



Translating and “normalising” CORE system CORE System Trust (CST) position statement

**If you want to translate any CORE measures into another language:
translate this document into the target language and read it carefully
contact Professor Evans by Email (see below) after doing that and agree the procedure for the
translation. If you don't have the resources to do this alone, please say that and register your
interest in helping.**

Basics

The trustees of CORE System Trust are the copyright holders on the CORE system measures. However, as the CORE instruments are copyleft, i.e. we do not charge for reproducing them on paper (see <http://www.coreims.co.uk/copyright.pdf>) CST does not have great wealth to support translations. Interestingly, companies that charge for measures rarely support translations and frequently charge, e.g. \$2,500, for the privilege of doing and translation and then often charge more for a translated copy than the original. We are very keen that the measures be made available for appropriate use in as many languages and settings as possible, provided that dangers of poor translations and misuse are prevented. At the end of 2011 we are reaching 30 translations of CORE measures completed.

A good translation need not show exactly the same parameters, e.g. of reliability, as the English version provided it is not grossly unreliable and that it fits the target language, culture and service setting.

In the past bad translations of measures arose through too much reliance on the translation/back-translation method. That method can produce a literal translation which is not a reflection of the design of the measure. We have set requirements for translations (below) which are congruent with the ISPOR guidelines (Wild et al., 2005).

Translations must capture the “heart” of CORE: that it should be acceptable to a very heterogeneous group of patients/clients (severely ill, suicidal, depressed, upset, anxious, etc.) and make them feel someone will look at the questionnaire and understand something of how they feel.

Translating the measures for reproduction without explicit permission from the copyright holders, CST, is a breach of copyright and could lead to legal action by us

Professor Chris Evans (chris@psyctc.org, (cc to chris.evans@nottshc.nhs.uk); tel.: [+44|0] 7768 640 675; 'fax: [+44|0] 709 230 7650) is the contact trustee for all issues concerning translation and normalisation for other contexts and will attempt to respond to all requests for permission to translate the measure within a week.

Translation

Translation can be done in a matter of months if funded, where it is completely impossible to fund a translation, translations can still be done but will take longer and have to take lower priority than ones that are funded. Our requirements of all translations are:

- A. There must be one person who is willing to take the lead for the translation process who will liaise with Prof. Evans. That person must be a native speaker of the target language and sufficiently fluent in English to handle the liaison communication. Ideally that person should be interested in taking forward the process of supporting and encouraging use of the translation where the language is used. Where there may be a commercially sustainable prospect of taking up the CORE-Net system (see www.coreims.co.uk) in the target language, Prof. Evans will put that person in touch with CORE-IMS so they can explore that in parallel with getting a good translation of the instruments.
- B. That person MUST liaise with Prof. Evans and agree a written (Emailed) plan for the particular translation before ANY work starts.
- C. That at least five, preferably more, 8-13, forward translations are made from the English original by people who speak good English but who have the target language as their first or equal first language.
- D. At least one of these forward translations is by:
 - A mental health professional
 - A professionally qualified interpreter or translator
 - and at least two by lay people.

- E. All forward translations, and as many as possible of the people who did them, MUST be brought together with someone approved by the CORE System Trust who has English as his or her first language and who is extremely familiar with the design of the CORE-OM. This is usually but not necessarily Prof. Evans. Any process that has not involved a member of the CORE System Trust in this way, is not an approvable process and risks wasting time and resulting in a translation that is unusable and a copyright violation.
- F. As long as one person in the room can speak English, the others do not need to. That group reviews differences between the forward translations and chooses a preferred version. The group uses the English speaker(s) to ask any questions about the meaning of the original English and about nuances of English usage in the UK, or to discuss choices between alternatives where it is clear no exact equivalent word or phrase exists in the target language.
- G. The resulting translation is given to a few professionals, ideally of different backgrounds and to a small but diverse group of non-professionals of different ages who are asked to complete the measure either for themselves or for someone, a film character if they like, (this allows confidentiality) but who are, much more importantly, asked about any difficulties they had with the language. Where a country has major locality differences (e.g. north versus south) or ethnic/cultural subgroup differences, every effort should be made to check across these.
- H. Either after (E), or in parallel with it, a back-translation is done blind to the original and the earlier forward translations.
- I. All the information from (C) and (F) is combined to agree a final version. This can usually be done by a telephone call and a confirmation Email with Prof. Evans.
- J. The version will be used to produce a PDF for each of the CORE-OM, CORE-SF1/2, GP-CORE, CORE-10, and CORE-5. These are checked by Emails between the lead for the translation and Prof. Evans. Checks are to ensure accuracy of translation is maintained and to ensure that no accents have been lost or layout changed in the transition to PDF format.
- K. The YP-CORE, a 10 item derivative measure designed for use with people between the ages of 10 and 18 can be translated at the same time. See below for specific guidance on that.
- L. Where the assessment (CORE-TAF) and end of therapy (CORE-EoT) forms that are completed by the practitioner/therapist are required, these can be translated easily with one translator. Some categories such as previous service use and ethnicity may need adapting to fit the target locality. This can be agreed with Prof. Evans by telephone calls and Emails.
- M. Everyone involved in the translations must give agreement in writing placing the copyright of the translated version with CORE System Trust on the understanding that it will be made available for reproduction on paper without any charge though it may not be incorporated into a software program without a licence, as is true for the English originals. Acknowledgement to the translators will be agreed before the PDFs are mounted on the internet. See agreement forms on p. 5 and p. 6 below.

Costing

The costs are to pay the professional interpreter/translator for the forward translation and for the reverse translation if that is done by a professional, similarly, some other forward translators will need to be paid either their commercial rate for the time involved including the time in the focus group, others may not want a commercial rate of pay as the eventual translation will be made available for free but may need support for travel costs or feel rewarded by an honorarium. Two other costs are: (1) to enable the CST representative to be able to come to the focus group including (not luxurious!) travel & accommodation and; (2) £300 to cover the costs of making up the PDFs.

Determining psychometric properties of the translation and “normalisation”

Once the translation has been completed as above, the measure may be used and distributed. However, the psychometric properties and distributions, non-clinical and clinical, differ between different translations and locations. Translations done to the above criteria should be safe for pilot use while doing the further evaluation processes which are as follows.

1. The CORE-OM (and shorter versions if these are to be widely used as well) should be used by at least 100 people representative of the target population and item data checked for good internal reliability and exploratory factor analysis of the data. This forms a basic check on reliability and provides the “reliable change” criterion (Jacobson and Truax 1991; Evans, Margison et al. 1998). This can be subsumed within (3) and (4) below or run as an initial check, and (3) and (4) only done if this initial reliability check suggests it is appropriate to continue.
2. Ideally at least 40 people should take part in a test-retest reliability check with a test-retest interval in the range 1 week to 1 month. There are advantages in having more than two repeats and if people moderately fluent in English and the target language can be found, translation stability across change of language can be checked.
3. At least 200 people representing the clinical population served should complete the CORE-OM prior to interventions.
4. At least 200 people representative of the comparable general population should complete the CORE-OM. These two samples allow estimation of the “clinically significant change” criterion for the service setting (Jacobson and Truax 1991; Evans, Margison et al. 1998).

Logistics and final copyright ownership

We conduct all data analyses and return results within a month of receipt of item data (subject to agreement on data entry quality and sampling frame). Alternatively, and for a charge, we can do the data entry, but that will slow the return of results.

We would expect the translation and normalisation to be published either in peer-reviewed academic journal articles or in CST publications. Such publications would have the local person as lead author generally and a CST member who had conducted the analyses as a later author subject to journal requirements on authorship. Subject to restrictions on multiple publication, local publication in the target language is encouraged.

As noted in (I) above, the copyright of the final translated versions must be transferred to CST with appropriate copyright assignment signed by all translators and staff involved in the translation and data collection. Credit to local collaborators will be given in all publication. CST's usual "copyleft" copyright restrictions will apply to the translations and results so that those who work with us on the translations can use the measures freely and publish on them after the initial collaborative work.

Currently CORE Information Management Systems (CIMS, www.coreims.co.uk) are the only company with a license to reproduce the CORE instruments in a computer program. We may be able, subject to resources and the agreement of CIMS, to work with local collaborators to produce translations of CORE-Net, a web based system for data entry, analysis and service/therapy management or a simpler web based data entry and analysis system. Writing similar software other than with the approval of CIMS would be copyright violation and actively prosecuted by CST and CIMS jointly.

We would strongly encourage collaborators to set up Practice Research Networks (Audin, Mellor-Clark et al. 1999) locally to support use of the measures and would be happy, subject to our resources, to provide input to such a network. We are currently exploring with CIMS how best to support such networks outside the UK.

References

- Jacobson, N.S. and P. Truax (1991). "Clinical significance: a statistical approach to defining meaningful change in psychotherapy research." *Journal of Consulting and Clinical Psychology* **59**(1): 12-19.
- Evans, C., B. Dolan and A. Toriola (1997). "Detection of intra- and cross-cultural non-equivalence by simple methods in cross-cultural research: evidence from a study of eating attitudes in Nigeria and Britain." *Eating and Weight Disorders* **2**: 67-78.
- Evans, C., F. Margison and M. Barkham (1998). "The contribution of reliable and clinically significant change methods to evidence-based mental health." *Evidence Based Mental Health* **1**(3): 70-72.
- Wild, D., Grove, A., Martin, M., Eremenco, S., McElroy, S., Verjee-Lorenz, A., & Erikson, P. (2005). "Principles of good practice for the translation and cultural adaptation process for Patient-Reported Outcomes (PRO) measures: report of the ISPOR task force for translation and cultural adaptation." *Value in Health*, **8**: 94-104.
- Audin, K., J. Mellor-Clark, M. Barkham, F. Margison, G. McGrath, S. Lewis, L. Cann, J. Duffy and G. Parry (1999). "Practice research networks for effective psychological therapies." *Journal of Mental Health* **10**(3): 241-251.

Agreement to lead or help the translation of CORE instruments

I wish to lead or help with [*delete which does not apply*] translation of the following:

[*please tick which you are willing and feel able to lead with or help with*]

Instrument	tick
CORE-OM and its derived shortened self-report measures	
YP-CORE, 10 item measure for young people aged 13-16	
CORE-LD, measure related to the CORE-OM for adults with mild to moderate learning difficulties	
CORE-TAF & CORE-EoT, therapist completed assessment forms for beginning and end of therapy	
CORE-Net, web based computer support system for CORE (and other) measures and for service management	

Into

I understand the process of translation that is detailed in the rest of this document and agree to this process.

Signed:

Date:

Contact details:

Email addresses:

Phone numbers:

Skype ID (recommended):

Address:

.....

.....

.....

.....

Any other contact details or information relevant ...

Assigning copyright on translation of CORE instruments

I have helped with the translation of (tick which applies):

Instrument	tick
CORE-OM and its derived shortened self-report measures	
YP-CORE, 10 item measure for young people aged 13-16	
CORE-LD, measure related to the CORE-OM for adults with mild to moderate learning difficulties	
CORE-TAF & CORE-EoT, therapist completed assessment forms for beginning and end of therapy	
CORE-Net, web based computer support system for CORE (and other) measures and for service management	

into

This is to confirm that I transfer all claims on copyright ownership of the translation to the CORE System Trust on the condition that they ensure that reproduction of the instrument on paper is free, i.e. that anyone can print or photocopy the translation without any charge, and that they ensure it remains free indefinitely.

Signed:
 Date:

Please tick one of the following and provide any contact details you want to appear on the web page about the translation.

	Tick
I do not wish that my name be noted in the acknowledgements of all the help that made this translation possible.	
I wish that my contribution be noted with my name and [optional] the following contact details in the web source for the translation: 	

Translating YP-CORE (Young Persons' CORE)

YP-CORE is a ten item measure partly derived from the CORE-OM and an earlier pilot measure: "teen-CORE". It consists of 10 items, three are identical to items in the CORE-OM and some are very close to CORE-OM items but slightly simplified in wording, see box below. The frequency anchors for the scoring are exactly the same as for the CORE-OM and the time frame: "over the last week" is exactly the same. The YP-CORE is tested in the UK on ages 11 to 16 and is probably fine for use between the ages of 10 and 18 (though between 16 and 18 it may be as good to use the full CORE-OM). YP-CORE will be a component within the CORE-Net software shortly and peer-reviewed papers are submitted about it and it is now ideal if it can be translated at the same time as the CORE-OM when new translations are done.

YP-CORE items

1. I've felt edgy or nervous
2. I haven't felt like talking to anyone
3. I've felt able to cope when things go wrong
4. I've thought of hurting myself
5. There's been someone I felt able to ask for help
6. My thoughts and feelings distressed me
7. My problems have felt too much for me
8. It's been hard to go to sleep or stay asleep
9. I've felt unhappy
10. I've done all the things I wanted to

Where possible the YP-CORE should be translated at the same time as the CORE-OM. The same methodology of multiple independent forward translations, a review group, final field testing and back-translation is used as for the CORE-OM but doing this at the same time as the CORE-OM makes things simpler and more efficient. The required steps are as follows.

- 1) The process have a clear leader who may or may not be the same person as for the CORE-OM but should be someone who with involvement with children and/or adolescents.
- 2) At least one, preferably two, people who were in the review group for the translation of the CORE-OM should be involved, contributing forward translations and part of the review group.
- 3) There should be at least four forward translations by young people in the age range 11 to 16.
- 4) At least three forward translations, preferably more, should be by young people in the age range 11 to 16. It is recognised that in some countries it may be difficult or impossible to find young people with the necessary competence and confidence to do a fully independent translation into English at the lower end of that age range. If so, the next best option is for a younger person to work with an adult or older young person giving their view on options offered by the other.
- 5) All translators must provide written confirmation that they understand that the copyright of the final translation will be held by CORE System Trust and not themselves but that CORE System Trust will credit them for the work (if they want this) and will always make the translation available for anyone to reproduce on paper free of charge provided only that it is not changed in any way. (I.e. our standard licence terms for all CORE instruments.)
- 6)
- 7) A group of at least five people including the lead, at least one person from the review group that did the translation of the CORE-OM and at least three younger people should review all the forward translations together with the same representative from CST as for

the CORE-OM present. The agreed translation of the CORE-OM should be available to them to check. The process of the group is as for the CORE-OM group (see above) but every attempt should be made to prioritise the views of the younger people to ensure that the final language of the translation is tuned to their age group.

- 8) After that group work, the agreed measure should be given by members of the translation team to some people in the age range 11 to 16 who should be asked *not* to complete it as themselves but to talk through how they think someone they know who has perhaps had psychological difficulties might feel as that person would read it and try to complete it. Ideally a few young people who have had psychological problems or been in family therapy that may have been for another “identified patient” should be involved at this stage. All should be asked:
 - a. Is this clear?
 - b. Is any of it not very clear or odd?
 - c. Could it be improved in wording?
- 9) Either at the same time as this “talk aloud” checking or after, a back-translation by an independent person should be obtained.
- 10) Finally, but not a requirement of the translation being approved, it is strongly recommended that at least the following psychometric checks are conducted:
 - a. test-retest reliability check in a non-clinical sample ideally with a good number of participants spread across the age range 11-16
 - b. internal consistency is checked in samples of at least 40 in age groups 11-12, 13-14, 15-16
 - c. referential data are obtained or a process starting to accumulate them started for those age groups for both clinical and non-clinical populations.