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Parental accommodation of child anxiety and related symptoms: Range, impact, and correlates

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ABSTRACT

Parental accommodation – i.e., changes in parents' behavior in attempts to prevent or reduce child distress – has been most studied in relation to OCD. Although recent work suggests parents of children with non-OCD anxiety diagnoses also engage in accommodation, little is known about the specific forms, correlates, and associated interference of such accommodation. The present study examined the range and associated interference of parental accommodation behaviors using the newly developed Family Accommodation Checklist and Interference Scale (FACLIS) in a sample of the parents of 71 clinic-referred children with anxiety disorders ($N_{Mothers}$ = 68; $N_{Fathers}$ = 51). The FACLIS demonstrated good reliability and validity. Ninety-seven percent of mothers and 88% of fathers reported engaging in at least one type of accommodation in the previous two weeks, with parents reporting an average of roughly 4 interfering parental accommodation behaviors. Greater parental accommodation and associated interference were associated with higher maternal distress. Among the anxiety disorders, accommodation was most strongly associated with generalized and separation anxiety disorder, as well as specific phobias. Findings (a) offer psychometric support for the FACLIS as a reliable and valid tool for the assessment of accommodation range and impact, and (b) help clarify the considerable scope and interference associated with parental accommodation of childhood anxiety.

1. Introduction

1.1. Accommodation

In the study of childhood anxiety and related disorders, parental accommodation refers to parental behavior modifications that attempt to prevent or reduce child distress associated with participation in age-appropriate activities and/or exposure to feared or avoided stimuli (Flessner, Freeman, et al., 2011; Lebowitz et al., 2013). Clinical portraits suggest that parental accommodation can include facilitating children's anxiety-related avoidance, adhering to rigid child-assigned rules related to anxiety-provoking stimuli, modifying family routines, and providing excessive reassurance (e.g., Lebowitz, Panza, Su, & Bloch, 2012). Parents of anxious youth might engage in accommodation in response to a child's direct request, or because it is an effective way to reduce child distress in the short term; however, in the longer term these behaviors maintain anxiety and facilitate further avoidance through negative reinforcement processes (Ginsburg, Siqueland, Masia-Warner, & Hedtke, 2004).

Accommodation refers to parental behaviors that are functionally related to parental overprotection, a parenting *style* that has been extensively evaluated in the context of anxious children. Parents of anxious children, with mothers being the most frequently studied, are more likely than parents of non-anxious children to use an overprotective style which emphasizes parental "control" behaviors, such as intrusive involvement and low autonomy-granting during children's age-appropriate activities (Hudson & Rapee, 2001; McLeod, Wood, & Weisz, 2007; Rapee, 2001). Just as parental accommodation of child anxiety tends to maintain anxious avoidance over time through negative reinforcement, a parental overprotection style is thought to reduce a child's distress in the short-term, but reinforce anxiety over the long term. Given this relationship, it follows that accommodation may be conceptualized as behavior that is part of an overprotective parenting style often found among parents of anxious children.

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Accommodation has been most studied in relation to obsessive–compulsive disorder (OCD) (Calvocoressi et al., 1995, 1999), where greater levels of accommodation are associated with increased symptomatology and impairment, and poorer treatment response (Caporino et al., 2012; Flessner, Freeman, et al., 2011; Garcia et al., 2010; Merlo, Lehmkuhl, Geffken, & Storch, 2009; Storch et al., 2007). Importantly, accommodation is largely contrary to the functional goals of exposure-based therapy (i.e., reducing avoidance and tolerating discomfort), and successful OCD treatment is associated with decreased family accommodation behaviors (Merlo et al., 2009; Storch et al., 2010). It is, thus, not surprising that family-based treatments for OCD that target family accommodation of symptoms yield greater improvements in patient functioning than family-based treatments that do not (Thompson-Hollands, Edson, Tompson, & Comer, 2014).

In the study and treatment of OCD, accommodation has been most commonly measured using the Family Accommodation Scale (FAS; Calvocoressi et al., 1999), a clinician-administered 12-item questionnaire that systematically measures the extent of accommodating behavior related to OCD. The FAS has demonstrated good internal consistency ($\alpha = .82$), strong reliability across raters (ICC between .75 and .99), and good convergent and discriminant validity (Calvocoressi et al., 1999). A parent-report modification of the FAS has been developed as well (FAS-PR; Flessner, Sapyta, et al., 2011), with items rated by parents rather than by clinician. Both the FAS and FAS-PR assess the *frequency* of accommodation (e.g., once per week, 2–3 times per week, every day) as well as the *severity* of accommodation (e.g., mild, moderate, extreme).

1.2. Accommodation in other disorders

Although accommodation was initially studied in the context of OCD, increasing evidence suggests that accommodation is not a disorder-specific phenomenon. Family-level factors are intimately involved in the development, maintenance, and amelioration of disorders across the anxiety spectrum (Bögels & Brechman-Toussaint, 2006; Cooper-Vince, Pincus, & Comer, 2014; Hudson, Comer, & Kendall, 2008). The dynamic and transactional interplay between parent and child factors around anxiety-provoking stimuli has been well-articulated, with key interactions supported between parenting and child temperament, attachment history, and maladaptive parent behaviors (Ginsburg et al., 2004). Among parenting behaviors, overprotective and/or overinvolved parenting that restricts children's autonomy and therefore denies children key opportunities to practice and independently master their experiences of distress has been most strongly linked with child anxiety (McLeod et al., 2007). Given such associations, there is increasing acknowledgment that parental accommodation of child symptoms may play a key role in the broad development and/or maintenance of child anxiety.

Lebowitz and colleagues (2013) recently adapted the FAS for use with parents of children with *any* anxiety disorder diagnosis. The Family Accommodation Scale – Anxiety (FASA; Lebowitz et al., 2013) is a parent-report questionnaire assessing accommodation over the past month. FASA items are directly based on the accommodation items from the original FAS developed for OCD (Calvocoressi et al., 1995), but whereas the original scale included 3 items related to the extent of accommodation (clinician-rated from "No" to "Extreme"), FASA items were modified to allow parents to indicate the frequency of different types of accommodation. Analyses using the FASA indicate that accommodation is highly common across the full spectrum of pediatric anxiety disorders, with over 97% of a sample of parents of anxious youth reporting at least some level of accommodation (Lebowitz et al., 2013). Reported levels of accommodation in this sample of family members of anxious children are consistent with, and in fact a bit higher than, accommodation reported among family members of patients with OCD (Renshaw, Steketee, & Chambless, 2005).

Such findings provide critical data supporting the role of accommodation as a transdiagnostic phenomenon across anxiety disorders. However, there are important limitations to characterizing parental accommodation solely via the FASA. The FASA assesses the *frequency* of accommodation (e.g., "How often did you reassure your child?"), but frequency alone is not sufficient to adequately capture the scope and interference associated with accommodation. Some forms of accommodation behaviors may come up frequently but have a negligible impact on family functioning (e.g., letting the child sleep with a light on every night), whereas others may be comparatively rare but extremely disruptive (e.g., having to pick the child up from school in the middle of the day).

1.3. The Family Accommodation Checklist and Interference Scale (FACLIS)

In the present study, we developed a complementary assessment of parental accommodation for use with parents of children presenting with a range of child anxiety disorders that focuses specifically on the *interference* associated with parental accommodation. Moreover, in our experience we have found many families struggle to self-identify accommodating behaviors when using existing parent-reports of family accommodation. Available parent accommodation measures assess broad domains of accommodation without providing specific examples to guide the informant. Such measures require parents to self-identify whether their specific family patterns reflect broad categories assessed. For example, a parent who routinely prepares a different meal for their child than the rest of the family because of the child's anxious rigidity might respond "*no*" to the FASA item "*Have you modified your family routine because of your child's symptoms?*" but when asked specifically "*Did you let your child have a different meal from the rest of your family so as to avoid distressing your child?*" the parent might respond "*yes.*" Accordingly, for the present purposes, we developed the Family Accommodation Checklist and Interference Scale (FACLIS), which presents a list of 20 specific and common examples of family accommodation developed in consultation with a panel of experts in pediatric anxiety disorders and asks parents to rate the extent of personal and family interference associated with each endorsed item.

This report presents psychometric properties of the FACLIS in a sample of treatment-seeking anxious youth, as well as clinical correlates associated with the scope and interference associated with accommodation in families of anxious youth. We hypothesized that the scope of accommodation would be broad-based across families of anxious youth and that the FACLIS would exhibit strong psychometric properties as evidenced by strong internal consistency and good convergent, predictive, and divergent validity (i.e., significant associations between FACLIS subscales and established measures of family accommodation frequency and anxiety, and non-significant associations between FACLIS subscales and measures of child externalizing problems). We further hypothesized that scope of accommodation would be significantly associated with interference associated with accommodation, and that both scope and interference associated with accommodation would be significantly associated with parental stress, anxiety, and depression. Finally, we hypothesized that accommodation scope and interference would be uniquely associated with each of the child anxiety disorders.