Clinical guidance

For the family accommodation assessment form for adults with OCD

Scoring guidance

This form is a clinical working tool. The score should be used to provide an overview of family accommodation and to select treatment targets.

The score should not be used to make a diagnosis, as a fixed measure of severity or as a substitute for clinical assessment.

Response scale

0 = never; 1 = 1 day; 2 = 2 to 3 days; 3 = 4 to 6 days; 4 = every day or almost every day.

Total score

Add together the scores for items 1 to 16.

Maximum score: 64

Minimum score: 0

The total score can provide an overview of the extent of family accommodation. However, the most important information is often found in the individual items. An item with a high score may be more clinically relevant than a moderate total score if the item clearly keeps the OCD pattern going.

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Indicative clinical interpretation

0 to 8 points

Family accommodation is currently limited or occurs only rarely. However, explore whether there are individual situations that are highly significant but are not reflected in the total score.

9 to 20 points

Family accommodation occurs in some situations. It may be helpful to select one specific situation in which the family can practise providing support without accommodation.

21 to 36 points

Family accommodation has a clear impact on everyday life. A treatment agreement should be made in which the family gradually reduces the most central form of accommodation.

37 to 50 points

Family accommodation is extensive and is likely to affect both the OCD pattern and the family's everyday functioning. Work should systematically address relatives' responses, supportive phrases and clear agreements.

51 to 64 points

Family accommodation is very widespread and frequent. Close treatment support, gradual reduction and particular attention to conflict, strain and carrying out agreements safely may be needed.

Important individual items

Items with a score of 3 or 4 should always be marked. They show areas in which accommodation occurs several times a week or every day.

Items of particular clinical relevance are:

- Items 1 and 2: repeated reassurance
- Items 3 and 4: waiting for or directly participating in rituals
- Items 7 and 8: avoidance and adapting behaviour so as not to trigger OCD
- Items 9 to 14: changes to the home, responsibilities, leisure time, work and relationships
- Item 15: pressure, conflict, anger, crying or distress when accommodation is not provided
- Item 16: strain on the relative

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Prioritisation and follow-up

Prioritising treatment targets

Do not necessarily begin with the item that has the highest score. Begin with an item that is both important and realistic to change.

A good initial treatment target is often:

- a form of accommodation that occurs frequently
- a form of accommodation that clearly maintains OCD
- a form of accommodation that the family can change without too great a risk of disruption
- a form of accommodation for which a specific, clear agreement can be made

Example of clinical prioritisation

If item 1 scores 4 because the relative provides repeated reassurance every day, the first target might be:

"We answer ordinary questions once. If OCD asks again, we do not provide more certainty. Instead, we stay with the person and help them leave the question open."

If item 7 scores 4 because the family helps the person avoid particular situations every day, the first target might be:

"We choose one small avoidance that the family will no longer help with. The person with OCD practises staying in the situation without the usual help."

Using scores over time

The form can be completed again after 2 to 4 weeks. When it is used repeatedly, pay particular attention to:

- whether the most important item scores decrease
- whether the family provides less accommodation in the agreed situations
- whether new forms of accommodation have emerged elsewhere
- whether strain and conflict decrease or increase
- whether the agreement needs to be adjusted

A lower score is not always the sole aim. At first, distress and conflict may briefly increase when the family provides less accommodation. What matters is whether the family is working more consistently to support the person without supporting OCD.

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