

Obsessive Compulsive Disorder (OCD) and Autism Spectrum Condition (ASC)

Authors: Sophie Higginbottom, Assistant Psychologist, Dr Rachel Lavin, Clinical Psychologist and Victor Levenson, Consultant Clinical Psychologist and Clinical Lead from the Options Clinical Team, Wales.



Introduction

The term Obsessive Compulsive Disorder (OCD) may often be used to describe certain behaviours, such as a preference for a tidy living space or a preference for cleanliness. Often people may describe themselves as being 'a little OCD'. This figure of speech has become popular within general society. However, these comments can lead to misconceptions of OCD. These comments can also minimise the significant distress experienced by individuals with OCD.

In reality, OCD can have a severe disabling impact on a person's daily life and can cause extreme levels of anxiety. The level of distress and disabling impact of OCD is what distinguishes OCD as a disorder.

ASC and OCD

Often individuals with Autism Spectrum Condition (ASC) can demonstrate repetitive behaviours and preferences that appear similar to behaviours in

OCD. However, these behaviours are not the same as symptoms of OCD.

The aim of this fact sheet is to challenge common misconceptions and to highlight how behaviours in ASC may appear similar, but are driven by different motivations.

What exactly is OCD?

OCD is an anxiety disorder which can cause high levels of distress and severe impairment in everyday life. Individuals with OCD experience obsessions and compulsions:

Obsessions are intrusive, unwanted and recurrent thoughts or urges, characterised by worry / fear. These obsessions are often extremely distressing and significantly interfere with a person's ability to function in everyday life. Common themes of obsessional thoughts include fear of contamination or fear of harm.

Compulsions are repetitive behaviours or mental

acts that the individual feels driven to perform, often in response to distressing obsessional thoughts. These compulsions can often be performed in response to an obsession as a way to try to prevent harm or distress. An example of a compulsion is an individual may flick a light switch 15 times due to a belief that this may help to prevent harm from occurring to their family.

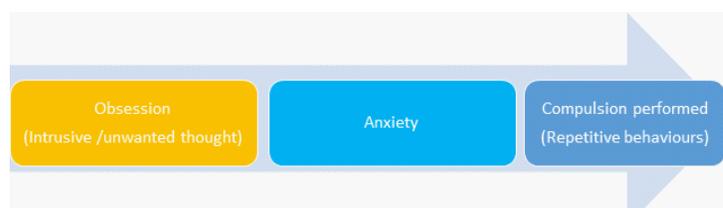
Repetitive Behaviours in OCD

Repetitive behaviours in OCD occur due to an individual feeling that they have to repeat physical or mental actions in response to intrusive (obsessions) thoughts which cause anxiety. These can include:

- Repeated checking
- Repeated cleaning or washing
- Ordering items into exact places / making things symmetrical
- Hoarding or collecting items

These behaviours are carried out as a way of trying to reduce distress/anxious thoughts (obsessions) due to a fear of harm. Figure 1 illustrates this process in OCD:

Figure 1



The person carrying out the behaviour can recognise that their behaviour is illogical and not want to carry out the behaviour but feels compelled to do so to manage the anxiety associated with the fear. This further increases the distress at carrying out the behaviour – they wish they could stop but find they cannot.

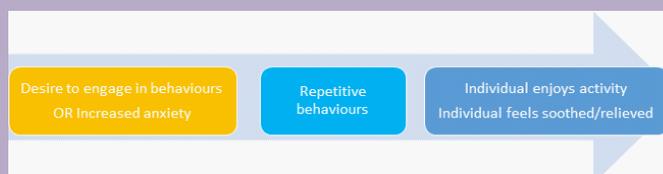
Repetitive Behaviours in ASC

Individuals with Autism Spectrum Condition (ASC) display repetitive patterns of behaviours, interests, or activities. Repetitive behaviours can be different for every individual diagnosed with Autism. These may include:

- Arm or hand-flapping
- Finger-flicking
- Rocking
- Jumping
- Repetitive stepping or other movements, for example stopping at cracks in the pavement and stepping over the same crack multiple times
- Repetitive use of an object

Individuals with ASC usually embrace repetitive behaviours whereby they are a source of enjoyment. Sometimes, for individuals with ASC, engaging in repetitive behaviours can help to relieve anxiety and is a positive way for the individual to regulate their emotions. Figure 2 illustrates this process in ASC:

Figure 2



OCD or ASC?

In order to try to differentiate between OCD and ASC behaviours it is often useful to consider the motivation of the behaviour:

- Does the individual appear to enjoy these behaviours?
- Or do they appear distressed or express that they do not want to do or are trying to resist doing the behaviour?

With OCD, a person feels 'compelled' to engage in behaviours, which are often upsetting and non-pleasurable. Individuals with OCD feel uncomfortable with their symptoms and experience high levels of distress and impairment in everyday life.

Repeated Touching

The repeated touching of objects for a person with autism may be due to an individual's specific interest or preference for items and this is often a pleasurable activity. In comparison, an individual with OCD is driven to complete compulsions due to a fear or anxiety, and does not usually find this enjoyable and often may not lead to a reduction in overall distress.

Repeated Movements

For individuals with autism, repetitive movements can be a form of self-stimulation (known as 'stimming'). 'Stimming' can stimulate the senses and help to regulate emotions and reduce anxiety. Stimming is generally enjoyable for the individual concerned. However, repeated movements for an individual with OCD would feel necessary in order to alleviate anxiety associated with a fear.

Ordering Objects and Adherence to Routines

Individuals with ASC can enjoy ordering objects and having the environment consistently the same and predictable. This is different to an individual with OCD feeling compelled to order items into symmetries due to a fear of something bad happening. Adherence to routines is often also important for individuals with ASC.

Collecting Items

Individuals with autism may have highly-focused interests which can appear at times to be somewhat of an obsession. Individuals may collect specific items. However, for individuals with ASC these behaviours are highly enjoyable and pleasurable. The important distinction is that individuals with OCD who collect or 'hoard' items do this due to a fear of causing harm should these items be discarded.

Below are some case studies to illustrate how these behaviours may present in ASC or OCD:

Case Studies:

- **Bethany, 8 years old, Diagnosis – ASC**

Before leaving for school Bethany repeatedly lines up her toys and put them in order. This makes Bethany feel calm and happy. Once Bethany has lined up her toys in the correct order she is able to go to school.

- **David, 13 years old, Diagnosis - OCD**

Before leaving for school David has an intrusive thought that his mum will be hurt. David lines the toy car models on his desk to be exactly symmetrical and spends 20 minutes doing this, he believes if he does not do this then his mum will get hurt. Once David has lined the items on his desk, he goes to school but is unable to stop anxious thoughts about his mum being hurt.

- **Rebecca, 15 years old, Diagnosis – ASC**

Rebecca likes the sound of the light switch being clicked on and off, and she also enjoys watching the flashing lights. Rebecca will spend time flicking the light switch as she enjoys the repeated movements and focusing on this helps her feel soothed when she feels anxious.

- **Thomas, 17 years old, Diagnosis – OCD**

Every morning Thomas must flick each light switch on and off in his bedroom 15 times. Thomas believes that if he is unable to flick each light switch 15 times, something bad will happen to his family. After flicking each light switch on and off the correct number of times, Thomas is able to leave the house but he cannot stop worrying about his family.

How to Support Someone who Demonstrates Repetitive Behaviours?

It can help to think of the function or motivation for repetitive behaviours for an individual with autism, using the above information. If the person appears to be enjoying engaging in the behaviour, there are a few tips below that may help:

- Provide sensory objects for self-stimulation behaviours (such as items to play with: rubber bands etc.)
- Provide opportunities for movement based activities
- Provide increased structure by using routines (using visual supports)

- Build a special interest into a hobby or vocational role
- It is important to also consider the impact of these behaviours on an individual's quality of life and wellbeing.

Further Support

Whilst behaviours may occur that look similar within OCD and ASC, these can occur for different reasons. It is important to note that it is possible to have a diagnosis of both OCD and ASC. It is also believed that OCD may be more common within populations with a diagnosis of autism compared to the general population (National Autistic Society, 2014). However, there can be challenges in accurately diagnosing and identifying OCD within individuals with ASC.

If you feel that you or someone you support who has ASC may have OCD, it is best to seek professional help.

Support at Options

The Options clinical team comprises of a number of professionals who support children, young people and adults with autism, complex needs and associated learning difficulties. We consider the overall quality of life for the individuals we support, to help them to work towards their personal goals and aspirations.

Our embedded clinical teams have skill sets tailored to the needs of each service. This enables us to be responsive to newly identified, time limited or changing needs of an individual throughout their placement with us. We look at an individual's overall functioning and wellbeing, including the management of ASC and OCD, to devise interventions that can help individuals work towards their personal aims and aspirations.

Further Sources of Support and Useful Links:

- National Autistic Society - <https://www.autism.org.uk/>
- OCD UK - <https://www.ocduk.org/ocd/whats-not-ocd/>
- MIND - https://www.mind.org.uk/media/4703394/understanding-ocd_2016.pdf
- OCD action - <https://www.ocdaction.org.uk/>

Spread the word...

If you found this help sheet useful please feel free to share it with anyone who you feel may benefit.

The complete series of help sheets can be found on our website www.optionsautism.co.uk/resources