

Why do Families Accommodate and what to do about it: Across the Lifespan

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Learning Objectives

1. Describe one aspect of how functional analysis is useful in understanding OCD and Family Accommodation
2. Be able to identify 3 types of Family Accommodation
3. Identify 2 specific techniques to motivate OCD sufferers and family members to work on Family Accommodation
4. Explain 3 key components of the SPACE program



“FAMILY” ACCOMMODATION”:

- Coined in 1990
- Behaviors that reinforce and perpetuate OCD
- “Family” - all sig others, therapists, teachers, doctors, clergy



What is “Family Accommodation”?

behaviors that reinforce and perpetuate OCD:

"My daughter, Mary, is scared that I might have brought home germs from my job. I spend at least an hour every night letting her ask me questions about what I did and where I went today to help relieve her anxiety. It makes her anxiety go away for a little while."



Obsession: Germs might get me and my family sick

Anxiety!

Compulsion: Seek reassurance from parent that there is no danger

Anxiety reduced temporarily



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Family Accommodation Through the Lifespan

Providing reassurance (tell patient everything is okay, respond with facts to dispute fear, not ill, didn't hit anyone, didn't leave on stove)

Participating (excessive washing own hands, check appliances)

Assisting (help patient avoid germs by turning on faucet, pump soap certain number of times, carrying/dressing, avoid saying certain words)

Facilitating (buy patient soap, paper towels, household cleaners, waiting)

Modifying family routine (meals in separate areas, not sitting certain chairs)

Taking on extra responsibilities (clean room, wash clothes, do homework)

Modifying leisure activities (no visitors in the home, limit hobbies)

Modifying work responsibilities (calling family during work hours to seek

reassurance, get to work late)



Isn't accommodation a helpful, good thing?

- Accommodation is not “good” or “bad” in all circumstances
- Most of us are typically unaware of factors that control our behavior
- OCD therapists look at the function of the behavior rather than just the behavior itself
- “Function” = purpose or aim
- Purpose does not always result in consequence or impact. FA is intended to reduce OCD and distress... does it? Let's take a closer look



Accommodation - a closer look

In this video

Can you identify **what happened BEFORE** each of Riley's behaviors?

What might parents do to **increase likelihood** that she will eat broccoli?



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Accommodation - a closer look

What impacts our behavior?

- what happens before the behavior (antecedent)
- values and learning history
- vulnerability factors and level of emotions
- what happens after the behavior (consequences)

(Linehan, 2015; Persons, 2012)



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Functional Analysis

Antecedent

What happened?

Response

Behavior

Consequence

What was the result?

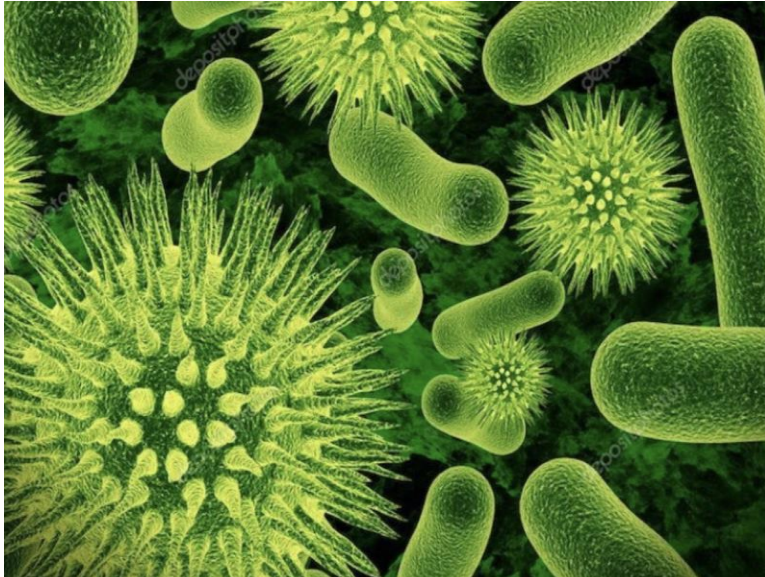
Beeping (don't buckle seat belt)	Buckle seat belt	Short-term: Relief Long-term: More likely to buckle
Get haircut	Receive compliments	Short-term: feels happy Long-term: maintain same hairstyle
Intrusive thought and fear that will harm someone if use knife in kitchen	Remove knives from kitchen	Short-term: Relief for individual and family Long-term: Requests continued accommodation in future



Functional Analysis

Antecedent

What happened?



Response

Behavior



Consequence

What was the result?

Short term: relief

Long term: behaviors and beliefs maintained

Reduced distress tolerance



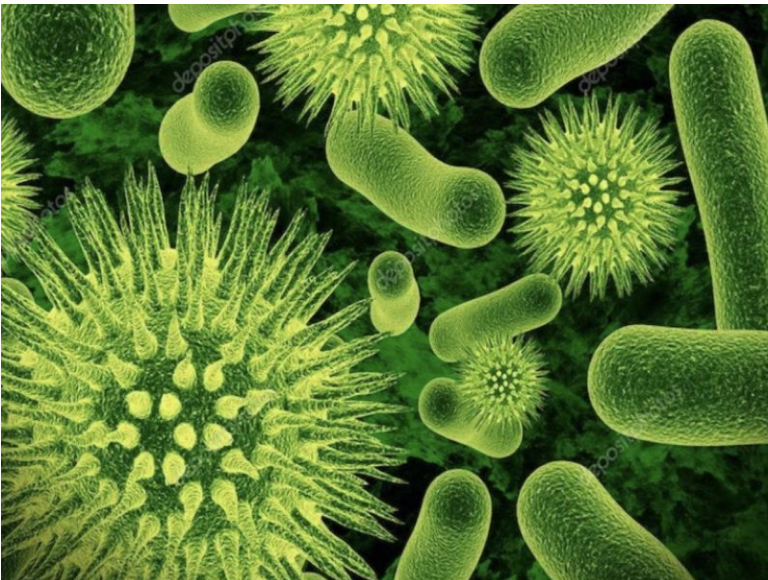
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Functional Analysis

Antecedent

What happened?



Response

Behavior



Consequence

What was the result?

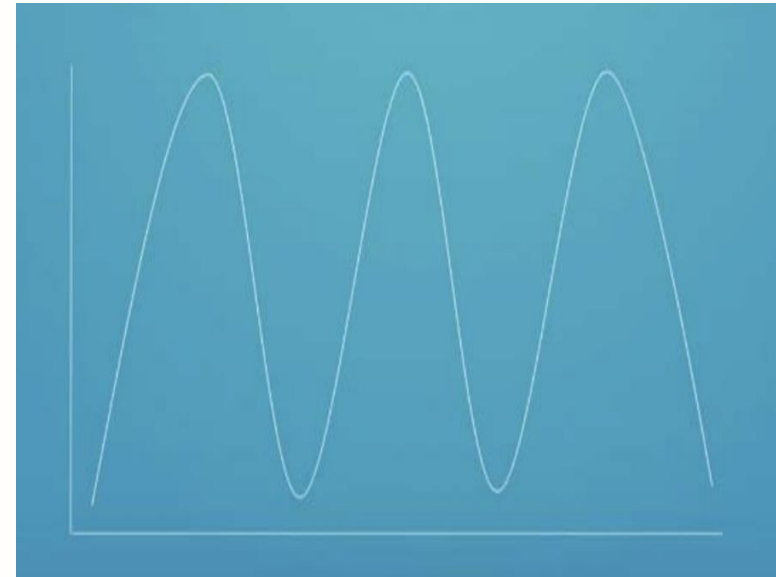


Image from Beck Institute



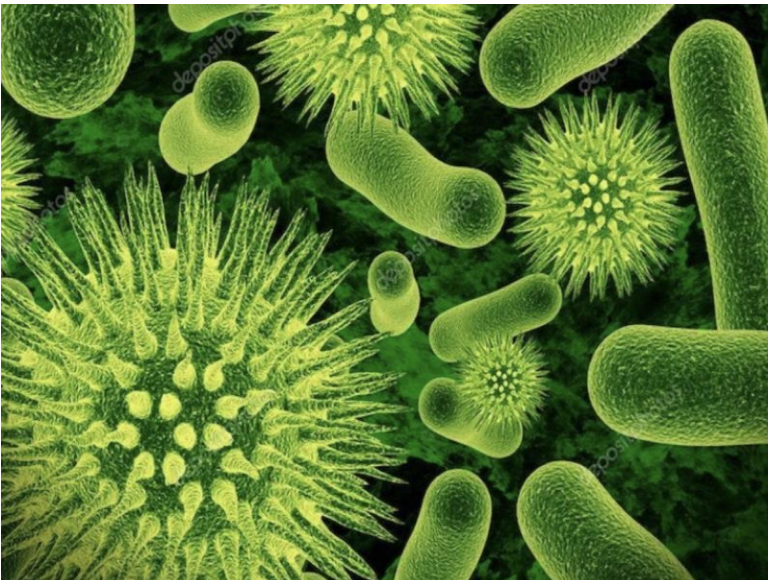
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Functional Analysis

Antecedent

What happened?



Response

Behavior



Consequence

What was the result?

Short term:
uncomfortable

Long term: behaviors
not determined by
thoughts / emotions

**Learn to tolerate
distress tolerance**



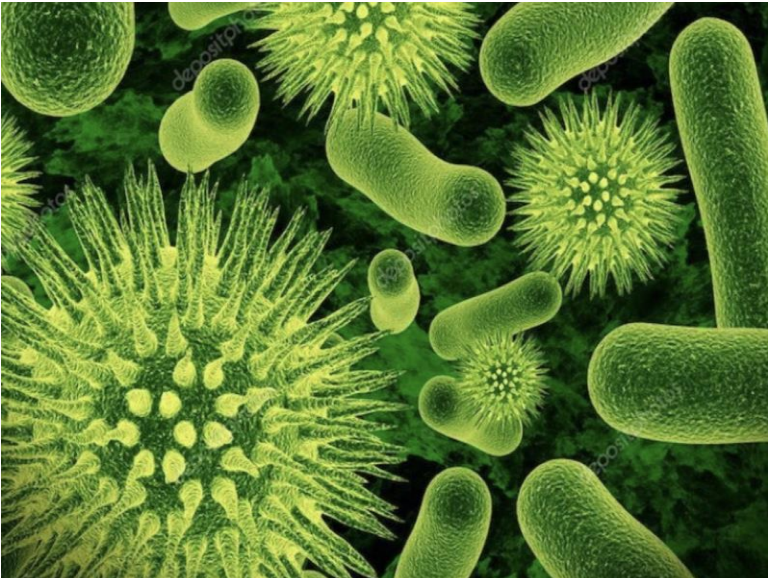
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Functional Analysis

Antecedent

What happened?



Response

Behavior



Consequence

What was the result?



Image from Beck Institute



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Functional Analysis

Accommodation is a natural response to someone in distress!

The function of accommodation for OCD behaviors

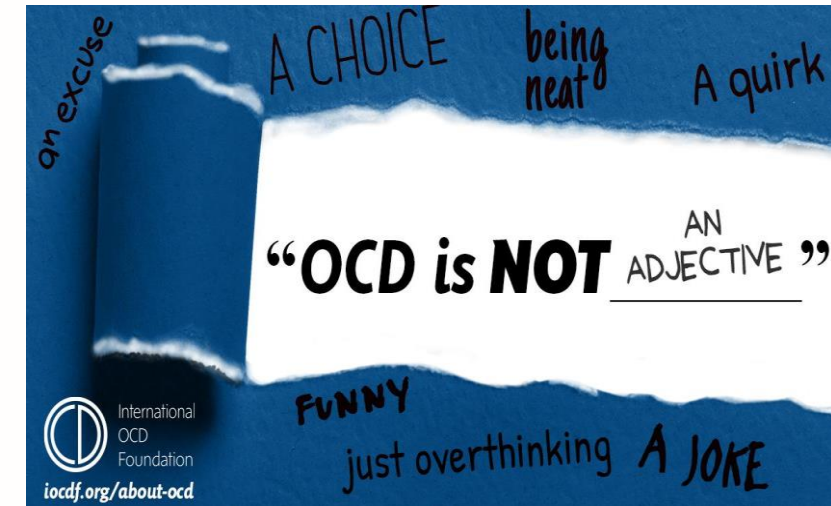
maintains: behaviors, anxiety, beliefs

reduces: distress tolerance, opportunity for new learning



Family Accommodation is “Contra” to ERP and Impedes its Therapeutic Effect

- FA associated with less response to behavioral therapy in adults and children (Amir et al., 2000; Freeman et al., 2014)
- FA in OC and Anxiety Disorders:
- A five-year update (Lebowitz, Panza and Bloch, 2015)
 - *Review of 57 relevant articles between 2010-15 pediatric and adult
 - *Almost 90% FA, significantly and positively associated with OCD sx severity and impairment
 - *FA predicts poorer tx outcome (most robust)



Shimshoni et al (2019) Family Accommodation in psychopathology: A synthesized review

Review of 69 articles between 2015-2018, all anxiety disorders, eating disorders, autism spectrum, tic/TS, PTSD, depression, failure to launch

- Prevalence 95-100% in anxiety disorders
- Providing reassurance and waiting for ritual completion most common



**Reducing FA is an important clinical target,
emphasizing the need for valid assessment:**



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4 Validated Versions of the Family Accommodation Scale (FAS)

- Family Accommodation Scale (FAS-IR; Interview Rated) (Calvocoressi et al., 1999)
- Family Accommodation Scale – Self-Rated Version (FAS-SR) (Pinto, A., Van Noppen, B., & Calvocoressi, L. (2013).
- Family Accommodation Scale –Patient Version (FAS-PV) (Wu, M.A., Pinto, A., Horng, B., Phares, V., McGuire, J., Robert F. Dedrick, R., Van Noppen, B., Calvocoressi, L., Storch, E. (2015).
- Family Accommodation Scale- Self Rated Child/Adolescent Version (Pinto, Van Noppen, Calvocoressi)



in 2 months, 307 downloads

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**Website for all versions of FAS
translated in over 19 languages:**

<https://ysph.yale.edu/familyaccommodationocd/>



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Family Accommodation

A Review:

- *Intended function: FA is a “well intentioned” attempt to reduce ritual involvement, reduce distress and reduce OCD impact on family
- *Actual function: FA reinforces obsessions and compulsions
- *FA only temporarily reduces anxiety and prevents:
 - Experiencing naturally occurring anxiety reduction
 - Learning that anxiety can be tolerated while acting in a way that is consistent with values
 - Learning natural consequences of OCD behavior



So, what can be done?

**How do we change the person with OCD's
support system to impact the function of
accommodation?**

**Family-Integrated Treatment and
Behavioral Contracting to Reduce FA**



Family and Couple Integrated CBT for Adults with OCD: A Meta-Analysis

- 15 studies reviewed
- Family treatment for OCD was found to improve OCD symptoms, depression, anxiety, and functional impairment.
- There was also support for improvements in general relationship satisfaction, antagonism, accommodation, and family member's mental health.
- Individual and group family treatment format and explicitly targeting accommodation were especially beneficial for improving depression symptoms
- Conclusion: Family-integrated treatment (FIT) appears to be effective for OCD, related symptoms, and relationship factors (for both kids and adults)!



Families Unite!

Behavioral Contracting in Family Based-Treatment = Reducing FA



Who has been included in treatment? What to ask for.....



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How does Family-Based Treatment help?

- Reduces family involvement and disengages family in OCD behavior
- Re-engages the patient back into family life
- Re-establishes normal family routines
- Increases the patient's independence
- Teaches family members how to tolerate anxiety (both loved one's and their own)



Behavioral Contracting-best with therapist

- Ideally, person with OCD selects exposure
- Clear and direct discussion about ERP homework and the role of family - before the situation occurs
- **Gradual** withdrawal of FA (similar to working up an exposure hierarchy)
- Consequences and expectations are clearly defined
- What is meant as family “support” is negotiated (what does the person with OCD think would help- hold hand, cheer on, ask how feeling, remind have confidence, say nothing)
- **Tolerance of anxiety generated – hard to watch loved one struggle**



Family Contract Examples



* Instead of opening doors, person with OCD agrees to place hand over relative's and open door together until gradually person with OCD touches knob/handle fully then opens the door themselves



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Adult Contract Example

Ben

Obsessions: Worries about harming others

Compulsions: Asking for reassurance, avoiding contact, knives in trunk of car

Contract: Cooking dinner targeted - gradually introduce knives, close contact

Ben's role

1. Be in kitchen when others cooking, no sharp objects
2. Be in kitchen when others using knives
3. Ben uses knives with gradations of sharpness

Family's role

1. No reassurance provided while cooking
2. Gradually reintroduce knives
3. Move physically closer to Ben when using knives over time



FA and Kids – Why do parents Accommodate?

- Parents have a heightened responsibility of being a “good” or “bad” parent – and being judged by others.
- Parents feel a need to rescue the child from negative emotions and distress.
- If a parent is a worrier, they may be triggered by the child’s OCD and respond in an anxious manner or personalize their child’s fears.
- Due to children’s cognitive and physical limitations, they rely more on families for guidance and spend a great deal of time together.
- Parents are attempting to reduce impact on family functioning – so use “short-term fix”



Pediatric Contract Example

Amy (8 year-old)

Obsessions: Worries about contamination/getting sick

Compulsions: Asking for reassurance (~50 times per day) “Is this germy?” “Do I need to wash my hands?” “Are you sure I am not sick?”

Contract: Reassurance targeted. Make agreement (contract) that these behaviors have not stopped OCD, so let’s “boss back OCD” by not giving into what OCD is saying to do (reassurance seeking)

Amy's role

- 1 Tolerate discomfort, rate on fear thermometer
- 2 Reassurance log- try to answer questions by self
- 3 Delay and engage in another activity

Family's role

1. Give a cheerleader response: It sounds like Mean Man is trying to trick you and saying I must answer you right now- let’s wait 10 min. (And keep trying to delay 10 min) while we continue playing our game.
2. “What do you think I would say?” “What would Dr. XXX say?” – “maybe it is germy? Maybe it’s not”



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Integrating Motivational Strategies

What has been lost to OCD?

Looking back: what was family life like before OCD



Looking forward: what would life be like if I chose to make a change?



Values: What is important to you? How is the change going to bring you closer to your values?



Patient - Create a Motivation Script

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Patient Motivation Script

“I am going to stop trying to achieve perfect certainty by constantly reassuring myself that I did not accidentally harm my family. It is worth changing these behaviors because I want to be present and have a loving relationship with my grandchildren, rather than avoiding them because OCD says I could hurt them. I understand that when I stop engaging in compulsions, I am risking the possibility of causing harm to my family and experiencing a panic attack. I am willing to tolerate the distress and take these risks to get better, even though I don’t know for sure what will happen so that I can live my life according to what is important to me rather than by OCD’s rules.”



Family Member Motivation Script

“I am going to try to stop rescuing my partner whenever the level of distress becomes too high. It is worth me trying to make this change because when I reassure or give into demands, I am making OCD stronger. I love and want to help my partner take back control from OCD so I am willing to tolerate my feelings of guilt that I am being mean by not helping my partner feel better.”



Motivational Strategies

Token Economy



Incentive program for “brave behaviors”

Small reward (earn 1-2 days)

Medium reward (earn 1-2 weeks)

Large reward (3-4 weeks)

Patient and family come up with rewards together- truly motivating items for patient

Patient earns stickers/points/chips/marbles for “brave behaviors”

Patient cashes in to “buy” an item from their reward list



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Token Economy

First Goal

Reduce Reassurance Seeking:

50 questions per day  Reduce by 5/day over each week
Amy gets 50 tokens at start of each day (then reduce by 5/week)

Gives away one token each time she wants reassurance

Mom: "Are you sure you want to give up a token?"

Tokens remaining at end of day are used to purchase small rewards or save for larger ones

10 Tokens



100 Tokens



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SPACE Program

Supportive Parenting for Anxious Childhood Emotions

(can be used for adults with OCD too)
an ultimate example of changing behavior with
function in mind!



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Clinical Trials – Past and Present

Past studies showed that involving the parents did not significantly change outcomes, but they were looking at parent involvement as adjunct to CBT. **They were not wrong, just incomplete.**

*Cobham et al, 1998; Heyne et al., 2002; Mendlowitz et al., 1999;
Spence, 2000; Wood et al., 2006; Nauta et al., 2001; Nauta et al., 2003; Siqueland, 2005; Bodden et al., 2008*

Including the relational understanding of child anxiety and working with parents alone, recent Clinical trials at Yale Child Study Center and others show that **SPACE Parent-Based Treatment is as efficacious as Cognitive-Behavioral Therapy for Anxiety.**

A Randomized Noninferiority Study of Supportive Parenting for Anxious Childhood Emotions. Eli R. Lebowitz, PhD, Carla Marin, PhD, Alyssa Martino, MS, Yaara Shimshoni, PhD, Wendy K. Silverman, PhD. Journal of the American Academy of Child & Adolescent Psychiatry Volume - / Number - / - 2019



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SPACE Program Key Concepts

Parents come to therapy, but SPACE treats the child's anxiety.

1. Childhood anxiety is viewed as more **systemic** and **interpersonal** than adult anxiety. Children signal threat to a protector.
2. **Parents are not to blame.** We are wired to protect our young. Accommodation is natural, but counterproductive
3. SPACE is fundamentally a process of **Increasing Support** and **Decreasing Accommodation**
4. Unilateral Action: Parents focus on **changing their own behavior** in such a way that the child's anxiety is reduced.

Lebowitz et al., 2019



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Space Program: Setting the Stage

Parents Learn and Practice Support

1. **Acceptance + Confidence**
2. Parents shift away from **protective, demanding** or **invalidating** language
3. **Accepting vs. Demanding**: You can't be supportive if you are not **accepting**,
Being **demanding with anxious children does not work**.
4. **Confident vs. Protective**: You can't be supportive if don't have **confidence that your child can handle anxiety**. Being **protective sends the opposite message**

Lebowitz et al., 2019



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SPACE: Supportive Language

Invalidating Language:

“It’s not scary”

“There is nothing to be afraid of.”

“Don’t be a baby”

“She just wants attention”

Vs.

Supportive language:

“I know that this is hard for you, but . . . I am sure you can manage it”

“I see that you’re scared, and I also know you’ll get through it”

Being Protective or Demanding

“She can’t handle the pressure”

“This is too much for her”

“Get over it. ”

“Just put your mind to it”

Vs.

Fostering Independence:

“I understand how scary this feels, but I know you can overcome your fears.”

“I am 100 % sure you have the power to get through it.”



Charting and Choosing

Parents learn how to reduce Accommodations

Chart Accommodations using the Family Accommodation Scale - Each parent should complete their own information separately

Choose a Target problem:

- a. Accommodation oriented – parent is involved
- b. Significant – impacts daily functioning
- c. Recurrent
- d. It is an anxiety based, not behavioral

Lebowitz et al., 2019



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Choosing Target Problems

- We will not open doors for you (accommodation oriented, recurrent, anxiety based)
- We will be the ones who decide when to wash our hands
- We will only respond to # of questions / texts etc.

NOT

- You can only ask # questions
- When grandma is here you must not avoid her



SPACE Program: Formulating a Plan

Informing the Child

1. **Written announcement from the parent(s)**
 - a. Warm and positive
 - b. Describe the anxiety issue
 - c. How your actions were intended to help, but that that they haven't
 - d. The change YOU will make in YOUR behavior
 - e. Supportive statement with both acceptance and confidence
2. **Timing**
3. **Involve both parents when possible**
4. **Calm / neutral / supportive**

Lebowitz et al., 2019



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Be prepared for the Reactions

1. **Argument, Debate, Emotional Blackmail – Do not engage**
2. **Indifference ignoring and Scorn – Do not insist on their attention**
 - a. Decide what you are going to say and say it and then carry out the plan
 - b. Trying to insist child listens or repeats back what they heard is relinquishing control and putting them in charge
3. **Aggressive Behavior**
 - a. Leave the written announcement in the room, and quietly exit without reacting
4. **Distress**
 - a. Comfort child but do not change course

Lebowitz et al., 2019



SPACE Program: Implementing the Plan

Reducing Accommodating Behaviors

1. Implement the reductions in accommodating behavior from the letter
2. Manage Reactions
 - a. Disengagement
 - b. Distancing
 - c. Supporters
 - d. Delayed Response
3. Reinforce Progress

Lebowitz et al., 2019



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Changes in Family Behavior = Progress!

The OCD will follow that lead

Further Resources

