

FAMILY ACCOMODATION SCALE: OCD, PHOBIAS, AND PANIC DISORDER

Please respond to the following questions about the way you may have responded to your child or other family member during the past 2 weeks.

1. Have you reassured him/her when s/he expresses worries, fears, or doubts related to the fear of panic, phobia, or obsession and compulsion (e.g., reassurance that disturbing thoughts are unfounded, the phobic object is not present, or that they have cleaned enough)?
Yes No
2. Do you help him/her complete his/her rituals (e.g., deliberately observing, usually at their request)?
Yes No
3. Do you wait for him/her to complete rituals or other anxiety-related behaviors, resulting in interference with plans you have made (e.g., when trying to leave the house, avoidance tactics for going places)?
Yes No
4. Have you put up with things he/she has done that you would prefer s/he not do?
Yes No
5. Are there things that you do not do or say because of his/her anxiety (e.g., avoid parks or other places, avoid mentioning certain things)?
Yes No
6. Do you assist him/her in avoiding people, places, or things (e.g., checking when away from home to avoid interaction with phobic object)?
Yes No
7. Have you helped him/her undertake or complete compulsions (e.g., providing excessive quantities of soap)?
Yes No
8. Have you engaged in compulsions or behaviors that you consider odd or senseless at his/her request, or because you thought s/he would want you to do these things (e.g., cleaning, checking, repeating, ordering)?
Yes No
9. Do you help complete tasks or make simple decisions when anxiety symptoms interfere with his/her ability to do so?
Yes No
10. Do you modify your social, work, or family responsibilities because of his/her anxiety symptoms?
Yes No
11. Have you modified what you consider ordinary family routines because of his/her symptoms (e.g., cooking/cleaning practices, going out with other family members)? Yes No
12. Do you currently do some of the things for the family that would be his/her responsibility if s/he did not have these symptoms?
Yes No

Adapted from: Calvocoressi, L; Mazure, C.; Goodman, G.; McDougle, C.; & Price, L. Family Accommodation Scale for Obsessive Compulsive Disorder.

GOAL CONTRACT

(SAMPLE)

Problem: Jenny refuses to attend school because she fears she will panic and “needs” mom to be close by, fears that mom may “leave” her. Jenny’s avoidance behaviors and the family’s accommodating behaviors are interfering with Jenny’s attendance at school.

Long-term Goal Behavior: Jenny will attend school on time on a daily basis.

Weekly Goal for: Jenny

What: Jenny will attend her favorite class with mom waiting outside the classroom, sitting in a chair close to the door so she can easily see her mom

When/How frequently? 5 out of 5 school days

Weekly Goal for: Mom

What: Support Jenny, refrain from reassurance. If she does ask for reassurance, I will respond with, “Maybe you will panic/I will leave, and maybe you won’t/I won’t. But I believe you can do this without reassurance.”

When/How frequently? Each time that Jenny asks for reassurance

REWARD:

For each day that Jenny is successful in attending her class she will earn \$1.00 toward an after school treat from the 7-Eleven. As a bonus, Jenny can earn an additional \$1/day (or \$5 total) if she is successful 5 out of the next 5 days. She will be rewarded with the bonus money on Friday afternoon immediately after school.

CONTINGENCY (optional):

If Jenny does ask for reassurance and then becomes disrespectful when her mom refrains from reassuring, then Jenny will have to do an extra chore that day after school.

Sign: _____

Date: _____

Sign: _____

Date: _____