

# **Latino Research Program Project**

## **Project 1: Outcome Measures**

*Matias-Carrelo, L., Chavez, L., Negron, G., Canino, G., Aguilar-Gaxiola, S., & Hoppe, S. (2003). The Spanish translation and cultural adaptation of five mental health outcome measures. Culture, Medicine & Psychiatry. 27(3), 291-313.*

### **1. Objective(s)**

The purpose of this study was the translation and cultural adaptation of five outcome measures to Latino populations. The outcome measures were: the Burden Assessment Scale, the Family Burden Scale, the World Health Organization Disability Assessment Scale II, Lehman's Quality of Life Instrument and the Continuity of Care in Mental Health Interview.

### **2. Methods**

In order to achieve cultural equivalence a systematic process of translation and adaptation of the instruments was followed that included: use of bilingual committee, multicultural bilingual committee, focus groups, and back translation. A total sample of 198 persons participated in the study, from Fresno (CA), San Antonio (TX) and San Juan (PR).

### **3. Main Findings**

Evidence is presented that suggests that the process of translation and adaptation yields promising results in achieving semantic, content and technical equivalence to the English language version of these instruments. We propose that this process becomes the research standard for acceptable translation and cultural adaptation of instruments. We recommend the use of this rigorous model for the translation and adaptation of instruments that are going to be used with populations from different language, ethnic and cultural backgrounds.

### **4. Significance for Policymakers, Communities, Advocacy Groups or Health Service Providers**

Outcomes assessment is an area that deserves much more scientific attention than it currently receives. The lack of culturally adapted instruments has been a limitation in conducting this kind of research with Latino population. This study provides Spanish versions of these outcome measures that respond to the cultural and contextual needs of the Latino population and that can be used in the exploration of different constructs such as quality of life, family burden, impairment and continuity of care. We encourage the use of these measures in future studies.

Chavez, LM, Canino G, Negron G, Shrout PE, Matias-Carrelo LE, Aguilar-Gaxiola S, & Hoppe. (2005). *Psychometric Properties of the Spanish Version of Two Mental Health Outcome Measures: World Health Organization Disablements Assessment Schedule II and Lehman's Quality of Life Interview*. *Mental Health Services Research*,7(3), 145-159.

### **1. Objective(s)**

This study presents data on the cultural adaptation to Latino populations of two outcome measures that respond to the need for developing comprehensive instruments for outcome assessments in minority populations. We examined the psychometric properties of outcome measures designed to assess impairment in functioning, and quality of life. Impairment in functioning was measured with the Disability Assessment Schedule II (WHO-DASII) developed by the World Health Organization (1997) and quality of life was measured with Lehman's (1983; 1988) shortened Quality of Life Interview (QOLI).

### **2. Methods**

Spanish speaking consumers (N=198) from Fresno (CA), San Antonio (TX) and San Juan (PR) participated in this study. They were recruited from both mental health outpatient clinics and primary care rural clinics.

### **3. Main Findings**

The WHO-DASII showed good to excellent internal consistency in all sites ( $\alpha$  from .72 to .97) except for one subscale (Self-Care  $\alpha$ =.47). Test-retest reliability estimates were mostly moderate to substantial (.57 to .83), again with one exception, the Self-Care subscale (.46). For the QOLI internal consistency ranged from .34 to .98 and test-retest reliability ranged from .40 to .86 across all sites. An initial validation strategy using both known-groups and concurrent validity produced promising evidence of the construct validity of both measures. The Spanish versions of the WHO-DASII and the QOLI lend support to the translation and adaptation process to which these instruments were subjected.

### **4. Significance for Policymakers, Communities, Advocacy Groups or Health Service Providers**

When considering the components of a comprehensive disability quality of life assessment, it is important to recognize the varied cultural and contextual settings that influence quality of life experience. Taking into account culture and context requires that

the outcome measures used for evaluation either be developed for the population in mind, or undergo a process of translation and adaptation, with the necessary inclusion of testing for psychometric properties. Overall, adequate psychometric results were obtained across sites, and given the heterogeneity of the samples, these results lend support to the generalizability of our findings across the Latino populations studied. We believe these results are encouraging. Therefore, we promote the use of the translated and adapted versions of these instruments for clinical or research purposes, without undermining the value of undertaking future validity testing.

*Bird, H., Canino, J., Davis, M., Ramirez, R., Chavez, L., Duarte, C., & Shen, S. (2005). The Brief Impairment Scale (BIS): a Multidimensional Scale of Functional Impairment for Children and Adolescents. Journal of the American Academy of Child and Adolescent Psychiatry. 44(7), 699-707.*

### **1. Objective(s)**

This article provides the results of the psychometric testing of the Brief Impairment Scale (BIS). The Brief Impairment Scale is a 23-item clinical and research instrument that evaluates three domains of functioning: interpersonal relations, school/work functioning, and self-care/self-fulfillment. It capitalizes on the strengths of existing global measures while addressing some of their limitations.

### **2. Methods**

The study employs data from one clinical (N=757) and two community samples (N's = 1,888 and 1,132) to provide an initial assessment of the psychometric properties of the BIS and to make recommendations about its use. Receiver operating characteristics analyses are employed to assess useful cutoff scores on the scale.

### **3. Main Findings**

The total scale's internal consistency was substantial and mostly moderate on the three subscales, Test-retest reliability (kappas and intraclass correlations) for individual items ranged from fair to substantial in all but six individual items. The BIS has high convergent and concurrent validity. Receiver operator characteristic analyses suggest possible thresholds for different users. These initial data indicate the BIS is psychometrically sound, with potential for use in assessments and as an outcome measure in clinical practice and research. An instrument such as the BIS can be clinically useful as a measure to assess clinical change over time by comparing baseline and post treatment scores. Its advantages over other instruments are that it is respondent based, short in administration time, and multidimensional.

### **4. Significance for Policymakers, Communities, Advocacy Groups or Health Service Providers**

A score on the BIS cannot be used to make clinical decisions on individual patients. Nevertheless, for practical and policy purposes, it is important to have an instrument that can distinguish between impaired and not impaired children. Because of limited

resources, most payers will try to ensure that mental health services are provided primarily to those children who really require them. However, federal guidelines for resource allocations are not accompanied with recommendations as to how impairment is to be assessed or where to set the threshold for each disorder (Canino, et al, 1999). We consider it useful to provide possible cutoffs on the BIS that may be useful for different purposes.