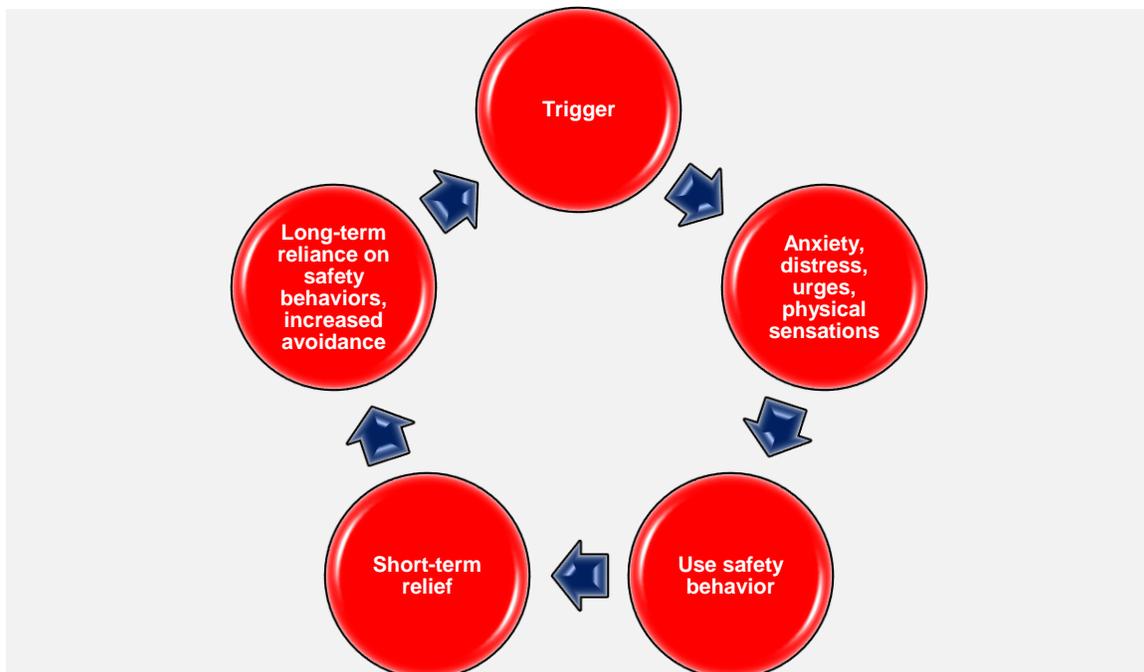

Safety Behaviors in OCD and PTSD

Safety behaviors are any behaviors (including mental actions) that are used to try to avoid, suppress, reduce, or prevent anxiety. In both OCD and PTSD, safety behaviors are *negatively reinforcing* because in the moment, they reduce unwanted anxiety and distress making them appealing to use again and again in the future. However, they are counterproductive in the long-term because the fear itself has not been directly addressed. Instead, the catastrophic thoughts about feared situations/experiences remains and will likely only increase in intensity over time, the person never learns that they can handle the feared situation/experience, and instead only believes that they survived the moment because they used safety behaviors, thus increasing reliance on safety behaviors in the future. Continued reliance on safety behaviors over time leads to a restricting of life as people become more focused on avoiding fear and anxiety than on living a meaningful, values-based life.



Types of Safety Behaviors

Safety behaviors can include both passive and active strategies. An example of a passive safety behavior is avoiding engaging in a low-risk activity because it causes anxiety or fear, such as avoiding using public restrooms that may be perceived as contaminated or avoiding going on a walk in a safe neighborhood.

Passive Avoidance

In OCD, avoidance is related specifically to OCD fears or doubts, such as a fear of losing control and harming someone or doubting one's memory about whether or not someone was

harmful in the past. People with OCD may avoid thoughts and feelings associated with these fears and doubts, as well as external triggers of these fears and doubts, such as people, places, activities, objects, situations, and conversations. Avoidance in OCD typically *functions* to prevent obsessions or urges to engage in compulsions, and to prevent any anxiety associated with obsessions and compulsions.

In PTSD, avoidance is related specifically to a traumatic experience that the person directly experienced, witnessed, or learned about. People with PTSD may avoid memories of the trauma or try to suppress emotions associated with the trauma (e.g., not allowing oneself to feel sad), as well as external triggers of the trauma memory, such as people, places, activities, objects, situations, and conversations. Avoidance in PTSD typically *functions* to prevent the trauma from happening again to oneself or someone else, and to avoid or otherwise cope with distressing emotions and memories.

	Function of Avoidance
OCD	Prevent obsessions or catastrophes. Prevent urges to engage in compulsions. Prevent OCD-related anxiety.
PTSD	Prevent trauma from reoccurring. Prevent, suppress, or cope with trauma-related emotions and memories. Prevent trauma-related distress.

Compulsions and other Active Safety Behaviors

When these situations and internal experiences cannot be avoided, individuals with OCD or PTSD may resort to using active safety behaviors, which include both observable behaviors and mental acts. In OCD, these behaviors (often called “compulsions”) may be repetitive and rule-driven, unreasonable or excessive in frequency or intensity, and may feel as though they must be repeated until they are done the right way or until a sense of certainty has been obtained. Often times, doubt will underlie these behaviors, so even if someone has engaged in a compulsion repeatedly, they may doubt that they did or that it was done correctly, and feel the need to repeat the behavior over again. These behaviors may or may not be realistically connected to an OCD fear or doubt; for example, a person may repeat lucky phrases in their head in order to prevent a loved one from dying. Compulsions in OCD typically *function* to prevent catastrophes from occurring in the future, to obtain certainty about whether something happened in the past or will happen in the future, and to reduce anxiety associated with these fears and doubts.

In PTSD, these active safety behaviors may also be repetitive, but only insofar as they *function* to prevent future trauma or help cope with past trauma and associated distress and other emotions. For example, a person with PTSD might check that they have locked all of the doors to their house to prevent an intruder, but unlike someone with OCD, they may be able to do this just once before moving on because they are not doubting their memory of whether or not they checked the locks correctly. Thus, safety behaviors in PTSD may have more of a feeling of “completeness” to them which occurs when the person feels safe from harm or that they have adequately coped with their trauma response in the moment. These PTSD behaviors are more

likely than OCD behaviors to be directly and realistically connected to a specific event (i.e., the trauma) and tend to be more reasonable in frequency or intensity.

	Function of Safety Behaviors
OCD	Prevent catastrophes. Obtain certainty. Prevent, suppress, avoid, or cope with obsessions and urges. Prevent or reduce anxiety.
PTSD	Prevent trauma from reoccurring. Obtain safety. Prevent, suppress, avoid, or cope with trauma-related emotions and memories. Prevent or reduce distress.

Common Overlapping Safety Behaviors in OCD and PTSD

It is common to see the same types of safety behaviors in people with OCD or PTSD, so it is important to understand when someone has both conditions whether the *function* of the behavior stems from OCD or PTSD, as described above. Below are examples of some common safety behaviors in OCD and PTSD.

Common OCD Behaviors	Common Overlapping Behaviors	Common PTSD Behaviors
<ul style="list-style-type: none"> • Washing, cleaning, barriers • Counting, ordering • Mental review • Repeating • Praying • Confessing, need to tell • Neutralizing 	<ul style="list-style-type: none"> • Avoidance • Reassurance-seeking • Self-assurance • Comfort objects or people • Checking • Ruminating about past • Worrying about present or future 	<ul style="list-style-type: none"> • Scanning for threat or danger • People-pleasing • Caretaking others • Isolating/withdrawing from others • Distraction or deflection • Emotional control/suppression (stuffing feelings down) • Changing routine to avoid being followed

In people with co-occurring OCD and PTSD, these safety behaviors might overlap in terms of their *presentation* or *function*. For example, if the hypothetical person mentioned above has OCD and PTSD, they may experience an overlap in the *presentation* and *function* of their safety behaviors: They may check their locks to prevent a trauma from occurring (PTSD), but check their locks repeatedly and according to a very rigid set of rules in order to feel a sense of correctness or just-rightness (OCD).

How to Respond to OCD and PTSD Safety Behaviors

It is important to understand the *function* of avoidance and safety behaviors because this will give you clues about how to respond. If the function of avoidance and safety behaviors is consistent with the OCD-related functions listed above, you should do your best to allow the obsessional thought or fear to exist in your head without “doing anything” with it. This means resisting urges to avoid, engage in compulsions, or try to “figure out” why you had the thought or what it means – all of these behaviors add fuel to the metaphorical fire of OCD obsessions. You might tell yourself, “maybe, maybe not” about the feared outcome that has come to mind.

If the function of avoidance and safety behaviors is consistent with the PTSD-related functions listed above, you can take a more gradual approach by compassionately acknowledging *why* you are having this fear or distress and resist your urges to avoid or engage in safety behaviors as best you can. Sometimes, this may mean gradually reducing safety behaviors rather than eliminating them “cold turkey.” For example, if shopping in the crowded grocery store feels too challenging to you because it triggers your anxiety and hypervigilance, you might consider shopping at the grocery store during slower periods and with a safe person and gradually work your way up to shopping during busier periods on your own. If a thought feels very irrational to you, you might consider challenging that thought, but you should do so only if this feels helpful and not invalidating. Remember that working through PTSD means learning how to differentiate between actual threat and safety, so it’s important to learn how to make these distinctions about what is truly safe for you to do – even if this means getting a little reassurance at times.

That said, some behaviors may serve multiple functions that span across both OCD and PTSD. In such cases, you should do your best to find the “seam” that separates the two functions and respond to each aspect of the behavior accordingly. See below for an example.

When a safety behavior serves multiple functions that span across both **OCD and **PTSD**, you should take the following steps:**

Identify Behavior	Checking the lock on the door.
Describe Behavior’s Presentation	Check lock of front door before bedtime. Repeat checking four times while having a good thought.
Identify Behavior’s Function(s)	<ol style="list-style-type: none"> 1. Safety – locking the door may help prevent trauma. 2. Certainty – I have to do my checking ritual correctly otherwise I can’t be certain I did it at all.
Label each Function	<ol style="list-style-type: none"> 1. Safety – wanting to prevent trauma is my PTSD. 2. Certainty – needing to know for sure is my OCD.
Respond to Behavior According to Function	<ol style="list-style-type: none"> 1. It’s normal for me to want to be safe. Most people I know lock their front door before bedtime in order to prevent intruders. 2. Perhaps I can work on reducing the ritual associated with my checking, and gradually work towards checking the lock just once.

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