

## PTSD versus OCD

Many clients come to EMDR therapy to heal unresolved trauma and are completely unaware that they either do not have Post Traumatic symptoms at all or have Post Traumatic symptoms and OCD. This revelation might be shocking to the client at first, but relieving to know that the thoughts are from a disorder, not the core self.

What they have in common

- Intrusive thoughts
- Avoidance behaviors
- Repetitive behaviors
- Irrational thoughts
- Shame/Guilt
- Anxiety

|                              | OCD                                                                  | PTSD                                      |
|------------------------------|----------------------------------------------------------------------|-------------------------------------------|
| <b>Focus</b>                 | Future                                                               | Past                                      |
| <b>Repetitive behaviors</b>  | Not tied to a specific experience                                    | Preventing trauma from reoccurring        |
| <b>Avoidant behaviors</b>    | Prevents uncertainty                                                 | Prevents triggering memories              |
| <b>Thoughts and emotions</b> | Overestimate the meaning of thoughts and emotions and analyzing both | To be avoided                             |
| <b>Negative memories</b>     | Doubt, distrust, checking to see what could have been different      | Disturbance in thought, emotion, and body |

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| <b>Negative cognitions</b>             | Questions instead of statement-<br>Did I do enough?<br>Did it happen?<br>Why did it happen?                                 | Clear statement of self that is distorted-<br>I am defective<br>I am not safe<br>I am helpless                                                                      |
| <b>Core beliefs</b>                    | Thoughts and obsessions attack what we love the most, value driven                                                          | A defining event attacks what we believed to be true about ourselves and the world                                                                                  |
| <b>Fear of</b>                         | Losing control, perceived threats not necessarily tied to past experiences                                                  | Continues after threat is over, perceived threats due to past experiences                                                                                           |
| <b>What is happening in the brain?</b> | A disorder involving altered functional connectivity in the limbic and paralimbic systems. It is a highly genetic disorder. | A disorder of memory processing and neural network dysregulation, where traumatic events fail to integrate properly into standard autobiographical memory circuits. |

## What to look out for in each phase to distinguish OCD from PTSD

| Eight Phases of EMDR | It might be OCD if . . . .                                                                                                                                                                                                                                                       |
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| Phase 1              | They ask for a lot of reassurance from the therapist                                                                                                                                                                                                                             |
|                      | When taking a history they list <ul style="list-style-type: none"><li>• things that “could” have happened</li><li>• things that they “should have done”</li><li>• periods of time where thoughts felt out of control followed by compulsions</li></ul>                           |
|                      | They describe a parent or family member as having OCD, either diagnosed or not                                                                                                                                                                                                   |
|                      | Current intrusive thoughts and ruminations feel separate from the nature of the traumatic events. Such as fears of <ul style="list-style-type: none"><li>• Contamination</li><li>• Harm</li><li>• Responsibility</li><li>• Taboo thoughts</li><li>• Symmetry and order</li></ul> |
|                      | Current behaviors feel separate from the nature of the traumatic events. Such as compulsions of <ul style="list-style-type: none"><li>• Mental checking</li><li>• Reassurance seeking</li><li>• Rituals to prevent dreaded scenarios</li></ul>                                   |

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| <b>Phase 2</b> | They struggle to put thoughts in the container                                                                                                                                                                                                                                                                                    |
|                | They insist on trauma targets that aren't really past events. They are "what if" scenarios                                                                                                                                                                                                                                        |
|                | They struggle to relax into resourcing exercises                                                                                                                                                                                                                                                                                  |
|                | It seems that their brain can't quiet                                                                                                                                                                                                                                                                                             |
| <b>Phase 3</b> | Target is hard to describe and SUDS seems disproportionate to the disturbing event                                                                                                                                                                                                                                                |
|                | Insistence of negative cognitions that have "shoulds" or "coulds"                                                                                                                                                                                                                                                                 |
|                | Takes longer than usual to find NC and PC                                                                                                                                                                                                                                                                                         |
|                | The worst part is what could have happened instead of what did happen                                                                                                                                                                                                                                                             |
| <b>Phase 4</b> | There is no visible change in the first one or two sets of BLS                                                                                                                                                                                                                                                                    |
|                | <p>Instead of clearing a channel of the memory</p> <ul style="list-style-type: none"> <li>• They obsess about the details of the story</li> <li>• They search for evidence of contamination of self <ul style="list-style-type: none"> <li>◦ What they did wrong</li> <li>◦ What they could've done better</li> </ul> </li> </ul> |

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|                | <p>They seem to be explaining scenes of the memory to you</p> <ul style="list-style-type: none"> <li>• Desire to remember all the details</li> <li>• Not wanting to lose key information</li> </ul>                                                    |
|                | <p>Wanting reassurance that they are doing EMDR correctly</p>                                                                                                                                                                                          |
|                | <p>They report thoughts, not body sensations or emotions prompting redirection from you</p>                                                                                                                                                            |
|                | <p>They loop on thoughts for more than a set or two, with little or no change in SUDs</p>                                                                                                                                                              |
|                | <p>The target continually drifts to the future despite your efforts to bring them back to target</p>                                                                                                                                                   |
| <b>Phase 5</b> | <p>Display doubt of whether or not the PC is actually true</p> <ul style="list-style-type: none"> <li>• Finding areas of their life where it doesn't fit and needing to be redirected back to the memory</li> </ul>                                    |
| <b>Phase 6</b> | <p>Struggle to have a clear body scan</p> <ul style="list-style-type: none"> <li>• Looking for areas of discomfort</li> <li>• "Did I come in with shoulder tension? I can't remember. Hmmm . . . is this actually connected to the memory?"</li> </ul> |

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| <b>Phase 7</b> | They want to rehash the details of the memory rather than letting closure happen                                                           |
| <b>Phase 8</b> | They report to change in intrusive thoughts and ruminations                                                                                |
|                | The SUDS went back up                                                                                                                      |
|                | They spent the week rethinking the memory looking thoroughly for disturbance<br>Not trusting that the memory could stay at SUDS 0 or VOC 7 |

You can use further assessment tools such as the **OCD Trauma Timeline Interview (OTTI)** and **Yale Brown Obsessive-Compulsive Scale (Y-BOCS)** to further define the cause your client's symptoms. Then decide whether to treat PTSD or OCD first, depending on which is causing the client more suffering. Referring your client to a psychiatrist for a medication evaluation is often the best first step as OCD respond.

**OCD thoughts and compulsions do not respond well to EMDR.**

- EMDR targets specific traumatic memory networks that are stuck.
- OCD is not a memory network but rather a dysfunction of the cortico-striato-thalamo-cortical (CSTC) circuit.
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**OCD can respond to the Flash Technique**

- Target the disturbing thought that become an obsession
  - How disturbing is the thought?
- Target the compulsion by targeting the urge
  - How strong is the urge?

You can learn and use **The Distancing Technique** (the EMDR protocol based on AIP specifically for OCD)

**Exposure and Response Prevention (ERP)** is the current gold standard in OCD treatment.