

# Do children experience obsessional intrusive thoughts?

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## Introduction

Obsessive-Compulsive Disorder is a disabling disorder that often begins in childhood, with a prevalence between 1-3% in children and adolescents (Stewart et al., 2004). Cognitive Behavioural Therapy for paediatric OCD is effective and often considered the treatment of choice (Fonagy et al., 2015). While cognitive models of OCD have improved our understanding and treatment of the disorder in adult populations, they have scarcely been investigated in children. Those models assume that obsessions are extreme variants of unwanted obsessional intrusive thoughts (OITs) which are almost universally experienced in the general populations (García-Soriano, Belloch, Morillo, & Clark, 2011). This assumption has received empirical support in adult samples but there are no studies analysing the presence of intrusive thoughts in preadolescents.

## Objective

To analyse the frequency and characteristics of OITs in a sample of school-aged children.

## Method

**49 children** (28 girls and 21 boys, mean age 9.1 years, range 8-10) were recruited from a community sample (two public schools in Spain).

Participants were individually interviewed using the first part of the **Children's Anxious Thoughts Interview (CATI)** (<https://cutt.ly/6WqzHg6>). The interviewer explored whether participants had ever experienced OITs in six domains: **contamination, harm, aggression, order, doubt, and superstition**. For each thought reported, an example was requested and later analysed to determine whether it met criteria to be considered an OIT. The last date of **appearance** of the thought and its **frequency** (in a visual scale ranging from 0 to 100) were also recorded.

Participants completed the **Spence Children's Anxiety Inventory (SCAS)** (Spence, 1998) and the **Children Obsessive Compulsive Inventory-Revised (CHOCHI-R)** (Uher, Heyman, Turner & Shafran, 2008) to explore the presence of anxious and obsessive-compulsive symptoms.

## Results

Figure 1 shows the overall number of OITs per category endorsed by participants, and of those considered both recent (appeared in the last 3 months) and frequent (over 50 in a 0-100 scale).

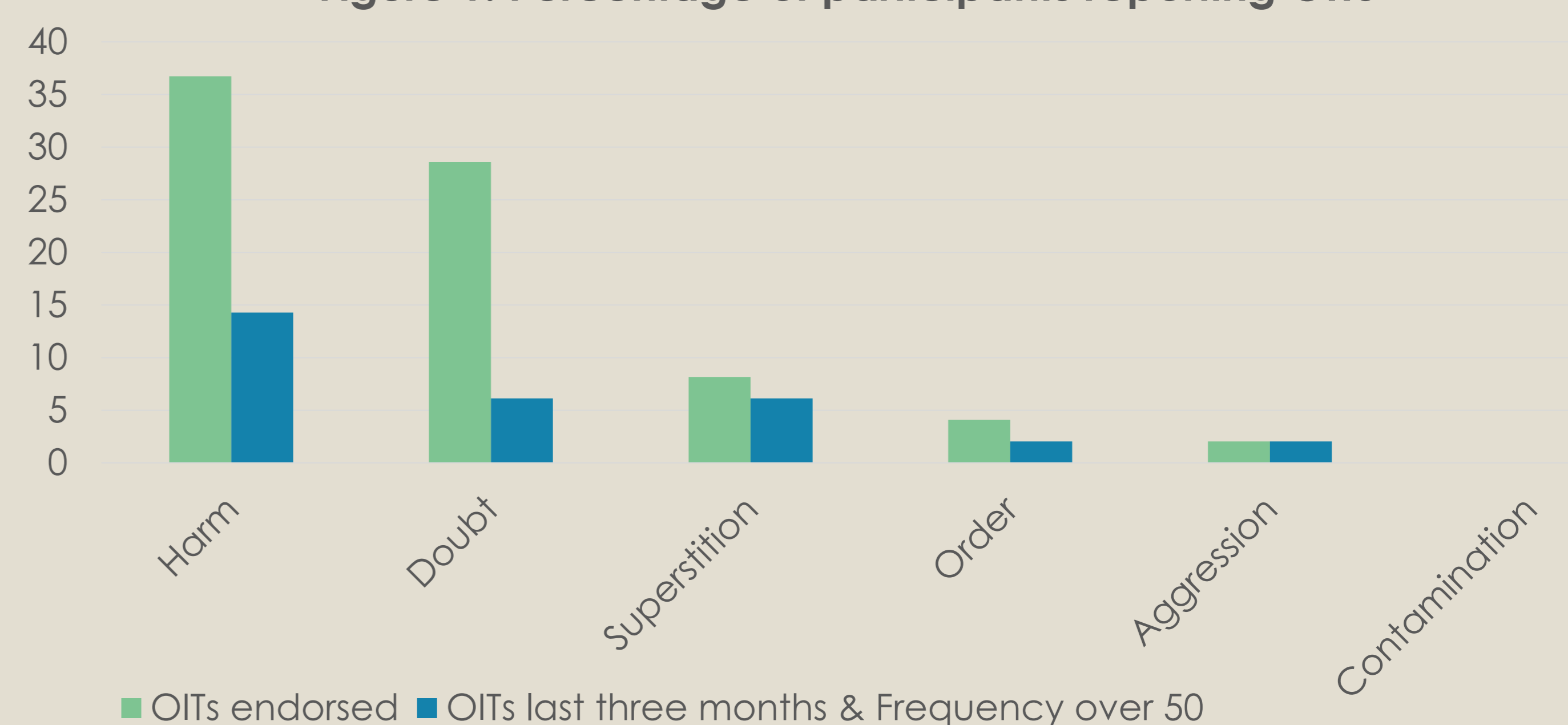
From 49 children, 33 participants endorsed having experienced at least one OIT.

- Most frequent contents: harm (18) & doubt (14). No contamination OITs were reported.
- Of 33 participants who had experienced at least one OIT, 14 reported having had one in the last 3 months and with a frequency of at least 50 in a scale ranging from 0 to 100.

Figure 2 shows participants' scores in **anxiety and obsessive-compulsive symptoms**. Participants were divided in three groups depending on the frequency of their reported OIT: those with both frequent and recent OITs (n = 14), those who reported OITs that were not frequent or recent (n = 19), and those who didn't report any OIT (n = 14). Their scores in SCAS and CHOCHI-R were compared using ANOVA.

- Significant group differences** ( $p > .05$ ) were found in for the overall scores in both instruments (SCAS:  $F(2,44) = 6.7, p = .003$ ; CHOCHI-R  $F(2,44) = 9.942, p < .0001$ ).
- Post-hoc analyses showed that the **group with frequent and recent OITs had significantly higher anxiety symptoms** (SCAS) and **more serious obsessions and compulsions** (CHOCHI-R interference scales).

Figure 1. Percentage of participants reporting OITs

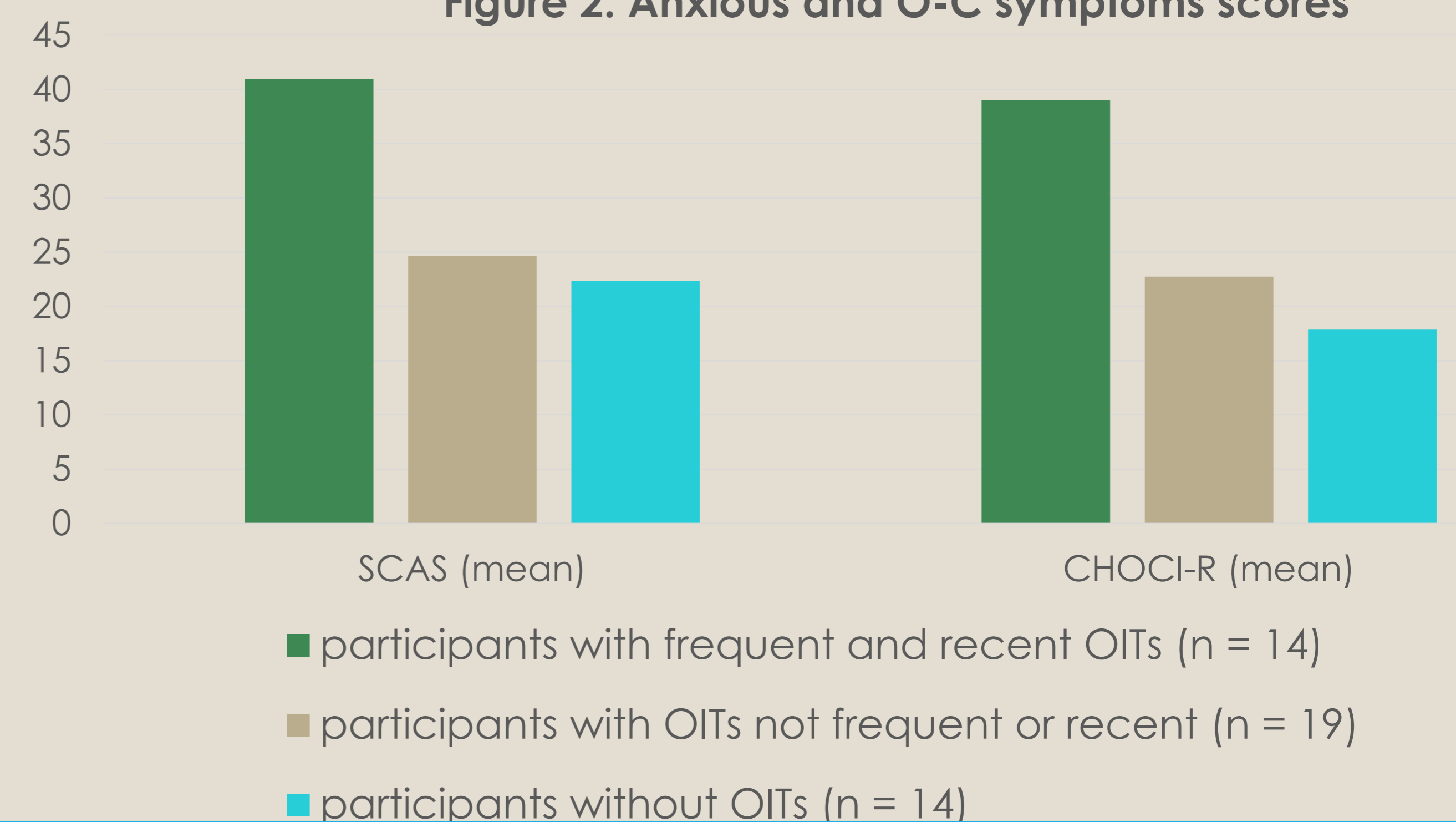


49 children

33 children ≥ 1 OIT

14 children ≥ 1 frequent OIT last 3 months

Figure 2. Anxious and O-C symptoms scores



## Discussion

Our results show that children as young as 8-9 years old are able to report thoughts with the formal characteristics of intrusions and contents characteristics of OCD, although their prevalence may be not as high as in adults. Whilst the occasional recognition of an OIT was not associated with anxiety or OCD symptoms, recent and frequent experiences of OITs was associated with higher anxiety and OCD symptoms. These results are compatible with the cognitive model of OCD, which posits that it is not the experience of OITs themselves that lead to distress but certain pathological appraisals and coping mechanisms.