Translation and Adaptation of Revised Children's Anxiety and Depression Scale

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Abstract
The aim of the present study was to translate, adapt and validate the English version of Revised Children's Anxiety and Depression Scale (RCADS) into Urdu language to make it more comprehensible and reliable for Pakistani population. This study was based on three stages; (1) Translation and Adaptation of Revised Children's Anxiety and Depression Scale, (2) Finding out linguistic Equivalence/Cross validation, and (3) establishing psychometric properties of Revised Children's Anxiety and Depression Scale. In first phase; Revised Children's Anxiety and Depression Scale was translated into Urdu language. Standard procedure of translation was followed. In order to find out the difficulty in language and ambiguity or other issues, a pilot study was conducted. Second phase of the study was characterized to find out the linguistic equivalence of Revised Children's Anxiety and Depression Scale. A Sample of 217 participants, 102 male and 115 females was selected for the administration of scale, ranging from age 12 to 18 years. Random and purposive sampling procedures were used to select the participants. In third phase psychometric properties of Urdu version of RCADS was established. In order to find out the linguistic equivalence between original and translated versions of RCADS, and to establish the psychometric properties of RCADS, Pearson Product moment coefficient of correlation and cronbach's alpha were used. The estimate shows significant results (r=.87) at .01 level of significance. The scale demonstrated its strength by providing significant test-retest reliability (r=.83) at .01 alpha level.

Keywords: Adaptation, Anxiety, Depression, Standardization, Translation

1. Introduction

Anxiety and Depression are common mental health issues as compare to other psychological problems. For assessment and research, wide range of depression and anxiety scales are available in English and other foreign languages. Due to low educational back ground and language barriers, it is difficult to get authentic results after administering a native language scale on Pakistani population.

Depression and anxiety are global psychological problems and the corner stones of person's mental health. These are found in every class of people, with every stage of life and in every region of the world. The difference is only that the children have different symptoms and etiological factor as well as methods of obviation as compare to adults. Many researchers reported that anxiety cause depression in children and adolescents (Seligman & Ollendick, 1998). According to one study 20 % to 75 % depressive youth also suffered from anxiety (Avenevoli & Stolar, 2001). Gillberg and Colleagues reported that 16 % to 26 % school going children who have attention deficit hyperactivity disorder also met the criteria of depressive syndrome (Gillberg, Gillberg & Rasmussen, 2004).Well-designed prevalence studies have shown rates of depression in the ADHD population of ratio between 9% and 38% (Pliszka, 1998).

Globalization of psychology founded by using and practicing the psychological tests, instruments help the psychologist, researchers, professionals and other investigators to gain knowledge, to make predictions, to describe behaviors, to improve health and educational standards, to make diagnosis, to discover the treatment modalities, to judge the effectiveness of therapeutic techniques and strategies, and to facilitate in research and other discoveries. These educational, psychological, behavioral needs are universal and are shared in many cultural contexts. For fulfillment of these professionals use psychological instruments widely, now a days researchers taking more interest in cross cultural research studies. (Mays, Rubin, Saboruin, & Walker, 1996; Rosenzweig, 1999).

The number of educational and psychological measures being translated and adapted into multiple languages and cultures is very much on the increase. Cross-cultural research has become important in the fields of education and psychology, and articles addressing translation and adaptation over the past 30 years have increased by 350%. Psychologists want to use popular tests from one language and culture in others; cross-cultural researchers need tests they are interested in to be available in multiple languages and cultures.(Hambleton & Lee, 2013).

Anxiety is a significant natural and important emotion. Studies showed that children and adolescents frequently face anxiety disorders, which may long term and severely affect their lives in the mode of different negative consequences. (Costello, Egger & Angold, 2004).Anxiety disorder in children and adolescents is widespread, harmful and often originator to other psychiatric disorders like depression, other anxiety disorders, substance abuse and suicidal attempts in later adolescents and adulthood (Costello, 2005;Wittchen, 1994).A certain amount of anxiety can be the beneficial, it motivates the person to strive but when anxiety exceed from the normal limit, it may hamper in normal healthy life.Many times a person experiences anxiety like, first day at school, first meeting and getting married etc.The only difference between normal and pathological anxiety is the way to interpretation and belief over the situation that either situation is controllable or uncontrollable(Ankrom, 2009).

Anxiety disorder is not a single entity; it is comprised of a number of categories or types, but all anxiety disorders have some common features which ultimately affect the functioning and development of the children and youth (Waddell, Godderis, Hua, Mcewan & Wong, 2004). Rynn (2008) concluded that teenagers suffer from physical symptoms when they feel sever anxiety. They are complaining; headache, muscle tension, stomachache, fatigue, pain in limbs, and in female pain during menstrual period. Researchers also revealed that these children are prone to dependency, withdrawal tendencies, and escape from social situations feeling uneasiness. The symptoms of anxiety in adolescents is usually seems at the

time of physical changes in body, during facing hurdles, social acceptance, conflicting situations and getting independence in society. At that time shyness, low self-esteem, hesitation, lack of initiation a task may appear in adolescent's behavior.

Chorpita and Barlow (1998) reported that early childhood experiences of losing control over the environment are the key stones of anxiety development. Barlow (2002) presented a model of anxiety. He suggested that childhood experiences of lack of control over environment and other life concerning modalities are the major triggers of anxiety in children and adolescents (Mofrad, Abdullah, Samah, Mansoor & Baba, 2009).

Everyone in his life felt anxiousness or embarrassed once or twice or more in their lives, for example meeting with unknown people, giving public speech and at the time of facing other daily life demands or challenges people can or get nervous. But people with social phobia get worried about these things and challenges even before weeks or months (National Institute of Mental Health, 2010). Anxiety regarding social situations is generally known as social anxiety. When social anxiety produces significant problems in an individual's multiple domains of life, it becomes social phobia also known as social anxiety disorder (Hanlon, 2010). Social anxiety triggers when a person has to face a situation in which he or she has to perform, behave or interact socially and exposed himself for possible scrutiny, which may be real or perceived imaginary (Child study center, 2000). On the other hand findings of different researchers also suggested that people developed social phobia, not due to the fear of judgment or scrutiny, but emotional reactions toward judgment create this pathology in the victims. For example people have even these reactions when no one is present there to negatively judge them. Researchers concludedsocial phobia does not only produce internal distress in children and adolescents but it portent other psychopathologies in later age of life. It is the predictor of depression, substance abuse and suicidal attempts. Research findings also concluded that people with social phobia have a high risk of substance abuse in late adolescence. They do not attain their academic goals, and maintain their healthy life style (Bush, 2002).

Panic disorder is a widespread treatable disorder. Children and adolescents with this psychopathology have sudden, unexpected and recurring periods of deep fear and discomfort, along with others symptoms such as shortness of breath, racing heart. These periods of discomfort end in minutes of hours. Panic attacks often develop without caution. Symptoms of panic attacks comprise of sweating, trembling or shaking, feeling of choking, sensation or shortness of breath, chest pain, nausea, abdominal distress, unsteady, dizziness, lightheaded or faint, fear of losing control, fear of dying, chills and hot flashes(American Academy of Child and Adolescents Psychiatry, 2004; APA, 2000).

According to Hock and Lutz (1998) the construct of separation anxiety is under discussion from last few decades. It is a normal condition for children, but some time it becomes severe and when it affects child's school, home and societal functioning then it becomes a disorder. Separation anxiety is a condition of fear and worry, developed when child is preoccupied with the thoughts of losing his or her home, caregiver or other attachment personality. Generally separation anxiety starts from the ninth month of age and become severe in twelve to twenty fifth months of child's age. Significant stressful or traumatic events like death of loved one or pet, illness of child, home environment, change in family, change in care taker, change in environment such as moving to another house, change of school, and birth of another child can be the key determinants of separation anxiety in the children (Watkins, Brynes & Preller, 2001).

Generalized anxiety disorder (GAD) is a condition, causes feelings of anxiousness and worries much of the time in a day. Everyone gets worried about their family, business, school, job and health, but people with GAD unrealistically and excessive worried regarding everything in their lives. People with GAD remain incapable to relax, concentrate and sleep. Most of the time they suffer from physical symptoms or illness like shortness of breath, rapid heartbeat, dry mouth, cold hands dizziness, chest pain, headaches,

chronic fatigue, irritable bowel syndrome, diabetes, chronic cardiovascular diseases and hyperventilation etc. GAD not only disturbs the person who has GAD symptoms but also affect their peers, family and other people around them (World federation for mental health, 2008; Roerig, 1999). People from every place with every age, race and religion may suffer from GAD. Researcher findings suggested that GAD is more diagnosed in women as compare to men (Kessler, Keller & Wittchen 2001)**.**A number of research findings concluded that patents with GAD have lifelong history of generalize anxiety. For example many patients were unable to report the exact age of onset of their problem or report the onset dating back to childhood (Anderson, Noyes & Crowe, 1984)**.** Other researchers proved that GAD in not linked with early age of inception(Wittchen et al., 1994).

Depression is a serious mental health problem; being faced by the people of all ages especially children and adolescents (Ralphe, 2004).Three decades before a number of researchers believed that children were unable to experience depression. On the other hand some people believed that children are capable to develop depression but they express their depression in the form of behavioral problems. After extensive body of research, researchers dispelled these allegories today. Children experience display and evident their depressive symptoms. Children can develop depression at any age, yet immediately after birth. In young children depression can apparent in a variety of ways including disrupted attachment to others, failure to thrive, developmental hindrance, separation anxiety, social withdrawal, sleeping and appetite problems and risky behaviors. Depression changes person's physical, emotional, cognitive and motivational state of life regardless their age (Sarafolean, 2000).

A number of research findings concluded that life events, failure in school, physical health, environment, chemical imbalance**,** conflicted home situations, chronic illness and lack of social skills are the predictors of depression in children. Studies also showed that the children with depressive parents are more prone toward developing depression as compare to the children without depression. Children and teenagers who use drugs and abuse alcohol are at greater risk for suffering from depression (Conner, 2001). Other psychopathologies i.e. Attention Deficit Hyperactivity Disorder, learning disorders, conduct disorders, and eating disorders may contribute to develop the depression in children.

2. Psychometric Properties of Revised Children's Anxiety and Depression Scale (RCADS)

Revised Children's Anxiety and Depression scale was designed to assess the clinical problems in youth. RCADS is a revised version of Spence children anxiety scale (Spence, 1997, 1998). This scale was developed on the basis of criteria of anxiety disorders (Separation Anxiety disorder, Panic disorder, Generalized Anxiety disorder, Obsessive compulsive disorder, social phobia and Major depressive disorders) included in DSM-IV. Depression and anxiety are the key issues in every culture which predict the level of mental health, school performance and intensity of relationships. RCADS is a standardized measure to find out the children's anxiety and depression

Extensive research studies have been done by different people to find out the utility, validity, reliability and other psychometric properties of RCADS among children and adolescents i.e. (Chorpita et al., 2000; Ross, Gullone, & Chorpitta, 2002) conducted a number of researches to investigate the psychometric properties of RCADS in sample of community school children. On the other hand Chorpita et al. (2003) conducted study with clinical sample of children and adolescents for further investigation the psychometric properties of RCADS.

3. Rational of the Study

The aim of this study is to translate and validate the English version of Revised Children's Anxiety and Depression Scale developed by Chorpita, into Urdu language, to make it more clear and reliable for

Pakistani population. The aim of selection of RCADS for translation is that, it is comprehensive psychological scale for measuring the construct of depression and all types of anxiety under one heading, as well as it is not translated by any other researchers in Pakistan.

4. Method

4.1. Participants

A sample of 217 participants of age range of 12 to 18 years was selected by using mixed sampling technique for present study. To determine the linguistic equivalence between English and translated Urdu versions of RCADS and to find out the chronbach's alpha 151 participants were selected. In order to establish psychometric properties of translated Urdu version of RCADS 66 participants were selected. Sample selected from difference government and private academic institutions of Faisalabad city.

4.2. Instruments

4.2.1. Demographic Information Sheet (DIS)

Demographic Information Sheet (DIS) is a self-developed data sheet as per requirement of present research. DIS comprises the items of age, gender, marital status, and family income, any physical or mental disability, birth order, and family structure.

4.2.2. Revised Children's Anxiety and Depression Scale (RCADS)

The Revised Children's Anxiety and depression scale (RCADS) is a 47 items self-reported scale use to investigate the levels of different types of anxiety and depression among children and adolescents. It is consisted of six sub scales concerned with presence of 1) separation anxiety, 2) Social Phobia, 3) Generalized Anxiety Disorder, 4) Panic disorder, 5) Obsessive compulsive disorder, 6) Major depressive disorder in children and youth. Participants respond in the form of the answers of never, some time, often and always. Items are score in the range of 0 -3 for never to always respectively. RCADS is also available in English, Dutch, Chinese, Spanish and Danish (Chorpita et al, 2000).

4.3. Procedure

This study was based on three phases; 1) Translation and Adaptation of RCADS 2) Finding out linguistic Equivalence/Cross validation 3) Establishing psychometric properties of RCADS.

4.3.1. Phase I-Translation and Adaptation of RCADS

In first phase RCADS was translated into Urdu language and validated according to Pakistani culture. Following steps were used for translation. 1) Check the relevancy Level 2) Forward translation 3) Back translation 4) Pilot Study

In the initial step of first phase researcher send the scale to ten psychologists and ten educationists in order to check out its relevancy level according to the Pakistani culture. Experts rated the items of scale in terms of their relevancy and suitability for children and adolescents in Pakistani culture. In forward translation a sample of ten bilingual language experts whose qualification must be not less than M.A English and they must have translation experience were selected for translation of English version of RCADS in Urdu language. After completion of forward translation step researcher selected the most frequently translated items from ten translated versions and formulate an Urdu version of scale. An expert penal of three psychologist; one was Ph.D, second one was M.phil and the third one was at least M.Sc was chosen. They reviewed the both version of scale (original English & translated Urdu). They checked out the clarity of content, sense of meanings and grammar of items. On the basis of their analysis and expertise, well

suitable and most items in the sense of meanings of original English version were selected.In backward translation a sample of ten bilingual language experts having the minimum qualification of M.A English were selected for back translation of the translated Urdu version. Urdu versions of RCADS were given to the translators with necessary instructions and were asked to translate the Urdu items into English which must show the closet meanings to the English version. Then two psychologists evaluated the forward and backward translated versions and selected most suitable translated items and formulated the final version of Urdu scale. After formulation of final version, researcher presented the translated Urdu version in front of two experts in order to check out the face validity of the scale. For pre-testing of the scale, researcher selected a small sample of 30 participants in order to check out the difficulty level of the scale. After conducting pilot study, researcher analyzed the results of the study. Participants did not face any difficulty or ambiguity regarding any item of translated Urdu version of RCADS.

4.3.2. Phase II-Finding out Linguistic Equivalence/Cross validation

In the second phase of present study researcher found the linguistic equivalence and cross validation between original English and translated Urdu version of RCADS by administering the both versions of scale at selected sample. For this purpose researcher selected the educational institutions located in Faisalabad. A letter of consent describing the research project, purpose of research and inviting participants was provided to the authorities of the institutions along with the questionnaires. After getting permission from authorities of those institutions data collection procedure was started. Prior to the administration of questionnaires the researcher introduced himself briefly and then established rapport with the participants and the purpose of the study was explained briefly to all participants. The participants were informed that if they are willing for voluntary participation in this study, they have to sign an agreement form and those who do not want to participate were allowed to leave the participation in research. Confidentiality regarding information and results was assured. After development of rapport with participants, demographic information form was administered. Only individual fulfilling the criteria were included in the sample. After screening of the participants the researcher administered the English version of RCADS. After two days researcher administered the translated Urdu version of RCADS on same group of participants. At the end, researcher paid thanks to all participants and concerning authorities of the institutions for their cooperation.

4.3.3. Phase III-Establishing psychometric properties of Revised Children's Anxiety and depression scale

For this purpose test retest reliability and internal consistency of translated Urdu version of RCADS was find out.

4.4. Statistical Analysis

Pearson product moment of coefficient correlation was used in order to assess the linguistic equivalence index between original English and translated Urdu version of RCADS and to calculate the test-retest reliability of Urdu version. Statistical Package of Social Sciences (SPSS) Vol. 19.0 was used to calculate the results.

4.5. Operational Definitions

4.5.1. Depression

RCADS considered Major Depressive Disorder characterized by DSM-IV. A depressed mood state characterized by lower self-esteem, loss of interest or pleasure in nearly all activities, change in appetite or

weight, sleep and psychomotor activities, decreased energy, worthlessness, difficulty in concentrating and making decisions and related symptoms (APA, 2000).

4.5.2. Anxiety

Anxiety is an unpleasant emotion characterized by the symptoms of palpitation, trembling, sweating, heart pounding, fear of death or loss of control, chest pain, nausea, unwanted thoughts and compulsive behaviors etc. This state of a person followed by getting escape or avoidance from the certain stimuli. Anxiety triggered by keenness of future events, memories of past events, or thoughts about the past events (APA, 2000).

5. Results

5.1. Preliminary analysis

Preliminary analysis comprises of computing language equivalence of RCADS and finding out the correlation of Urdu items with original English items.

5.2. Language equivalence of Revised Child Anxiety and Depression Scale

To find the linguistic equivalence researcher first translated and adopted the RCADS according to Pakistani culture. Then compute the equivalence level between translated Urdu and original English version of RCADS. Results showed the significant correlation (r = .876) between both versions of RCADS, which is showed in table 1. Table 2 indicated the item to item correlation of Urdu items with original items.

Table 1

Linguistic Equivalence (correlation between English Version and Urdu Version) of RCADS

Test Administered	M	r	Significance
English Version	56.715	.876	.01
Urdu Version	56.708		

Note. N=151

Table 2

Item total correlation for RCADS Urdu version

Item No	r	Significance level
1	.227**	.01
2	.401**	.01
3	.390**	.01
4	.241**	.01
5	.211**	.01
6	.205*	.01
7	.426**	.01
8	.358**	.01
9	.227**	.01
10	.251**	.01
11	.354**	.01
12	.428**	.01
13	.487**	.01
14	.379**	.01
15	.311**	.01
16	.419**	.01

17	.328**	.01
18	.385**	.01
19	.382**	.01
20	.477**	.01
21	.526**	.01
22	.590**	.01
23	.352**	.01
24	.466**	.01
25	.369**	.01
26	..464**	.01
27	.542**	.01
28	.493**	.01
29	.298**	.01
30	.495**	.01
31	.399**	.01
32	.441**	.01
33	.505**	.01
34	.511**	.01
35	.554**	.01
36	.323**	.01
37	.366**	.01
38	.402**	.01
39	.448**	.01
40	.324**	.01
41	.457**	.01
42	.262**	.01
43	.473**	.01
44	.307**	.01
45	.534**	.01
46	.420**	.01
47	.483**	.01

Note. N=151

Table 3

Linguistic Equivalence (item by item) of Urdu and English Versions of RCADS

Item No	r	Significance level
1	.510**	.01
2	.573**	.01
3	.499**	.01
4	.510**	.01
5	.753**	.01
6	.473**	.01
7	.687**	.01
8	.623**	.01
9	.570**	.01
10	.442**	.01
11	.599**	.01
12	.655**	.01
13	.467**	.01
14	.521**	.01
15	.567**	.01

16	.609**	.01
17	.619**	.01
18	.823**	.01
19	.531**	.01
20	.456**	.01
21	.526**	.01
22	.627**	.01
23	.505**	.01
24	.597**	.01
25	.603**	.01
26	.538**	.01
27	.637**	.01
28	.525**	.01
29	.387**	.01
30	.548**	.01
31	.608**	.01
32	.626**	.01
33	.681**	.01
34	.670**	.01
35	.659**	.01
36	.532**	.01
37	.758**	.01
38	.671**	.01
39	.611**	.01
40	.512**	.01
41	.546**	.01
42	.588**	.01
43	.474**	.01
44	.619**	.01
45	.573**	.01
46	.577**	.01
47	.598**	.01

N=151

5.3. Reliability Studies

In order to established the psychometric properties of RCADS, internal consistency of adapted Urdu version of RCADS (Table 4) and test-retest reliability with one week interval (Table 5) were calculated.

5.4. Internal Consistency

Cronbach's Alpha was calculated in order to find out the internal consistency of Urdu version scored .883 significant internal consistencies between items of RCADS.

Table 4

Cronbach's Alpha of Urdu Version of RCADS

Scale	Cronbach's Alpha	Significance
RCADS	.88	0.001

Note. N=151

5.6. Test-retest Reliability

Test-retest reliability was computed by two administrations of Adapted Urdu version of RCADS With one week of interval. It was obtained as r=.928 that is signification at .01 probability level. These results show the temporal stability and consistency of Urdu versions of RCADS.

Table 5

Test-retest reliability of Urdu version of RCADS

Administration	M	r	Significance
First	57.09	.928	0.01
Second	56.636		

Note. N=66

6. Discussion

Valuable attention was given to an assessment on cross cultural counseling in the past. Why cross cultural assessment is a sensitive issue, just because of its application in standardized tests across culture. Tests and other psychological instruments are valuable and major components for any type of psychological research and assessments. Administration or usage of ambiguous, unclear and unclear psychological instrument can spoil the soul of true purpose of research and assessment. Culturally biased psychological tests also destroy the measurement capability of any construct in a specific culture.

At the time of selection of an instrument for the purpose of research, screening, assessment, diagnosis and counseling, it is necessary to make sure that instrument which is going to be selected must be valid, reliable and according to the language and culture of targeted population. The instrument which is valid, good to adapt. It is essential for the test items that they should be equivalent in concept and language; it is good to confirm whether a test item is bias free (Fouad, 1993; Geisinger, 1994).

Many researchers used RCADS in different countries, even where English was not their native language, in order to assess the constructs of anxiety and depression in children and youth. Multidimensional assessment and vast utilization of RCADS motivated the researcher to translate and adapt the RCADS in Urdu language according to the Pakistani culture. The Urdu version of RCADS is well-matched with its original version. Researchers also concluded that most of the time depression and anxiety co-occur. Up to 50 percent anxious people face depressive symptoms and 15 to 75 percent people face symptoms of anxiety (Chorpita, 2002).These problems ultimately effect the children's academic problems. Mental professionals along with educational experts can also use RCADS to screen out all kinds of anxiety disorders as well as depressive symptoms in children and adolescents at early level. Results of present study indicated the strong linguistic equivalence (r= 876) between original English version and translated Urdu version of scale and acceptable psychometric properties, which made sure the RCADS is a suitable measure for screening anxiety and depression in Pakistani population.

7. Conclusion

After using detailed standard translation procedure, and on the basis of significant correlation between Original English version and adapted translated Urdu version, strong psychometric properties, like internal consistency of items of RCADS and test-retest reliability, it is concluded that RCADS is reliable and acceptable Urdu measure in order to assess the anxiety depression in the children and adolescents of Pakistani population. The translated Urdu version of RCADS is more easily understandable and comprehendible for Pakistani people.

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