

HOW DO CHILDREN INTERPRET AND MANAGE THEIR DISTURBING OBSESSIVE INTRUSIVE THOUGHTS?

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Introduction

Cognitive models of obsessive-compulsive disorder rest on three main assumptions: a) **obsessive intrusive thoughts (OITs)** are almost universal; b) negative appraisals of OITs lead to emotional distress and interference; and c) unhelpful control strategies contribute to the escalation of OITs into clinical obsessions. These assumptions have received ample empirical support from research with adult samples, while studies in children are promising but scarce (Barrett & Healy, 2003; Farrell & Barrett, 2006).

The **aim** of this study was to describe the **emotional distress, interference, negative appraisals** and **control efforts** of those children that report having experienced recent and frequent OITs.

Method

49 children (28 girls, mean age 9.1 years, range 8-12) were recruited from a community sample and individually interviewed using the Children's Anxious Thoughts Interview (<https://cutt.ly/6WqZHg6>). An interviewer explored whether the children had **ever experienced OITs in six content domains**, and the frequency and last date of appearance of the thought were recorded. Then, children were asked to appraise any OITs that they experienced **recently** (in the last 3 months) and **frequently** (rated at least 50 in a 100 mm. scale). (see poster number 42, EABCT 2021).

Children appraised their OITs using a visual analogue scale (100 mm.), in the following domains:

- 1) **emotional reaction** (sad, angry, scared, nervous, surprised, and upset) and **cognitive appraisals** (believes the OIT was important, distracting or could come true); and
- 2) **control strategies** used to cope with their OIT. There were two questions: an open question and a list of examples from which participants selected the ones they used.

Results

From the initial 49 children, **14 children** (9 girls, mean age 9.2) reported at least one recent and frequent OIT.

49 children



14 children ≥ 1 recent and frequent OIT

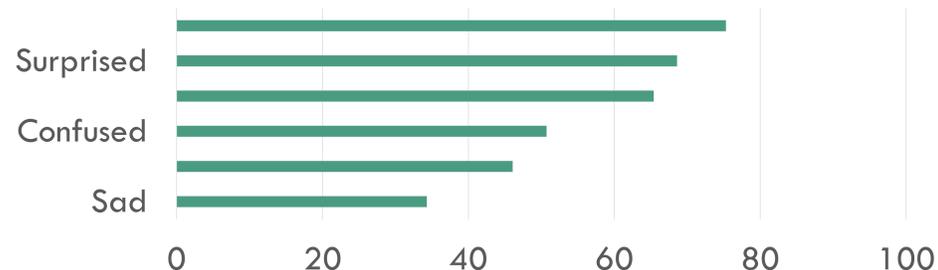
Discussion

Non-clinical children between 8 and 10 described their OITs as upsetting due to their anxiety-provoking qualities. OITs were managed through thought control strategies. These results are consistent with the cognitive model of OCD and show that children in this age group can report unwanted intrusive thoughts with obsessive contents if interviewed by a developmentally appropriate instrument such as the CATI.

(1) Emotional reaction and cognitive appraisals associated with the upsetting, recent and frequent OIT (n=14)

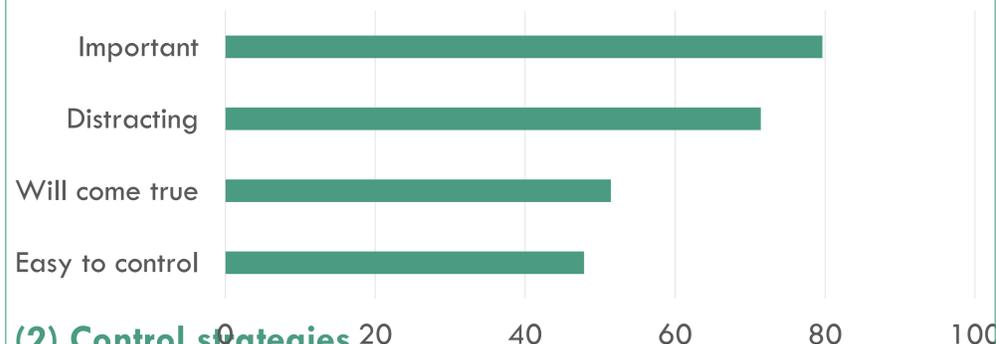
The highest-rated emotional reactions were “**nervous**” (mean = 75.3), “**surprised**” (68.6) and “**scared**” (65.4); emotions related to anxiety were also the most frequently mentioned when freely describing how they felt after an OIT.

Emotions associated with upsetting OIT (0 to 100)



On average, children regarded the OITs as **important** (79.6) and **distracting** (71.4) but were only moderately convinced that it **could come true** (51.4).

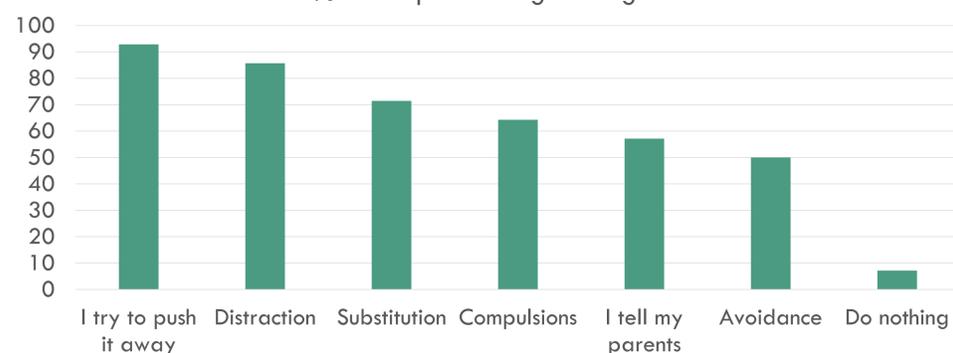
Appraisals of upsetting OIT



(2) Control strategies

From the list of strategies, children described they used a variety of strategies to control their OIT. **Doing nothing** (n = 5) was the most frequently chosen strategy, followed by **suppression** and **distraction** (n = 4). Most answers to the open question made reference to distraction (n = 8), while compulsive behaviours were reported by only 4 participants.

% Participants using strategies



References

- Farrell, L., & Barrett, P. (2006). <https://doi.org/10.1348/000712605X58592>
Barrett, P. M., & Healy, L. J. (2003). [https://doi.org/10.1016/S0005-7967\(02\)00011-6](https://doi.org/10.1016/S0005-7967(02)00011-6)

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