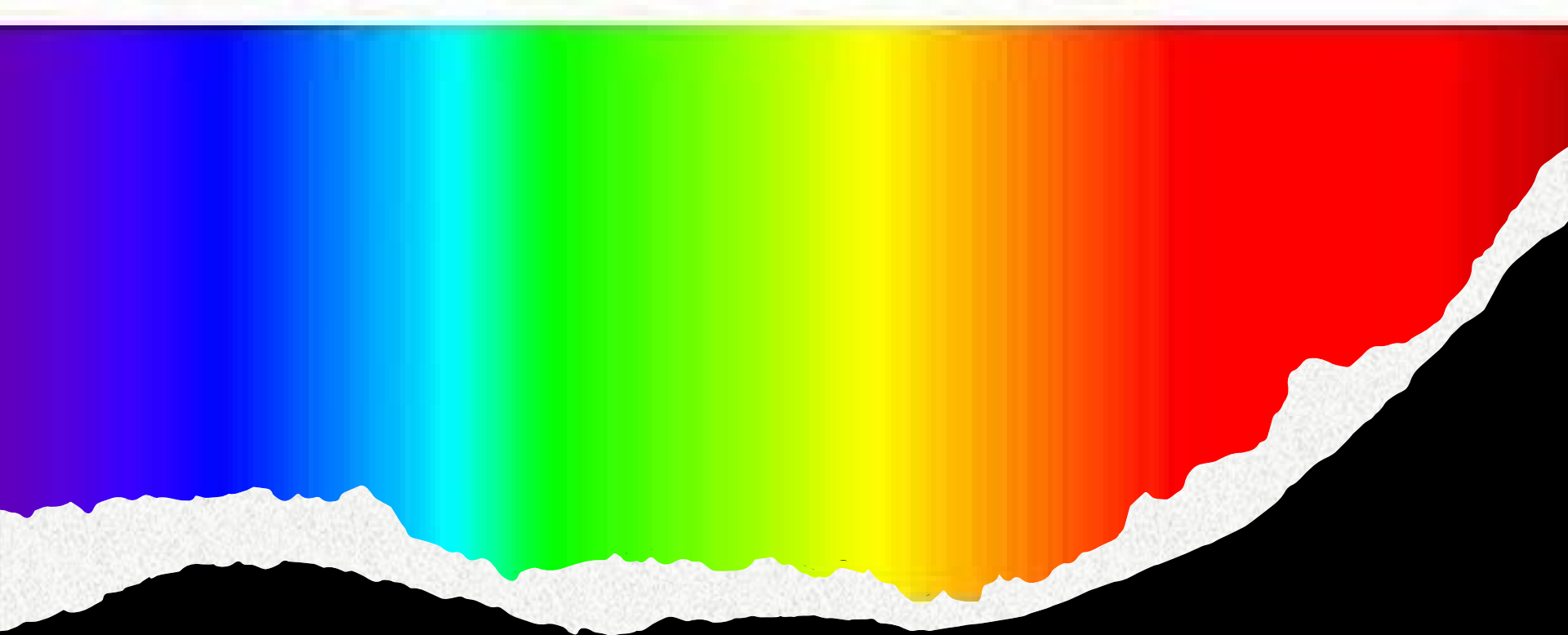




ID + ASD + OCD: A Tricky Differential

Todd Kopelman, Ph.D.

Prevalence and Co-Occurrence

Autism: 2-3%

OCD: 2%

ID: 1-3%

Co-Occurring

ASD - then diagnosed with OCD: 9-37% (17% in meta-analysis; Van Steensel et al., 2011).

OCD - then diagnosed with ASD: 25%

Source Lieneman et al., 2024



Prevalence and Co- Occurrence

ASD + ID: 30-40%

ID + OCD: 1-3%

ID + ASD + OCD: ???

Vast majority of research on ASD and OCD excludes ID (O'Loughlen et al., 2025: Of 31 studies, only 2 included participants with ID despite ID representing almost 40% of ASD population).

What is OCD?

A. Presence of Obsessions, Compulsions, or Both

Obsessions defined:

- Recurrent and persistent thoughts, urges, or images that are experienced as intrusive and unwanted, causing marked anxiety or distress.
- Attempts to ignore, suppress, or neutralize them with some other thought or action (e.g., performing a compulsion).

What is OCD?

Compulsions are defined by both:

- **Repetitive behaviors** (e.g., hand washing, checking) or mental acts (e.g., praying, counting, repeating words) that the individual feels driven to perform in response to an obsession.
- Behaviors or mental acts are aimed at preventing or reducing anxiety/distress, or preventing some dreaded event/situation; however, acts are not connected in a realistic way with what they are designed to neutralize or prevent.

B. Time-Consuming or Distressing

- The obsessions or compulsions take more than 1 hour per day or cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

What is ASD?

Neurodevelopmental disorder characterized, to varying degrees, by clinically significant impairments in the areas of social interaction, verbal & nonverbal communication, & restricted & repetitive behaviors/interests (RRBI's).

RRBI's

B. At least two:

1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up objects, echolalia).
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns).
3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
4. Hyper or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse reaction to sounds or textures, visual fascination with lights or movement).

Indistinguishable Topographies

Symptom	ASD	OCD
Repetitive ordering, touching		
Repetitive speech		
Intense focus		
Inflexible routines		

ASD or OCD?

OCD or ASD?





OCD or ASD?

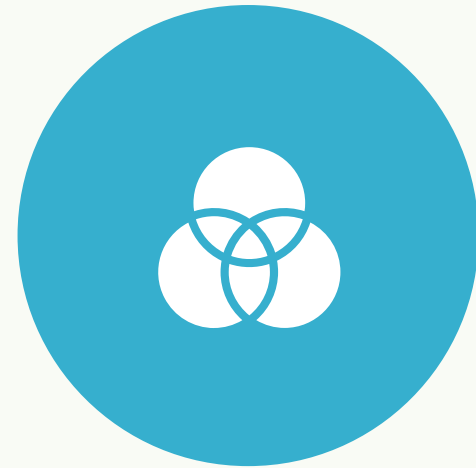


Does Differential Matter?



UNNECESSARY SUFFERING (E.G.,
“THAT’S JUST ASD”)

Vs.



PUNISHING A
PREFERENCE/REGULATION STRATEGY

OCD Related?

ASD RRBI's: Ego syntonic - Feels natural and right. Often related to interests.

OCD: Ego dystonic: Behavior an attempt to reduce distress. Dissonant with person's values and desires ("Don't want to but have to").

"RRBI's are a part of me, OCD is an internal intruder" (Long et al., 2024). OCD can "hijack" and feed off aspects of RRBI's (e.g., routinized behaviors & focused interests).

Common OCD Treatments

First Line: Exposure
and Response
Prevention (ERP),
SSRI's, combination

Other treatments:
ACT, CBT,
Mindfulness, DBT,
SPACE

Emerging:
Ketamine, TMS,
DBS

ID Challenges

- No normed OCD evaluation measures
- OCD often diagnosed on self-report. Individuals with ID may not possess abstract reasoning or expressive skills.
- Even if seems ego syntonic, RRBI's may be harmful/limiting.



ID, ASD, OCD: Best Practice Considerations

Step 1: Diagnostic clarification

Gather collateral, contextual,
observational data

- Is it a change? When does it happen? How often does it happen? Indices of happiness or distress?



ID, ASD, OCD:
Best Practice
Considerations

Step 2: Decide if Should Treat

- Safety concern? (e.g., hoarding, recycling, arranging items at store).
Decreased engagement?
 - Consider consent capacity and ability to withdraw from tx (e.g., ERP), minimizing harm and doing good
- 



ID, ASD, OCD: Best Practice Considerations

Step 3: Select Treatment(s)

- Match to cognitive level (modify)
 - Least to most restrictive interventions (e.g., redirection, response interruption and redirection, reinforce alternative behavior, competing stimuli, response blocking, contingent punisher) (Fergus et al., 2026)
- 

OCD Measures normed with ASD Population

- The Anxiety Scale for Children—ASD (ASC-ASD)
- The Parent-rated Anxiety Scale for ASD (PRAS-ASD)
- The Autism Spectrum Addendum to the Anxiety Disorders Interview Schedule (ADIS/ASA)
- The Anxiety Scale for Autism-Adults
- CYBOCS-ASD