A Family Services Guide

What is OCD?

Understanding obsessions, compulsions, and the difference from autistic routines

Supporting autistic children, young people, adults and their families across Barking and Dagenham, Havering and Redbridge

What is OCD?

Obsessive-Compulsive Disorder (OCD) is a mental health condition involving a cycle of unwanted, intrusive thoughts (obsessions) and repetitive behaviours or mental acts (compulsions) carried out to try to reduce the distress those thoughts cause.

OCD can affect anyone, including autistic children, young people, and adults, and can be treated – but it needs to be recognised for what it is, rather than mistaken for something else.

The OCD cycle

Four stages

1. Obsession

An unwanted, intrusive thought, image, or urge repeatedly enters the mind (e.g. fear of contamination, fear of causing harm, a need for symmetry or "just right" order).

2. Anxiety

The obsession causes intense anxiety or distress.

3. Compulsion

A repetitive behaviour or mental act is carried out to try to reduce the anxiety or prevent a feared outcome (e.g. washing, checking, counting, seeking reassurance, mentally repeating a phrase).

4. Temporary relief

The compulsion brings short-lived relief, but the obsession and anxiety soon return, restarting the cycle.

What OCD can look like

Excessive hand washing or cleaning

Driven by fear of contamination.

Repeated checking

Locks, switches, or that something “bad” hasn’t happened.

A need for symmetry, order

Or for things to feel “just right”.

Repeating actions, words, or routines

A set number of times, or until it “feels right”.

Seeking frequent reassurance

From others about the same worry.

Mental compulsions

Not visible to others, such as silently repeating phrases or counting.

When it becomes a diagnosis

Obsessions and compulsions need to be time-consuming (often more than an hour a day), cause significant distress, and interfere with daily life – different from the occasional intrusive thought or double-check most people experience.

OCD and autism – how to tell the difference

OCD and autism can co-occur, and both can involve repetitive behaviours, which can make the two easy to confuse. Research estimates that OCD affects a notably higher proportion of autistic children and young people than the general population. Understanding the difference matters, because effective treatment differs between the two.

	Autistic repetitive behaviour / routine	OCD compulsion
How it feels	Often calming, enjoyable, or simply "how I like things" – in keeping with the person's sense of self	Driven by fear or distress; conflicts with what the person actually wants to be doing
Function	Regulates the nervous system, reduces sensory overload, or reflects genuine interest	Aims to reduce anxiety or prevent a feared, often unrelated, outcome
Emotional tone	Can involve a range of emotions, often positive or neutral	Consistently linked to anxiety, distress, or fear
If interrupted	May cause frustration, but not usually tied to a feared catastrophe	Often triggers significant anxiety about a specific feared consequence

In practice, the two can overlap and even occur within the same behaviour, and distinguishing them is not always straightforward – even for professionals. A careful assessment, considering the function and emotional experience behind a behaviour rather than just how it looks, is the best way to tell them apart.

How to support someone with OCD

Take obsessions and compulsions seriously

They are genuinely distressing, not a preference or a quirk.

Avoid providing repeated reassurance

On the same worry, as this can unintentionally maintain the OCD cycle; a specialist can advise on how to respond instead.

Avoid arguing someone out of a thought

Using logic – reasoning does not switch off OCD.

Seek a professional assessment

Ideally from someone experienced in both OCD and autism where both may be relevant.

Specialist treatment: ERP

Exposure and Response Prevention is recognised as the leading evidence-based treatment for OCD, and can be adapted for autistic people by a suitably experienced clinician.

Remember

OCD is not the same as being tidy, careful, or particular – it is a genuine mental health condition built around fear and distress. With the right understanding, and treatment from a professional experienced in OCD (and autism, where relevant), people with OCD can and do get better.