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The Revised Obsessive-Compulsive Inventory-Child Version: Adaptation, psychometric properties, and norms in Turkish culture

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The Obsessive-Compulsive Inventory-Child Version (OCI-CV), which was developed to assess OCD symptoms in children and adolescents, was recently revised (OCI-CV-R) after hoarding was removed as an OCD symptom dimension in the DSM-5. The study aimed to examine the validity of the OCI-CV-R for assessing OCD symptoms in Turkish culture. A total of 1,062 youths, aged 9 to 18 years, participated in this study to assess the OCI-CV-R's psychometric properties in the Turkish culture. Analysis included factor analyses and assessments of validity and reliability. Results demonstrated that the Turkish version of the OCI-CV-R had good model fit values for the five-factor structure of the scale. The revised scale also revealed measurement invariance between two age groups: children (ages 9–11) and adolescents (ages 12–18). The findings indicate that the OCI-CV-R is a valid and reliable instrument for assessing OCD symptoms among Turkish-speaking populations and thus can replace the previous version. (*Bulletin of the Menninger Clinic, 89*[*1*], *70–90*)

Keywords: obsessive-compulsive disorder, children, adolescents, adaptation study, factor analysis

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Obsessive-compulsive disorder (OCD) is a chronic psychological condition that consists of obsessions, which are intrusive thoughts or images that cause significant distress and anxiety, and compulsions, which are repetitive actions or mental acts conducted to reduce distress (Abramowitz & Jacoby, 2015). The disorder is associated with a bimodal onset, where approximately half of cases first occur during early childhood and the other half in mid to late adolescence (Geller, 2006; Krebs & Heyman, 2015). While research indicates that the prevalence of OCD in the general population ranges between 1% and 2% (Fawcett et al., 2020; Ruscio et al., 2010) among adults, the estimated prevalence among youth is 0.25%–1.00% (Heyman et al., 2003; Zohar, 1999). Adult and pediatric OCD differ in several respects, including higher rates of comorbid tic disorder and lower insight (Lewin et al., 2006; Storch et al., 2008) in pediatric OCD. Accordingly, it is important to utilize assessment tools specifically designed to evaluate OCD symptom severity in youth.

Most measures of OCD were originally developed in English and later translated into other languages, including Turkish (Rapp et al., 2016). For example, The Children's Yale-Brown Obsessive Compulsive Scale (CY-BOCS; Scahill et al., 1997) is one of the most widely used assessment tools around the world and has been widely used in Turkey (Yucelen et al., 2006). However, the CY-BOCS is an interview-based measure that must be administered by a trained assessor. Its limitations include that it is generally used for diagnostic purposes and that its psychometric properties have not been examined. For this reason, self-report measures of OCD symptoms have been developed and extensively used. In addition, it has been established that there is a significant latency (~7–8 years) between onset of OCD symptoms and receiving diagnosis and treatment for OCD (da Conceição Costa et al., 2022; Hezel et al., 2022), which can potentially be mitigated by utilization of psychometrically valid self-report scales for OCD, particularly in youth populations.

The Obsessive-Compulsive Inventory-Child Version (OCI-CV; Foa et al., 2010) is a 21-item self-report scale that includes six subscales assessing doubting/checking, obsessing, washing, ordering, hoarding, and neutralizing symptoms. Because of its breadth and brevity, it is widely used both in research and

clinical settings. Moreover, the OCI-CV has been translated and validated in Turkish (Seçer, 2014) using a nonclinical sample of adolescents aged 13–18 years. During the adaptation process, confirmatory factor analysis (CFA) was performed, and it was determined that the psychometric properties of the scale were suitable for Turkish culture (χ^2/SD: 2.94, root-mean square error of approximation [RMSEA]: .067; root-mean square residual [RMR]: .011; standardized root-mean square residual [SRMR]: .065; comparative fit index [CFI]: .96; goodness of fit index [GFI]: .92). The scale's internal consistency (Cronbach's alpha) was found to be adequate to good, with subscale reliability values ranging from .73 to .81 across subscales and total score.

When the OCI-CV was published, hoarding was considered a symptom of OCD. However, extensive research has since shown that hoarding is not a dimension of OCD, as demonstrated in both adult and youth populations (Burton et al., 2016; Mataix-Cols et al., 2010; Pertusa, Frost, Fullana, et al., 2010). Accordingly, in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*-5; American Psychiatric Association [APA], 2013), hoarding was removed as a symptom of OCD and classified as a separate disorder. Moreover, the OCI-CV hoarding subscale demonstrated the weakest sensitivity (Aspvall et al., 2020; Cervin et al., 2020; Rough et al., 2020) across the OCI-CV subscales. This may in part account for findings that the scale has been found to have only "adequate" psychometric properties in OCD youth (Jones et al., 2013).

Because the OCI-CV is a widely used measure, Abramovitch and colleagues (2022) revised the scale to conform to the contemporary conceptualization of OCD; after removing the hoarding items, their findings supported a five-factor structure (doubting/checking, obsessing, washing, ordering, and neutralizing). In the factor analyses of the model structure of the scale, good fit values were obtained as RMSEA = 0.078 and CFI = 0.966 for the five-factor model, RMSEA = 0.071 and CFI = 0.971 for the second-order factor model, and RMSEA = 0.042 and CFI = 0.991 for the two-factor model. Internal consistency (Cronbach's α) for each subscale and total score was found to be good to excellent (neutralizing = .68, doubting/checking = .84, obsessing = .87, washing = .89, ordering = .85, total score = .86) within a clinical OCD sample. Similar internal consistency was found among

clinical and nonclinical control samples. Considering the psychometric properties of the OCI-CV and its widespread use in detecting OCD symptoms and the changes in the status of hoarding symptoms mentioned above, it seems that the revision of the scale is important to maintain its validity in Turkish culture. In addition, considering the studies on symptom differences between child and adolescent groups regarding the age of onset of OCD (Abramovitch et al., 2022; Aspvall et al., 2020), it is important to examine the factor structure of both age groups in Turkish culture. Accordingly, the aim of the present study was to evaluate the psychometric properties of the Turkish version of the Obsessive-Compulsive Inventory-Child Version-Revised (OCI-CV-R; Abramovitch et al., 2022) and to assess its psychometric properties in the Turkish culture.

Methods

Participants

A total of 1,062 youths, aged 9 to 18 years (M = 13.27, SD = 2.68), participated in the present study. A two-stage recruitment process was implemented. In the first stage, middle and high schools in Yozgat, Turkey, were identified using the cluster sampling method, and three high schools and three middle schools were selected using the random sampling method. It was then decided to carry out the research through convenience sampling, provided that the participants to be included in the data collection process were approved to participate by the school psychological counselors and principals. Finally, parents provided consent to participate. The study was approved by the Bozok University Institutional Review Board in accordance with the Declaration of Helsinki. Demographic information of the study sample is presented in Table 1.

Measures

Obsessive-Compulsive Inventory-Child Version (*OCI-CV-R*). The OCI-CV-R is an 18-item self-report scale developed by Abramovitch and colleagues (2022) as a revision of the 21-item OCI-CV (Foa et al., 2010). This scale, which assesses OCD

Table 1. **Demographic and clinical symptom characteristics of the two sample groups**

	Children (*n* = 375)	Adolescents (*n* = 687)	Total sample (*N* = 1,062)
Variable	**Mean (*SD*); % (*n*)**		
Age (years)	10.16 (2.43)	15.19 (2.76)	13.27 (2.68)
Sex (% Female)	45.3% (170)	64.91% (446)	58% (616)
Sex (% Male)	54.7% (205)	35.08% (241)	42% (446)
OCI-CV-R subscales			
Doubting-Checking	11.83 (4.51)	12.40 (4.98)	12.23 (4.86)
Obsessing	8.56 (3.81)	10.49 (4.39)	9.84 (4.33)
Washing	6.26 (2.99)	6.88 (3.51)	6.29 (3.00)
Ordering	7.28 (3.17)	7.95 (3.64)	7.28 (3.13)
Neutralizing	5.09 (2.21)	5.78 (2.79)	5.72 (2.69)
Total Score	39.84 (12.78)	42.33 (14.35)	41.38 (13.97)
RTSQ total score	43.16 (12.17)	52.93 (14.44)	48.64 (14.33)
RCARDS total score	48.60 (12.85)	53.38 (14.19)	51.28 (13.82)
CASI total score	29.75 (9.20)	32.75 (9.53)	31.44 (9.50)

Note. OCI-CV-R = Obsessive Compulsive Inventory-Child Version-Revised; RTSQ = Ruminative Thought Style Questionnaire; RCARDS = Revised Child Anxiety and Depression Scale; CASI = Child Anxiety Sensitivity Index. Children: ages <12; Adolescents: ages ≥12.

symptom severity in children and adolescents, consists of five subscales: doubting/checking, obsessing, washing, ordering, and neutralizing. In the revision process, three items related to the hoarding dimension were removed from the scale, and the factor structure was retested, resulting in a five-dimension/18-item version. The scale has a clinical cutoff score of 8. The scale's total score demonstrated good internal consistency with Cronbach's αs of .86, .89, and .83 among youths with OCD, other childhood disorders, and nonclinical controls, respectively. Internal consistency for the scale's total score in the present study was found to be very good (α = .88).

Revised Child Anxiety and Depression Scale-Short Version (*RCARDS*). The RCARDS (Ebesutani et al., 2012) is a self-report scale developed to assess depression and anxiety

symptoms in children and adolescents and was chosen to serve as a potential discriminant validity measure. The scale consists of 25 items assessing two dimensions, with 10 items assessing depression and 15 items assessing anxiety. For the present study, the Turkish version of the RCARDS was used. The Turkish version demonstrates good psychometric properties, including very good internal consistency, (α = 87 and .83 for the depression and anxiety subscales, respectively; Ay et al., 2017). Similar coefficients were found in the present study (α = .88 and .83, for the depression and anxiety subscales, respectively).

Ruminative Thought Style Questionnaire (RTSQ). The self-report–based single dimension, which was developed to assess ruminative thought patterns, is a measurement tool consisting of 20 items (Brinker & Dozois, 2009). Because the scale aims to assess the general tendency to think without taking into account the current emotional state of the person, it is suitable for use in other psychopathological conditions. The measure was chosen to serve as a potential assessment of convergent validity. Research has shown that the scale is associated with obsessive-compulsive symptoms (Wahl et al., 2019) and distinguishes between individuals with depression and those with OCD (Wahl et al., 2019). There is no cutoff point in the scale, and an increase in the total score indicates a high level of ruminative thinking. The scale was adapted to Turkish culture by Karatepe et al. (2013). The reliability and validity findings of the scale were found to be consistent, and the reliability coefficient was found to be excellent (α = .91). In the present study, the reliability coefficient over the total score (α = .93) was found to be excellent.

Children's Anxiety Sensitivity Index (*CASI*). The CASI (Silverman et al., 1991) is a self-report-based scale that consists of three dimensions and a total of 15 items to determine psychological, physical, and social anxiety sensitivity among children and adolescents and was used in the present study to assess discriminant validity. Higher total scale scores as well as elevated subscale scores indicate elevated anxiety sensitivity. The adaptation study of the scale to Turkish culture was conducted by Seçer and Gülbahçe (2013) and was found to demonstrate similar psychometric properties and factorial solutions as the

original. The reliability coefficients (α) for the psychological, physical, social, and total anxiety sensitivity dimensions of the scale were .73, .82, .71, and .87, respectively. In this study, the reliability coefficients (α) were found to be .81, .70, .72, and .87.

Procedure

The first stage of recruitment involved creating a list of middle and high schools in a district located in the province of Yozgat, Turkey, using cluster sampling. From the listed schools, a total of six schools were selected using simple random sampling, consisting of three high schools and three middle schools. The total number of students in these six schools is 1,971. In the second stage, three criteria were established for children and adolescents included in the data collection process from the selected schools: (a) not receiving mental health treatment, (b) obtaining parental consent, and (c) consenting to participate. Parents of the students in the sample group were informed about the study through school psychological counselors, and their informed consent was obtained. Participants then gave their consent, and the study questionnaires were administered to participants through school psychological counselors. Participation in this study was voluntary. The administration process lasted 1 month. In the second stage, a test–retest analysis (1 month) was conducted to determine the reliability of the OCI-CV-R form. Notably, no participants dropped out between Time 1 and Time 2.

Analytic plan

All analyses were conducted using the SPSS v.22 for Windows package software (IBM Corporation, 2013(. Within the scope of the normality analyses, missing data analysis was initially conducted. Forms belonging to 39 individuals (3.54%), as recommended (Enders, 2022), were identified as having 5% or more missing data and were subsequently removed from the data set. Then skewness and kurtosis calculations were made to identify the extreme values of the data. Skewness ranged between 0.32 and 0.67, while kurtosis ranged from –0.81 to 0.20, meeting the recommended normality criteria (Tabachnick & Fidell, 2013). The results are given in Table 2. As a result of the "Mahalanobis

Table 2. **Descriptive statistics among study variables (*N* = 1,062)**

Variable	*M*	*SD*	α	ω	Skewness	Kurtosis
OCI-CV-R	41.38	13.97	.88	.88	.670	–.200
RTSQ	48.64	14.33	.93	.93	.329	–.819
RCARDS	51.28	13.82	.90	.89	.531	–.160
CASI	31.44	9.50	.90	.90	.385	–.556

Note. OCD-CV-R = Obsessive Compulsive Inventory-Child Version-Revised total score; RTSQ = Ruminative Thought Style Questionnaire; RCARDS = Revised Child Anxiety and Depression Scale; CASI = Child Anxiety Sensitivity Index.

distance coefficient" calculations, which are considered a prerequisite for normal distribution in multivariate analyses such as structural equation modeling, the data of five people were found to have a distance above the recommended 15 and were removed from the data set because they violated the normality conditions (Field, 2016). After these procedures, the final sample included 1,062 participants.

Confirmatory factor analysis for the OCI-CV-R (Abramovitch et al., 2022) was conducted using LISREL 8.80 (Jöreskog & Sörbom, 2001). In this context, the following models were tested: (a) a five-factor model in which the relevant items were loaded onto the doubting/checking, obsession, washing, ordering, and neutralizing dimensions, revealing the relationships between these dimensions; (b) a second-order factor model in which the relevant items were connected to five factors and five factors were connected to a more comprehensive second-order factor; and (c) a bifactor model in which all items load on an overall factor and all five dimensions load on the relevant items. To evaluate the goodness-of-fit indices of these models, $\chi^2/SD \leq 5$, acceptable fit ≥ .90, and perfect fit ≥ .95 for GFI, CFI, and incremental fit index (IFI), respectively, and acceptable fit ≤ .08 and perfect fit ≤ .05 for SRMR and RMSEA, respectively, were taken into consideration (Kline, 2015).

In addition, factor invariance between children (ages 9–11) and adolescents (ages 12–18) participants was tested. In this context, structural invariance, metric invariance, and scalar invariance were evaluated, respectively. Structural invariance

involves testing whether the variance and covariance parameter estimates of the measurement model remain consistent across both age groups. The metric invariance model indicates that the factor loadings for both age groups are the same. The scale invariance model suggests that the means and factor loadings for the subgroups are the same. These measurements are successively nested and progressive (Vandenberg & Lance, 2000). As a result of his simulation research, Chen (2007) stated that for samples larger than 300, values of $-0.010 \leq \Delta CFI$ and $\Delta RMSEA \leq 0.015$ can be considered as cutoff points for the invariance decision and are supportive limits for the changes between each model.

To assess the validity of the OCI-CV-R (Abramovitch et al., 2022), correlations were examined between the OCI-CV-R and RCARDS, RTSQ, and CASI. For reliability analyses, internal consistency, split-half reliability and retest (1 month) analyses were conducted.

Results

Factor structure

The model fit of the OCI-CV-R to Turkish culture was examined with CFA. Within the scope of CFA, three different models regarding factor structures were tested. The goodness-of-fit indices for the related models are given in Table 3.

Five-factor model

The loadings for all standardized items in the five-factor model ranged from .49 to .80 and were found to be higher than the minimum threshold of .30 recommended in prior research to identify the trait being measured (Kline, 2015). In addition, the correlation values for each factor vary between .42 and .87 (Figure 1).

Second-order factor model

The standardized item loadings for the model ranged between .50 and .79, with the minimum level being higher than (>.30)

Table 3. **Model goodness-of-fit values**

Model	χ^2/SD	RMSEA	SRMR	CFI	GFI	IFI
Five-factor model (Figure 1)	3.95	.073	0.05	0.95	0.95	0.93
Second-order factor model (Figure 2)	4.71	.080	0.06	0.95	0.90	0.95
Bifactor model	6.08	.071	0.04	0.96	0.96	0.94

Note. RMSEA = root-mean-square error of approximation; SRMR = standardized root-mean square residual; CFI = comparative fit index; GFI = goodness of fit index; IFI = incremental fit index.

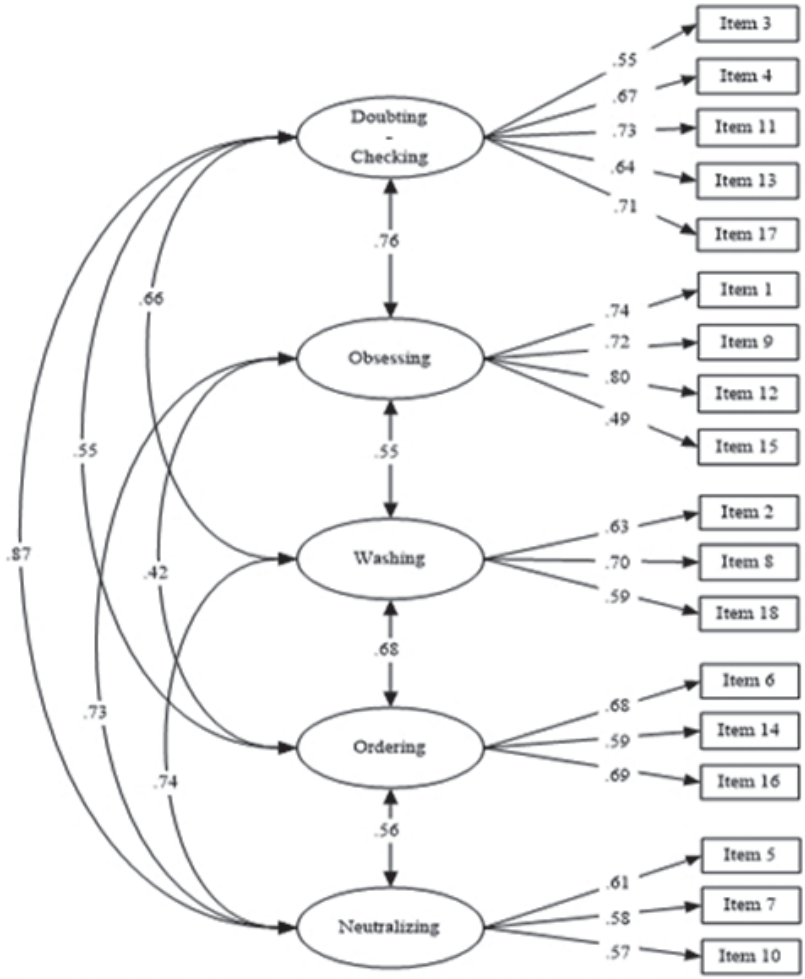

Figure 1. Standardized factor loadings and correlations of the five-factor model.

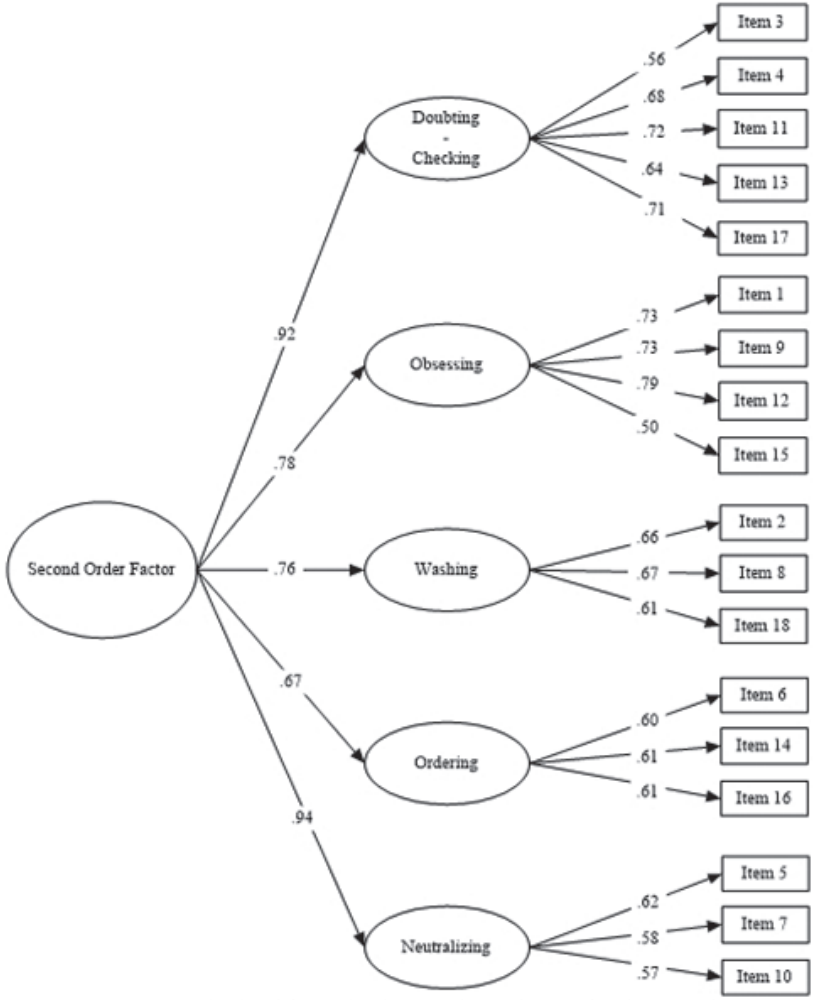

Figure 2. Standardized factor loadings and correlations for the second-order factor model (N = 1,062).

in the second-order CFA. The correlation values between the second-order factor and the other factors were high, ranging from .67 to .94. The highest correlation was observed with the neutralizing dimension (Figure 2).

Table 4. **Results and correlations of measurement invariance in intergroup comparisons**

Invariance Model	χ^2	*df*	RMSEA	CFI	Comparison Model	ΔRMSEA	ΔCFI
Configural	766.79	250	.079	.094			
Metric	805.02	268	.076	.094	Metric-Configural	–0.003	.000
Scalar	825.30	286	.072	.092	Scalar-Metric	–0.004	.002

Note. χ^2 = chi-square test; *df* = degrees of freedom; RMSEA = root-mean-square error of approximation; CFI = comparative fit index; ΔRMSEA = change of RMSEA; ΔCFI = change of CFI.

Bifactor model

The CFA results for the bifactor model demonstrated that the items had low factor loadings compared to the other model results, and some items had low standardized factor loadings (<.30) on the corresponding factors. It was also observed that the model goodness-of-fit indices were not within the desired limits (χ^2/SD > 5 [6.08]).

Considering the CFA results regarding the factor structures, the standardized factor loadings and correlations and model goodness-of-fit indices of the five-factor model showed the best results compared to the other models.

Measurement invariance

Measurement invariance, an important assumption in studies conducted to compare different subsamples (Cheung & Rensvold, 2002), is the condition that the linear relationships between latent variables are the same in different groups. This analysis provides information about the differences in latent variables between groups. In this study, the configural invariance model has acceptable fit values with ΔRMSEA = 0.079 and CFI = 0.94. The metric invariance model had better fit values than the configural model, while the scalar invariance model demonstrated the best fit values. In this context, the rule of measurement invariance between the two age groups, younger (ages < 12) and older (ages ≥ 12), was satisfied (Table 4).

Table 5. **OCI-CV-R scores across age groups**

	Younger (ages < 12)	Older (ages ≥ 12)			
OCI-CV-R Scores	*M* (*SD*)	*M* (*SD*)	*t*	*p*	Cohen's *d*
Total score	39.84 (12.78)	42.33 (14.35)	6.72	< .01	0.43
Doubting-Checking	11.83 (4.51)	12.40 (4.98)	4.54	< .01	0.32
Obsessing	8.56 (3.81)	10.49 (4.39)	5.61	< .01	0.39
Washing	6.26 (2.99)	6.88 (3.51)	3.25	< .01	0.29
Ordering	7.28 (3.17)	7.95 (3.64)	3.66	< .01	0.33
Neutralizing	5.09 (2.21)	5.78 (2.79)	3.37	< .01	0.31

Note. OCI-CV-R = Obsessive-Compulsive Inventory-Child Version-Revised; *M* = mean; *SD* = standard deviation; Cohen's *d* = effect size.

Factor mean differences

In the measurement invariance analysis results, factor mean differences between the two groups (younger and older) were compared by taking scalar invariance support into account. For comparison analyses, independent samples *t*-test and effect size (Cohen's *d*) calculations were performed. As a result of the analyses, the older group (ages ≥ 12) had significantly higher scores on doubting/checking (Cohen's $d = 0.32$, $p = .005$), obsessing (Cohen's $d = 0.39$, $p = .001$), washing (Cohen's $d = 0.29$, $p = .006$), ordering (Cohen's $d = 0.33$, $p = .004$), neutralizing (Cohen's $d = 0.31$, $p = .004$), and total score (Cohen's $d = 0.43$, $p = .001$) than the younger group. Results are presented in Table 5.

Reliability

Internal consistency (α), McDonald's Omega (ω) internal consistency, two-half reliability, and test–retest (1 month) analyses were conducted to determine the reliability of the OCI-CV-R form. The findings are presented in Table 6.

The internal consistency (α and ω) of the OCI-CV-R total score was .88, the two-half reliability was .87, and the test–retest analysis result was .84. The results of the analysis show that the reliability of the scale is good for all three tests.

Table 6. **Findings regarding the reliability of the OCI-CV-R**

Factor dimensions	α	ω	Two-half reliability	Test-retest
Doubting-Checking	.79	.79	.76	.75
Obsessing	.76	.78	.73	.79
Washing	.73	.72	.70	.76
Ordering	.71	.70	.71	.72
Neutralizing	.71	.71	.74	.70
Total Score	.88	.88	.87	.84

Note. OCI-CV-R = Obsessive-Compulsive Inventory-Child Version-Revised.

Convergent and discriminant validity

The correlations between the OCI-CV-R and the RCARDS, RTSQ, and CASI scales were calculated to determine the validity of OCI-CV-R, and the results are presented in Table 7.

As can be seen in Table 7, OCI-CV-R was found to have strong positive and significant relationships with the RTSQ, demonstrating adequate convergent validity. The magnitude of the correlations between the OCI-CV-R and the RCARDS and CASI was found to be strong as well. Similar results were found between the OCI-CV (Foa et al., 2002) and the original English version of the OCI-CV-R (Abramovitch et al., 2022).

Discussion

Given the advancements in the diagnosis and treatment of OCD, along with ongoing discussions on diagnostic criteria (Abramowitz & Jacoby, 2014; Mataix-Cols et al., 2010; Pertusa, Frost, & Mataix-Cols, 2010), it is important to assess the psychometric properties of the OCI-CV (Foa et al., 2010). This scale is frequently utilized for detecting OCD symptoms in children and adolescents. In light of changes to the diagnostic criteria for OCD, including the emergence of hoarding as a separate disorder in *DSM-5* (APA, 2013), the present analyses were undertaken with hoarding items removed from the Turkish version of the OCI-CV. In addition to the conceptual justification, prior findings showed

Table 7. **Correlations between the OCI-CV-R, RTSQ, RCARDS, and CASI among youth with OCD**

Measures	1	2	3	4
OCI-CV-R	—			
RTSQ	.65**	—		
RCARDS	.73**	.73**	—	
CASI	.64**	.68**	.63**	—

Note. OCD-CV-R = Obsessive Compulsive Inventory-Child Version-Revised total score; RTSQ = Ruminative Thought Style Questionnaire; RCARDS = Revised Child Anxiety and Depression Scale; CASI = Child Anxiety Sensitivity Index. $^{**}p < .01$.

the hoarding subdimension with the weakest correlation compared to other symptoms (Cervin et al., 2020), and evidence from phenomenological, neurobiological and treatment studies indicated that hoarding was distinct from other symptoms of OCD (Pertusa, Frost, Fullana, et al., 2010; Rachman et al., 2009).

Abramovitch et al. (2022) reevaluated the OCI-CV's psychometric properties by excluding hoarding items and concluded that the revised version (OCI-CV-R) is suitable for detecting OCD symptoms. Given that the Turkish version of the scale (Seçer, 2014) still includes hoarding items, our study aimed to assess the psychometric properties of OCI-CV-R (Abramovitch et al., 2022) in the Turkish context. The study found that OCI-CV-R exhibited a good model fit within the Turkish sample. In addition, we explored measurement invariance between two age groups (ages < 12 and ages ≥ 12), which indicated that similar to the original English version of the OCI-CV-R, the measure is equally reliable for assessing OCD symptoms in children and adolescents in Turkey. Notably, similar to the original English version, adolescents scored higher on several subscales (doubting/checking, obsessing, washing, ordering, neutralizing, and total scores).

Examination of the measure's convergent validity, the correlations between the subscale scores, and total scores of the OCV-CV-R and the subscales of the RTSQ were examined and showed support for convergent validity. The magnitude of correlations between subscales of the OCI-CV-R and those of

the RCARDS and CASI provides limited support for discriminant validity. This is in line with the original report of the scale (Abramovitch et al., 2022) as well as with other measures of OCD symptom severity (i.e., Foa et al., 2002).

Internal consistency and test–retest (1 month) methods were used to determine the reliability of the scale. The measure was found to be reliable with all coefficients larger than 0.70, as suggested by Nunnally and Bernstein (1994) for the subscale scores and total score. Consistent with previous studies (Foa et al., 2010; Pozza et al., 2017; Rosa Alcazar et al., 2014), the results demonstrated that the OCI-CV-R has good internal consistency and test–retest reliability in Turkish culture.

In the context of demonstrating that the OCI-CV-R is suitable for use in the assessment and detection of OCD symptoms in Turkish children and adolescents, this study does have some limitations. One is that the validity and reliability study of the scale was conducted with a nonclinical sample. With this in mind, it would be appropriate to replicate this study with a clinical sample. On the other hand, it is noteworthy that Abramovitch et al. (2023) found that OCD symptoms observed in nonclinical student groups produced a profile similar to that of the clinical OCD population when appropriate screening methods were used in their study, and in this context, it was emphasized that researchers who do not have access to clinical samples can be supported to improve research in the field of OCD. Because the study was conducted with a nonclinical sample, a cutoff score for the clinical diagnosis limit could not be determined. Considering the cultural differences, it is recommended that the study be replicated with a clinical sample to determine a specific cutoff score for a diagnosis of OCD in a Turkish sample. Another limitation is that only self-reported results were used in assessing the severity of OCD symptoms without techniques such as interviews.

Implications for practice

OCD is a prevalent disorder that affects both adults and youths, but individuals with OCD suffer from a meaningful delay between the onset of symptoms and receiving diagnosis and treatment (da Conceição Costa et al., 2022; Hezel et al., 2022),

which necessitates the dissemination of psychometrically valid self-report measures assessing OCD symptom severity. The development of the OCI-CV-R is anchored in the contemporary understanding of OCD where hoarding is no longer part of the disorder. Therefore, using the OCI-CV-R would provide more accurate assessment of OCD symptom severity in youth, which may be utilized for initial screening and for tracking treatment progress. Therefore, it is important to develop psychometrically valid translations of this measure to enable practitioners in different countries to utilize this more syndromally accurate measure.

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Data availability. The data sets analyzed during the current study are available from the corresponding authors on reasonable request.

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