



# Translating and Adapting the PFA Guidance

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In this brief, we share lessons learned from people who have adapted the *Psychological first aid: Guide for field workers*<sup>1</sup> to their local culture and language. They all agree that careful attention to the process of translation – including whom they involved, the steps they followed, and how they chose equivalent words and concepts – was essential to achieving an accurate and user-friendly local version of the guide. This section also covers the design of the final product, including image guidelines for adapting photographs and illustrations.

## 3.1 People to involve

Just as the quality of the original guide was greatly improved by involving diverse practitioners, a consensus process is also helpful when adapting the guide for your local language and culture. By involving both mental health professionals and lay people, for example, you can ensure your adaptation will be easily understood by helpers with different professional and educational backgrounds. Involving people who will use PFA in their work or who will orient others engages them in better understanding PFA principles and how to apply PFA locally.

Consider involving the following people in adapting and translating the guide: 1) lead agency or person, 2) partners, 3) translators, and 4) stakeholders.

### 1. Lead Agency or Person

Appoint an agency or person to lead the process, coordinate input from stakeholders and assume overall responsibility. Ideally, the agency or person should have:

- Sufficient resources and time to see the process through effectively
- Connections with relevant stakeholders (e.g., government, civil society)
- Skills and willingness to connect diverse people in the process
- Relevant experience in MHPSS and/or emergency response

### 2. Partners

Engage a core group of partners in the process to provide input to the various stages of adaptation and review. Partners can be individuals or organizations who are willing to commit their time to the process, and who have relevant MHPSS or emergency response experience. It is particularly useful if the partners are likely to apply PFA in their work. Also consider engaging people in your partner group who have complementary expertise and perspectives – including non-professionals to check that the language is easily understood. Most importantly, try to involve people who will work well together.

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<sup>1</sup> Psychological First Aid: Guide for Field Workers. (2011) World Health Organisation, War Trauma Foundation and World Vision International. WHO: Geneva.

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### *Sri Lanka*

The Good Practice Group engaged professional translators and MHPSS practitioners who had much relevant experience. This group was also involved in providing orientation in the project to build PFA capacity in the region. The trainers reported: *“It was enormously helpful as trainers to also have been involved in the translation and review. This meant the material was discussed and thought through together in the same team that was to do the training. I couldn’t have thought of a better way of preparing.”* - Evan Ekanayake and Nilanga Abeysinghe

### **3. Translators**

If available, engage professional translators with experience translating medical or psychosocial texts, or someone with knowledge of MHPSS terms. You may need more than one translator – one to do the translation to the local language, and another to do a blind back-translation into the original English (see section 3.2 below).

### *Sri Lanka*

*“The constitution of the translation team was also crucial in the success of the translation. One had a background in linguistics and was studying for an MA in psychosocial care. Another was a male psychologist strong in the local language. The third was a female psychologist strong in the English language.”* – Evan Ekanayake and Nilanga Abeysinghe

### **4. Stakeholders**

Stakeholders are interested people and organizations who are likely to apply PFA in their work or lives and have the ability to scale up PFA through their networks. They may include governmental and civil society organizations, humanitarian agencies, local emergency response personnel, health workers, community members, educational institutes and others. Stakeholders can be involved by raising awareness within their organizations or communities, providing input as requested on the adaptation and translation process, and promoting the principles of PFA in emergency response.

### *Japan*

In Japan, a unique collaboration of governmental, non-governmental and local interested practitioners was used in adapting and translating the guide. Collaborators included Plan Japan (the Japan branch of Plan International), Care Miyagi (a group of local psychologists in Sendai prefecture) and the Japan National Disaster Mental Health Institute (governmental organization). The results are a widespread understanding and engagement of PFA amongst practitioners in different regions of the country with the ability to scale up expertise of relevant institutions, professionals and lay people.

Bringing diverse people together in the adaptation and translation process has the advantage of fostering cooperation and dialogue to improve emergency preparedness and response. When

a crisis event occurs, the relationships formed and the shared knowledge of PFA can help to better coordinate responses and provide appropriate support for those affected.

#### *Jordan*

IMC Jordan conducted the initial translation and design of the PFA guide into Arabic, and back translation was then conducted by IMC Lebanon staff. The document then reviewed by the Mental Health working group in Jordan, consisting of several psychosocial support agencies, who also compared the content with the IASC MHPSS Guidelines in Arabic to ensure consistency in the terminology. The Arabic guide was finally shared with the wider IASC MHPSS Reference Group for final review and dissemination. Although time consuming, the process ensured a quality Arabic translation, consistency with existing MHPSS guidelines, and the engagement of local and regional stakeholders.

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### **People to Involve – Tips to Reach Consensus and Engagement**

For your adaptation and translation process, consider involving people who:

- Will use the information directly in their daily work.
  - May be able to orient others in PFA.
  - Have diverse professional and educational backgrounds, including:
    - People with some mental health or psychosocial background to adapt the guidance to the local context, including knowledge of available professional resources.
    - Lay people who can advise on simple, non-technical language.
  - Are willing to give time and energy to making a quality product together.
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## **3.2 Translation steps**

The process of translation and review you undertake is essential to achieving an accurate version of the guide in your local language and so that many people can understand. Consider the following five steps to achieve consensus and accuracy in your translation:

1. **Translate**: Where possible, engage a professional translator to develop a draft translation, keeping as close to the original content as possible.
2. **Review**: bring people together for consultation and review of the translation, preferably people with MHPSS knowledge, making any necessary modifications. This may be particularly necessary for certain concepts, such as emotions or symptoms of distress, which are often locally prescribed.
3. **Back-translate**: Engage someone, who was not part of the above steps and who has not seen the original guide, to back-translate the guide into English. This is called a “blind” back-translation.

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4. Edit: Compare the back-translation with the original English guide and edit the version in the local language as needed.
5. Finalize: Bring your consultative group together again to discuss and agree on any terms or concepts that may be unclear.

Be aware that this process can take significant time, particularly when translating into languages that use different characters than English or have different sentence structures. Even in more similar written languages, many terms and concepts will have unique cultural meanings that are different from one place to another – even between regions of the same country. Take the time to build consensus and accuracy so that your product will have lasting value and relevance for your local area!

### *Sri Lanka*

The same process was followed for the Tamil and Sinhala translations.

#### Step 1: Translate

Two translators were hired to do the initial translation of the English language guide into Sinhala and Tamil, respectively. The translators are both experienced MHPSS practitioners (one was a psychologist and the other a psychosocial worker with over 10 years' experience) and both have translated abstracts and summaries for the journal *Intervention: Journal of Mental Health and Psychosocial Support in Areas of Armed Conflict* for many years.

#### Step 2: Review

A review group (core partners) for each language consisting of bilingual MHPSS practitioners reviewed the translation.

#### Step 3: Back-translate

Once a significant portion of the *PFA Guide* had been translated, it was then back-translated “blindly” into English.

#### Step 4: Edit

The reviewers and translators together then scrutinized the back translations line by line, comparing them with the original English as well as the translated version(s). They assessed whether each translation “says the same thing” and “means the same thing” in Tamil/Sinhala, as in English. They assessed whether the content was appropriate for Tamil/Sinhala discourse and in Sri Lankan contexts. Where necessary, the reviewers made suggestions to improve the translation and documented any unresolved issues for final review. The translator(s) then revised the translations.

#### Step 5: Finalize

The reviewers provided final reviews of the edited translations, refining the Tamil/Sinhala guides and resolving the remaining issues

The process was thorough and time-intensive, requiring about 36 hours in total for each group. However, taking the time ensured a smooth flow to the translation and cultural relevance of the adaptation. The PFA trainers in the project were part of the review group, and reported they felt the discussions enriched their understanding of the conceptual issues and how best to apply

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these in Sri Lankan contexts. It was also helpful for them to go through this process together with other practitioners before leading PFA orientations for others, because various cultural and language issues were already well thought out.

Given this careful review process, the review teams are confident that the content of the Tamil and Sinhala translations are accurate, highly relevant and easily understandable to lay and professional audiences in Sri Lanka.

### *Japan*

The following describes the process of review for the translation of the Japanese PFA guide:

*“A professional translator was hired to translate the PFA Guide into Japanese. However, the translation was inadequate in some of the key concepts. A team consisting of a psychologist, a native English speaker with a high level of competence in written Japanese, and two staff members from Plan Japan reworked the original translation. They re-read the translation alongside the English original, corrected mistakes and inappropriate translations of technical terms. A considerable part of their alterations were to ensure that the finished product was readily understandable and in natural Japanese. While a lot of time and energy was devoted to choosing appropriate wording, there were no concepts which were exceedingly difficult to translate.” - John Morris, Care Miyagi.*

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#### **Translation tips:**

- Use simple, conversational words. Avoid technical jargon.
  - Use a team approach with professionals and lay people.
  - Gain consensus on concepts, words and how best to phrase them from a diverse group of people.
  - Be sure to translate, AND back translate in the process.
  - Devote sufficient time to the process
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*See the Annex for guidance on translating and adapting documents, adapted from WHO protocols.*

### 3.3 Choosing the right words and concepts

Concepts and words don't always translate perfectly from one language to another. You will find in the course of adapting the guide in your local culture and language that you and your partners will need to make choices about how to express certain concepts. It may be that there is no direct translation for certain words, or that some concepts require an explanation in the local language and culture to make sense. As you undertake translation and review, start by asking yourselves if the words and concepts when translated from English into the local language:

- 1) Say the same thing?

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- 2) Mean the same thing?
- 3) Are appropriate for the way people speak and behave?
- 4) Are easy for most people to understand?

### 1) Do they say the same thing?

Some words or phrases have connotations in the local language that were not intended in the original English version. For example, one reviewer of an early draft of the English *PFA Guide* noted that the word “sympathy” in Spanish may have religious meanings that are not intended in English. Therefore, the word was not used in the final PFA Guide.

#### *Japan*

*“In Japanese, the words ‘listen’ and ‘ask’ are expressed by the same word!” – Ryoko Ohtaki*  
*“The term ‘social norms’ can be difficult to translate, as ‘norm’ is a strong word in Japan which would probably be translated as ‘value’. The word ‘vulnerable’ doesn’t really exist and the translation may be closer to ‘weak’. The terms ‘numb and detached’ can be translated into Japanese, but the concept is not common.” – Margriet Blaauw, consultant to Plan Japan*

#### *Jordan*

Some sentences in the PFA guide could potentially have several meanings in Arabic, could be expressed in different ways in Arabic (e.g., “It is not something that only professionals can do.”) or sound odd or nonsensical if translated directly (e.g., “It is also important to understand what PFA is not.”). During translation and back-translation, IMC used a much simpler Arabic to ensure the concepts were clear.

### 2) Do they mean the same thing?

#### *Mali*

*“We don’t have ‘anxiety’ in our country.” – Participant in a PFA orientation in Mali*

Particularly for psychosocial or technical terms, it may be that no equivalent translation exists in some languages. In these cases, a consensus approach can very helpful to finding a close approximation that makes sense in the local language and is easily understood in written and spoken forms of the language. In a local dialect in Mali, there is no direct translation of the word “anxiety” as well as several other English or French words. This led to a lengthy discussion during a PFA orientation session where such words needed to be described, rather than translated directly.

#### *Sri Lanka*

*“Some ideas had to be combined with examples or descriptions to make sense. One or two sentences which were not in the English version had to be added to complete the text in Tamil and Sinhala.” – Ananda Galappatti, GPG*

#### *Jordan*

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It was challenging to find the Arabic words for “trauma”, “debriefing” and “stress”. The MHPSS working group assisted in the translation of these terms and back-translation and review were also helpful in clarifying terms. – Ahmad Bawaneh, IMC Jordan

### *China*

In China, the translation coordinator (an experienced PFA provider) worked together with four translators from the Chinese Centers for Disease Control and Prevention. Despite their experience in translating other health-related documents, the translators found that “psychosocial” terms were new to them and many did not have standardized Chinese equivalents. The coordinator then devised the following strategy:

*“After the team agreed on a draft translation, we highlighted several terms such as ‘debriefing’ and ‘field workers’, and sought advice from several professionals in China. They provided their ideas on the choice of words and the potential misunderstanding of different translations. We used the terms which received consensus from these experts and ultimately chose ones with the least chances of misunderstanding when read.”* - Eliza Cheung, Hong Kong Red Cross

### 3) Are they appropriate to the way people speak and behave?

Consider whether the words and concepts are appropriate to the way people in this culture speak and behave. Although the guide was written through a broad consultative process, there will still be nuances in every culture about how people are expected to behave, or in the customary ways they speak to each other.

When translating the guide, try to keep the language in the scenarios and the sample messages and conversations as close to every day discourse as possible.

### *Sri Lanka*

*“In some instances, there were complexities about direct translation of the guidance. For example, the suggestion to address distressed people by their given name (first name or even surname) may be less culturally appropriate and respectful in rural Sri Lanka. In these settings, it is better to call someone by a kinship term, such as “mother” or “younger sister” or “older brother.”* - Ananda Galappatti, Good Practice Group

### *China*

The adapted Chinese PFA Guide utilizes more common names in Chinese for the case scenarios so that the audience can more easily relate to the characters. However, the case scenarios descriptions were otherwise unchanged.

### 4) Are they easy for most people to understand?

Keeping the translations of the words and concepts simple – including technical MHPSS terms – will help ensure most people can understand how to offer PFA. Some languages are spoken

differently in different countries. It may not be possible to achieve one version of the local translation that everyone can relate to.

#### *Arabic Language*

Some colleagues in Arabic-speaking countries have opted to modify the standard Arabic translation to be closer to their dialect.

#### *Chinese Language*

Some languages, such as Chinese, have different types of written forms. The Chinese translation of the PFA guide uses simplified Chinese characters, the official written form of Chinese in mainland China. However, traditional Chinese characters are more commonly used by people living in Hong Kong, Macau, Taiwan, and some other Chinese communities around the world.

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#### **Tips to Choosing the Right Words and Concepts:**

- Take time for dialogue and building consensus in translating words or concepts that are not familiar in the local language.
  - Ensure accuracy in translations that approximate the English text by involving reviewers of diverse backgrounds.
  - Where no direct translation exists, try to describe the word or concept with a phrase.
  - Ensure sample dialogues and recommendations for what to “say and do” are consistent with how people speak and behave in daily life.
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### 3.4 Design of adapted PFA guides

The PFA guide contains text, photographs and illustrations laid out in an easily accessible format. Translated versions keep the general design and format of the guide intact. However, in some cases, adaptations for written language characters and for socio-cultural relevance of pictures have been made.

In terms of design of the guide in different languages, it may be necessary to adapt the formatting of text on the pages and size of the overall guide (if printing) to accommodate the text in various languages. This may be especially true for languages that use different characters or where phrases have been used to explain single words or concepts in the local language.

#### *Sri Lanka*

Attention was also paid to the design of the translated versions which proved challenging given the difference in Sinhala and Tamil characters from the English language version. For example, a phrase is often used in describing a concept that is more concise in English, and Tamil and Sinhala characters take more space on the page. The designers had to ensure all the characters would fit on the relevant pages and still be easily readable.

### 3.5 Image guidelines

In terms of images, photographs and illustrations were chosen to reflect different socio-cultural contexts around the globe. Many adaptations of the guide retain the images as they are. However, in some contexts, adaptation teams have chosen alternative images or illustrations to increase the socio-cultural relevance of the guide in their particular context.

#### *China*

The illustrations and photographs were adapted accordingly to target readers of the Chinese version of the guide. The lead for the adaptation process worked together with a health educator who had experience with culturally diverse Chinese communities both in China and the U.S. They advised illustrators in order to appropriately convey the concepts through the illustrations. They also ensured representation of different ethnic minorities and Han Chinese in the photographs used.

The photographs and illustrations in the English PFA Guide were carefully selected to convey particular crisis settings, facial expressions relevant to understanding PFA, different types of people who may be affected, and to ensure ethnic diversity. The design team was also careful to respect the dignity and rights of all people depicted in photographs, and to avoid gory or sensationalist scenes of suffering or disaster.

If you are intending to change the pictures in the PFA Guide, it is important to be familiar with ethical guidelines for representing people in images. The following guidance is taken from *Representing global poverty: Image guidelines for World Vision Australia's communication*.<sup>2</sup> Be sure to follow the guidelines below for design and selection of illustrations and photographs:

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#### Guidelines for Adapting Illustrations and Photographs

Any image or photograph must:

1. Show regard for sensitivities and ensure the respect and dignity of the subject is maintained.
2. Ensure not to endanger anyone's safety and wellbeing
3. Represent situations truthfully.

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Consider the following questions about selecting images that are consistent with the above guidelines:

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<sup>2</sup> Representing Global Poverty: Image guidelines for World Vision Australia communications. World Vision Australia, February 2009.

## 1. Respect and Dignity

*How can I accurately portray people who are suffering without presenting them as victims?*

Images of any person, including children, must be decent (e.g., dressed appropriately) and respectful, and not present people only as victims. However, it is also important to portray people in dire circumstances accurately. To address this dilemma:

- Consider if the image is a truthful representation and if the portrayal is justifiable.
- Balance images of need with positive images and/or content, which can demonstrate how people are also helping themselves.
- Provide context by explaining the circumstances of vulnerability through captioning, stories or other supporting messages.

*What potential implications can images have?*

Be aware of the potential for images to reinforce stereotypes of people who have been historically discriminated against. Also be aware of the implications of physical poses of people (especially children and children with adults) and relationships of people to each other. Ensure poses and relationships depicted in images are respectful of the local socio-cultural norms and the rights of the subjects involved, and explain the image through captioning or other descriptions. Also ensure the subject is adequately clothed according to local customs.

## 2. Safety and Wellbeing

*Does the image in any way endanger the people they include?*

Any image that receives public exposure may have negative consequences for the people depicted – including affected people and helpers portrayed in the image. Keep in mind issues of dignity and respect, as well as current and future personal safety, for all persons depicted.

In some situations, disclosing the names and precise location of people depicted in an image can put them at personal risk (e.g., victims of sexual abuse or human trafficking, children associated with armed groups, people who are HIV positive or living with AIDS). As a precautionary measure, consider excluding surnames and precise locations of people depicted. If people are in particularly vulnerable or sensitive situations, protect them from harm by changing names and locations (and explain why) and/or obscuring their visual identity. This can be done by using photographs of someone from behind, in silhouette or with their face out of focus.

Also be extremely sensitive to a person's vulnerability at times of trauma or grief, and assess how using an image of their suffering may impact their rights, safety and wellbeing.

*Have the people depicted given informed consent to have their image and/or identifying information published?*

Children have a right to be heard if they want to tell their story, but may not always know what is in their best interest. Consider their age, level of maturity and whether or not caregivers have given consent for their image to be published.

Some communities and religious groups forbid having images taken of individuals for various reasons. For example, in some indigenous communities, the names and images of deceased people cannot be used during the mourning period or at any time after their death.

*Are there any official restrictions to images in certain political or crisis contexts?*

Be aware of political and social sensitivities about what can be disseminated to the public. Some governments, for example, may officially or unofficially disallow images of certain people or situations, especially during crisis situations.

### **3. Truth**

*Is the image a fair representation of the situation or context?*

Ensure any image accurately portrays the people involved, the situation and potential solutions, without exaggerating or sensationalizing. For example, be careful not to represent the situation by using an extreme image rather than a typical one.

Also, be careful when modifying an image (e.g., cropping) that it does not distort the truth, disadvantage the subject or detrimentally change the context. Be sure the image is accurate to the time period and location being portrayed (e.g., not representing a crisis situation that happened in a different time period or place).

# Annex: WHO Guidance

## Process of Translation and Adaptation of Documents<sup>3</sup>

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The aim of this process is to achieve different language versions of the English document that are conceptually equivalent in each of the target countries/cultures. That is, the document should be equally natural and acceptable and should practically perform in the same way. The focus is on cross-cultural and conceptual, rather than on linguistic/literal equivalence. A well-established method to achieve this goal is to use forward-translations and back-translations. This method has been refined in the course of several WHO studies to result in the following guidelines.

Implementation of this method includes the following steps:

1. Forward translation
2. Expert panel Back-translation
3. Pre-testing and cognitive interviewing
4. Final version

### 1. Forward translation

One translator, preferably a health professional, familiar with terminology of the area covered by the document and with interview skills should be given this task. The translator should be knowledgeable of the English-speaking culture but his/her mother tongue should be the primary language of the target culture.

Instructions should be given in the approach to translating, emphasizing conceptual rather than literal translations, as well as the need to use natural and acceptable language for the broadest audience.

The following general guidelines should be considered in this process:

- Translators should always aim at the conceptual equivalent of a word or phrase, not a word-for-word translation, i.e. not a literal translation.
- They should consider the definition of the original term and attempt to translate it in the most relevant way.
- Translators should strive to be simple, clear and concise in formulating a question. Fewer words are better. Long sentences with many clauses should be avoided.
- The target language should aim for the most common audience.
- Translators should avoid addressing professional audiences such as those in medicine or any other professional group. They should consider the typical respondent for the instrument being translated and what the respondent will understand when s/he hears the question.
- Translators should avoid the use of any jargon. For example, they should not use: technical terms that cannot be understood clearly; and colloquialism, idioms or vernacular terms that cannot be understood by common people in everyday life.
- Translators should consider issues of gender and age applicability and avoid any terms that might be considered offensive to the target population.

### 2. Expert panel

A bilingual (in English and the target language for translation) expert panel should be convened by a designated editor-in-chief. The goal in this step is to identify and resolve the inadequate expressions/ concepts

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<sup>3</sup> This guidance is adapted from *World Health Organization: Process of Translation and Adaptation of Instruments*: [http://www.who.int/substance\\_abuse/research\\_tools/translation/en/](http://www.who.int/substance_abuse/research_tools/translation/en/)

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of the translation, as well as any discrepancies between the forward translation and the existing or comparable previous versions, if any. The expert panel may question some words or expressions and suggest alternatives. Experts should be given any materials that can help them to be consistent with previous translations.

The number of experts in the panel may vary. In general, the panel should include the original translator, experts in health, as well as experts with experience in the document development and translation. The result of this process will produce a complete translated version of the document.

### **3. Back-translation**

Using the same approach as that outlined in the first step, the document will then be translated back to English by an independent translator, whose mother tongue is English and who has no knowledge of the material.

Back-translation will be limited to selected items that will be identified in two ways. The first will be items selected by the WHO based on those terms / concepts that are key to the document or those that are suspected to be particularly sensitive to translation problems across cultures. These items will be distributed when the English version of the document is distributed. The second will consist of other items that are added on as participating countries identify words or phrase that are problematic. These additional items must be submitted to WHO for review and approval.

As in the initial translation, emphasis in the back-translation should be on conceptual and cultural equivalence and not linguistic equivalence. Discrepancies should be discussed with the editor-in-chief and further work (forward translations, discussion by the bilingual expert panel, etc.) should be iterated as many times as needed until a satisfactory version is reached.

Particularly problematic words or phrases that do not completely capture the concept addressed by the original item should be brought to the attention of WHO.

### **4. Pre-testing and cognitive interviewing**

It is necessary to review the document, if possible with the target population (i.e., a lay audience). Reviewers should include individuals representative of those who will use the document, balanced for gender, ethnicity and socio-economic status. Reviewers should be asked what they think the concepts are about, what came to their mind when they hear a particular phrase or term, any word they did not understand as well as any word or expression that they found unacceptable or offensive. Finally, when alternative words or expressions exist for one concept, the reviewer should be asked to choose which of the alternatives conforms better to their usual language. This information is best accomplished by in-depth personal interviews although the organization of a focus group may be an alternative.

A written report of the review, together with selected information regarding the participating individuals should also be provided.

### **5. Final version**

The final version of the document in the target language should be the result of all the iterations described above. It is important that a serial number (e.g. 1.0) be given to each version. The electronic version of the final translated document will be provided to WHO.

### **6. Documentation**

All the cultural adaptation procedures should be traceable through the appropriate documents. These include, at the least: initial forward version; a summary of recommendations by the expert panel; the back-translation; a summary of problems found during review of the document and the modifications proposed; and the final version.