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Comprehensive Psychiatry 80 (2018) 1 – 13

COMPREHENSIVE PSYCHIATRY

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# Family accommodation of anxiety symptoms in youth undergoing intensive multimodal treatment for anxiety disorders and obsessive-compulsive disorder: Nature, clinical correlates, and treatment response

Valérie La Buissonnière-Ariza[a], Sophie C. Schneider[a], Davíð Højgaard[b], Brian C. Kay[c], Bradley C. Riemann[c], Stephanie C. Eken[d], Peter Lake[c], Joshua M. Nadeau[e], Eric A. Storch[a,e,f,g,h,i,*]

[a]*Department of Pediatrics, Rothman Center for Neuropsychiatry, University of South Florida, 880 6th Street South, Suite 460, Box 7523, St. Petersburg, FL 33701, USA*

[b]*Center for Child and Adolescent Psychiatry, Aarhus University Hospital, Denmark*

[c]*Rogers Memorial Hospital, 34700 Valley Road, Oconomowoc, WI 53066, USA*

[d]*Rogers Behavioral Health – Nashville, 4230 Harding Road, Suite 707, Nashville, TN 37205, USA*

[e]*Rogers Behavioral Health – Tampa, 2002, North Lois Ave, Tampa Bay, Tampa, FL, 33607, USA*

[f]*Department of Psychology, University of South Florida, 4202 East Fowler Ave, PCD4118G, Tampa, FL 33620, USA*

[g]*Department of Psychiatry and Behavioral Neurosciences, University of South Florida, 3515 E. Fletcher Ave., Tampa, FL 33613, USA*

[h]*Department of Health Management and Policy, University of South Florida, 13201 Bruce B. Downs Blvd., MDC56, Tampa, FL 33612-3805, USA*

[i]*Johns Hopkins All Children's Hospital, 501 6th Avenue South, St. Petersburg, FL 33701, USA*

## Abstract

**Background:** Family accommodation is associated with a range of clinical features including symptom severity, functional impairment, and treatment response. However, most previous studies in children and adolescents investigated family accommodation in samples of youth with obsessive-compulsive disorder (OCD) or anxiety disorders receiving non-intensive outpatient services.

**Aims:** In this study, we aimed to investigate family accommodation of anxiety symptoms in a sample of youth with clinical anxiety levels undergoing an intensive multimodal intervention for anxiety disorders or OCD.

**Procedures:** We first assessed the internal consistency of the Family Accommodation Scale – Anxiety (FASA). We next examined family accommodation presentation and correlates.

**Results:** The FASA showed high internal consistency for all subscales and total score, and good item and subscale correlations with the total score. All parents reported at least mild accommodation, and the mean levels of family accommodation were particularly high. Child age, anxiety severity, and comorbid depressive symptoms predicted baseline accommodation. However, the association between anxiety severity and family accommodation no longer remained significant after adding the other factors to the model. In addition, family accommodation partially mediated the relationship between anxiety severity and functional impairment. Finally, post-treatment changes in family accommodation predicted changes in symptom severity and functional impairment.

**Conclusions:** These findings suggest the FASA is an appropriate tool to assess family accommodation in intensive treatment samples. Further, they underline the importance of addressing family accommodation in this population given the particularly high levels of accommodating behaviors and the evidence for adverse outcomes associated with this feature.



## 1. Introduction

Family accommodation refers to the ways in which family members conform to or are involved in psychiatric symptoms of an affected loved one, so as to reduce or avoid the distress he/she may otherwise experience [1]. Initial family accommodation research mainly focused on

* Corresponding author at: 880 6th Street South, Suite 460, Box 7523, St. Petersburg, FL 33701, USA.

*E-mail addresses:* estorch@health.usf.edu, http://health.usf.edu/medicine/pediatrics/rothman/index.htm (E.A. Storch).

http://dx.doi.org/10.1016/j.comppsych.2017.07.012

0010-440X/

individuals with obsessive-compulsive disorder (OCD) [2]. However, more recent studies have developed instruments to assess family accommodation in anxiety disorders, with one of the most widely used being the Family Accommodation Scale – Anxiety (FASA) [3]. These studies have shown accommodation behaviors to be extremely prevalent in families of youth with anxiety disorders, with approximately 95–97% reporting at least mild accommodation [3–5]. Examples of accommodating behaviors include reassuring the child, providing assistance to avoid anxiety-provoking situations, participating in behaviors related to the child's disorder, modifying family activities, and providing items to mitigate anxiety [1,3,4,6].

Despite the fact that the accommodation is often derived from good intentions (i.e., alleviating distress), parental accommodating behaviors may be detrimental to anxious youth. Indeed, by allowing youth to avoid anxiety-evoking situations, relatives prevent them from being exposed to corrective learning experiences [7], which may help maintain and increase anxiety symptoms over time [3,8]. In fact, higher accommodation has been associated with increased symptom severity and functional impairment and lower quality of life [3,5–7,9–17]. Further, family accommodation mediates the relation between symptom severity and functional impairment in youth with anxiety and/or OCD [6,7,15,18]. There is also evidence that family accommodation may be associated with specific anxiety dimensions. For instance, Lebowitz and collaborators [19] found accommodation behaviors to be specifically linked with symptoms of school anxiety in clinically anxious children and to generalized anxiety symptoms in children with OCD. Family accommodation also exhibited stronger associations with diagnoses of specific phobia, separation anxiety disorder, and generalized anxiety disorder relative to other forms of anxiety [5].

Hence, evidence supports a link between anxiety symptom severity and family accommodation. However, it is unclear to what extent other clinical features may impact accommodation behaviors. Pediatric anxiety disorders are characterized by elevated rates of comorbid depression, OCD, and externalizing disorders including attention-deficit/hyperactivity disorder (ADHD) [20–22]. Externalizing behaviors have been independently associated with family accommodation in anxious and OCD samples [5–7,18,23–26]. Positive associations between family accommodation and comorbid depression have also been reported in youth with OCD [27,28], although this remains to be further explored in anxiety disorders. On the other hand, mixed findings have been reported regarding participants' age, with some studies reporting increased accommodating behaviors in parents of younger children [5,7], while others did not find age differences in family accommodation [3,13,29]. Similarly, some authors found increased family accommodation in parents of girls relative to boys [3], while others did not observe sex differences in terms of family accommodation [5,13,29].

Baseline family accommodation also has implications with regard to treatment outcome. For example, accommodation behaviors have been associated with reduced cognitive behavioral therapy (CBT) and pharmacological treatment outcomes in individuals with OCD [30,31] (for reviews see [32–34]). Similarly, reductions in accommodating behaviors have been reported following CBT [6,35–39], and have further been associated with clinical improvement [14,36,40]. Although these associations have mostly been investigated in OCD, recent studies in samples of youth with anxiety disorders reported decreases in family accommodation following CBT [9,41], which were associated with lower post-treatment anxiety levels in one of these studies [41].

Despite the growing evidence for the importance of family accommodation in pediatric anxiety disorders, previous studies have predominantly involved outpatient samples attending weekly CBT sessions. Little is known about family accommodation measurement and correlates in youth undergoing more intensive treatment programs, who likely present with greater symptom severity and functional impairment and whose families may thus endorse increased levels and/or a different presentation of accommodating behaviors. A few studies with relatively small sample sizes investigated family accommodation of OCD symptoms in youth undergoing intensive CBT for OCD, defined as 1–2 h per day of therapy for 1–3 weeks of treatment [e.g. 6,14,30,38,39]. Some of these studies reported particularly high levels of accommodation [30,38]. However, to our knowledge, none of the previous studies in OCD included youth involved in partial hospitalization or residential treatment settings and no studies have examined family accommodation in youth undergoing intensive treatment for anxiety disorders.

The first objective of the present study was to assess the internal consistency of the FASA in an intensive treatment sample of youth with elevated anxiety symptoms engaged in either an intensive outpatient, a partial hospitalization or a residential program consisting of a multimodal exposure-based CBT intervention for anxiety disorders or OCD. As a second aim, we intended to characterize family accommodation of anxiety symptoms in this sample by examining the prevalence and nature of accommodation. Concerning our second objective, we expected a high prevalence of accommodating behaviors. Our third objective was to assess potential associations between family accommodation and demographic (i.e., child sex and age) and clinical (i.e., anxiety total and specific symptom severity, functional impairment, and quality of life) features. We also assessed the links between family accommodation and comorbid depressive, obsessive-compulsive, and ADHD symptoms. No specific hypotheses were made regarding participants' age and sex due to the lack of consensus in the literature. We expected family accommodation levels to be positively correlated with anxiety symptom severity, functional impairment, and levels of depressive, ADHD, and obsessive-compulsive symptoms, and to be negatively correlated with quality of life. We also expected family accommodation to mediate the relationship between symptom severity and functional impairment, so that anxiety severity would predict family accommodation, which, in turn, would predict functional impairment. In addition, we