

Trauma Syndromes: Common Differential Diagnoses to Consider

Anxiety Disorders

Similarities: Fear response, physical arousal, avoidance, irritability, and worry

Key differential features of anxiety disorders: Symptoms are not exclusively associated with a traumatic event or set of experiences

Anxiety and trauma syndromes often occur comorbidly

Major Depressive Disorder

Similarities: Low mood, irritability, negative beliefs, anhedonia, trouble with cognitive functioning, trouble with executive functioning

Key differential features of MDD: There are no intrusive symptoms and no avoidant symptoms

MDD and trauma syndromes often occur comorbidly

Personality Disorders

Similarities: Interpersonal troubles and difficulties with attachment in relationships

Key differential features of a personality disorder: The nature of their interpersonal troubles aligns with a personality disorder and they present with the other constellation of symptoms associated with personality disorders. There are no intrusive symptoms, and for those who experience a Criteria A type-trauma, interpersonal troubles were present before exposure to trauma.

Personality disorders are often associated with histories of trauma and may occur comorbidly

Obsessive-Compulsive Disorders

Similarities: Intrusive, unwanted thoughts

Key differential features of OCD: Intrusive thoughts fit the definition of an *obsession* and often have compulsions present. In a trauma syndrome, the intrusive thoughts specifically have to do with the trauma.

Traumatic Brain Injury

Similarities: Both can occur after a traumatic event and can result in difficulty with concentration, irritability, memory problems, sleep concerns, dizziness, and headaches

Key differential features of a neurocognitive disorder: Persistent disorientation and confusion are unique to a TBI. TBIs do not have re-experiencing or avoidance symptoms

Trauma syndromes and TBIs can occur comorbidly

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Psychotic Disorders

Similarities: Flashbacks can present similarly to hallucinations, illusions, or other perceptual disturbances

Key differential features of psychotic disorders: In a trauma syndrome, flashbacks are specifically related to a trauma and a re-experiencing

Bipolar Disorders

Similarities: Mania or hypomania can have similar symptoms of impulsive behaviors, irritability, or marked emotional dysregulation

Key differential features of bipolar disorders: Mania and hypomania occur episodically and in distinct periods of markedly different emotions, while these symptoms in a trauma syndrome are not as distinctly episodic and often have a trigger related to a traumatic experience

Trauma Syndromes: Common Differential Diagnoses to Consider

Misdiagnosis Monday

PTSD vs Autism

PTSD

Core Features

Presence of traumatic event; intrusive memories & flashbacks; nightmares; avoidance behaviors.

Hypervigilance and Sensory

Hypervigilance; heightened startle response. Sensory system operating on high alert.

Avoidance

Avoidance of things and places that remind them of trauma.

Emotions

Easily becomes emotionally flooded (or may be emotionally numb).

Cognitive

Negative beliefs of self and world; executive functioning challenges, rumination and "stuck points" in the trauma narrative.

OVERLAP

Dissociation

Intimacy difficulty

Increased risk of victimization

Negative beliefs of self and world

High rates of substance abuse, depression, self-harm, and suicidality

Hypervigilance/overactive nervous system/heightened startle response

Heightened sensitivities to sensory input

Difficulty managing intense emotions

Impulse control difficulties

Executive functioning difficulties

Sleep issues

Stimming

Autism

Core Features

Autistic communication patterns; difficulty intuitively reading NT social cues; special interests; routine & repetition; sensory sensitivities.

Sensory Sensitivities

Hyper or hypo sensitivities to sensory input; sensory differences are baseline.

Routines and Repetition

Repetitive behaviors & self-soothes through use of routines.

Emotions

Difficulty managing intense emotions; impulse control difficulties.

Cognitive

Negative self-views from internalized ableism; executive functioning difficulties; tendency to ruminate & obsess.

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MISDIAGNOSIS MONDAY SERIES

A person can experience both!

While this diagram captures common experiences, individual experiences vary. It is not intended for diagnostic purposes. For more information, visit neurodivergentinsights.com/misdiagnosis-monday

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Misdiagnosis Monday

ADHD vs PTSD

ADHD

Innate

Innate neurological wiring, present from childhood

Seeks Novelty

Motivated by new and exciting experiences*

Difficulty Regulating Attention

Persistent trouble focusing, except when highly interested

Hyperfocus & Creativity

Intense concentration on interests & creative, divergent thinking

Hyperactivity & Impulsivity

Restlessness & difficulty regulating impulses*

ADHD combined and hyperactive type*

OVERLAP

Sleep irregularities

Impulse control difficulties

Working memory impacted

High rates of substance abuse

Heightened sensory sensitivities

Attention, concentration & memory issues

Executive functioning difficulties

Emotional regulation difficulties

Increased risk of victimization

Forgetfulness & distractibility

Heightened startle response

Irritability, restlessness

Hyperarousal

PTSD

Trauma Onset

Develops in response to significant traumatic experience that underlies the disorder

Avoidance Behaviors

Avoids people, places, & things that remind them of the trauma, leading to a progressively smaller & more familiar world

Attention Difficulties

The presence of intrusive memories & vivid flashbacks interfere with attention and focus

Negative Core Beliefs

Rigid and negative beliefs about oneself and the world

Hypervigilance

Constantly being on high alert for potential threats

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