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Phenomenological considerations of family accommodation: Related clinical characteristics and family factors in pediatric obsessive–compulsive disorder

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ABSTRACT

Family accommodation is a salient phenomenon within pediatric obsessive–compulsive disorder (OCD), with a large number of families engaging in behaviors and modifying family routines in response to the youth's OCD symptoms. Family accommodation is commonly considered as a unidimensional construct, resulting in limited research on the phenomenological aspects of family accommodation and how different facets (i.e., participation, modification, and distress/consequences) may impact pediatric OCD. As such, the present study sought to examine the extent to which family accommodation, as a whole and within subtypes, was related to OCD symptom severity and symptom dimensions, youth clinical characteristics (i.e., internalizing/externalizing symptoms, depressive symptoms), and family factors (i.e., cohesion and conflict). Family accommodation was related to OCD symptom severity and the contamination symptom dimension, youth depressive symptoms (but not the participation domain), and youth internalizing/externalizing symptoms. Youth externalizing symptoms mediated the relationship between OCD symptom severity and family accommodation. After controlling for OCD symptom severity, youth externalizing symptoms predicted family accommodation in general, as well as the distress/consequences domain. Family cohesion predicted participation in OCD symptoms, above and beyond OCD symptom severity. Detailed results and implications of the findings are discussed.

1. Introduction

Obsessive–compulsive disorder (OCD) is a heterogeneous condition affecting 1–2% of youth (Douglass, Moffitt, Dar, McGee, & Silva, 1995; Zohar, 1999), characterized by obsessions (intrusive thoughts, images, or impulses) and/or compulsions (ritualized behavior or repetitive mental acts). Increased OCD symptom severity has been linked with diminished quality of life (Kugler et al., 2012; Lack et al., 2009) and increased functional impairment (Markarian et al., 2010; Storch et al., 2010), with youth often experiencing difficulties with school, social, and family life (Piacentini, Bergman, Keller, & McCracken, 2003). Within the pediatric population, the impact of OCD upon family members and their responses to symptoms are of particular interest, as evidenced by the growing research investigating family-based treatments (Barrett, Healy-Farrell, & March, 2004; Lewin et al., 2014; Piacentini et al., 2011; Steketee & Van Noppen, 2003; Storch et al., 2010). Specifically, family accommodation has arisen as a salient construct that has significant implications with respect to the course of OCD and symptom maintenance.

Family accommodation is defined as familial involvement in the patient's obsessive–compulsive symptoms and/or the modification of the family's routine (Calvocoressi et al., 1995). Accommodations occur through various behaviors, ranging from overt participation in compulsions (e.g., excessive washing of hands at child's request) to facilitating avoidance (e.g., hiding knives to prevent triggers of aggressive obsessions). This phenomenon reportedly occurs in 60% to 97% of families, commonly happening on a daily basis (Peris et al., 2008; Shafran, Ralph, & Tallis, 1995;

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Stewart et al., 2008; Storch et al., 2007). While accommodating actions are typically performed with positive intentions (e.g., decreasing distress and impairment, reducing time spent on compulsions; Calvocoressi et al., 1999; Lewin, 2014; Storch et al., 2010), accommodation conflicts with the foundation of exposure and response prevention, an efficacious treatment for pediatric OCD (AACAP, 2012). Rather than exposing the youth to feared stimuli, the accommodating behaviors allow the youth to engage in maladaptive avoidance and attenuate distress temporarily, consequently perpetuating the OCD cycle via a negative reinforcement paradigm (Abramowitz, Taylor, & McKay, 2009). Indeed, family accommodation has been linked to attenuated treatment response (Ferrao et al., 2006; Merlo, Lehmkuhl, Geffken, & Storch, 2009), poorer in-session adherence (Morgan et al., 2013), and elongated time to remission (Cherian, Pandian, Bada Math, Kandavel, & Janardhan Reddy, 2014).

Given the deleterious effects, it is pertinent to elucidate factors that may predict family accommodation. Much of the literature has focused on youth clinical characteristics, demonstrating significant associations between family accommodation, OCD symptoms, and comorbid symptomology. Specifically, increased OCD severity has been consistently linked to heightened family accommodation (Gomes et al., 2014; Stewart et al., 2008; Storch et al., 2007), with one exception; Peris et al. (2008) found a non-significant association with obsessive–compulsive symptom severity and family accommodation in general, but found significant relationships between obsessive–compulsive symptom severity and specific domains of family accommodation (i.e., involvement in rituals), highlighting the importance for investigating the nuances of family accommodation. Accommodation has also been linked to specific OCD symptom dimensions, primarily with contamination symptoms (Albert et al., 2010; Flessner et al., 2011; Stewart et al., 2008). Additionally, these behaviors can also contribute to youth functional impairment, with family accommodation predicting impairment beyond the contributions of OCD symptom severity (Caporino et al., 2012; Storch et al., 2007) and also mediating the link between OCD symptom severity and impairment (Storch et al., 2010). With regards to comorbid symptomology, internalizing and externalizing symptoms have been associated with family accommodation (Flessner et al., 2011; Peris et al., 2008; Storch et al., 2007), but depressive symptoms have not demonstrated a significant association (Stewart et al., 2008). There is a particular interest in externalizing behaviors, given the recent literature examining disruptive behaviors and rage outbursts occurring in youth with OCD (Lebowitz, Vitulano, & Omer, 2011; Storch et al., 2012), with recent findings indicating that family accommodation mediates the relationship between rage and OCD symptom severity (Storch et al., 2012). However, there is a general paucity in the literature beyond the stated associations, with much of the research focusing on general constructs at the individual level of the youth.

Considering the multifaceted impact of family accommodation, it is not surprising that these maladaptive responses markedly affect the family unit. For instance, higher accommodating behaviors are linked with poorer family (Calvocoressi et al., 1995) and relationship functioning (Boeding et al., 2013). Additionally, it is imperative to also consider the family environment, which may influence the interpersonal dynamics and response style to the youth's OCD symptoms. While family dynamics such as cohesion and conflict have not been linked to accommodation as a whole, higher cohesion has been linked to attenuated parental distress and fewer consequences of not accommodating, and family conflict was linked to worse consequences when refraining from accommodation (Peris et al., 2008). Taken together, these findings emphasize the importance of examining broader family factors (beyond youth characteristics) that may affect the presentation of family accommodation, as well as considering specific facets of accommodation (Flessner et al., 2009).

Given the compounded effects of illness severity and symptom maintenance through accommodation, more detailed analyses are needed to disentangle the complex interplay between the factors of interest. As such, this study extends upon the existing literature in several ways. First, studies have primarily investigated family accommodation as a unidimensional construct, resulting in a lack of clarity on the specific aspects of family accommodation (i.e., participation, modification, and distress/consequences) that relate to OCD symptomology, youth clinical characteristics, and family factors. Second, while much support has been established for the relationship between OCD symptom severity and family accommodation, no studies (to the best of our knowledge) have conducted analyses that controlled for the effects of OCD symptom severity in predicting family accommodation. Investigating the unique predictive abilities of relevant characteristics (e.g., externalizing behaviors) would allow us to determine whether OCD symptom severity is the primary factor accounting for family accommodation, or if there are other relevant variables that contribute to family accommodation and would thus be crucial to consider in treatment. Third, preliminary findings have suggested the role of externalizing behavior in pediatric OCD and family accommodation (Lebowitz et al., 2011; Peris et al., 2008; Storch et al., 2012), but no studies have explicitly tested the mediating effect of youth externalizing behaviors on OCD symptom severity and family accommodation. Identifying meditational models has significant implications, as they allow for a better understanding of underlying mechanisms that may explain, at least partially, the pathway from OCD symptoms to family accommodation.

As such, the present study aims to investigate family accommodation, as a general construct and within the three individual subtypes, in the following ways: (1) examine the extent to which family accommodation is associated with youth clinical characteristics (e.g., OCD symptom severity, obsessive–compulsive symptom dimensions, comorbid symptomology), (2) assess the extent to which family accommodation is related to family factors (e.g., cohesion and conflict), (3) investigate youth externalizing symptoms as a potential mediator between OCD symptom severity and family accommodation, and (4) explore the ability for various factors (e.g., comorbid symptomology and family factors) to uniquely predict family accommodation, above and beyond the contributions of OCD symptom severity. Based on the extant literature, family accommodation is predicted to be positively associated with OCD symptom severity, the washing/cleaning dimension of OCD, and youth internalizing and externalizing symptoms, but not depressive symptoms. Family conflict is predicted to be positively linked to family accommodation and higher cohesion is expected to be linked to lower family accommodation. Externalizing symptoms are proposed to serve as a mediator between OCD symptom severity and family accommodation. Lastly, youth internalizing/externalizing symptoms and family cohesion are expected to serve as unique predictors of family accommodation, above and beyond OCD symptom severity.

2. Method

2.1. Participants and procedures

The sample consisted of 59 treatment-seeking youth that presented to an OCD specialty clinic for cognitive–behavioral therapy. Participants were 42.4% female ($n=25$) and ranged from 7 to 19 years of age ($M=13.37$, $SD=2.79$). The sample was predominantly Caucasian ($n=51$), with the remaining participants identifying as Asian ($n=5$), Hispanic ($n=2$), and unreported ethnicity ($n=1$). Annual household income typically fell in the greater than $100,000 range ($n=25$), with the average (determined by median) family falling in the $76,000 to $100,000 bracket. Participants were eligible for study enrollment if the youth had a clinical diagnosis