Which is What?
Differential Diagnosis Considerations for OCD and PTSD Symptoms

Obsessive-compulsive disorder (OCD) and posttraumatic stress disorder (PTSD) can look similar, especially if someone with OCD has also experienced trauma. These considerations may help with decision-making as to whether a certain symptom may be better categorized as OCD or PTSD.

Note: This table provides some things to consider when trying to differentiate OCD from PTSD. It is not meant to be an exhaustive list or be universal for every person's experience. These considerations also assume a clear distinction between OCD and PTSD, which may not be the case when someone has trauma-related OCD symptoms.

Overlapping Symptom	OCD Considerations	PTSD Considerations
1. Intrusive thoughts, memories, or images	Theme of thoughts **may or may not** be related to trauma, or be related to trauma that someone has not actually experienced.	Theme of thoughts **must be related to a trauma** that was directly (e.g., I was there) or indirectly (e.g., I learned about it in detail) experienced.
2. Nightmares	Focused on **OCD obsessions** and related emotions, or the consequences of having OCD.	Focused on **re-experiencing trauma** or feeling the same emotions that were felt at the time of the trauma (e.g., a nightmare about being chased causing the same feelings of fear and helplessness as the trauma).
3. Dissociation	Triggered by obsessions or compulsions, "magical thinking" (e.g., "If I think it, it will happen"), or **becoming absorbed into OCD symptoms** to the point where someone feels detached from time and space.	**Triggered by trauma reminders,** situations, or sensations. Can occur during the trauma itself and after the trauma in times of high stress or perceived threat (e.g., during an argument with a loved one).
4. Psychological (mental) or physiological (bodily) distress to triggers	**Triggered by OCD cues** (e.g., sticky substance).	**Triggered by trauma reminders** (e.g., someone who looks like my perpetrator).
5. Safety behaviors	Compulsions can be **repetitive**, **rigid** in pattern, or appear **illogical** or **excessive** to others. They may involve "magical thinking." They are characterized by **doubt** ("what	Safety behaviors are **logically connected** to the trauma and typically done to **prevent trauma** from happening again. If safety behaviors are repetitive,

	if?") or a feeling of needing to do things **"just right."** As a result, they are done to prevent or **eliminate uncertainty** around an imagined threat, or to resolve a feeling of "not-just-right." Compulsions are **specific to OCD triggers** and obsessions (e.g., ritualized prayer to absolve myself of perceived sins).	perfectionistic, or ritualized, it is typically only because doing so further prevents or minimizes threat or harm (e.g., a new threat needs to be neutralized) rather than because of excessive doubt or need to do things "just right." Safety behaviors are **specific to trauma reminders** and intrusive trauma memories (e.g., planning an escape route in a crowd after experiencing a mass shooting).
6. Avoidance	Avoidance is **specific to OCD triggers** and obsessions/compulsions (e.g., avoiding going to Church because it triggers scrupulosity obsessions or urges to pray excessively). The purpose is to **prevent obsessions** or urges to use **compulsions**, or **prevent future feared outcomes.**	Avoidance is **specific to trauma reminders** and intrusive trauma memories (e.g., avoiding street where car accident occurred, avoiding memory of car accident). The purpose is to **prevent reminders** of the trauma, or **prevent trauma** from happening again.
7. Memory disturbance	Reported gaps in memory cause anxiety and are typically related to intense **self-doubt** rather than true forgetting/amnesia. Doubt often centers on whether an event occurred, typically due to a fear of being responsible for something bad happening (e.g., "Did I hit someone with my car this morning?").	Amnesia may cause anxiety, confusion, or curiosity, and is typically related to **emotional avoidance** (intentional or unintentional) of the trauma. Amnesia often involves specific details (e.g., "I remember the car accident and then my memory goes blank") or entire periods of time when the trauma occurred (e.g., "I can't remember three years of my childhood during the abuse"). Even with effort, someone may not be able to recall specific details of a trauma memory.
8. Persistent, exaggerated, negative beliefs about self, others, or the world	Core fears about oneself typically cause anxiety and/or shame and are linked to **how someone interprets or judges their obsessions**	Negative beliefs about oneself may cause additional emotions like guilt/shame/hopelessness and are linked to **how**

(e.g., "I am a bad person")	**and/or compulsions** (e.g., "I'm a bad person for having these thoughts").	**someone interprets or judges their trauma** or their perceived role in the trauma (e.g., "I'm stupid for letting my trauma happen.").
9. Persistent, distorted self-blame or over-responsibility	Inflated responsibility centers on the perceived **need to prevent** negative outcomes and control one's thoughts, typically provokes anxiety, and can include magical associations.	Blame may provoke additional emotions (e.g., shame, anger) and is associated with **how someone interprets or judges their trauma**.
10. Strong negative feelings like fear, horror, anger, guilt, shame	Emotions are associated with **how someone feels about their OCD symptoms** and the core fear(s) underlying them.	Emotions are **associated with trauma reminders**, how someone makes sense of the trauma, or how someone feels about themselves, others, or the world since the trauma.
11. Loss of interest in previously enjoyed activities	Due to **avoidance of OCD triggers**.	Due to **diminished interest/enjoyment** in the activity.
12. Social isolation or estrangement from others	Due to **avoidance of OCD triggers**, **shame** about symptoms, or **time spent** engaging in compulsions.	Due to feeling detached or **emotionally disconnected** from others (not due to avoiding trauma triggers).
13. Trouble feeling positive feelings like happiness or love	Due to feeling **overwhelmed or distracted** by one's OCD symptoms, **shame** about one's symptoms, or **grief** about losses associated with having OCD.	In an effort to push away negative trauma-related emotions, an overall **emotional numbness** prevents experiencing positive emotions as well.
14. Risky or self-destructive behavior	The function is to **disprove or obtain control/certainty** over a feared consequence (e.g., having risky sex to test whether one will catch a sexually transmitted infection).	The function is to intentionally invoke an **adrenaline rush, punish oneself, or re-enact** aspects of their trauma with a greater sense of **control and empowerment** (e.g., having risky sex because it provides a sense of control over one's sexual experience).
15. Hypervigilance or being "super alert"	Alertness is **specific to OCD triggers** (e.g., watching a person who is "contaminated" so the things they touch can be tracked and later avoided).	Hypervigilance may stem from a broader need to scan for threat/danger to **prevent trauma,** or scanning specific to trauma reminders (e.g., being hyper-alert about possible explosives in the road).

16. Concentration difficulties	Likely due to **becoming absorbed** in obsessions or engagement in mental rituals.	May be due to intrusive trauma memories but may also be experienced as general **"brain fog."**
17. Sleep disturbances	Related to hyperarousal, obsessions, and/or compulsions **specific to OCD triggers.**	Related to hyperarousal, intrusive thoughts, and/or safety behaviors **specific to trauma triggers**, or due to fear of trauma-related nightmares.
Note. Symptoms of PTSD **must** be related in content to trauma and have started or gotten worse after the trauma in order to be considered a symptom of PTSD. Table adapted in part from Pinciotti, C. M., Fontenelle, L. F., Van Kirk, N., & Riemann, B. C. (2022). Co-occurring obsessive-compulsive and posttraumatic stress disorder: A review of conceptualization, assessment, and cognitive-behavioral treatment. *Journal of Cognitive Psychotherapy, 36*(3), 207-225. https://doi.org/10.1891/jcp-2021-0007.		

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