



**COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES**  
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**INFLATED RESPONSIBILITY, REDUCING**

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Definition: A way of reducing inflated beliefs that one can provoke or prevent negative events, situations and/or outcomes.

Elements: The therapist encourages patients to review, reconsider and reduce the degree to which they feel responsible for protecting themselves and/or others from harm, and discusses appropriate levels of responsibility for particular threats to aim at as treatment goals.

Related procedures: *Cognitive restructuring, behavioural experiment*, reframing, giving perspective.

Application: Usually individually, for obsessive-compulsive disorder. Can also be done in groups.

1st Use? Salkovskis (1985)

References:

1. Salkovskis PM (1985) Obsessional-compulsive problems: A cognitive-behavioural analysis. *Behaviour Research & Therapy*, 23, 571-583.
2. Lopatka C, Rachman S (1995) Perceived responsibility and compulsive checking: An experimental analysis. *Behaviour Research & Therapy*, 33, 673-684.
3. Ashbaugh AR, Gelfand LA, Radomsky AS (2006) Interpersonal aspects of responsibility and obsessive-compulsive symptoms. *Journal of Behavioural and Cognitive Psychotherapy*, 34, 151-163.
4. Ladouceur RL, Rhéaume J, Dubé D (1996) Correction of inflated responsibility in the treatment of obsessive-compulsive disorder. *Behaviour Research & Therapy*, 34, 767-774.

Case illustration (Radomsky, unpublished)

Fay aged 43 checked at home for up to 4 hours a day the kitchen appliances, doors, windows and sell-by (best-before) dates on foods for her 2 children and husband. This led her to leave her part-time job and to her husband and children complaining that she spent too little time with them. She said she checked so much as she felt responsible for protecting her family from harm from burglaries, unpredictable accidents and food poisoning, that if something bad happened to them she'd feel highly responsible and "incredibly guilty", and that checking made her feel "responsible in a good way" and temporarily reduced her anxiety about accidents at home.

Over 8 sessions the therapist helped Fay reduce her inflated responsibility in several ways; the two ways described here comprised 2 sessions. First, the therapist asked her to draw a pie graph showing how responsible she'd feel if her children were poisoned by rotten eggs, and drew this at 100%. In discussion she agreed responsibility for the threat of poisoning might also stem from other sources (supermarket, farmer, ministry of agriculture, etc.). Fay drew further pie graphs to show the proportion of responsibility from each of these sources on the understanding that she could accept the

remaining portion. The final pie graph revealed that she would be, at most, 17% responsible for such poisoning.

Second, the therapist helped Fay draw up 2 responsibility contracts. 1. *'I agree to accept all (100%) responsibility for burglary at my home between 8pm and 9pm this Saturday. I understand that during this time, nobody else will be responsible if a burglary occurs'*. 2. *'I agree to share responsibility for burglary at my home between 8pm and 9pm this Monday equally among the members of my family who will be home at the time. This results in my agreeing to accept no more than 25% responsibility for this particular outcome during this time'*. The therapist encouraged Fay to record her anxiety, perception of threat and amount of harm felt after each of the critical hours. Her record showed that when Fay shared (lower) responsibility with other family members she felt less anxious and threatened, but felt identical amounts of harm (i.e. none), compared to when she had sole (inflated) responsibility. She said the pie charts and the contracts method helped her take a more realistic amount of responsibility for harm and markedly reduced her anxiety, guilt and checking. The procedure may have led to some exposure and ritual prevention but this was minimal with emphasis being on explicitly reducing how much responsibility she felt rather than alteration of her behaviour.