

The Psychosocial Assessment Tool

GUIDELINES FOR TRANSLATING THE PAT:

The Psychosocial Assessment Tool (PAT) is currently available in English (with versions adapted for use in the USA, Canada, UK, Australia, New Zealand, and Singapore), Spanish, Dutch, Portuguese, Hebrew, Greek, Italian, Japanese, Chinese, and Polish. We welcome translation/adaptation of the measure into other languages for pediatric patients and their families. Individuals interested in translating the PAT should follow these guidelines.

The goal of translation is to adapt the measure in a manner that allows for the intended meaning of the original concepts and questions to be clearly communicated. An effective translation should strive for semantic equivalence (words and phrases express the same meaning in both languages) as well as conceptual equivalence (concepts remain the same across cultures/languages).

A common problem with translating psychological measures, such as the PAT, is that the translation can be too literal, i.e., translators can focus too much on translating the words and not their meaning. We also realize that some cultures differ in their willingness to share personal information, especially when asking about prior history of mental health problems, illness beliefs, or traumatic stress symptoms, fears, or worries. For this reason, it is important to involve a content expert who has developed similar types of psychological measures and who understands how to address psychosocial norms early in the review process.

The translation process should follow seven steps: (1) authorization, (2) translation, (3) synthesis, (4) back-translation, (5) committee review, (6) pre-testing, and (7) final approval. Each of these steps is described below.

Translation Process:

1. **AUTHORIZATION:** Please request authorization prior to beginning any translation activities. Send your translation request to: psychosocialassessmenttool@nemours.org. We will respond back to your request in writing within one week.
2. **TRANSLATION:** A forward translation from the original PAT should be completed by a bilingual translator who is not closely involved with the clinical or research team. If possible, it is better to have two translators working independently of one another. The goal is to produce a translated text that is accurate, grammatically correct, sensitive to regional variations, and at a basic adult reading level.
3. **SYNTHESIS:** The initial translation(s) should be reviewed by a bilingual, content expert with experience developing psychosocial measures or surveys. This individual should work with the original translator(s) to identify wording discrepancies, resolve contextual incongruities, and address issues of cultural norms, with the goal of synthesizing the initial translation(s) into a version that is the conceptual equivalent of the original PAT, and as semantically congruent as possible.

Note: Translators should keep detailed notes of the issues they encounter in the translation or synthesis process. Each change should be documented and each draft should be archived.

If there is a question regarding the intended meaning of any PAT item, please contact us for clarification.

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4. **BACK-TRANSLATION:** A back-translation should be completed by an independent bilingual translator, who is not closely involved with the clinical / research team, and who was not involved in the original (forward) translation.

Once the back-translation is complete, please email both the forward and back translation documents, along with a brief summary of the process by which the PAT was translated to psychosocialassessmenttool@nemours.org. We will review your translation documents and get back to you with any questions we have about your process or regarding specific wording.

5. **COMMITTEE REVIEW:** After the forward/back translation is approved by The Center for Healthcare Delivery Science (CHDS), please convene a mini-panel of medical / mental health professionals who work with families of children with cancer to review the final translation and to assure the readability and acceptability to the target population, as well as to get feedback on any issues around conceptual equivalence and cultural norms. This committee does not necessarily need to be bilingual.
6. **PRE-TESTING:** Convene a focus group of at least 5 monolingual parents of pediatric patients to pilot the translated measure. Conduct a brief interview with each to probe for alternate interpretations and possible meanings parents might attach to terms and concepts, especially those items that ask about behaviors, mental health issues, and illness beliefs. If possible, gather validation data on the translated measure.
7. **FINAL APPROVAL:** Please keep us informed of the process and your progress. You will need to send us a summary of your committee review and pre-testing comments **BEFORE** we provide final approval. Once we have granted final approval, we will send you an official translated copy of the PAT, with the words; “Translated with Approval from the Center for Healthcare Delivery Science.”

Other Information:

- We will keep track of all translation requests and will try to facilitate contact among colleagues if more than one team is interested in translating into the same language.
- Our team can be involved in the translation and validation process at whatever level is appropriate, e.g., reviewing a back-translation.
- Any publications that use a translated version should summarize the process by which it was translated/validated, and should reference the original measure appropriately.

Please note: **The Psychosocial Assessment Tool is a copyrighted instrument and may not be modified in any way without expressed written permission from the Center for Healthcare Delivery Science.**

For more information about translating the PAT, contact:

Psychosocialassessmenttool@nemours.org and one of our team members will respond promptly