

Translation Protocol for SCORE-15 March 2024

The SCORE-15 is a self-report questionnaire which is in stage 2 of its development. The development team is enthusiastic about encouraging translations into other languages. It has developed a protocol for translation which should maximise the possibility of developing versions which demonstrate clinical sensitivity. Following translation is undertaken to see if the different language versions remain sensitive to the aspects of family processes and relationships that had been found to be most important during the English language Phase 1 of the SCORE project.

Effectiveness of SCORE in other cultures will not best be achieved by linguistically accurate translations, but by rewording of each item in that language, in a way that is sensitive to the values and definitions of close relationships in that society.

Although we are privileging culturally sensitive adaptation above linguistically accurate translation, we do want to research the extent to which the SCORE-15 is functional as a measure of therapeutic change in different societies. This means that we will stay close to the meanings and intentions of the existing 15 items.

Undoubtedly, cases will arise in which there are aspects of family life that are more important than certain SCORE items for that society. But these will have to be noted for possible incorporation into a subsequent version.

At present, the power and value of this research is in being able to compare versions of SCORE-15 across different societies.

Steps for undertaking the translation:

1. Contact the Score translation subgroup through Peter Stratton (p.m.stratton@ntlworld.com) to indicate your intention to translate Score-15. There is no value at this point of different translations in the same language; it may be possible to pool resources if more than one group wishes to undertake a translation. All translations that are in progress will be listed on the website so please check this list before starting on the work.
2. Draw up a local protocol and plan for translation, to show how you will meet the guidelines in your local situation.
3. Commission 5 translations from the English version by fluent English speakers who have the target language as their first language (or one of their first languages). These 5 should include:
 - a. at least one professional with systemic training
 - b. at least one lay person
 - c. someone who has significant experience of translation.
4. Hold a meeting with as many translators as possible to talk through the versions and discuss and resolve differences.
5. Organise 2 back translations by a mental health professional and a lay person who have not seen the original translation.
6. The local SCORE research group decides on the final version.
7. The final non-clinical version is administered on a test, retest basis (at interval of 2-4 weeks) to 20 non clinical family members. The sample should consist of one

representative from each family and across the 20 people, have approximately the same demographics (age, gender, ethnicity if relevant) as the clinical sample. This is to test for reliability and for users to point out any difficulties with the wording of the items. Moreover, this group can form part of the comparison sample of non-clinical families described below.

8. The final version should be sent to the Score translation team for incorporation in the data base of translated versions.

Please keep a detailed record of the experiences and any difficulties in your translation process. At the end we will need to report on the translations, and a comparison of the experiences of different countries will be an interesting study, so please tell us about your experiences.

Please note that this translated version cannot be recommended as a valid measure until it has been administered to a minimum 80 clinical and 40 non-clinical families with similar demographics and is shown to differentiate between them. Our full requirement has been 200 clinical and 80 non-clinical in order to fully replicate the dimensional structure etc. At this stage every fully tested translation has met the criteria and so we are allowing the smaller samples where necessary, especially in countries with limited provision of systemic couple and family therapy.

Colleagues who are undertaking translations should do so in collaboration with Peter Stratton.

Please address communications to: p.m.stratton@ntlworld.com

We look forward to hearing from you.

Best wishes

Peter Stratton

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