Family Accommodation in Pediatric OCD: Understanding the "Why"

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Family accommodation (FA) refers to various behaviors done by family members of an individual with obsessive-compulsive disorder (OCD) to reduce symptoms or decrease distress. FA is common in pediatric OCD, with some studies suggesting 95% or more parents reporting frequent accommodation. This behavior increases OCD severity, impairs treatment outcomes, and negatively influences caregiver quality of life, and thus is important to address as part of OCD treatment. Interventions have been created to target FA, such as the Supportive Parenting for Anxious Childhood Emotions program, focusing on psychoeducation. However, there is still work to be done in understanding the phenomenon to inform additional directions for treatment.

While existing studies identified variables associated with accommodation (e.g., OCD severity, symptom type, and the presence of contamination symptoms), some of these findings are inconsistent. Furthermore, although there have been some qualitative studies examining the functional reason for accommodation in pediatric populations, the research is in need of quantitative analysis. By "functional" reason, I mean understanding the parents and the motivations for their behaviors - does accommodation originate from a place of love, frustration, fear, or from some complex mix of these? The study I am proposing offers a quantitative approach to explaining why parents accommodate and how it may vary based on child characteristics.

Moving on to methodology, a demographics form, an unstructured FA parent questionnaire (to get at the "why" component), and two validated scales (the YBOCS-II and the Family Accommodation Scale-Parent-Report), will be provided to patients and parents in a pediatric clinic. We will use models with directed acyclic graphs (or DAGS) to better understand the causal nature of these variables. Though I have not seen DAGs in action yet, my mentor explained that they're rather common in Bayesian Statistics and in the science of causal modeling. They are a way of visualizing your models, mapping out the causal pathways of variables, and then using this map to inform your statistical models. As this study involves many variables, DAGs will increase scientific transparency and ensure we have a purpose behind each statistical model we test

I hypothesize causal relationships between increased OCD severity and family accommodation, replicating prior work. Though we have no specific hypotheses for the reasons, an exploratory, small-sample study on the caregivers' perspective on reassurance seeking in OCD found that some reasons may be: showing that they care, feeling bad for their child, making the parent and child feel better, a fear of a negative behavioral or emotional response, and feeling lost in what else to do. These reasons may appear in our sample. Adding on, we expect to find that the motivation for accommodation is complex, varying across gender (of both the child and parent) and symptom types.

This work will have notable implications for clinicians working with patients and families. In this study, I'm proposing to try to understand the motivations behind the behaviors; as I've mentioned, the *why* (whether it's love, fear, frustration, or a combination of many). This understanding is important because it can lead us to have a more precise focus when addressing accommodation in treatment. Ultimately, the findings of this study will allow us to go beyond the standard of providing simple psychoeducation to parents about accommodation; by grasping the *functionality* of accommodation, we can address the behaviors *directly* within a Cognitive-Behavioral framework.