Validation of the Interpretation of Intrusions Inventory (III-R-M) for Mexican population: Cross-Cultural Discrepancies

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INTRODUCTION

Obsessive Compulsive Disorder (OCD) is a heterogeneous psychological condition characterized by obsessions – unwanted thoughts, impulses, images or ideas – and compulsions (Abramowitz et al., 2010; American Psychiatric Association [APA], 2013). To better understand the pathogenesis, maintenance, and treatment of OCD, researchers and clinicians alike have developed and tested novel theoretical models. The cognitive model (Salkovskis, 1985; Rachman, 1997, 1998) is one theoretical approach that has decades of empirical support (e.g., Berman, Fang, Hansen, & Wilhelm, 2015). The cognitive theory proposes that how intrusions are interpreted, operates as the mechanism by which passing thoughts, impulses, images or ideas become clinically significant obsessions (Clark & Purdon, 1993; Rachman, 1997; 1998).

To facilitate research on the cognitive model, leaders in the field of OCD (Obsessive-Compulsive Cognition Working Group [OCCWG]) developed and validated the Interpretation of Intrusions Inventory-31 (III-31; OCCWG, 1997, 2001, 2003, 2005). Given the importance of the interpretation phase, researchers around the world have culturally adapted and validated the III-31. Given recent estimates that three to five million individuals in Mexico struggle with OCD (Secretary of Health of Mexico, 2016), it is imperative that researchers culturally adapt and validate instruments, such as the III-31, in order to improve the assessment and treatment of patients with this debilitating condition.

METHOD

Cultural adaptation of the III-R-M for Mexican population

To culturally adapt the III-31 for the Mexican population, the guidelines outlined by the World Health Organization (2016) were followed:

1. A forward translation was conducted using the original version.
2. An expert panel of six bilingual psychologists evaluated each item in terms of: representativeness, comprehension, clarity and ambiguity.
3. A back-translation was done by a professional bilingual translator, to ensure that key concepts were retained.
4. The III-R-M was pilot tested with 10 adults from the community and conducted interviews with each participant.

Participants

The sample consisted of 457 university students from Mexico, of which 77.5% were women, with an average age of 20.39 years (SD = 2.55), 98.03% identified as Hispanic or Latino. Most of the participants were undergraduate students (95.8%), while a minority were completing postgraduate studies (4.2%).

Measures

Interpretation of Intrusions Inventory-Revised for the Mexican Population (III-R-M; OCCWG, 2005). Is a self-report measure that assesses how individuals appraise idiosyncratic intrusions. Respondents first identify two personally relevant intrusions and then answer 31 items that evaluate how they interpret the two mental events from 0 to 100.

Obsessive Beliefs Questionnaire-Short Version (OBQ-SV, Vanegas, González, Ramírez, Treviño, & Treviño, 2014). This self-report measure includes 22 items that assesses dysfunctional obsessive beliefs that underlie OCD symptoms and possess three factor-analytically derived subscales: (a) Responsibility/threat estimation, (b) Perfectionism/intolerance to uncertainty and (c) Importance/control of thoughts.

Dimensional obsessive Compulsive Scale-Mexican Version (DOCS-M, Abramowitz et al., 2010; Treviño, Berman, Fisk, Ruvalcaba-Romero & Gallegos-Guajardo, 2019). Is a 20-item self-report instrument that assesses the severity of four OCD symptom dimensions: Contamination, Responsibility for harm, Unacceptable/forbidden thoughts, and Symmetry/need for things to be “just right.”

RESULTS

Factor Structure and Reliability: First, a confirmatory factor analysis (CFA) was conducted to assess whether the original single factor model fits (OCCWG, 2005). Next, a CFA was conducted to examine the degree to which the current model fit with the theoretically-derived three-factor model established by the OCCWG (2001, 2003). Finally, a third CFA was conducted to determine the degree to which the two-factor model obtained by Ferguson et al. (2006) fit. This models were found to be a poor fit with the data.

Because the CFA yielded poor fitting models, an exploratory factor analysis (EFA) using the principal axis extraction method and Promax rotation was conducted. Based on a scree plot and an inspection of the item loadings, the data yielded a two-factor model. The first factor (18 items), assesses perceived harmfulness and danger of intrusive thoughts (labeled Harmfulness/Danger). The second factor (12 items), assesses an underlying sense of exaggerated responsibility and need to control intrusive thoughts (labeled Responsibility/Control). One item was eliminated due to significant loadings on both factors, yielding only 30-items.

Convergent validity: The convergent validity of the III-R-M was assessed by examining the associations between this measure and the OBQ-SV (r = .53, p < .001) and the DOCS-M (r = .62, p < .001)

DISCUSSION

Given that previous validations of the III-31 relied upon exploratory factor analyses (EFA), and that a Confirmatory Factor Analysis (CFA) “corrects the deficiencies inherent in the exploratory perspective” (Batista-Foguet, Coenders & Alonso, 2004, p. 24), a CFA was conducted to validate the III-R-M for the Mexican population.

Importantly, our CFA did not support the one-factor (OCCWG, 2005), two-factor (Ferguson et al., 2006) or three-factor structure (OCCWG, 2001, 2003) model. Because the three models failed to adequately fit the data, an exploratory factor analysis was conducted, which produced a two-factor model comprised of factor one that assesses perception of harmfulness and the danger of intrusive thoughts, and factor two that assesses the Responsibility to control and manage intrusive thoughts.

The results provide support for a two-factor structure of the III-R-M. A similar two-factor model was also found in a previous study with a Canadian sample (Ferguson et al., 2006). However, the models are distinct, as the previous study obtained a factor that assesses responsibility and another that assesses importance/control.

The fact that our data did not fit any of the previously identified factor structures could be due to the response options for items were on an 11-point Likert scale. This approach can reduce the reliability of the items and stability of the mode (Hartley, 2014; Llanos, Rosas, Mendoza & Contreras, 2001).

Future research should consider modifying the response options for the III-R-M by using a Likert-type scale with four to seven response options, evaluate also divergent validity and test-retest, and aim for including community and clinical samples from different regions in Mexico.

REFERENCES

References omitted due to spatial limitations - for a complete list of citations, please contact the author at julia.gallegos@udem.edu