



SHARED SYMPTOMS,
UNIQUE CHALLENGES:
APPROACHING AND
INTEGRATING TREATMENT
FOR OCD AND AUTISM
SPECTRUM DISORDER

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OBJECTIVES

- Understand what OCD and Autism are and the basics of working with these populations
- Identify unique characteristics and common overlapping symptoms of these diagnoses
- Increase confidence in working with these populations and know where to seek additional resources

STATISTICS:

- 17-35% WITH AUTISM HAVE OCD
- 25% PEOPLE WITH OCD MAY ALSO HAVE AUTISM
- OCD IS *HARDER* TO ASSESS WITH ASD
- YBOCS/CYBOCS NOT INCLUSIVE OF ASD



BRIEF DEFINITIONS

Obsessive Compulsive Disorder

intrusive and distressing thoughts, images, or impulses (obsessions), which lead to engaging in repetitive behaviors or mental acts (compulsions) as a means to alleviate anxiety or prevent perceived harm.

Autism Spectrum Disorder

neurodevelopmental disorder characterized by persistent challenges in social interaction, communication, and restricted or repetitive patterns of behavior, interests, or activities.

SPECIAL CONSIDERATIONS: OCD

- “Most important thing”
 - Distress with uncertainty
 - Obsessions: religious, contamination, relationships, just right, etc.
 - Compulsions: Checking, reassurance, mental compulsions
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SPECIAL CONSIDERATIONS: ASD

- Not a disorder
 - Neurodevelopmental, not “caught”
 - Differences in sensory perception/experience
 - Intensity: A lot or not at all
 - Differences in social preferences
 - BFRBs
 - Justice oriented
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BRIEF TREATMENT OVERVIEW

OCD Treatment:

- Exposure and Response Prevention (under CBT)
- Acceptance and Commitment Therapy
- Some Dialectical Behavioral Therapy
- Medication: Often SSRI with mood stabilizer and PRN for in the moment anxiety
- Tools: YBOCS/CYBOCS
- Groups work

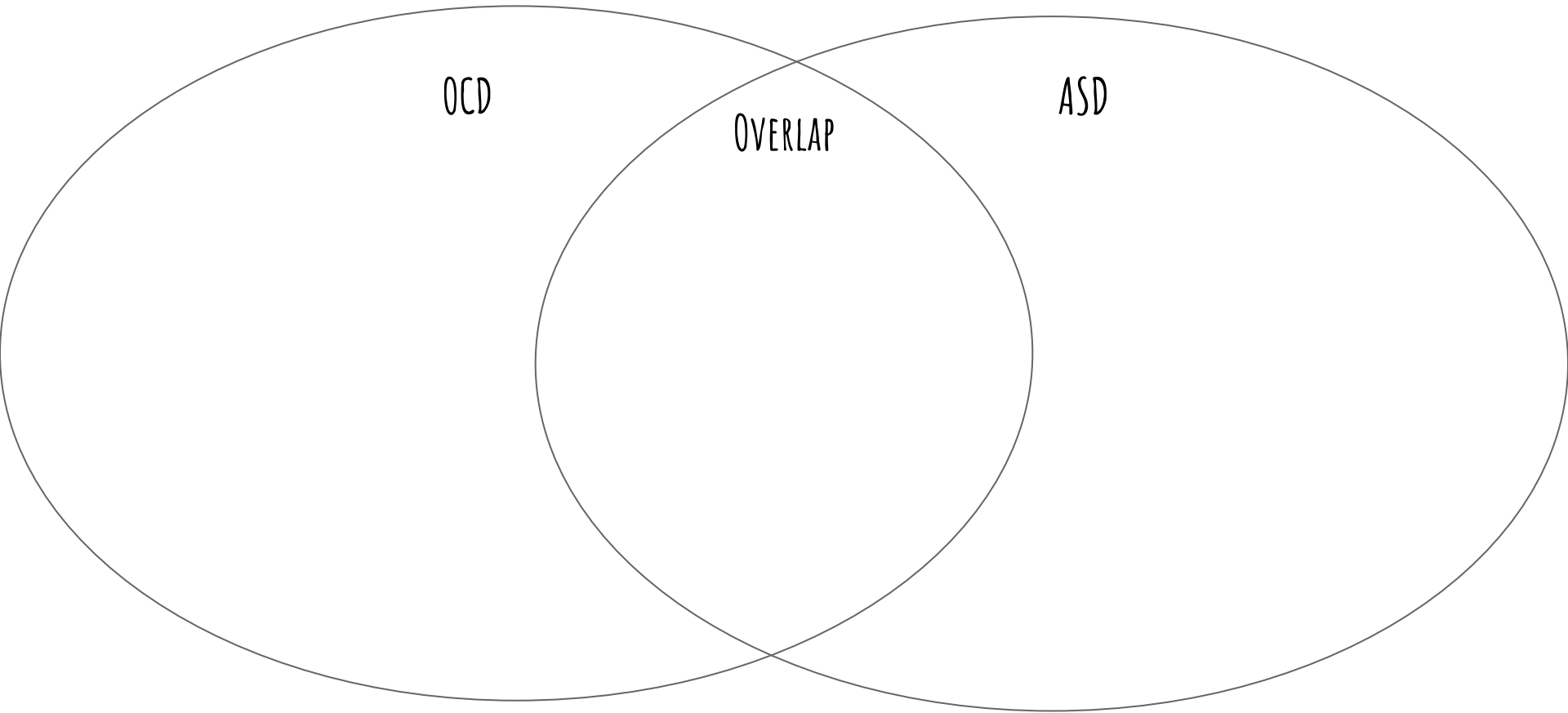
ASD “Treatment”:

- Dependent on individual
- Social relationships
- Educational support
- Sensory Support
- Advocacy for needs/Burnout Prevention
- BFRBs...rigidity, adjusting to change, etc
- Medication: Often SSRI and mood stabilizer
- Tools: Aspie Quiz, AQ, RAADS
- Groups work
- Testing (MIGDAS)
- Quick note on ABA

TURN TO YOUR NEIGHBOR:

NAME AS MANY OVERLAPPING
CHARACTERISTICS OF OCD AND ASD AS YOU
CAN

DISCUSSION DEBRIEF



ACCURATE DIAGNOSES AND UNIQUE FEATURES

- Repetitive behaviors
- Social anxiety
- Routines and difficulty with change
- Accommodation needs
- Need for certainty/accuracy
- More reassurance
- Medication similarities
- High sense of justice
- Special interest does not equal obsession

DIFFERENTIATING TIPS

Autism -

- Onset is at birth
- Neurodevelopmental - advocacy and accommodations
- BFRBs
- Nonspecific across multiple settings
- Difference in preferences (routines, schedule, social)
- “Rigidity” needs not necessarily rooted in anxiety
- “Compulsions” as self soothing
- Caution with ERP
- Stimming vs compulsions

OCD -

- Onset is usually around 11-12 years old
- Disorder to be treated
- Repetitive, compulsive behaviors
- Specific to certain triggers
- Could be non-autistic or autistic
- “Rigidity” usually rooted in need to reassure anxiety
- Compulsions worsening symptoms long term
- Can use ERP with “sensory” issues (misophonia)
- Compulsions vs stimming

THE DON'TS AND DO'S

DON'TS

- Use ERP for “treating” overstimulation with ASD
- Make assumptions
- “Treat” needs for patterns and routine
- Assume questions are reassurance based
- Use non-autism-centered organizations like Autism Speaks as a resource
- Assume stimming is a compulsion

DO'S:

- Seek clarity on intention for therapy and needs behind questions
- Check in with your client on what works for them
- Get creative!
- Ask questions and seek resources when needed
- Seek resources from the autism community

PERSONAL STORIES (RACHEL'S)

CASE EXAMPLE:

KARI IS A 25 YEAR OLD FEMALE WHO COMES INTO YOUR OFFICE. SHE HAS BEEN IN AND OUT OF THERAPY FOR YEARS, STATING "PEOPLE ALWAYS SAY I'M INSIGHTFUL, BUT I'M STRUGGLING SO HARD." SHE STATES SHE'S DONE SOME EXPOSURES TO TREAT HER OCD, BUT SOMETIMES IT FEELS LIKE THEY DON'T WORK AND EVEN MAKE SOME SYMPTOMS (LIKE HER AVERSION TO THE SINGER ADELE'S VOICE) WORSE. SHE WANTS TO WORK ON HER ANXIETY AROUND PEOPLE PRIMARILY, NAMING A FEW FRUSTRATING BEHAVIORS INCLUDING ALWAYS NEEDING MORE OF A "PLAN" AND CLEANER LOCATIONS THAN HER FRIENDS DO, BEING FEARFUL OF "LOOKING WEIRD" BECAUSE SHE OFTEN SOOTHES HERSELF BY TAPPING HER FINGERS ON THE TABLE THROUGH A CONVERSATION, AND CHECKING HER HAIR FOR IMPERFECTIONS SEVERAL TIMES AN HOUR. WHERE DO WE START?

QUESTIONS?

SOURCES AND CONTACTS

Rachel Hammons:
RachelHammonsCounseling@
Gmail.com

Catherine Cavin:
CatherineCavin.TN@gmail.com

<https://iocdf.org/autism/ocd-and-autism/>

Personal research

Huebner, IOCDF, and
Hershfield

[https://link.springer.com/
article/10.1007/s00787-
020-01478-8](https://link.springer.com/article/10.1007/s00787-020-01478-8)

[https://www.choosingtherap
y.com/ocd-and-autism/](https://www.choosingtherapy.com/ocd-and-autism/)

RESOURCES

Mindfulness Workbook for OCD by Hershfield

Self Compassion Workbook for OCD by Quinlan

What To Do When Your Brain Gets Stuck by
Huebner

Women and Girls with ASD by Hendrickx

Unmasking Autism by Price

Looking After Your Autistic Self - Garvey

Psych Surveys (small fee) for YBOCS and other assessments for OCD

Embrace-Autism.com for ASD info & informal self-report tests