



**BRAIN HEALTH** for all, for life.



Department of Psychiatry

SCHOOL OF MEDICINE

UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

# Parental Accommodation in OCD

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# Disclosures:

None





# **OCD Colorado**

An IOCDF Affiliate

# Learning objectives

1

Attendees will be able to describe ways that accommodation can be present in relationships and list methods to identify and challenge accommodation

2

Attendees will be able to identify the difference between assurance and reassurance, through observed role plays

3

Attendees will be able to develop skills to support your child without reinforcing their OCD

# Accommodation

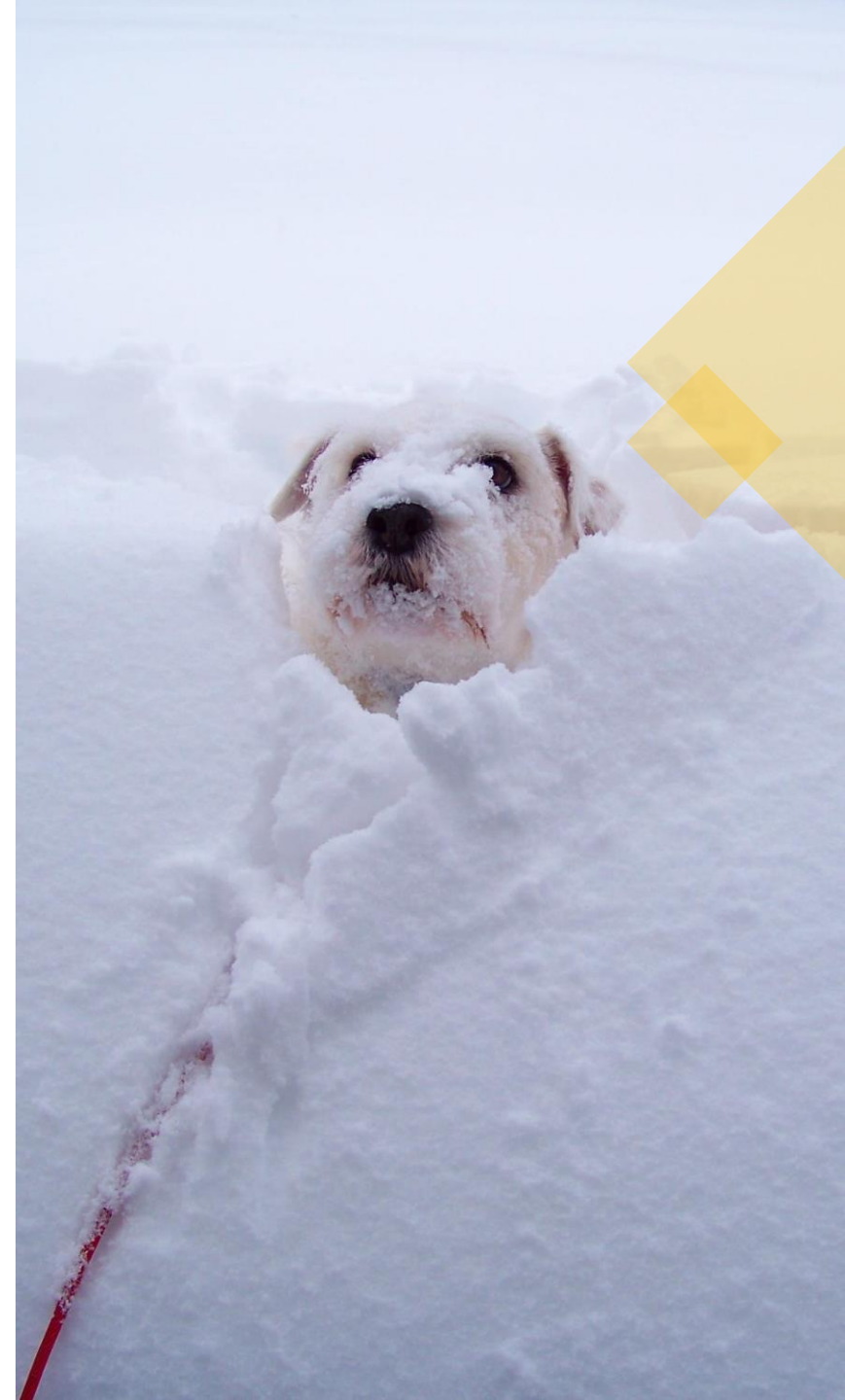
## Definition of *accommodation*

- 1** : something supplied for convenience or to satisfy a need: such as
  - a** : lodging, food, and services or traveling space and related services —usually used in plural
    - // tourist *accommodations* on the boat
    - // overnight *accommodations*
  - b** : a public conveyance (such as a train) that stops at all or nearly all points
  - c** : LOAN
- 2** : the act of accommodating someone or something : the state of being accommodated: such as
  - a** : the providing of what is needed or desired for convenience
    - // changed his schedule for the *accommodation* of his clients
  - b** : ADAPTATION, ADJUSTMENT

# Accommodation in OCD

- When families/support system engage in compulsions
- This can interrupt habituation and inhibitory learning
- Higher levels of family accommodation are associated with higher severity ratings in children

Lebowitz et al., 2012; Strauss et al., 2015



# What about with adults?

- Accommodation occurs with adults with OCD
- This can include
  - participating in rituals
  - helping with avoidance
  - providing reassurance
  - changing activities for OCD routines





# What's unique?

- Living at home/financially dependent
- Reassurance phone calls
- Can't force into treatment
- Stages of development may be delayed
- Societal expectations for adults
- May be working
- Communication with providers
- Potential for physical aggression

# Accommodation example: Participation in Compulsion





Accommodation Example:  
Participation in Compulsion



Accommodation Example: Engagement in Avoidance of Triggers

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# Accommodation Example: Engagement of Avoidance of Triggers



# Assurance vs Reassurance

- Assurance

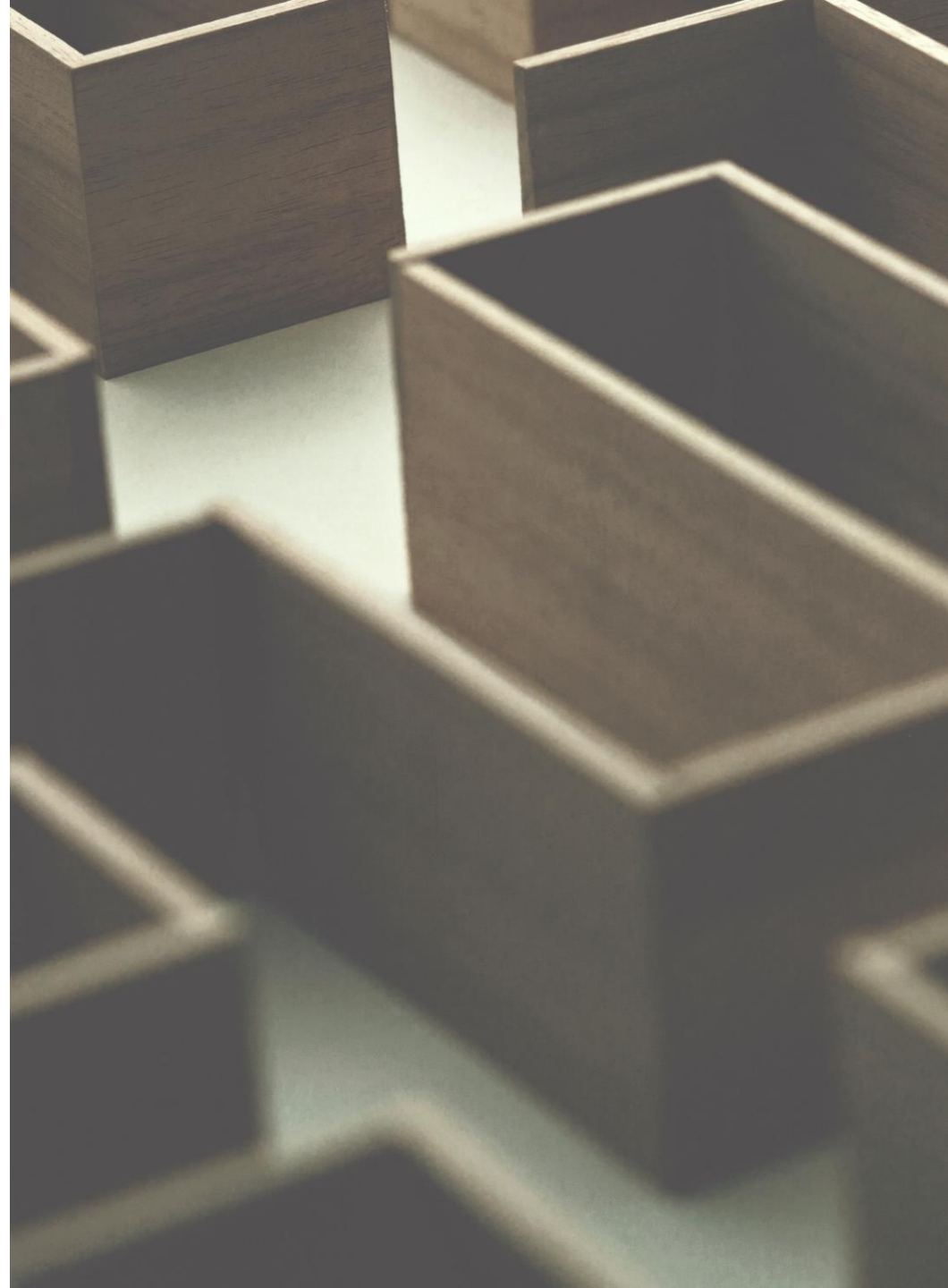
- Asks questions that are answerable
- A “fact check”
- Is asked one time and answer is accepted

- Reassurance

- Asks to relieve anxiety
- An effort to find certainty
- A question that is asked many ways or multiple times

# Boundaries

- Using direct communication and setting clear boundaries
- Talk with your loved one by identifying how you have been accommodating
- Work together to compromise on a plan to reduce accommodations





# Family involvement

- Recognize reactance!
- Reducing accommodation can help build:
  - Confidence
  - Self-efficacy
  - Tolerance for distress

## Decreasing Accommodation

### Make a Plan

- ◆ Decide with your loved one and their therapist what accommodations you will be decreasing and/or eliminating
- ◆ Try starting with one that you feel you cannot tolerate anymore or has the biggest impact on the family

# Decreasing Accommodation



Therapist will work with you and your loved one on a plan for decreasing and eventually eliminating this accommodation



Having this written up, as a contract, can be helpful for all those involved

A close-up photograph of a wooden fence made of vertical planks. A heart-shaped hole is cut into the wood, revealing a dark background behind it. The wood has a natural, weathered texture with visible grain and knots.

# Decreasing Accommodation

## Follow Through

- Don't do anything for your loved one that they can do for themselves
- Set boundaries!

# Example Agreement


- I [name] recognize what my OCD is doing to my [family/partner/friends]. I agree to the following plan to reduce accommodations:
  - 1. I will reduce reassurance seeking to X times a day, with response of “I don’t know” for additional questions
  - 2. I will use my coping strategies if a triggering item is brought into the home
- I [name] hereby agree to the above plan
- \_\_\_\_\_
- [name] [date]



# Roadblocks and Pitfalls

- Too high of expectations; want family member to be “cured”
- The family is struggling to come to terms with family member’s desire to be more independent
- Difficulty holding boundaries
- Difficulty seeing loved one in distress



A circle of hands of various skin tones (light, medium, and dark) holding each other in support, forming a heart shape. The hands are positioned around the perimeter of the image, with fingers interlaced or resting on each other. The background is a plain, light color.

*Support typically  
means that your loved  
one will be  
uncomfortable and/or  
feel distressed*

# Remember that this is a team effort!

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- Work with therapist on the plan
- Get your own support
- Be curious and create uncertainty in your responses:
  - “I’ve already answered that. I understand you are struggling, you’ve got this!”
  - “I don’t know.”
  - “Maybe.”
  - “It’s possible.”



# If all else fails...

- Validation!
- Instead of saying “suck it up” “do it anyway” or attempts to “fix it” practice validation
- This may look like...
  - **Reflective listening:** I can tell this is hard for you
  - **Validation of the emotion:** I imagine you’re feeling overwhelmed right now, and I am here with you



# Additional Ideas

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Supportive housing

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Transitional housing

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Ticket to work/vocational rehab

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Occupational therapy/executive  
functioning

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College Disability Services

# Colorado Resources

- [WellPower Permanent Supportive Housing](#)
- [Karis Community Empowerment Program](#)
- [Self-sufficiency: Ticket to Work | Division of Vocational Rehabilitation \(colorado.gov\)](#)
- [University of Northern Colorado GOAL Program](#)





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## 21st Annual OCD Conference Keynote Address



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**BRAIN HEALTH** for all, for life.

# Thank you!

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Questions?

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