



The Japanese version of the Family Accommodation Scale for Obsessive-Compulsive Disorder: Psychometric properties and clinical correlates



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ABSTRACT

Although a variety of obsessive-compulsive disorder (OCD)-related family pathologies, such as family accommodation, may exist in Japanese OCD patients, few studies on this topic have been conducted, and a validated assessment tool is not available in Japan. The Family Accommodation Scale (FAS) is the most widely used measure of accommodation behavior in OCD patients. The aims of this study were to develop a Japanese version of the FAS—Self-Rated Version (FAS-SR), to examine its reliability and validity, and to study the clinical correlates of family accommodation in OCD. We subsequently examined the psychometric properties of the Japanese version of the FAS-SR in a sample of 41 Japanese OCD patients and 41 relatives. The Japanese version of the FAS-SR demonstrated good internal consistency and test-retest reliability. It showed good convergent and divergent validity when concomitantly assessed with other measures, such as OCD symptom severity, functional impairment, family functioning, psychological distress, a variety of psychiatric symptoms and cognitive-reflection-impulsivity. Additionally, family psychopathology, especially somatization, obsessive-compulsive symptoms, depression, hostility and psychoticism, were significantly correlated with family accommodation in OCD. The Japanese version of the FAS-SR has acceptable psychometric properties for assessing family accommodation in Japanese patients with OCD in both research and clinical settings.

1. Introduction

OCD symptoms are time-consuming and cause clinically significant distress or impairment in a patient's normal routine, occupational or academic functioning, and/or usual social activities and relationships. OCD has been shown to also cause significant distress to the patient's family. A previous study suggested that more than 95% of families accommodate a patient's OCD symptoms (Stewart et al., 2008) by providing reassurance, waiting for ritual completion, avoiding OCD triggers, or participating in compulsive behaviors.

Accommodation is often “successful” in the short term, in the sense of relieving the patient's anxiety or distress and facilitating quick completion or avoidance of compulsive behaviors. However, these family responses prevent the patient from confronting their obsessional thoughts and the associated anxiety (Thompson-Hollands, Abramovitch, Tompson, & Barlow, 2015). Family accommodation in OCD may cause increased OCD symptom severity, worse treatment

outcomes, global dysfunction and decreased quality of life (QOL) in OCD patients and their families (Albert et al., 2010; Diefenbach, Abramowitz, Norberg, & Tolin, 2007; Grover & Dutt, 2011; Stewart et al., 2008; Storch et al., 2007). Moreover, family accommodation in anxiety disorders can manifest in various forms, often linked to the specific areas and triggers of the affected relative's anxiety (Lebowitz, Panza, & Bloch, 2016).

Based on this background, interventions for anxiety disorders and OCD are increasingly focused on the reduction of family accommodation as a treatment objective and as a possible mediator of treatment outcomes (Lebowitz et al., 2016). Some studies have reported that family inclusive treatment or parent training that focuses on family accommodation have generally large overall therapeutic effects on OCD symptoms and global functioning (Lebowitz & Omer, 2013; Thompson-Hollands et al., 2015).

The Family Accommodation Scale (FAS) for OCD is the only published tool used to explicitly and systematically assess the presence and

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level of family accommodation (Lebowitz et al., 2016). In 1999, the FAS-Interviewer-Rated (FAS-IR) version was developed and confirmed to have excellent inter-rater reliability, high internal consistency of scale items, and good convergent and discriminant validity (Calvocoressi et al., 1999). To reduce interviewer training costs and the time needed for administration, the FAS-Self-Rated version (FAS-SR) was developed. The FAS-SR is a 19-item self-reporting instrument that assesses the frequency (number of days in the past week) of each accommodation behavior. It has excellent internal consistency reliability as well as convergent validity and is highly consistent with the FAS-IR. Thus, the FAS-SR can be considered a practical alternative to the gold standard FAS-IR and has sufficient potential to be widely applied (Pinto, Van Noppen, & Calvocoressi, 2013).

A study in Japan revealed that individuals with OCD are not rare among the young Japanese population (Tadai, Nakamura, Okazaki, & Nakajima, 1995). Additionally, the symptom dimensions of OCD in Japan are highly consistent with those in Western countries (Matsunaga et al., 2008), and involvement behaviors that include the family members of individuals with OCD are frequently observed (Yanagisawa et al., 2015).

Similar that reported in Western countries, OCD-related family pathology may be common in Japanese OCD patients, and fewer studies focusing on OCD-related family pathology such as family accommodation have been performed in Japan. In addition, the lack of these studies has caused Japan to lag in the development of family interventions for OCD. The Japanese version of the FAS-SR is the first scale to assess family accommodation in OCD in Japan and will enable further investigations of family accommodation in Japanese OCD patients. In addition, it will aid in developing a novel family-intervention program for Japanese OCD patients and their families, similar to programs utilized in Western countries.

The aims of this study were to develop a Japanese version of the FAS-SR, to examine the reliability and validity of the FAS-SR, and to study the clinical correlates of family accommodation in OCD.

Based on previous studies (Liakopoulou et al., 2010; Stewart et al., 2008; Strauss, Hale, & Stobie, 2015), we hypothesized that (1) for internal consistency, the Japanese version of the FAS-SR would have the same features as the original version of the FAS-SR; (2) for external consistency, the Japanese version of the FAS-SR would be positively correlated with the severity of OCD symptoms, functional impairment, family functioning, psychological distress and a variety of psychiatric symptoms; and (3) the families of OCD patients would score high in some psychopathologies and that these scores would be significantly correlated with family accommodation in OCD.

2. Methods

This study was approved by the Ethics Committee of the National Center of Neurology and Psychiatry (NCNP).

2.1. Development of the Japanese version of the FAS-SR

With the original author's permission, the FAS-SR was translated into Japanese by the first author (YK). Back-translation into English was performed by a bilingual translator with a medical background who was unfamiliar with the original FAS-SR. The differences in translation between the original version and the back-translated version were identified and discussed by the NCNP research group. The back-translated version was then sent to Dr. Calvocoressi, one of the developers of the original version of the FAS-SR. The NCNP research group then revised the Japanese translation according to the feedback received. After repeating this procedure, the equivalence of the original version and the Japanese version of the FAS-SR was confirmed.

2.2. Participants

The participants in this study were 41 outpatients and 41 relatives. Patients were eligible for participation if they met the Diagnostic and Statistical Manual for Mental Disorders, 4th edition (DSM-IV), criteria for OCD based on the structured clinical interview for DSM disorders (SCID-IV) (American Psychiatric Association, 2000) and were over 18 years old. The participants were recruited from three hospitals and one clinic in Japan from May 2014 to March 2016. As in the original study, we defined a relative as an individual who routinely lived with the patient and/or had substantial contact, i.e., at least one hour daily. Thus, individuals who were not family members could be considered relatives. In addition, the patient identified the included relative as the one who was the most intimately involved in their life and OCD.

2.3. Procedure

All patients and their relatives voluntarily provided written informed consent to participate in this study. When we could not contact the relative directly, we asked the patients to explain the aim and content of this study to their relative using an explanatory leaflet, and these patients were included in the study if written informed consent was also obtained from the relative.

The study questionnaires were provided to each hospital and clinic in one envelope that contained two envelopes: one for the patient and one for the relative. Each envelope included all questionnaires, a return envelope with a stamp, and an application form for a reward. The questionnaires and return envelopes for the patients were numbered from 1 and marked 'A', whereas the forms for the relative were numbered from 1 and marked 'B'. All participants were asked to complete the questionnaires anonymously and to return all response sheets and the reward application to the NCNP in the return envelope. All respondents except those from the NCNP received a gift card (Jpy1000) to thank them for their cooperation; all relatives who participated in this study at the NCNP were asked to retake the FAS-SR.

For all participants at NCNP, one or two weeks after we received all questionnaires, we asked only the relative to complete the FAS-SR again by hand delivery. At the other research sites, all participants were asked to complete the questionnaires anonymously, and therefore, it was not possible to ask the relatives to repeat the FAS-SR.

2.4. Measures

Measures evaluated only in relatives were the Japanese version of the FAS-SR, the Symptom Checklist-90-Revised (SCL-90-R) and the Cognitive Reflection-Impulsive Scale. To replicate the test battery of the instrument in the US validation of the FAS-SR, the SCL-90-R was used to check the convergent validity of the Japanese version of the FAS-SR. To examine the divergent validity, the Cognitive Reflection-Impulsive Scale was originally used because it was expected to exhibit a significantly weaker positive correlation than the correlation between the FAS-SR and SCL-90-R.

Measures evaluated in both patients and relatives were Y-BOCS, Sheehan Disability Scale (SDS) and Kessler Psychological Distress Scale (K6) scores. To replicate the test battery for the instrument in the US validation of the FAS-SR, the Y-BOCS and SDS were used to examine the convergent validity of the Japanese version of the FAS-SR. In addition, the K6 was used to test the convergent validity of the Japanese version of the FAS-SR, which is only used in our study.

2.4.1. Japanese version of the FAS-SR

The FAS-SR is a 19-item self-rated questionnaire that measures the level of family accommodation in relatives' responses to OCD symptoms. According to the first section of the original FAS-SR, relatives are initially asked to identify the patient's current OCD symptoms based on a modified Y-BOCS Symptom Checklist. In the second section, relatives

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