resulting in concentration on stimuli eliciting unrest, inadequate attentional strategies based on the need for protection from potential danger; Thinking rigidity and tendency to persevere connected with operational memory deficits; Increased emotional reactivity observed in quick occurrence of emotional response and its high intensity;						
Aggressive behaviors	Fear of torturer; Lack of trust towards the world and people; Attempt at defending oneself; Attitude to avoid harm and ensuring one's security; Open hostility, anger, which result from lack of control over one's life;	Secondary to problems with inhibition of reactions; being result of irregularities in respect of functioning of social relations (need to dominate and control), lack of cooperation skills, reaction to rejection by social group;						
Sleep disorders	Nightmares (not only about event content) as symptom of reliving; Difficulties falling asleep and restless sleep as alertness symptom;	Possible difficulties with falling asleep connected with intensified level of motor and emotional system arousal;						
Problems with	Brain partially limits cognitive-	They are divided into two groups:						





### **Trauma Reaction Cards Checklist**

Client Name:\_\_\_\_\_

Date:\_\_\_\_

#### **Behavior Reactions**

Behavior Reactions		
□ Hitting	□ Arguing	Not Listening /Defiance
Fighting	Cursing	Breaking Things
🗆 Running away	Crying	Outbursts of anger
School Problems	🗆 Lying	Bathroom Problems
Avoiding people, places,	Acting younger than you are	Isolating yourself from others
things, or sensations related to	Unsafe sexual practices	Trying to end your life
the trauma	Stealing	Trouble with eating
Hurting your own body	Tantrums	Using drugs/alcohol/cigarettes
Taking out your feelings on	Difficulty separating from	Trouble getting along with
people you care about	caregivers	others
Trusting others too quickly/	□	
Inappropriate boundaries		

#### **Body Reactions**

Feeling like you are re-	Being on guard or constantly	Feeling disconnected from
experiencing the trauma	alert	your body
Jumpy or Easily Startled	Trouble with eating	Hyperactive
Body Feeling Shaky	Feeling short of breath	Nightmares
Trouble with sleep	Bellyaches/Nausea	Headaches
Low energy	Body Feeling of Panic	□
Body or muscles tense		

#### **Feelings Reactions**

🗆 Guilty	□ Having worries	🗆 Sad
🗆 Angry	Nervous/anxious	Moody/Irritable
🗆 Ashamed	Depressed	Helpless
🗆 Numb	🗆 Betrayed	Hopeless about Future
Rejected	🗆 Easily Upset	Not caring about others
$\Box$ Not enjoying the things used to	□ Feeling different from others	Embarrassed

#### **Brain & Thinking Reactions**

"Everyone is unsafe"	Not trusting others	"It's my fault" or blaming self
"The world is a bad place"	🗆 "I am bad"	Memories/Flashbacks
Difficulty Concentrating/	Forgetting parts of the	Tring to keep feelings/
Focusing	trauma	thoughts of trauma out of head
□ Thinking nothing good will ever	Thinking about the safety of	□Thoughts about what
happen	loved ones	happened pop into you head
Thinking about the trauma	Thinking about dying/	$\Box$ Pictures of what happen pop
often	wanting to die	into your head

Available for FREE download at www.TraumaReactionCards.com

Trauma Reaction Cards Checklist by Beth Richey, LCSW. PATENT PENDING. All rights reserved.

		A	UTONOMIC NER		VOUS SYSTEM: F * WHAT TO LOOI		L	ATION		
		<b>LETHARGIC</b> Parasympathetic I (PNS I)	<b>CALM</b> Parasympathetic II (PNS II) <i>Ventral Vagus</i>		ACTIVE/ALERT Sympathetic I (SNS I)	FLIGHT/FIGHT Sympathetic II (SNS II)		HYP <u>ER</u> FREEZE Sympathetic III (SNS III)	1	H Parasyr Dors
			"Normal" Life		Threat to Life					
PRIMARY	STATE	Apathy, Depression	Safe, Clear Thinking, Social Engagement		Alert, Ready to Act	React to Danger		Await Opportunity to Escape		Pre
AROUSAL	<u> </u>	Too Low	Low		Moderate	High		Extreme Overload		Exce: Indu
MUSCLES		Slack	Relaxed/toned	П	Toned	Tense	Г	Rigid (deer in the headlights)	Т	Flaccid
RESPIRATIO	N	Shallow	Easy, often into belly	П	Increasing rate	Fast, often in upper chest		Hyperventilation	Т	Hypo-ven
HEART RATE		Slow	Resting	П	Quicker or more forceful	Quick and/or forceful		Tachycardia (very fast)	T	Bradycard
BLOOD PRES	SSURE	Likely low	Normal		On the rise	Elevated		Significantly high		Significan
PUPILS, EYE	S, EYE	Pupils smaller, lids may be heavy	Pupils smaller, eyes moist, eye lids relaxed		Pupils widening, eyes less moist, eye lids toned	Pupils very dilated, eyes dry, eye lids tensed/raised		Pupils very small or dilated, eyes very dry, lids very tense	T	Lids droo open and
SKIN TONE		Variable	Rosy hue, despite skin color (blood flows to skin)		Less rosy hue, despite skin color (blood flows to skin)	Pale hue, despite skin color (blood flow to muscles)		May be pale and/or flushed	Τ	Noticeabl
HUMIDITY	Skin	Dry	Dry		Increased sweat	Increased sweat, may be cold		Cold sweat		Cold swea
	Mouth	Variable	Moist		Less moist	Dry		Dry		Dry
HANDS & FE		May be warm or cool	Warm		Cool	Cold		Extremes of cold & hot		Cold
DIGESTION		Variable	Increase		Decrease	Stops		Evacuate bowel & bladder		Stopped
EMOTIONS	(LIKELY)	Grief, sadness, shame, disgust	Calm, pleasure, love, sexual arousal		Anger, shame, disgust, anxiety, excitement, sexual climax	Rage, fear		Terror, may be dissociation	L	May be to to feel an
CONTACT W SELF & OTH		Withdrawn	Probable		Possible	Limited		Not likely		Impossibl
FRONTAL CO	ORTEX	May or may not be accessible	Should be accessible	П	Should be accessible	May or may not be accessible		Likely inaccessible		Inaccessit
INTEGRATIO	)N	Not likely	Likely	Π	Likely	Not likely		Impossible	T	Impossibl
RECOMM INTERVEN		Activate, Gently Increase Energy	Continue Therapy Direction		Continue Therapy Direction	Put on Brakes		Slam on Brakes		Mee CAI

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## \*Observe client states: To modulate arousal with brakes. Adjust in yourself: To think clearly & prevent vicarious trauma & compassion fatigue.

## HYPO FREEZE sympathetic III (PNS III) orsal Vagus Collapse Prepare for Death cessive Overwhelm duces Hypoarousal ventilation cardia (very slow) cantly low ooping, eyes closed or nd fixed ably pale weat

too dissociated anything sible

ssible

sible

## ledical Emergency ALL PARAMEDICS