

Enhancing Exposure and Response Prevention for Autistic Individuals with OCD

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Results: Advice for Therapists

Avoid Harm and Infantilization

Therapists should avoid being condescending, harsh, or controlling, and treat autistic clients with the same respect as anyone else.

"...something that helped a lot for me was being able to discuss autism traits in a setting where I'm also being looked at as literally just some regular person, not being talked to differently."

Increase Understanding of Autism

Therapists should continue learning about autism, including how it looks different for each person and how it overlaps with OCD.

"I would say to try their best to understand autistic people and accept that ERP will probably look different for them, and maybe there is an autistic ERP therapist who could help people to approach it from an autistic perspective."

Individualize Treatment

Therapy should be personalized to each person's needs, interests, and communication style instead of using the same plan for everyone.

"I feel like assuming you have all the answers and you know exactly how they're going to react because oh, they have autism or because of their form of OCD or anything like that, I think it's foolish...I don't even know how I'm going to react sometimes and I live with me."

Center Client Expertise and Experience

Therapists should listen to and trust clients, treat them as the experts on their own lives, and make therapy decisions together.

"A client needs to trust their therapist, but a therapist also needs to trust their client...I think baseline, there needs to be the notion that the client is the best...expert in their experiences."

Practice Warmth, Openness, and Validation

Therapists should be warm, open, and validating, making therapy feel safe, consistent, and encouraging.

"I would think just stay open and welcoming, because even if they don't necessarily understand everything, the power that validating someone that they do feel this and that they aren't weird or anything for it, it's just really important..."

Differentiate Autism From OCD When Planning Exposures

Therapists should understand the difference between OCD and autism traits so they don't use exposures for things that are part of being autistic (e.g., using less eye contact).

"...really listen to their clients about if they're like, 'this is not an OCD thing, this is an autism thing'. And not to ERP someone out of autism. It doesn't work. They tried it on me and I'm still autistic as ever."

Communicate Clearly and with Curiosity

Therapists should speak clearly and directly, ask thoughtful questions, and take time to ensure they understand what the client really means.

"I don't like to interpret, I like to be told directly, this is what the problem is, this is how massive it is, this is what it's cost you, and this is what you're going to do about it now."

Create Safety for De-Masking

Therapists should make therapy a safe place where autistic clients can be themselves without hiding or pretending to be less autistic.

"...realizing that autistic people have different ways of coping with distress, and stimming and things like that can be really helpful for autistic people and can be healthy. So just letting us regulate in our own way as long as it's not compulsive."

Integrate a Neurodiversity Perspective

Therapists should see autism as a natural part of who someone is, not something to "fix." They should remember that every autistic person is different, avoid making assumptions based on diagnoses, and stay aware of their own biases when working with clients.

"Also, just not viewing autism as an inherently bad thing, not being something that needs to be treated out of you."

Introduction

Up to 37.2% of autistic youth (van Steensel et al., 2011) and 25% of autistic adults (Russell, 2005) have OCD.

Autism and OCD share features such as repetitive behaviors and rigid routines, creating diagnostic and treatment challenges. Differentiation can be guided by behavior function, type of reinforcement, and emotional alignment (ego-dystonic vs. ego-syntonic; Wu et al., 2014).

Although ERP is the gold standard treatment for OCD, autistic clients often respond less effectively to standard protocols and benefit from treatment adaptations (Aymerich et al., 2024; Bedford et al., 2020).

Despite growing awareness of the autism–OCD overlap, little is known about autistic clients' experiences of ERP, increasing the risk of inappropriate care, harm, or delayed diagnosis.

Future Directions

This study is part of a larger mixed methods exploratory sequential design (Creswell & Clark, 2018).

Findings from this phase will inform a descriptive quantitative survey examining how ERP providers approach adaptations and differential diagnosis when working with autistic clients with OCD.

Insights from both phases will help identify best practices for delivering affirming and effective ERP for autistic clients with OCD.

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Methods

Participants: 12 autistic individuals with OCD who received ERP at an OCD specialty clinic.

Demographics: Ages 15–26; attended 13–163 ERP sessions; represented diverse social identities.

Design: Phenomenology using semi-structured interviews.

Materials: (1) demographics questionnaire, (2) Camouflaging Autistic Traits Questionnaire (CAT-Q; Hull et al., 2019), and (3) 45–60 minute interview protocol conducted over synchronous video or text chat.

Research Question: How do autistic clients with OCD describe their experiences of receiving ERP therapy?

Data Analysis: Rapid thematic analysis (Hamilton, 2020). Findings were organized into 11 domains; this poster presents one: *Advice for Therapists Working with Autistic Clients with OCD.*