

TOPICAL WEBINAR FOR APA MEMBERS

An Educational Resource from McLean Hospital

Transforming OCD Care in the Presence of Trauma and PTSD

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ATTENDANCE

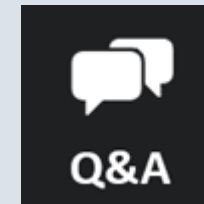
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RECORDING

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Dr. Nathaniel Van Kirk

PRESENTER

- Nathaniel Van Kirk, PhD
 - *Director of Psychological Services, OCD Institute, McLean Hospital*
 - *Instructor in Psychology, Department of Psychiatry, Harvard Medical School*

OCD ~ 2-3%

Up to 78% reported stressful life events prior to OCD onset (*Fontenelle et al., 2012*)

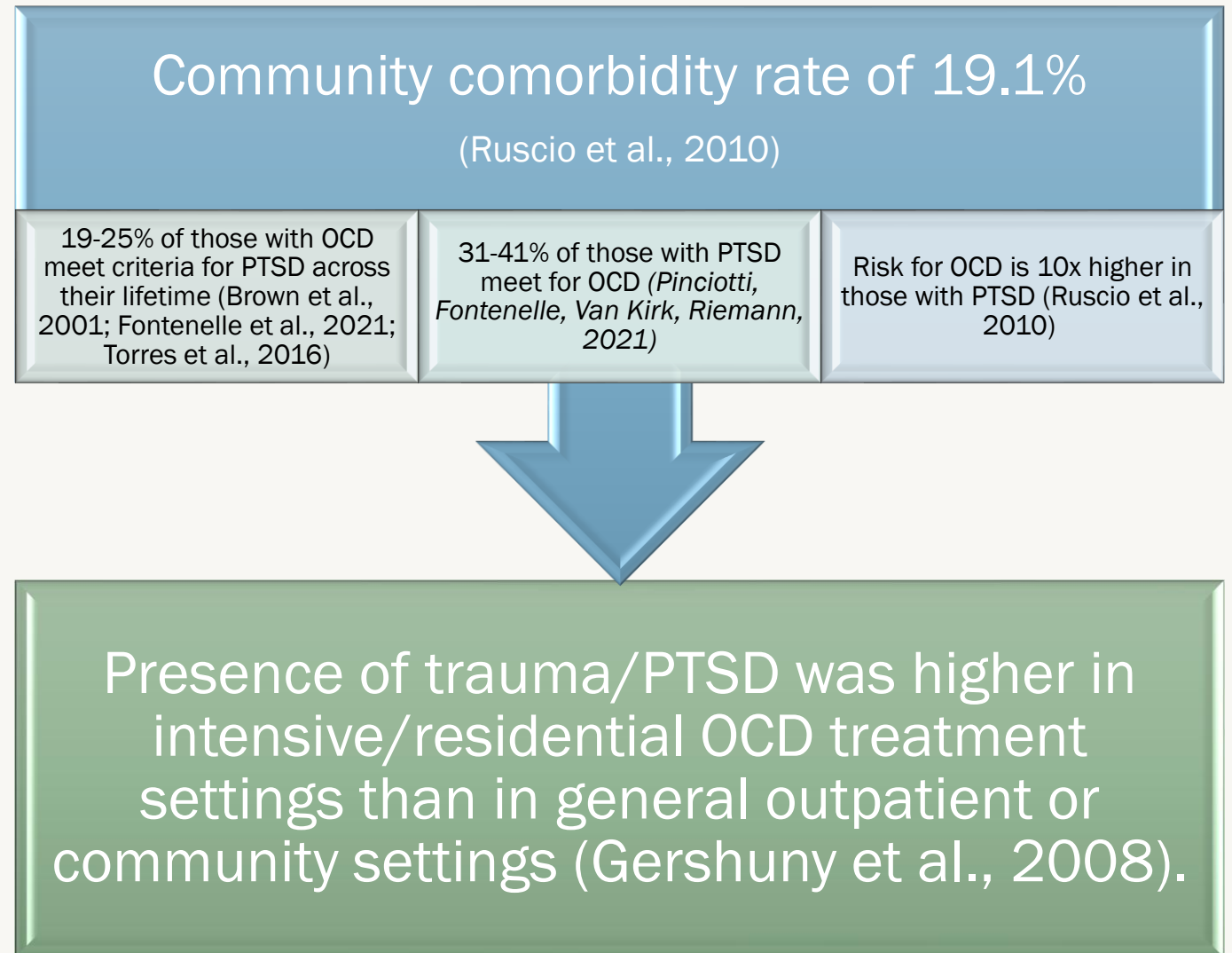
54% of those with OCD report at least one traumatic life event (*Comer et al., 2007*)

Trauma linked to OCD onset in those without familial history

OCD Prevalence ~ 5.2 % in those with high combat experiences (*Jordan et al., 1991*)

PTSD ~ 7%

OCD & PTSD Comorbidity



Diagnostic Challenges

- OCD symptoms are misidentified 38.9% of the time.
- Taboo Thoughts:
 - *obsessions about sexuality (77.0%)*
 - *sexual obsessions about children (42.9%)*
 - *aggressive obsessions (31.5%)*
 - *Religious/moral obsessions (28.8%)*



- Common Misdiagnoses:
 - GAD
 - Psychotic Disorder/Schizophrenia
 - Delusional Disorder
 - PTSD
 - Autism Spectrum Disorder

Similarities Between OCD & PTSD

Unwanted intrusive thoughts

Repetitive behaviors

Pre-occupation with control

Feeling on edge & scanning for perceived danger

Role of avoidance



	PTSD	OCD
Thought Content	Focused on a memories of specific past event	Future focused...what if?; span more domains
Repetitive Behavior	Preventing trauma from re-occurring; Feel safe/ in control	More rigid set of rules; focused on the ‘how”; growing complexity; not tied to specific experience
Avoidance	Past memories of trauma; triggers; painful emotions	uncertainty
Task Completion	“Doing it right” to maintain safety/control	“Doing it perfect”
Relationship to Thoughts	To be avoided	Must be controlled, neutralized, prevented from coming true
Underlying Feature	Avoiding emotional pain & re-experiencing trauma	Preventing possible feared consequences; intolerance of uncertainty
Adapted from Van Kirk (2015). When the fears become real: Post-traumatic OCD. Symposium presented at the International OCD Foundation annual conference.		

Impact of Trauma & PTSD on OCD Symptom Presentation

Trauma & PTSD have been linked with higher OCD severity (especially intrusive thoughts, responsibility for harm, & symmetry dimensions; see *Pinciotti, Fontenelle, Van Kirk & Riemann, 2021*)

Comorbid PTSD associated with lower insight, higher suicidality, greater SUD & depression, lower QOL (see *Pinciotti, Fontenelle, Van Kirk & Riemann, 2021*)

Posttraumatic cognitions moderated the relationship between inflated responsibility & IU on OCD symptom distress (*McKay et al., 2016*)

Effect of trauma on OCD appears to be cumulative

Conceptual Challenges



Symptom Interaction Pattern Matters

(Rachman, 1991; Grayson, 2010)

**Static
Comorbidity**



Vs.

**Dynamic/Merged
Comorbidity**



Dynamic/Merged OCD

- *Functional connection between the feared consequences of the PTSD & OCD symptom sets.*
- *OCD as a protective factor for coping with trauma-related thoughts/emotions (e.g. Gershuny et al., 2003).*
- *Re-experiencing symptoms as the OCD feared consequence (Gershuny et al., 2003).*



OCD Trauma Timeline Interview (OTTI)

Wadsworth, L. P., Van Kirk, N., August, M., Kelly, J. M., Jackson, F., Nelson, J., & Luehrs, R. (2021). Understanding the overlap between OCD and trauma: development of the OCD trauma timeline interview (OTTI) for clinical settings. *Current Psychology*, 1-11.

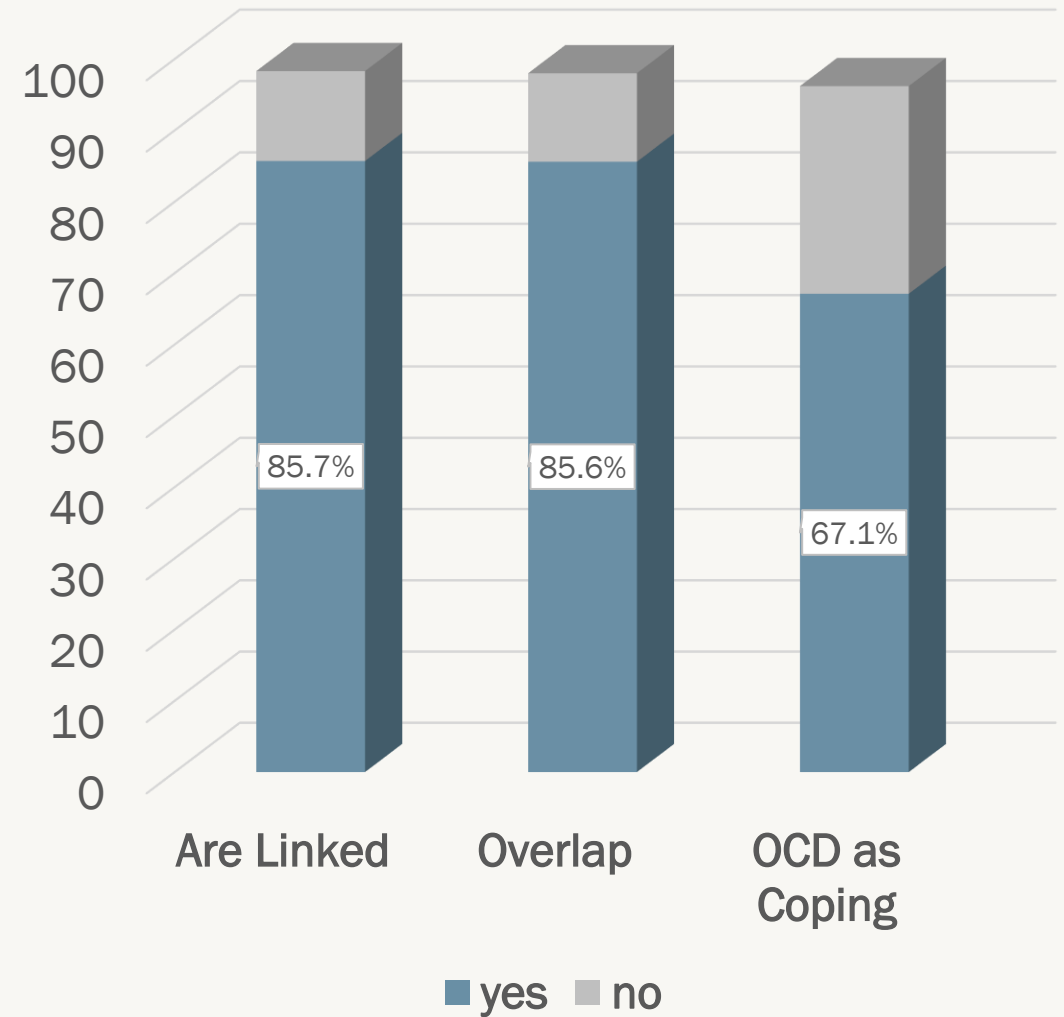
Obsessions/Thoughts that overlap between PTSD/OCD	Rituals or Avoidance Behavior	Which more accurately describes the feeling you achieve by completing the ritual? <i>a. A greater sense of safety</i> <i>b. A greater sense of certainty around future outcomes</i>	If you resist the [Identified Ritual/Behavior] do you experience intrusive thoughts or images of: <i>a. Past stressful events</i> <i>b. Potential future scenarios (e.g. "what if" scenarios)?</i>

3. What percentage do you think your OCD and Trauma symptoms overlap, content wise? For example, if your trauma was a house fire, do you obsess about your stove being on and check it frequently as a ritual?
a. ____% (indicate % that trauma and rituals/obsessions overlap)

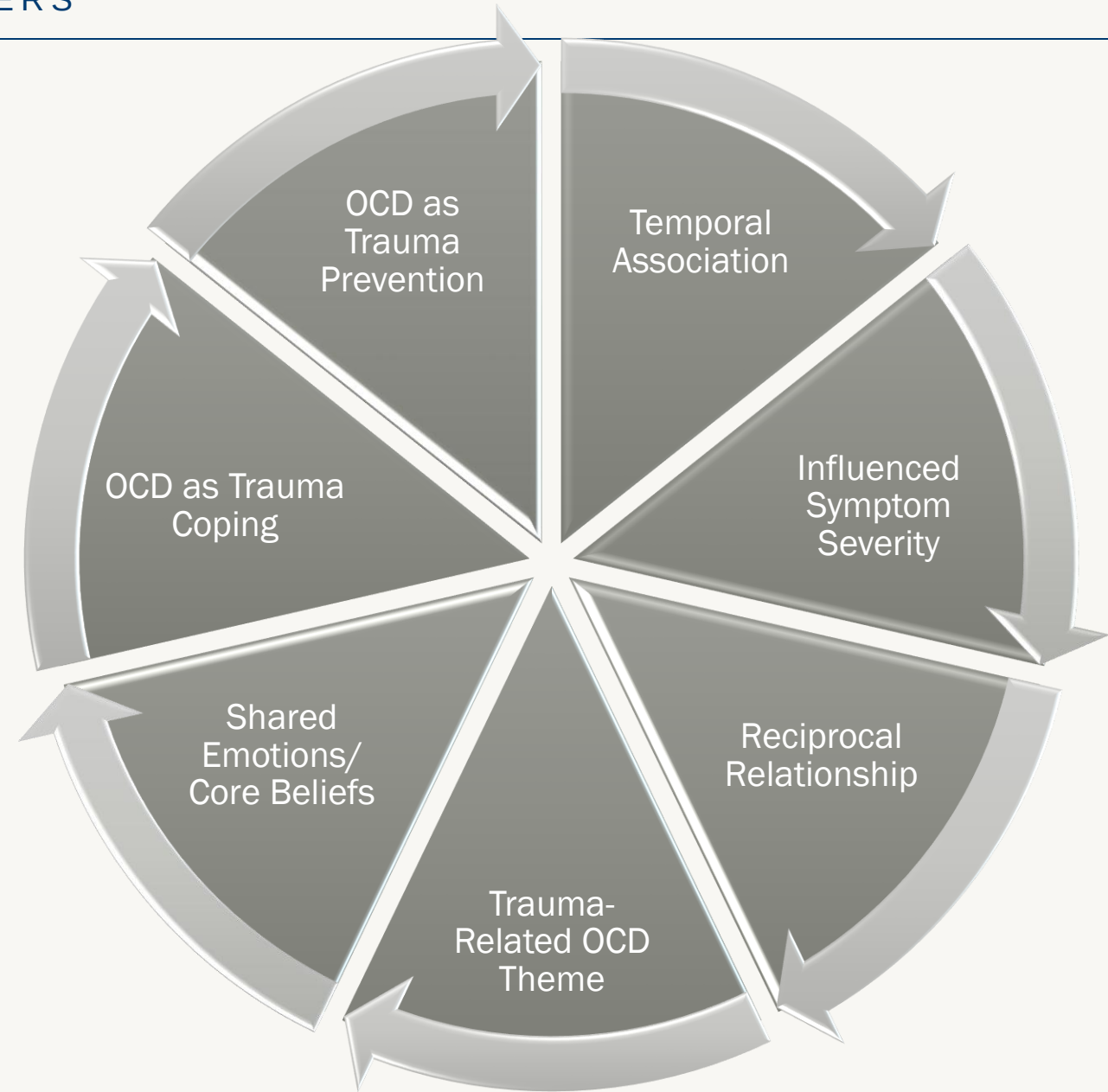
4. If your OCD disappeared tomorrow, how do you think that would shift your experience of your trauma symptoms? (long answer)

5. Do you feel your OCD behaviors serve as a coping mechanism for your trauma related memories/thoughts/experiences
a. ____ Yes
i. Please describe (long answer)
b. ____ No

Do you believe your OCD & Trauma Symptoms...



Trauma & OCD: Thematic Relationships

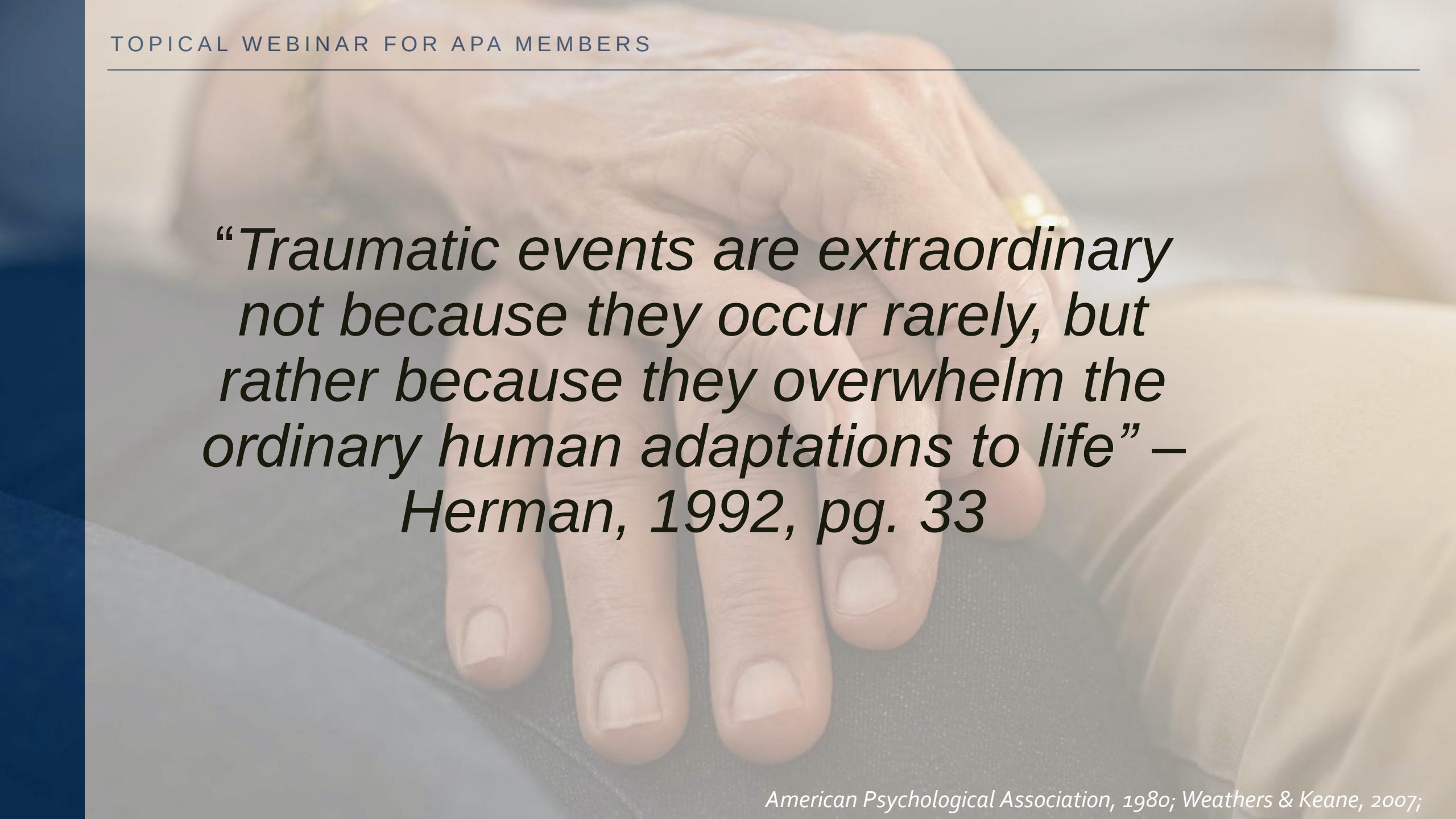


Apparently a few lifestyle changes such as cutting back on caffeine could really improve anxiety!

GASP! SO THERE'S LITERALLY NOTHING WE CAN DO!

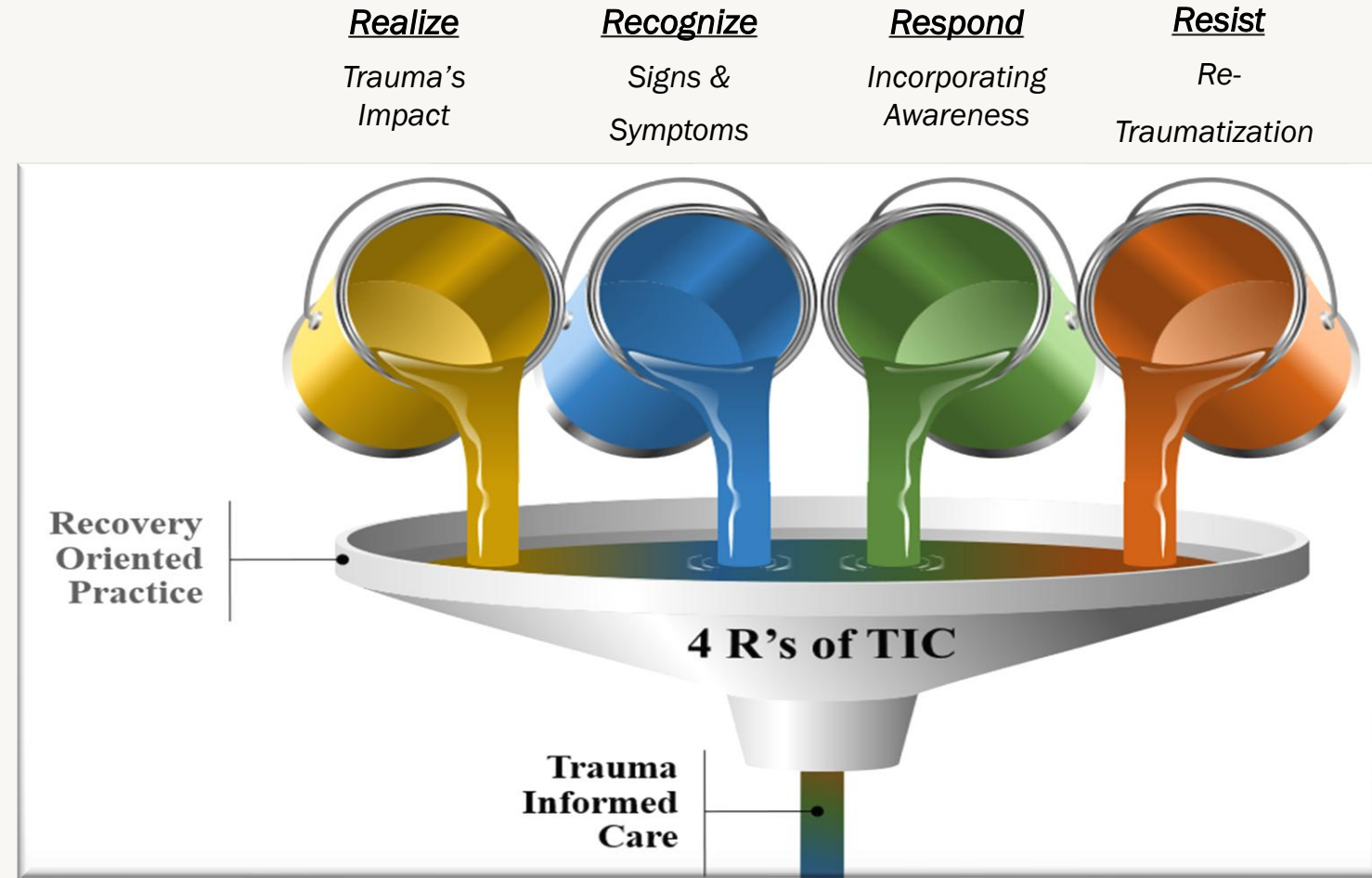
Treatment Implications





*“Traumatic events are extraordinary not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life” –
Herman, 1992, pg. 33*

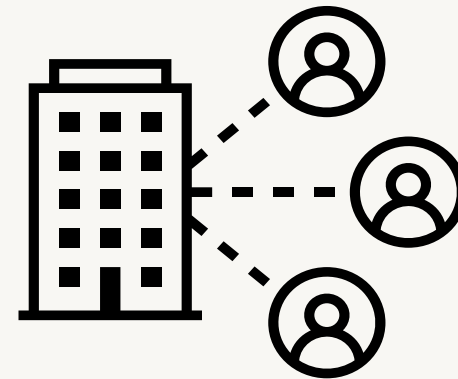
Trauma Informed Care (TIC)



TIC involves recognizing the role & impact of trauma on individuals & providers



Clinically



Organizationally

(Adapted from Olivier, M., Carlson, K., Mangones, P., 2017; SAMHSA, 2014)

Talking About Trauma

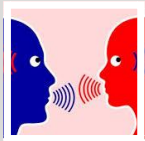


Common Pitfalls:

Assuming you know which trauma was most impactful

Asking only yes/no questions

Over identifying with their experience



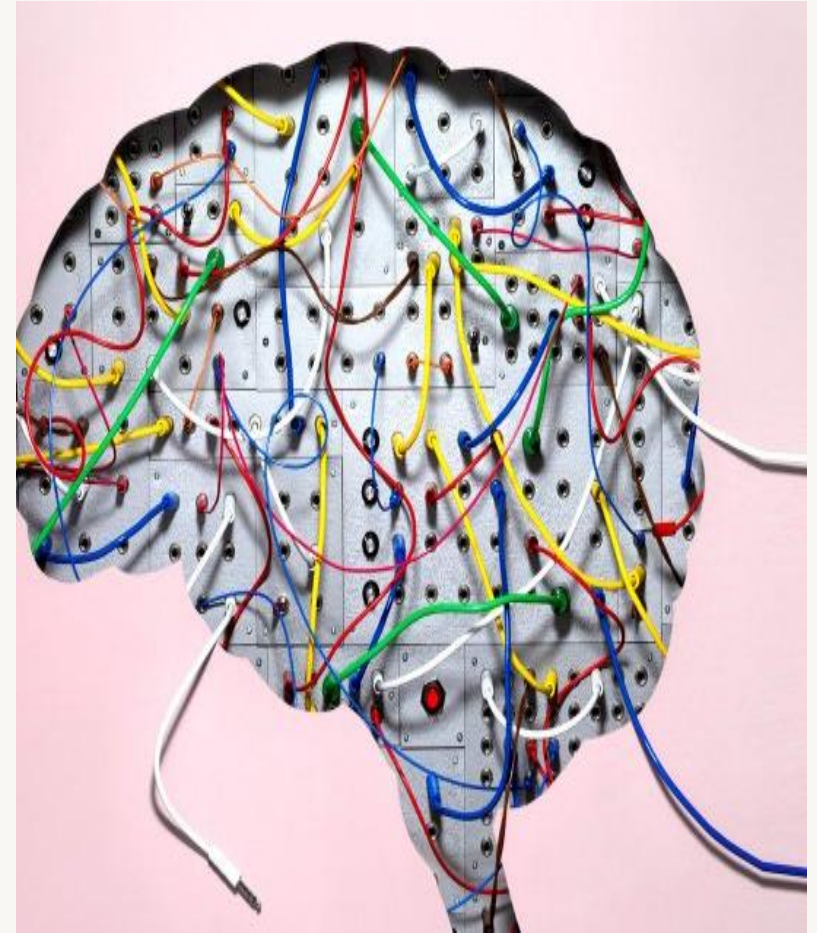
Delicate balance of listening and asking questions



Use neutral terms and remaining calm during the assessment phase

Recovery from trauma is a natural process, the biggest problem occurs when this natural process breaks down...

- Physiologically hardwired towards recovery from trauma
- Not all who experience a trauma will be impaired/dramatically influenced by it.
- 50% who experience trauma show full recovery within 3 months
- Perception of threat, duration, and proximity can predict how well one recovers from trauma



Comorbidity & Treatment

82% of those seeking intensive OCD treatment for treatment refractory OCD reported trauma history (M = 5.9 incidences; Gershuny et al., 2003).

39.4% of "treatment refractory" OCD met PTSD criteria (Gershuny et al., 2008).

Patients with OCD & PTSD showed greater prospective/inhibitory IU & less improvement in IU measures across treatment than those with OCD alone (Pinciotti et al., 2020).

Individuals with OCD and a lifetime history of PTSD reported consistently more severe OCD symptoms over a seven-year follow-up (Ojserkis et al., 2017).

Dynamic Comorbidity & Treatment Outcome

Overall negative impact on treatment outcome:

Case series: only 2/13 Israeli veterans demonstrated mild or greater reductions in either OCD or PTSD symptoms with many experiencing no reduction
(Sasson et al., 2005).

Limited treatment response to intensive inpatient OCD and PTSD treatments
(e.g. Gershuny et al., 2003, 2008; Pitman, 1993).



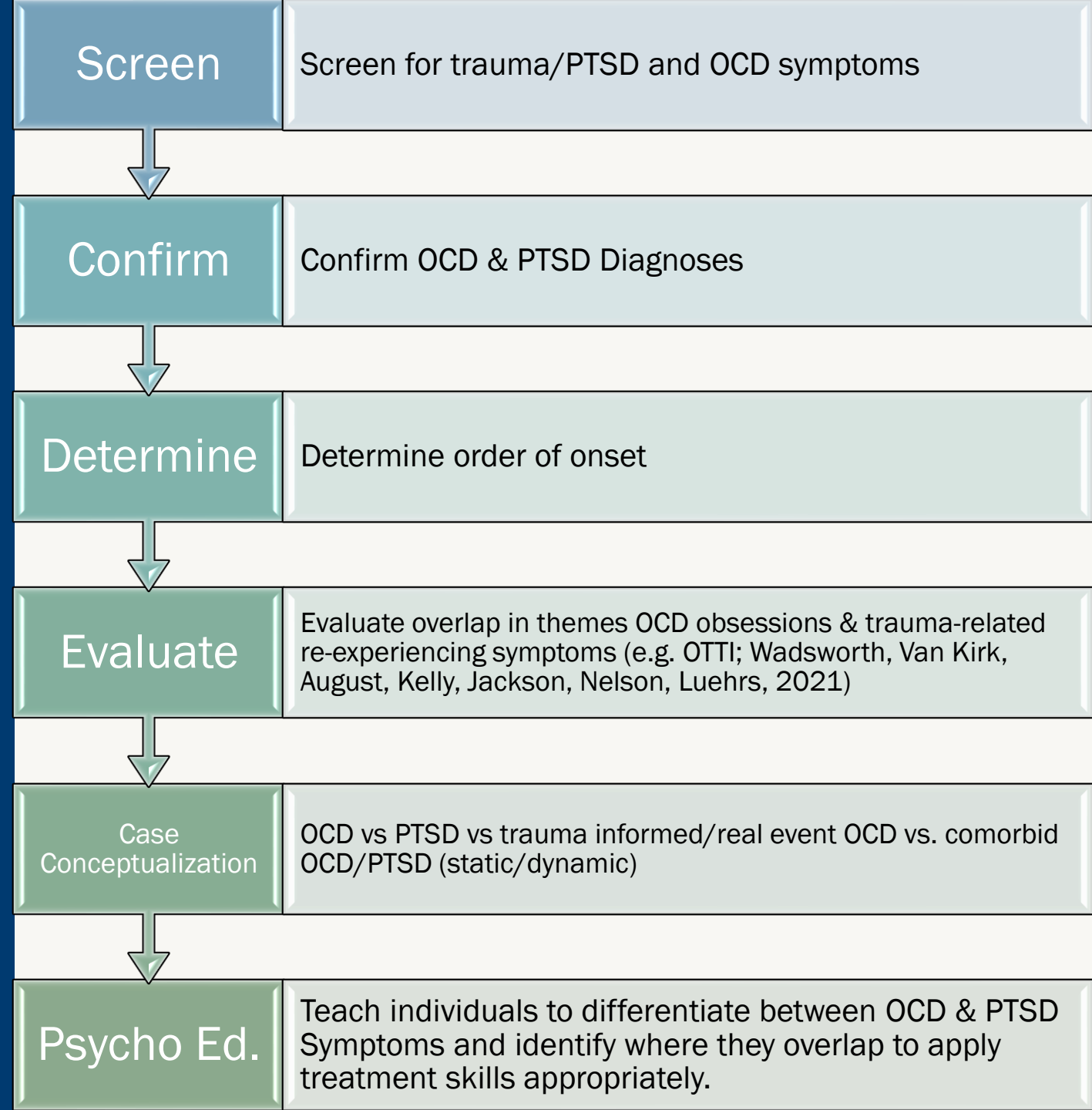
Many demonstrated a rebound effect in which decreases in OCD symptoms caused increase in PTSD symptoms
(e.g. Van Kirk et al., 2018; Gershuny et al., 2003).

Subsequent increase in SI observed

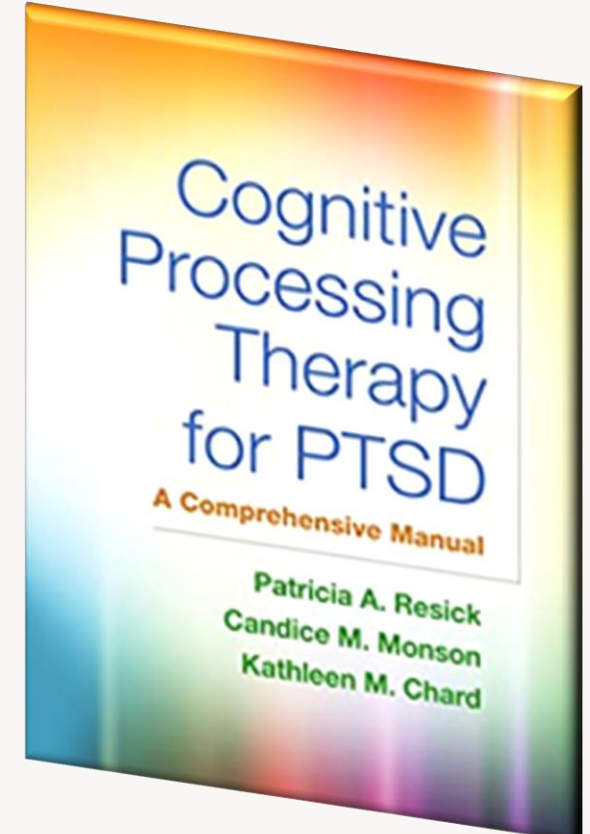
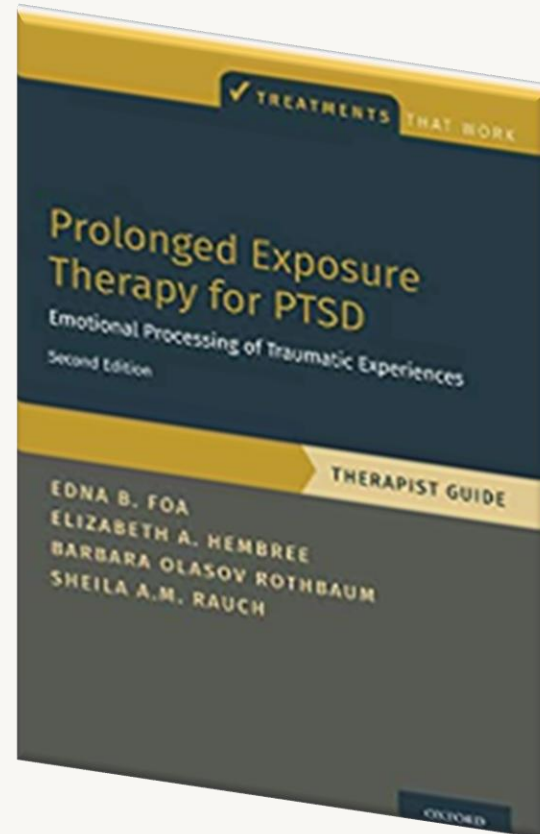
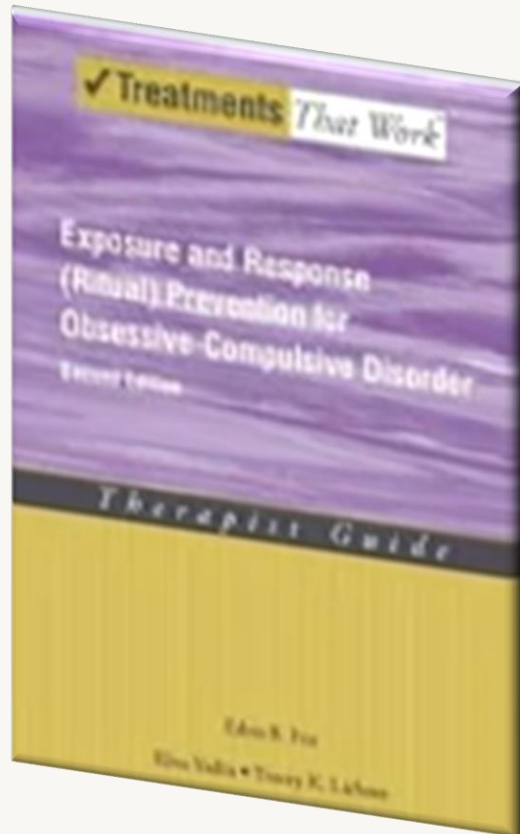
Patients didn't habituate to obsessional fears

Limited maintenance of treatment gains

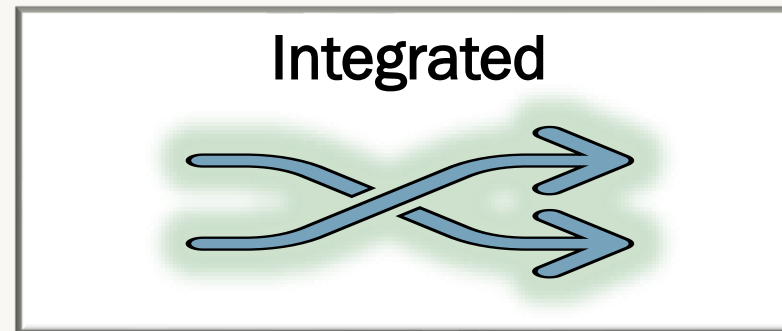
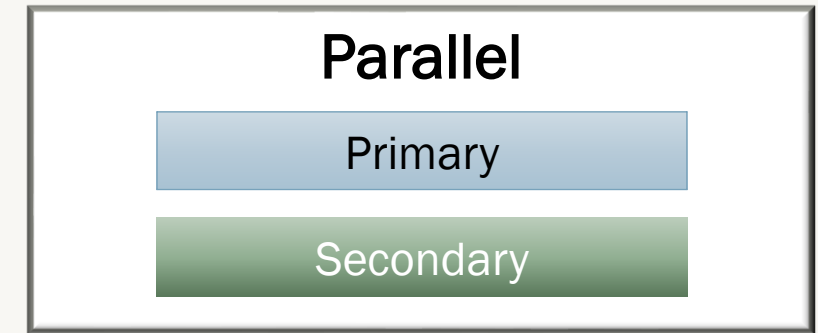
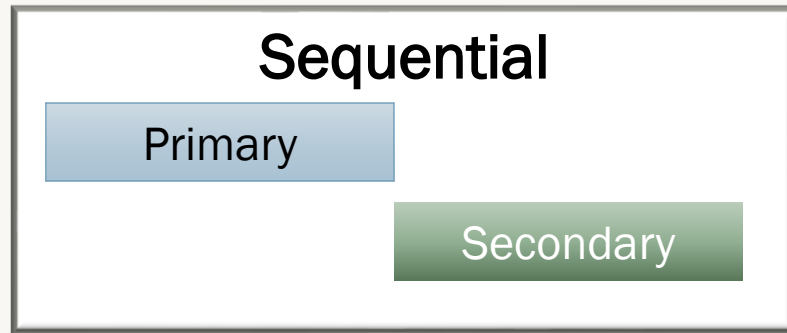
Treatment Planning



Empirically-based treatments for OCD & PTSD share many features...but there are important differences to acknowledge



Selecting a Treatment Approach



ERP + CPT
(Van Kirk et al., 2018)

ERP + PE
(Pinciotti et al., 2022)

Treatment Process: Impact of Trauma on Treatment Motivation

Those with high PCL-5 scores evidenced significantly higher Controlled Motivation for treatment at admission.

Intrinsic Motivation for Treatment Across Time



Clinical Takeaways



Impact of trauma/PTSD is individualized



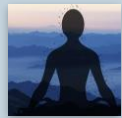
Look for interactions between symptom sets



Clarify OCD, PTSD, & overlapping symptoms.



Focus on motivation early in treatment.



Reinforcing crisis intervention/ distress tolerance strategies.



Integrating Trauma Informed Care practices

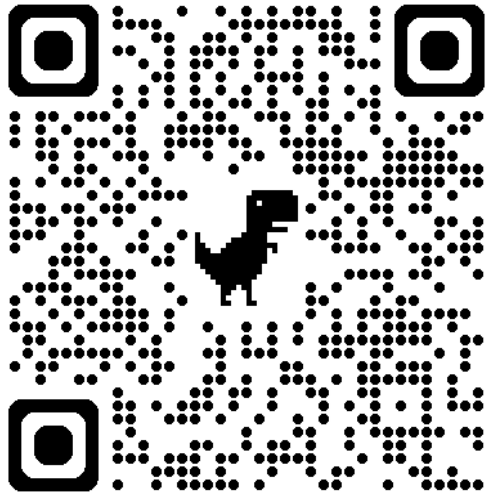
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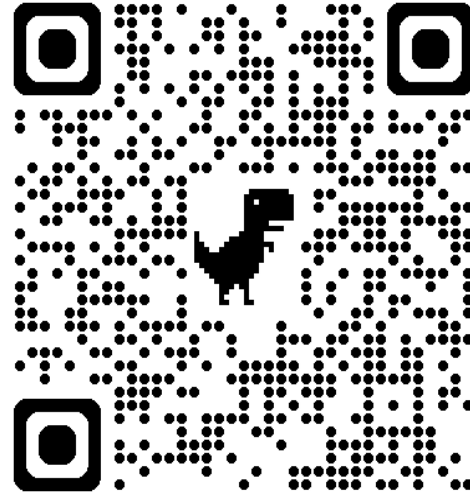
Helpful Resources

OCD Trauma Timeline
Interview

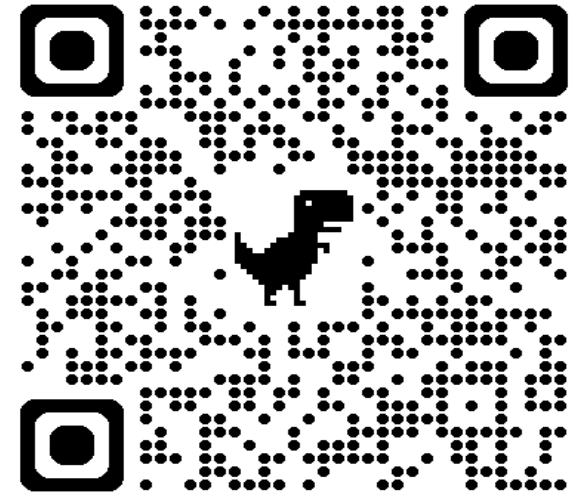
Scroll to “clinical tools”



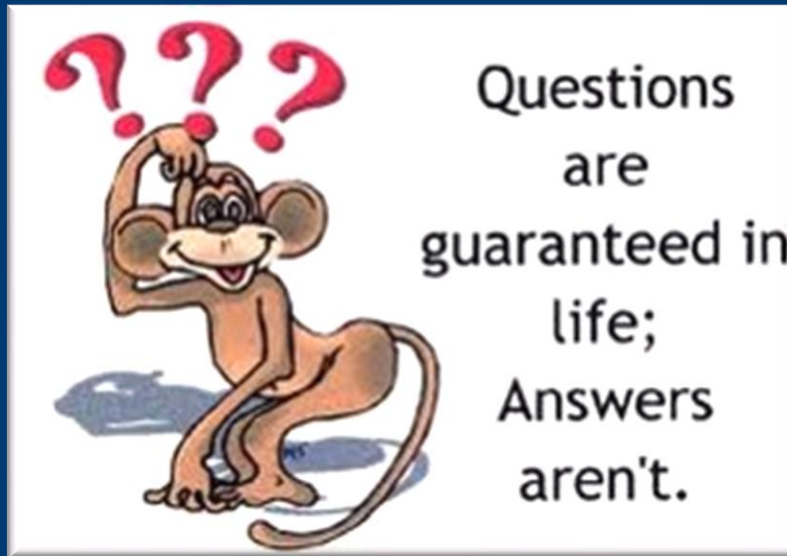
Dr. Pinciotti's Website



IOCDF's Trauma & PTSD in OCD
Special Interest Group
Resource Page



AUDIENCE Q&A



FINAL THOUGHTS

- A recording will be emailed to you in 2 weeks. It will include the presentation slides.
- Take our survey immediately after the webinar has concluded.

THANK YOU!

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