



PTSD OCD & The Links Between

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Challenges & Hopes

- Low number of clinicians who work with both conditions
 - Lack of knowledge about links trauma OCD
- BUT – if you work with Trauma – you can work with OCD as well!
- Always practical!
- Integrating traditional CBT with Compassionate Brain Savvy approach
 - Confidence
 - Competence
 - Hope
- Always Kind: Do What Matters 😊





What cover today

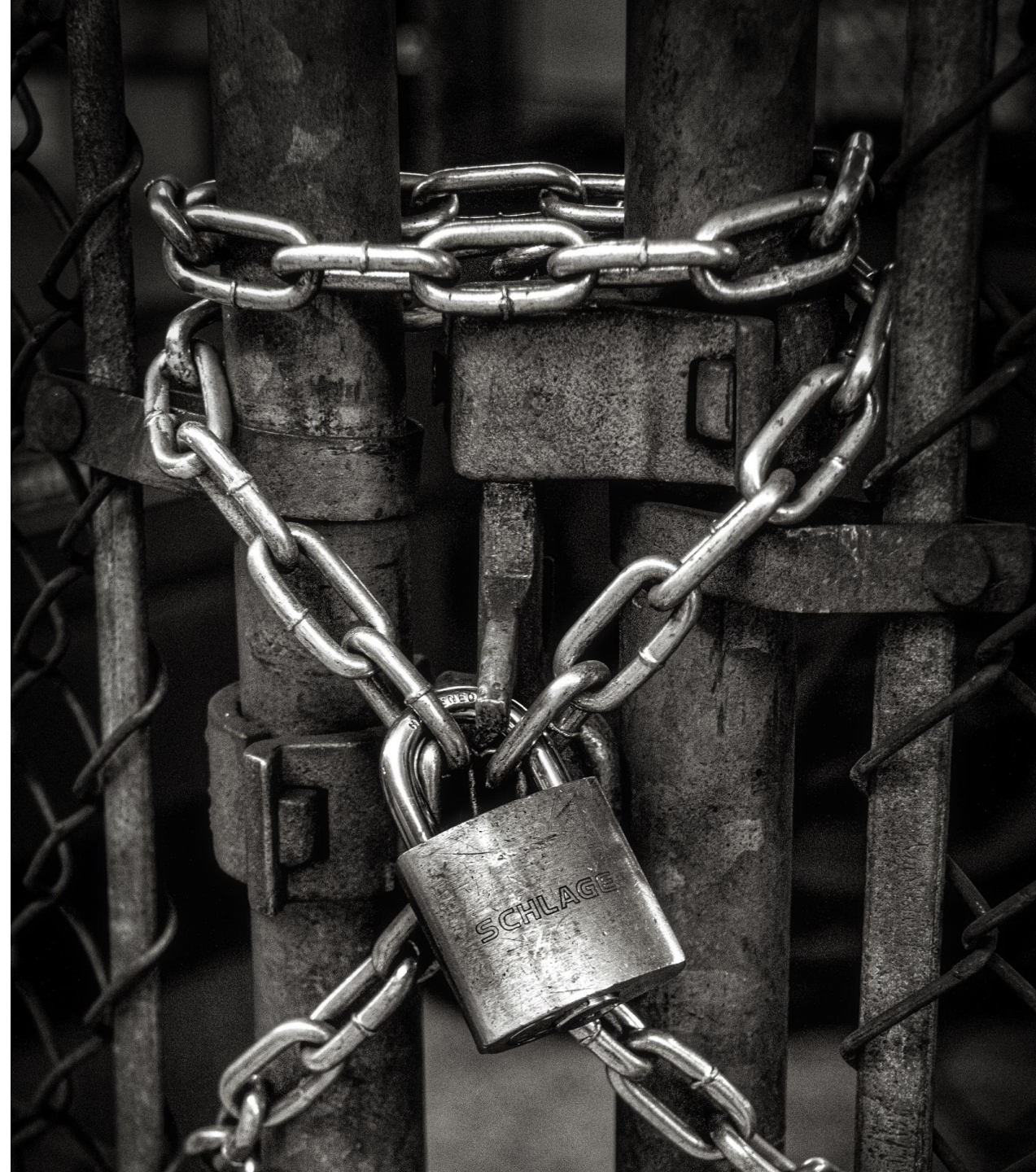
- Links Trauma & OCD
- Introduce you to a patient Nicola
 - What is OCD
 - How Nicola's issues link with trauma
- How we can formulate compassionately & simply
 - Less shame
- Cocktail metaphor
- Upstairs brain & downstairs brain metaphor:
 - similarity to trauma
- Therapy
 - Beach ball metaphor
 - Exposure & Response Prevention: Why we must all SHOW not TELL: Why action is SO important



Nicola M

Other types of OCD

- Mark
 - *Severe physical abuse. Later assault*
 - Obsessions: Physical security
 - Compulsion: 6 hours checking locks
 - No relationships - shame
- Anna
 - *House Fire*
 - Obsessions: Fire security – doubts mistakes
 - Compulsion: Avoiding any heat related appliance / toasters/ central heating / cooked food
- John
 - *Significant childhood bereavements*
 - Obsession: I might throw something valuable away
 - Compulsion: Hoarding; cannot let go of anything he has touched rubbish/ broken appliances
 - No relationships: Shame





Much is hidden below
the surface



Trauma & OCD:

- Something that clinicians or those with personal experience have long recognized
- Research literature truly in its infancy
- Less than 20 well conducted studies in this area
- Most within last 3 years
- First – what do we know about OCD?

What do we know about OCD

- OCD highly disabling / time consuming
- Trivialized – myth ‘organization’
- Highly distressing – trap
- Sense of doubt uncertainty feels intolerable
- Who top 10 – lost income / diminished quality life
- Anxiety? Disgust / shame / guilt
- Fraction of research money spent on it compared to other conditions e.g schizophrenia
- Only very recently, past 3 years connection with trauma in the research



Prevalence



2% - possibly under diagnosed Why?

4th most common

- major depressive mood disorder, substance abuse disorders, phobias

Co morbidity:

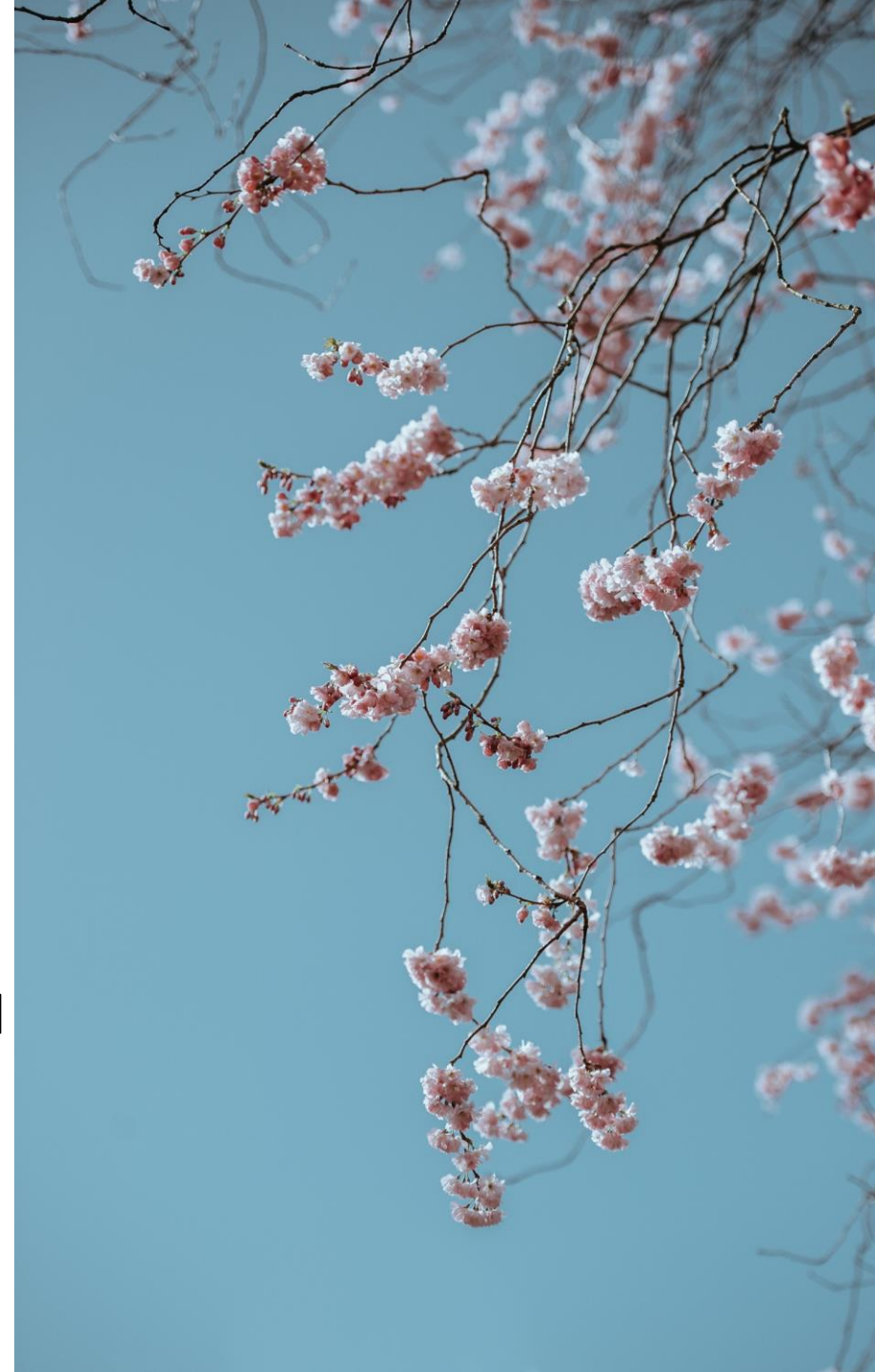
- Is the rule rather than exception
- Lower quality of life
 - important functional domains - leisure, relationships, work educational
- Found across race, ethnic group & nationality

How the Diathesis Stress Model Works

- **Everyone has vulnerabilities** due to the complex interaction of our various genes (1000s) with the environment
 - life events /trauma/ relationships etc
- **Impact of Stress & trauma:**
 - Stress can trigger the onset or worsen symptoms
 - Activate underlying 'diathesis' or vulnerability.

Myth – OCD is Only About Anxiety

- OCD traditionally considered an anxiety disorder
 - DSM 5 2013: Obsessive-Compulsive & Related Disorders
- Recognition
 - Fear, disgust, shame & guilt – predominant
- Brain circuitry
 - Neuroimaging studies
- Similarity with trauma
 - - not only fear but disgust, shame & guilt
- Clinicians often ASSUME contamination OCD =fear of germs
 - Sometimes that's correct: sometimes its sense of 'mental contamination'
 - Patients often describe symptom-relevant stimuli as "disgusting" rather than "frightening"
- Other types of OCD – disgust / shame / guilt predominant



Common obsessions in OCD following Trauma

Fear of **contamination**
dirt, viruses, chemicals,
people & mental
contamination 55-65%

Doubts about **harm**
occurring (e.g locks not
secure)

Excessive concern
order, or symmetry
Exactness - control

Obsessions with **body**

Blasphemous thoughts

Sexual thoughts or
images (e.g. thoughts
of being a paedophile)

Urge to hoard useless
possessions - **loss**

Thoughts & images of
violence (e.g. stabbing
baby/ / thoughts of
being a psychopath)

Obsessions

- Worried voice (Sally Winston)
- *I might contaminate people*
- *I might make a mistake and not lock door*
- *I might be a psychopath and start killing people*
- *I could be a paedophile and abuse children without wanting to*
- Ego-dystonic
 - “Unlike the self”
 - Content incongruent with self
 - Doubt – intolerance of uncertainty



OCD Thoughts

- Are ... NORMAL
- OCD – the thoughts get ‘stuck’ – like Velcro
- Significant SALIENT
- Add trauma into the mix...
- They STICK MORE
- Super Strong Velcro

The SAME Intrusive Thought in People with and without OCD

OCD – Gets Stuck



Non-OCD Slides away easily



Cognitive Biases “Thinking Traps”

Overestimating the
Salience of thoughts
Velcro

Feeling Over
Responsibility for
harm

Overestimation of
the likelihood that
harm will occur

Belief in being more
vulnerable to danger

Intolerance of
uncertainty,
ambiguity & change

The need for control

Excessively narrow
focusing of attention
to monitor for
potential threats

Reduced attention
to real events



Compulsions

“False Comfort” Sally Winston

Repetitive & intentional actions/ mental actions

ie. can be covert = mental / hidden

Come after the obsessions

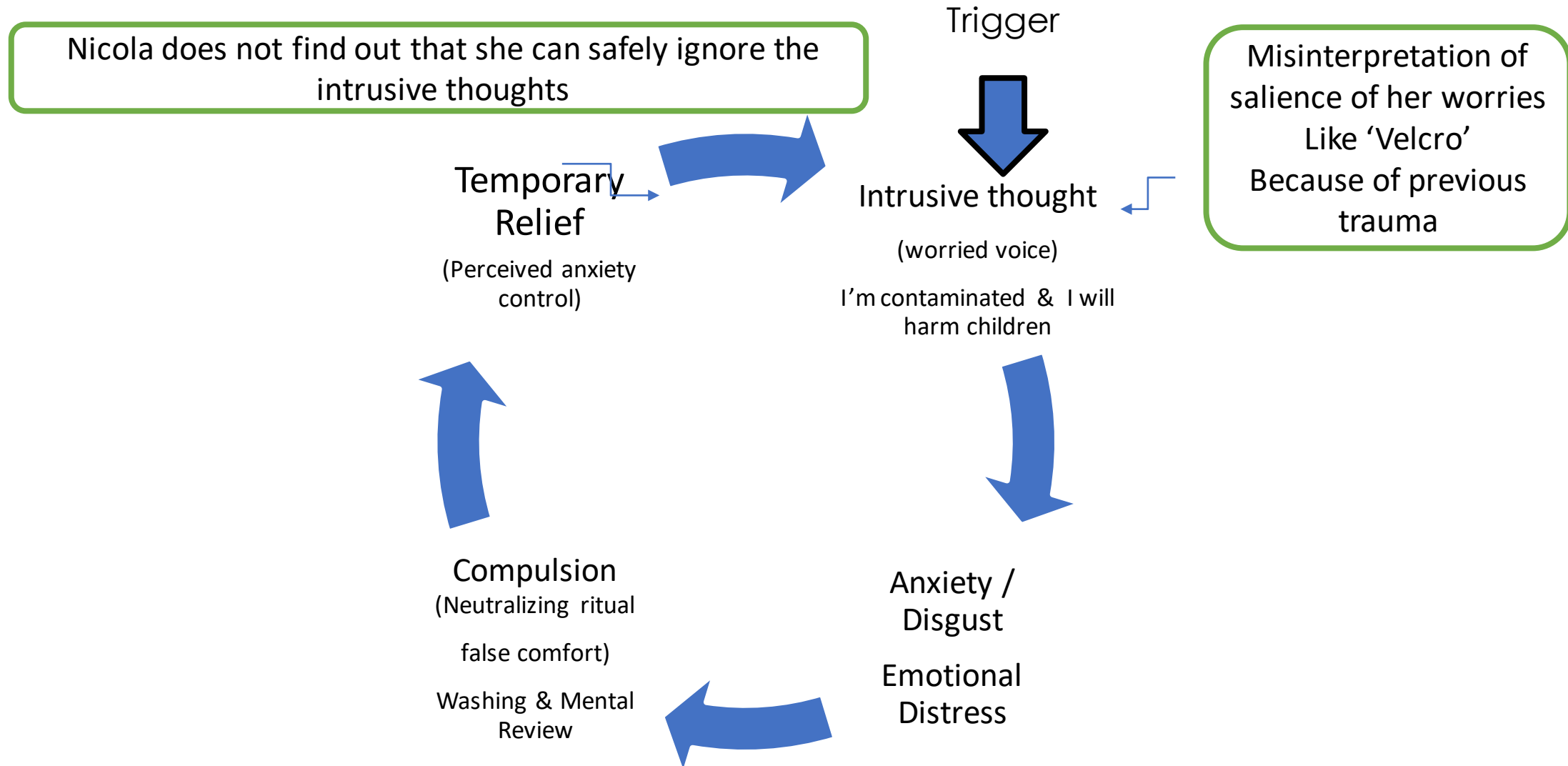
To ‘prevent’ danger and diminish responsibility

Serve to **neutralise** (reduce) anxiety from obsessions
(temporary)

Washing / checking

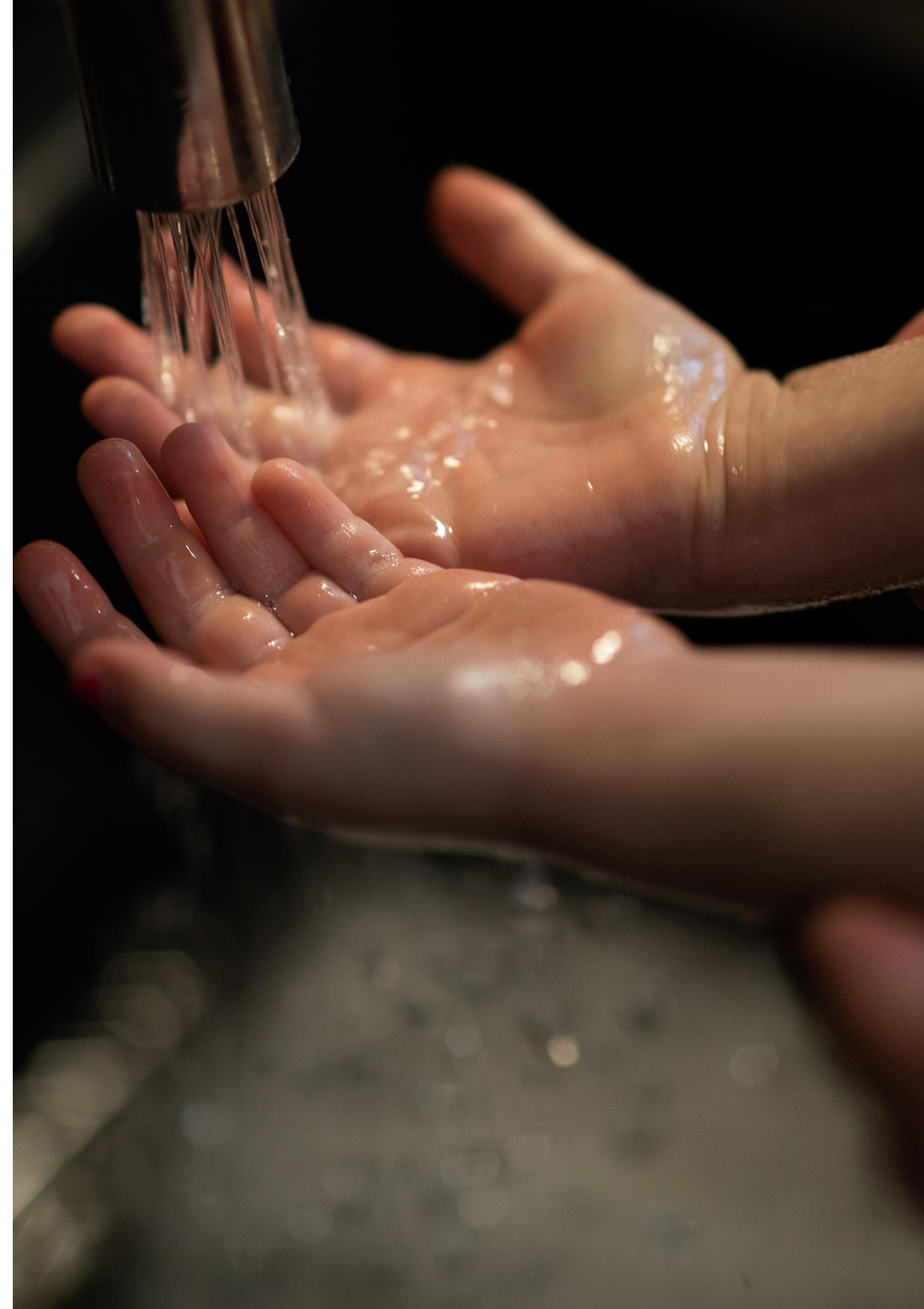
- Praying / repeating sentences
- Reassurance seeking (self / family/ friends)
- Repetitive touching of objects (until it feels right)
- Magical Thinking
- Significant impairment
- **Become the problem...**

OCD Cycle: Nicola M



The Connection between obsessive - compulsive type behaviour & trauma is actually a very OLD idea

- The year 1606
- Shakespeare's "Macbeth"
- Lady Macbeth's iconic hand-washing scene – disgust, shame & guilt
- Wash away thoughts or images



Prevalence Rates Trauma & OCD: Unclear

- OCD more strongly related to trauma than stress alone
- Few studies considered impact of trauma on onset & severity of OCD
- 54-82% individuals with OCD
 - Endorse at least 1 trauma preceding onset OCD (Cromer et al., 2007; Gershuny et al., 2008)
- More Trauma Exposure (A) = greater likelihood of OCD (Przeworski et al., 2021)
- Developmental Trauma correlated with OCD (twin studies) Cath et al., 2018
- Higher rate of Individuals OCD report childhood trauma
 - Lochner et al., 2019

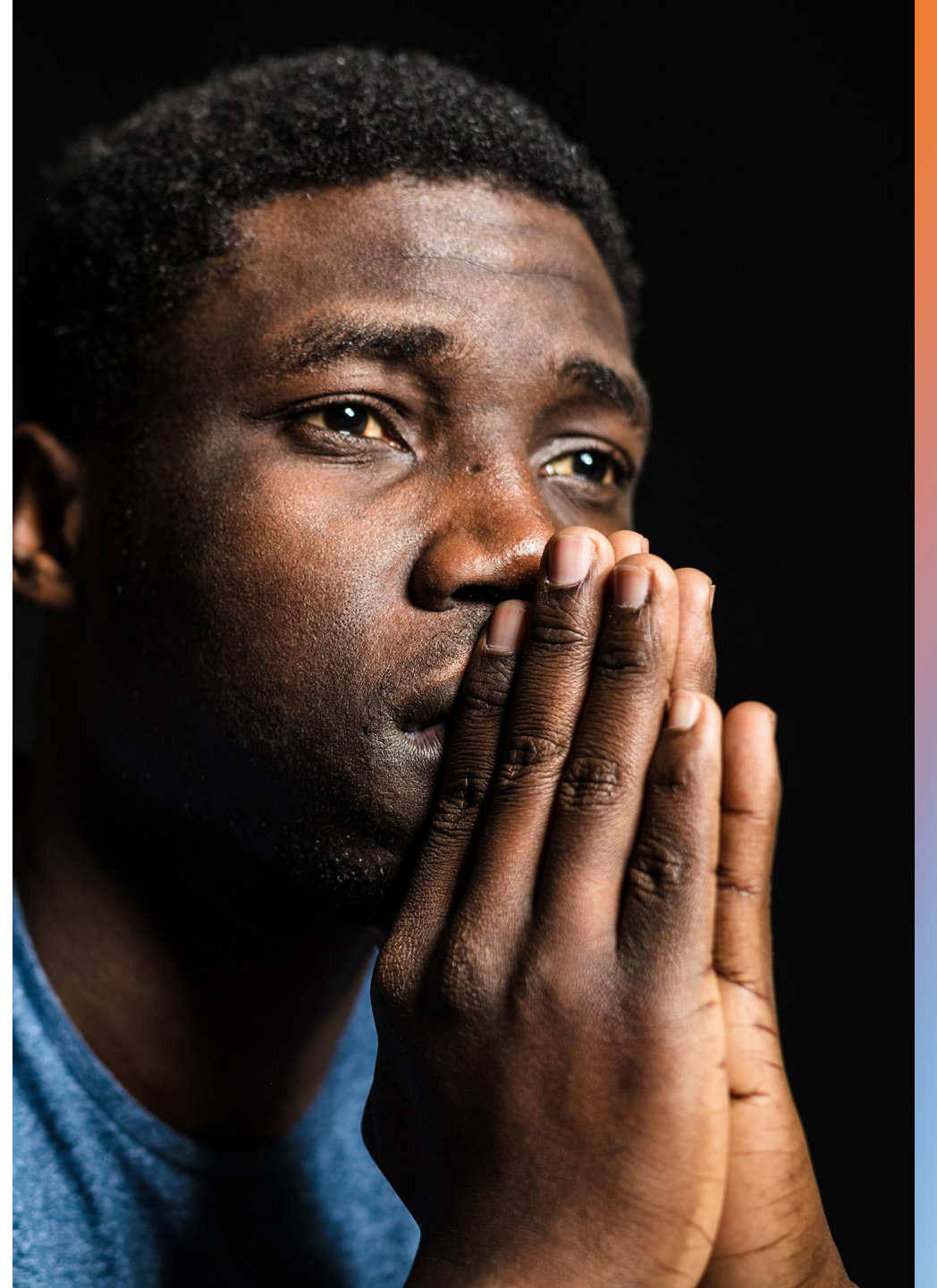
Effect of trauma on OCD Risk?

- Elevated risk for OCD onset found for both natural disasters & human-made trauma
- Childhood traumas, particularly those involving emotional, physical, or sexual abuse, and neglect, are associated with more severe OCD
- Rates Increase with cumulative trauma
Reifels et al 2019



Ojserkis et al (2017): Large, naturalistic
7-year longitudinal study

- Those patients reporting trauma
 - More severe symptoms of OCD
 - Lower quality of life
 - Higher rates of other mental health issues
 - Childhood abuse
 - Mood & substance use disorders
 - Greater suicide risk
 - Drop out of treatment higher



How Might Trauma Impact Presentation OCD

- OCD symptom presentations may also directly encompass traumatic themes – examples
- Childhood sexual abuse consistently strongest effects on symptom severity [Barzilay et al., 2019](#)
- Sexual trauma, in particular - linked to mental contamination and overt washing compulsions
 - driven in part - disgust
 - [Pinciotti et al., 2022](#); [Rachman et al., 2012](#)





Disgust

- Disgust evolutionary function of contamination and disease avoidance
- Associated with rejecting bad tastes to avert the ingestion of toxins & pathogenic microbes
- Disgust also characterized by aversion behaviour and the tendency to distance oneself from the offensive stimulus.
- It can also involve activation of the parasympathetic nervous system, resulting in physiologic manifestations (e.g., nausea)
- Again – all factors that can be associated with OCD

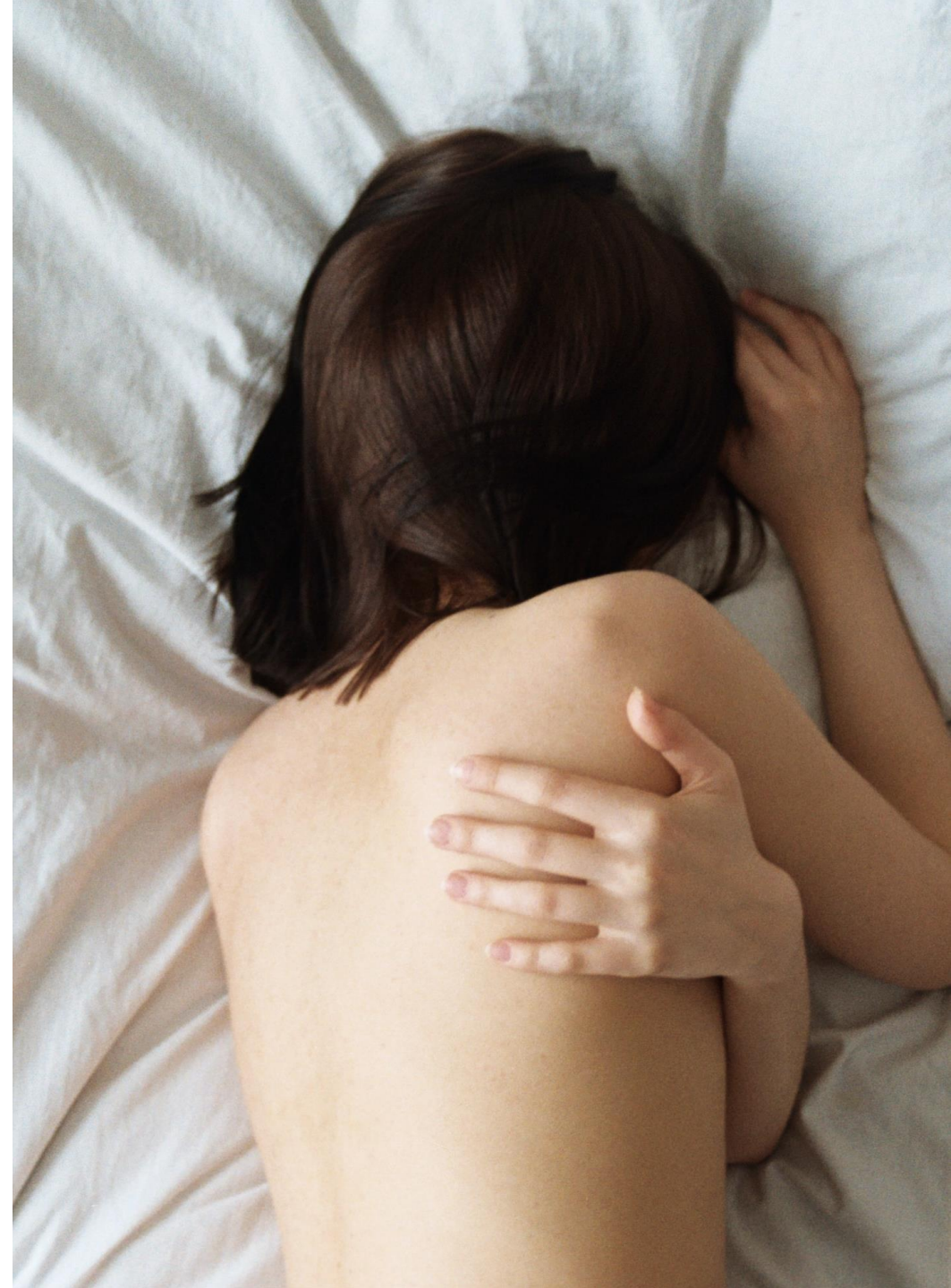


Common Factors: Disgust

- Mental contamination / general contamination OCD increased in wide range of trauma types
 - Ojserkis, McKay, & Lebeaut (2018)
- Sexual trauma predicts high levels of 'mental contamination' as well as overall contamination symptoms
 - Badour et al (2014)
- Contamination based obsessive-compulsive symptoms higher following interpersonal trauma e.g. Domestic violence violent
 - Badour et al., 2012

Sarah M: Both Anxiety & Disgust

- Exaggerated judgments with regards to contamination vulnerabilities
 - Fear = an overestimation of the consequences of contacting contaminants
 - Disgust = trying to avoid or eliminate the feeling of disgust
- Exaggerated judgments with regards to the danger of her own distressing Thoughts & feelings on others (children)
 - Thought – Action – Fusion
 - Perfectly understandable (her history)
 - Not represent real life
 - Not working now



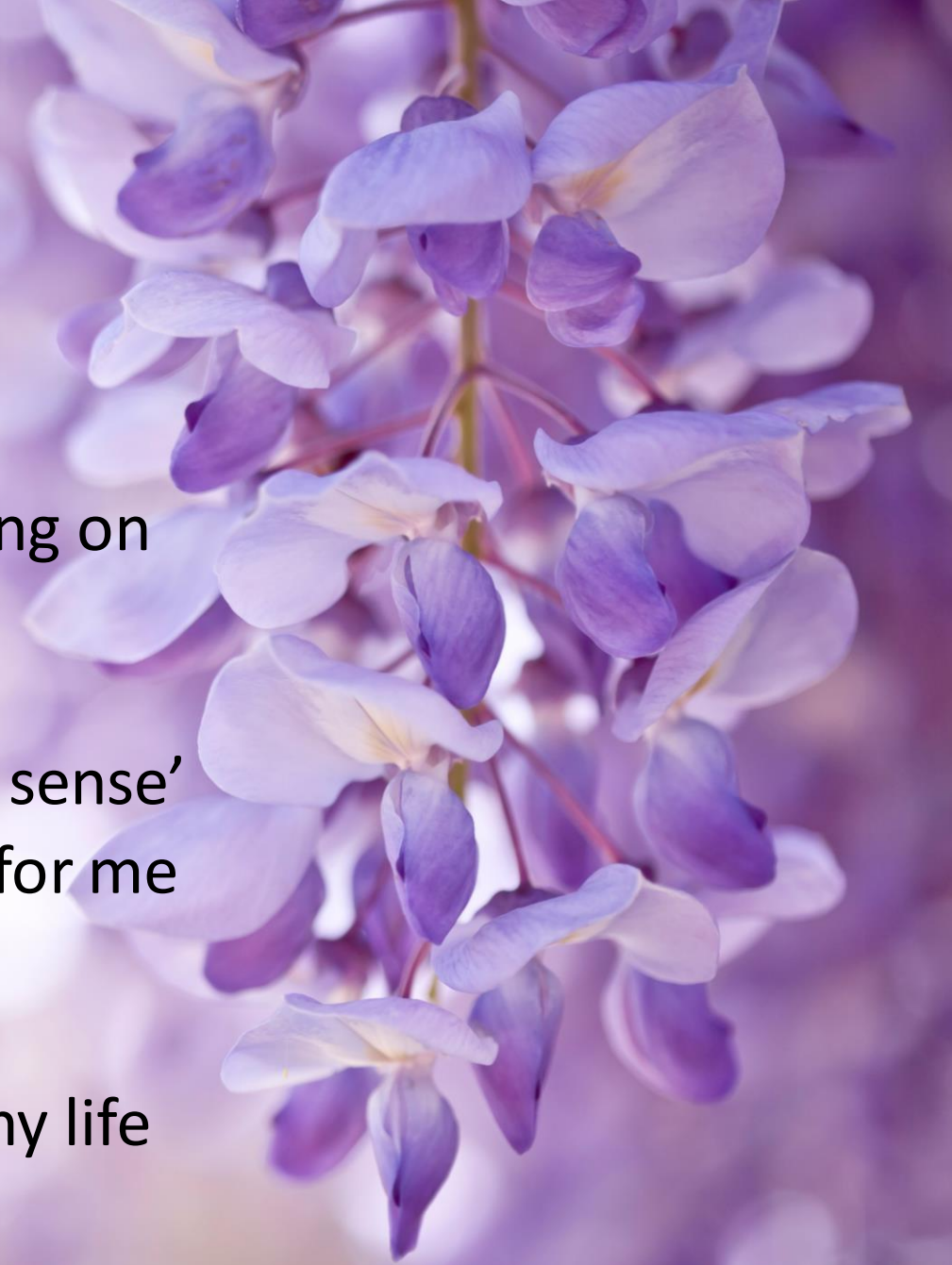
What Leads
to OCD?

“Genetics loads the gun
but the environment
pulls the trigger”

Dr. Judith Stern

First Steps in Therapy

- Making compassionate sense of what's going on with collaboratively with patient
 - 'Its not my fault'
 - 'No wonder this is happening - it makes sense'
 - 'I can really see that this is not working for me anymore'
 - HOPE
 - 'Together we can do something to get my life working how I want it''



The Cocktail Analogy

- Why – me
 - ‘Its not your fault’
 - ‘No wonder this is happening - it makes sense’
- ‘Ready for Action’
- Nicola M
 - Predisposed “ready for action” genes [Not deterministic]
 - Abuse
 - Thinking styles – the sense I made of it as a child
 - Big family / attention / other factors = de-shaming
 - All mixed together – No wonder!



Belief styles in OCD: Intersection with trauma:

The sense I made of it as a child:

Over responsibility for preventing harm

Overestimation of threat

Intolerance of uncertainty

Need for control over thoughts

Over importance of thoughts

Perfectionism



Contemporary CBT for OCD

- It is **NOT** about
 - **Content** of intrusive thoughts
 - Washing, checking, doubts, Habits etc

- It IS all about

The understandable but catastrophic misinterpretation of significance (importance) of one's own thoughts (feelings)

Appraisals

Interpretations

Personal significance

Beliefs & Biases

Testing these appraisals out

Behavioural Experiments or Exposure and Response Prevention

Nicola M

- 'its like having 2 different brains in my head at the same time...'
- 'I know my behavior is stupid and does not make sense, yet I do it anyway'



CBT for OCD:

- Is **not** about:
 - Challenging the content of the intrusive thoughts
 - Helana - 'weird' 'unacceptable thoughts'
 - – 'I might put a baby in a microwave'
 - - client spends 80% time thought blocking or disputing thoughts anyway
 - Limited role logical evidence based reasoning – don't try and use logic on the content
 - Not about Stopping or controlling the intrusive thoughts
- It is about –REDUCING the Salience of those thoughts

*‘Thoughts don’t
matter but our
response to
them does’*



If you
remember
only one
thing:



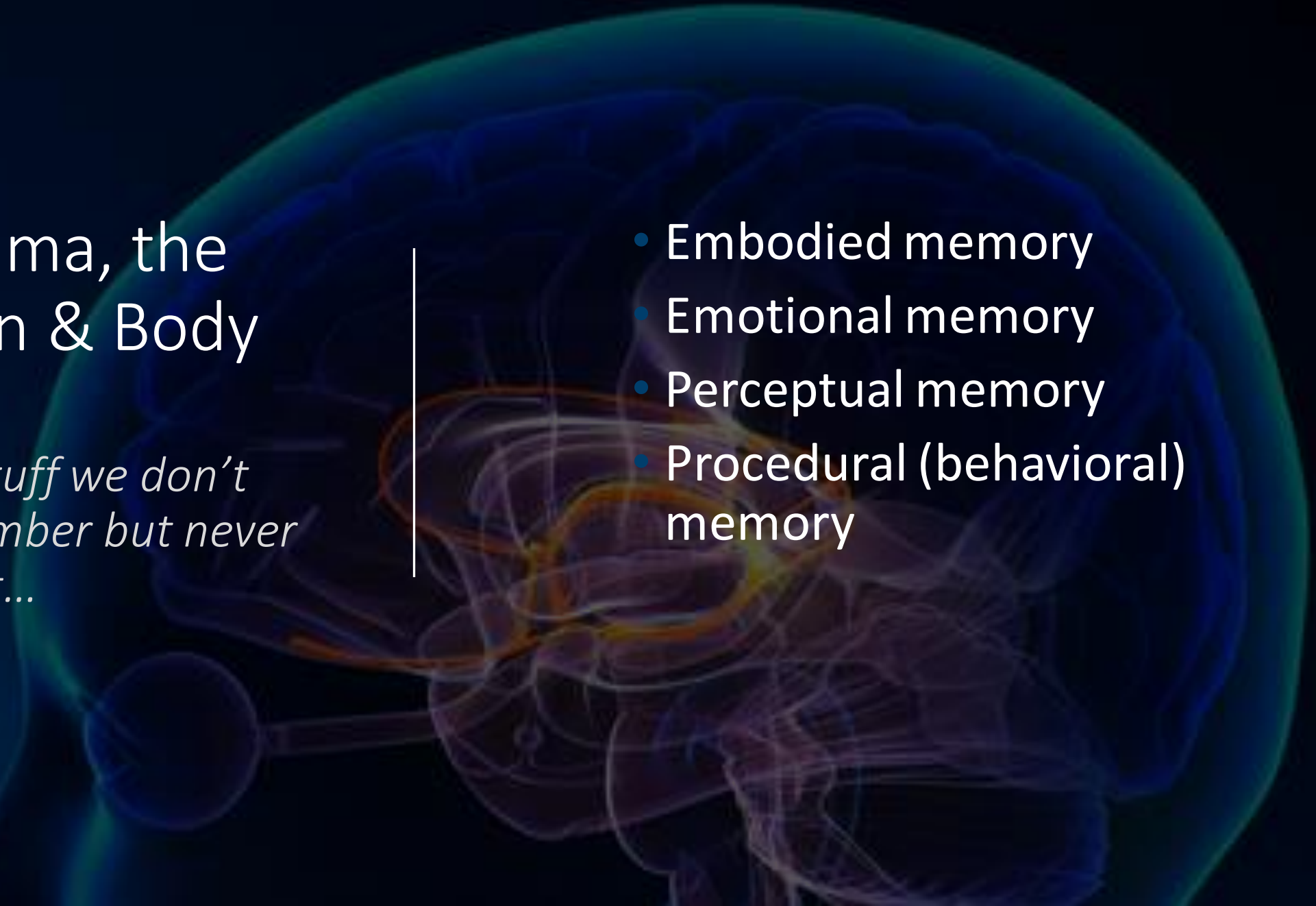
Cognition is Embodied



Trauma, the Brain & Body

*The stuff we don't
remember but never
forget...*

- Embodied memory
- Emotional memory
- Perceptual memory
- Procedural (behavioral) memory



Upstairs vs Downstairs Brain



Dual Processing



Nicola M

- *'its like having 2 different brains in my head at the same time...'*
- *'I know my thoughts don't make sense ... and yet I destroy my life with this behavior anyway'*



Upstairs vs Downstairs Brain

'Thinking' / Complex thought /
Conscious / voluntarily accessible /
can speak about
Autobiographical

Explicit Processing



Not easily or willingly retrievable
Non-conscious / automatic
Non-verbal 'not understand language'
No-Time Tags / embodied
Threat
Disgust

Implicit Processing



*The stuff we don't remember but
never forget...*



The **Amygdala** – “Smoke Alarm” Threat

- **Threat**
 - Too “Ready for Action”
 - Alarm stays “on”
 - “Thinking brain” can’t do its job assess logically
 - Thinks it’s a problem in the current moment = contamination etc / not locked the doors
 - Really it’s a signal from the past
 - Can’t “deactivate” the alarm - even if no actual current threat



The **Insula** – “Smoke Alarm” Disgust

- **Disgust**
- Too “Ready for Action”
- Alarm stays “on”
- “Thinking brain” can’t do its job assess logically
- Thinks it’s a problem in the current moment = contamination etc / not locked the doors
- Really it’s a signal from the past
 - Can’t “deactivate” the alarm - even if no actual current threat



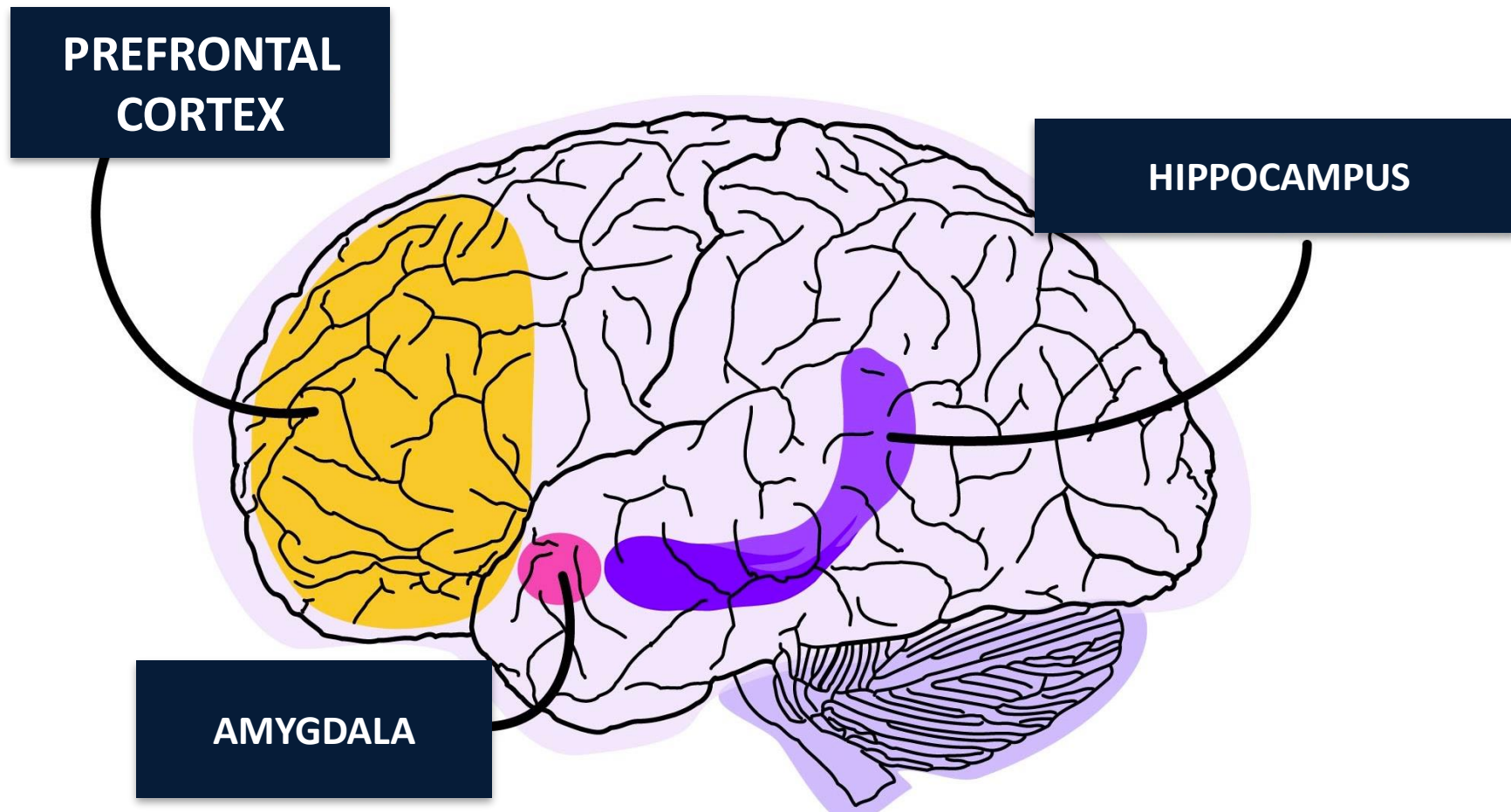
Analogies: Amygdala – as the “Volume Dial”



*“Readiness for Action”
Adaption to [social] environment
- life experiences - all of them*

Insular- Disgust

Putting it all together: Three Women in an Office Metaphor*



*or any gender ...

Feeling / survival/ Non-verbal Brain - Limbic System

Does not
understand
Language

Does not
store info
with Time
Tags

Is Damn
Quick!

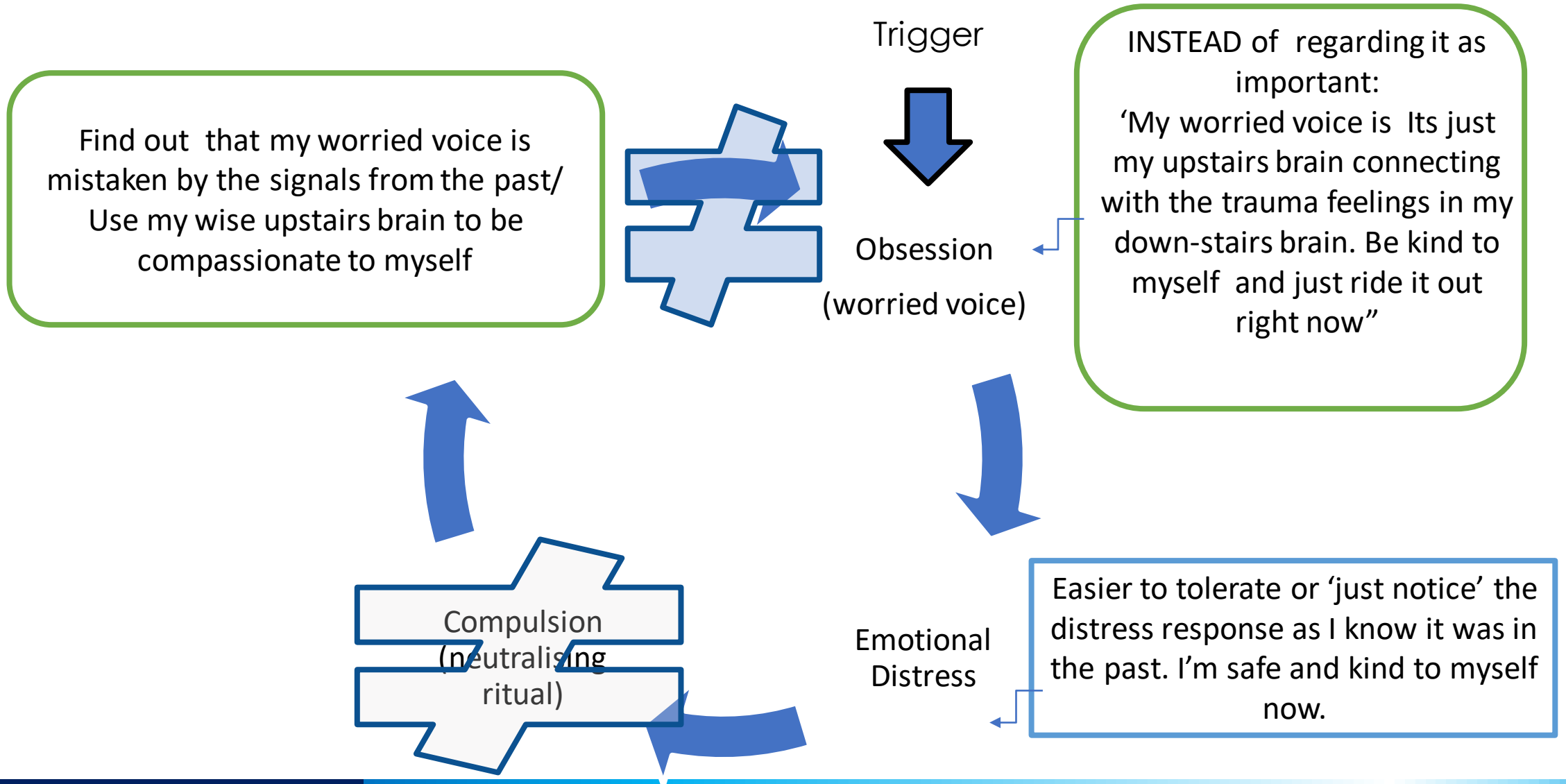


Unprocessed

[Using Neuroscience to Help Understand Fear and Anxiety: A Two-System Framework.](#) LeDoux JE, Pine DS. Am J Psychiatry. 2016 Sept

Compassionate understanding

Keep it Simple



Testing Thoughts Out: Behavioral Experiments

- ‘Doing is Believing’





Testing Thoughts Out: 'Doing is Believing'

- In OCD - Normal intrusive thoughts, images, doubts, & urges are misinterpreted as
 - abnormal
 - unacceptable
 - dangerous
- CBT helps people develop
 - a more workable understanding
 - Intrusive thoughts are normal/ not dangerous / acceptable
 - Therefore a more helpful reaction to these thoughts
 - A reaction that does not maintain the problem

Testing Thoughts Out: Behavioral Experiments

- More than just Exposure & Response Prevention
 - Discovering how a problem works
 - Discovering what happens / what is more useful
 - Discovering that you can survive uncomfortable feelings
 - Discovering alternative understanding of intrusive thought
- Emphasis on trying things out with support and compassion





Trauma-Focused CBT for OCD

Key Points of Analogy

Trying really hard – validation

Can't do what makes life worth living at the same time

Stuff pops up anyway – but with vengeance

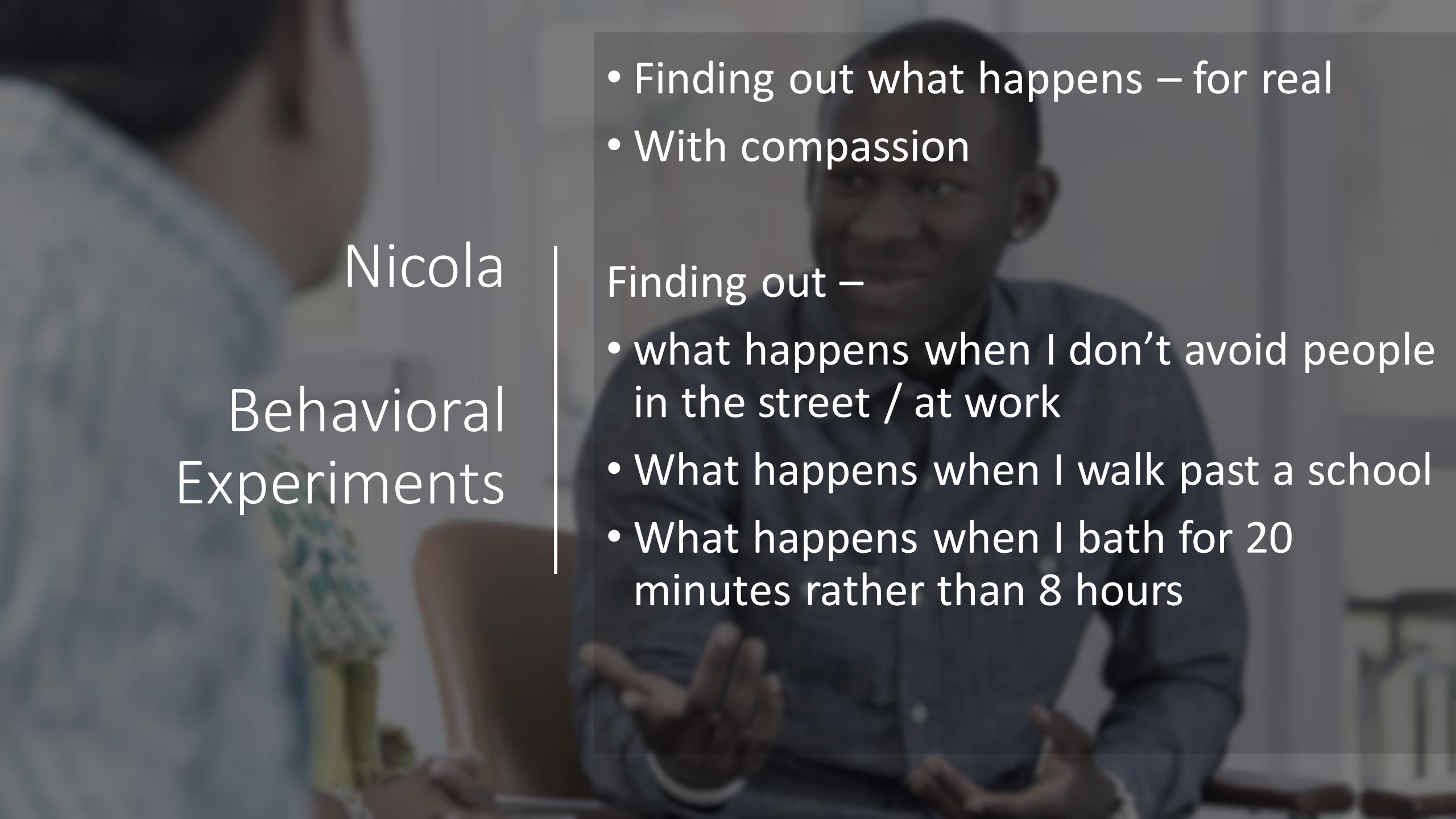
Holding hope & outline plan going forward

Nicola:

What did Nicola want to 'swim towards' in her life?

1. *I want to be able to go out on the street and pass people*
2. *I want to be able to meet people at work*
3. *I want to be able to walk past a school*
4. *I want to be able to have a bath for 20 minutes (not 8 hours)*



A background image showing two men in a meeting. On the left, a man in a light blue shirt is partially visible, looking towards the right. On the right, a man in a dark blue shirt is seated, gesturing with his hands while speaking. The image is slightly blurred and has a dark overlay.

Nicola Behavioral Experiments

- Finding out what happens – for real
- With compassion

Finding out –

- what happens when I don't avoid people in the street / at work
- What happens when I walk past a school
- What happens when I bath for 20 minutes rather than 8 hours

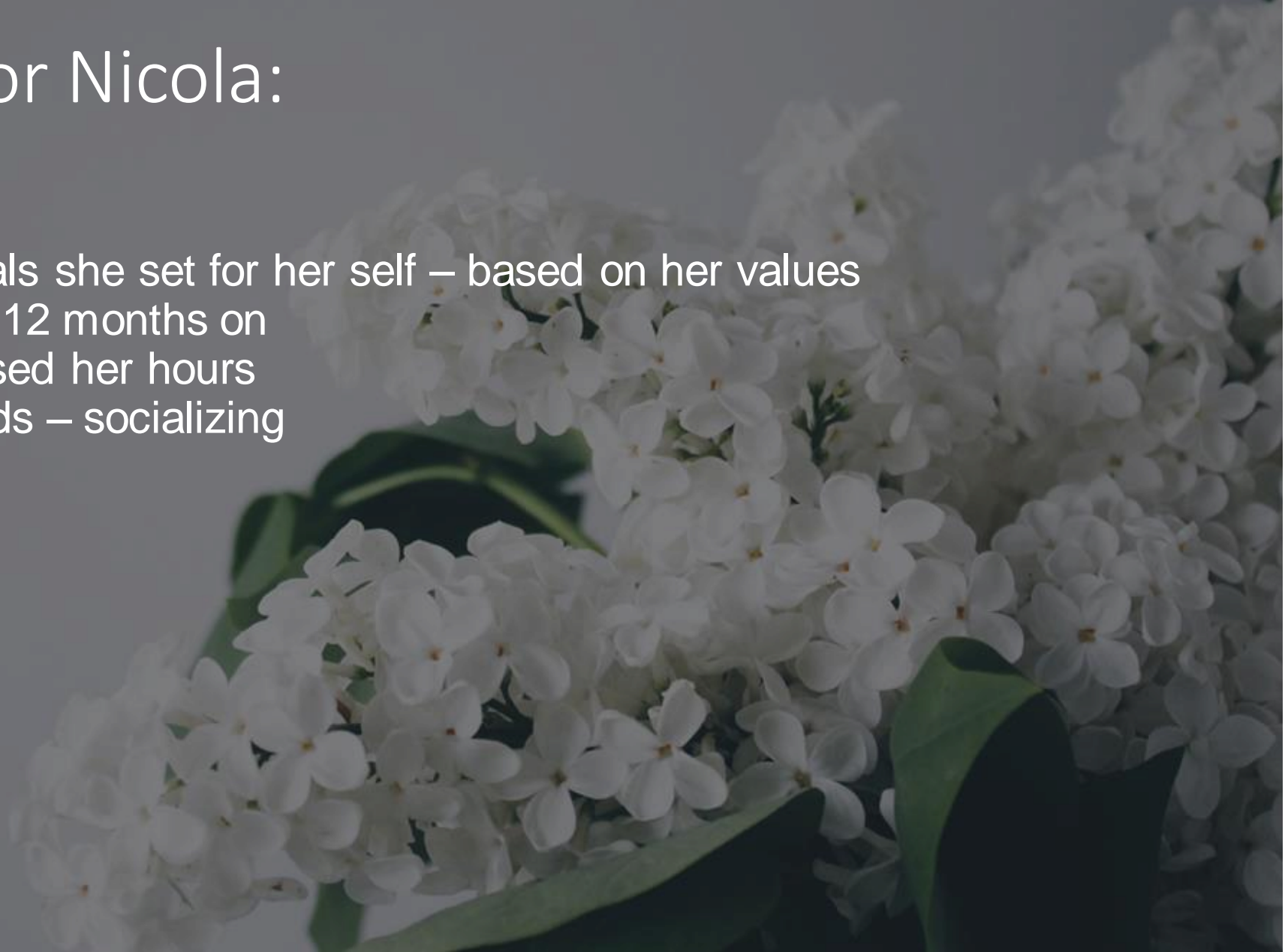


With compassion
Finding out what
happens – for real

- Did this alongside Nicola in therapy sessions either face to face or on a phone:
 - Ride the wave of anxiety- ride it out with her.
 - Notice that the anxiety builds and then goes away if we don't respond.
 - Notice what happens to belief in the thoughts – it diminishes
- Offer huge kindness but don't engage with the content of the thought

The Outcome for Nicola:

- 'Doing is Believing'
- Nicola achieved the goals she set for her self – based on her values
- Progress is maintained 12 months on
- Working office – increased her hours
- Reconnected with friends – socializing





Which parts of therapy were crucial for the outcome for Nicola?

- Making the connection with her past trauma cocktail
 - Understanding WHY her current behavior 'made sense' - in the light of past trauma
 - Reduced shame
- Understanding that her 'Downstairs Brain'
 - Limbic system: amygdala/ Insula
 - Does not understand language – can't rationalize / not understand time
 - Realized she was not stupid – Reduced shame
- Beach Ball analogy
 - That holding the thoughts and images back makes things worse
 - There is another way to do it that reach my life goals



Conclusions

- Links Trauma & OCD
- if you work with Trauma – you can work with OCD as well
- Integrating traditional CBT with a Compassionate Brain Savvy approach
- Cocktail metaphor – easy visual way to link with trauma
- Upstairs brain & downstairs brain metaphor
 - Why is my nervous system responding like this – less shame
- Therapy
 - Beach ball metaphor
 - Sets us up for compassionate Behavioural Experiments
- Why we must all SHOW not TELL: Why action is SO important



Always Kind:
Do What Matters.
Follow What Makes YOUR life
Worth Living 😊