



OCD and Autism: Clinician Perspectives

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Introduction

Autism Spectrum Disorder (ASD) and Obsessive-Compulsive Disorder (OCD) are highly correlated in a variety of domains complicating diagnosis and treatment.

OCD and Autism: Prevalence

Autism and OCD exhibit a bidirectional relationship; the presence of one disorder indicates a higher risk for the other; research has found comorbidity rates to be as high as 37% (Kose et. al., 2018).

Presentation of Co-Occurring OCD and Autism

Individuals with autism and OCD rate their OCD distress on similar levels to individuals with only OCD, indicating that the presence of autism does not make OCD symptoms inherently worse (Griffiths et al., 2017). Additionally, these individuals exhibit a higher rate of compulsions than obsessions compared to populations with only OCD (Barnard-Brak et al., 2021; Bedford et al., 2020).

Symptom Similarity

The primary symptoms of OCD and autism exhibit phenotypic similarities (Arlidskov et al., 2016); specifically, repetitive behaviors versus compulsions and restricted interests versus obsessions. Research has found that determining the affect (e.g., fear) associated with a behavior is currently the most effective way of differentiating between OCD and autism.

OCD Treatment for Autistic Individuals

The front-line treatment for OCD is exposure-response prevention (ERP) (Bedford et al., 2020). However, common characteristics associated with autism causes individuals to struggle with features of this treatment. Research has found modifications to treatment such as inclusion of restricted interests, parental involvement, and increased use of visual aids to improve treatment efficacy (Farrell et al., 2016).

Clinician Level Barriers

Mental health clinicians report limited knowledge, experience, and confidence when it comes to treating co-occurring psychiatric conditions in autistic individuals; research has found clinicians to be less likely to use CBT when treating autistic clients in comparison to neurotypical clients (Maddox, et al., 2020).

Study Aims

1. Develop an understanding of the relationship between OCD and autism
2. Determine the training needs of clinicians regarding OCD and autism co-occurrence

Methodology

Participants: Community mental health clinicians (N=11) working with youth ages 7-17 in North Carolina and Texas.

Procedures: Participants were recruited, consented, and interviewed using a semi-structured interview style. Clinicians answered questions regarding general training, experience with CBT, and treatment modifications.

Measures: Two questions related to the co-occurrence of OCD and autism were included in interview transcripts:

1. "In your experience, which strategies work well when treating youth with autism and OCD symptoms?"
2. "What challenges have you faced while treating youth with autism and OCD symptoms?"

Analysis: Thematic analysis was used to analyze interview responses (Braun & Clarke, 2006).

Results

Three Primary Themes...

Treatment Barriers

- a) Symptom similarity
- b) Cognitive differences and intellectual disabilities
- c) Parental/Caregiver Interference

Symptom Differentiation Strategies

- a) Determine the affect associated with a behavior
- b) Client symptom report
- c) YBOCS Scale

Treatment Modifications

- a) Restricted interests as an incentive for treatment adherence
- b) Increased use of visuals and literal language
- c) Client and parent psychoeducation

Conclusions

Clinicians reported diverse perspectives when discussing common research topics associated with OCD and autism co-occurrence (e.g., treatment modifications and symptom differentiation strategies).

Five participants exhibited an advanced understanding of OCD and autism when they occur together. However, within this group, many topics related to OCD and autism were not mentioned (e.g., OCD presentation in autistic individuals).

Participants explicitly mentioned a need for more training regarding diagnosis and treatment of co-occurring OCD and autism in general and specifically in individuals with intellectual disabilities.

Implications

There is a significant need for more training regarding OCD and autism co-occurrence in topics such as...

1. Symptom differentiation strategies
2. Efficacious treatment modifications
3. OCD symptoms presentation in autistic individuals

Future research should include...

1. A focus on symptom differentiation strategies
2. Emphasis on treating OCD in autistic individuals with co-occurring intellectual disabilities
3. Examination of additional participant groups (e.g., OCD and/or autism specialists)

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