
Evidence-Based Treatments for OCD and PTSD

There are many treatments and approaches that claim to be helpful for OCD or PTSD. While it is true that one type of treatment may have been helpful for someone you know, treatments that are *evidence-based* are more likely to be helpful for most people. This is because treatments that are considered evidence-based have been researched thoroughly in many different samples and populations of people, and can stand up to the scrutiny of the scientific method and the peer-review process of research, which serves as a “gatekeeper” to try to prevent junk science from being published. Just like trying a new medication, it is important to find a treatment that works the best for you and your unique needs. It is also important to find a provider with adequate training and experience in the treatment they claim to provide. This list serves as a quick guide to the treatments for OCD and PTSD that are evidence-based and should be considered first-line treatment approaches. This list is not intended to be exhaustive – these are simply the treatments that have the *most* evidence for being the *most* effective for *most* people.

OCD:

- Exposure and response (ritual) prevention (ERP)
- Cognitive behavioral therapy (CBT) for OCD
- Cognitive therapy for OCD
- Inference-based cognitive behavioral therapy (I-CBT)

PTSD:

- Prolonged exposure (PE)
- Cognitive processing Therapy (CPT)
- Cognitive behavioral therapy (CBT) for PTSD
- Trauma focused-cognitive behavioral therapy (TF-CBT)
- Cognitive therapy for PTSD

Currently, no treatment exists that specifically targets co-occurring OCD and PTSD, however these therapies may be easily combined. For example, one small-scale study found that patients who received concurrent ERP and PE (i.e., both treatments at the same time) experienced significant reductions in both OCD and PTSD symptoms. Other case studies have detailed successful approaches that have combined ERP and CPT, for example.

There are many other treatments that have been shown to be evidence-based for OCD or PTSD, (e.g., Acceptance and Commitment Therapy [ACT]), that may be a better fit for your unique needs. The above list captures only those that have garnered the *most* support from research to effectively treat the symptoms of OCD or PTSD.

Myth vs. Reality

Myth: If you have co-occurring OCD and PTSD, you cannot do OCD treatment until your PTSD is treated first.

Reality: This is a common misconception, even among treatment providers. In reality, there is *no* evidence to suggest that treatment for OCD cannot still be helpful even if someone has co-occurring PTSD. It is not uncommon for OCD and PTSD to overlap, in which case it is important to treat both at the same time if possible. However, there is no evidence to suggest that OCD treatment should be withheld simply because someone has PTSD or a history of trauma.

Myth: If you have co-occurring OCD and PTSD, you should have two separate treatment providers: One provider to treat your OCD, and one provider to treat your PTSD.

Reality: Although you may prefer to have two separate providers who each have an expertise in OCD and PTSD, respectively, you should know that there are providers who are trained to treat both conditions and that this combined approach is likely to give you the strongest and quickest benefit, particularly if your OCD and PTSD symptoms are related. Having separate providers may be your only option and can still be helpful. However, if you have the option to have one provider who can treat your OCD and PTSD at the same time, this option may be preferable so you can ensure that your treatment is consistent and that nothing gets missed. Having just one provider may also be more affordable and less time consuming since many symptoms can be treated simultaneously and therefore more quickly.

Myth: Eye movement desensitization and reprocessing (EMDR) is an evidence-based treatment for OCD.

Reality: Be aware that there are some treatments that may have some evidence to work for one disorder, but lack evidence that they are helpful for the other. Although less effective than the above listed treatments for PTSD, EMDR has shown to be effective in treating PTSD for some individuals. However, there is no research to date that suggests that EMDR is an effective treatment for OCD, and therefore EMDR is *not* considered to be an evidence-based treatment for OCD.

Myth vs. Reality

Myth: If someone's mental health is negatively impacted by a traumatic event, it means they have PTSD and should see a PTSD treatment provider.

Reality: Most people experience a temporary negative impact on their mental health following trauma and, fortunately, many recover on their own without treatment. Those who do experience lasting impact can experience this impact in many ways, such as through adjustment disorders, substance abuse or addictions, eating disorders, anxiety disorders, and mood disorders. Importantly, some people may develop OCD following a traumatic event, or feel as though the traumatic event made their existing OCD worse. Although some people do develop PTSD following a traumatic event, there are many other ways that trauma can impact our mental health, and PTSD is just one way. If you are impacted by a traumatic event but do not have PTSD, this does not invalidate the very real impact that this experience has had on your mental and/or physical health. It is very important to find a treatment provider who is specifically trained to treat whatever mental health concern you are experiencing, and can do so in a trauma-informed way.

References

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