

# When Accommodating Children's Symptoms Hurts Them More Than It Helps

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Most families would do anything to minimize the distress of a child with a mental disorder. However, some strategies for dealing with these challenges may not always be beneficial in the long-run, suggests a recent [literature review](#) published in *Current Directions in Psychological Science*.

In their [review](#), researchers Elana R. Kagan, Hannah E. Frank, and Philip C. Kendall of Temple University examine available research on family accommodation – the ways in which parents and other family members adjust routines or expectations to alleviate the symptoms and distress of a child with a mental disorder, such as anxiety or obsessive compulsive disorder (OCD). Available data indicate that a majority of parents of youths with anxiety disorders (97%) or OCD (99%) report engaging in accommodating behavior, and a majority report accommodating at least once a day. Parents may modify the family's routine to avoid triggers, or even participate in a youth's symptoms, such as checking the weather for a child who is anxious about storms.

Although these strategies can reduce child and parent distress, research shows that they can maintain disorders in the long-term. Findings suggest that more frequent accommodation is associated with more

severe symptoms, impairment at home and at school, and reduced effectiveness of treatment for children with an anxiety disorder or OCD, though causality is currently unclear. The authors report that about 80% of parents of youths with an anxiety disorder report stress as a result of providing accommodation, and identify negative consequences that occur when they don't accommodate.

Furthermore, research examining cognitive behavioral therapy outcomes suggests that children with anxiety disorders tend to have more positive outcomes when parents decrease accommodation during treatment. A greater reduction in accommodation over the course of treatment is associated with less anxiety at the end, with treatments for OCD and autism spectrum disorder showing similar results. These findings suggest that targeting family accommodation may be an important component of effective treatment, the authors say.

The authors note that future studies should investigate how parent and child characteristics, such as child age and parent psychopathology, are connected to the development of family accommodation. They note that the role of accommodations by family members other than parents is underrepresented in the literature, as are studies examining accommodation across cultures. The duration of accommodation into adulthood, the difference between paternal and maternal accommodation, and the biological mechanisms of accommodation are all potential avenues for future research.

Notably, accommodation may play a role in developing and maintaining adverse strategies in other contexts. Expanding research to include additional disorders and settings can help researchers identify other opportunities to target and minimize accommodation.

For example, parents of a child with a disruptive behavior disorder may allow the child to play a video game instead of engaging him in family chores if he reacts to chores with disruptive behavior. This is an immediate solution, as it alleviates stress for everyone. Even so, the child then learns that engaging in disruptive behavior achieves the outcome he wants, and the parents learn that giving in reduces the behavior. Thus, accommodation maintains the disruptive behavior.

Similarly, parents of a child with depression may allow her to avoid social and academic obligations, which may reduce immediate distress but could ultimately contribute to the child's low mood, as engaging in activities can improve symptoms of depression.

Similar challenges arise in the context of academic accommodations, which are federally mandated. The authors emphasize that helpful accommodations assist a child in achieving a goal, rather than denying them an opportunity to develop a skill. For example, a teacher might allow a child with anxiety to practice her book report alone, rather than excusing her from the assignment altogether. These accommodations should be regularly evaluated and removed once a child no longer needs them to succeed.

Literature on similar constructs focused on adults with substance abuse, eating disorders, and PTSD could offer more insight into future research on youth accommodation, Kagan and colleagues suggest.

## **Reference**

Kagan, E. R., Frank, H. E., & Kendall, P. C. (2018). Accommodation in youths' mental health:

Evidence and issues. *Current Directions in Psychological Science*. <https://doi.org/10.1177%2F0963721417745889>