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A Translation and Cultural Adaptation of the Japanese Version of the Outcome Questionnaire 45 (OQ)

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ABSTRACT

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The need for psychotherapy outcome research is growing in Japan as the societal demands for psychotherapy have increased in recent years. Although researchers in Japan recognize the importance of integrating clinical practice and empirical research in evaluating psychotherapy outcome, most Japanese studies to date have relied heavily on qualitative case studies (Haebara, 1997; Kanazawa, 2004; Tanno, 2001). With the help of six translators and 116 native Japanese pilot respondents, this study adapted the Outcome Questionnaire (OQ; Lambert et al., 1996), one of the most common quantitative measures of clinical outcome, for use in Japan.

The translation of the original OQ into Japanese followed Beaton et al. (2000) to include forward translation, synthesis, back translation, and expert committee meetings. The study produced 4 pre-final versions, 2 pretests, and a pilot. With permission from the original questionnaire developers, a few items were modified to achieve cultural equivalence. The rigorous translation and adaptation processes, evaluated through the Translation Validity Index (Tang & Dixon, 2002) and Content Validity Index (Polit et al., 2007), sought semantic, content, and conceptual equivalence between the English and Japanese versions of the OQ. Study limitations and suggestions for further development of the Japanese OQ are discussed.

Keywords: Outcome Questionnaire 45 (OQ), psychotherapy outcome, outcome questionnaire, questionnaire translation, cultural adaptation, translation equivalence.

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I am grateful for you all. Because of you, I am richer.

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Introduction

The need for psychotherapy is increasing in Japan as mental health-related problems have skyrocketed in recent years (Iwakabe, 2008b; Kanazawa, 2008; Shimoyama, 2004b). However, many in Japanese society remain skeptical about psychotherapy and its benefits (Nagao, 2001; Shimoyama, 2004 a). Scholars and practitioners hope to increase acceptance for applied psychology in Japan by demonstrating its effectiveness in scientific, quantifiable ways (Iwakabe, 2008b; Shimoyama, 1997; Shimoyama, 2004b; Tanno, 2001). This task requires research paradigms and methods, including measures of patient mental health, adapted to the field of psychology in Japan.

The use of the Outcome Questionnaire 45 (OQ) is one option for achieving this aim. The OQ was developed by Lambert and his colleagues (1996) and is one of the most widely used psychotherapy outcome measures in the United States (U.S.). Researchers have used the OQ to study and track clients' progress in psychotherapy, to prevent deterioration, and to conduct practical psychotherapy research that is applicable in clinical settings (Lambert et al., 2004; Lambert et al., 2001). However, as some Japanese researchers have pointed out, measures of mental health that work in the U.S. may not necessarily apply to clinical settings in Japan (Kondo & Kamata, 1998). Further research is needed to examine whether measures that have worked well in one country can be utilized in multicultural settings. Several multicultural studies have been conducted with the OQ, such as validation studies of translated German and Spanish versions (as cited in Lambert et al., 2004). The Dutch version of the OQ showed factor structures with two additional factors compared to the original OQ (de Jong et al., 2007).

Developing an OQ that is standardized and adapted to the Japanese population will enable researchers to conduct psychotherapy outcome studies. Such studies may facilitate the integration of research and practice as well as increase the understanding of cross-cultural differences. The Japanese version of the OQ could also be a valuable tool for clinicians in determining treatment plans and increasing the effectiveness of psychotherapy. Over time, the use of reliable outcome studies in Japan may also bring greater public recognition of clinical psychology as an important mental health intervention.

The aim of this current study was to develop a Japanese translation of the OQ that was highly equivalent to the original, a step that was crucial in achieving the standardization necessary for high reliability and validity. In order to achieve this aim, the researcher strove to (a) review the literature in the areas of outcome studies in the field of psychology in Japan, the OQ and its usage in multicultural settings, and the cross-cultural translation processes (Chapter 2); (b) perform translation and cultural adaptation to develop a Japanese OQ that is equivalent to the original OQ (Chapters 3 & 4); and (c) discuss the implications of this project and suggestions for future research (Chapter 5).

Literature Review

This literature review discusses the current situation of outcome studies in the field of clinical psychology in Japan. A brief summary of OQ research follows, including cultural adaptation and issues regarding cross-cultural instrument translation.

The Current Status of Psychotherapy in Japan

In Japan, psychotherapy services are in great demand, yet various obstacles are hindering the growth of the field. This section will briefly describe the current situation of the field of psychotherapy and its development history, along with several possible approaches for augmenting the use of outcome studies and research-based practices.

History of psychology. The development of psychology as a field in Japan has been slow and stagnating compared to other countries (Iwakabe, 2008b; Shimoyama, 2008a). The field of psychology in Japan is generally considered to be a few decades behind Western countries, although this was not always the case. Psychology in Japan actually started in 1888 (Shimoyama, 2008b), and psychoanalysis and intelligence tests were introduced in Japan during the 1920s, which parallels psychology's development in Western societies (Shimoyama, 2008b). However, in Japan, mainstream psychological research was experimental and based on natural science; therefore, little academic attention was paid to psychology and its application in clinical settings (Shimoyama, 2008b). As a result, public awareness and government recognition of psychology flagged, and no national certification for clinical psychologists was developed (Iwakabe, 2008b; Tanno, 2001). These circumstances led to sluggish research activity and internal conflicts within the Japanese Psychology Association (Iwakabe, 2008b; Shimoyama, 2008b).

Recognition for psychology, particularly clinical services for children and teens, blossomed in the 1990s. Clinical school psychology and mental care outreach in conjunction with the Hanshin earthquake disaster brought clinical psychologists into the public eye (Shimoyama, 2008b). In 2001, Japan's Ministry of Education placed counselors in school settings, resulting in landmark advances in social recognition of the work of psychologists (Shimoyama, 2008b).

Despite this increased societal recognition that clinical services are needed, clinical services are not abundant nor are clinicians reaching the level of credentials and training expected in the U.S. Additionally, there is poor cooperation with other professionals and the community (Nagao, 2001; Shimoyama, 2008b).

Need for psychotherapy in Japan. As societal structures have become more complex and mental health-related problems have become widespread across the country, the need for psychotherapy is increasing in Japan (Iwakabe 2008b; Shimoyama, 2004b). In particular, Japan is experiencing a rapidly aging population, a decreasing birthrate, change in organizational structures, unemployment due to deteriorating economic conditions, bullying problems in schools, and an increase in both crime and suicide rate (Kanazawa, 2008). Psychology has drawn attention from professionals in various fields as a potential intervention to help in dealing with these problems (Shimoyama, 2008a). More professional services are required in the field of psychology as the needs of the society are amplified.

The popularity of psychology is rising in Japan and psychotherapy has been recognized publicly in recent years (Shimoyama, 2008a). However, while the practice side of psychotherapy has been emphasized, the research side has been neglected. The emphasis on clinical practice creates a huge gap between the ideal and the reality within the clinical

profession, which lacks the guidance of research-based practices (Nagao, 2001; Shimoyama 2008a). At the same time, the separation between clinical practice and scientific research has stagnated progress in the field, keeping psychology from becoming fully established in Japanese society (Shimoyama, 2008b). Part of this research and practice divide stems from the historical development of psychology in Japan.

Contributing factors to stagnating growth. Why is clinical psychology in Japan facing such stagnating growth? At least three possible factors can be considered: (a) conflicting factions among adherents to differing psychological theories, (b) a tendency for biased research methods, and (c) a lack of social recognition for professional psychologists. The first factor reflects a long-lasting conflict between different psychological theorists.

Conflicting Factions. The first potential factor is a long lasting conflict between different psychological theory sects. Jungian or Freudian psychotherapies, which are considered the first wave of psychology in the West, are still currently the main options for psychotherapy in Japan (Iwakabe, 2008b). The teacher-pupil relationship has been very strong in Japanese psychology factions, resulting in a split among sects and a lack of integration and incorporation (Shimoyama, 2008b). Conflicts among different long-standing schools of thought in Japan do not allow for the growth of newer theories, such as cognitive behavioral therapy and integrated psychotherapy (Iwakabe, 2008b).

Biased research methods. The second potential factor is problematic research methods used in Japan. Despite the rising importance of counseling in Japanese society, the scientific aspect of clinical psychology is hardly established in Japan. Psychologist Hayao Kawai, who led the development of psychology in Japan, advocated case study research because of its ability to showcase unique relationships with clients (Kawai, 1998; as cited in Shimoyama, 2004a). He

argued that objectivity and universality could be acquired through careful accumulation of case studies and close examination of various aspects of psychotherapy, and he eschewed more scientific, quantitative approaches (Kawai, 1998; as cited in Shimoyama, 2004a).

Born out of necessity, as in other countries, the case study approach was especially suited for the Japanese societal structure (Shimoyama, 2004a) and it filled an important need. However, over time clinicians developed an aversion toward empirical approaches. Many believe that quantitative studies distort humanity and do not account for the complexity of the fundamentals of human nature (Iwakabe, 2008a).

Currently, in Japan, almost no outcome studies have been conducted based on empirical research methods, nor has there been debate over creating rigorous research standards (Kanazawa, 2008). Few advances have been made in the field of clinical psychology research since the discontinuance of clinical psychology academic articles in 1968 (Shimoyama, 2004b).

In 1971, Tabata, a pioneer in psychotherapy outcome research in Japan, criticized the overuse of case study methods and called for systematic outcome studies. Tabata pointed out that scientific inquiry about psychotherapy effectiveness was being hindered by the lack of institute-based research specialists trained in the scientist-practitioner model and by the absence of a cooperative and organized research system among researchers. He emphasized that establishing such scientific research methods was essential to furthering understanding of psychotherapy outcomes.

Interestingly, however, nearly forty years after Tabata's article, a summary of depression studies in Japan from 1990 to 2006 (Okamura, Kameyama, & Sakamoto, 2008) found that

> [Little] discussion has taken place about conceptualization or research methods for depression studies. Most of the clinical psychology studies have been mainly case

> studies. It will be impossible to carry out meaningful research unless there are organized ways of conducting studies. (p. 238)

After analyzing 935 published studies on depression, Okamura and colleagues (2008) found that most studies did not meet rigorous criteria of psychological research because of small or convenience sampling, invalid questionnaires, exclusive reliance on case studies, and so on. The authors concluded that more effective research on depression treatment needs to be conducted using organized scientific methods with "objective criteria for diagnosing and measuring depression" (p. 239).

Among other shortcomings, it is impossible to conduct meta-analyses using existing case studies because all descriptions are written qualitatively, no quantitative indicators are used, and diagnoses are rarely given to clients (Haebara, 1997; Kanazawa, 2004; Tanno, 2001). Such biased orientations towards research methods seem to be hindering the practice of new psychotherapy approaches and research on their outcomes.

Lack of recognition. The third potential factor for this slow development in the field of psychology in Japan is the lack of social recognition for the psychology profession, in part because of the influence of the closed psychiatric community. In Japan, psychiatry is the only nationally recognized certificate that will allow one to officially diagnose and conduct psychotherapy (Iwakabe, 2008b). Psychiatrists have a tendency to accept pharmacology as the most effective scientific way to treat psychological disorders. Many Japanese psychiatrists perceive psychotherapy as an art, not a science, even today (Tanno, 2001). Since psychologists have not been given any national certification, and because psychiatrists have the position of authority, professionals in the mental health field in Japan have to depend on the diagnoses of psychiatrists (Iwakabe, 2008b). In fact, psychotherapy services are not covered by health

insurance at all (Iwakabe, 2008b), which hints at public officials' regard toward the clinical psychology field.

As public health spending has been reduced in recent years, demonstrating the effectiveness of psychotherapy is a matter of vital importance for psychologists and those they serve. Thus, the early establishment of an outcome research method is considered an important task (Shimoyama, 2004b). However, with a scarcity of psychotherapy outcome studies (Kanazawa, 2008) and a high standard of professionalism sometimes lacking among practitioners (Shimoyama, 2004b), it has been difficult to objectively show the practices' effectiveness that could win cooperation from other professionals (Shimoyama, 2004b). The neglect of psychotherapy effectiveness studies probably contributes to medical practitioners' reliance on psychopharmacology and dismissal of psychotherapy, with its emphasis on healing through therapeutic relationships (Luhrmann, 2000).

Possible approaches for change. The field of psychology in Japan has several strengths. As clinical psychology developed within the Japanese culture and social structure (Shimoyama, 2004b, 2008b), Japanese psychotherapists incorporated Eastern philosophy to develop theories that are deeply rooted in the Japanese social climate (Shimoyama, 2008b). Some of these theories, such as Morita therapy and Naikan therapy, have gained attention from Western psychologists. Many practitioners in Japan affirm the importance of clinical practice. They contribute research and encourage the growth of clinicians (Iwakabe & Koyama, 2002; Kawai, 1998). However, their typical research approach, examining relationships with clients through case studies (Iwakabe & Koyama, 2002; Kawai, 1998), has been unsuccessful in moving clinical practice forward into the mainstream of mental health services. What possible approaches would generate a better balance of research and practice and provide validation for psychotherapy

tools? This section explores three main approaches: (a) increasing acceptance for psychotherapy by demonstrating correspondence to societal needs, (b) adapting research methods to the unique circumstances in Japan, and (c) blending research paradigms to transcend psychotherapy factions.

Demonstrating correspondence to societal needs. The first proposed approach is to show how psychotherapy can help to meet societal needs. Attention has been given to psychotherapy as one of the solutions to various public concerns in Japan; missing from the discussion is empirical evidence to demonstrate its effectiveness (Shimoyama, 2008a). Outcome research that creates accountability for psychologists and facilitates public recognition will enhance their status as viable practitioners. Ideally, such research will provide more opportunities for psychologists to contribute to public welfare as they collaborate with professionals in education, social work, industry, law, and medicine (Iwakabe, 2008a; Shimoyama & Tanno, 2002; Shimoyama 2008a, Kanazawa, 2008). Outcome research will also help guide therapists to the most effective treatments.

Currently, physicians are the primary providers of mental health treatment (The Japanese Association of Brief Psychotherapy, 2004). Seeing a psychiatrist is less stigmatized than it used to be, as more and more people visit mental health clinics. However, psychiatrists see an average of 50–70 clients a day in clinical settings, and it is impossible for them to take enough time to fully explore the thoughts and worries of each client (Iwakabe, 2008b). In view of psychiatrists' so-called 5-minute interventions, many clients complain that the physicians only prescribe medication and do not listen to their problems (Iwakabe, 2008b). Although many Japanese people are desperate for the help that psychotherapy provides (Iwakabe, 2008b), the status of psychologists is not established in the medical field because psychotherapy is still seen

as an art (Tanno, 2001). Changing that perception will require scientific and objective research methods that demonstrate the effectiveness of psychotherapy in meeting real societal needs.

Adapting research methods to Japan. The second approach is to adapt research methods to the unique circumstances of Japan. Psychotherapy researchers in Japan may encounter several difficulties. Psychotherapy in Japan is usually long-term, meaning that researchers may need to sift through vast amounts of information. It is difficult to obtain consensus from clients to participate in research, and researchers who conduct empirical studies are scarce as well (Iwakabe, 2004; Iwakabe & Koyama, 2002). Beyond the prevalence of case studies (Fujiwara, 2008; Iwakabe, 2004; Kawai, 1998; Shimoyama, 2004b), there is a movement towards developing new theories and research methods that are unique to Japan. This movement is in reaction to the past trend of adopting foreign theories and models in Japan without examination (Shimoyama, 2004a; Fujiwara, 2008; Sugiura, 2004). If the outcome study approach is sensitive and adaptable to these particular situations of Japanese culture and social structure, it will be more likely to be accepted by the practitioners (Iwakabe, 2008a; Sugiura, 2004).

Blending research paradigms. The third approach is the spreading of various research methods and paradigms. Although case studies occupy an important position in the field of psychology in Japan, there is criticism for their subjective approach, and some researchers have started advocating the necessity of implementing an empirical approach for psychotherapy study in addition to the mainstream case study approach (Iwakabe, 2008a; Iwakabe & Koyama, 2002; Kanazawa, 2004; Shimoyama, 2008a). These advocates claim that quantitative and qualitative approaches are complementary of each other, and both are needed to examine the effects of psychotherapy from various perspectives (Iwakabe, 2008a; Kanazawa, 2004; Kawai, 1998; Shimoyama, 2004b; Tanno, 2004a).

At the same time, researchers are concerned about positivism, which sees certain research methods as superior to others, as well as the universal application of research findings. Many practitioners in Japan are concerned because they believe evidenced-based treatments (EBT) might validate therapeutic approaches that meet EBT standards, such as for efficacy, and deny those that do not meet the criteria (Iwakabe, 2004, 2008a; Kawai, 1998; Shimoyama, 1997, 2004b). Validating and respecting these concerns will be one of the important tasks.

Therefore, a method is sought that is practical, applicable, contextualized, and values the complexity of human interaction (Fujiwara, 2008; Iwakabe & Koyama, 2002; Shimoyama, 1997, 2004a). Such a method would ideally blend practice, research, and the application of research findings, with each informing the other, leading to an upward spiral (Shimoyama, 2004b). By using a method that combines science and practice to show the usefulness of psychotherapy in clinical settings, it will be possible to create unity and integration that transcends the different theoretical sects. This can enable the practice of psychological treatment to more readily correspond to societal needs, and for the psychology profession to be founded in Japan's social structure (Iwakabe, 2004; Shimoyama, 1997, 2008a). One specific tool that may prove helpful in this endeavor is the Outcome Questionnaire-45.

Outcome Questionnaire 45 (OQ) and its Cultural Adaptation

As suggested in the previous section, there is a need for empirical research and for ways to evaluate psychotherapy outcome in a practical and contextual way. Research methods can be universal; yet they need to be utilized in specific cases according to clients' unique needs and for their well-being (Fujiwara 2008; Iwakabe, 2008a; Shimoyama, 2004a). Questionnaires are commonly used to help evaluate psychotherapy outcome. Although many psychologists in Japan are concerned about questionnaire usage, many researchers advocate the importance of

quantitative data brought by questionnaires. They also argue for the need to build a database of information, that supports clinicians with the best psychotherapy treatment suited for the unique needs of the clients (Shimoyama, 1997; Tanno, 2001, 2004). Iwakabe (2008a), an expert and a pioneer of psychotherapy process study in Japan, introduced the Outcome Questionnaire 45 (OQ), a measurement of psychotherapy outcome, in a recent book. He wrote that questionnaires can help researchers gather important information that is practical for clinical settings. This section will introduce the OQ, its purpose, development, and psychometric properties. It will then talk about how the OQ has been used in other countries and multicultural settings. Finally, it will discuss what is needed to enhance the OQ's cross-cultural usage and how the OQ can be beneficial in the field of psychology in Japan.

History of the OQ. The research on psychotherapy outcome began when Eysenck (1952) cast suspicion on the effectiveness of psychotherapy. In a controversial paper, he analyzed previously published articles and concluded that "[these data] fail to prove that psychotherapy…facilitates the recovery of neurotic patients" (Eysenck 1952, p. 321). He then suggested that practitioners need to present more data to support psychotherapy effectiveness before they claim its "usefulness and therapeutic success" (p. 322). In response to Eysenck's paper, Bergin (1971) analyzed the same data Eysenck used and reached a conclusion that psychotherapy was indeed effective in promoting clients' psychological functions. These papers fueled a debate over psychotherapy outcome and elicited a need for the thorough investigation of psychotherapy (Smith & Glass, 1977).

The need for rigorous psychotherapy outcome studies became even greater as managed care started to advance into the mental health field. The primary concern of health care managers was to decrease health care costs and increase mental health care quality (Brokwski,

1991; Mirin, 1991). Psychologists were required to demonstrate to third party providers the effectiveness of psychotherapy treatments (Brokwski, 1991; Mirin, 1991). To meet this demand, evidence-based treatments (EBT) began to gain influence in the research field (Lambert et al., 2004). Psychotherapy interventions, whose effectiveness has been validated through empirical research, are considered EBT. Over the years, organized task forces have attempted to provide a list of empirically proven approaches for establishing accountability of psychotherapy (Lambert et al., 2004). Although now considered mainstream, this movement emphasized the importance of the medical model in psychotherapy practice. This model discouraged the use of therapy methods that were not empirically sustainable (Iwakabe, 2004; Kanazawa, 2004; Tanno, 2001). Many have criticized this EBT movement because the simplistic findings through empirical study were not necessarily applicable to the complexities of clinical practice (Iwakabe, 2004; Iwakabe & Koyama, 2002; Kanazawa, 2004; Shimoyama, 2004b; Tanno, 2001). Although this approach has given insights to potentially effective interventions within psychotherapy, the underlying result of this movement was a greater divide between research and practice.

In order to reduce the gap between research and practice, several researchers began advocating "patient-focused" methods (Howard, Kopta, Krause, & Orlinsky, 1996; Lambert, Hansen, & Finch, 2001). Rather than focusing on group outcomes, this paradigm focuses on individuals, as this proved to be the most reliable way to evaluate clients' distress. This approach allowed clinicians to receive "real time feedback" on clients' progress on a routine basis, which helped them base treatment decisions on individual situations (Lambert et al., 2001, p. 159). Further, the patient-focused research clearly emphasizes an approach that includes all factors of therapy outcome, not just specific interventions. Those who advocate this method

claim that the task of reducing the gap between research and practice is possible through this patient-focused approach (Howard et al., 1986; Lambert et al., 2001; Lambert et al., 2004).

Thus, the OQ was introduced as a way to forge these conflicting theories and further validate the patient-focused research. The OQ is a low-cost, self-administered, 5-point, Likert-cale questionnaire, consisting of 45 questions, developed by Michael Lambert and his colleagues (Lambert et al., 1996). The test can be administered to the patients weekly in a period of approximately 5–10 minutes, during the course of therapy. The questionnaire covers three domains of a client's life: Symptom Distress (*SD*; clients' subjective symptoms distress, mainly focusing on depression/anxiety related symptoms), Interpersonal Relations (IR; satisfaction and problems in interpersonal relationships), and Social Role (SR; the level of social functioning in areas such as work and school). The OQ was instrumental in providing a brief measurement that could evaluate various aspects of mental health without involving complex research methodology (Lambert et al., 1996). The ability to measure several variables in such a compact format makes this questionnaire one of the most widely used resources in the U.S.

Research conducted in the U.S. has examined the reliability and validity of the original English version of the questionnaire (Lambert et al., 1996; Lambert et al., 2004; Mueller, Lambert, & Burlingame, 1998; Umpshress, Lambert, Smart, Barlow, & Clouse, 1997; Vermersch, Lambert, & Burlingame, 2000; Vermersch et al., 2004). Normative data of the OQ have been collected from various areas and sample types throughout the U.S. (Lambert et al., 2004). The total OQ score shows an adequate test-retest reliability (r = .84), and high internal consistency (.93). Studies found no significant relationships between the total scores and age and the total scores and gender (Lambert et al., 1996). The results of test-retest reliability

indicate that those who are in psychotherapy, on average, show decreases in the OQ total score; whereas those who are not in treatment show relatively stable scores (Lambert et al., 1996, 2004).

Several validity studies have also been conducted, and the results show that the OQ has strong concurrent validity ranging from .55 to .88 with various scales (e.g., Symptom Check List-90, Beck Depression Inventory, Social Adjustment Scales, and State Trait Anxiety Inventory). The OQ also shows high criterion validity. When community and patient samples were compared, the scores of the community sample were significantly lower than the clinical sample. The scores on the OQ and the Diagnostic and Statistical Manual of Mental Disorders (DSM) III-R diagnosis also show high construct validity by distinguishing between the clients with diagnosable disorders and those with V-code diagnoses (that is clients with symptoms not attributable to a mental disorder; see Lambert et al., 1996; Mueller et al., 1998; Umphress et al., 1997).

A main focus of the OQ is to "define normative functioning, dysfunction, and meaningful change" (Hill & Lambert, 2004, p.117). One of the features of the OQ is its sensitivity to detect changes in clients' symptoms and well-being. The OQ utilizes the concept of clinically significant change (Jacobson, Follette, & Revenstorf, 1984; Jacobson & Truax, 1991). This concept is particularly important to the OQ because it helps clinicians to evaluate changes in each client's functioning level; whereas conventional research methods that measure statistically significant change using large samples do not reflect unique changes in individual clients. The OQ uses a cutoff score and reliable change indices (RCI) to evaluate clients' change in psychotherapy. The cutoff score was calculated using the formula introduced by Jacobson and Truax (1991); this formula calculates the midpoints between the means of functional and dysfunctional samples. Based on the norm collected in the U.S., the cutoff score of the English

OQ is 63/64. This score distinguishes the normal and dysfunctional population. The RCI was also calculated based on the study done by Jacobson and Truax (1991). The original OQ study concluded that the RCI was 14, which indicates that changes in clients' scores are statistically significant when they are greater than 14. Information that can be obtained through these scores has been used in dose-response relationship studies; it functions as a valuable outcome marker for clients' improvement or deterioration. When these data are utilized in conjunction with other information about clients, they serve as valuable tools in clinical assessment (Hill & Lambert, 2004).

As these studies have demonstrated, the OQ is a sound outcome measurement that is appropriately reliable and valid. It is a good way to track client progress and is well-suited to patient-focused research (Lambert et al., 2001; Lambert et al., 1996; Lambert, Okishi, Finch, & Johnson, 1998). The OQ is typically used for therapy outcome assessment, and clinicians use feedback based on OQ scores to monitor clients' progress during sessions and to help prevent clients' symptom deterioration or drop out (Lambert, 2007). In terms of broader research, Lambert and various colleagues (1996, 2007), as well as others, studied psychotherapy outcome by using this questionnaire. The data collected with the OQ is used as an outcome research database (Lambert et al. 1996; Lambert et al., 2007). Past research has shown that outcome prediction based on statistical methods is often more accurate than clinical judgment of professionals (Meehl, 1955). The information available through the OQ is a useful guideline to find the best therapeutic approach for each client, particularly when it is integrated with clinicians' experiences (Lambert et al. 1996; Lambert et al., 2004).

The OQ use in multicultural settings. Although the OQ is a widely used measure and has contributed much to the field of psychotherapy, several limitations have been pointed out.

Researchers have indicated their concerns for the use of the OQ in cross-cultural settings because of its limited sample population (Hanson, Merker, & Pfeiffer, 2007; Lambert et al., 1996). The original OQ was developed based on sample groups that mainly consisted of Caucasian participants (Abanishe, 2008; Hanson et al., 2007; Lambert et al., 1996). The OQ researchers also used young, educated college students in its standardization process, which makes generalization to other populations difficult (Hanson et al., 2007). The cutoff scores and RCI used in the OQ are calculated based on these limited norms; therefore, it is crucial to conduct studies to evaluate cutoff score and RCI stability across different ethnicities and cultural groups (Aanishe, 2008; Hanson et al., 2007). However, the studies of the OQ in different cultural settings are still limited in numbers, and the cross-cultural stability of the OQ has not yet been fully established (Talley & Clark, 2006). In fact, the OQ manual warns its users to be cautious in interpreting the OQ scores for ethnic minority groups (Lambert et al., 2004).

As of 2011, four main studies have examined the use of OQ in multicultural settings. The first, conducted by Nebeker, Lambert, and Huefner (1995), examined ethnic differences between Caucasian and African-American participants. They found no significant score differences between these two ethnicities and concluded that the OQ does not "significantly over- or underpathologize the African-American [population]" (Nebeker et al., 1995, p. 878). However, some differences were found in items concerning substance abuse and interpersonal relationships. The pattern of symptom manifestation differed between the two ethnic groups: the African-American population showed higher rates of substance abuse; whereas the Caucasian population showed higher rates of affective complaints.

In the second study, Gregersen, Nebeker, Seely, and Lambert (2004) looked for differences among Caucasian, Asian, and Pacific Islander college student populations. Their

results showed that both Asians and Pacific Islander participants scored significantly higher compared to the norms established by Caucasian populations, with Asians scoring the highest. This difference could be a result of higher prevalence of psychopathology among these populations; however, it could also result from various other reasons, such as response bias, cultural heritage, cultural background, and linguistic abilities (Gregersen et al., 2004). The authors included a caution for using the OQ score interpretation with these ethnic groups, and suggested that further research is needed to enhance understanding of these ethnic differences.

The third study was conducted by Lambert, Smart, Campbell, Hawkins, and Slade (2006). They examined archival data to establish baseline outcome data for ethnic minority groups, including African-Americans, Asians or Pacific Islanders, Latinos, and Native Americans. Data from 952 minority participants were matched with Caucasian control groups. The results showed that therapy dropout rates were similar across all the ethnicities. The results also showed no significant difference of outcome among different ethnic groups. The authors mentioned that this finding was comparable to past research conducted with a sample of university students, and they concluded that these findings could be generalizable to other university counseling centers.

The fourth study, conducted by Abanishe (2008), examined the cross-cultural differences of OQ scores among Caucasians and African-Americans. The study used a sample of 283 Caucasians and 283 African-Americans matched on propensity scores, which is a commonly used method in matching samples in order to reduce bias resulting from non-random assignment (D'Agostiono, 1998). Matching on propensity scores has been reported to result in the matched populations being similar (D'Agostino, 1998). There were no significant mean differences in total OQ scores between these two ethnicities, and no response set bias was found. In other words, statistical analysis revealed that both ethnic groups showed similar results on the OQ.

However, the factor analysis showed discrepancies in factor loadings, which resulted in a five-factor model, rather than the developers' three-factor model, appearing to be the simplest structure for both African-American and Caucasian groups (Abanishe, 2008). The results of the factor analysis showed that the first four factors were similar in both ethnicities; however, some differences were found in the fifth factor, drinking/drug usage and interpersonal conflict. Although the OQ is a good outcome measure with sound psychometric properties, Abanishe (2008) concluded that further cross-cultural study is needed to establish "diverse standardization samples and apply tests of cross-cultural equivalence and [psychometric tests]" (p. 42).

OQ translation issues. Since the OQ was first published in 1996, it has been translated into many languages (Lambert et al, 2004). Among all the language versions, normative and psychometric information is available for the German, Spanish, and Dutch versions. This section will briefly introduce the studies conducted with the translated versions of the OQ.

Translated OQs have been utilized in studies in various countries. In Germany, for example, the OQ has been used in extensive research (your original comment: Add transition here The OQ has been used in extensive research in Germany) (Percevic, Lambert, & Kordy, 2004). The study conducted in Germany using the German version of the OQ showed that its normative data were very similar to those of the U.S. population. Its psychometric properties were also very similar to the original English version: internal consistency was .93, test-retest reliability was .89, and validity coefficients varied from .45 to .76 (Lambert, Hannover, Nisslmuller, Richard, & Kordy, 2002, cited in Lambert et al., 2004). The OQ study has been integrated with information technology as a part of outcome research conducted in the Center for Psychotherapy Research, located in Stuttgart, Germany. Researchers there reported that use of

the OQ in PalmPilot form can enhance the outcome research for improving treatment and understanding symptom course (Percevic et al., 2004).

In addition to studies in Germany, research has also been conducted in several Spanish-speaking populations, including Chile, Puerto Rico, and an immigrant group in the U.S. Studies have been conducted in Chile and Puerto Rico as well a study that was conducted using an immigrant population in the U.S. (de la Para & Bergen, 2002, as cited in Lambert et al., 2004; Harlinger, Auger, Garcia, & Rodriguez, 2002, as cited in Lambert et al., 2004; Jurado, 2007). In all three populations, reliability of the total OQ scores were adequate, ranging from .82 to .91 for internal consistency, and .82 to .87 for the test-retest reliability. However, the Interpersonal Relations and Social Role scales had lower internal consistency than those of the U.S. population. The cutoff scores obtained from the studies with Puerto Ricans and Spanish speaking immigrants were similar to the cutoffs based on the English version, while clinical samples in the Chilean study had higher scores than the clinical samples of the English version. New cutoff scores were developed for both Chilean (72/73) and immigrant populations (65/66). Jurado (2007) reported that some items showed low item-total correlations and low factor loading, and then suggested revision for these items. Factor analysis did not support the original conceptualization of a three-factor model. The OQ showed high sensitivity for change in all the populations, which validated the questionnaire's criterion validity. According to psychometric tests conducted with these populations, the OQ exhibited sound reliability and validity (de la Para & Bergen, 2002, as cited in Lambert et al., 2004; Harlinger et al., 2002, as cited in Lambert et al., 2004; Lambert et al., 2004; Jurado, 2007).

Extensive psychometric tests were conducted with the Dutch version of the OQ in 2007 (de Jong et al., 2007). The mean Dutch OQ scores for the community and clinical samples were

lower than those in the U.S., and a small gender score difference was found. The authors reported that the reliabilities of the OQ scores were sufficient, ranging from .91 to .93 for internal consistency, and .70 to .71 for the test-retest reliability. Concurrent validity was adequate, ranging from .60 to .80. The OQ scores were able to distinguish community and clinical populations. The result of their factor analysis fit a five-factor model, which differed from the original three-factor model conceptualization. The cutoff score was recalculated especially for a Dutch population (55), which was lower than the U.S. cutoff score. The authors found that, although there were some differences, the Dutch OQ had adequate psychometric properties that were similar to the original OQ.

Enhancement of cross-cultural study. The results of these OQ multicultural studies demonstrate that, even in translation, the questionnaire has adequate psychometric properties, sensitivity to change in clients' psychological functions, and ability to identify a clinical population (Abanishe, 2008; de Jong, 2007; de la Para et al., 2002; Gregersen et al., 2004; Harlinger et al., 2002; Jurado, 2007; Lambert et al., 2006; Lambert at al., 2002; Nebeker et al., 1995; Percevic et al., 2006; Tally et al., 2006). However, the results also suggest that more research needs to be conducted for improving the OQ's cross-cultural stability. The results of score differences on gender and ethnicity have been somewhat inconsistent. The OQ scores tend to be significantly higher for Asian and Pacific Islander populations, suggesting a need for new cutoff scores and RCI that are appropriate for those specific ethnicities (Gregersen et al., 2004). A few items may benefit from revision based on item-correlation analyses (Jurado, 2007). The reevaluation of the three-factor model was also recommended because many of the studies did not hold up the original conceptualization (de Jong, 2007; Jurado, 2007). To increase the OQ's cross-cultural sensitivity, further research is needed to explore the limitations indicated by these

studies. Researchers have repeatedly advised the cautious use of the OQ with ethnically diverse clients "until more substantive information is known" (Hanson et al., 2007, para. 13).

Developing and using a culturally sensitive measurement is an ethical practice, as mentioned in the APA Ethics code: "Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested" (American Psychological Association, 2010). It is crucial to establish cross-cultural stability of the OQ so that its findings can be generalizable across cultures.

Benefits of the present study to psychology in Japan. If cultural sensitivity of the Japanese OQ is successfully achieved, the instrument may have great positive potential in the field of clinical psychology in Japan. Conducting systematic outcome research could bring strong support for an integrative approach among practitioners. This could diminish the current antagonisms that exist among various psychotherapy approaches (Shimoyama, 2004a). Outcome research can also provide empirical data of the effectiveness of psychotherapy, which could result in establishing the value of psychological treatment in Japan (Shimoyama, 2004a). Outcome research would also offer valuable cross-cultural information about Japanese clients (Lambert, 2004).

The OQ would be an excellent choice of research measurement because it can produce general findings of psychotherapy outcome yet can be applicable to the unique needs of each individual (Howard et al., 1986; Lambert et al., 2001), reducing the gap between research and practice, which is greatly needed in psychological treatments in Japan. The use of the OQ in Japan aims to "[make] empiricism a viable part of routine practice rather than a distant abstraction that practitioners find difficult to incorporate in practice" (Lambert, Bergin, & Garfield, 2004, p. 9). Nevertheless, the developers of the questionnaire are aware of the

complexity of the psychotherapy dynamic, which cannot be easily evaluated with a single method. In fact, Lambert et al. (2004) proposed a dual research methodology:

> We find ourselves endorsing a kind of pluralism that does not throw out the virtues of the traditional approaches of research but complements those with a variety of flexible techniques for getting at the complexity of the phenomena we deal with. At the same time, we are not advocating a reversion to 19th century phenomenology and hermeneutist, but rather, an objective approach to subjective phenomena that can be addressed qualitatively and descriptively using rigor and, in many cases, quantification. (p. 818)

The proposed use of the OQ is not intended to replace but rather to support the existing emphasis on case studies in Japan by supplementing those studies with empirical information. With tactful use, the OQ can be nicely adjusted to meet and improve treatment outcomes in Japan. Most important, clients would benefit the most from such a change. For these reasons, developing a Japanese OQ that is culturally adapted and sensitive to the Japanese population could be very valuable.

Issues in Cross-Cultural Instrument Translation

Questionnaires are often used in efforts to increase multicultural understanding and to meet societal needs (Guillemin, Bombardier, & Beaton, 1993). As globalization increases, valid and reliable questionnaires that can be used in various cultural settings may allow appropriate cultural comparison to be achieved (Hui, 1985). Questionnaires can be obtained in one of two ways: (a) by developing a new questionnaire, or (b) by translating an already developed questionnaire. Since developing a new questionnaire requires profound effort for processes such as measurement conceptualization and item reduction, translation of an already validated

questionnaire is a common choice (Guillemin et al., 1993). Another reason to choose translation, particularly for obtaining cross-cultural information, is that development of a new questionnaire slows down cultural comparisons rather than speeding up the acquisition of that knowledge.

Even though questionnaire translation is a widely used approach, it also has been criticized for various reasons. Most of the questionnaires are developed in Western countries, and it has been pointed out that the conceptual frameworks of the measurement might not be applicable to non-Western countries (Behling & Law, 2000). The indigenous psychology movement encourages researchers to develop concepts and questionnaires that meet specific local needs (Behling & Law, 2000). This movement has led controversial discussion of emic versus etic conceptualization.

Careful consideration of emic versus etic conceptualization is critical for developing a good cross-cultural instrument translation. Emic conceptualization focuses on concepts that are culturally specific and only exist in a particular culture (Behling & Law, 2000; Flaherty et al., 1988). The emic approach attempts to understand social phenomena from an "insider's view of the culture" (Flaherty et al., 1988, p. 257). Descriptions of emic behaviors and concepts are rich, yet bounded to a specific culture, and thus may not be applicable to other cultures. On the other hand, etic conceptualization seeks universal concepts that exist in both source and target cultures. The etic approach uses behavioral concepts of one culture to evaluate the behaviors of another culture. This approach is often viewed as a method that lacks insight into cultural differences between the two cultures (Flaherty et al., 1988; Jones, Lee, Phillips, Zhang, & Jaceldo, 2001). From the point of view of an etic conceptualization, translating a questionnaire into another language could create various problems. In fact, Behling and Law (2000) point out that a translation that is semantically and conceptually equivalent to the original questionnaire is

problematic and very difficult to achieve. Moreover, it is rare to find literature on cross-cultural translation that uses systematic and rigorous approaches and demonstrates specific translation methods (Tang & Dixon, 2002).

Cross-cultural equivalence translation theory. Do problems with emic versus etic conceptualization imply that it is pointless to develop a questionnaire outside the source language? Should the translation approach be abandoned? Behling and Law (2000) claim that, even across languages and cultures, "ways exist to deal with problems and to develop procedures and instruments that will yield useful information" (p. 6). Guillemin et al. (1993) suggested that although simple translation does not produce high equivalence due to cultural differences, cross-cultural adaptation is possible if a systematic translation approach is taken. If the cultural appropriateness is improved, though perfect equivalence between original and translated questionnaire might not be obtainable, it is possible to develop a translated questionnaire that is sufficiently similar to the original version, so that cross-national comparison is possible. Of course, cross-cultural comparison will fail if cross-cultural equivalence studies show that survey items in both the original and target languages are not measuring the same attribute (Tang & Dixon, 2002). This study aims to pursue a rigorous translation method that can result in an adapted questionnaire that is culturally sensitive and also as equivalent as possible to the original scale. There are three points in translation theory that will be helpful in achieving this goal, which are (a) utilizing derived etic concept, (b) having congruence between the research goal and the translation strategy, and (c) understanding and choosing the best translation option.

The first point is the utilization of derived etic concept. There is a great debate over whether emic or etic conceptualization needs to be emphasized in cross-cultural study. However, there are many who recommend a derived etic concept (Jones et al., 2001). This concept

"includes the essential characteristics of the concept common to the two cultures as well as an appreciation or sensitivity to the characteristics that are unique to specific group" (Jones et al., 2001, p. 301). Brislin (1993) mentioned that important constructs usually do not neatly fall into categories as either specifically unique to one culture (emic) or exclusively universal (etic). He claimed that constructs are more complex than a simple dichotomy, and they are "often combinations of a common etic core plus culture-specific emics" (Brislin, 1993, p. 74). Close scrutiny of questionnaire conceptualizations in both cultures is needed to see whether such an etic/emic mix will emerge. When such a combination surfaces, it is necessary to describe how these two dimensions—etic and emic—are related to each other, and those dimensions need to be reflected in the questionnaire adaptation process (Behling & Law, 2000).

The second point is the congruence between the research goal and the translating strategy. The goals of cross-cultural study can be grouped into two categories: operational and comparative (Jones et al., 2001). The research is "operational" when its goal is to determine whether a phenomenon exists in a certain culture. The research is "comparative" when its goal is to compare phenomena in different cultures (Jones et al., 2001, p. 301). Translation strategies naturally follow the research goal. When the goal is operational, an asymmetrical translation is the best approach; that is, "loyalty to one language, usually the source language" dominates (Werner & Campbell, 1970, p. 399). On the other hand, when the goal is comparative, a symmetrical translation will be the best option. It aims at both the loyalty of meaning and equal familiarity and colloquialness in both the source and target languages (Warner & Campbell, 1970). In other words, it is a translation approach that facilitates "a culture symbol in the source language [being] translated into a culture symbol in the target language which evokes the same functional response" (Warner & Campbell, 1970, p. 400).

The third point is the understanding and choosing the best translation option. According to De Vijver and Hambleton (1996), there are three options in cross-cultural translation: (a) to apply the instrument in literal translation; (b) to adapt parts of the instrument; or (c) to assemble an entirely new instrument" (p. 91). When the original questionnaire is fully established, the translated version of the questionnaire needs to go through the process of adaptation; that is, the target questionnaire will maintain the items from the original with changes or deletions of wording , or even of items, if needed, in order to improve its cultural appropriateness. When extreme cultural differences exist between the original and the target culture, such as between the U.S. and Japan, the process of questionnaire translation will be an adaptation (Behling & Law, 2000; Guillemin, 1993). In fact, instruments will most likely require adaptation whenever they are used in other countries with different cultures and languages (Beaton, Bondardier, Guillemin, & Farraz, 2000; Guillemin et al., 1993).

If both original and target language versions of the questionnaires are in their development, the decentering method is an option. The decentering method is "a translation process in which the source and the target language versions are equally important and [equally] open to modification during the translation processes" (Brislin, 1970, p. 37). The decentering approach is an ideal approach for achieving high semantic equivalence. However, the use of this approach is extremely rare. Since the OQ is already developed, this method of decentering is not applicable in the current study.

Requirements for measurement. In order to develop a high quality questionnaire, it is important to know what comprises effective measurement. Behling and Law (2000) listed the main critical requirements for such a measurement. First, the original instrument needs to have good psychometric properties. It is fundamental for the original questionnaire to meet the basic

standards of psychometrics; however, high validity and reliability in the original measurement does not guarantee that the target language version will have the same psychometric properties. Second, the translated version needs to achieve semantic, conceptual, and procedural equivalence. Third, the measurement needs to establish utility. Behling and Law (2000) suggested that the utility of a measurement can be understood in three categories: statistical significance, practical utility, and economic utility. The authors stated that all three of these aspects are vital for measurement to be useful. Last, legality needs to be considered for the questionnaire to be utilized. Legality and acceptability of questionnaire contents vary depending on different cultures. What is regarded as "sensitive information" varies from society to society, thus the questionnaire also needs to be sensitive enough not to be intrusive (Behling & Law, 2000, p. 15).

Among all the critical requirements needed for good translation, the most critical requirement for a translated questionnaire is equivalence. Equivalence is defined as "the degree to which survey measures or questions are able to assess identical phenomena across two or more cultures" (Johnson, 2003, p. 351). No matter what translation method is used, cross-cultural equivalence needs to be given extra deliberation. In the field of cross-cultural research, various perspectives seek to define cross-cultural measurement equivalence (Flaherty et al., 1988; Guillemin et al., 1993; Johnson, 2003). Among these equivalence concepts, six types of cross-cultural equivalence are commonly discussed: (a) semantic equivalence, (b) content equivalence, (c) conceptual equivalence, (d) technical equivalence, (e) normative equivalence and legality, and (f) criterion equivalence.

Semantic equivalence. Semantic equivalence is defined as the "equivalence in the meaning of words" (Guillemin et al., 1993, p. 1423). Unfortunately, "achieving [semantic equivalence] may present problems with vocabulary and grammar" (Guillemin et al., 1993, p.

1423). Translators need to be concerned about whether the translated words have the same meaning as those in the original measurement, if translation results in grammatical difficulties, and other semantic problems. Colloquialisms and idioms also need to be carefully translated to have equal or similar meanings in the target language (Beaton et al., 2000). Translating the questionnaire is the first step of developing a culturally adapted scale, but achieving semantic equivalence in the process of translation has been found to be one of the most difficult tasks. Despite this difficult challenge, semantic equivalence is crucial because all other forms of equivalence cannot be achieved without this equivalence (Guilmer et al., 1993). In many situations, more effort is given to the semantic expression of language than to direct translation through the original linguistic form, in order for the translation to be more comprehensive in the target language. Among various approaches available to achieve semantic equivalence, back translation has been reported as one of the key methods to establish semantic equivalence (Brislin, 1970).

Content equivalence. Content equivalence means that the content of questionnaire items needs to be relevant in both the original and target cultures. This means that each item of the questionnaire needs to be evaluated to determine whether the described phenomenon is equally relevant in each culture. When the content validity of the original questionnaire is already established, reexamination of the relevance of the measurement items in the target culture needs to be performed (Flaherty et al., 1988; Geisinger, 1994). A team approach is frequently taken to achieve content equivalence: a team of content experts from various professions will examine the content of each item to see whether these items are perceived and experienced in the target culture (Flaherty et al., 1988).

Conceptual equivalence. Even when the same words are used in different cultures, they do not necessarily have the same conceptual meaning between cultures. Conceptual equivalence refers to whether the measurements have the same theoretical constructs or meaning in both cultures (Flaherty & Joseph, 1988; Okazaki & Sue, 1995). One cannot automatically assume that concepts that are applicable in one culture will be equally applicable in another culture without careful examination of conceptual equivalence (Herdman, Fox-Rushby, & Badia, 1998). Questionnaires need to have the same underlying concepts, in terms of domains as well as the emphasis placed on these domains, in order for the conceptual equivalence to be achieved.

Several methods have been suggested to evaluate conceptual equivalence. The first is cultural research to determine whether conceptualizations of particular domains, and emphasis given to them, are the same in both cultures (Behling & Law, 2000). Unfortunately, this standard is very hard to accomplish. Herdman et al. (1998) claimed that translation and post hoc analysis are insufficient for establishing conceptual equivalence. Instead, the authors suggested that extensive research of the literature in the target language needs to be done to evaluate the "theoretical and empirical explorations of the concept per se as well as . . . review of the instrument development" (Herdman et al., 1998, p. 324). The second method is to assess the correlation between the construct and its known relationship, which can be done by examining the internal structure of the instruments (Flaherty et al., 1988).

Technical equivalence. Flaherty (1998) wrote that the main point of technical equivalence is to determine "whether the method of data collection affects the results differently in two cultures" (p. 260). Members of a certain culture might be unfamiliar with or feel uncomfortable depending on the data collection methods, which can affect the quality of data obtained (Flaherty et al., 1988; Gilmer et al., 1995). For example, a method that seems natural in

Western countries might not be familiar or comfortable in other cultures. Technical equivalence includes the differences in response tendencies among cultural groups as well. Three common response styles were listed as examples: a need for social approval, trait desirability, and acquiescence (Flaherty et al., 1988). Computation of Cronbach's alpha value is a major approach used for assessing technical equivalence. Internal consistency reliability coefficients of the translated version need to be evaluated to show its adequacy for the research purpose (Cronbach, 1951).

Normative equivalence and legality. In addition to above equivalences, Behling and Law (2000) promoted the importance of normative equivalence and legality. Normative equivalence is defined as "the degree to which the researcher dealt successfully with the problems created by differences in societal rule" (Behling & Law, 2000, p. 16). The authors list several examples of normative problems, such as openness in discussing certain topics, dealings with personal information, and politeness in answering the questions. Item wording needs to reflect the societal rules, such as the degree of politeness, in order for items to be culturally appropriate. Legality is defined as consideration for dealing with sensitive information, such as political views and personal privacy, since what is sensitive greatly differs depending on a culture. Cultural acceptability of such information often creates restriction on the questionnaire design. The translation needs to be sensitive to these cultural rule differences in order for it to be adaptive to the target culture.

Criterion equivalence. In psychometric studies, criterion validity refers to the relationship between an instrument and already established instruments that measure the same phenomenon, and is mainly obtained through evaluating the predictive validity and the concurrent validity. In the field of cross-cultural study, criterion equivalence indicates the

measurement's ability to evaluate variables in both the original and target cultures and whether the interpretation is equivalent in both cultures (Flaherty et al., 1988). Criterion equivalence is achieved when the target language instrument exhibits high sensitivity or specificity when it is used in the target culture's context. The goal is not to show that the diagnosis or symptoms occur in both cultures, but rather that the criteria in the questionnaire can measure the same phenomena in both cultures (Flaherty et al., 1988).

Statement of Purpose

The purpose of this study was to adapt the OQ for use in Japan by assessing the content validity of the items in a Japanese cultural context and by refining the translation until its equivalence was agreed upon. The Japanese OQ maintained the same items as the original OQ, yet changes in item wordings, grammar, and idiom were made when appropriate, in consideration of cultural differences. Because of the notable linguistic and cultural differences between Japan and the U.S., the achievement of perfect equivalence was not expected; however, the current study attempted to develop a Japanese adapted version of the OQ that was sufficiently similar to the original version in order to facilitate further exploration of the measure's qualities, cross-cultural understanding, and cross-cultural comparisons.

Method

The purposes of this methodological study were to: (a) translate the Outcome Questionnaire 45 (OQ) from English to Japanese; (b) evaluate equivalence of the English and the translated Japanese version of the OQ; and (c) adapt the translated Japanese OQ as necessary in order to develop an instrument that is culturally sensitive and appropriate. This study followed the guidelines for cross-cultural questionnaire adaptation suggested by Beaton et al. (2000), and integrated some ideas from Kishi (1998) and Liu (2008). In addition to this adaptation process, translation equivalence and content equivalence were measured with methods suggested by Polit, Beck, and Owen (2007) and Tang and Dixon (2002).

Selection of Instruments

The primary instrument used in this study was the Outcome Questionnaire 45 (OQ) developed by Lambert et al. (1996). This questionnaire was developed to assess psychotherapy outcome and to track clients' therapy progress. Detailed background and psychometric properties of the OQ are reported in Chapter 2. In addition to the OQ, a demographic questionnaire was also used, which included the participant's age, gender, home region, education, marital status, employment, occupation, and household income.

Translation Process

The decentering translation technique, as explained in Chapter 2, would have been possible if the OQ had not been established a priori. However, since the OQ was already a fully established questionnaire in English before the development of the Japanese version, the Japanese version of the OQ needed to be adjusted to achieve equivalence to the U.S. version to the greatest extent possible. The goal of the current study was thus considered comparative.

Therefore, the translation approach was symmetric; that is, to achieve loyalty of meaning and an equal level of familiarity in both cultures. The whole translation process was an adaptation of an existing instrument, not a literal translation, because of the complex nature of the questionnaire and the fact that there are vast differences between the source and target languages and cultures (Behling & Law, 2000).

The process of questionnaire adaptation is complex; therefore, a combination of various translation techniques was required in order to attain high equivalence (van Widenfelt, Treffers & de Beurs, 2005). Behling and Law (2000) insisted that the degree of translation equivalence will improve when the translation technique, translators, and translation review members are carefully selected. The current study mainly used the translation process suggested by Beaton et al. (2000), which consists of six steps: (a) forward translation, (b) synthesis, (c) back translation, (d) expert committee review, (e) pretesting, and (f) submission to original instrument developers of all written reports by translators and committee members. Liu (2008) suggested measuring the translation equivalence with the Translation Validity Index (TVI), adapted from the methods suggested by Tang and Dixon (2002). Liu (2008) also suggested evaluating the content equivalence with the Content Validity Index (CVI), suggested by Polit et al. (2007). Table 1 summarizes all the steps and procedures used in the current study.

Table 1

Overall Steps for Translation and Cultural Adaptation of the OQ–45 into Japanese

Step [version]	Activities	Instrument/forms	Participants
1. Forward translation	Translation of the original OQ into the target language (Japanese)	Original OQ, forward translation sheet	4 bilingual native Japanese translators
2. TVI	Examination of the translation validity	Translation Validity Questionnaire	5 bilingual native Japanese evaluators
3. Synthesis meeting	Synthesis of all the forward translated items into a synthesized version	All the forward translated items and TVI comments	4 bilingual native Japanese translators
4. Back translation	Back translation of the synthesized version of the Japanese OQ	Synthesized items and back translation sheet	2 bilingual American professors
5. Expert committee review [PF1]	Discussion of all the translated items to create PF1	All the translated items	Developers, linguists, translators
6. Pilot study [PF2]	Evaluation of the PF1	PF 1	26 native Japanese in the U.S.
7. CVI 1	Examination of the content validity	Content Validity Questionnaire	4 Japanese mental health professionals
8. Pretest 1 [PF3]	Feedback on PF2	PF2 form, demographic sheet, informed consent	34 native Japanese in Japan
9. Pretest 2 [PF4]	Feedback on PF3	PF3 form, demographic sheet, informed consent	24 native Japanese in Japan
10. Email Survey [Final]	Feedback on PF4	PF3 form, answer sheet	24 native Japanese in Japan
11. CVI2	Examination of the content validity	Content Validity Questionnaire	4 Japanese mental health professionals
12. Documentation [Final]	Final documentation	All above documents	Primary investigator

Forward translation. In this step, the original questionnaire (English) was translated into the target language (Japanese). Beaton et al. (2000) stated that at least two translators whose mother tongue is the target language need to be involved in forward translation. The translation process requires understanding of the subtle nuances of the language; therefore, the quality of the translator has a large effect on its quality (Geisinger et al., 1994). In this study, four bilingual native Japanese participated in this process; two were familiar with the questionnaire, and the other two were novices to the material. Translators A and B were graduate students who were pursuing their Ph.D. in psychology at a large university in the U.S. They were both familiar with the OQ. Translator C was a graduate student who was pursuing a master's degree in language acquisition and teaching with a Japanese emphasis. Translator D was a translator and a Japanese professor at a large university located in Western part of the U.S. Before engaging in the translation process, translators C and D had never seen the original OQ. All the translators were native Japanese who were born and grew up in Japan. Beaton et al. (2000) suggested that both experts and novices of the questionnaire be involved in the translation process because this will improve the "reliable equivalence from a measurement perspective" and help to identify ambiguous items in the original questionnaire (p. 3188). Each translator produced an independent translation.

By conducting the translation independently, compromise and the sharing of misconceptions among the translators were reduced. This parallel blind technique is highly recommended by many researchers to achieve greater translation equivalence (Brislin, 1970; Manessriwongul & Dixon, 2004). The forward translation process enables researchers to compare each translation to see discrepancies that reveal ambiguous grammar and wording, which could be identified and discussed among translators at a later stage (Beaton et al., 2000).

Synthesis. The four native Japanese translators previously mentioned participated in synthesis meetings in which they discussed the differences among their translations. Each of their translations was submitted to the primary investigator (PI) prior to the meeting. The aim of this meeting was to reach a consensus and to develop a synthesized translation of the questionnaire. During the synthesis meeting, translators paid close attention to cultural nuances and their effects on the translation at word level, sentence level, and discourse level, according to the criteria suggested by Kishi (1998) and U.S. Census Bureau guidance for the translation of data collection instruments (2010). At the word level, translators paid attention to four critical areas: semantic equivalence, connotation and cultural meaning of a term, multiple translations of a term, and culturally specific concerns. At the sentence level, attention was paid to appropriateness of grammar and lexical categories, syntactic rules, and word order. At the discourse level, attention was paid to style and communicative affect such as readability, degree of formality, and appropriate expressions.

Once the initial synthesized translation was completed, its quality was evaluated by a panel of bilingual experts. This committee consisted of five bilinguals who were well acquainted with psychological concepts in both Japanese and U.S. cultures. They were asked to rate translation equivalence independently through the Translation Validity Index (TVI), which was developed by Tang and Dixon (2002). Committee members were given a packet that consisted of the synthesized version of the Japanese OQ, face sheet, informed consent, and the TVI form (Appendix A). The TVI form contained a 4-point Likert-type scale (1= *not relevant*, 2 = *needs major item modification to be equivalent*, 3 = *equivalent but needs minor modification*, and 4 = *equivalent*). Members were asked to evaluate and rate the translation equivalence of each item.

There were two types of TVI that needed to be calculated: item-level TVI (I-TVI) and scale-level TVI (S-TVI). The I-TVI was calculated by obtaining percent frequency of judgment rating for each scale category on each item. For example, if one member rated 3 and four members rated 4 on a particular item, the I-TVI for that item will be 20% for score 3 and 80% for score 4. For the computation of S-TVI, the I-TVI of each item was first computed and the average I-TVI across items was then calculated.

There were two requirements for satisfactory level of TVI: (a) all the ratings given by the evaluators needed to be either 3 or 4, and (b) all the raters needed to assign the rating of 4 (4 = *equivalent*) to at least 80% of the entire questionnaire (Tang & Dixon, 2002). Modification on the translation was repeated until this standard was achieved (Tang & Dixon, 2002).

Much of the literature dealing with cross-culture translation emphasized expert review and consensus. However, guidelines for such review and consensus were not documented in detail, and there was no clear standard for what constitutes qualified equivalence. Quantified methods for instrument validation were also scarce. Therefore, TVI was developed based on the Content Validity Index (CVI) suggested by Lynn (1986), which was then adjusted to suit the cross-cultural translation setting. Although CVI and TVI approaches are mainly used in nursing research, they seemed applicable in the current study because both qualitative and quantitative evaluations of translation quality were needed for the rigorous translation this project required (Tang & Dixon, 2002).

Back translation. For back translation, two separate translators, who were blind to the original questionnaire, independently translated the synthesized version of the Japanese OQ into English. Two native English-speaking professors, who teach Japanese at the university level, conducted the back translation. Guillemin et al. (1993) suggested the back translators need to

have the original language as their mother tongue yet be fluent in both source and target languages. It is preferable for them not to have a priori knowledge of the questionnaire studied, as this frees them from bias and expectations. Such freedom during back translation can reveal unexpected discrepancies or interpretations of the translation.

Back translation is a critical step in solving semantic problems because it examines whether the words and phrases used in the Japanese version exhibit the same or close to the same meaning as the original version (Behling & Law, 2000). Past research has shown that this step helps to enhance the quality of the final adaptation outcome (Guillemin et al., 1993). Back translation, when well conducted, is likely to exhibit problematic translations, which result in further discussion and adaptation.

In many studies, however, back translation has been considered as the "final step" of the translation procedures (van Widenfelt et al., 2005). Although this step is extremely useful, especially when it is used in an earlier phase of the adaptation process, there has been a controversy over this method. Back translation is usually used to show that a literal translation was conducted, and therefore its measurement equivalence is high. Nevertheless, as cross-cultural study continues to develop, this "absolute measurement equivalence" has been questioned and has been "viewed as a source of cultural insensitivity" by some researchers (Rogler, 1999, p. 428). When the translated version is rigidly kept the same as the original version, it will likely cause problems later because of its cultural inaptness (van Widenfelt et al., 2005). Several researchers have pointed out that depending solely on simple forward and back translation is not a sufficient procedure to evaluate the translation quality (Brislin et al., 1970). Therefore, additional steps were needed in order to achieve a higher level of translation quality.

Expert committee review. After the synthesis and back translation were completed, a meeting was held for developing the prefinal version of the Japanese OQ. Beaton et al. (2000) suggested that it is important to include various experts in the committee, such as methodologists, language professionals, translators, and if possible an original developer. If members in the committee are multidisciplinary, various perspectives will be reflected in the questionnaire, making the translated product more culturally adaptive (Guillemin et al., 1993). For this project, therefore, all the translators who were involved in the translation process, as well as the lead developer of the test and his colleague, also participated in the expert committee meeting. Additionally, a native Japanese psychology professor also participated in the expert committee meeting and added cultural insights.

The aim of this meeting was to integrate all the versions of the translations (forward, translation, synthesized translation, back translation, and synthesized back translation) in order to develop the pre-final version of the questionnaire (PF1). Committee members discussed cultural equivalence for meanings, idioms, social rules, and concepts expressed in the Japanese items until a consensus was obtained from all the participants (Beaton et al., 2000). Various equivalences discussed in Chapter 2 (i.e., semantic equivalence, content equivalence, technical equivalence, criterion equivalence, and conceptual equivalence) were evaluated in this committee meeting. The committee also reviewed parts of the questionnaire other than the items, including instructions and response scales (Guillemin et al., 1993).

Pilot study. Once the PF1 version of the Japanese OQ was completed, it was administered to 30 native Japanese who resided in towns in the western states of the U.S. in order to evaluate if they saw major flaws and errors in the PF1 version of the Japanese OQ. The sample was collected from native Japanese students at a major western university enrolled in an

English Learning Center program as well as from native Japanese at a local church congregation. The age of this sample ranged from 19–67 years, with a mean age of 30.43 years (*SD* = 11.53). The sample included approximately the same number of males and females (male *n* = 14, or 46.67% ; female *n* = 16, or 53.33%). All the participants completed the questionnaire and were asked to give the PI feedback on the questionnaire. The lead questionnaire developer examined this feedback to make modifications and create the second prefinal OQ (PF2).

Once the PF2 version of the OQ was created through the process of the expert committee meeting, it was examined by mental health professionals, prior to conducting the pretesting. The questionnaire was evaluated with the use of Content Validity Index (CVI) by five mental health professionals working in Japan (Tang & Dixon, 2002). Each professional received a packet that contained the PF2 version of the Japanese OQ, face sheet, informed consent, and the CVI form (Appendix B). Professional A was a male Japanese psychiatrist who had been practicing for over 30 years in Japan. Professional B was a female Japanese psychologist who had specialized in working with patients with depression and eating disorders for 5 years in Japan. Professional C was a male Japanese nurse and psychiatric social worker who completed a master's degree in the U.S and was currently working in Japan. Professional D was a male Japanese psychiatric social worker who completed a master's degree in the U.S. and was currently a professor at a university in Japan.

The mental health professionals were asked to rate content equivalence independently with the use of the Content Validity Index (CVI; Lynn, 1986; Polit et al., 2007). The CVI form contained a 4-point Likert-type scale (1 = *not relevant*, 2 = *needs major item modification to be equivalent*, 3 = *equivalent but needs minor modification*, and 4 = *equivalent*). Members were asked to evaluate and rate the content validity of each item. Like TVI, there were two types of

CVI that needed to be computed: item-level CVI (I-CVI) and scale-level CVI (S-CVI). For the computation of the I-CVI, the number of evaluators who gave the rating of either 3 or 4 was divided by the number of evaluators. For example, if four out of five examiners rated the item as 3 or 4, the I-CVI of that item would be .80. Agreement rates less than .80 were considered as an inadequate translation (1.00 being a perfect agreement), so modification on the translation was conducted if the rate was lower than this standard. These procedures were repeated until the agreement rate reached or exceeded .80. For the computation of S-CVI, the I-CVI of each item was first calculated and the average I-CVI across items was then calculated. The goal of this process was to achieve an I-CVI of .78 or higher and an S-CVI of .90 or higher. Polit et al. (2007) commented that achieving this level of content validity requires "strong conceptual and developmental work [and] good items" (p. 467). In addition to evaluating the CVI, the members were also asked to provide comments or suggestions on any items in the questionnaire.

Pretest. The inclusion criteria for the pretesting phase participants were based on the administration instructions in the OQ (Lambert et al., 2004). The manual states that the OQ is a self-administered test designed for those who are 18 years old or older. Therefore, the criteria to be included in the pretesting were that participants be native Japanese residing in Japan who were 18 years or older in order to represent the target population for the Japanese OQ use; participants also needed to have sufficient literacy to read and complete the self-administered OQ. However, this latter criterion was likely not a problem, considering the literacy rate of the Japanese population to be higher than 99% (Central Intelligence Agency, 2011). The samples were collected from four different sites in Japan that were all approved by the Institutional Review Board (IRB). Letters of permission were obtained from each of these sites (Appendix C). Demographic information on age and gender for all the samples used in the pilot study and

pretesting phases is listed below (Table 2). Other characteristics of the pretest samples are summarized in Tables 3, 4, and 5.

Table 2

Age and Gender of the Samples for Pilot Study, Pretests, and Survey

		Gender		Age	
Sample	*N*	Female *N* (%)	Male *N* (%)	Range	Mean (*SD*)
Pilot study	30	16 (53.33%)	14 (46.67%)	19–67	30.43 (11.53)
Pretest 1	34	23 (71.88%)	9 (28.12%)	19–65	34.45 (11.46)
Pretest 2	24	9 (37.50%)	15 (62.50%)	28–55	43.58 (7.265)
Email survey	24	14 (58.33%)	10 (41.67%)	29–65	37.64 (11.02)

The PF2 version of the OQ was initially administered individually to 34 native Japanese. The participant samples were collected from a local tourist spot (n = 25), with the rest of the participants coming from a local business office and a local mental health clinic (n = 9). These places were all located in Japan. The age of the sample ranged from 19 to 65 with a mean age of 34.45 years (SD = 11.46). The majority of the participants were female (n = 23, or 71.88%) with 9 respondents (28.12%) being male. Two cases were removed from the sample because participants, both in their mid-80s, were not able to fill out the questionnaire due to age-related sight problems.

Table 3

Characteristics of the Samples for Pretests 1 and 2

	Pretest 1 *n* (%)	Pretest 2 *n* (%)
Home region		
Hokkaido		3 (12.5)
Tohoku	2 (5.9)	3 (12.5)
Kantou	10 (29.4)	12 (50.0)
Chubu	1 (2.9)	2 (8.3)
Kinki		3 (12.5)
Kyushu	2 (5.9)	
Okinawa	17 (50.0)	1 (4.2)
Education		
Middle school	2 (5.9)	
High school	6 (17.6)	10 (41.7)
Technical school	10 (29.4)	4 (16.7)
Comm. college	3 (8.8)	1 (4.2)
University	10 (29.4)	8 (33.3)
Graduate school	1 (2.9)	1 (4.2)
Marital status		
Single	9 (26.5)	3 (12.5)
Married	19 (55.9)	18 (75.0)
Separated	1 (2.9)	1 (4.2)
Divorced	2 (5.9)	2 (8.3)
Widowed	1 (2.9)	

Note. Pretest 1, $N = 34$; Pretest 2, $N = 24$.

Table 4

Employment and Occupations of the Samples for Pretests 1 and 2

	Pretest 1 *n* (%)	Pretest 2 *n* (%)
Employment		
Employed (full-time)	15 (44.1)	16 (66.7)
Employed (part-time)	7 (20.6)	3 (12.5)
Student	4 (11.8)	1 (4.2)
Unemployed	1 (2.9)	2 (8.3)
Homemaker	4 (11.8)	2 (8.3)
On leave	1 (2.9)	
Occupation		
Company employee	3 (8.8)	9 (37.5)
Government employee	3 (8.8)	
Self-employed	2 (5.9)	5 (20.8)
Expert/technical	5 (14.7)	2 (8.3)
Management		2 (8.3)
Office job	3 (8.8)	1 (4.2)
Service industry	4 (11.8)	1 (4.2)
Student	4 (11.8)	
Homemaker	3 (8.8)	4 (16.7)
Other	3 (8.8)	

Note. Pretest 1, $N = 34$; Pretest 2, $N = 24$

Table 5

Income Level of Each Sample

Income range in U*SD*	Pretest 1 *n* (%)	Pretest 2 *n* (%)
None	3 (8.8)	
～10,000	2 (5.9)	1 (4.2)
～30,000	15 (44.1)	4 (16.7)
～50,000	7 (20.6)	3 (12.5)
～70,000	1 (2.9)	7 (29.2)
～90,000	2 (5.9)	2 (8.3)
More than 90,000	2 (5.9)	7 (29.2)

Note. Pretest 1, $N = 34$; Pretest 2, $N = 24$. Income was stated by participant on demographic questionnaire, then calculated by researcher into US dollars.

Participants were instructed to review and sign informed consent documentation, and then were asked to fill out the PF2 version of the Japanese OQ and the demographic questionnaire (Appendix D). Upon completion of the questionnaires, researchers conducted an interview with each participant to probe how they interpreted the Japanese items (Beaton et al., 2000). Their chosen responses, along with their interpretations, were examined by team members. The response pattern was also evaluated to see if there was a high proportion of systematic errors or missing items. The aim of this interview was to examine errors, discrepancies, and deviation in the target language translation, and to verify if the translated questionnaire retained its equivalence and content validity in applied settings (Beaton et al., 2000; Guillemin et al., 1993).

It was deemed important to incorporate or at least reflect the feedback of these "lay" participants, since their opinions might well differ from the opinions of the experts and could

identify blind spots in the translation and offer new perspectives (Tang & Dixon, 2002). The probes were practical and easy to administer, and they provided useful information that was not available through other quantitative procedures (Behling & Law, 2000). This feedback was incorporated to create a new version of the Japanese OQ (PF3), and changes were reviewed by the team as well as the CVI review group of Japanese mental health professionals.

In order to ensure the clarity of these changes, two additional surveys were conducted. The participants for the first survey were recruited at a local social gathering in Tokyo, Japan (N = 24). The age of the participant sample ranged from 28 to 55 years with a mean age of 43.58 years (SD = 7.265). The sample was composed of more males (n = 15, or 62.5%) than females (n = 9, or 37.5%). An interview approach was not taken because the time allowed to conduct the survey at the given location was limited and the PI was not able to be physically present at the site. Therefore, a packet of the PF4 version of the Japanese OQ, demographic questionnaire, and the survey regarding the questionnaire items was sent to the owner of the above location (Appendix E). The survey was distributed to the people at the location, was gathered by the owner, and the results were sent back to the PI in the U.S. Participant feedback was incorporated for further modifications and clarifications (PF4).

After a few changes were made in the PF4 version of the Japanese OQ, a small additional email survey was conducted with 24 participants in order to confirm the clarity of the changes to the questionnaire items. These participants were collected through the snowball sampling method. All participants were native Japanese residing in Japan, and their age ranged from 29 to 65 years with a mean age of 37.65 years (SD = 11.02). The sample comprised 14 females (58.33%) and 10 males (41.67%). An email was sent to each participant, which included attachments of the PF5 version of the Japanese OQ and a short survey on changed items.

Participants were asked to provide feedback on five changes made in the PF5 version of the Japanese OQ.

All participants recruited from the public in Japan received a gift certificate valued at US$5 for joining the study. Their feedback was used to make final modifications, and each modification in the process was reviewed by the expert committee members. In addition, the CVI review group members evaluated the changes. This process continued until satisfactory equivalence of greater than .80 was achieved to produce the final version of the Japanese OQ. The pretesting stage made it possible to evaluate whether the translation would hold its equivalence in applied settings.

Submission of all written reports. The final step of the translation process was to submit to the original OQ developers the detailed documentation of all the adjustments and modifications made in each step of adaptation. Documentation of the translation procedure was kept throughout the adaptation process, including feedback by expert committee members, translators, and the other participants . This step exhibited how the translation was done as well as its rationale and quality (Beaton et al., 2000). This step also retained the transparency of the translation and provided information about how the translation came forth, which contributed to greater equivalence. Documentation also made it possible to "make comparison between studies and datasets, draw conclusions about the constructs assessed, or make statements about cultural differences" (van Widenfelt et al., p. 136).

Results

This section reports the summary of evaluations made by research participants in order to examine if the Japanese adapted version of the OQ has sufficient level of translation equivalence. The first section is the summary of the evaluations by participants during the translation and cultural adaptation process. The second section is the summary of all the revisions made from the PF1 to PF5 of the Japanese OQ.

Evaluations by Participants

Various participants evaluated the translation equivalence throughout the translation and cultural adaptation of the Japanese OQ. This section summarizes the process of evaluation by (a) translators and TVI, (b) expert committee members, and (c) lay participants and mental health professionals.

Evaluation by translators and TVI. The translation process involved forward translation, synthesis, and back translation. The approach taken for the current study was the combination of translation and back translation with the parallel blind technique. Integrating these two techniques has been reported to increase the quality of translation criteria such as source language transparency and practicality (Behling & Law, 2000). Evaluation through the Translation Validity Index (TVI) was additionally conducted between the forward translation and back translation in order to quantitatively evaluate the translation quality (Liu, 2008).

The aim of forward translation was to identify ambiguous items in the original questionnaire and poor word choices in translation. This aim was further accomplished by having the synthesis meeting with all the translators involved in the forward translation process. All four versions of translated items were summarized in one document, which made

examination of translation discrepancies clear. Most of the translated items had multiple translations of a term, which brought attention to translation discrepancies not previously recognized.

Connotation and cultural meaning issues were easier to address than other types of issues. For example, the term "spare time" used in item 21 had two different translations: "余暇" and "暇." Both mean "spare time," but the first one is more associated with time a person can freely use for recreation, and the second one is more related to free time in which a person is bored and does not have any plans. The first option was chosen as an appropriate translation based on the discussion among the translators.

Implied intensity associated with various terms was another topic of discussion. For example, the term "annoyed" used in item 26 was translated into "うっとうしい," "いらつく," and "腹立たしい." All of these translations imply the feeling of annoyance, but the first one is more associated with literal annoyance, the second one with irritation, and the last one with provocation. Through the discussion, translators came to a consensus to choose the first option.

Many of the translation discrepancies were related to semantic equivalence. For example, the term "unhappy" used in item 7 was translated into "不幸せ," "不満," and "満足していない." The first option is a direct translation of "unhappy," yet disagreement arose because this might not be a usual Japanese usage. Translators consented to use the second option, which means "dissatisfaction." However, since this word choice slightly differed from the term in the original item, this issue was carried over to the expert committee meeting for further discussion.

Differences in meaning between the English original and the Japanese translation were addressed at both the sentence level and the discourse level. Concerning sentence level, words were reordered to reflect appropriate Japanese grammar. Thirty-nine of the 45 translated items

did not have a subject, which is rare in English but common in Japanese. At the discourse level, cultural sensitivity became an issue with a few items. For example, translators expressed concern that a direct translation of the term "worthless" might be too blunt an expression in Japanese and might not be culturally appropriate. Therefore, they came up with a loose translation that implies the original meaning yet is not as direct as the original one. After the synthesis meeting, the translators agreed that the translated items have an appropriate level of readability and propriety.

Once the synthesized version was completed, the five participants who were not involved in the translation process examined the translated items with TVI criteria. Comments received from these examiners were discussed and incorporated into the synthesized version. The process of evaluation by examiners and modification by translators was repeated three times until 80% of TVIs for the entire instrument reached a score of 4, and 100% of items received a score of 3 or 4 (Tang & Dixon, 2002). Table 6 shows the summary of synthesized items and TVI results.

Back translation was the final step in the translation process. Final synthesized items were back translated by two translators independently, and they were compiled into one document along with the final synthesized items. This process revealed semantic problems in translation. The items on the document were discussed in the expert committee meeting.

Evaluation by expert committee members. The aim of this phase was to integrate all versions of translations and to examine the equivalence of words, idioms, and the concepts of the translated and original items. A total of two expert committee meetings were held. Items were discussed until all participants reached consensus.

Issues discussed fell mainly into three themes: (a) translation clarity for items dealing with somatic symptoms, (b) cultural appropriateness, and (c) nuance and degree of severity of

terms. The first category was items related to somatic symptoms. Translators wanted to be sure that these items reflected the developers' intentions, since the back translation of these items differed from the original items and only implied physical symptoms.

Table 6

Summary of Translation Validity Index Results for the Final Japanese OQ

			I-TVI	
	Original OQ item	Synthesized item	3	4
1	I get along with others.	人とうまくやっている。	40%	60%
2	I tire quickly.	疲れやすい。	0%	100%
3	I feel no interest in things.	何にも関心が持てない。	0%	100%
4	I feel stressed at work/school.	職場/学校でストレスを感じる。	0%	100%
5	I blame myself for things.	自分を責めることがある。	0%	100%
6	I feel irritated.	イライラする。	0%	100%
7	I feel unhappy in my marriage/ significant relationship.	結婚/恋愛関係に不満がある。	0%	100%
8	I have thoughts of ending my life.	自殺を考えることがある。	0%	100%
9	I feel weak.	体がだるい。	0%	100%
10	I feel fearful.	恐れを感じる。	0%	100%
11	After heavy drinking, I need a drink the next morning to get going.	深酒をした翌朝は一杯飲まなければやっていけない。	0%	100%
12	I find my work/school satisfying.	仕事/学業に満足している。	0%	100%
13	I am a happy person.	自分は幸せだと思う。	0%	100%
14	I work/study too much.	仕事/勉強をしすぎる。	0%	100%
15	I feel worthless.	自分は役に立たない人間だと思う。	0%	100%
16	I am concerned about family troubles.	家族のことで心配事がある。	0%	100%
17	I have an unfulfilling sex life.	性生活に不満がある。	0%	100%
18	I feel lonely.	寂しいと感じる。	40%	60%
19	I have frequent arguments.	よく口論する。	0%	100%
20	I feel loved and wanted.	愛され、必要とされていると感じる。	0%	100%
21	I enjoy my spare time.	余暇を楽しんでいる。	0%	100%
22	I have difficulty concentrating.	集中することが難しい。	0%	100%
23	I feel hopeless about the future.	将来に希望が持てない。	0%	100%
24	I like myself.	自分という人間が好きだ。	0%	100%
25	Disturbing thoughts come into my mind that I cannot get rid of.	嫌な考えが心に浮かび、消せない。	0%	100%
26	I feel annoyed by people who criticize my drinking (or drug use).	自分の飲酒（または薬物の使用）を批判する人をうっとうしく思う。	0%	100%
27	I have an upset stomach.	胃の調子がよくない。	0%	100%
28	I am not working/studying as well as I used to.	以前ほど仕事/勉強がうまくいっていない。	0%	100%
29	My heart pounds too much.	激しい動悸がする。	20%	80%
30	I have trouble getting along with friends and close acquaintances.	友人や親しい知人との関係がうまくいっていない。	0%	100%

Table 6

Summary of TVI Results, continued

			I-TVI	
	Original OQ item	Synthesized item	3	4
31	I am satisfied with my life.	人生に満足している。	0%	100%
32	I have trouble at work/school because of drinking or drug use.	飲酒または薬物の使用で仕事/勉強に支障が出ている。	40%	60%
33	I feel that something bad is going to happen.	何か悪いことが起こりそうな予感がする。	0%	100%
34	I have sore muscles.	筋肉が痛い。	0%	100%
35	I feel afraid of open space, of driving, or being on buses, subways, and so forth.	広い空間や車の運転、またはバスや地下鉄などに乗ることが怖い。	0%	100%
36	I feel nervous.	気持ちが落ち着かない。	0%	100%
37	I feel my love relationships are full and complete.	夫婦/恋愛関係は申し分ないと感じる。	0%	100%
38	I feel that I am not doing well as work/school.	仕事/学業がうまくいっていないと思う。	0%	100%
39	I have too many disagreements at work/school.	職場/学校で人と衝突することがありすぎる。	60%	40%
40	I feel something is wrong with my mind.	自分の頭はどうかしていると思う。	0%	100%
41	I have trouble falling asleep or staying asleep.	寝付きにくい、またはすぐに目が覚める。	40%	60%
42	I feel blue.	憂うつだ。	0%	100%
43	I am satisfied with my relationships with others.	人間関係に満足している。	0%	100%
44	I feel angry enough at work/school to do something I might regret.	職場/学校おいて、後で後悔するようなことをしてしまいそうになるくらい怒りを感じる。	60%	40%
45	I have headaches.	頭痛がする。	0%	100%
		S-TVI for score 4 items		93%

Note. I-TVI is the score for individual items; S-CVI is the overall Translation Validity Index score for the scale.

For example, the back translation of item 9, “I feel weak,” was “I feel sluggish.” Although the translation did not turn out to be exactly the same, the translated item implies how emotional states can be manifested physically. Developers mentioned that depression is often associated with sluggishness and somatic complaints, and many English readers also take this item as a question on physical symptoms. Additionally, a past study was discussed, which showed that Japanese people tend to associate somatic referent terms to depression-related terms (Tanaka-Matsumi & Marsella, 1976). The committee members reached consensus through

discussion, agreeing that the implications of the items matched with the developers' intentions and also exhibited appropriate cultural implications.

The second theme was the differences with cultural norms. Some back-translated items differed from the original items due to the conceptual differences of cultural phenomena. For example, item 30's statement, "I have trouble getting along with friends and close acquaintances," was back-translated as "My relationships with friends and close associates aren't going well." The original item focused more on individual ownership whereas the translated item focused more on relationships and contexts. This was an example of how language reflects cultural values. In Western society, the self is seen within an "individual-centered model of man," which conceptualizes the individuals to be the center of the world around them (Tanaka-Matsumi & Marsella, 1976, p. 389). On the other hand, in Japanese society, the self is typically perceived as part of the larger social context (Tanaka-Matsumi & Marsella, 1976). When compared to English, the Japanese language seems to be structured in a way that emphasizes social relationships more than individual experiences.

Legality also became an issue of cultural concern for the committee. A few members pointed out that items regarding drug use (items 26 and 32) might not be appropriate to use in Japan because of a counselor's legal responsibility to break confidentiality regarding client drug use. As mentioned in a previous chapter, consideration for legality is crucial for the questionnaire to be utilized in the target culture. Consequently, the term "drug use" was deleted from the items in favor of sensitivity to the Japanese legal situation. Similar concern was identified for the item on sexual dissatisfaction (item 17). Committee members felt that posing the question to clients with the term "sex life" might be too intrusive within the Japanese culture. Therefore, the word "intimacy" was used instead. After considering these issues, committee

members decided that the translated items accurately captured phenomena within the Japanese context, even though there is a slight difference in the translation.

The last category was the nuance and degree of severity of terms, especially within the psychopathology domains. Back translation of certain items indicated that the Japanese translation did not imply the degree of psychopathology which the developers intended to capture with the items. For example, item 25 is originally stated as "Disturbing thoughts come into my mind that I cannot get rid of," and its back translation was "Unpleasant thoughts enter my mind and I cannot get rid of them." While the term "disturbing" encompasses troubling, intrusive, and obsessive-compulsive-type thought patterns, the translation implies thoughts of much less severity. Therefore, the committee members discussed possible terms that would match the nuance associated with English terms, and they decided to use "恐ろしい考え." This term can be translated as "terrifying/frightening ideas," yet its interpretation is closer to the developers' intention. Similar processes were followed with other items.

During the meeting, expert committee members followed an overreaching principle suggested by the lead developer; that is, to choose the words that will produce the broadest possible interpretation. This would increase item sensitivity while maximizing the possibility of capturing more psychopathology and wider symptoms. Therefore, when several options were available or disagreements arose about word choice, committee members tried to find terms that would comply with this suggestion. Again, discussion continued until consensus was obtained from all the committee members. This resulted in developing the prefinal version 1 (PF1) of the Japanese OQ.

Evaluation by lay participants and mental health professionals. The aim of this phase was to examine whether the adapted questionnaire would retain its equivalence to the original in

an applied situation and to make modification accordingly. This phase included a pilot test, two survey interviews, and one email survey. Changes and adaptations were evaluated by mental health professionals in Japan with the use of the Content Validity Index (CVI).

The first step was a pilot test. This step was conducted prior to performing the pretest in order to evaluate if there were any major flaws in the PF1 of the Japanese OQ. As a result of the pilot test, several modifications were made to the questionnaire. For example, many participants complained about small letters and crammed sentences, which made it difficult to read. Also many participants skipped reading the instructions and checked the bubble sheet instead of filling in the bubbles. Therefore, letters were made as large as the space allows, dividing lines were added between every five items, emphasis was added to the instructions, and the shape of bubbles on the answer sheet was changed. Feedback on readability and response patterns improved as these changes were made. Changes made in the expert committee meeting, such as to translations conveying the degree of psychopathology severity, were examined in the pilot test as well. All the modifications were approved by the lead developer, resulting in a new prefinal version (PF2).

The second step was the first CVI evaluation. Prior to the pretests, the PF2 version of the Japanese OQ was evaluated with the CVI by the four mental health professionals practicing in Japan. One of the purposes of the first-round CVI was to evaluate which items needed to be revised and to obtain advice on item modification. The mental health professionals pointed out problems in a few items containing double negatives and unclear definitions of terms. They also commented that a direct question would be more appropriate for the item addressing sexual dissatisfaction. The CVI results showed that the items eliciting these comments generally

received a CVI rating lower than .80, indicating insufficient agreement. Therefore, these items were modified based on the professionals' feedback.

The third step was the first pretest. Random probing on questionnaire items was used in two pretests to examine the respondents' item interpretations and concerns. During the first pretest, consistent response patterns exhibited problems in several items of the PF2 version of the Japanese OQ. For example, a majority of participants had difficulty answering item 1. Those who had a problem with the item all said that they were uncertain about which answer choice they should choose because none of the answers seemed to fit with the question. After probing, it became apparent that adding "I think" to the sentence made it clear enough for the participants to answer. Item 17 caused confusion to many participants as well. During the expert committee meeting, this item was changed from directly asking about sexual dissatisfaction to asking about the amount of intimacy in one's life. Many participants expressed that the question was confusing and difficult to understand. Most of them interpreted the item as a question on friendship or on the relationship between parents and children, which differed from the developers' intention. All 34 participants agreed that for use in a clinical setting, a direct question on sexual satisfaction would be more comprehensive and appropriate. Participants who were housewives or retired expressed that they were not able to answer "work/study" items since these items were not applicable to them. A more encompassing definition of work/study was mentioned in the instructions; however, this information was not successfully conveyed to many participants. Therefore, additional explanations were added to each of the work/study items. The issues that surfaced from the first pilot study were strikingly similar to the suggestions made by Japanese mental health professionals during the CVI evaluation. PF3 was developed through modification of the above items.

The fourth step was the second pretest was conducted with the PF3 version of the Japanese OQ. Modifications made to items 1, 17, and 37 during the first pilot study were validated by the fact that no participant in the second pilot study had problems with those items. However, some confusion remained regarding the definition of the term "work/study." Clearer instructions, as well as emphasis, were added to make it easier to understand the intention of the items. Additionally, many participants expressed confusion on item 34, "I have muscle ache," so the wording was changed to a more culturally appropriate expression, rather than using a literal translation (PF4).

The fifth step was an additional email survey. It was conducted to validate the modifications made in the second pilot study. Participants commented that the modified item 34 was appropriate, and their interpretation was closer to the developers' intention. Their responses also confirmed that the changes made to the instructions for "work/study" items were clear and well defined (Final Japanese OQ).

The last step was the second CVI evaluation. All the modifications were evaluated by the mental health professionals with the CVI (Liu, 2008). The CVI was conducted twice: once right after the PF1 was developed, and once after the whole process was completed. Comments received from these examiners were incorporated during the questionnaire development. The criteria for CVI relevance suggested by Polit et al. (2007) were item CVI (I-CVI) of .78 or higher and overall scale CVI (S-CVI) of .90 or higher. By the second-round CVI evaluation of this instrument, criteria were met for both I-CVI and S-CVI. Table 7 summarizes the final CVI results. All changes and modifications in the final Japanese OQ were approved by the questionnaire's lead developer.

Revisions Made from the PF1 to PF5 of the Japanese OQ

The final Japanese OQ was developed through four revisions (the PF1 version was created after the expert committee meeting). As Figure 1 shows, the number of modifications and deletions decreased throughout the process of evaluation, as influenced by lay participants, mental health professionals, and expert committee members (Kishi, 1998). In the first revision, parts of two items were deleted due to the legal issues regarding drug usage. Some items went through modifications for cultural adaptation; however, all the items were retained because of their relevance. Comments received during the evaluations were incorporated, and they were fully discussed by the PI and developers before the changes were made on the questionnaires. All the changes and modifications were approved by the questionnaire developers.

Table 7

Summary of Content Validity Index Results for the Final Japanese OQ

	Content Relevance				
Item	Not relevant	Cannot judge without correction	Relevant but some correction needed	Relevant	I-CVI
1	0 (0%)	0 (0%)	0 (0%)	4 (100%)	100%
2	0 (0%)	0 (0%)	1 (25%)	3 (75%)	93.75%
3	0 (0%)	0 (0%)	0 (0%)	4 (100%)	100%
4	0 (0%)	0 (0%)	0 (0%)	4 (100%)	100%
5	0 (0%)	0 (0%)	0 (0%)	4 (100%)	100%
6	0 (0%)	0 (0%)	1 (25%)	3 (75%)	93.75%
7	0 (0%)	0 (0%)	0 (0%)	4 (100%)	100%
8	0 (0%)	0 (0%)	0 (0%)	4 (100%)	100%
9	0 (0%)	0 (0%)	0 (0%)	4 (100%)	100%
10	0 (0%)	0 (0%)	0 (0%)	4 (100%)	100%
11	0 (0%)	0 (0%)	1 (25%)	3 (75%)	93.75%
12	0 (0%)	0 (0%)	0 (0%)	4 (100%)	100%
13	0 (0%)	0 (0%)	0 (0%)	4 (100%)	100%
14	0 (0%)	0 (0%)	0 (0%)	4 (100%)	100%
15	0 (0%)	0 (0%)	0 (0%)	4 (100%)	100%
16	0 (0%)	0 (0%)	0 (0%)	4 (100%)	100%
17	0 (0%)	1 (25%)	1 (25%)	2 (50%)	81.25%
18	0 (0%)	0 (0%)	1 (25%)	3 (75%)	93.75%
19	0 (0%)	0 (0%)	0 (0%)	4 (100%)	100%
20	0 (0%)	0 (0%)	0 (0%)	4 (100%)	100%
21	0 (0%)	0 (0%)	0 (0%)	4 (100%)	100%
22	0 (0%)	0 (0%)	0 (0%)	4 (100%)	100%
23	0 (0%)	0 (0%)	0 (0%)	4 (100%)	100%
24	0 (0%)	0 (0%)	0 (0%)	4 (100%)	100%
25	0 (0%)	0 (0%)	1 (25%)	3 (75%)	93.75%
26	0 (0%)	0 (0%)	1 (25%)	3 (75%)	93.75%
27	0 (0%)	0 (0%)	0 (0%)	4 (100%)	100%
28	0 (0%)	0 (0%)	1 (25%)	3 (75%)	93.75%
29	0 (0%)	0 (0%)	0 (0%)	4 (100%)	100%
30	0 (0%)	0 (0%)	1 (25%)	3 (75%)	93.75%
31	0 (0%)	0 (0%)	0 (0%)	4 (100%)	100%
32	0 (0%)	0 (0%)	1 (25%)	3 (75%)	93.75%
33	0 (0%)	0 (0%)	0 (0%)	4 (100%)	100%
34	0 (0%)	1 (25%)	1 (25%)	2 (50%)	81.25%
35	0 (0%)	0 (0%)	0 (0%)	4 (100%)	100%

Table 7 continues on the next page.

Table 7

Summary of CVI Results, continued

	Content Relevance				
Item	Not relevant	Cannot judge without correction	Relevant but some correction needed	Relevant	I-CVI
36	0 (0%)	0 (0%)	0 (0%)	4 (100%)	100%
37	0 (0%)	0 (0%)	1 (25%)	4 (100%)	93.75%
38	0 (0%)	0 (0%)	0 (0%)	4 (100%)	100%
39	0 (0%)	0 (0%)	0 (0%)	4 (100%)	100%
40	0 (0%)	0 (0%)	2 (50%)	2 (50%)	87.50%
41	0 (0%)	0 (0%)	0 (0%)	4 (100%)	100%
42	0 (0%)	0 (0%)	1 (25%)	3 (75%)	93.75%
43	0 (0%)	1 (25%)	0 (0%)	3 (75%)	87.50%
44	0 (0%)	1 (25%)	0 (0%)	3 (75%)	87.50%
45	0 (0%)	0 (0%)	0 (0%)	4 (100%)	100%
				S-CVI	96.75%

Note. I-CVI is the score for individual items; S-CVI is the overall Content Validity Index score for the scale.

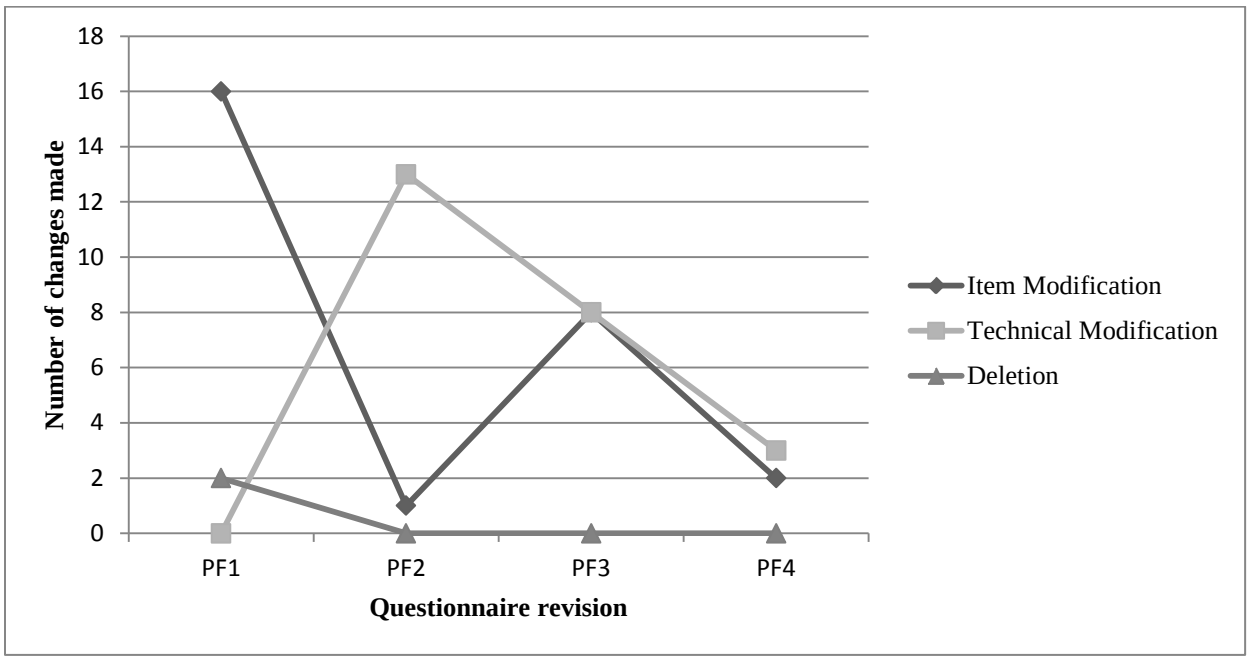

Figure 1. Number of changes in the Japanese version of the OQ, version PF1 to final version.

Discussion

The main purpose of this study was to adapt the OQ for use in a Japanese cultural context. This was accomplished through a rigorous translation and adaptation process that included ongoing evaluations for equivalence. This chapter will discuss the principal investigator's findings regarding the translation and adaptation process and measures of equivalence. In addition, study limitations and recommendations for future study are addressed.

Reflections on the Results

Translation and adaptation process. In this study, a team approach was chosen in order to achieve greater balance in decision-making on translated items (Harkenss, 2003). This approach provided more alternative options because of the various knowledge and skills provided by translators and multidisciplinary committee members. All of the translators met the translator criteria suggested by Beaton et al. (2000). Parallel blind technique used in the forward translation process improved practicality, translation security, and source language transparency (Behling & Law, 2000). One of the strengths of this team approach was the presence of the questionnaire's lead developer in the expert committee. Including the developer helped to clarify issues and resolve translation difficulties that stemmed from differences in conceptualization.

The involvement of expert committee members and mental health professionals in Japan was a crucial step for improving the conceptual equivalence of the translation (Behling & Law, 2000). Comments from the mental health professionals in Japan often exhibited that the translated items did not fully convey the developers' intentions. Differences in concept operationalization also became apparent. Therefore, concept definitions and etic/emic differences were thoroughly discussed during the adaptation process as the opinions and

suggestions from the committee members were fully incorporated. Evaluation by lay participants also provided valuable feedback on the questionnaire. Their response patterns often illuminated problems with the questionnaire items and layouts, which were blind spots to the expert committee members. This step helped to clarify some problems of the questionnaire so that it would work better in the applied settings (Beaton et al., 2000). Traditionally, back translation is considered the final step in questionnaire translation process. However, as several researchers have pointed out, depending solely on back translation often results in a questionnaire's cultural inaptness (Rogler, 1999; van Widenfelt et al., 2005). The translation and adaptation process undertaken in this study surpassed the translation norm and incorporated opinions and responses from both expert and lay participants. Such a process facilitated the development of a translated questionnaire that is culturally appropriate and well rounded.

Reflections on the translation equivalence. Equivalence between the source and target language is considered the most critical requirement for a translated questionnaire. The current study employed various translation and adaptation processes in order to improve questionnaire equivalence. This section will discuss semantic, content, conceptual, and other equivalences explored in the study.

Semantic equivalence. Semantic equivalence is one of the most difficult equivalences to achieve, especially when there is a large difference between the source and target language (Beaton et al., 2000; Guilmer et al., 1993). Difference is considered large when a questionnaire needs to be translated for another country and another language, which was the case with the current study. Maintaining the same or similar item meanings across different language versions is crucial because the quality of all other equivalence rests on semantic equivalence (Guilmer et al., 1993).

During both the pilot and pretests, the current study used back translation, parallel blind technique, TVI, and random probes to improve semantic equivalence (Behling & Law, 2000). Throughout the translation process, the similarity of meanings was emphasized more than the literal translation of the items. The back translation process demonstrated that most of the translated items were semantically comparable to the original items, although there were some differences in the linguistic and grammatical forms. The original questionnaire met Brislin's (1980) guidelines for a translatable questionnaire, such as using active voice and avoiding metaphor; this may have helped the Japanese OQ to have good semantic equivalence.

However, few items showed meaning or word discrepancies between the original and translated versions. Most of these discrepancies were conceptual in nature, which will be discussed later in this chapter. One of the major differences between the original and translated items was the grammar structure. Only 6 of the 45 translated items used the first person subject "I," while all of the original OQ items included this subject. Regarding this phenomenon, Tsukimoto (2008) claimed that the language difference is a manifestation of cultural differences at the deeper cognitive level. In Japanese, the subject "I" is used when there is a need to position oneself in a relationship that is public and neutral. On the other hand, the subject "I" in English does not have these societal implications (Tsukimoto, 2008). Additionally, the Japanese language does not necessarily require a subject in a sentence, which reflects the Japanese cultural ideal of seeking to understand the self and one's position in context and in relation to others (Tanaka, 1999).

The OQ items are concise sentences without any contextual information, and this might be one of the reasons that some lay participants and mental health professionals commented that a few items were so ambiguous that it was hard to match the statement with real-life situations.

Suggestions were made to include more detailed descriptions in the items to increase their contextuality. However, these suggestions are not reflected in the Japanese OQ at this point because they would have required drastic item changes as well as item addition, which was beyond the scope of the current study.

Content equivalence. In developing a culturally adaptive questionnaire, it is important to assess the relevance of each questionnaire item in the context of the target culture (Behling & Law, 2000; Flaherty, 1988). Content equivalence was evaluated through the CVI values provided by the mental health professionals in Japan. Since the original OQ was an already established questionnaire, the professionals' task was to reexamine whether the described phenomena occur and are recognized by the members of the target culture (Flaherty, 1988). Their feedback and CVI scores were then compared with the feedback received from the lay participants in order to clarify the meaning and relevance of the items in Japanese culture. During the process, any items that were irrelevant culturally or contextually in the Japanese society were to be eliminated. However, no item was deleted based on the received feedback. Both mental health professionals and lay participants commented that the tone and expressions of the translated text were polite and culturally sensitive enough that it would be appropriate to use the translation in Japanese culture. However, they also mentioned that some items were too straightforward and somewhat unnatural, though they were perfectly understandable. The straightforward tone of the items, even after translation, is attributable to the items' being anchored in the U.S. culture. Mental health professionals also pointed out that the Japanese OQ did not include items that are essential in assessing mental health in Japan.

For example, in Japanese culture, characteristics such as reading between the lines and sensing the atmosphere in social contexts are strongly valued. Symptom distress experienced by

Japanese clients reflects these values. At least one study has shown that Japanese who suffer from social phobia express the fear of being offensive to others, unlike Westerners, who fear being embarrassed in social situations (Shiraev & Levy, 2001). This difference reflects a Japanese focus on others, a result of cultural emphasis on harmony and collectivism over Western-style individualism. This concern was discussed with the lead questionnaire developer. Future questionnaire development might address this issue with substantial item modification or addition. Using the same construct with a slightly different emphasis might be a solution to the problem.

Conceptual equivalence. Dealing with semantic and content problems is essential, but insufficient, to ensure the translation quality (Behling & Law, 2000). It is also necessary to examine whether the concept operationalization of the original items exist in the target language. Although the translators confirmed that the appropriateness of item translation and high TVI scores were achieved, it is possible that there might be unrecognized translation problems due to conceptual differences.

Close evaluation of the lay participants' responses to the OQ items showed notable differences in response patterns. For example, the pretest results showed that Japanese participants tended to mark less positively than Americans on the five subjective well-being (SWB) items. These items were based on past SWB studies that indicated a high correlation between individuals' happiness and how they viewed themselves in relationship with others (Lambert et al., 2004). However, various studies have shown that constructs of SWB are highly contextualized based on uniqueness of culture (Oishi & Diener, 1999). For example, Westerners tend to associate personal achievement and positive self-image with happiness, whereas

Easterners are more likely to consider balance and harmony as essential factors for happiness (Diener & Diener, 1995; Uchida, Norasakkunkit, & Kitayama, 2004).

Conceptualization of work is another example of difference. Item 14, "I work/study too much," is one of the items measuring social-role functioning (SR), and more Japanese participants than American participants marked "frequently" and "almost always" on this item. Without consideration for cultural difference, one might conclude that Americans hold healthier work attitudes in general than Japanese. However, in Japan, a good cooperative attitude is highly encouraged and valued (Kawanishi, 2008). Work is not necessarily seen as the pursuit of personal profit, but rather as a manifestation of "altruistic motives and devotion to others" (Kawanishi, 2008, p. 72). Being willing to work more than required and to stretch one's job boundaries to help others brings recognition in the Japanese workplace, and selfless devotion is an important part of the deeply rooted work ethic in Japan. Therefore, the meaning implied by item 14 might differ because of cultural conceptualizations.

Another example of conceptual difference can be found in item 12, "I find my work/school satisfying." Morita (2003) pointed out how work philosophy influences work attitude and colleague relationships. He stated that professionalism and personal achievement are valued in the U.S., whereas cooperation and collective achievement are valued in Japan. Because of these differences of emphasis, Americans tend to experience greater difficulties in admitting dissatisfaction at work because it implies their inability to work. On the other hand, it is not difficult for Japanese to admit their work dissatisfaction and express complaints since it reflects their impression of their workplace in a collectivistic manner. These studies exhibit how work attitudes are socially constructed and culturally contextualized. Americans and Japanese tend to have different values and philosophies about work, and thus it is not accurate to interpret

scores on the Japanese OQ work-related items as indicating an unhealthy work style compared to that of Americans. Cultural and societal factors need to be more closely examined to facilitate accurate understanding of the OQ scores on work-related items.

Psychological symptoms are another area that shows conceptual differences. As mentioned before, the OQ evaluates clients' symptom distress. The items measuring this domain were chosen according to the data from a National Institute of Mental Health study and DSM-III-R (Lambert et al., 2004). These data showed that the most common symptoms were depression, anxiety, and substance abuse; therefore, the OQ is heavily loaded with the items that cover these three categories. However, cross-cultural studies have shown differences between U.S. and Asian cultures in symptom manifestation for all these categories (Shirav & Levy, 2001). It is easy to assume these symptoms apply universally across cultures; however, manifestations of these symptoms can be unique for individual cultures and their cultural contexts need to be considered for complete understanding (Shiraev & Levy, 2001).

These possible conceptual differences do not necessarily negate the importance of the questionnaire translation. Some claim that constructs developed in North America are universal and can be applicable regardless of cultural differences (Behling & Law, 2000). On the other hand, others claim that all non-locally developed constructs need to be rejected. Behling and Law (2000) comment that either of these stances is extreme and suggest researchers take a middle ground. Constructs are not simple dichotomies, but have complex combinations of a universal etic core and culture-specific emic. It is important to show awareness of unique cultural influences and to be cautious about applying Western concepts universally. Continuous examination of various cultural and societal factors will produce a more accurate understanding of conceptual differences.

Other equivalence. In addition to semantic, content, and conceptual equivalence, the research team gave attention to technical equivalence, legality, and criterion equivalence in order to develop a culturally adaptive questionnaire. Technical equivalence was explored in detail through probes of lay participants. Participants did not have difficulty with the data collecting methods since they were used to taking tests and surveys with Likert-type scales and bubble sheets. Some technical problems, such as item layout and the shape of the bubble sheets, were solved through modifications based on feedback from the lay participants.

Another aspect of technical equivalence deals with differences in response tendency (Flaherty et al., 1998). Past cross-cultural studies have shown that Asians, especially Japanese, have a tendency to endorse extreme values less often than Westerners (Chen, Lee, & Stevenson, 1995; Hui & Triandis, 1989). This tendency was observed in a few items of the Japanese OQ. For example, for item 24, "I like myself," only 4.7% of the participants chose "almost always." In every version of the OQ used in the present study, this tendency was observed regardless of gender, education level, and age group. It has been suggested that such differences result from the endorsement of individualism and emphasis on self-enhancement in Western cultures, while emphasis is placed on modesty in Asian cultures (Chen, Lee, & Stevenson, 1995; Hui & Triandis, 1989). These differences will be important to consider when interpreting scores on the Japanese OQ. The pilot test and pretests were the processes used to improve the technical equivalence; however, other statistical techniques, such as confirmatory factory analysis, will be needed to further examine this equivalence.

Legality of the Japanese OQ was also examined. The term legality can also encompass the societal norms and conventions that influence individual behaviors (Behling & Law, 2000). Several expert committee members expressed the need to modify the direct question on "sex life"

because they feared Japanese clients would not be willing to reveal such personal information, which might affect the response pattern. However, participants' responses obtained through the random probe techniques during the pilot study indicated that almost all of the participants were comfortable with the direct question. The results also indicted that the participants would feel secure about sharing personal information in medical settings with assurance of confidentiality. These findings confirm that the questionnaire needs to be administered with care and guaranteed confidentiality.

In the current study, criterion equivalence was not examined since it requires a greater number of participants and statistical analysis of item sensitivity, specificity, predictive validity, and concurrent validity. Future research will be needed to address these issues.

Limitations and Recommendations for Future Studies

One of the limitations of the current study was the lay participant samples. Beaton et al. (2000) suggested that sample size between 30 and 40 would be ideal for conducting pretests. In the current study, four groups of lay people participated, for a total of 112 participants. Although the total number of participants far exceeded Beaton et al.'s recommendation, only two of these sample groups met the criteria of suggested sample size. Over the course of this study, it was necessary to collect four different samples in order to examine different translation versions. However, it was difficult to conduct random sampling, so both convenience and snowball sampling were used for the data collection. In addition, one third of the participants came from one geographical area of Japan. It is possible that the samples used in the current study might not be representative of the entire target population, which could have influenced the study results. In future research, the use of a larger and more representative sample of native Japanese will be needed in order to gain a more articulate understanding of the questionnaire adaptation.

In the current study, efforts were made to adapt the original OQ to Japanese culture. Comments and feedback from both mental health professionals and lay participants were incorporated. However, since the translation approach was adaptation, not decentralization, some items are still anchored in U.S. culture and do not articulately reflect Japanese culture. Conceptual differences and lack of certain concepts unique to Asian cultures still exist. Additional efforts need to be made to achieve accurate cross-cultural understanding, which will lead to a better modification of the Japanese OQ.

Although this study provided helpful insights for the questionnaire's cultural adaptation, the new version still needs to demonstrate the measurement properties needed for clinical application in Japanese culture (Beaton et al., 2000; Behling & Law, 2000). Statistical analyses of psychometric properties such as validity, reliability, internal consistency, and factor analysis need to be conducted in order to complete the successful cross-cultural adaptation. Similarly, normative data collection using the new Japanese OQ also needs to be conducted in order to calculate the cutoff scores and reliable change indices (RCI) appropriate for the Japanese population.

Conclusion

The current study validated the translation equivalence and cultural adaptation of the Japanese OQ. The research team followed the cultural adaptation process suggested by Beaton et al. (2000), which exceeds the norm of ending the translation at the back translation phase. This rigorous translation and adaptation process made it possible to address various equivalence problems and likely yielded an instrument with greater equivalence (Behling & Law, 2000). As a result, the number of translation problems decreased from version to version, confirming the translation equivalence of the Japanese OQ.

Throughout the process, preserving the meaning of the items was emphasized over literal translation. Although some culture-specific concerns still exist, the current version of the Japanese OQ incorporated feedback from both experts and lay people residing in Japan. Their feedback will provide valuable information for future instrument development. Study findings also point out possible differences in conceptual operationalization that need to be considered when Japanese OQ scores are interpreted. The study results support that the Japanese OQ is an appropriate instrument to measure psychotherapy outcomes. The use of this instrument in Japan has potential to provide greater understanding of cross-cultural and clinically applicable information that will enrich the field of clinical psychology in both Japan and the U.S.

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Appendices

A. A Packet for Translation Evaluators (Japanese) and its English Translation

アウトカム質問紙評価調査の依頼

平成 22 年 8 月

本日はこのリサーチに参加してくださりありがとうございます。私は現在ブリガム･ヤング大学の大学院で学んでおります高良理沙と申します。この評価調査は学位取得過程の一環であり、日本語版のアウトカム質問表を作成するために行っております。

現在の日本の社会には、雇用･家計の不安定化、人間関係の希薄化、価値観の変化などといった様々な問題が存在します。生活の中でのストレスが増加するにつれ、昨今では種々のいわゆる「心の病」に悩まれる方が増えています。そういった中、カウンセリングやサイコセラピー（精神･心理療法）、精神科･心療内科などといったメンタルヘルスケアの需要が高まっています。

この状況に対応すべく、職場や、学校、家庭など様々な場においてメンタルヘルスケアの提供を可能にする取り組みがなされています。しかし現在の日本では、多くの場合これらの取り組みによる成果や効果が十分に調べられていません。そのためメンタルヘルスケアの普及と共に、その実効性に関する理解を深めることは、現代の日本の社会において非常に大切な課題であると思われます。

この調査は、日本社会に適応した日本語版のメンタルヘルスケアのアウトカム（成果・効果）質問紙の翻訳・作成を目的としています。 この冊子は、調査の説明、インフォームド・コンセント、アンケート、アウトカム質問紙、翻訳妥当性インデックスの合計 5 ページから構成されています。これらの質問全てに応えて頂くことがリサーチ参加の内容となっており、大体 45 分程度で終了する内容になっています。記入上の注意をよく御読みになってから質問に御答えください。 リサーチに参加してくださった方には 2000 円分の商品券を差し上げます。

回答内容は匿名で取り扱いますので、率直に御記入ください。回答結果はコンピュータによって分析または統計処理されますので、個人の回答が公表されることはなく、また結果は学術的な目的以外には使用されません。

調査の趣旨を御理解のうえ、御協力御願いいたします。質問、不明な点がございましたら、調査実施者にご確認いただくか、または下記まで御連絡ください。

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A request for Outcome Questionnaire review research participation

August, 2010

Thank you very much for your participation in this research study. My name is Risa Takara, and I am a graduate student at Brigham Young University. I am conducting this survey as part of my course work, and am interested in developing a Japanese version of Outcome Questionnaire.

Various problems, such as unstable economy, weakening family relationship, and changing value, have been serious challenges in recent Japanese society. As the stress in one's life increases, the number of people who suffer from "mental illness" increases. Because of such a circumstance, the need for mental health care is also increasing these days.

In order to respond to such demands, efforts have been made to provide mental health care at work place, school, and home. However, outcome and effects of such service are not currently researched in Japan. Therefore, it is an important task for Japanese society to have greater understanding regarding the effects of psychotherapy, along with promoting mental health care.

The aim of this research is to translate and adapt a questionnaire that will measure the outcome of mental health care to Japanese society. The enclosed booklet consists of following five sheets: research explanation, informed consent, demographic questionnaire, outcome questionnaire, and translation validity index form. Your participation in this study will require completion of the attached questionnaire/following survey. This should take approximately 45 minutes of your time. Please answer the questions after reading the instruction carefully. A ten dollar gift certificate will be given to you for your participation.

Your participation will be anonymous and you will not be contacted again in the future for the same research purpose. Individual responses will not be published, and the result will only be used for academic purpose.

We appreciate your willingness to participate in the study. If you have any question or anything unsure, please let the primary researcher (Risa Takara) know or contact the following:

Brigham Young University School of Education

Counseling Psychology

Risa Takara (Ph. D. Candidate)

John C. Okiishi Ph.D.

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リサーチ参加への同意書

１． 研究の目的

このリサーチは、メンタル・ヘルスと精神症状を測るために使われる質問紙（Outcome Questionnaire 45: アウトカム質問表）の日本語版を作成するために、ブリガム・ヤング大学のランバート博士、オキイシ博士、ビーチャー博士、そして大学院生である高良理沙によって行われています。

２． 研究の手順

研究の手順には、統計用質問紙、心理療法アウトカム質問紙、そして翻訳妥当性インデックスまたは内容妥当性インデックスへの回答が含まれています。全ての回答を行うのにおよそ 20 分程度かかると予想されます。

３． 研究におけるリスク

同様の質問紙が過去のリサーチにも使用されていますが、これまで問題や苦情の報告は行われていません。しかし、質問紙に対する個人的な意見を述べることに伴う不安等を経験する可能性はあると考えられます。

４． 研究のもたらす恩恵

この研究に参加することによる直接の恩恵はありませんが、参加者の方の貢献を通して、将来的に心理療法の質の向上と、心理療法に関するリサーチとアセスメントの促進等の社会的恩恵があると考えられます。

５． プライバシーの保護と守秘義務

研究に使用される質問紙上の回答や個人を特定する可能性のある情報は全て研究チームメンバーのみ（高良、ランバート、オキイシ、ビーチャー）の間で匿名で取り扱われます。参加者と特定する情報や回答内容がチームメンバー以外に報告されたり閲覧されたりすることはありません。全ての書類データは鍵のかかった引き出しに、全ての電子ファイルデータは本研究者だけが知っているパスワードによって保護されます。

６． 研究への参加

このリサーチへの参加は義務ではありません。都合によりリサーチへの参加を中断する必要がある場合は、気兼ねなく本研究者にご連絡ください。参加の中断によるリサーチへの影響はありません。

７． リサーチに関する質問

このリサーチに関して質問等がある場合は、高良理沙までご連絡ください（電話番号：090-6519-9132 (日本), 801-414-6694　(米国) E メール:risatakara7@yahoo.co.jp）

８． リサーチ参加者としての権利に関する質問

このリサーチの参加者には、1） 参加へのプレッシャーからの自由、2）リサーチ中の何時でも参加を拒否することができる権利、 3）リサーチの結果について知る権利、の権利を持っています。リサーチ・プロジェクトの参加者としての権利に関する質問がある場合は、IRB Administrator; Brigham Young University, A-285 ASB; Provo, UT 84602; irb@byu.edu or 801-422-1461 までご連絡ください。(IRB とはリサーチ参加者の権利と福利を守るためにリサーチ研究の内容を査定するグループです。)

私は、上記内容を読み理解した上で、自分の意志でこのリサーチに参加することに同意します。

_____

名前（楷書）

_____

サイン

_____

日付

Consent to be a Research Subject

Introduction
This research study is being conducted by Risa Takara, Dr. Michael Lambert and Dr. John Okiishi from Brigham Young University in order to develop the Japanese version of a psychological instrument which will be used to assess mental health and distress.

Procedures
The procedure will include answering demographic questions and psychotherapy outcome questionnaire, as well as evaluating the translation equivalence by filling out Content Validity Index . The whole process will probably take approximately one hour.

Risks/Discomforts
These questionnaires have been administered in previous research to which no problems or complaints have been reported. However, potential discomforts may include uneasiness when answering questions of its personal nature.

Benefits
Your contribution will benefit society by improving the quality of psychotherapy provided to Japanese and will aid future psychotherapy research and assessment.

Confidentiality
As a participant in this study it is important that you know that all identifying information about your responses on the questionnaires will be kept confidential. No identifying information about your participation or responses will be reported or revealed to anyone.

Participation
Participation in this study is voluntary. You are free to discontinue your participation at any time prior to completion without any repercussions.

Questions about the Research
If you have questions regarding this study, you may contact Risa Takara at (801) 414-6694 or via email at risatakara7@yahoo.co.jp, as well as Dr. Michael Lambert (801) 422- 6480 and Dr. John Okiishi at (801) - 422-3300.

Question about your Rights as a Research Participant
As a participant in this research study, you have the following rights: 1) freedom from any pressure to participate; 2) the right to refuse to participate at any time; 3) the right to be told of the results of the study. If you have questions regarding your rights as a participant in a research project, you may contact….

I have read, understood, and received a copy of the above consent and desire of my own free will and violation to participate in this study.

_____
Name (Please Print)

_____ _____
Signature of Participant Date

翻訳適切性評価用紙

各質問項目が、**アウトカム質問紙の翻訳**として１）適切でない、２）適切であるためには修正が必要、３）適切であるが少し修正が必要、４）適切である、のどのレベルであるか丸をつけてください。質問項目の修正について提案があれば記入してください。

項目番号 質問内容は同封の質問紙をご参照ください。	**適切性**	**コメント**
1	1 2 3 4	
2	1 2 3 4	
3	1 2 3 4	
4	1 2 3 4	
5	1 2 3 4	
6	1 2 3 4	
7	1 2 3 4	
8	1 2 3 4	
9	1 2 3 4	
10	1 2 3 4	
11	1 2 3 4	
12	1 2 3 4	
13	1 2 3 4	
14	1 2 3 4	
15	1 2 3 4	
16	1 2 3 4	
17	1 2 3 4	
18	1 2 3 4	
19	1 2 3 4	
20	1 2 3 4	
21	1 2 3 4	
22	1 2 3 4	
23	1 2 3 4	
24	1 2 3 4	
25	1 2 3 4	
26	1 2 3 4	
27	1 2 3 4	
28	1 2 3 4	
29	1 2 3 4	

30	1	2	3	4	
31	1	2	3	4	
32	1	2	3	4	
33	1	2	3	4	
34	1	2	3	4	
35	1	2	3	4	
36	1	2	3	4	
37	1	2	3	4	
38	1	2	3	4	
39	1	2	3	4	
40	1	2	3	4	
41	1	2	3	4	
42	1	2	3	4	
43	1	2	3	4	
44	1	2	3	4	
45	1	2	3	4	

Translation Validity Evaluation Form

Please circle a number which best describes the level of translation appropriateness for each item; 1) not relevant, 2) modification is needed in order for the item to be relevant, 3) relevant but need a small modification, and 4) relevant. Please write down if you have any comments on item modification.

Item Numbers Please refer the questionnaire.	Translation Validity				Comment
1	1	2	3	4	
2	1	2	3	4	
3	1	2	3	4	
4	1	2	3	4	
5	1	2	3	4	
6	1	2	3	4	
7	1	2	3	4	
8	1	2	3	4	
9	1	2	3	4	
10	1	2	3	4	
11	1	2	3	4	
12	1	2	3	4	
13	1	2	3	4	
14	1	2	3	4	
15	1	2	3	4	
16	1	2	3	4	
17	1	2	3	4	
18	1	2	3	4	
19	1	2	3	4	
20	1	2	3	4	
21	1	2	3	4	
22	1	2	3	4	
23	1	2	3	4	
24	1	2	3	4	
25	1	2	3	4	
26	1	2	3	4	
27	1	2	3	4	
28	1	2	3	4	
29	1	2	3	4	
30	1	2	3	4	
31	1	2	3	4	
32	1	2	3	4	
33	1	2	3	4	
34	1	2	3	4	

35	1	2	3	4	
36	1	2	3	4	
37	1	2	3	4	
38	1	2	3	4	
39	1	2	3	4	
40	1	2	3	4	
41	1	2	3	4	
42	1	2	3	4	
43	1	2	3	4	
44	1	2	3	4	
45	1	2	3	4	

B. A Packet for Mental Health Professionals (Japanese) and its English Translation

アウトカムに関する調査

平成 22 年 9 月

今回はお忙しい中、当研究に参加していただきありがとうございます。

私は、現在ブリガム・ヤング大学カウンセリング心理学部で勉強をさせていただいております高良理沙と申します。

本研究の目的は、アメリカ生まれのアンケート用紙を日本語に翻訳し、日本の専門家の方々や一般の方々からのアドバイスを通して、日本に適した内容へと改善していくものとなっています。来年以降、この翻訳過程を通して完成したアンケート用紙を使用して、その信頼性と妥当性を確認するための全国調査ができるように現在準備を進めている段階です。

18 歳から 80 歳までの日本人に質問表内容に関するインタビューを行う前に、まず日本の精神科、メンタルヘルスのプロフェッショナルの方々に、この質問表の内容を改善するための提案をいただければと思い今回内容の検討を依頼することとなりました。この質問表には全部で 45 問の質問があり、症状の苦痛度、対人関係、そして社会機能の３つの領域を簡易的にカバーする内容となっています。すべての質問に答えていただくまでに約 1 時間弱のお時間をいただくことになるかと思います。お忙しいとは思いますが、研究の趣旨をご理解の上、ご協力いただけると幸いです。

この冊子は、調査の説明、インフォームド・コンセント、デモグラフィック調査表、アウトカム質問紙、内容妥当性評価の際の基準要項、内容妥当性インデックス、詳細評価表の合計７つの文書から構成されています。これらの質問全てに応えて頂くことがリサーチ参加の内容となっており、大体 45 分程度で終了する内容になっています。記入上の注意をよく御読みになってから質問に御答えください。 リサーチに参加してくださった方にはささやかではありますが 2000 円分の商品券を差し上げます。

回答内容は匿名で取り扱いますので、率直に御記入ください。回答結果はコンピュータによって分析または統計処理されますので、個人の回答が公表されることはなく、また結果は学術的な目的以外には使用されません。

調査の趣旨を御理解のうえ、御協力御願いいたします。質問や不明な点がございましたら、下記までご連絡ください。

ブリガム・ヤング大学教育学部
カウンセリング心理学科
高良　理沙　（大学院博士課程生）
マーク・E・ビーチャー博士

OQ Measures, LLC
PO Box 521047 Salt Lake City,
UT 84152-1047, U.S.A
TEL： (801)649-4392
E-mail：WebQuery@OQMeasures.com

Research on Psychotherapy Outcome

September, 2010

Thank you very much for taking time out of your busy schedule to participate in our study.

My name is Risa Takara, and I am currently studying counseling psychology at Brigham Young University.

The purpose of this study is to translate a questionnaire developed in the U.S. and adopt it to Japanese society through insights and responses from mental health care professional and the general public in Japan. Upon the completion of the questionnaire, we are planning to conduct a national study to evaluate its psychometric properties.

We decided to invite mental health professionals in Japan to examine the questionnaire's content to help us with insights and suggestions for improvement before conducting a survey interview of the general public of Japan aged 18 to 80. The Questionnaire contains forty five questions, and they are designed to evaluate three domains: symptom distress, interpersonal relationship, and social role. It might take about one hour to answer all the questions in the packet. We understand your busy schedule, but we would like to invite you to participate in our study.

This booklet contains seven documents: explanation of the research, informed consent, demographic survey, outcome questionnaire, criteria for content validity evaluation, and content validity index form. Please answer all the questions in the booklet. Please answer all the questions after reading the instructions carefully. Gift certificates worth twenty dollars will be sent to those who participate in the research as our expression of thanks.

All the responses will be treated anonymously, so please answer them frankly. All the results will be analyzed by computer, and individual answers will not be identified. The results will be used only for academic purposes.

Thank you for your participation today. If you have any question, please contact us at following contact address.

Risa Takara (Ph.D. candidate)

Mark E. Beecher Ph.D.

Brigham Young University School of Education

Counseling Psychology

1500 WSC

Provo, UT 84043

010-1-801-422-3035

リサーチ参加への同意書

１． 研究の目的

このリサーチは、メンタル・ヘルスと精神症状を測るために使われる質問紙（Outcome Questionnaire 45: アウトカム質問表）の日本語版を作成するために、ブリガム・ヤング大学のランバート博士、オキイシ博士、ビーチャー博士、そして大学院生である高良理沙によって行われています。

２． 研究の手順

研究の手順には、統計用質問紙、心理療法アウトカム質問紙、そして翻訳妥当性インデックスまたは内容妥当性インデックスへの回答が含まれています。全ての回答を行うのにおよそ一時間程度かかると予想されます。

３． 研究におけるリスク

同様の質問紙が過去のリサーチにも使用されていますが、これまで問題や苦情の報告は行われていません。しかし、質問紙に対する個人的な意見を述べることに伴う不安等を経験する可能性はあると考えられます。

４． 研究のもたらす恩恵

この研究に参加することによる直接の恩恵はありませんが、参加者の方の貢献を通して、将来的に心理療法の質の向上と、心理療法に関するリサーチとアセスメントの促進等の社会的恩恵があると考えられます。

５． プライバシーの保護と守秘義務

研究に使用される質問紙上の回答や個人を特定する可能性のある情報は全て研究チームメンバーのみ（高良、ランバート、オキイシ、ビーチャー）の間で匿名で取り扱われます。参加者と特定する情報や回答内容がチームメンバー以外に報告されたり閲覧されたりすることはありません。全ての書類データは鍵のかかった引き出しに、全ての電子ファイルデータは本研究者だけが知っているパスワードによって保護されます。

６． 研究への参加

このリサーチへの参加は義務ではありません。都合によりリサーチへの参加を中断する必要がある場合は、気兼ねなく本研究者にご連絡ください。参加の中断によるリサーチへの影響はありません。

７． リサーチに関する質問

このリサーチに関して質問等がある場合は、高良理沙までご連絡ください（電話番号：090-6519-9132 (日本), 801-414-6694　(米国) E メール:risatakara7@yahoo.co.jp）

８． リサーチ参加者としての権利に関する質問

このリサーチの参加者には、1） 参加へのプレッシャーからの自由、2）リサーチ中の何時でも参加を拒否することができる権利、 3）リサーチの結果について知る権利、の権利を持っています。リサーチ・プロジェクトの参加者としての権利に関する質問がある場合は、IRB Administrator; Brigham Young University, A-285 ASB; Provo, UT 84602; irb@byu.edu or 801-422-1461 までご連絡ください。(IRB とはリサーチ参加者の権利と福利を守るためにリサーチ研究の内容を査定するグループです。)

私は、上記内容を読み理解した上で、自分の意志でこのリサーチに参加することに同意します。

_____

名前（楷書）

_____

サイン

_____

日付

Consent to be a Research Subject

Introduction
This research study is being conducted by Risa Takara, Dr. Michael Lambert and Dr. John Okiishi from Brigham Young University in order to develop the Japanese version of a psychological instrument which will be used to assess mental health and distress.

Procedures
The procedure will include answering demographic questions and psychotherapy outcome questionnaire, as well as evaluating the translation equivalence by filling out Content Validity Index . The whole process will probably take approximately one hour.

Risks/Discomforts
These questionnaires have been administered in previous research to which no problems or complaints have been reported. However, potential discomforts may include uneasiness when answering questions of its personal nature.

Benefits
Your contribution will benefit society by improving the quality of psychotherapy provided to Japanese and will aid future psychotherapy research and assessment.

Confidentiality
As a participant in this study it is important that you know that all identifying information about your responses on the questionnaires will be kept confidential. No identifying information about your participation or responses will be reported or revealed to anyone.

Participation
Participation in this study is voluntary. You are free to discontinue your participation at any time prior to completion without any repercussions.

Questions about the Research
If you have questions regarding this study, you may contact Risa Takara at (801) 414-6694 or via email at risatakara7@yahoo.co.jp, as well as Dr. Michael Lambert (801) 422- 6480 and Dr. John Okiishi at (801) - 422-3300.

Question about your Rights as a Research Participant
As a participant in this research study, you have the following rights: 1) freedom from any pressure to participate; 2) the right to refuse to participate at any time; 3) the right to be told of the results of the study. If you have questions regarding your rights as a participant in a research project, you may contact….

I have read, understood, and received a copy of the above consent and desire of my own free will and violation to participate in this study.

_____
Name (Please Print)

_____ _____
Signature of Participant Date

デモグラフィック調査

この調査はリサーチ参加者に関する統計データを出すための質問となっております。お手数ですが下記の質問にお答えください。

１．年齢：　＿＿＿＿＿才

２．性別：　男　　女

３．出身地：――――――

４．学歴：

a. 専門学校卒業
b. 短大卒業
c. ４年制大学卒業
d. 大学院卒業

５．職業

- 専門分野：
- メンタルヘルス分野で働いている年数：

内容妥当性評価用紙

各質問項目が、心理療法の効果を調べるための質問として「1．関連がない」「2．修正なしには判断でいない」「3．関連はあるが少し修正が必要」「4.関連がある」のどのレベルであるか丸をつけてください。質問項目の修正について提案があば記入してください。（評価用紙への記入が終了した後に、質問表に関する詳細評価のための項目に関する評価表もございますので、そちらまで目を通していただけると幸いです。）

項目番号 質問内容は同封の質問用紙をご参照ください。	**関連性**	**コメント**
1	1 2 3 4	
2	1 2 3 4	
3	1 2 3 4	
4	1 2 3 4	
5	1 2 3 4	
6	1 2 3 4	
7	1 2 3 4	
8	1 2 3 4	
9	1 2 3 4	
10	1 2 3 4	
11	1 2 3 4	
12	1 2 3 4	
13	1 2 3 4	
14	1 2 3 4	
15	1 2 3 4	
16	1 2 3 4	
17	1 2 3 4	
18	1 2 3 4	
19	1 2 3 4	
20	1 2 3 4	
21	1 2 3 4	
22	1 2 3 4	
23	1 2 3 4	
24	1 2 3 4	
25	1 2 3 4	

26	1	2	3	4	
27	1	2	3	4	
28	1	2	3	4	
29	1	2	3	4	
30	1	2	3	4	
31	1	2	3	4	
32	1	2	3	4	
33	1	2	3	4	
34	1	2	3	4	
35	1	2	3	4	
36	1	2	3	4	
37	1	2	3	4	
38	1	2	3	4	
39	1	2	3	4	
40	1	2	3	4	
41	1	2	3	4	
42	1	2	3	4	
43	1	2	3	4	
44	1	2	3	4	
45	1	2	3	4	

質問表の詳細評価のために下記の質問にお答えください。「はい」とお答えになる場合は、どうしてそう思われたのか、またどうしたら改善することができるのかに関するアドバイスを余白の部分にご記入ください。

1. この質問表は毎回の診察に使用するには長すぎると思いますか？	はい　いいえ	**（はい）どのくらいの長さ（質問項目の数）が適切だと思いますか？**
2. 使用されている言葉に適切でないものはありましたか？	はい　いいえ	**（はい）どの項目ですか？改善へのアドバイスはありますか？**

3. 理解しにくい、または答えにくい項目はありましたか？	はい　いいえ	（はい）どの項目ですか？改善へのアドバイスはありますか？
4. 回答者を不快にさせてしまう可能性のある質問項目がありましたか？	はい　いいえ	（はい）どの項目ですか？改善へのアドバイスはありますか？
5.　回答者を落ち込ませてしまう可能性のある質問項目がありましたか？	はい　いいえ	（はい）どの項目ですか？改善へのアドバイスはありますか？
6.　全体的に見てこの質問表は、日本の現場で使用するに当たり、適切で有用な内容となっていますか？患者/クライエントの症状、社会的役割、対人関係、そしてクオリティー・オブ・ライフが反映されていますか？	はい　いいえ	この質問に対する答えが「いいえ」の場合、どうしてそう思うのか、そして改善点へのアドバイスを記入してください。
7.質問表は読みにくい、または答えにくいですか（字の大きさ、書体、レイアウト等）？	はい　いいえ	（はい）どういう点が改善されるべきだと思いますか？
8. 注意事項に分かりにくい部分がありましたか？	はい　いいえ	（はい）どの指示が分かりにくいですか？

ご協力ありがとうございました！

Demographic Survey

The questions in this survey will be used for obtaining statistical data of those who participate in the research. Please take your time to answer the following questions.

1. Age: _____

2. Gender: Male Female

3. Home Region: _____

4. Education
    a. Technical School
    b. Community College
    c. University
    d. Graduate School

5. Occupation
    - Are of expertise: _____
    - The years of working in the mental health field: _____

Content Validity Evaluation Form

Please circle a number which best describes the level of translation appropriateness for each item; 1) not relevant, 2) modification is needed in order for the item to be relevant, 3) relevant but need a small modification, and 4) relevant. Please write down if you have any comments on item modification. (After the content validity evaluation form, there is another form for detail evaluation concerning the questionnaire. We will really appreciate if you could fill out that portion of the survey as well.

Item Numbers Please refer the questionnaire.	Content Validity	Comment
1	1 2 3 4	
2	1 2 3 4	
3	1 2 3 4	
4	1 2 3 4	
5	1 2 3 4	
6	1 2 3 4	
7	1 2 3 4	
8	1 2 3 4	
9	1 2 3 4	
10	1 2 3 4	
11	1 2 3 4	
12	1 2 3 4	
13	1 2 3 4	
14	1 2 3 4	
15	1 2 3 4	
16	1 2 3 4	
17	1 2 3 4	
18	1 2 3 4	
19	1 2 3 4	
20	1 2 3 4	
21	1 2 3 4	
22	1 2 3 4	
23	1 2 3 4	
24	1 2 3 4	
25	1 2 3 4	
26	1 2 3 4	
27	1 2 3 4	
28	1 2 3 4	
29	1 2 3 4	

30	1	2	3	4	
31	1	2	3	4	
32	1	2	3	4	
33	1	2	3	4	
34	1	2	3	4	
35	1	2	3	4	
36	1	2	3	4	
37	1	2	3	4	
38	1	2	3	4	
39	1	2	3	4	
40	1	2	3	4	
41	1	2	3	4	
42	1	2	3	4	
43	1	2	3	4	
44	1	2	3	4	
45	1	2	3	4	

Please answer the following questions for detailed evaluation of the questionnaire. When you answer is "yes," please write down the reason why as well as your advice for improving the questionnaire in the space provided.

1. Do you think the questionnaire is too long to use for each clinical visit?	Yes No	**(Yes) How long would be appropriate?**
2. Were there inappropriate terms used in the questionnaire?	Yes No	**(Yes) Which items? Any recommendation for improvement?**
3. Were there any item that were hard to understand or hard to answer?	Yes No	**(Yes) Which items? Any recommendation for improvement?**
4. Were there any item which might make the clients uncomfortable and/or unpleased?	Yes No	**(Yes) Which items? Any recommendation for improvement?**

5. Were there any item which might bring the clients down?	Yes No	**(Yes) Which items? Any recommendation for improvement?**
6. As a whole, is the content of this questionnaire appropriate and helpful to be used in the clinical settings in Japan? Did the items accurately reflect clients' symptoms, social role, interpersonal relationship, and quality of life?	Yes No	**If the answer to these questions is "no," please write down the reason why and your suggestions for improvement.**
7. Was the question hard to read and/or answer (font size, layout etc.)?	Yes No	**(Yes) Any recommendation for improvement?**
8. Was the instruction hard to understand?	Yes No	**(Yes) Which part was hard to understand?**

Thank you for your cooperation with our questionnaire!

C. Letters of Approval (Japanese) and its English Translation

ブリガム・ヤング大学
カウンセリングセンター
1500 WSC
プロボ、ユタ州　84043　USA

2010 年　10 月 8 日

高良理沙様、

リサーチ実施の許可について

今回は「アウトカム質問表４５（OQ）の翻訳と翻訳妥当性の研究」への参加にお招きくださりありがとうございます。同じ精神保健の分野で働くものとして、高良様の取り組んでいるプロジェクトを全力でサポートしたいと思います。

フェイスシートにも記載されておりましたが、社会の様々な変化に伴い、質の高い精神保健サービスの必要性が年々高まっております。同時に、現在精神保健分野において心理療法のクオリティーを継続して評価するシステムがないのも事実です。OQ のアイディアは非常に興味深いものだと思います。しかしそのアプローチが西洋的であるため、日本社会に適応させるのは多少の困難があるかと考えられます。この研究では質問紙の翻訳を完成させるために何層ものステップが組み込まれており、翻訳のバリアを乗り越えることができるのではないかと期待しております。OQ の開発は心理療法効果だけでなく、心理療法効果の文化的違いへの理解も深めるものになると思います。

IRB 案の方も検討させていただきましたが、リサーチ実施にあたる倫理的問題はないものと考えられます。このプロジェクトは心理療法に関する違った見識をもたらすものになると考えております。今回はプロジェクト参加にお招きいただきありがとうございます。

敬具、

崎浜　秀樹

医療法人　凪の会　なごみ医院　院長
〒905-0013
沖縄県名護市城 2-16-12

Brigham Young University
Counseling Center
1500 WSC
Provo, UT 84043 USA

October 1, 2010

Dear Ms. Risa Takara

Letter of Approval for Conducting Research

Thank you for the invitation to participate in your dissertation project titled "A translation and translation equivalence validation of the Japanese version of the Outcome Questionnaire 45 (OQ)." As colleagues working in the same mental health field, we would like to express our excitement in and support for the project you are working on.

As you mentioned in your face sheet, the demand for quality mental health services has increased in recent years due to various societal changes. At the same time, there is no ongoing evaluation of psychotherapy quality. The idea of the OQ is interesting. At the same time, we think that it is a westernized approach and so that it might be hard to adapt to Japanese society. Therefore, we are excited about your study and the layers of steps you are taking to complete this translation because it more likely to break that translation barrier. The development of the OQ has a possibility of furthering the understanding of psychotherapy outcomes as well as cross-cultural differences of therapy outcomes.

Your IRB proposal was reviewed, and we found no problematic ethical issues. This is an important project that will bring different insights for psychotherapy. Thank you for the opportunity to participate in your project.

Sincerely,

Hideki Sakihama M.D.

Director of Nagomi Mental Health Clinic
2-16-12 Gusuku Nago City
Okinawa 905-0013 Japan

ブリガム・ヤング大学
カウンセリングセンター
1500WSC
プロボ、ユタ州　84043　USA

2010 年　10 月 3 日

高良理沙様、

リサーチ実施の協力許可について

今回は「アウトカム質問紙 45（OQ）の翻訳と翻訳妥当性の検討」の研究」への参加にお招きいただきありがとうございます。当社として喜んでサポートしたいと思います。

私は精神保健分野のエキスパートではありませんが、メンタルヘルスへの社会的ニーズが拡大しているのは感じております。フェイスシートにも書かれておりましたが、メンタルヘルスケアの効果を理解することは、サービスの質を向上するために不可欠なのではないかと考えております。

この研究は日本の精神保健分野において価値のある情報を貢献するものになると思います。プロジェクトが成功しますことを願っております。

比嘉　伝英

美音 Space Design 株式会社
沖縄県名護市城１－７－１１－３Ｆ

Brigham Young University
Counseling Center
1500 WSC
Provo, UT 84043 USA

October 3, 2010

Dear Ms. Risa Takara

Letter of Support for Conducting Research

I would like to express our warm support for your project on "A translation and translation equivalence validation of the Japanese version of the Outcome Questionnaire 45 (OQ)." I am excited about your project and am ready to support it.

I am not an expert in the mental health field, but I do feel a greater societal need for improved mental health services. As you mentioned in your face sheet, understanding of the effects of mental health care can be crucial in order to improve its service quality.

I know that your study will contribute valuable information to the field of mental health in Japan. Thank you for your invitation to be involved in this project. I hope your entire project will be a great success!

Sincerely,

Denei Higa

President of Bion Space Design
1-7-11 3F Gusuku
Nago City, Okinawa 905-0013 Japan

ブリガム・ヤング大学
カウンセリングセンター
1500WSC
プロボ、ユタ州　84043　USA

高良理沙様、

リサーチへの協力承諾

ますますご健勝のこととお喜び申し上げます。このたびは「アウトカム質問表の翻訳と翻訳妥当性の確認」の研究への参加をいただきましたが、私どもに出来る限りの形で協力させていただきたいと存じております。沖縄はリゾート地として知られており日々何千人もの方々が観光にいらしている場所です。しかしこの小さな島においてもメンタルヘルスの問題は困難であるということを認識しております。この研究はメンタルヘルス分野の向上に役立つものであると思います。

当センターは日本全国から日々何百人もの観光客と対応している場所のため、研究方法に倫理的問題がないか気にかかる部分がありました。しかし、高良様の IRB 案にリサーチの実施にともないかねる倫理的問題とその対策が網羅されてあったため、私達の敷地内でリサーチを行っても問題はないと判断しました。IRB プロセスの最終決定に関しては高良様の通っている大学の IRB 機関にお任せしたいと思っております。

今回は研究参加にお招きいただきありがとうございます。リサーチが成功しますことを応援しております。

敬具

玉城千枝子

「道の駅」許田やんばる物産センター
営業部長

〒905-0024
沖縄県名護市
名護市字許田 17-1

Brigham Young University
Counseling Center
1500 WSC
Provo, UT 84043 USA

October 4, 2010

Dear Ms. Risa Takara

Letter of Support and Agreement on the Research

We would like to express our warm support for your study on translating psychotherapy outcome questionnaire. Okinawa is known as a resort island and we have thousands of tourists visiting this island. Even so, we are aware that mental health problems affect even our island. We believe that your study can enhance services in the field of mental health.

Since we deal with hundreds of tourists coming from all over Japan, we were concerned about the ethical issues regarding your research methods. However, your IRB proposal listed all the possible aspects of ethical issues, and we concluded that it would be a safe study to be conducted at our site. We will leave the final decision of the IRB process to that of your university.

Thank you again for the opportunity to be a part of your study. We wish you luck in your research endeavor.

Sincerely,

Chieko Tamaki

Sales department manager of Road Station Kyoto
Nago City, Okinawa Japan

ブリガム・ヤング大学
カウンセリングセンター
1500WSC
プロボ、ユタ州　84043　USA

2010 年　11 月 29 日

高良理沙様、

リサーチ実施の協力許可について

「アウトカム質問紙 45（OQ）の翻訳と翻訳妥当性の検討」の研究についてのお話を伺いましたが、非常に興味のある内容でこのように研究に貢献することができる機会を嬉しく思っております。

精神保健の大切さが強調されている昨今、心理療法の効果についての研究を行うことは今後の日本における心理学の発達においても重要な研究内容だと思います。またこの研究が心理療法の質の向上につながれば、サービスを受ける方々にとっても有意義な内容になると思います。

質問紙とアンケートの参加者のリクルートに関しまして、喜んで協力させていただきたいと思います。アウトカム質問紙のプロジェクトが成功しますことを願っております。

古郡　弘

〒170-0013　東京都豊島区東池袋 4-30-13-203
株式会社　ヘリテージ

Hiroshi Furugori
29/11/2010

Brigham Young University
Counseling Center
1500 WSC
Provo, UT 84043 USA

November 29, 2010

Dear Ms. Risa Takara

Letter of Support for Conducting Research

As I learned about the "A translation and translation equivalence validation of the Japanese version of the Outcome Questionnaire 45 (OQ)" project, I found it very interesting and would love to offer support for your research project.

The importance of mental health has been emphasized in Japan nowadays, so I believe that your research project will be an important subject which can facilitate the development of the field of psychology in Japan. I also believe that it will be beneficial for clients as the results your study results could improve the quality of psychotherapy offered in Japan.

I am happy to offer help with recruiting research participants to complete your questionnaire and surveys. I hope that your Outcome Questionnaire project will be a great success.

Sincerely,

Hiroshi Furugori

Hiroshi Furugori
29/11/2010

The president of Heritage Inc.
4-30-13-203 Higashi Ikebukuro
Toshima Tokyo, 170-0013
Japan

D. A Packet for Lay Participant Sample 1 (Japanese) and its English Translation

アウトカム質問紙評価調査の依頼

平成 22 年 9 月

本日は心理療法の効果測定用質問紙を作成する研究プロジェクトにご協力いただきありがとうございます。現在の日本の社会には、雇用･家計の不安定化、人間関係の希薄化、価値観の変化などといった様々な問題が存在しています。生活の中でのストレスが増加するにつれ、昨今では種々のいわゆる「心の病」に悩まれる方が増えています。そういった中、カウンセリングやサイコセラピー（精神･心理療法）、精神科･心療内科などといった心のケアの需要が高まっています。

この状況に対応すべく、職場や、学校、家庭など様々な場において心のケアの提供を可能にする取り組みがなされています。しかし現在の日本では、多くの場合これらの取り組みによる成果や効果が十分に調べられていません。そのため心のケアの普及と共に、その実効性に関する理解を深めることは、現代の日本の社会において非常に大切な課題であると思われます。

私は現在ブリガム･ヤング大学の大学院で学んでおります高良理沙と申します。この評価調査は学位取得過程の一環で、日本語版のアウトカム質問表を作成するために行っております。調査の目的は、日本社会に適応した日本語版の心理療法のアウトカム（成果・効果）質問紙の翻訳・作成を目的となっています。 この冊子は、調査の説明、研究への同意書、アンケート、アウトカム質問紙の合計４ページから構成されています。これらの質問全てに応えて頂くことがリサーチの協力内容となっており、大体 20 分程度で終了する内容になっています。記入上の注意をよく御読みになってから質問に御答えください。 なおリサーチに参加してくださった方には、謝意として 500 円分の商品券をお送りさせて頂いております。

回答内容は匿名で取り扱いますので、率直に御記入ください。回答結果はコンピュータによって分析または統計処理されますので、個人の回答が公表されることはなく、また結果は学術的な目的以外には使用されません。

質問や不明な点がございましたら、調査実施者にご確認いただくか、または下記まで御連絡ください。

本日はご協力いただきありがとうございます。

高良　理沙　（大学院博士課程生）
マーク・E・ビーチャー博士

ブリガム・ヤング大学教育学部
カウンセリング心理学科
1500 WSC Provo, UT 84603
010-1-801-422-3035

Request for Participating Outcome Questionnaire Evaluation Survey

September, 2010

Thank you very much for your participation in this research project for developing a psychotherapy outcome questionnaire. In current Japanese society, various problems exist. These problems include: an unstable economy, attenuation of human relation, radical change in moral, and so forth. As the stress in daily life increases, the number of people who struggle with psychological distress has also increased. Because of such change in the society, the needs for counseling, psychotherapy and psychiatric care are increasing in order to provide mental health care.

Efforts have been made to make it possible to provide mental health care at work, school, family and other places. However, the results or effects of these attempts have not been evaluated satisfactorily. Therefore, having a greater understanding of the effects of mental health care is an equally important theme as providing such care in Japanese society.

I am Risa Takara, and am currently working on my Ph.D. degree at Brigham Young University. This study is a part of my dissertation process. The purpose of this study is to translate and develop an outcome questionnaire for psychotherapy that is appropriate to use in Japanese society. My dissertation chair, Dr. Beecher, and I would like to invite you to participate in this study, because your insights will give us valuable feedback on the cultural adaptation of the questionnaire.

This booklet contains four pages that contain an explanation of the research: informed consent, demographic survey, and outcome questionnaire. Please read the instructions thoroughly and answer all the questions in the packet. Completing the survey will likely take about 20 minutes. For those who complete the survey, we are giving out five dollars certificate for our appreciation.

All the data gathered though this study will be treated anonymously, so please answer them frankly. The results will be analyzed on computer, and individual names will not be identified. Also the results will not be used for the any purpose other than the above stated academic purpose.

If you have any question or concern, please contact the primary investigator or contact the following contact address.

Thank you very much for your time and cooperation.

Risa Takara (Ph.D. candidate)
Mark E. Beecher Ph.D.

Brigham Young University
School of Education Counseling Psycholog
1500 WSC Provo, UT 84043
010-1-801-422-3035

リサーチ参加への同意書

１．　研究の目的

このリサーチは、メンタル・ヘルスと精神症状を測るために使われる質問紙（Outcome Questionnaire 45: アウトカム質問表）の日本語版を作成するために、ブリガム・ヤング大学のランバート博士、ビーチャー博士、そして大学院生である高良理沙によって行われています。

２．　研究の手順

研究の手順には、統計用質問紙、心理療法アウトカム質問紙、そして翻訳妥当性インデックスまたは内容妥当性インデックスへの回答が含まれています。全ての回答を行うのにおよそ 20 分程度かかると予想されます。

３．　研究におけるリスク

同様の質問紙が過去のリサーチにも使用されていますが、これまで問題や苦情の報告は行われていません。しかし、質問紙に対する個人的な意見を述べることに伴う不安等を経験する可能性はあると考えられます。

４．　研究のもたらす恩恵

この研究に参加することによる直接の恩恵はありませんが、参加者の方の貢献を通して、将来的に心理療法の質の向上と、心理療法に関するリサーチとアセスメントの促進等の社会的恩恵があると考えられます。

５．　プライバシーの保護と守秘義務

研究に使用される質問紙上の回答や個人を特定する可能性のある情報は全て研究チームメンバーのみ（高良、ランバート、オキイシ、ビーチャー）の間で匿名で取り扱われます。参加者と特定する情報や回答内容がチームメンバー以外に報告されたり閲覧されたりすることはありません。全ての書類データは鍵のかかった引き出しに、全ての電子ファイルデータは本研究者だけが知っているパスワードによって保護されます。

６．　研究への参加

このリサーチへの参加は義務ではありません。都合によりリサーチへの参加を中断する必要がある場合は、気兼ねなく本研究者にご連絡ください。参加の中断によるリサーチへの影響はありません。

７．　リサーチに関する質問

このリサーチに関して質問等がある場合は、高良理沙（電話番号：090-6519-9132 (日本), 801-414-6694　(米国) E メール:risatakara7@yahoo.co.jp）またはマーク・E・ビーチャー（電話番号：010-1-801-422-3035, E メール:　Mark_Beecher@byu.edu）までご連絡ください。

８．　リサーチ参加者としての権利に関する質問

このリサーチの参加者には、1）参加へのプレッシャーからの自由、2）リサーチ中の何時でも参加を拒否することができる権利、３）リサーチの結果について知る権利、の権利を持っています。リサーチ・プロジェクトの参加者としての権利に関する質問がある場合は、IRB Administrator; Brigham Young University, A-285 ASB; Provo, UT 84602; irb@byu.edu or 801-422-1461 までご連絡ください。(IRB とはリサーチ参加者の権利と福利を守るためにリサーチ研究の内容を査定するグループです。)

私は、上記内容を読み理解した上で、自分の意志でこのリサーチに参加することに同意します。

_____
名前（楷書）

_____
サイン

_____
日付

Consent to be a Research Subject

Introduction
This research study is being conducted by Risa Takara, Dr. Michael Lambert and Dr. Mark Beecher from Brigham Young University in order to develop the Japanese version of a psychological instrument (Outcome Questionnaire 45: OQ 45) which will be used to assess mental health and distress.

Procedures
The procedure will include answering demographic questions and psychotherapy outcome questionnaire, as well as evaluating the translation equivalence by filling out Content Validity Index . The whole process will probably take approximately one hour..

Risks/Discomforts
These questionnaires have been administered in previous research to which no problems or complaints have been reported. However, potential discomforts may include uneasiness when answering questions of its personal nature.

Benefits
Your contribution will benefit society by improving the quality of psychotherapy provided to Japanese and will aid future psychotherapy research and assessment.

Confidentiality
As a participant in this study it is important that you know that all identifying information about your responses on the questionnaires will be kept confidential. No identifying information about your participation or responses will be reported or revealed to anyone, except the research team members.

Participation
Participation in this study is voluntary. If you need to discontinue your participation in the research, please let the researcher know your intention without feeling any constraint. You are free to discontinue your participation at any time prior to completion without any repercussions.

Questions about the Research
If you have questions regarding this study, you may contact Risa Takara at 011-1- (801) 414-6694 or via email at risatakara7@yahoo.co.jp

Question about your Rights as a Research Participant
As a participant in this research study, you have the following rights: 1) freedom from any pressure to participate; 2) the right to refuse to participate at any time; 3) the right to be told of the results of the study. If you have questions regarding your rights as a participant in a research project, you may contact: BYU IRB Administrator at (801) 422-1461, A-285 ASB, Brigham Young University, Provo, UT 84602.

I have read, understood, and received a copy of the above consent and desire of my own free will and violation to participate in this study.

_____
Name (Please Print)

_____ _____
Signature of Participant Date

アウトカムに関する調査

この調査は、心理療法等によるアウトカム（成果・効果）について調べる質問用紙の作成を行うためのものです。記入上の注意をよくお読みの上質問にお答え下さい。

※自分に当てはまるマーク欄を塗りつぶしてください。

良い記入例：● 悪い記入例：✓ ✗

1．年齢：	○	10代	○	20代	○	30代
	○	40代	○	50代	○	60代
	○	70代	○	80代以上		
2．性別：	○	女	○	男		
3．出身地：	○	北海道	○	東北	○	関東
	○	中部	○	近畿	○	中国
	○	四国	○	九州	○	沖縄
	○	その他				
4．学歴：	○	小学校卒業	○	中学校卒業	○	高校卒業
	○	専門学校卒業	○	短大卒業	○	４年生大学卒業
	○	大学院卒業				
5．結婚暦：	○	独身	○	既婚	○	別居
	○	離婚	○	死別		
6．雇用状況：	○	就業中（フルタイム）			○	定年退職
（複数可）	○	就業中（派遣・パート・アルバイト）			○	家事従事
	○	就学中			○	無職
	○	失業中				
7．職業：	○	会社員	○	公務員	○	自営業
（複数可）	○	専門技術職	○	管理職	○	事務職
	○	営業販売職	○	サービス職	○	保安職
	○	運輸通信職	○	農林水産業	○	生産職
	○	学生	○	家事従事	○	その他
8．世帯年収：	○	なし	○	～100万円	○	～300万円
	○	～500万円	○	～700万円	○	～900万円
	○	900万円以上	○	年金収入		

ご協力ありがとうございました。この調査に関して質問・意見がございましたら、下記までご連絡下さい。

機関名： OQ Measures, LLC　**研究者名：** 高良理沙（大学院博士課程生）　ジョン・C・オライシ博士

住所　PO Box 521047, Salt Lake City, UT 84152-1047 U.S.A.　電話　(801) 649-4992　電子メール：　WebQuery@OQMeasures.com

Demographic Servey

The result of this survey will be used for developing a Japanese version of psychothearpy outcome questionnaire. Please read the instructions carefully before answering the questions.

※Please fill the mark that describes you the best.

Good Example: ●　　Bad Example: ✓ ✗

1. Age :	○	Teenager	○	Twenties	○	Thirties
	○	Fourties	○	Fifties	○	Sixties
	○	Seventies	○	Eighties		
2. Gender :	○	Female	○	Male		
3. Home Region :	○	Hokkaido	○	Tohoku	○	Kantou
	○	Chubu	○	Kinki	○	Chugoku
	○	Shikoku	○	Kyushu	○	Okinawa
	○	Other				
4. Education :	○	Elementary School	○	Middle School	○	High School
	○	Technical School	○	Community College	○	University
	○	Graduate School				
5. Marital Status :	○	Single	○	Married	○	Separated
	○	Divorced	○	Widow/Widower		
6. Employment:	○	Employed (Full-time)			○	Retired
(Multiple answers are okay)	○	Employed (Part-time)			○	Homemaker
	○	Student			○	On Leave
	○	Unemployed				
7.Occupation :	○	Company Employee	○	Gov. employee	○	Self-employed
(Multiple answer is okay)	○	Expert/technical	○	Management	○	Office job
	○	Sales	○	Service Industry	○	Protective Service
	○	Transportation/IT	○	Agriculture, forestry, & fisheries industry	○	Production line
	○	Student	○	Homemaker	○	Other
8. Household Income	○	None	○	～10,000	○	～30,000
	○	～50,000	○	～70,000	○	～90,000
	○	More than 90,000	○	Retirement Income		

Thank you very much for your cooperation.

If you have any question or opinion, please contact us at the following address/pohne.

Institute : OQ Measures, LLC　　**Researcher :** Risa Takara, John C. Okiishi Ph.D.
Address : PO Box 521047, Salt Lake City, UT 84152-1047 U.S.A. **Phone :** (801) 649-4392 **Email :** WebQuery@OQMeasures.com

E. A Packet for Lay Participants Sample 2 (Japanese) and its English Translation

アウトカム質問紙評価調査の依頼

平成 22 年 9 月

本日は心理療法の効果測定用質問紙を作成する研究プロジェクトにご協力いただきありがとうございます。現在の日本の社会には、雇用･家計の不安定化、人間関係の希薄化、価値観の変化などといった様々な問題が存在しています。生活の中でのストレスが増加するにつれ、昨今では種々のいわゆる「心の病」に悩まれる方が増えています。そういった中、カウンセリングやサイコセラピー（精神･心理療法）、精神科･心療内科などといった心のケアの需要が高まっています。

この状況に対応すべく、職場や、学校、家庭など様々な場において心のケアの提供を可能にする取り組みがなされています。しかし現在の日本では、多くの場合これらの取り組みによる成果や効果が十分に調べられていません。そのため心のケアの普及と共に、その実効性に関する理解を深めることは、現代の日本の社会において非常に大切な課題であると思われます。

私は現在ブリガム･ヤング大学の大学院で学んでおります高良理沙と申します。この評価調査は学位取得過程の一環で、日本語版のアウトカム質問表を作成するために行っております。調査の目的は、日本社会に適応した日本語版の心理療法のアウトカム（成果・効果）質問紙の翻訳・作成を目的となっています。 この冊子は、調査の説明、研究への同意書、アンケート、アウトカム質問紙の合計４ページから構成されています。これらの質問全てに応えて頂くことがリサーチの協力内容となっており、大体 20 分程度で終了する内容になっています。記入上の注意をよく御読みになってから質問に御答えください。 なおリサーチに参加してくださった方には、謝意として 500 円分の商品券をお送りさせて頂いております。

回答内容は匿名で取り扱いますので、率直に御記入ください。回答結果はコンピュータによって分析または統計処理されますので、個人の回答が公表されることはなく、また結果は学術的な目的以外には使用されません。

質問や不明な点がございましたら、調査実施者にご確認いただくか、または下記まで御連絡ください。
本日はご協力いただきありがとうございます。

高良　理沙　（大学院博士課程生）
マーク・E・ビーチャー博士
ブリガム・ヤング大学教育学部
カウンセリング心理学科
1500 WSC Provo, UT 84603

Request for Participating Outcome Questionnaire Evaluation Survey

September, 2010

Thank you very much for your participation in this research project for developing a psychotherapy outcome questionnaire. In current Japanese society, various problems exist. These problems include: an unstable economy, attenuation of human relation, radical change in moral, and so forth. As the stress in daily life increases, the number of people who struggle with psychological distress has also increased. Because of such change in the society, the needs for counseling, psychotherapy and psychiatric care are increasing in order to provide mental health care.

Efforts have been made to make it possible to provide mental health care at work, school, family and other places. However, the results or effects of these attempts have not been evaluated satisfactorily. Therefore, having a greater understanding of the effects of mental health care is an equally important theme as providing such care in Japanese society.

I am Risa Takara, and am currently working on my Ph.D. degree at Brigham Young University. This study is a part of my dissertation process. The purpose of this study is to translate and develop an outcome questionnaire for psychotherapy that is appropriate to use in Japanese society. My dissertation chair, Dr. Beecher, and I would like to invite you to participate in this study, because your insights will give us valuable feedback on the cultural adaptation of the questionnaire.

This booklet contains four pages that contain an explanation of the research: informed consent, demographic survey, and outcome questionnaire. Please read the instructions thoroughly and answer all the questions in the packet. Completing the survey will likely take about 20 minutes. For those who complete the survey, we are giving out five dollars certificate for our appreciation.

All the data gathered though this study will be treated anonymously, so please answer them frankly. The results will be analyzed on computer, and individual names will not be identified. Also the results will not be used for the any purpose other than the above stated academic purpose.

If you have any question or concern, please contact the primary investigator or contact the following contact address.

Thank you very much for your time and cooperation.

Risa Takara (Ph.D. candidate)

Mark E. Beecher Ph.D.

Brigham Young University

School of Education Counseling Psychology

1500 WSC Provo, UT 84043

010-1-801-422-3035

リサーチ参加への同意書

１．　研究の目的

このリサーチは、メンタル・ヘルスと精神症状を測るために使われる質問紙（Outcome Questionnaire 45: アウトカム質問表）の日本語版を作成するために、ブリガム・ヤング大学のランバート博士、ビーチャー博士、そして大学院生である高良理沙によって行われています。

２．　研究の手順

研究の手順には、統計用質問紙、心理療法アウトカム質問紙、そして翻訳妥当性インデックスまたは内容妥当性インデックスへの回答が含まれています。全ての回答を行うのにおよそ 20 分程度かかると予想されます。

３．　研究におけるリスク

同様の質問紙が過去のリサーチにも使用されていますが、これまで問題や苦情の報告は行われていません。しかし、質問紙に対する個人的な意見を述べることに伴う不安等を経験する可能性はあると考えられます。

４．　研究のもたらす恩恵

この研究に参加することによる直接の恩恵はありませんが、参加者の方の貢献を通して、将来的に心理療法の質の向上と、心理療法に関するリサーチとアセスメントの促進等の社会的恩恵があると考えられます。

５．　プライバシーの保護と守秘義務

研究に使用される質問紙上の回答や個人を特定する可能性のある情報は全て研究チームメンバーのみ（高良、ランバート、オキイシ、ビーチャー）の間で匿名で取り扱われます。参加者と特定する情報や回答内容がチームメンバー以外に報告されたり閲覧されたりすることはありません。全ての書類データは鍵のかかった引き出しに、全ての電子ファイルデータは本研究者だけが知っているパスワードによって保護されます。

６．　研究への参加

このリサーチへの参加は義務ではありません。都合によりリサーチへの参加を中断する必要がある場合は、気兼ねなく本研究者にご連絡ください。参加の中断によるリサーチへの影響はありません。

７．　リサーチに関する質問

このリサーチに関して質問等がある場合は、高良理沙（電話番号：090-6519-9132 (日本), 801-414-6694　(米国) E メール:risatakara7@yahoo.co.jp）またはマーク・E・ビーチャー（電話番号：010-1-801-422-3035, E メール:　Mark_Beecher@byu.edu）までご連絡ください。

８．　リサーチ参加者としての権利に関する質問

このリサーチの参加者には、1）参加へのプレッシャーからの自由、2）リサーチ中の何時でも参加を拒否することができる権利、３）リサーチの結果について知る権利、の権利を持っています。リサーチ・プロジェクトの参加者としての権利に関する質問がある場合は、IRB Administrator; Brigham Young University, A-285 ASB; Provo, UT 84602; irb@byu.edu or 801-422-1461 までご連絡ください。(IRB とはリサーチ参加者の権利と福利を守るためにリサーチ研究の内容を査定するグループです。)

私は、上記内容を読み理解した上で、自分の意志でこのリサーチに参加することに同意します。

_____

名前（楷書）

_____

サイン　　日付

Consent to be a Research Subject

Introduction
This research study is being conducted by Risa Takara, Dr. Michael Lambert and Dr. Mark Beecher from Brigham Young University in order to develop the Japanese version of a psychological instrument (Outcome Questionnaire 45: OQ 45) which will be used to assess mental health and distress.

Procedures
The procedure will include answering demographic questions and psychotherapy outcome questionnaire, as well as evaluating the translation equivalence by filling out Content Validity Index . The whole process will probably take approximately one hour..

Risks/Discomforts
These questionnaires have been administered in previous research to which no problems or complaints have been reported. However, potential discomforts may include uneasiness when answering questions of its personal nature.

Benefits
Your contribution will benefit society by improving the quality of psychotherapy provided to Japanese and will aid future psychotherapy research and assessment.

Confidentiality
As a participant in this study it is important that you know that all identifying information about your responses on the questionnaires will be kept confidential. No identifying information about your participation or responses will be reported or revealed to anyone, except the research team members.

Participation
Participation in this study is voluntary. If you need to discontinue your participation in the research, please let the researcher know your intention without feeling any constraint. You are free to discontinue your participation at any time prior to completion without any repercussions.

Questions about the Research
If you have questions regarding this study, you may contact Risa Takara at 011-1- (801) 414-6694 or via email at risatakara7@yahoo.co.jp

Question about your Rights as a Research Participant
As a participant in this research study, you have the following rights: 1) freedom from any pressure to participate; 2) the right to refuse to participate at any time; 3) the right to be told of the results of the study. If you have questions regarding your rights as a participant in a research project, you may contact: BYU IRB Administrator at (801) 422-1461, A-285 ASB, Brigham Young University, Provo, UT 84602.

I have read, understood, and received a copy of the above consent and desire of my own free will and violation to participate in this study.

_____
Name (Please Print)

_____ _____
Signature of Participant Date

アウトカムに関する調査

この調査は、心理療法等によるアウトカム（成果・効果）について調べる質問用紙の作成を行うためのものです。記入上の注意をよくお読みの上質問にお答え下さい。

※自分に当てはまるマーク欄を塗りつぶしてください。

良い記入例 ●　悪い記入例 ✓ ✗

1．年齢：	○	10代	○	20代	○	30代
	○	40代	○	50代	○	60代
	○	70代	○	80代以上		
2．性別：	○	女	○	男		
3．出身地：	○	北海道	○	東北	○	関東
	○	中部	○	近畿	○	中国
	○	四国	○	九州	○	沖縄
	○	その他				
4．学歴：	○	小学校卒業	○	中学校卒業	○	高校卒業
	○	専門学校卒業	○	短大卒業	○	4年生大学卒業
	○	大学院卒業				
5．結婚歴：	○	独身	○	既婚	○	別居
	○	離婚	○	死別		
6．雇用状況：	○	就業中（フルタイム）			○	定年退職
（複数可）	○	就業中（派遣・パート・アルバイト）			○	家事従事
	○	就学中			○	無職
	○	失業中				
7．職業：	○	会社員	○	公務員	○	自営業
（複数可）	○	専門技術職	○	管理職	○	事務職
	○	営業販売職	○	サービス職	○	保安職
	○	運輸通信職	○	農林水産業	○	生産職
	○	学生	○	家事従事	○	その他
8．世帯年収：	○	なし	○	～100万円	○	～300万円
	○	～500万円	○	～700万円	○	～900万円
	○	900万円以上	○	年金収入		

ご協力ありがとうございました。この調査に関して質問・意見がございましたら、下記までご連絡下さい。

機関名： OQ Measures, LLC　**研究者名：** 東良理沙（大学院博士課程生）　ジョン・C・オキイシ博士

住所：　PO Box 521047, Salt Lake City, UT 84152-1047 U.S.A.　電話：（801）649-4393　電子メール：WebQuery@OQMeasures.com

Demographic Servey

The result of this survey will be used for developing a Japanese version of psychotherapy outcome questionnaire. Please read the instructions carefully before answering the questions.

※Please fill the mark that describes you the best.

		Good Example: ●		Bad Example: ✓ ✗		
1. Age :	○	Teenager	○	Twenties	○	Thirties
	○	Fourties	○	Fifties	○	Sixties
	○	Seventies	○	Eighties		
2. Gender :	○	Female	○	Male		
3. Home Region :	○	Hokkaido	○	Tohoku	○	Kantou
	○	Chubu	○	Kinki	○	Chugoku
	○	Shikoku	○	Kyushu	○	Okinawa
	○	Other				
4. Education :	○	Elementary School	○	Middle School	○	High School
	○	Technical School	○	Community College	○	University
	○	Graduate School				
5. Marital Status :	○	Single	○	Married	○	Separated
	○	Divorced	○	Widow/Widower		
6. Employment:	○	Employed (Full-time)			○	Retired
(Multiple answers are okay)	○	Employed (Part-time)			○	Homemaker
	○	Student			○	On Leave
	○	Unemployed				
7 Occupation :	○	Company Employee	○	Gov. employee	○	Self-employed
(Multiple answers okay)	○	Expert/technical	○	Management	○	Office job
	○	Sales	○	Service industry	○	Protective Service
	○	Transportation/IT	○	Agriculture, forestry, Fisheries industry	○	Production line
	○	Student	○	Homemaker	○	Other
8. Household Income	○	None	○	~10,000	○	~30,000
	○	~50,000	○	~70,000	○	~90,000
	○	More than 90,000	○	Retirement Income		

Thank you very much for your cooperation.

If you have any question or opinion, please contact us at the following address/phone.

質問表に回答してくださりありがとうございます。回答されてみて、以下の点に関してご意見をいただけると幸いです。

1. この質問表は毎回の診察（心療内科等において）に使用するには長すぎると思いますか？	はい　いいえ	**（はい）どのくらいの長さ（質問項目の数）が適切だと思いますか？**
2. 使用されている言葉に適切でないもの、または文化的に不適切な内容はありましたか？	はい　いいえ	**（はい）　どの項目ですか？改善へのアドバイスはありますか？**
3. 理解しにくい、または答えにくい項目はありましたか？	はい　いいえ	**（はい）どの項目ですか？改善へのアドバイスはありますか？**
4. 回答者を不快にさせてしまう、または落ち込ませてしまう可能性のある質問項目がありましたか？	はい　いいえ	**（はい）どの項目ですか？改善へのアドバイスはありますか？**
6.質問表は読みにくい、または答えにくいですか（字の大きさ、書体、レイアウト等）？	はい　いいえ	**（はい）どういう点が改善されるべきだと思いますか？**
7. タイトルは分かりやすいですか？	はい　いいえ	**（いいえの場合）タイトルに対する理解は質問項目の回答に影響しましたか？**
8. 注意事項はお読みになりましたか？	はい　いいえ	**（いいえの場合）お読みにならなかった理由を簡単にご記入ください。**

9. この質問用紙は「過去一週間をふりかえって答える」質問紙になっていますが（注意事項に記載されています）、回答される際過去一週間を振り返って回答されましたか。	はい　いいえ	（いいえの場合） 1. 回答者の理解を向上させるためにどういう点が改善されるべきだと思いますか？
10.　質問項目４のそばにあるアスタリスク(*)とその説明は分かりやすかったですか？	はい　いいえ	（いいえ）説明内容に対する回答者の理解を向上させるためにどういう点が改善されるべきだと思いますか？
11. 質問項目 12、14、28 等のそばにもアスタリスク(*)がありますが、そのアスタリスクの示す意味が分かりましたか？	はい　いいえ	（いいえ）説明内容に対する回答者の理解を向上させるためにどういう点が改善されるべきだと思いますか？
12. 質問項目 17：「性生活に不満を感じることがある」という項目がありますが、この項目に対してどう思われますか。（例：プライベートに干渉しすぎる、精神状態を把握する上で必要な項目である　等）項目内容改善へのアドバイスはございますか？		ご意見をご記入ください。

本日はお忙しい中、リサーチに協力してくださりありがとうございます。なおリサーチに参加してくださった方には、謝意として 500 円分の商品券をお送りさせて頂いております。

Thank you very much for answering the questionnaire. We will really appreciate if we can hear your opinions on the following questions regarding the questionnaire.

.

1. Do you think the questionnaire is too long to use for each clinical visit?	Yes No	**(Yes) How long would be appropriate?**
2. Were there inappropriate terms used in the questionnaire?	Yes No	**(Yes) Which items? Any recommendation for improvement?**
3. Were there any item that were hard to understand or hard to answer?	Yes No	**(Yes) Which items? Any recommendation for improvement?**
4. Were there any item which might make the clients uncomfortable and/or unpleased?	Yes No	**(Yes) Which items? Any recommendation for improvement?**
5. Were there any item which might bring the clients down?	Yes No	**(Yes) Which items? Any recommendation for improvement?**
6. Was the question hard to read and/or answer (font size, layout etc.)?	Yes No	**(Yes) Any recommendation for improvement?**

7. Was the title hard to understand?	Yes No	**(Yes) Did the understanding of the title have influence the way you answer the questionnaire items?**
8. Did you read the instruction?	Yes No	**(No) Please write down the reason why you did not read the instruction.**
9. This questionnaire is based on your experiences "over the last week." When you answered the questionnaire items, did you look back your experiences over the last week?	Yes No	**(No) Any suggestion for improving the responder understanding?**
10. Was the asterisk (*) and its explanation written by the item 4 easy to understand?	Yes No	**(No) Any suggestion for improving the responder understandings?**
11. There are asterisks (*) by the items 12, 14, 28 as well. Did you understand the meaning of these asterisks?	Yes No	**(No) Any suggestion for improving the responder understandings?**
12. What do you think about item 17 "I have an unfulfilling sex life"? (e.g. too intrusive, important item in order to understand mental condition etc.) Do you have any advice on improving this item?		**Please share your opinion with us.**

Thank you for your cooperation with our questionnaire!