

Proposal for a Treatment Group for Individuals Dually-Diagnosed with Obsessive Compulsive Disorder and Autism

Introduction and Description of Group:

The following is an overview and description of a proposed 10-week cognitive-behavioral therapy (CBT) -based group for transition-age (18-21) adults with Autism (ASD) and co-occurring obsessive compulsive disorder (OCD). This program is intended for implementation with individuals who do not have an intellectual disability (ID); however, it could be adapted for use with people with ID with additional support provided around communication (both expressive and receptive), integration of multisensory learning materials, and additional time for processing (Poku et al., 2026). The group will be closed and limited to ten people, since there is evidence that this reduces anxiety and promotes disclosure of stigmatized OCD symptoms in group therapies (Fairfax and Barfield, 2010).

Each session will open and close with brief mindfulness and compassion-based meditations, as mindfulness and compassion show promise as mitigators of OCD-related distress and guilt (Fairfax & Barfield, 2010; Petrocchi et al., 2021). Each session will last approximately 120 minutes (2 hours) to provide adequate time for questions and discussion. Longer duration sessions are recommended for treatment groups with autistic populations to allow time for questions, discussion, and processing of information (Sachs, 2024).

Outline of Sessions:

- Session #1: Introduction and Group Norms
- Session #2: Emotions, Thoughts, and Behaviors (Cognitive Triad)
- Session #3: Intersections of Autism and OCD
- Session #4: The Role of Guilt in OCD and Compassion-Based Interventions
- Session #5: Focus on Challenging Thoughts
- Session #6: Focusing on Behavioral Challenges and Exposure
- Session #7: Neuroscience Approach to OCD Treatment (Self-Therapy Techniques)
- Session #8: Group-Selected Topic
- Session #9: Family Participation
- Session #10: Closing and Relapse Prevention

Session Format (120 Minutes):

- 10 minutes - Brief grounding meditation
- 10-30 minutes - Review and discuss previous week's topic/homework exercises with a focus on areas of difficulty
- 60 minutes - Weekly content
- 10 minutes - Discussion of homework exercises
- 10 minutes - Compassion/self-love focused meditation

Detailed Description of Session Topics and Rationale:**Session #1: Introduction and Group Norms***Topics:*

- Introduction to the group involving setting clear expectations around the structure and format of the group, as well as collaborative development of norms and goals for the group
- Get to know each other, including emphasis on soliciting special interests and feedback on the physical environment of the group
- Intake/baseline assessment of OCD symptoms using the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS)

Purpose and Rationale:

- Longer and more thorough group orientation processes are beneficial for ASD populations (Russell et al., 2013; Sachs, 2024).
- Increased structure, predictability, and choice help adapt CBT-based therapies to ASD populations (Sachs, 2024).
- Utilization of group members' special interests in examples was shown to enhance treatment delivery in ASD populations (Russell et al., 2013).
- Solicitation of group members' feedback on the physical environment of the group can help facilitate learning (Sachs, 2024).
- Public goal setting and peer support have been indicated to be helpful in one study on OCD, and collaborative goal setting with members' direct input is extra relevant in ASD populations (Fairfax & Barfield, 2010; Sachs, 2024).

- Group CBT for OCD was found to be equally as effective in populations with ASD as populations without, especially with modifications made to accommodate needs of autistic participants (Russell et al., 2013).
- The Y-BOCS is the “gold standard” assessment tool for OCD symptom evaluation, and it shows “good internal consistency, excellent interrater reliability, and good test-retest reliability” (Rapp et al., 2016, n.p.)

Session #2: Emotions, Thought, and Behaviors (Cognitive Triad)

Topics:

- Understanding and differentiating emotions, thoughts, and behaviors through psychoeducation on the cognitive triad
- Understanding and practice identifying physical sensations associated with emotions and thoughts
- Homework exercises pertaining to identifying and rating emotions (such as anxiety)

Purpose and Rationale:

- Allocating additional time for awareness and understanding of emotions, thoughts, and behaviors at the beginning of treatment is one way to adapt CBT for ASD populations (Russell et al., 2013). This includes ensuring that participants have the “building blocks” required to differentiate emotions (especially anxiety) and to be able to link thoughts, feelings, and behaviors (i.e. the basis of CBT; n.p.).
- A focus on explaining association between physical sensations and emotions can be helpful in ASD populations (Sachs, 2024).

Session #3: Intersections of Autism and OCD

Topics:

- Basic overview of OCD and ASD criteria, including specific attention to the overlap between features of ASD and OCD (ex. repetitive restricted behaviors and interests (RRBIs, associated with ASD) versus obsessions/compulsions (associated with OCD))
- Exploring the participants’ experiences of OCD and ASD co-occurrence
- Discussion of understanding the role of ego-dystonia and ego-syntonia in learning to differentiate RRBIs from obsessions/compulsions related to OCD
- Discussion of the “purpose” of both types of behaviors and explore how participants can “respond” to each

- Homework exercises on identifying RRBI and obsessions/compulsions as either ego-dystonic or congruent with self

Purpose and Rationale:

- In one qualitative inquiry into lived experience of people with dually-diagnosed ASD and OCD, participants found it helpful to learn to differentiate between features of OCD and ASD (Long, Cooper, & Russell, 2024).
- Further, in the same study, participants described OCD-related obsessions/ repetitive behaviors as ego-dystonic and inherently distressing, and participants associated this distress with self-led attempts to control/stop distressing thoughts/behaviors.
- In contrast, ASD-related obsessions/ repetitive behaviors were described as enjoyable and “core and intrinsic” to participants’ identity, while distress was associated with being prevented from engaging with them (whether due to social stigma or direct restriction by others; Long, Cooper, & Russell, 2024, n.p.; Sachs, 2024).
- Delineating RRBI and OCD features in participants with co-occurring ASD and OCD (especially pertaining to emotional experience before, during, and after) has been shown to be helpful in increasing standard CBT efficacy over the long-term, particularly with attention to how OCD may exploit and change RRBI over time (Long, Cooper, & Russell, 2024).

Session #4: The Role of Guilt in OCD and Compassion-Based Interventions

Topics:

- Discussion on the role of guilt (and shame) in the maintenance of OCD symptoms
- Discussion of the relationship between “survival brain” and “thinking brain” in the maintenance of OCD
- Introduce the “tricky brain” or the mind’s evolved tendency toward “negativity bias, negative rumination, aversion of certain emotions and experiences, shame, and self-criticism” (Petrocchi et al., 2021, p. 7).
- Introduce and practice the three types of compassion (from others, to others, and to self)
- Homework exercises tailored around engaging with three types of compassion in the context of OCD symptoms

Purpose and Rationale:

- Increasing evidence suggesting that a heightened fear of guilt is present in those with OCD (alongside isolation and self-criticism) and that compulsions are often “aimed at

preventing, reducing, and neutralizing the possibility of being guilty” (Petrocchi et al., 2021, p. 2)

- Mounting evidence that increasing compassion (for self and others) may be “extremely effective” in helping those with OCD “allow and accept” guilty feelings and, thus, respond in a more adaptive manner to this distress (Petrocchi et al., 2021, p. 2).
- Compassion-focused interventions have been shown to increase self-validating and self-soothing responses to distress, while lowering self-criticism (a significant component of OCD; Petrocchi et al., 2021)
- Group therapy for OCD inherently includes social support from others and decreased isolation, which has been shown to increase treatment efficacy for OCD by “reducing stigma through sensitization” (Fairfax and Barfield, 2010).

Session #5: Focus on Challenging Thoughts

Topics:

- Discussion of OCD-related thoughts and their relationship to actions and emotions from a CBT perspective (i.e. review cognitive triad).
- Challenging the nature of thoughts as having inherent “truth”
- Explore use of mindfulness techniques to “sit with” uncomfortable thoughts, rather than pushing them out
- Thought experiment exposure activity and assignment of homework (i.e. apply thought experiments and mindfulness exercises at home)
- Midpoint OCD symptoms assessment with the Y-BOCS

Purpose and Rationale:

- Mindfulness techniques focused on “nonjudgemental engagement with one’s thought through the development of awareness and the controlled use of attention” are thought to help with the “ruminative nature of thoughts” and the “compulsive urge to respond to them” (Fairfield & Barfield, 2010, p. 216).
- “Sitting with” uncomfortable thoughts and feelings (obsessions) and delaying the urge to get rid of them (compulsions) is a foundational part of exposure and response prevention (ERP), a first-line treatment for OCD symptoms (Hezel & Simpson, 2019).

Session #6: Focus on Behavioral Challenges and Exposure

Topics:

- Discussion of operant condition in relation to OCD distress and compulsions

- Psychoeducation on the role of exposure in “breaking the cycle” of OCD-related obsessions, distress, and compulsions (i.e. additional discussion on ERP principles).
- Exposure-based group activity and reflection with peers
- Homework assignment to complete a self-inventoried fear hierarchy

Purpose and Rationale:

- OCD cycles are thought to be driven (at least somewhat) by operant conditioning (as well as other factors), where distress from uncomfortable thoughts and emotions is removed by performance of compulsions, thus reinforcing the behavior’s necessity and increasing distress over time (Hezel & Simpson, 2019).
- The premise of ERP is to delay or remove compulsions and learn to tolerate uncertainty, which allows the brain to see that the feared outcome will not occur if the compulsion is not performed. This decreases distress in the long term and breaks the OCD cycle (Hezel & Simpson, 2019).
- ERP is well-supported by the literature and is considered the “nonpharmacological gold standard treatment for OCD” (Hazel & Simpson, 2019).

Session #7: Neuroscience Approach to OCD Treatment (AKA Self-Therapy Techniques)

Topics:

- Psychoeducation on neuropsychological theories
- Schwartz “Brain Lock”
- 4 R’s (Relabelling, Reattribution, Refocusing, and Reevaluation)
- 15-Minute Rule
- Homework assignment for practicing exposure and self-therapy techniques

Purpose and Rationale:

- Neuropsychological theories were highly rated by participants in one study and are suggested to help reduce stigma (Fairfax & Barfield, 2010).
- These “self-therapy” techniques may help with cognitive reattribution and may support CBT-based therapies for OCD (Fairfax & Barfield, 2010).

Session #8: Group-Selected Topic

Topics:

- The group will collaboratively select a topic for this session, which could be a deeper dive into a previous topic, a time to directly practice skills, or another OCD-related topic altogether.

Purpose and Rationale:

- Additional self-determination and choice is recommended for treatments involving ASD populations, and it may increase buy-in (Sachs, 2024).
- Also, this is an extra opportunity for connection with peers to discuss an OCD-related topic of importance to the group, and connection with peers inherent to group therapies are suggested to improve OCD treatment outcomes (Fairfax and Barfield, 2010).

Session #9: Family Participation*Topics:*

- Psychoeducation on OCD, with attention to differentiating OCD-related behaviors/symptoms from ASD-related behaviors/symptoms
- Psychoeducation on basic principles of cognitive-behavioral-based treatments for OCD, with focus on adaptation to particular needs of people with co-occurring ASD
- Discussion of the role of family support in continuing OCD recovery after group conclusion, where participants are able to share their particular needs with their own families

Purpose and Rationale:

- Family-involved sessions have been highly rated by participants in previous studies (Fairfax & Barfield, 2010).
- Family-involved treatments are associated with large improvements in OCD symptomatology that are maintained over time, and a meta-analysis of family-involved treatments suggested that this effect size may be greater than treatments without any family involvement (Thompson-Hollands et al., 2014).
- Additionally, family-involved treatments focused on accommodation of symptoms were associated with larger effect sizes for improvement in symptoms than for treatments that did not focus on accommodation (Thompson-Hollands et al., 2014).

Session #10: Closing and Relapse Prevention*Topics:*

- Brief review of topics covered in each session and time for final questions
- Discussion of relapse prevention and followup with participants
- Post-treatment OCD symptoms assessment with the Y-BOCS
- Solicit verbal/written feedback from participants and ensure time for participants to reflect on the treatment group and any areas of improvement and/or struggle

Follow-up OCD symptoms assessments with the Y-BOCS will also be conducted with participants at three, six, and twelve months post-treatment conclusion.

References

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