

Structured Clinical Interview for DSM-IV (SCID): Persian Translation and Cultural Adaptation

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Objective: To translate the Structured Clinical Interview for DSM-IV axis I disorders (SCID-I) into Persian (Farsi) and to adapt this instrument for the Iranian culture.

Method: The SCID was translated into Persian using an elaborate procedure to achieve a satisfactory cross-cultural equivalent. This included forward translation by bilingual (English/Persian) translators, discussion and revision of the translation in an expert panel of bilingual mental health professionals, pilot assessment on a small sample of Persian-speaking patients, back-translation into English and comparison with the original SCID. In addition, understandability and acceptability of the translated items were assessed in 299 patients in three psychiatric hospitals in Tehran, Iran.

Results: Some adaptations were made to bring about cross-cultural comparability, especially with regard to conceptual differences which led to difficulties in transferring some psychiatric concepts from English to Persian. The SCID questions were generally understandable and acceptable for the Iranian patients.

Conclusion: The SCID was translated into Persian in a multi-stage process to ensure a satisfactory cross-cultural equivalent.

Key words:

Culture, Diagnostic and Statistical Manuals of Mental Disorders, Interview, Iran, Translations

The Structured Clinical Interview for DSM-IV (SCID) was developed in an attempt to objectify the data obtained in clinical interviews without losing valuable information (1). This is a widely used semi-structured interview for the classification of DSM-IV disorders and can be administered by a clinician or a trained mental health professional. Previous studies have shown that it yields highly reliable diagnoses for most psychiatric disorders; for a review see: (2).

SCID-I is developed for use in the assessment of major axis I disorders. Its Clinician Version is intended to

introduce the benefits of structured interviewing into clinical settings (3). The Clinician Version is also quite appropriate for use in a research setting, depending upon the needs of the investigator. The administration of this version is usually done in a single session and takes about 45 to 90 minutes (4). SCID-I has been translated into several other languages (for an example see: (5)). However, the simple translation and use of an instrument in a target culture is not a recommended strategy and may not give rise to valid results. It has been suggested that the translation should follow a

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more meticulous process so that cross-cultural issues are addressed adequately. Given the lack of translation of the SCID in Iran, we translated the SCID-I (Clinician Version) into Persian (Farsi) using an elaborate cross-cultural methodology. We also assessed its reliability and validity through a multi-center study in a clinical population in Iran. In this paper, we report the procedures undertaken for translation and cross-cultural adaptation of the instrument.

Materials and Method

The following steps were undertaken for translation and cross-cultural adaptation of the SCID:

- 1) The original English version of the SCID was translated into Persian by two bilingual (English/Persian) translators who reached consensus on the translation of each item.
- 2) An expert panel of bilingual mental health professionals was organized. The panel consisted of seven psychiatrists, a clinical psychologist, and the two translators. In this panel, each translated item was evaluated and compared with the original one. After discussions in the panel, necessary revisions were made until agreement was reached on the cross-cultural equivalent of the translation.
- 3) The SCID was then administered on a small sample of Persian-speaking patients (N=6) in the presence of the members of the panel. The diagnoses of these patients included bipolar disorder, schizophrenia, major depression and post-traumatic stress disorder. Ambiguities and obscurities were discussed in the expert panel and necessary revisions were made.
- 4) Finally, the Persian version was back-translated into English by an independent translator who was blind to the original English version. The back-translated text was compared with the original SCID to identify the discrepancies and errors. Subsequently, these incongruities were discussed in the expert panel and further modifications were made in the translated version. The above-mentioned procedures were repeated to ensure a satisfactory equivalent of the translated version with the original one.

The understandability and acceptability of the Persian version were assessed in a sample of psychiatric patients who participated in the study of the reliability and validity of the instrument. The details of that study are presented elsewhere (6). In brief, the sample consisted of 299 subjects consecutively admitted to outpatient or inpatient services in three hospitals in Tehran, Iran (i.e. Roozbeh, Imam Hossein and Iran hospitals). All of the patients had to be able to speak in Persian and in the age range of 18-65; they gave informed consent to participate in the study. Exclusion criteria included having a severe disorder either in terms of behavior, communication or language that made the interview almost impossible.

A questionnaire was developed to assess the understandability and acceptability of the translation. Patients completed the questionnaire after the SCID administration.

The SCID was administered by 15 interviewers including 10 psychiatric residents, three clinical psychologists and two general practitioners; they were all trained to administer the instrument.

Results

The SCID was translated into Persian in full compliance with the procedure mentioned above. Below are examples of the problems that we encountered in the translation and the decisions that we made:

- 1) Literal translation of "feeling guilty" ascribes to religious guilt in the Iranian culture while "feeling guilty" is not confined to religious contexts (7). Thus, the Persian equivalents of "feeling guilty, remorseful or blameworthy" were substituted.
- 2) There is no proper equivalent for the term "panic" in Persian. Therefore, the expert panel decided to translate the "panic attacks" to "anxiety attack" which is a more understandable term to the subjects.
- 3) A question in the SCID asks about somatic delusions by referring to the appearance or change in "a part or parts of the body." "Body" is literally translated to "*badan*" in Persian which may not include face or head in colloquial language. So, this was translated to "*sar va badan*" which are equal to "head and body."
- 4) In a question regarding disability in recreational activities, the example for the activity was gardening in the original version. Considering the fact that gardening is not a common recreational activity in Iran, the example was substituted with "going to a park".
- 5) In the Iranian culture, there is no one-to-one translation for "visions". Therefore, it was omitted and the next question about visual hallucinations was translated.
- 6) Participants had difficulties in understanding the concept of "period" ("*doreh*" in Persian). So, it was decided to use the equivalent phrase of "for a period of time" and to ask the interviewers to explain more about the precise meaning of the phrase, if necessary.
- 7) Unlike English, verbs in Persian are placed at the end of sentences. This grammatical difference created difficulties for the patients in understanding long, multi-phrased sentences. Some patients could not pursue and understand these sentences. Therefore, it was decided to break down long sentences into a few simple sentences.
- 8) There is no substitute for alcohol intoxication in Persian; therefore, it was translated to "drunkenness and its complications".
- 9) In the section for the assessment of posttraumatic stress disorder, a history of exposure to major disasters was asked. Noting the frequent occurrence of natural disasters such as earthquakes and floods in Iran, these examples were added in a parenthesis following the word "disasters".

Table 1. Understandability and acceptability of the Persian translation of the SCID in patients' perspective (n=299)

Questions	Response rate N (%) [†]	Strongly agree N (%) [†]	Moderately agree N (%) [†]	Neither agree nor disagree N (%) [†]	Moderately disagree N (%) [†]	Strongly disagree N (%) [†]
It was easy for me to answer the questions	250 (83.6%)	127 (42.5%)	83 (27.8%)	22 (7.4%)	8 (2.7%)	10 (3.3%)
I preferred not to answer some questions	250 (83.6%)	24 (8%)	33 (11%)	21 (11%)	23 (7.7%)	149 (49.8%)
Some questions made me upset	244 (81.6%)	23 (7.7%)	35 (11.7%)	24 (8%)	18 (8%)	144 (48.2%)
Understanding some questions was difficult for me	250 (83.6%)	26 (8.7%)	84 (28.1%)	30 (10%)	32 (10.7%)	78 (26.1%)
In general, the interview was ok	251 (83.9%)	161 (53.8%)	58 (19.4%)	20 (6.7%)	6 (2%)	6 (2%)

[†] Only valid percents are presented here

As shown in Table 1, most patients found the interview questions understandable and acceptable.

Discussion

Mental health tests are usually developed in one country but are used in other countries out of consideration for the cross-national and cross-cultural differences. Translation of an instrument from a language to another is a complex task. The aim of translation should be to maintain, as far as possible the semantic, the conceptual, and the technical equivalence between the versions of the instruments in the source and target languages (8).

We translated the SCID into Persian using an elaborate methodology. However, there were some conceptual differences that made the process of translation difficult. A few examples were provided in the results to illustrate such difficulties. However, most patients found the questions in the Persian version acceptable and understandable.

In conclusion, we believe that the SCID-I has been translated into Persian with an acceptable cross-cultural equivalence. We have shown elsewhere that the Persian version is also feasible to be administered and is reliable and valid in diagnosing major psychiatric disorders. Therefore, we think that the current version would help the Iranian clinicians and researchers in assessing patients with mental illnesses.

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