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## **A journey to improve Arabic-speaking young peoples' access to psychological assessment tools: it's not just Google translate!**

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SY completed her postgraduate training in Psychological Counselling with a focus on CBT therapeutic interventions, she then completed a masters in Mental Health: Psychological Therapies which incorporated essential cultural awareness in psychotherapeutic practices, particularly during diagnoses and interventions. She has worked as a psychotherapist for the last ten years in an array of settings including primary NHS services, secondary referral services and a tertiary forensic setting. Currently, she is working with children and adolescents, as well as adults, as a school-based counsellor in London; where language and cultural, as well as religious, implications have become dominant in her therapeutic work.

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CE trained in Medicine then Psychiatry and then in individual dynamic, group analysis and systemic therapy before working as a consultant medical psychotherapist in community services in London, Nottingham and in Rampton high secure hospital. He stopped clinical work in 2016 and now works full time as a freelance researcher holding a visiting chair at the University of Sheffield. His

driving research interest has always been in how it is that we think we know what it is we think we know and much of his research work has been in psychometrics.

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### Abstract

One of the key challenges that counsellors and psychotherapists may now find themselves encountering is that of working with clients whose native language is not English. This is of particular importance when using psychological assessment tools published in English to ascertain difficulties in a clients' native language and utilising these tools to help in assessing the level of risk, whether this be done through an interpreter or a multi-lingual therapist delivering therapy in their native language.

This paper takes the reader through the process of translating the YP-CORE assessment tool from English (original version) to Arabic, it draws on the crucial personal involvements and experiences vital to good translation work and how a good translation must be informed by the challenges of delivering therapies in multicultural settings. The process illustrates some of the cultural (and possibly religious) influences that were at play during the translation process for the young people and their families. This article highlights the importance of cultural sensitivity and competence, as well as religious implications, that some individuals from an Arab or Muslim background might experience in relation to accessing counselling/psychotherapy or even just being seen to support such psychological services (as was the case for translating the YP-CORE).

The crucial outcome of successfully creating an Arabic version of YP-CORE, which is now published online and available for use by professionals, also brings

with it a cultural awareness of Arabic-speaking cultures and the possible implications of these when delivering counselling or psychotherapy and when constructing policies.

**Keywords:** Translation, assessment tool, Arabic /Arab, young people, counselling and psychotherapy approaches, cultural sensitivity/ cultural competence.

## **Introduction**

There is an increasing volume of literature about using self-report measures in therapies, about culture in counselling/psychotherapeutic settings and, linking the two, about translating measures and the psychometrics of measures across cultures and translations. However, in line with McLeod's 'creation of an administrative reality', that third body of literature treats translation as a largely abstracted process,- divorcing measures from the personal and interpersonal realities of using them (McLeod, 2001). There are papers, particularly McLeod's , that stretch that tradition (e.g. Rashidian & Yousefi-Nooraie, 2012; Sousa & Rojjanasrirat, 2011; Prakash, 2019) but we are aware of no papers that treat translation of a measure as a personal , embodied and culturally embedded procedure. Trying to plug that gap in the literature has led us to co-write a paper that deviates somewhat from the traditional abstracting conventions of the existing literature on measurement in therapies and stresses the qualitative and intrinsically subjective components of measure translation. We hope that the paper addresses three needs: (1) the specific provision of a usable translation of the YP-CORE into Arabic; explaining that such a translation is not an "administrative reality" or an impersonal, culture neutral measure like a weighing

scale, but (2) is always embedded in culture and inter-cultural tensions and (3) comes into existence through a complex personal and interpersonal process.

### **Authors' positions**

CE is an ageing, white British, middle class male who speaks English and bad French with over 30 years training and experience in medicine, psychiatry and medical psychotherapy and analytic/dynamic therapies, group analytic and family/systemic therapies. His research has been varied but the biggest product has been co-development of the CORE system (Barkham et al., 1998; [www.coresystemtrust.org.uk](http://www.coresystemtrust.org.uk); Evans et al., 2000; Evans et al., 2002; Evans, 2012). He has many traditionally quantitative psychometric papers but also a few (Blount et al., 2002; Kelly et al., 2012; Evans, 2012; Paz et al., 2020) challenging reifications of questionnaire data.

CE has co-led 44 translations of CORE self-report measures (e.g. Gampe et al., 2007; Palmieri et al., 2009; Paz et al., 2020) and contributed to a review of translation methods (Hall et al., 2017). He suspects his interest in translations came from his 'romantically Welsh' origins and the history of suppression of Welsh as a language. His mother taught herself Welsh in retirement but his great-grandparents were the last to be fluent first language Welsh speakers. As CORE measures are copyleft, hence having no funding, translating them has always been volunteer work and shaped by serendipity. Successful translations needed someone, usually a clinician, embedded in the target language and culture, to co-lead the work which involves several stages (see Table 1). As well as the logistics, another demand is the time and energy to think not just about linguistic challenges, but about cultural ones. One co-authored paper, about translating the

CORE-OM into British Sign Language (Rogers et al., 2013) describes some qualitative aspects of translation and draws vitally on Rogers's expertise and cultural issues for the Deaf community.

From the outset Arabic seemed a particular challenge with many requests for Arabic translations, mainly for the CORE-OM but increasingly for the YP-CORE. Many requests came from UK services for refugees and asylum seekers and some from services wanting Arabic translations for a local Arabic-speaking minority, though those came mainly from mainland European countries, not the UK. Over 12 years to 2018, when SY contacted CE, no offers to co-lead a translation survived the other person realising what was involved. There were clearly particular challenges: significantly different dominant spiritual beliefs, a language with huge language and cultural diversity across the Arabic-speaking world . CE also wondered if his White, British, middle-class background and thin knowledge of Arabic-speaking cultures and countries contributed. However, in the same 12 years, with determined partners, other translations involving substantial challenges had been achieved: Spanish (like Arabic, a truly multinational language); two for Portuguese (one for Brazil); (isi)Xhosa (a South African 'click' language); British Sign Language (not a written language); and Chinese (an ideogram based language).

SY was born in Scotland, yet spent her early childhood in Wales before then moving to England when she was 9 years old. With both her parents being Egyptian Muslims she was raised speaking both Arabic and English in an Islamic household, however she grew up very much a part of both the British and Arab culture and identifies herself as a British Arab. Over the last 11 years she has been practicing as a Psychotherapist in various primary, secondary and tertiary

settings including hospitals, GP surgeries, forensic settings and mental health centres where she has worked with clients presenting with an array of difficulties and from differing socioeconomic, ethnic and religious backgrounds. Regardless of the therapeutic setting or clients' background, she found it immensely useful, albeit compulsory at times, to utilise self-report assessment measures.

CORE assessment measures, especially YP-CORE (Twigg et al., 2009, 2016), have been particularly useful in her current setting, where she has been working since 2013 as a school counsellor supporting staff and students aged 4 to 18 years old. The majority of families are of Arab/Middle Eastern origin, with Islamic backgrounds and mostly speaking Arabic as a first language. Delivering therapy, workshops and family support in a language other than the language in which she trained (English) and that created the majority of the evidence-based literature, comes with its own set of challenges many of which are not mitigated by being bilingual in Arabic and English.

One challenge is using measures in English with Arabic-speaking clients. This meant SY translated verbally, and sometimes explained, English language tools to clients thus losing some reliability as clients received personal interpretations of the items. SY found that, at times, clients appeared embarrassed or flustered to answer some questions, particularly sensitive questions. One example being item four on the YP-CORE, "I've thought of hurting myself", which (particularly in the Arab culture) can trigger emotions of embarrassment, shame and possibly contradict a client's religious beliefs (see next section). This potentially leaves clients less willing to admit to thoughts/actions of self-harm or suicide. SY noticed that completing a psychological measure independently makes approaching such questions emotionally easier for clients than translating the measure one item at

a time. Thus, using psychological tools without a standardised translation risks therapist interpretation influencing meaning or clients' responses. In turn, scores and inferences deduced from such in-session translated measures must be looked at with caution and the therapist may be left relying more on the clinical aspects and process of therapeutic sessions. As such, more often than not, SY's clients who spoke Arabic as a first language were missing the maximum benefits from their therapy sessions.

During SY's training and journey practicing as a BACP Registered/Accredited Psychotherapist a common theme that began to emerge for SY was the growing need for cultural sensitivity when practicing as a counsellor/psychotherapist (Ayonrinde, 2003; Sue et al., 2009), the impact cultural competence can have on client satisfaction with their therapy (Chang & Berk, 2009), and in turn the impact on therapeutic outcomes. SY also came to recognise the importance of cultural influences on clients' understanding, and in turn their responses, when completing self-report measures. This was confirmation for SY that translations of tools must explore cultural context and not just language. Culture here refers not just to 'ethnic minority cultures' but to all variations of ethnic and racial groups that share a system of beliefs, values and/or practices.

In over a decade of training and working as a psychotherapist, SY grew more aware of reference to BAME (Black, Asian and Minority Ethnic) communities and working therapeutically with clients from these communities. However, she also noticed that the focus in literature (although still limited) and communities, as the acronym suggests, is on Black and specifically South Asian individuals, where those from Arabian and other ethnic origins remain unidentified and under-researched.



SY hoped to help develop an Arabic YP-CORE for counsellors, psychotherapists and other mental health professionals with Arabic-speaking clients globally. She felt that her cultural and linguistic exposure placed her in a position to support such a translation, which led her to contact CORE System Trust (CST).

### **Arabic language and 'Arabic' culture in the early 21<sup>st</sup> Century**

The Arabic language has, as with all languages, changed over the centuries across many parts of the globe. As a result, modern Arabic has remarkable language diversity with differences between and within countries, even between cities/towns or tribes. However, even with this diversity there remains a single, standard Arabic that can usually be understood across all 10 Arabic-speaking nations (Abdelali, 2003) and used, for example, for news services. This is not entirely different from English: colloquial and slang English varies within the UK and across countries speaking English and certainly words used in some places might be meaningless in another, there is an entire academic journal 'World Englishes' devoted to this. However, within the UK at least, news channels share a fairly standard English understood anywhere in the UK and potentially by anyone who speaks English. We are aware of no translations of measures between, say UK, USA or Australian English.

More so than the language of news channels, the language of a translated therapy questionnaire should feel 'personable' and have some affective and personal resonance for the reader in addition to conveying the content. We have both had experiences of poor translations of questionnaires creating puzzlement, an example of how the old method of translation and back translation can fail is provided by (El-Rufaie & Absood, 1987) who translated the Hospital Anxiety and

Depression Scales (HADS, Zigmond & Snaith, 1983) where the item "I get a sort of frightened feeling like butterflies in the stomach" was translated literally, the translators not recognising the way the phrase is used in English. Also important for therapy measures, language can mark socioeconomic status and have political implications in some parts of the world. These issues are increasingly recognised as vital in all measure translation work (e.g. Hall et al., 2017, p.163; Prakash et al., 2019, p.176) but are particularly important for Arabic because of the level of language variation. We tried, at each step in the translation process, to maximise the diversity of origins of the contributors as we were hoping to achieve a translation as widely readable across all settings in which Arabic is used. We are also aware that no translation into a diversely distributed language will achieve perfectly equivalent meaning across all variations of the language, whether the inevitable differences will affect the utility of any translation is an empirical question.

Another key issue with many languages is religious or spiritual context. The most prevalent religions in Arabic-speaking nations are Islam, Christianity and Judaism. Of these, Islam has particular linkages to the Arabic language. Islam is believed to have been revealed in the Arabic language to an Arabic-speaking nation (now known as Saudi Arabia). It is the language of Islamic holy scripture (the Quran) believed to have remained unchanged since the early years of 7<sup>th</sup> century AD. Since then, the Arabic language and Islam have had a unique relationship beyond Arabic being the language of a holy scripture (Omran, 1988). This can impinge on thinking or talking about mental health, accessing counselling/psychotherapy and on using therapy change measures, particularly

when also considering discrimination/Islamophobia (Weatherhead & Daiches, 2010; Awad, Martinez & Amer, 2013).

As a result of some of these religious beliefs, it is not unusual to find Arabic-speaking stigma associated with mental health and counselling services (Boghosian, 2001; Dardas & Simmons, 2015). Certain unusual behaviours, for example compulsive behaviours or actions in response to psychotic experiences, can sometimes be attributed to the influence of the jinn (devil) or in extreme cases, to jinn possession (Khalifa & Hardie, 2005; Sheikh, 2005; Khalifa et al., 2011). These views can make seeking mental health support or attending counselling services countercultural within these communities and can lead to the individual, and their family, to feel afraid of becoming ostracised from the family or parts of society (Dardas & Simmons, 2015).

Such viewpoints can result in a delay/avoidance in seeking support, diagnosis and intervention (Youssef & Deane, 2006). Moreover, therapists must be aware of a possible power imbalance in therapy, potentially creating an atmosphere of distrust, such perceptions can undoubtedly leave clients feeling vulnerable in a therapeutic context, particularly when utilising any form of assessment tool. Awareness of such possible experiences, alongside explicit congruence and unconditional positive regard (Rogers, 1957) from therapists, can reduce such barriers to therapy and contribute to building the therapeutic relationship. We believe these may also be useful in a research context.

## **Methods**

### **Setting and Population**

SY: The independent school that supported this translation teaches the full range of school age students from 4 to 18 years old. The majority of students are from Muslim families, with many from Arabian/Middle Eastern backgrounds including Egypt, Libya, Yemen, Syria, UAE, Saudi Arabia, Palestine, Morocco and Algeria.

Knowing of popular concerns about psychological therapies within the Arab and Muslim community, we sought to address these carefully. We used the information sheet to ensure that there was a clear understanding of the importance of this project and how students' contributions would create a measure usable by professionals and clients globally. We were particularly careful to reassure the school authorities and parents that there was a well-respected process to be followed and ethical approval for the work.

### **Ethical considerations/Obtaining Consent**

SY discussed the project with the school leadership team; once the project was approved, a meeting between SY and CE took place at the school to discuss the complexities and familiarise CE with the setting. Key considerations were the religious and cultural concerns that could lead to negative perceptions of the work and what we could do to ensure that students and parents felt safe to participate in the translation. For instance, sharing details of the processes involved at each stage, as well as sharing a copy of the English/Arabic YP-CORE with the information sheet and allowing opportunities for questions to be answered by both participants and their parents. No-one contacted CE but some parents contacted SY (see discussion).

We hoped to convey genuine respect for student autonomy *and* for parental/guardian responsibility: a challenge in any research with adolescents. As Stage 1 and Stage 2 were translation work not dissimilar from routine language class work, formal consent was not sought and students who chose to attend the translation sessions were assumed to have given their consent by attending.

Stage 3 on the other hand, could involve young people explaining how they understood the questions. In view of the sensitive nature of some of the questions and the possibility that these might upset some young people, parental consent, in addition to the young person's consent, was gained prior to their participation.

All Participants were made aware of counselling support if wanted.

This process received ethical approval from University of Sheffield (#017788, approved March 2018). All participants at each stage were given the right to withdraw and were offered counselling support if wanted. Data for all participants was pseudonymised, thus maintaining participant confidentiality.

## **Translation process**

CORE measures are copyright and translations of CORE measures must follow a protocol

(<https://www.coresystemtrust.org.uk/translations/#TranslationPolicy>)

summarised in Table 1. This method is congruent with modern translation guidelines and draws on CE's experience translating over 30 CORE measures.

### **Stage 1: Forward Translations**

Forward translations were obtained from a variety of individuals including a professional interpreter and translator, a bilingual mental health professional with experience working with YP-CORE (SY) and 29 young people who attended as students in the school.

To select the young people to be invited for this stage, SY compiled age, gender, ethnic origin, Arabic language abilities and English language abilities (both based on teachers' grades) for all students in years 7 to 13 (10-17 years old). Participants were then selected based on bilingual abilities ranging from Level 1 (not very strong, low ability) or equivalent to Level 7 (highest possible ability level) in Arabic and English (where relevant). The selection process was a combination of approaching all young people who were bilingual, whilst also being selective in identifying and approaching young people from a range of ethnic backgrounds, various age groups and as wide a range of language abilities as possible (see Table 2). Potential participants were given a Participant Data Sheet, along with an information sheet and a copy of the English YP-CORE, to complete and return if they were interested in participating in Stage 1.

Of the 29 young people, birth countries were Saudi Arabia (n = 11), UK (n = 10), two each from Algeria, Syria and USA and one each from Bahrain and UAE. They had lived for at least a year in 11 different countries. There were eight first languages across their parents: Arabic was spoken by at least one parent for 28 participants, English by at least 26 then French by 7, German by 2 and there was one parent speaking each of Berber, Moroccan and Spanish. Languages spoken at home included French and Moroccan as well as Arabic and English. Further participant data and a demographic summary is provided in Table 2.

Three separate sessions were then held, in each session participants were talked through the information sheet and were reminded of their right to withdraw at any point. They were then asked to translate the introductory paragraph of the YP-CORE, the frequency anchors and the ten items but not the clinician section, as best they could and in their own words. Participants were asked not to use online translation tools nor discuss their translations with others until stage 1 was completed.

Students were seated at individual peripherals and provided with an information sheet and hard copy of the English version of YP-CORE. Each participant was assigned a pseudonymised Google Document that included the Participant Data Sheet collecting the various demographic data, including ethnic origin, self-rated scores for their fluency in spoken and written Arabic and English language, preferred language spoken at home and their parents' spoken languages. Additionally, the document contained a blank YP-CORE template. This method facilitated collation of the responses and eliminated confusion from handwritten responses.

Once all the forward translations were completed, they were collated in a pseudonymised spreadsheet with duplicate translations tallied and arranged with the most frequent first. This spreadsheet formed the key document for discussions during the Stage 2 Focus Group.

## **Stage 2: Focus Group**

Participants for the focus group were invited to participate using the same recruitment methodology as Stage 1 but with greater emphasis on Arabic rather than English language abilities since now participants were not translating but

selecting from the Stage 1 translations. We tried to achieve a broad range of demographics to increase generalisability whilst limiting the total number of participants to ensure time for meaningful discussions. Potential participants' parents were provided with an information sheet alongside a copy of the English YP-CORE. Six of the thirteen participants had participated in Stage 1. Further participant data can be found in Table 2.

The focus group lasted a full school day spread across two separate days. The first day lasted approximately four hours with breaks and covered all ten items of the YP-CORE; on the second day, two days later, a 105-minute session covered the YP-CORE introductory paragraph and rating scale anchors. Participants were again given the information sheet at the beginning of the session. New participants were asked to complete the same student data sheet as used in Stage 1 and were reminded of their right to withdraw at any time during the session. Participation by students in years 10, 11 and 12 (aged 14 to 17) contributed to the curriculum requirement of voluntary service hours.

SY led the focus group and the interpreter supported the facilitation and took process notes. CE was seated outside the main group taking process notes but contributing when asked occasional questions from the participants about why particular items were phrased in English as they were, except at those moments the focus group was conducted in Arabic. All participants could see the white board with the spreadsheet of suggested translations from Stage 1. Where there were clear differences of opinion, a vote was taken and the unanimous/majority vote resulted in the selection of the final translation for the first draft of the Arabic version of YP-CORE. Once all ten items and the frequency anchors were translated, they were then reviewed a final time.



### **Stage 3: Qualitative Field Testing and Back-Translation**

As this stage explores the readability and meaning of the Arabic translations, English language comprehension was no longer a criterion, and some participants only spoke Arabic, however diversity of Arabic language ability, gender, age range and background were sought. The translated YP-CORE from stage 2 was shared with parents and students with an information sheet and a parental consent form, since parental permission was required for this stage.

Each participant with a signed parental consent form was invited to an individual semi-structured interview where they were provided again with the information sheet and reminded of the right to withdraw at any point. They were then presented with the hard copy of the draft Arabic YP-CORE and asked to think of a friend or peer who had experienced difficult emotions at some point in their lives. Each participant was then asked to read aloud the instructional paragraph, the frequency anchors and each of the ten items (one at a time). For each component they were questioned about whether they understood what was being asked and what they understood from the item/component and asked if they felt their friends/peers would also understand the question. Where the researcher (SY) required clarification of understanding, some participants were asked how their friend might respond to the items. Responses were noted by SY on a template feedback sheet.

Stage 3 proceeded in two phases with 11 participants in the first and 10 in the second. Responses in the first phase made it clear that some amendments to the first draft version were needed, which were checked in the second phase.

Additional participant data and a demographic summary can also be found in Table 2.

Once the field testing was completed, two independent back-translations were completed by volunteering adults who had not previously seen the YP-CORE (in any language). One backtranslator was a graduate of English Language and Communication completing a Psychology PhD, whose mother tongue is Arabic but who is fluent in both Arabic and English. The second was a professional Arabic/English interpreter and translator whose mother tongue is Arabic.

## **Results**

### **Stage 1: independent forward translations**

No specific problems emerged from the forward translation stage. The numbers of different suggested translations per component of the YP-CORE ranged from 24 to 29 which underlines the sheer diversity of translations offered. However little should be read into such counts as differences can be, linguistically or affectively, trivial or large. An example of a choice that might be affectively important is the distinction between “I have felt” and “I have been”: the latter is slightly less affectively focused. Choices between such words may be far more important in a psychological state measure than say the choice between two different forms of the past tense (a big issue in some languages).

### **Stage 2: focus group**

Item number one took the longest amount of time to discuss (52 minutes) partly because of the word ‘edgy’ which raised many questions. CE explained that the word was used in the English version to create a sense of informality to allow for young people to better relate to and understand the item. However, the

participants found translating 'edgy' difficult, as there is no commonly used word similar to this in Arabic. The remaining items were easier: on average 18 minutes per item, with items nine and ten taking only 5 and 7 minutes respectively. Discussions were careful and thorough, becoming more relaxed through the process.

### **Stage 3: qualitative field testing, Phase 1**

There were two items that the young people found difficult to understand. Nine of the eleven struggled to understand the translation used for the word 'edgy'. Four also struggled to understand 'or stay asleep' in item 8 (*'I have found it difficult to fall asleep or stay asleep'*). Most of the young people understood this to mean excessive sleeping/over-sleeping rather than waking up at night due to disturbed sleep, others had to read the item several times before understanding the question correctly. The first interviewee offered an alternative suggestion which was proposed to the remaining ten participants in phase 1 after they struggled with the initial translation. All ten of these participants preferred the alternative version. There were also general suggestions about the entire form: 36.4% felt that the emphasis of the individual thinking about each item in relation to their experiences '*Over the last week*' was not clear enough; there were several suggestions to increase the font size and make bold/underline the words '*Over the last week*'. The remaining aspects of the tool were understood by all or all but one of the participants.

In light of this information the word for 'edgy' was removed and the sleep item was amended according to the suggestion by the first participant in stage 3. In addition, font size was increased and the statement '*Over the last week*' was

emphasised throughout the tool in bold and by underlining this in the instructional paragraph.

### **Stage 3: Phase 2**

Following those amendments, the majority of the participants reported no real problems understanding the majority of the items for this version of the YP-CORE. There were three instances where two different participants were unsure of different words on different items; an 11-year-old participant needed some assistance to understand the Arabic word equivalent to the word 'able' in item 3 (*'I've felt able to cope when things go wrong'*). A second, also 11-year-old, participant felt uncertain about the meaning of the Arabic word for 'nervous' in item 1 (*'I've felt nervous'*), although described having heard their friends using it often. The same participant also struggled to understand the Arabic word for 'distressed' in item 6 (*'My thoughts and feelings distressed me'*).

Both independent back-translations were a good representation of the original English version of the YP-CORE. The final version of the Arabic YP-CORE was published on the CST website

(<https://www.coresystemtrust.org.uk/translations/arabic-2/arabic-yp-core/>) for use by professionals globally.

### **Discussion**

We discuss the findings against our three, interlinked, aims.

1) Production of a translation. Reported findings from the translation process showed language variations that young people could identify. The forward translations from Stage 1 showed many differences, however these were mostly slight, in most cases only involving one or two words. Across the twenty-nine

young people from different backgrounds and ages there were some identical or similar forward translations for many of the items, this supports Abdelali's (2003) research indicating that one single Modern Standard Arabic can indeed emerge from the various Arabic dialects, even amongst adolescents.

It is important to note that the male and female participants attended their lessons separately and rarely interacted within school, some participants also came from cultural backgrounds where genders consistently remained separate, however both genders joined one focus group during Stage 2. This transition may have been awkward for some of the participants due to possible underlying cultural experiences (Al Hazmi & Nyland, 2010) or religious beliefs (Wagemakers, 2016) suggesting that males and females should minimise contact with one another may have also influenced the discussion process, particularly at the beginning. Participants were also from different age groups and as adolescents can often be concerned with self-image, particularly when with the opposite sex.

It was noticeable, and unsurprising, that the older, more confident and outgoing participants dominated early in the focus group. However, some of these individuals, alongside SY as facilitator, actively sought and encouraged the opinions and input of the quieter and younger participants. It was clear that a group dynamic developed emphasising the importance of each participant's input and encouraging open discussions where participants acknowledged their confusion with some of the words. Such dynamics should be considered when delivering group counselling with mixed genders particularly with clients from Arabian or Muslim backgrounds.

As previously mentioned, the first item took the longest to discuss in the focus group, although this was partly down to the development of the group dynamic, it was also down to the word 'edgy'. With no exact equivalent word in Arabic, this created some differences between participants, particularly the younger participants, weaker in Arabic and less confident. The discussion ended with a vote and, with still no unanimity, the translation preferred by the majority went into the first draft of the Arabic version of YP-CORE. The focus group's struggles were confirmed in Stage 3 and led to the removal of the word from the final Arabic version.

The remaining nine items discussed were agreed on much more quickly. It appeared that these items were easier to translate but also that the quieter and younger participants had become more confident in expressing their views and the group dynamics had become less dominated by the older members. The focus group asked CE about some of the English versions, starting with the word 'edgy' as already discussed. Other questions concerned whether 'distressed' (item 6) referred to impaired functioning and not just feeling anxious, and whether the term 'unhappy' (item 9) referred to a variety of negative emotions and not just sadness. Some linguistic issues in English were difficult to capture in Arabic in just one word and then several words, or a phrase, were used.

There were also significant discussions about the anchors 'Sometimes' and 'Often', since each could be translated into the same Arabic word, also literal Arabic translations were not sufficiently distinct and could prove confusing to young people. As a result, two more translations were chosen in Stage 2 and were clearly understood in Stage 3.

The qualitative field testing (Stage 3) found some of the younger participants struggling with a few of the words, though each participant who expressed uncertainties would probably at worst have omitted one item and still had a pro-rated score, as the YP-CORE allows pro-rating of up to one missing item. Counsellors/psychotherapists in practice would expect that a small minority of clients may struggle with some words on any measure, it is for this reason that the YP-CORE form asks if there has been any form of assistance given during its completion.

SY has already been using the completed translation in her school setting and has noticed a clear improvement in first language Arabic clients' perceptions of counselling when completing the Arabic YP-CORE. There is also a sense of autonomy in the room now that these clients are able to use the tool in their own language rather than have someone talk them through the English version. It is this first-hand access to assessment tools in the client's mother tongue language that allows for therapeutic interventions to be more appropriate, but more importantly allows the client to feel that they are accessing a service personal to them. This has helped bridge the gap between the school counselling service and students/families from these ethnic groups.

Looking forward, with this translation available for use, the next stage is to gather empirical data to assess the psychometric properties of the measure in various samples. Clearly the value of the translation will be substantially improved when such aggregate data analyses are available, and from as many different samples of Arabic-speaking young people from different settings as possible. However, as increasingly recognised (Paz et al., 2020; Truijens et al., 2019) the meaningfulness of measures, particularly for change in individuals in therapies,

is not solely a statistical issue but as much a qualitative one allowing cautious and clinically sensitive use of measures without quantitative psychometric findings. Having said that, we hope that people interested in contributing to such a project will contact us. If clinicians or researchers want to compare scores between people, then certainly those comparisons will be stronger when we have large sample reliability and validity statistics for the translation.

2) However, the aim with this paper was not just to produce a useful translation but also to contribute to the limited but growing literature raising awareness of this under-researched ethnic minority group in the counselling and psychotherapeutic field and clarifying that translations are culturally located or *inter-culturally* located. Therapists must take the implications of an individual's cultural background and spoken languages into account when working with them, particularly in the world of psychotherapy where these can be hugely influential on policies, diagnosis and interventions.

The Arab culture in particular, requires further explorative research to truly understand the dilemmas that some clients can face when with us in the therapy room, and we hope that this paper contributes to that in some way. Counselling and psychotherapy should endeavour to ensure that training providers, supervisor training and research guidance include cultural sensitivity and competence as modules/requirements, whilst conferences should also reflect ethnocultural elements in all practice and research, not limiting itself to culturally specific research or specific conferences. Such an approach reflects a more inclusive and welcoming field aimed at empowering its members and clients.



In a counselling/psychotherapeutic context, it is important for therapists (regardless of their background) to acknowledge cultural differences between themselves and the client, and in turn recognise the difference between 'normal' versus 'impaired' functioning within the clients ethnocultural context (White, Gibbons & Schamberger (2006). Counsellors/psychotherapists who are keen on developing their cultural sensitivity/competence in their practice or research should explore literature such as Lo and Fun (2003) who present an easy-to-understand generic cultural competence axis in line with phases of psychotherapy, or Asnaani and Hofmann (2012) who have proposed seven guidelines to follow in order to achieve effective collaboration in multi-cultural therapy, arguably also useful when undertaking research. Equipped with such awareness, alongside appropriate assessment tools in the client's mother tongue language, can be the beginning of bridging this cultural gap in counselling and psychotherapy; since with recognition of the language differences amongst clients comes greater awareness of the cultural elements that come into play during therapy.

Just as practitioners must attend to inter-cultural and cultural issues, so must researchers when translating a measure. This translation process was carried out with cultural influences in mind and we believe that any translation process must take cultural elements into consideration, as these can greatly influence not only the translation process but also clients' understanding of the items. We found that the CORE translation process highlighted some of the cultural perceptions, as well as religious implications, that some individuals from an Arab or Muslim background might experience in relation to their perceptions of accessing counselling interventions or being seen to support such services (e.g. helping

translate the YP-CORE). Some parents contacted SY to clarify whether their child would just be translating or if they would also be required to answer the questions, the latter being their concern. There was evident distrust from some parents who thought that the translation project was an indirect way of assessing their children's mental health. Such distrust of psychological services can have a negative impact on individuals from these ethnic and religious backgrounds who need mental health support but feel afraid or unable to access them. In such cases, therapists who demonstrate cultural competence by displaying culturally-specific awareness and how this can impact individual experiences, are more likely to yield a client's satisfaction with their therapeutic experience (Chang & Berk, 2009). This was how SY attended to participant and parental concerns throughout the process, whilst also retaining an empathic and non-judgemental approach (Rogers, 1981).

3) Our final aim, by describing carefully our own positions, has been to note that translations do not arise by computer algorithms and artificial intelligence but from the work of human beings. Rightly, those involved must try to minimise any personal idiosyncrasies that they bring through inter-personal processes, of which the CORE translation protocol is one of the modern examples. We believe that minimising individuality, detracting from the widest utility for the translation, is not optimised by the pretence translation. Such translated measures and their use (including the use of anyone's scores on it) are an administrative and impersonal reality, to return to McLeod's phrase.

### **Conclusion and implications for practice**

To summarise, the key implications that have emerged from this translation process are:

1. A published Arabic YP-CORE is now available online (for free) for practitioners to utilise globally in counselling/psychotherapeutic practice, which can help therapists decrease the impact of language barriers when completing assessments in Arabic-speaking young people.
2. Counselling/psychotherapeutic practice and research should take into account clients'/participants' language preference and race/ethnic background/culture when practicing/researching, particularly where clients'/participants' native language is not English and assessment tools/questionnaires and therapeutic interventions are not in their native language.
3. It is important to recognise one's own personal and cultural influences in the therapeutic room or within research; this, along with cultural sensitivity, can improve participant contributions to research and has been found by researchers to increase therapeutic satisfaction.
4. Governing bodies and training institutions should review policies and training modules to emphasise working with language barriers and cultural sensitivity/competence, and what this might look like (BACP CYP-Competences provide a good example of cultural competence), as core competences/requirements in practice, supervision and research. Language and cultural awareness in modern counselling and psychotherapy should be viewed by professionals in this field as crucial, rather than supplementary, components to ensure ethical and inclusive practice.

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Table 1: A summary of this translation process

<p><b>Stage 1 – Forward Translations</b></p>	<p>A selection of forward translations of the YP-CORE from English into Arabic by young people (YP) aged between 11–17 years old from various Arabic-speaking backgrounds and including both genders. There should be a minimum of 6 YP who should be sufficient in both English and Arabic to do a translation, although their individual language abilities should vary. Additionally, forward translations should include one translation by an adult professional interpreter/translator and one by an adult mental health professional who is likely to be familiar with psychological terminology and use of YP-CORE.</p>
<p><b>Stage 2 – Focus Group</b></p>	<p>Approximately 10 Arabic-speaking participants including both genders and age ranges from 11-17 from a variety of Arabic-speaking ethnic backgrounds with varying language abilities. The group reviews all the forward translation variants of key parts of the YP-CORE and discuss their merits and problems, whilst trying to reach a preferred consensus or come up with a better version than any emerging from Stage 1.</p>

**Stage 3 –  
Qualitative field  
testing and back-  
translation**

A minimum of 10 participants from both genders and once again representing ages between 11-17 years old from a variety of Arabic-speaking ethnic backgrounds with varying language abilities; ideally Arabic being their only spoken language. This stage involves individual semi-structured interviews about the draft translation. At least one blind back-translation is conducted prior to, or in parallel with, the field testing.

Table 2: Participants' demographic data

Category	Grouping	Stage 1 N (29)	Stage 2 N (13)	Stage 3 N (21)
Gender	Female	16	7	13
	Male	13	6	8
Age Range	10 - 14	16	10	14
	14 - 18	13	3	7
Ethnic origin	Saudi Arabia	14 (1)*	4 (1)*	10
	Syria	5	2	0
	Morocco	3 (3)*	0	3 (1)*
	UK	3 (2)*	0	0
	Bahrain	1 (1)*	0	0
	Egypt	1	1	0
	Palestine	1	1	1
	UAE	1	2	3
	USA	1	0	0
	Oman	0	0	1
	Kuwait	0	1 (1)*	0
	Iraq	0	2	1
	Algeria	2	1	1 (1)*
	Lebanon	0	0	1
	Mother tongue	Arabic	23	13
English		5	0	1
French		0	0	1
Unknown		1	0	0
Arabic Language Ability**	Level 3 and below	4	2	5
	Level 4	2	2	3
	Level 5	3	3	6
	Level 6	13	3	3
	Level 7	7	3	3
English Language Ability	Level 3 and below	9	8	-
	Level 4	6	3	-
	Level 5	7	2	-
	Level 6	5	0	-
	Level 7	2	0	-

\*Figure in brackets indicates the number of participants who reported multiple ethnic origins \*\*1 student had recently joined the school and had no assigned grade