

TOPICAL WEBINAR FOR APA MEMBERS

An Educational Resource from McLean Hospital

Disrupting the Cycle: Caregiver Accommodation and the Maintenance of Child Anxiety Disorders and OCD

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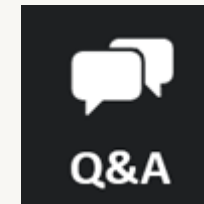
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Dr. Maria Fraire

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Agenda

1. Setting the stage:

- *Psychoeducation about anxiety/OCD for caregivers*
- *Understanding the relationship between avoidance and anxiety/OCD*
- *Understanding accommodation*

2. Caregiver accommodation:

- *Drivers of accommodation*
- *Reducing accommodation*

3. Clinical considerations

4. Resources



The Problem



The Kids Aren't Alright

National Survey of Children's Health (NSCH) data: percentage of children whose caregivers report ever having been told by a healthcare provider that their child had an anxiety disorder:^{1,2}

- 2003: 5.4%
- 2011-2012: 8.4%
- 2016-2019: 9.4%

Global meta-analysis: 19% of youth globally showed elevated anxiety symptoms during the pandemic³

Many kids continue to struggle, even with the most effective-treatments^{4,5}

What are we doing about it?

- Cognitive-behavioral treatment, with an emphasis on exposure therapy, is an evidence-based approach to the treatment of pediatric anxiety disorders and OCD
- But despite tremendous efforts to disseminate these treatments into community settings, there are still youth who don't receive evidence-based treatment
- And at least 40% of anxious youth who do receive the most well-supported treatments do not show adequate symptom response

Case Example

Layla is a 13 year-old cisgender Latina female presenting to the clinic with feelings of “high anxiety” and “worries about any and everything.” She and her parents decided to seek treatment because they were concerned that her anxiety was impacting her performance in school, health, and relationships.

During the initial assessment, Layla shared that she was “really stressed” and worried about a range of topics including school, friendships, the state of the world, her future, climate change, and her family's health. Parents noticed an increase in irritability and reported Layla frequently complained of headaches and stomachaches. They also expressed worry that her physical symptoms were leading to "irreparable physical harm" and had sought multiple medical appointments, but no medical issues have been found.

Layla's parents described how their days had gradually begun to revolve around her anxiety. They often took time off work to bring her to the doctor whenever she worried something might be wrong. At home, they tried to shield her from anything that could upset her—turning off the news when she walked into the room, avoiding any mention of distressing events, providing excessive reassurance around worries, and even hiding if someone in the family wasn't feeling well. When Layla felt overwhelmed at school, they would immediately come to pick her up.



Anxiety is...

■ A Normal Human Emotion

- Anxiety exists in modern humans because it allowed our species to survive.
- We ALL experience anxiety and fear when we perceive a threat.
- Experiencing anxiety makes us normal. It does not mean that we are broken or defective.

■ Exists Along a Continuum

- Some people are biologically prone to be more sensitive to the feelings of anxiety.
- There are times in life when it is normal and expected to experience higher anxiety.
- Receiving an anxiety disorder diagnosis does not “label” you as anxious for life.

■ Not Dangerous

- The physical symptoms of anxiety exist because they motivate fight, flight or freeze.
- Anxiety *feels* awful, but it cannot hurt you.
- Instead, it is what we DO in response to anxiety – our behaviors – that can put us at risk.



Why is this relevant?

- Educating caregivers about why anxiety occurs may make those experiences seem less scary and overwhelming, and we want caregivers to model that for their children
- Understanding this can help caregivers to empathize with and validate their kids' thought process when they are distressed
- And it helps caregivers not to overpathologize their child's experience



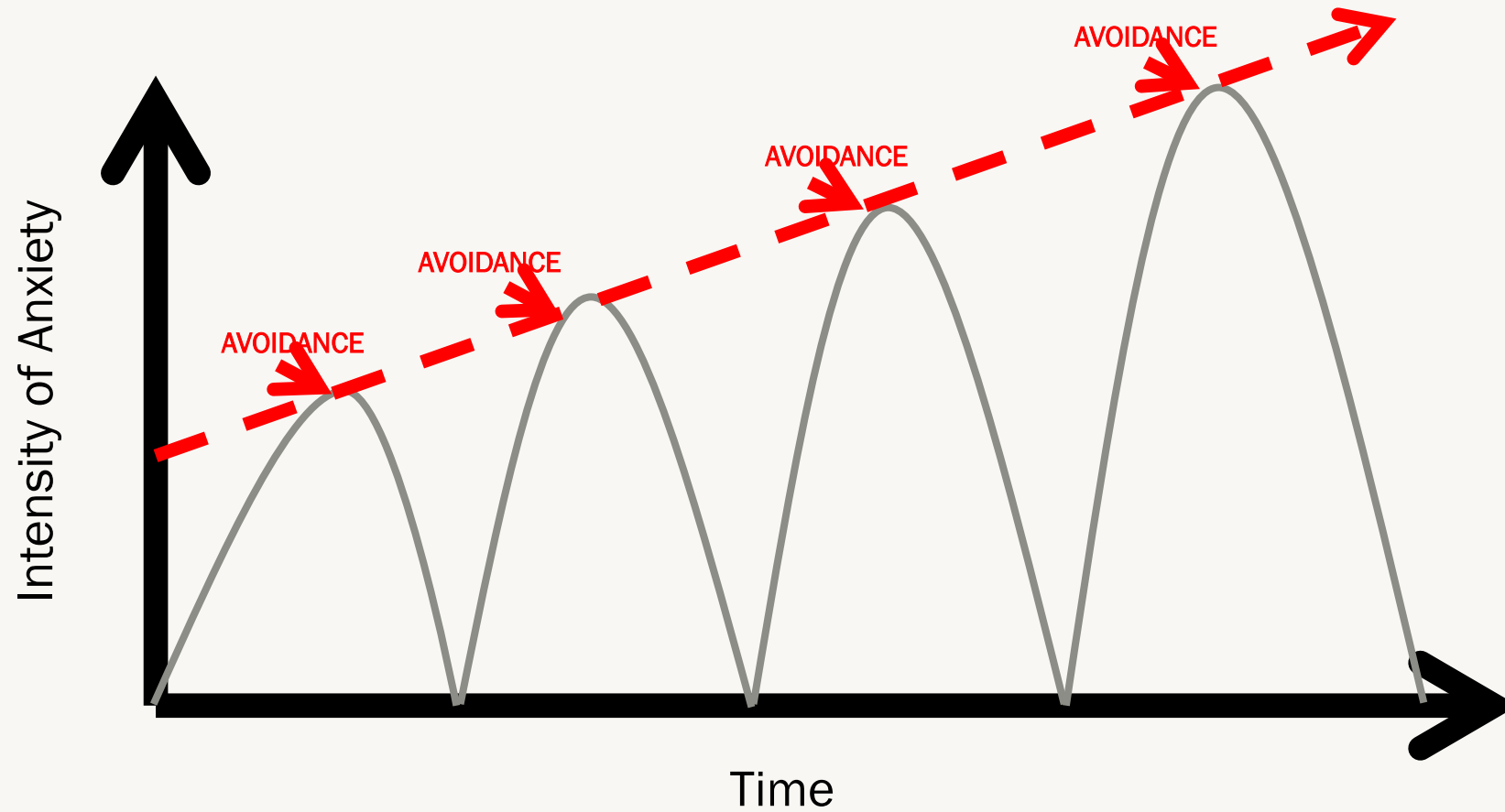
**Caregivers can be
more skillful and
effective when they
understand that
anxiety is natural,
normal, and harmless.**

Uncomfortable ≠
Unsafe

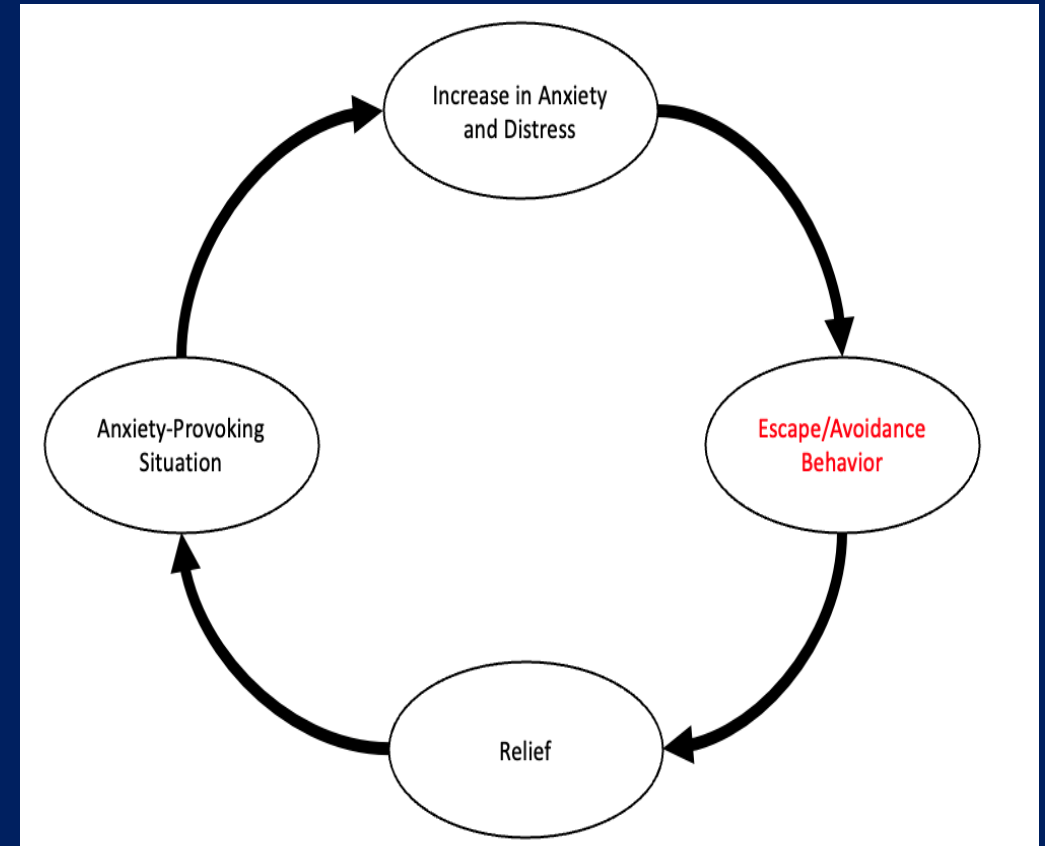


How Avoidance Fuels Anxiety and OCD

The Role of Avoidance in Anxiety



Caregivers can be more effective partners in child anxiety treatment when they understand that avoidance fuels anxiety and OCD



Understanding Accommodation

Caregiver Accommodation: The Evidence

- Caregiver accommodation associated with a wide range of youth mental health concerns^{7,8,9,10}
- Caregiver accommodation may account for 50% of the association between child anxiety and functional impairment¹¹
- Reductions in caregiver accommodation during treatment associated with reductions in child symptoms^{12,13,14}



Changes that caregivers make to their own behavior to help their children *avoid or lessen* feelings of anxiety.

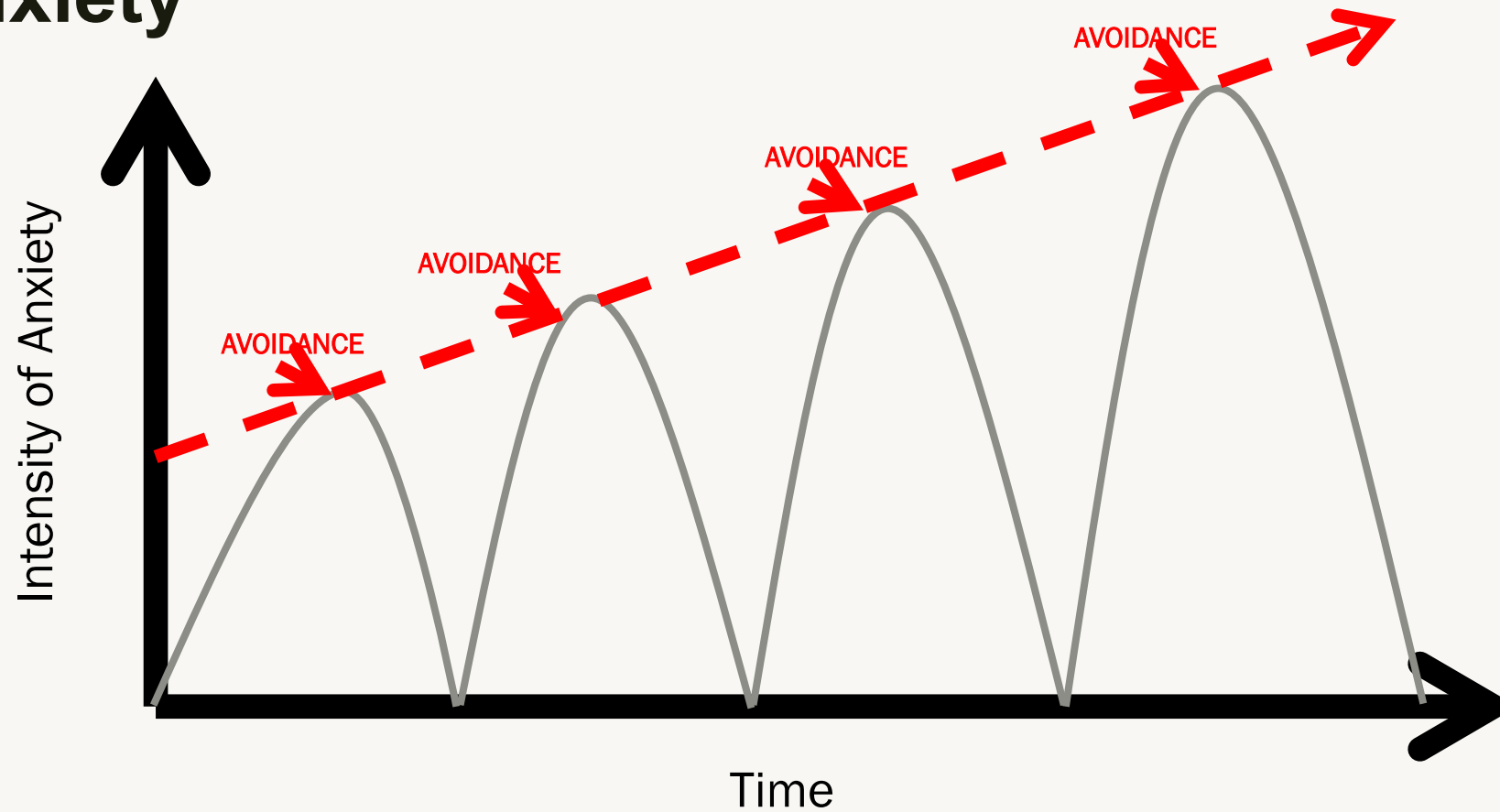


Accommodation can involve:

- Participation in anxiety-driven behavior with the aim of avoiding or reducing child anxiety
- Modification of family routines and schedules



The Role of Caregiver Accommodation in Child Anxiety



When we accommodate, kids don't have the chance to build their own coping skills and learn that they can handle hard things

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Caregiver Accommodation Blocks Effective Exposure

- Accommodation reduces opportunities for children to face fears and learn that distress lessens with practice
- Reinforces avoidance rather than coping and mastery
- Increases dependence on parents to manage distress



Drivers of Accommodation

Why Caregivers Accommodate (because we ALL do!)

It's hard to see your child in distress!

It's easier in the moment

Your child becomes upset when we don't accommodate

Not accommodating makes the anxiety worse

You are worried that your child will think you don't care about their feelings



Beliefs about Anxiety

- Maternal negative beliefs about anxiety are associated with caregiver accommodation ^{15,16}
- More negative beliefs about the consequences of child anxiety associated with more accommodation—even for caregivers with secure attachment¹⁷



Caregiver Anxiety Disorders

**HOW DO I TELL MY
NERVOUS SYSTEM I AM
NOT ACTUALLY BEING
HUNTED FOR SPORT,
IT'S JUST DINNER AND
BEDTIME ROUTINE?**

 @FRUITS OF MOTHERHOOD

Caregiver anxiety disorders and related factors:

- Threat sensitivity¹⁸
- Anxiety expectancy¹⁹
- Distress intolerance^{20,21}
- Experiential avoidance²²



Cultural Pressures

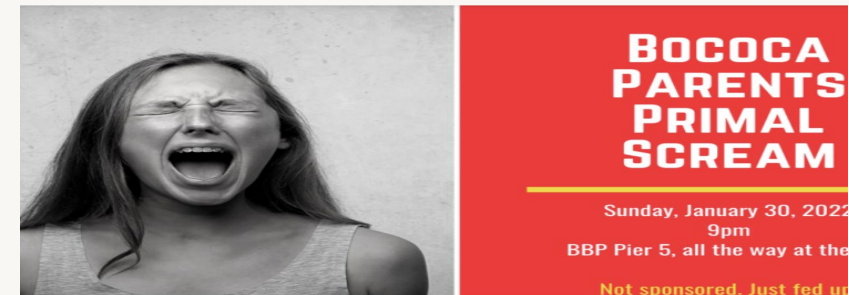
- "Culture of Intensive Parenting" is a major contributor to parenting stress²³
- Theoretical and practical links between intensive parenting and parenting styles that are risk factors for child anxiety and OCD^{24,25}



'Intensive' Parenting Is Now the Norm in America

The style of child-rearing that most aspire to takes a lot of time and money, and many families can't pull it off.

By Joe Pinsker

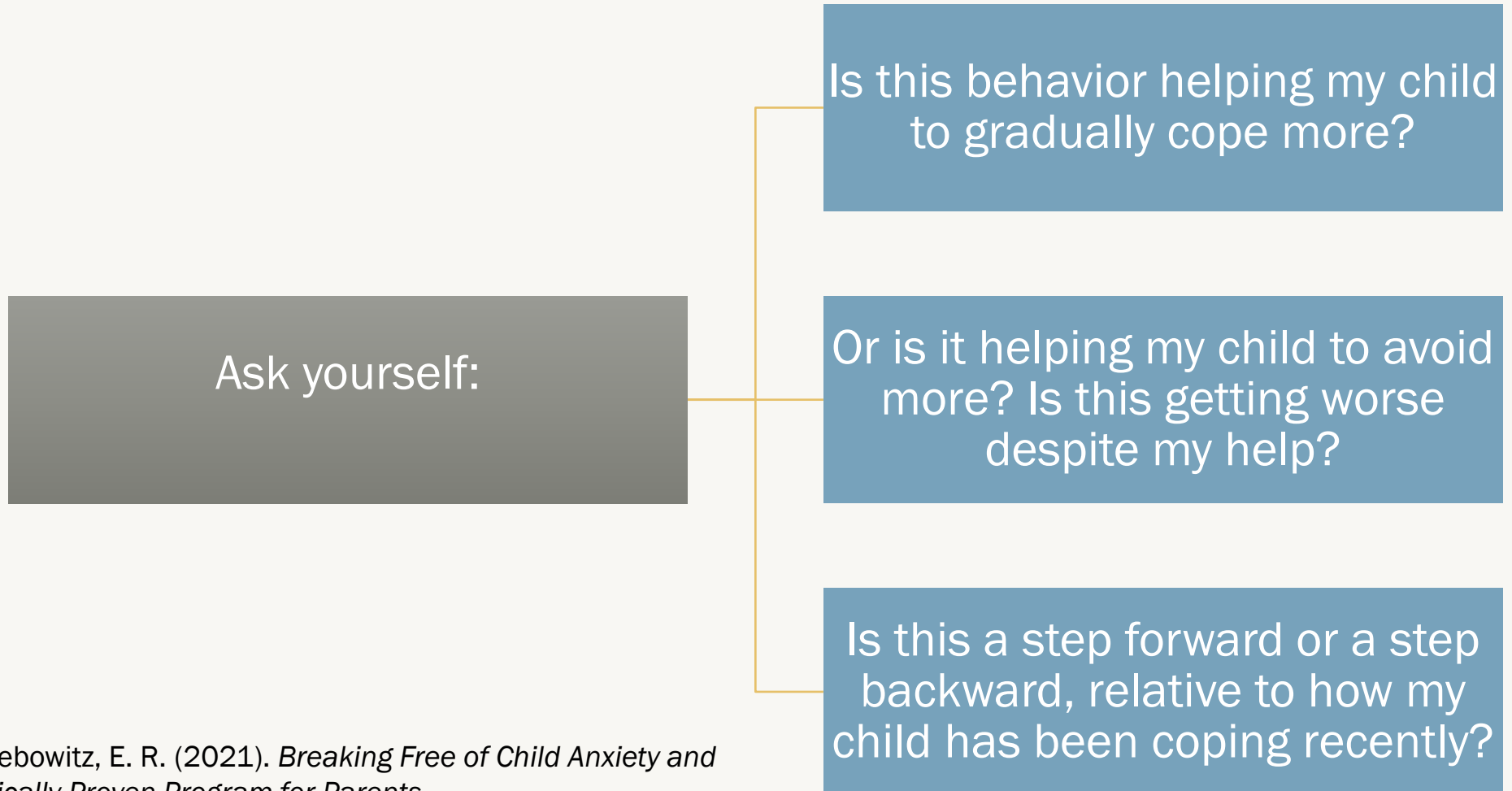


**Encouraging caregivers
to reflect upon what
drives their
accommodation can
position them to be more
effective partners in their
child's treatment.**



Reducing Accommodation

First...Is this Accommodation?



Accommodation Reduction



- Set realistic expectations
- Start with the low-hanging fruit
- Create a roadmap

Accommodation Reduction Plan



■ Accommodation Targets:

- Reduce frequency of doctors' appointments
- Reduce responding to reassurance-seeking behaviors
- Increase normative household discussion of stressful events
- Reduce avoidance around family illness
- Contingency-management around school avoidance/early dismissal
 - Establish values-consistent rewards for Layla to increase school attendance
 - Consult with school staff to encourage remaining onsite
 - Remove access to reinforcers during the school day if Layla leaves early

Clinical Considerations

Clinical Considerations

1. Avoiding blame
2. Caregiver misalignment
3. Managing the go-getters
4. Practice limitations
5. Caregiver mental health



Review: Take-Home Points

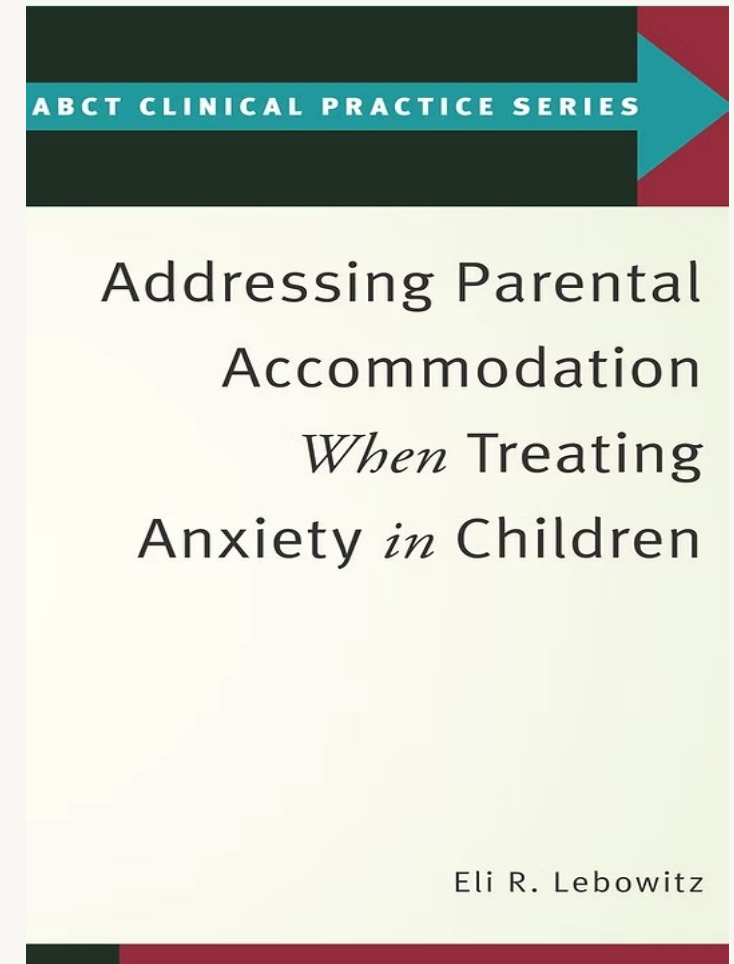


- Caregivers can be more skillful and effective when they understand that anxiety is natural, normal, and harmless
- Caregivers can be more effective partners in treatment when they understand that avoidance fuels anxiety and OCD
- Encouraging caregivers to reflect upon what drives their accommodation can position them to be more effective partners in their child's treatment

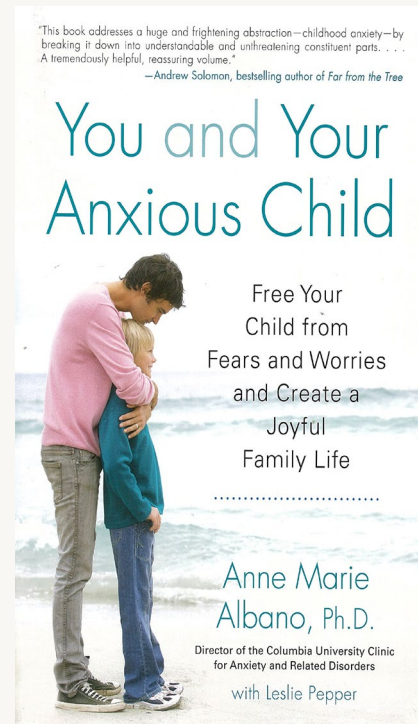
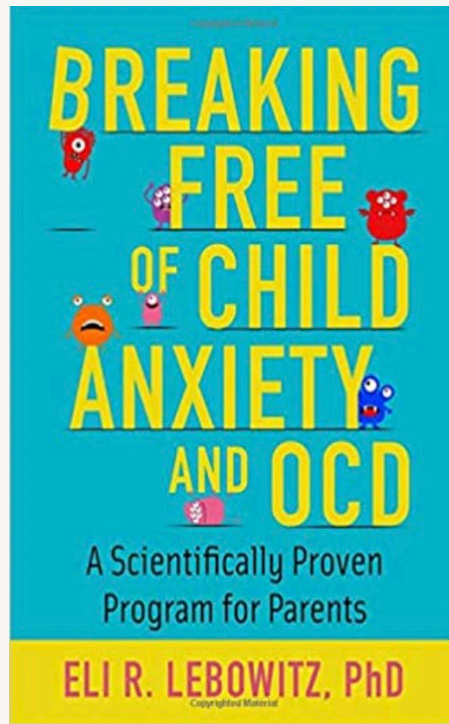
Resources

Resources for Clinicians

- SPACE Treatment and Training
www.spacetreatment.net/
- International OCD Foundation (IOCDF)
www.iocdf.org
- Association for Behavior and Cognitive Therapies (ABCT) www.abct.org



Resources for Caregivers



Find a SPACE Provider:
www.spacetreatment.net/space-providers

IOCDF for Families
www.iocdf.org/families/



OCD Institute for Children & Adolescents (OCDI Jr.)

- A residential (10 bed) and partial hospitalization program (4 spots) specifically designed for youth ages 12 – 18 experiencing significant OCD and anxiety
- Provides individual & group therapy, individual & group ERP, family meetings, and parent group in a community setting
- Email ocdi jr@mgb.org for more information



McLean Anxiety Mastery Program (MAMP) at McLean Hospital



Child & Teen Mental Health

📞 617.855.2804

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Helping Your Child Take Charge of Anxiety & OCD

A compassionate, evidence-based treatment program for children and teens ages 6 to 19.

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