

# Implementing the TRAPD model for the Saudi adaptation of the World Mental Health Composite International Diagnostic Interview 3.0

## BACKGROUND & METHODS

- The main aim of this paper is to discuss the adaptation process of CIDI 3.0 for the SNMHS and its linguistic validation process.
- This paper elaborates on the steps undertaken to adapt CIDI 3.0 for the SNMHS and its linguistic validation process.
- The TRAPD model comprises of **translation, review, adjudication, pretesting and documentation.**

### 1 Translation

- REMOVED: pharmacoepidemiology, gambling and personality disorder screen.
- ADDED: religiosity, polygamy, dementia, disability, social satisfaction and attitude towards alcohol use.
- Sections that measure aspects of the respondents' lives that characterize the Saudi culture and that could play a role in the course of mental health disorders.
- RETAINED sections were given to two native Saudi translators.

### 2 Review

- Initial review by two bilingual psychiatrists.
- Final review by the first principal investigator.
- Team translation efforts made review and correction of the translation an intrinsic component of the adaptation process

### 3 Adjudication

- A meeting was carried out by: the first principal investigator, and expert panel of psychiatrists, survey methodology experts and the second principal investigator to review the original translation.
- Routine weekly meetings were held all year round.
- Included: collaborators from WMH Coordinating Centers at Harvard University and University of Michigan.
- After meetings, further modifications were made.

### 4 Pretesting

- The translated sections were pretested using 49 cognitive interviews.
- Different cognitive probes were used to elicit respondent feedback.
- A purposive sample of Saudis was selected to participate in these cognitive interviews:
  - Different age groups and educational background.
  - Participants with a history of mental disorders (49%)
  - Participants without such history (51%).
- The translation was revised as appropriate based on the findings of cognitive interviews.

### 5 Documentation

- All steps and stages of translation were documented from start to finish.
- HELPED the present adaptation in terms of attaining high quality standards.
- ALLOWED for easy comparison between the various versions produced for the translated sections.
- Final instrument included 40 sections of the original CIDI 3.0 with over 500 pages were translated to Modern Standard Arabic for the Saudi adaptation.

#### Pilot Study:

- Revised instrument re-tested on a group of volunteers recruited by convenience sampling on the hospital premises.
- The instrument was modified again after the pilot study.

#### Modifications Post-Pilot Study:

- REMOVAL of two sections in the instrument—neurasthenia and tobacco.
- SHORTENED average interview length of the instrument.
- LAUNCH of the adapted instrument for the main survey.

## DISCUSSION

- The whole translation process took a total of 1038 h.
- The adapted CIDI 3.0 has been linguistically validated with the Arabic-speaking Saudi population in KSA.
- The SNMHS was one of the pioneering surveys in Saudi Arabia to employ a meticulously systematic approach, which facilitated the successful translation and adaptation of a comprehensive instrument

#### Next steps:

- Psychometric validation may be useful for verifying the validity of the adapted instrument, as the survey did not undertake a calibration study.
  - Highly recommended, but not required.
- Investigating the effects of specific words/phrases used in the translated instrument among various Arab populations.
- Exploring the effects of implementation design features such as the mode used (e.g. CAPI vs. ACASI).

## CONCLUSION

The CIDI 3.0 translated in Modern Standard Arabic is potentially a valuable resource for researchers interested in examining mental health issues in the Arab states of the GCC.