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Psychometric Properties for Arabic Jordanian Modified Version of Dimensional Obsessive-Compulsive Scale (DOCS)

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Abstract

Objectives: This study aimed to translate, adapt the Dimensional Obsessive-Compulsive Scale (DOCS), and examine its Psychometric Properties in terms of validity and reliability for the Jordanian environment.

Methods: To achieve the objectives of the study, the Dimensional Obsessive-Compulsive Scale and the Yale-Brown Obsessive-Compulsive Scale were translated and applied to an available sample of Jordanian society. The study sample consisted of (670) participants, divided into two samples: A non-clinical sample (612), and a clinical sample of (58) Diagnosed with obsessive compulsive disorder.

Results: Validity indicators were examined in several ways, including: Construct validity through confirmatory factor analysis; the results of the factor analysis of the scale's items indicated the presence of four factors identical to the original version. Discriminant validity was also examined by comparing the performance of the Non-clinical sample with the Clinical sample using a T-test for independent samples. It indicated the scale's ability to distinguish well between participants. It was found that the reliability coefficient was achieved in two ways: the first was by finding the reliability coefficient using the internal consistency method according to the Cronbach alpha coefficient, where it reached (.92) for the Non-clinical sample, and (.83) for the Clinical sample. The second method was using the Test re – test Reliability method; where the reliability coefficient in nun- clinical sample (.75).

Conclusion: The study indicates that there is appropriate Validity and Reliability for the measure of the Dimensional Obsessive-Compulsive Scale in the Jordanian environment.

Keywords: Dimensional Obsessive-Compulsive Scale, Psychometric Properties, Reliability, Validity.

الخصائص السيكومترية لصورة معربة ومعدلة للبيئة الأردنية من مقياس أبعاد الوسواس القهري (DOCS)

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ملخّص

الأهداف: هدفت هذه الدراسة إلى ترجمة وتكييف مقياس أبعاد الوسواس القهري، وفحص خصائصه السيكومترية من صدق وثبات على البيئة الأردنية.

المنهجية: لتحقيق أهداف الدراسة تُرجم وطُبق مقياس أبعاد الوسواس القهري ومقياس ييل – براون للوسواس القهري على عينة متيسرة من المجتمع الأردني، حيث بلغت عينة الدراسة (670) مُشاركاً، مقسمين على عينتين: عينة غير إكلينيكية (612)، وعينة إكلينيكية من (58) مشخصاً باضطراب الوسواس القهري.

النتائج: فُحِصت مؤشرات الصدق بعدة طرائق، ومنها: صدق البناء عن طريق تحليل العاملي التوكيدي؛ حيث أشارت نتائج التحليل العاملي لفقرات المقياس على وجود أربعة عوامل متطابقة مع النسخة الأصلية، كما فُحِص الصدق التمييزي من خلال مقارنة أداء عينة غير الإكلينيكية مع عينة الإكلينيكية باستخدام اختبار - ت للعينات المستقلة، وأشارت إلى قدرة المقياس على التمييز بشكل جيد بين المفحوصين، وتم ايجاد معامل الثبات بطريقتين: الأولى فكانت بإيجاد معامل الثبات بطريقة الاتساق الداخلي وفق معامل كرونباخ ألفا، وبلغ لعينة غير الإكلينيكية (.92)، وللعينة الإكلينيكية بلغت (.83) ، وأما الطريقة الثانية كانت باستخدام طريقة الثبات بالإعادة؛ إذ بلغ معامل الثبات للعينة غير الإكلينيكية (.75).

الخلاصة: تشير الدراسة إلى توفر دلالات صدق وثبات مناسبة لمقياس أبعاد الوسواس القهري للبيئة الأردنية.

الكلمات الدالة: مقياس أبعاد الوسواس القهري، الخصائص السيكومترية، صدق، ثبات.

Introduction

The field of psychometrics is one of the important and main fields in psychology. Because it includes a set of procedures and tools that help in obtaining information and evidence, which helps psychiatrist and psychologists understand patients' problems and make more accurate and reliable decisions, in addition to its role in processing data on many psychological phenomena and interpreting them in light of different psychological theories.

Among the most important psychological problems that modern research in psychology has indicated are mental disorders. Because it has significant effects on a person's psychological, family, social, economic, and health life, and in some cases, it may threaten the person's life and the lives of those around him.

One of the most important of these disorders is obsessive compulsive disorder, the prevalence of which in the world according to the Diagnostic and Statistical Manual of Mental Disorders in its fifth edition text revision reached between (1.1% - 1.8%). (American Psychiatric Association, 2022 (APA, 2022)).

The World Health Organization defines it in the Mental and Behavioral Disorders section of the International Classification of Diseases - Eleventh Revision as: a mental disorder characterized by the presence of obsessions, compulsions, or both; Where obsessions take the form of a persistent thought or image of an intrusive and unwanted nature, and lead to a state of anxiety, as a result of which the individual ignores, suppresses the obsessions, or neutralizes them through compulsive actions, whether mental or behavioral. This is in response to obsession, or according to strict rules Symptoms are also time consuming (lasting more than an hour per day), and these symptoms lead to significant distress in personal, social, family, educational, work, or other important areas of life. (World Health Organization, 2020(WHO,2020))

Due to the increasing interest in studying obsessive-compulsive disorder of its various types, and the importance of measures of obsessive compulsive disorder among psychiatrist and psychologists, many measures have been designed to evaluate obsessive-compulsive disorder, but these measures are remarkably rare in the Arab world, especially in the Jordanian environment. Therefore, this study came with the aim of Arabizing and identifying the psychometric properties of the Dimensional Obsessive-Compulsive Scale (DOCS) in the Jordanian environment.

Problem Statement

Obsessive compulsive disorder is one of the widespread mental disorders, according to many international and Arab studies. Al-Sarhan (2008) indicated that the prevalence of obsessive compulsive disorder in the world is (2-3%), while in the United States of America it is (1.2%) according to the American Psychiatric Association (APA, 2022, p. 267), and based on the above, practitioners in the psychological field need a rapid and highly reliable assessment tool enables them to initially evaluate individuals who may suffer from this disorder, and there must be measures in Arabic that are appropriate for the Jordanian environment so that practitioners can use them, given that there are some theoretical and applied limitations to the psychological measures currently available, such as the lack of items to assess avoidance and items assessing hoarding disorder, which according to the latest studies is not classified as obsessive compulsive disorder, In addition to the length of the scales and taking a long time (Abramowitz et al., 2010), it was necessary to Arabize psychological scales that work to overcome these limitations and have high psychometric properties, Especially with regard to construct validity, discriminant validity and reliability.

Accordingly, this study comes to contribute to solving this problem by Arabizing and extracting the psychometric properties of the Dimensional Obsessive-Compulsive Scale (DOCS) scale according to standard procedures for adapting psychological scales, as an attempt to reduce the problems of previous psychological scales and provide a more integrated and modern scale for measuring obsessive compulsive disorder in the Jordanian environment.

Study objective

1. Arabizing and adapting of the Dimensional Obsessive-Compulsive Scale according to scientific steps on the Jordanian environment
2. Extracting the validity of the scale on the Jordanian environment.

3. Extracting the reliability of the scale on the Jordanian environment.

To achieve these objectives, the study sought to answer the study questions.

Study questions

1. What are the construct validity indicators of the Dimensional Obsessive-Compulsive Scale in the Jordanian environment?
2. What are the validity indicators of the Dimensional Obsessive-Compulsive Scale in the Jordanian environment?
3. What are the reliability indicators of the Dimensional Obsessive-Compulsive Scale in the Jordanian environment?

The Importance of Study:

The importance of the current study lies in two aspects:

Theoretical importance

1. The current study sought to contribute to enriching an important field of mental disorders, which is obsessive compulsive disorder.
2. Arabizing a modern scale that has many studies across different cultures on obsessive compulsive disorder in the Jordanian environment.
3. Enriching Arabic literature with a scale that evaluates the four dimensions of obsessive compulsive disorder (Contamination, Responsibility for Harm, unacceptable thoughts, and Symmetry/Completeness).
4. This study provided scientific and statistical evidence that works to consolidate the theoretical and psychometric framework for the concept of psychometrics.

Practical importance

1. This study contributes to providing a tool with good psychometric properties for researchers in the field of psychology.
2. Bridging the gap between the increasing numbers of people suffering from obsessive compulsive disorder, and the very small numbers of workers in the mental health field in Jordan, by providing clinical specialists with a tool that helps them in a more accurate assessment of obsessive compulsive disorder, and working to develop therapy programs commensurate with the severity Disorder.
3. The scale allows for evaluating the Psychotherapy programs provided to clients, and verifying their effectiveness.

Definition of terms

Obsessive Compulsive Disorder is technically: Defined by the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorders - Fifth Edition as: a mental disorder in which people suffer from obsessions, compulsions, or both. Obsessions are recurring and persistent urges, thoughts, or images that are intrusive and unwanted, while compulsions are mental actions or repetitive behaviors, which the person feels driven to do in response to obsessions, or according to rules that must be strictly applied. These symptoms last a long time, more than an hour a day, and affect the practice of daily activities (American Psychiatric Association, 2013 (APA, 2013)).

Obsessive Compulsive Disorder procedurally: the score obtained by the participant on the Dimensional Obsessive-Compulsive Scale (DOCS).

Limits of the study

- **Human limitations**: This study was limited to an available sample from Jordanian society consisting of (670) participants.
- **Spatial limitations**: The study is limited to the Jordanian environment and patients visiting some hospitals and psychiatric clinics in the capital, Amman.
- **Time limits**: The current study was applied during the first and second semesters of the 2022/2023 academic year.
- **Psychometric Tools limits**: This study used self-report measures only.
- **Limits of diagnosis**: This study used hospital and private clinic records to determine the clinical sample, which relies

mainly on clinical diagnosis by psychiatrists.

Theoretical background and Previous studies

Obsessive-compulsive Disorder (OCD) is one of the widespread disorders, and as the definition of this disorder varies, they all agree on the presence of obsessive thoughts, compulsive behaviors, or both. Al-Zboun (2015) defined it as "A disorder that is characterized by the presence of obsessive thoughts that comes either as an idea, motive, or an imagined scenario, in which their content usually provokes the person to perform unusual behaviors or rituals, even with the presence of excessive inner resistance for it". Furthermore, Belhasini (2017) definition describes it as one of the cognitive content distortions, where intrusive repetitive thoughts appear in the individual's consciousness level that is characterized by a ruminative and authoritative nature, meanwhile, compulsive behaviors are visible or hidden behavioral routines, repeated by the person in a way like rituals by following certain and specific rules.

In addition to the mentioned definitions, it is important to point out the difference between obsessive-compulsive disorder (OCD) and Obsessive obsessive-compulsive personality Disorder (OCPD), as the last refers to a general personality pattern where the individual is overly occupied with perfection, order and control in personal relationships and other life aspects, with the individual perceiving their regularity and detail-orientation with pride and achievement, along with high self-regard, unlike people suffering from (OCD), who hold disgust, dislike and lack of desire toward their behaviors, and continuously attempting to break out the suffering cycle.

Over the past years, many psychometric tools have been developed in an attempt to assess Obsessive Compulsive Disorder, one of which has gained the interest of researchers from all over the world, by being the only scale to provide an assessment of the disorder's various dimensions, which is the Dimensional Obsessive-Compulsive Scale (DOCS), with various foreign research papers conducted regarding it, which will be reviewed from newest to oldest as follows:

In a study conducted by López-Nicolás et al. (2021) aimed to verify the reliability of the Dimensional Obsessive-Compulsive Scale; This was done by conducting a meta-analysis of (86) studies related to the scale, the results showed that the scale has high internal consistency of the total scale; The average Cronbach alpha was (.92), for the four sub-dimensions: Contamination (.88), Responsibility for Harm (.90), unacceptable thoughts (.91), Symmetry/Completeness (.91). In addition, reliability was examined by Test Re – test, where the correlation coefficient was Pearson for the total scale (0.78) and for the four dimensions: Contamination (0.63), Responsibility for Harm (0.70), unacceptable thoughts (0.62), and Symmetry/Completeness (0.68). Therefore, the scale has high reliability through internal consistency and Test re – test, and is considered suitable for research and clinical purposes.

Study by Fink-Lamotte et al. (2020) aimed to examine the Factorial validity and psychometric properties of the German form of the Dimensional Obsessive-Compulsive Scale, where a set of measures was applied to two samples, a clinical sample consisting of (177) diagnoses, and a non-clinical sample consisting of (223) participants, the results showed that the Factorial validity of the scale was similar to the original study, as it consisted of four dimensions: Contamination, Responsibility for Harm, unacceptable thoughts, and Symmetry/Completeness. The internal consistency reliability of the total scale and the four dimensions was high, with the Cronbach alpha coefficient ranging from (.90-.94). In addition, the results indicated that the scale has Convergent Validity with other obsessive compulsive scales, and the diagnostic sensitivity of the tool was good, and thus the German version of the scale is strong, reliable, and can be used in the German environment.

As for the study by Mohammadi et al. (2021) aimed to examine the psychometric properties of the Persian version of the Dimensional Obsessive-Compulsive Scale. The sample consisted of (252) diagnosed residents of Tehran (Iran), and reached a set of results, the most important of which are: that the scale has Construct validity similar to the original English study; where the items were saturated on four dimensions, which explained (61.9%) of the total variance, and the saturation of the factors ranged from (0.57 - 0.82). As for the internal consistency of the total scale, it reached (.91), it can be concluded from the above that the scale has acceptable validity and reliability in the Iranian environment.

As for the study by Algin et al. (2018), it aimed to translate and adapt the Dimensional Obsessive-Compulsive Scale to the Bengali environment and verify its validity. The Dimensional Obsessive- Compulsive Scale and the Yale-Brown

Obsessive Compulsive Scale were applied to a sample consisting of (100) people diagnosed with obsessive compulsive disorder, and the results indicated It was determined that the scale consists of four factors through exploratory factor analysis using varimax rotation, which explained (76.9%) of the total variance, and factor saturation ranged between (0.58-0.85) .The Cronbach alpha for the total scale was (.92), which indicates high internal consistency. In addition, Convergent Validity was extracted with the Yale-Brown Obsessive Compulsive Scale, where the Pearson correlation coefficient reached (0.73), which indicates good Convergent Validity. The study concluded that: The tool is reliable and usable for Bengali speaking population.

Ólafsson et al. (2013) conducted a study aimed to identify the psychometric properties of the Icelandic version of the Dimensional Obsessive-Compulsive Scale. To achieve the objectives of the study, several measures were applied to the sample consisting of (547) male and female university students. The study reached several results, including: that the scale has good internal consistency reliability. The Cronbach alpha for the total score was (.91), and had good Convergent Validity with the Obsessive Compulsive Inventory - Revised, the Pearson correlation coefficient reached (0.69) and with the Yale-Brown Obsessive Compulsive Scale (0.54). Therefore, the scale has good psychometric properties and can be applied in the Icelandic environment.

Comment on previous studies and the new scientific addition to this study

It is noted from a review of previous studies that the scale has indicators of construct validity. They all agreed on the existence of four factor Dimensional Obsessive-Compulsive Scale, as mentioned by Abramowitz and others in the original study, and a good discriminant validity in distinguishing between the clinical and non-clinical sample, in addition to high reliability by means of internal consistency and Test Re – test. In addition, there is no study that has translated and adapted the Dimensional Obsessive-Compulsive Scale to the Jordanian environment, according to the website for the scale https://docs.web.unc.edu/, and this will distinguish the current study from previous studies. In addition, the Jordanian version will be uploaded to the scale on the website; To be the fifteenth language added to the website, in accordance with agreement with the author of the scale, Abramowitz; This is to provide specialists in the Arab world with an Arabized tool adapted to the Jordanian environment that has scientific weight for preventive, diagnostic and therapeutic purposes, which adds a strong justification for such a study.

Methodology

This study used the descriptive analytical method. It is suitable for studies that aim to adapt measures, and examine psychometric properties of validity and reliability.

Population of the study

Jordanian society with all its members, whose population according to recent official statistics amounts to (11,302.0) million (General of Statistics, 2022).

Sample

The study tools were applied to a sample consisting of (670) Participants divided as follows: a non-clinical sample consisting of (612) Participants the available method, and a clinical sample consisting of (58) people diagnosed with obsessive compulsive disorder from outpatient clinics at the University of Jordan Hospital, the National Center for Mental Health, and some Private psychiatric clinics in the Jordanian capital - Amman, and Table No. (1) Describes the sample.

Table No (1): Demographic Data

Demographic Data	Non-clinical sample	Clinical sample
Gender	N	N
Male	269	24
Female	343	34
Education level		

Demographic Data	Non-clinical sample		Clinical sample	
Elementary	26		8	
Secondary	71		11	
Undergraduate	393		32	
Graduate	122		7	
Marital status				
Single	347		31	
Married	253		21	
Divorced	7		5	
Widowed	5		1	
Total	612		58	
Descriptive statistics	Mean	SD	Mean	SD
Age	29.9	10.4	30.1	12.2

Measures

1. Dimensional Obsessive-Compulsive Scale (DOCS)

It is a self-report tool consisting of (20) verbal items developed by Abramowitz et al., (2010) to measure four dimensions of obsessive compulsive disorder: contamination, responsibility for harm, unacceptable thoughts, and Symmetry/Completeness. Each dimension has five items to assess severity: Time spent on obsessions and compulsions, avoidance behavior, anxiety, interference with daily activities, difficulty ignoring obsessions and refraining from compulsions, after that, many studies were conducted that aimed to examine the psychometric properties of the scale and indicated that the scale has high psychometric properties, in addition the scale is corrected by calculating the participant's total score on the scale by summing all his scores on the items from (1-20), and each item has a score ranging between (0). - No symptoms) to (4 - severe symptoms). Thus, the total score of the scale ranges from (0) as a minimum to (80) as a maximum and the cut-off point is (21), and the scale applies to ages 13 and above.

Psychometric properties of the original study of the Dimensional Obsessive-Compulsive Scale (DOCS)

reliability

Abramowitz et al. (2010) stated that the scale has high reliability indicators, by calculating the internal consistency reliability according to the Cronbach alpha coefficient, which reached (.93) for the total scale and the four dimensions: contamination (.83), responsibility for harm (. 86), unacceptable thoughts (.88), Symmetry/Completeness (.89), and Test Re – test Reliability is also calculated through the Pearson correlation coefficient, which reached (.66).

Validity

The Dimensional Obsessive-Compulsive Scale in its English version has high validity implications. The Pearson correlation coefficients between the dimension and the total score on the scale range between (.77 -.83), and this is a good indication of the validity of the construct, in addition to the presence of good Convergent validity. The Pearson correlation coefficient reached (.54) between the scale and the Yale-Brown Obsessive Compulsive Scale.

2. Yale–Brown Obsessive Compulsive Scale (Y-BOCS)

It is a self-report scale consisting of (10) items that measure the severity of obsessive compulsive disorder and is divided into two parts: one section about obsessive, and the other section about compulsive actions. Each section measures distress through five items: time, interference, distress, resistance and control, during the past week of applying the scale to the participant. The total score on the scale is calculated by (1-10), each item has a score ranging from (0 - no symptoms at all) to (4 - very severe symptoms), and thus the total score of the scale ranges between (0) as a minimum to (40) as a maximum. The scale is properties by high reliability, as the internal consistency of the scale reached (. 89). (Goodman et al., 1989).

Psychometric properties of the Yale-Brown Obsessive Compulsive Scale in (2) studies: the study that Arabized the scale, and the current study. The following is a description of the psychometric properties of the scale:

1. Psychometric properties of the Yale-Brown Obsessive Compulsive Scale in the Arabized version:

Al-Balawi (2015) also Arabized the scale to the Saudi environment and extracted validity indicators. Where the veracity of the arbitrators was extracted and the rate of agreement between the arbitrators was high, as for reliability, it was extracted using the Test re – test reliability method. The scale was applied twice with an interval of two weeks between the two application periods. The Pearson correlation coefficient between the two application periods reached (0.89), indicating a high positive correlation. Based on the above, it is clear that the scale has high psychometric properties, so it was used in the current study.

2. Psychometric properties of the Yale-Brown Obsessive Compulsive Scale in the current study:

The scale's reliability indicators were verified by applying the scale to an exploratory sample of (40) Participants.

Validity

The validity of the internal consistency of the Arabic version was examined on the exploratory sample, and it was high and significant through the Pearson correlation coefficient between the score of each item and the total score of the scale, as shown in Table No. (2).

Table No. (2): Degrees of correlation between the total score of the scale and the score on the item (Y-BOCS)

Items number	correlation	Items number	correlation
Q1	**.77****	Q6	**.81****
Q2	**.81****	Q7	**.84****
Q3	**.86****	Q8	**.90****
Q4	**.74****	Q9	**.76****
Q5	**.55****	Q10	**.46****

**** The statistical value is significant at a level of ($\alpha \leq 0.01$)**

It is noted from the above table (2) that the value of the Pearson correlation coefficients between the items and the total score of the scale ranged between (.46 -.90), and all items are statistically significant at the significance level of (0.01), and this indicates that they have validity and therefore It measures what it was designed to do. Accordingly, the scale used in the study has good validity indicators and can be used in the current study.

Reliability

Reliability was extracted using the Cronbach alpha coefficient, where the result indicated (.87), which indicates a high degree of reliability.

Procedures

Since the aim of the study is to examine the psychometric properties of the validity and reliability indicators of the Dimensional Obsessive-Compulsive Scale and in order for it to be appropriate for the Jordanian environment, the following procedures were followed:

1. Jonathan Abramowitz, the author of the Dimensional Obsessive-Compulsive Scale, was contacted by e-mail, and official approval was obtained to use and translate the scale to the Jordanian environment.
2. Arabization and adaptation of the DOCS scale to the Jordanian environment according to the following guidelines specified by the World Health Organization (WHO, 2016):
   a. Translation of the scale items from English to Arabic by some specialists who are fluent in both languages: English and Arabic.
   b. A committee was formed consisting of psychologists fluent in both Arabic and English to conduct a comparison between the English version and the Arabic version in terms of language, clarity, and accuracy of terminology, and the necessary amendments were made.
   c. A back translation of the scale was conducted by another psychologist fluent in both Arabic and English.

d.A committee of three psychologists was then formed to compare the two translations, after which modifications were made, agreement was reached, and the final version was issued, which was applied to the exploratory sample.

3- (A). The scale was distributed to the exploratory sample consisting of (40) Participants. This exploratory study aimed to identify the extent and clarity of the scale and its items and their suitability to the Jordanian environment.

(B): The Yale-Brown Obsessive Compulsive Scale was distributed to the exploratory sample, and psychometric properties of validity and reliability were extracted.

4- After that, the arbitrators' validity of the scale was examined by presenting it to (12) arbitrators in the field of psychology and psychiatry, to express their opinions on the scale in terms of the veracity of the items to measure what they were designed to do, the accuracy of the translation of the scale items, and the clarity of the wording of each item and examples, with the possibility of modification. Edit, delete or add a new item; to make the scale more capable and accurate in measuring obsessive compulsive disorder, the necessary modifications were made to the wording of the items according to their observations.

5. Applying the scale to the study sample after obtaining official approvals; by (Jordan University Hospital, Jordanian Ministry of Health, University of Jordan), in addition an electronic version was created on Microsoft Forms and published on social media sites to collect the non - clinical sample.

• Appendix (1) the Arabic version of the Dimensional Obsessive-Compulsive Scale.

• Appendix (2) the Arabic version of the Yale Brown Obsessive-Compulsive Scale.

6. After completing the data collection procedures, they were entered into the Statistical Package for the Social Sciences (SPSS) program and the (AMOS) program, and the validity and reliability indicators of the scale in the Jordanian environment were extracted.

7. Discussing the results of the study and making the necessary recommendations.

Statistical analysis

The data was entered into the Statistical Package for the Social Sciences and IBM SPSS Amos, and the statistical methods used were as follows:

- Descriptive statistics (percentages, means, and standard deviations)
- Confirmatory Factor Analysis (CFA)
- Pearson Correlation Coefficient
- Cronbach's alpha
- T-Test

Results

Results related to the first question

"What are the construct validity indicators of the Dimensional Obsessive-Compulsive Scale in the Jordanian environment?"

1. Construct Validity: Construct validity was extracted in two ways: the first through factorial validity, and the second through internal consistency validity.

A. Factorial Validity: Factorial validity was extracted by confirmatory factor analysis using the Maximum Likelihood method to examine the four-factor model that appeared in the original study (Abramowitz, e al., 2010). This was done on a non-clinical sample from the Jordanian community consisting of (612) participants. The goodness-of-fit results showed that the indicators fell within their ideal range The Goodness of Fit Index reached (.824), the Normed Fit Index (.885), the Incremental Fit Index (.905), the Comparative Fit Index (.904), and the Root Mean Square Error of Approximation) (071.); This indicates that there are no significant differences between the data presented and the hypothesized model, and that the items of the Dimensional Obsessive Compulsive Scale are based on four factors for a non-clinical sample, and as Figure (1) shows the path diagram for the confirmatory factor analysis.

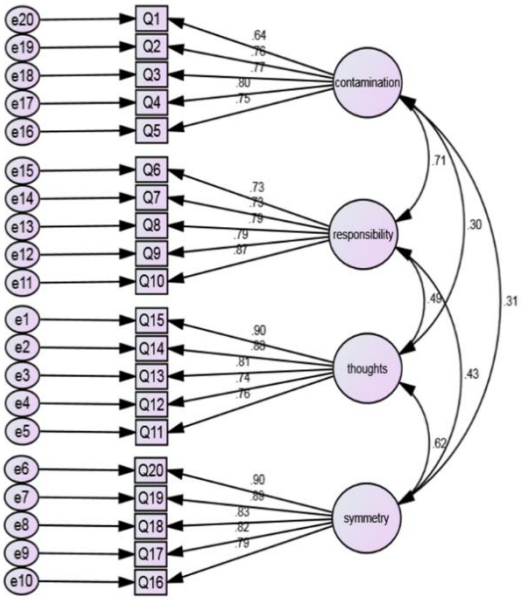

Figure No. (1) Confirmatory factor analysis model for the Dimensional Obsessive-Compulsive Scale using the (AMOS) program.

B. Internal Consistency Validity: By extracting the correlation coefficients between the score on the item and the total score of the scale

Table No. (3): Degrees of correlation between the total score of the scale and the score on the item (DOCS)

Items number	correlation	Items number	correlation	Items number	correlation	Items number	correlation
Q1	**.44****	Q6	**.58****	Q11	**.60****	Q16	**.61****
Q2	**.50****	Q7	**.62****	Q12	**.69****	Q17	**.69****
Q3	**.55****	Q8	**.64****	Q13	**.70****	Q18	**.70****
Q4	**.61****	Q9	**.65****	Q14	**.67****	Q19	**.70****
Q5	**.59****	Q10	**.71****	Q15	**.69****	Q20	**.70****

**** The statistical value is significant at a level of ($\alpha \leq 0.01$)**

It is noted from the above table (3) that the value of the Pearson correlation coefficients between the items and the total score on the scale ranged between (.71 -.44). This indicates a positive correlation ranging from moderate to high, and also indicates that it has validity. Therefore, it measures what it was designed to measure, and all items were statistically significant at the significance level ($\alpha \leq 0.01$).

Results related to the second question

"What are the validity indicators of the Dimensional Obsessive-Compulsive Scale in the Jordanian environment?"

1. Discriminant validity

Entering all the scores of the two samples: Clinical and Non-clinical into the Statistical Package for the Social Sciences (SPSS) program, then using an appropriate statistical method, which is the T- test, to indicate the differences between the two independent groups (Independent Samples T-test), to examine the differences in response on the scale of the Dimensional Obsessive-Compulsive Scale. The results were as shown in Table No. (4).

Table No. (4): The "T" value of the differences between the Non-clinical and Clinical samples on the DOCS

	Sample	N	Mean	Standard Deviation	"T"	Significance level
DOCS	Clinical	58	39.7	13.5	10.9	0.000
	Non-clinical	612	20.9	12.2		

DOCS =Dimensional Obsessive-Compulsive Scale

It is clear from the above table (4) that the "t" value (10.9) is statistically significant at the significance level (0.01), which indicates that there are fundamental differences between the two samples. The Mean for the clinical sample were (39.7) and the non-clinical sample (20.9), and these differences are in favor of the sample with the highest Mean, which is the clinical sample diagnosed with obsessive compulsive disorder. Thus, the scale provides discriminatory ability between the two samples. Accordingly, the scale is considered Validity in what it measures and capable of on discrimination.

2. Convergent Validity

The Dimensional Obsessive-Compulsive Scale, in addition to the Yale-Brown Obsessive Compulsive Disorder Scale, was applied to a Clinical sample consisting of (58) people diagnosed with obsessive compulsive disorder and (50) participants from the Non-clinical sample, after which the Pearson correlation coefficient was calculated between the total scores for the Dimensional Obsessive-Compulsive Scale, and the Yale-Brown Obsessive Compulsive Scale, the correlation coefficients were high for the two samples, as shown in Table No. (5).

Table No. (5): Degrees of correlation between the Dimensional Obsessive-Compulsive Scale and the Yale - Brown Obsessive Compulsive Scale

Sample	**Clinical**	**Non-clinical**
Correlation	**.68****	**.80****

** The statistical value is significant at a level of ($\alpha \leq 0.01$)

Results related to the third question

"What are the reliability indicators of the Dimensional Obsessive-Compulsive Scale in the Jordanian environment?"

To answer this question, reliability indicators were calculated using two methods: the first: internal consistency reliability according to the Cronbach alpha coefficient, and the second: reliability by Test Re – test. The results resulted in the following:

1. Internal Consistency Reliability

Results reliability internal consistency according to the Cronbach alpha coefficient:

To find out, the researcher used the Cronbach alpha reliability coefficient for the Non-clinical sample of (612) participants and the clinical sample of (58) participants, and the result was as shown in Table No. (6).

Table No. (6): Cronbach's Alpha for Dimensional Obsessive-Compulsive Scale (DOCS) Total Score and Subscales

Dimensions	**Clinical sample**	**Non-clinical sample**
Contamination	**.95**	**.85**
Responsibility for Harm	**.95**	**.88**
Unacceptable Thoughts	**.92**	**.91**
Symmetry/Completeness	**.94**	**.92**
Total	**.83**	**.92**

The results in Table No. (6) Indicate that the total internal consistency reliability coefficient for the non-clinical sample (0.92), for the clinical sample (0.83), and for the four dimensions (contamination, responsibility, unacceptable thoughts, order) reached for the Non-clinical sample (0.85, 0.88, 0.91, 0.92), and for the clinical sample (0.95.95, 0.92, 0.94),

respectively. This indicates that the scale has a high degree of reliability.

2. Test Re – test Reliability

The scale was applied to (54) participants from the Non-clinical sample in two periods with an interval of four weeks, after which the Pearson correlation coefficient was calculated between the scores of the participants on the two application times, and the results were as shown in Table No. (7).

Table No. (7): Test Re - test Coefficients for the Dimensional Obsessive-Compulsive Scale (DOCS) Total Score and Subscales

Dimensions	Pearson Correlation Coefficient
Contamination	**.74****
Responsibility for Harm	**.70****
Unacceptable Thoughts	**.73****
Symmetry/Completeness	**.72****
Total	**.75****

**** The statistical value is significant at a level of ($\alpha \leq 0.01$)**

Discussion

The results showed the validity of the construct that was examined through confirmatory factor analysis (CFA) on a non-clinical sample, where a four-factor model was developed to compare the hypothesized model in the original study and the basic model in the current study, and where the saturations of those factors were examined the results indicated good saturation and that the model was appropriate, as evidenced by goodness-of-fit indicators that were within the ideal range, This result indicates that there is a match between the Arabic version of the scale and the original English version. The study explains this by the scale in its original version has high validity indicators, and the content of the scale was built based on theoretical reviews of the literature and previous studies related to obsessive compulsive disorder. Therefore, we find that the scale was the result of cumulative efforts by a group of researchers, led by Abramowitz. In addition, the results were consistent with the study of Kühne et al. (2021), Thibodeau et al. (2015), and Melli et al. (2015).

As for the validity of the internal consistency, it showed a positive correlation from moderate to high between the item and the total scale, and all of these coefficients are statistically significant at the level of significance ($0.01 \geq \alpha$). It is concluded from this that the scale that has good internal consistency validity is good and thus supports the validity of the internal consistency of the scale as a measure of obsessive compulsive disorder, as was the study by Enander et al. (2012) are similar to the current study, and the study this to the fact that the twenty items of the scale measure the measured phenomenon well.

As for discriminant validity; The study applied the scale to a non-clinical sample and a clinical sample of people diagnosed with obsessive compulsive disorder, and the results indicated that there were statistically significant differences at the level of significance ($\alpha \geq 0.01$) between the non-clinical and clinical, and this result is consistent with the study of Mele et al. (2015) and the study of Thibodeau et al. (2015). This indicates that the scale has a high ability to distinguish between participants, and this is explained by the presence of accurate items in assessing the various symptoms and dimensions of obsessive compulsive disorder.

The results indicated that the scale had good Convergent Validity. The correlation coefficient was moderate to high positive with the Yale-Brown Obsessive Compulsive Scale, and this result is close to the results of the original study, and it was also close to the study of Mohammadi et al. (2020), Algin et al. (2018), Safak et al. (2017), Melli et al. (2015), López-Solà et al. (2014), and Ólafsson et al. (2013). And the study of Enander et al. (2012) and this can be interpreted to mean that both scales measure the same disorder to be measured, which is obsessive compulsive disorder.

As for the Test Re – test Reliability of the Dimensional Obsessive-Compulsive Scale, the study applied the scale twice with an interval of (4) weeks on a sample of (54) male and female students from the University of Jordan. The results of the current study were close to the original study of the Dimensional Obsessive Compulsive Scale; The study explains the

higher reliability of Test Re – test in the current study in a simple way compared to the original study by the original study was conducted with a time interval of (12) weeks, while the current study was conducted in (4) weeks, which increases the chance of the remembering their answers, in addition to the fact that the long period may increase the possibility of the development of obsessive compulsive disorder in participants during the two long periods of application. The current study was also similar to the study of López-Nicolás et al. (2021) and the study by Kühne et al. (2021) and the study by Fink-Lamotte et al. (2020).

From the above, the results of validity and reliability used in the current study indicate that the Arabized version of the Dimensional Obsessive-Compulsive Scale has high validity and reliability indicators that are close to the original version, and thus it can be applied with confidence in the Jordanian environment.

Recommendations:

1. The validity of this scale for use in Jordanian society for the purposes of initial evaluation, in centers that provide psychological services such as psychological clinics and specialized mental health centers.
2. Using the tool as a routine screening measure to study and determine the progress and relapse of obsessive compulsive disorder patients.
3. Converting the scale into an electronic version capable of giving preliminary results in a comprehensive report that benefits people and psychological service providers. An electronic version can be easier to apply and has higher privacy for the respondent.

Appendix (1)

Arabic version of the Dimensional Obsessive Compulsive Scale

الصورة المعربة لمقياس أبعاد الوسواس القهري (DOCS)

يسألك هذا المقياس عن أربعة أنواع مختلفة من المخاوف التي قد تواجهها أو لا، في كل نوع وصف لأنواع الأفكار (والتي تسمى أحياناً الوساوس) وللسلوكيات (وتسمى أحياناً الطقوس أو الأفعال القهرية)، والتي تعد مصاحبة لهذا النوع من المخاوف متبوعة بخمسة أسئلة حول تجاربك مع هذه الأفكار والسلوكيات.

يرجى قراءة كل وصف مما يأتي بعناية، والإجابة عن الأسئلة الخاصة بكل نوع بناءً على تجاربك **خلال الشهر الماضي**:

النوع (1): المخاوف المتعلقة بالجراثيم والتلوث

أمثلة:

- التفكير أو الشعور بأنك تعرضت للتلوث بسبب ملامسة أو القرب من شخص أو شيء معين.
- الشعور بأنك تعرضت للتلوث بسبب وجودك في مكان معين (مثل دورة المياه).
- أفكار حول الجراثيم أو المرض أو احتمالية انتشار التلوث.
- غسل يديك أو استخدام معقم لليدين أو الاستحمام أو تغيير ملابسك أو تنظيف الأشياء بسبب المخاوف من التلوث.
- اتباع سلوك متكرر معين مثل: عند الدخول إلى دورة المياه أو ارتداء الملابس بسبب الخوف من التلوث.
- تجنب بعض الأشخاص أو الأشياء أو الأماكن لأنها ملوثة.

الأسئلة التالية تستفسر عن تجاربك مع الأفكار والسلوكيات المتعلقة بالتلوث وذلك **خلال الشهر الماضي**، ضع في اعتبارك أن تجاربك قد تكون مختلفة عن الأمثلة المذكورة أعلاه، لذا، يرجى وضع دائرة حول الإجابة الأكثر تطابقاً مع تجربتك:

1- ما مقدار الوقت الذي تستغرقه يومياً في التفكير في التلوث أو القيام بالغسيل أو التنظيف بسبب التلوث؟

0 لا أقضي أي وقت نهائياً.
1 أقل من ساعة في اليوم.
2 من ساعة إلى 3 ساعات في اليوم.
3 من 3 إلى 8 ساعات في اليوم.
4 8 ساعات في اليوم أو أكثر.

2- إلى أي حد تجنبت المواقف التي قد تزيد من مخاوفك تجاه التلوث أو تزيد من الوقت الذي تقضيه في الاغتسال أو التنظيف أو الاستحمام؟

0 لم أتجنب نهائياً.
1 تجنبت بدرجة قليلة.
2 تجنبت بدرجة متوسطة.
3 تجنبت بدرجة كبيرة.
4 تجنبت بدرجة كبيرة جداً، لكل شيء تقريباً.

3- ما درجة الضيق أو القلق الذي تشعر به إذا كانت لديك أفكار متعلقة بالتلوث ولكنك لم تستطيع الاغتسال أو التنظيف أو الاستحمام (أو إزالة التلوث بطريقة أخرى)؟

0 لا يوجد ضيق أو قلق.
1 يوجد ضيق أو قلق خفيف.
2 يوجد ضيق أو قلق متوسط.
3 يوجد ضيق أو قلق شديد.
4 يوجد ضيق أو قلق شديد جداً.

4- إلى أي حد تأثرت حياتك اليومية (مثل العمل، المدرسة، الاهتمام بنفسك، الحياة الاجتماعية) بسبب مخاوفك من التلوث بحيث أصبحت مفرطاً في الاغتسال أو التنظيف أو الاستحمام أو السلوكيات التجنبيه؟

0 لم تتأثر حياتي نهائياً.
1 تأثرت بشكل بسيط، لكنني أؤدي المهام اليومية جيداً.
2 تأثرت أشياء كثيرة، لكن يمكنني السيطرة عليها.
3 تأثرت حياتي من عدة جوانب، ولدي مشكلة في السيطرة عليها.
4 حياتي متأثرة بالكامل ولا أستطيع تأدية المهام نهائياً.

5- ما مدى الصعوبة التي تواجهها في محاولة تجاهل الأفكار المتعلقة بالتلوث والامتناع عن القيام ببعض السلوكيات مثل الاغتسال أو التنظيف أو الاستحمام وغيرها من إجراءات إزالة التلوث؟

0 لا يوجد صعوبة نهائياً.
1 يوجد صعوبة قليلة.
2 يوجد صعوبة متوسطة.
3 يوجد صعوبة شديدة.

4 يوجد صعوبة شديدة جداً.

النوع (2): المخاوف من أن تكون مسؤولاً عن إحداث الأذى أو الضرر أو الحظ السيئ

أمثلة:

- وجود شك لديك بأنك ربما قمت بخطأ سبب ضرر أو حدوث شيء فظيع.
- وجود أفكار في أن حادثاً فظيعاً أو كارثة أو إصابة أو أي حظ سيئ آخر قد حدث في حين لم تكن حريصاً بما فيه الكفاية لمنع ذلك.
- وجود أفكار لديك في إمكانية منع حدوث الضرر أو الحظ السيئ عن طريق القيام بالأشياء بطريقة معينة (مثل العد إلى رقم معين، تجنب بعض الأرقام أو الكلمات "السيئة).
- وجود فكره متعلقة بفقدان شيء مهم لا يحتمل فقدانه (على سبيل المثال: المحفظة، الهوية، الأوراق).
- التحقق من الأشياء مثل: الأقفال، المفاتيح أو المحفظة وغيرها... بشكل مبالغ فيه.
- السؤال أو التحقق المتكرر للاطمئنان بأن شيئا سيئاً لم يحدث (أو لن يحدث).
- القيام بمراجعة الأحداث السابقة ذهنياً للتأكد من أنك لم تقم بأي شيء خاطئ.
- وجود فكرة بضرورة اتباع سلوك متكرر خاص لمنع حدوث الضرر أو الكوارث.
- وجود فكرة بضرورة العد لأرقام معينة، أو تجنب بعض الأرقام السيئة خوفاً من وقوع الضرر.

الأسئلة التالية تستفسر عن تجاربك مع الأفكار والسلوكيات المتعلقة بالأذى، والكوارث وذلك **خلال الشهر الماضي**، ضع في اعتبارك أن تجاربك قد تكون مختلفة عن الأمثلة المذكورة أعلاه، لذا، يرجى وضع دائرة حول الإجابة الأكثر تطابقاً مع تجربتك:

1- ما مقدار الوقت الذي تستغرقه يومياً في التفكير في إمكانية حدوث أذى أو كارثة أو القيام بسلوكيات للتحقق أو للشعور بالاطمئنان بأن مثل هذه الأشياء لن تحدث (أو لم تحدث)؟

0 لا أقضي أي وقت نهائياً.
1 أقل من ساعة في اليوم.
2 من ساعة إلى 3 ساعات في اليوم.
3 من 3 إلى 8 ساعات في اليوم.
4 8 ساعات في اليوم أو أكثر.

2- إلى أي حد تجنبت المواقف كي لا تضطر إلى التأكد من عدم وجود خطر أو أذى محتمل؟

0 لم أتجنب نهائياً.
1 تجنبت بدرجة قليلة.
2 تجنبت بدرجة متوسط.
3 تجنبت بدرجة كبيرة.
4 تجنبت بدرجة كبيرة جداً، لكل شيء تقريباً.

3- ما درجة الضيق أو القلق الذي تشعر به إذا فكرت في إمكانية حدوث أذى أو كارثه دون أن يكون لديك إمكانية للتأكد من حدوثها أو التوقف عن التفكير فيها؟

0 لا يوجد ضيق أو قلق.
1 يوجد ضيق أو قلق خفيف.
2 يوجد ضيق أو قلق متوسط.
3 يوجد ضيق أو قلق شديد.
4 يوجد ضيق أو قلق شديد جداً.

4- إلى أي حد تأثرت حياتك اليومية (العمل، المدرسة، الاهتمام بنفسك، الحياة الاجتماعية) بسبب وجود أفكار حول احتمال وقوع أذى أو كارثة أو بسبب انشغالك الزائد بالتحقق من وقوع مثل هذه الكارثة للشعور بالاطمئنان؟

0 لم تتأثر حياتي نهائياً.
1 تأثرت بشكل بسيط، لكنني أؤدي المهام اليومية جيداً.
2 تأثرت أشياء كثيرة، لكن يمكنني السيطرة عليها.
3 تأثرت حياتي من عدة جوانب، ولدي مشكلة في السيطرة عليها.
4 حياتي متأثرة بالكامل ولا أستطيع تأدية المهام نهائياً.

5- ما مدى الصعوبة التي تواجهها عند محاولة تجاهل الأفكار المتعلقة باحتمال وقوع الأذى أو الكارثة أو عند محاولتك منع نفسك من القيام بسلوكيات تهدف إلى التحقق والتأكد من عدم وجود مشكلة أو كارثة للشعور بالاطمئنان؟

0 لا يوجد صعوبة نهائياً.
1 يوجد صعوبة قليلة

2 يوجد صعوبة متوسطة.
3 يوجد صعوبة شديدة.
4 يوجد صعوبة شديدة جداً.

النوع (3): الأفكار غير المقبولة

أمثلة:

- الأفكار المزعجة حول الجنس أو الأعمال غير الأخلاقية أو العنف والتي تخطر على ذهنك رغماً عنك.
- الأفكار حول القيام بأعمال قبيحة أو غير لائقة أو محرجة لا ترغب حقاً بفعلها.
- القيام بتكرار سلوك معين بسبب فكرة سيئة.
- القيام بأفعال للتخلص من فكره سيئة مثل قراءة أدعية أو أي عمل مشتت للفكرة غير مقبولة أو غير سارة.
- تجنب بعض الأشخاص أو الأماكن أو المواقف أو غيرها من مثيرات الأفكار المزعجة أو غير المقبولة.

الأسئلة التالية تستفسر عن تجاربك مع الأفكار والسلوكيات المتعلقة بالأفكار غير المقبولة والتي تأتيك رغماً عنك والسلوكيات التي تقوم بها للسيطرة على هذه الأفكار وذلك **خلال الشهر الماضي**، ضع في اعتبارك أن تجاربك قد تكون مختلفة عن الأمثلة المذكورة أعلاه، لذا، يرجى وضع دائرة حول الإجابة الأكثر تطابقاً مع تجربتك:

1- ما مقدار الوقت الذي تستغرقه يومياً في التفكير بأمور غير مقبولة أو القيام بأفعال عقلية أو سلوكية تهدف إلى السيطرة عليها؟
0 لا أقضي أي وقت نهائياً.
1 أقل من ساعة في اليوم.
2 من ساعة إلى 3 ساعات في اليوم.
3 من 3 إلى 8 ساعات في اليوم.
4 8 ساعات في اليوم أو أكثر.

2- إلى أي حد تجنبت المواقف أو الأماكن أو الأشياء أو غيرها من المثيرات (مثل: الأرقام أو الأشخاص) التي تحفز تفكيرك في أمور غير مقبولة وغير سارة؟
0 لم أتجنب نهائياً.
1 تجنبت بدرجة قليلة.
2 تجنبت بدرجة متوسطة.
3 تجنبت بدرجة كبيرة.
4 تجنبت بدرجة كبيرة جداً، لكل شيء تقريباً.

3- ما درجة الضيق أو القلق الذي تشعر به عندما تتبادر إلى ذهنك أفكار غير مقبولة رغماً عنك؟
0 لا يوجد ضيق أو قلق.
1 يوجد ضيق أو قلق خفيف.
2 يوجد ضيق أو قلق متوسط.
3 يوجد ضيق أو قلق شديد.
4 يوجد ضيق أو قلق شديد جداً.

4- إلى أي حد تأثرت حياتك اليومية (العمل، المدرسة، الاهتمام بنفسك، الحياة الاجتماعية) بسبب أفكار غير مقبولة أو مزعجة وبسبب الجهود المبذولة لتجنبها أو السيطرة عليها؟
0 لم تتأثر حياتي نهائياً.
1 تأثرت بشكل بسيط، لكنني أؤدي المهام اليومية جيداً.
2 تأثرت أشياء كثيرة، لكن يمكنني السيطرة عليها.
3 تأثرت حياتي من عدة جوانب، ولدي مشكلة في السيطرة عليها.
4 حياتي متأثرة بالكامل ولا أستطيع تأدية المهام نهائياً.

5- ما مدى الصعوبة التي تواجهها عند محاولة تجاهل الأفكار غير المقبولة أو المزعجة وعندما تحاول الامتناع عن استخدام أفعال عقلية أو سلوكية تهدف الى السيطرة على هذه الأفكار؟
0 لا يوجد صعوبة نهائياً.
1 يوجد صعوبة قليلة .
2 يوجد صعوبة متوسطة.
3 يوجد صعوبة شديدة.
4 يوجد صعوبة شديدة جداً.

النوع (4): المخاوف بشأن التناسق والكمال والحاجة إلى أن تكون الأشياء بشكل صحيح

أمثلة:

- الحاجة إلى التناسق أو التساوي أو التوازن أو الدقة.
- الشعور بأن شيئاً ما ليس صحيحاً.
- القيام بتكرار سلوك حتى يصبح الشيء بشكل صحيح أو "متسق".
- القيام بتعداد الأشياء التي لا معنى لها (على سبيل المثال: بلاط الأرض، الكلمات في جملة).
- وضع الأشياء بترتيب معين دون أن يكون هناك حاجة لذلك.
- الاضطرار إلى قول شيء بشكل متكرر بنفس الطريقة حتى تشعر بأنها صحيحة.

الأسئلة التالية تستفسر عن تجاربك مع شعورك تجاه ما هو غير صحيح وتجاه السلوكيات الخاصة بالترتيب أو التنسيق أو التوازن وذلك **خلال الشهر الماضي**، ضع في اعتبارك أن تجاربك قد تكون مختلفة عن الأمثلة المذكورة أعلاه، لذا، يرجى وضع دائرة حول الإجابة الأكثر تطابقاً مع تجربتك:

1- ما مقدار الوقت الذي تستغرقه يومياً مع الأفكار غير المرغوبة فيها حول التنسيق أو الترتيب أو التوازن، ومع السلوكيات التي تهدف إلى تحقيق التنسيق أو الترتيب أو التوازن؟

0 لا أقضي أي وقت نهائياً.
1 أقل من ساعة في اليوم.
2 من ساعة إلى 3 ساعات في اليوم.
3 من 3 إلى 8 ساعات في اليوم.
4 8 ساعات في اليوم أو أكثر.

2- إلى أي حد تجنبت المواقف أو الأماكن أو الأشياء التي تشعرك بأن شيئاً ما ليس متناسقاً أو بشكل صحيح؟

0 لم أتجنب نهائياً.
1 تجنبت بدرجة قليلة.
2 تجنبت بدرجة متوسطة.
3 تجنبت بدرجة كبيرة.
4 تجنبت بدرجة كبيرة جداً، لكل شيء تقريباً.

3- ما درجة الضيق أو القلق الذي تشعر به عندما يكون لديك شعور بأن شيئاً ما غير صحيح؟

0 لا يوجد ضيق أو قلق.
1 يوجد ضيق أو قلق خفيف.
2 يوجد ضيق أو قلق متوسط.
3 يوجد ضيق أو قلق شديد.
4 يوجد ضيق أو قلق شديد جداً.

4- إلى أي حد تأثرت حياتك اليومية (العمل، المدرسة، الاهتمام بنفسك، الحياة الاجتماعية) نتيجة شعورك بأن الأشياء ليست موضوعة بالشكل الصحيح ومدى تأثرها أيضاً بالجهود المبذولة في جعل الأمور مرتبة أو صحيحة؟

0 لم تتأثر حياتي نهائياً.
1 تأثرت بشكل بسيط، لكنني أؤدي المهام اليومية جيداً.
2 تأثرت أشياء كثيرة، لكن يمكنني السيطرة عليها.
3 تأثرت حياتي من عدة جوانب، ولدي مشكلة في السيطرة عليها.
4 حياتي متأثرة بالكامل ولا أستطيع تأدية المهام نهائياً.

5-ما مدى الصعوبة التي تواجهها عند محاولة تجاهل الأفكار المتعلقة بعدم التنسيق أو الترتيب أو عند الامتناع عن الرغبة الشديدة في ترتيب الأشياء أو تكرار سلوكيات معينة للسيطرة عليها؟

0 لا يوجد صعوبة نهائياً.
1 يوجد صعوبة قليلة.
2 يوجد صعوبة متوسطة.
3 يوجد صعوبة شديدة.
4 يوجد صعوبة شديدة جداً.

Appendix (2)

Arabic version of the Yale Brown Obsessive-Compulsive Scale

الصورة المعربة لمقياس ييل – براون للوسواس القهري

1) مقدار الوقت الذي تستغرقه الأفكار الوسواسية؟

A. لا شيء.

B. أقل من ساعة في اليوم، أو تتكرر أحياناً (بمعدل 8 مرات فأقل يومياً).

C. من ساعة إلى 3 ساعات في اليوم، أو تتكرر كثيراً (أكثر من 8 مرات في اليوم لكن معظم ساعات اليوم خالية من الأفكار الوسواسية).

D. من 3 إلى 8 ساعات في اليوم، أو تحدث كثيراً جداً (تحدث أكثر من 8 مرات في اليوم وفي معظم ساعات اليوم).

E. أكثر من 8 ساعات في اليوم، أو تحدث بشكل دائم (أكثر من تحملها ونادراً ما تمر ساعة بدون وساوس كثيرة).

2) مقدار التعارض الذي تحدثه الأفكار الوسواسية مع الأنشطة الاجتماعية والعملية؟

A. لا يوجد.

B. تعارض خفيف مع النشاطات الاجتماعية أو العملية ولكن النشاط العام لا يتأثر.

C. تعارض واضح في النشاطات الاجتماعية أو العملية ولكن يمكن السيطرة عليه.

D. تسبب خللاً كبيراً في أداء النشاطات الاجتماعية أو العملية.

E. تسبب خللاً بليغاً.

3) مقدار التوتر والقلق المصاحب للأفكار الوسواسية؟

A. لا يوجد.

B. خفيف (أحياناً)، ليس مزعجاً.

C. متوسط (غالباً) ومزعجاً ولكن يمكن السيطرة عليه.

D. شديد (أغلب الوقت) ومزعج جداً.

E. توتر بليغ (دائم) لحد الإعاقة تقريباً.

4) مقدار الجهد المبذول في مقاومة الأفكار الوسواسية (بغض النظر عن نجاحك في المقاومة)؟

A. لا أبذل جهد حتى أحرص على مقاومتها دائماً (أو الأفكار قليلة جدا بحيث لا حاجة للمقاومة).

B. أحاول أن أقاوم معظم الوقت.

C. أبذل بعض الجهد حتى أقاوم.

D. أستسلم لكل الأفكار الوسواسية بدون محاولة للسيطرة عليها، وإن حاولت السيطرة فيكون بعد تردد.

E. أستسلم كلياً للأفكار الوسواسية كلها.

5) مقدار سيطرتك على الأفكار الوسواسية؟

A. سيطرة تامة.

B. سيطرة كبيرة، عادة يمكنني أن أوقف أو أصرف انتباهي عن الوسواس عند بذل بعض الجهد والتركيز.

C. سيطرة متوسطة، بعض الأحيان أستطيع إيقاف أو صرف انتباهي عن الوسواس.

D. سيطرة قليلة، نادراً ما أنجح في إيقاف الوساوس، أستطيع فقط صرف الانتباه وبصعوبة.

E. لا سيطرة، نادراً ما أستطيع صرف الانتباه عن الوساوس ولو للحظات قليلة.

6) مقدار الوقت الذي تمضيه في القيام بالأفعال القهرية؟

A. لا شيء.

B. أقل من ساعة في اليوم، أو تقوم بالأفعال أحياناً (لا تزيد عن 8 مرات باليوم).

C. من ساعة إلى ثلاث ساعات في اليوم، أو تقوم بالأفعال كثيراً (أكثر من 8 مرات في اليوم ولكن معظم الساعات تخلو من الأفعال القهرية).

D. أكثر من ثلاث ساعات في اليوم، أو تقوم بالأفعال كثيراً جداً (أكثر من 8 مرات في اليوم وخلال معظم ساعات).

E. أكثر من 8 ساعات في اليوم أو تقوم بالأفعال بشكل دائم (أكثر من أن تحصيها ونادراً ما تمر ساعة لا تقوم فيها بالأفعال).

7) مقدار التعارض الذي تحدثه الأفعال القهرية في نشاطاتك الاجتماعية والعملية؟

A. لا يوجد.

B. تعارض خفيف مع النشاطات الاجتماعية أو العملية، ولكن النشاط العام لا يتأثر.

C. تعارض واضح مع النشاطات الاجتماعية أو العملية، ولكن يمكن السيطرة عليه.

D. تسبب خللاً كبيراً في أداء النشاطات الاجتماعية أو العملية.

E. تسبب عجزاً كبيراً.

8) مقدار التوتر والقلق الناتج في حال الامتناع عن القيام بالأفعال القهرية؟

A. لا يوجد
B. قلق بسيط عند الامتناع عن القيام بالأفعال.
C. يظهر القلق لكن يمكن تحمله.
D. قلق واضح ومزعج للغاية.
E. قلق شديد يسبب عجزاً بليغاً.

9) مقدار الجهد المبذل في مقاومة الأفعال القهرية (بغض النظر عن مدى نجاحك في المقاومة)؟

A. أحرص على مقاومتها دائماً (أو أن الأفعال القهرية قليلة بحيث لا حاجة للمقاومة).
B. أحاول أن أقاوم معظم الوقت.
C. أعمل بعض المحاولات للمقاومة.
D. أستسلم لكل الأفعال القهرية بدون محاولة للسيطرة عليها، وإن حاولت السيطرة فيكون بعد تردد.
E. أستسلم كلياً وبإرادتي لكل الأفعال القهرية.

10) مقدار سيطرتك على الأفعال القهرية؟

A. سيطرة تامة.
B. عادة ما أوقف الأفعال القهرية بصعوبة.
C. أحياناً أستطيع إيقاف الأفعال القهرية بصعوبة.
D. أستطيع بصعوبة أن أؤخر – فقط – الأفعال القهرية لكن يجب علي القيام بها حتى النهاية.
E. نادراً ما أستطيع أن أؤخر القيام بالأفعال القهرية ولو للحظات.

REFERENCES

Abramowitz, J. S., Deacon, B. J., Olatunji, B. O., Wheaton, M. G., Berman, N. C., Losardo, D., Timpano, K. R., McGrath, P. B., Riemann, B. C., Adams, T., Björgvinsson, T., Storch, E. A., & Hale, L. R. (2010). Assessment of obsessive-compulsive symptom dimensions: development and evaluation of the Dimensional Obsessive-Compulsive Scale. *Psychological assessment*, 22(1), 180–198. https://doi.org/10.1037/a0018260

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

Al-Balawi, N. (2015). *The effectiveness of the Reducing Perception of Danger (DIRT) program in reducing hygiene-related obsessive-compulsive disorder among women in the Kingdom of Saudi Arabia*. *Unpublished doctoral dissertation*, University of Jordan, Amman, Jordan. Retrieved from http://search.mandumah.com/Record/1040241

Al-Zboun, S. (2015). Domestic violence and its relationship to Obsessive-Compulsive Disorder among Jordanian university students. *Zarqa Journal of Research and Studies in Humanities*, 15 (2), 156-166.

Belhasini, W. (2017). Obsessive-compulsive disorder: Is recovery possible?. *Generation Journal of Human and Social Sciences*, 4, 23-36.

Eilertsen, T., Hansen, B., Kvale, G., Abramowitz, J., Holm, S. & Solem, S. (2017). The dimensional obsessive-compulsive scale: Development and validation of a short form (DOCS-SF). *Frontiers in Psychology*, 8, 1503. https://doi.org/10.3389/fpsyg.2017.01503

Enander, J., Andersson, E., Kaldo, V., Lindefors, N., Andersson, G., & Rück, C. (2012). Internet administration of the Dimensional Obsessive-Compulsive Scale: a psychometric evaluation. *Journal of Obsessive-Compulsive and Related Disorders*, 1(4), 325–330. https://doi.org/10.1016/j.jocrd.2012.07.008

Fink-Lamotte, J., Jahn, I., Stierle, C., Kühne, F., Lincoln, T., Stengler, K., Exner, C. (2020). Die Validierung der Dimensional Obsessive-Compulsive Scale (DOCS) an einer deutschsprachigen Stichprobe. *Verhaltenstherapie*, 31,119–131. https://doi.org/10.1159/000510093

Algin, S., Nahar, J. S., Sajib, M. W. H., & Arafat, S. M. Y. (2018). Validation of the Bangla version of the Dimensional Obsessive-Compulsive Scale. *Asian Journal of Psychiatry*, 37, 136–139. https://doi.org/10.1016/j.ajp.2018.09.001

Goodman, W. K., Price, L. H., Rasmussen, S. A., Mazure, C. M., Fleischmann, R. L., Hill, C. L., Heninger, G. R., & Charney, D. S. (1989). The Yale-Brown Obsessive Compulsive Scale. *Archives of General Psychiatry*, 46(11), 1006. https://doi.org/10.1001/archpsyc.1989.01810110048007

Kühne, F., Paunov, T., Abramowitz, J. S., Fink-Lamotte, J., Hansen, B., Kvale, G., & Weck, F. (2021). Screening for obsessive-compulsive symptoms: Validation of the Dimensional Obsessive-Compulsive Scale - English and German Short Forms. *Journal of Obsessive-Compulsive and Related Disorders*, 29, 100625. https://doi.org/10.1016/j.jocrd.2021.100625

López-Nicolás, R., Rubio-Aparicio, M., López-Ibáñez, C., & Sánchez-Meca, J. (2021). A Reliability Generalization Meta-analysis of the Dimensional Obsessive-Compulsive Scale. *PubMed*. https://doi.org/10.7334/psicothema2020.455

López-Solà, C., Gutiérrez, F., Alonso, P., Rosado, S., Taberner, J., Segalàs, C., Real, E., Menchón, J., Fullana, M. A. (2014). Spanish version of the Dimensional Obsessive–Compulsive Scale (DOCS): Psychometric properties and relation to obsessive beliefs. *Comprehensive Psychiatry*, 55(1), 206–214. https://doi.org//10.1016/j.comppsych.2013.08.015

Melli, G., Chiorri, C., Bulli, F., Carraresi, C., Stopani, E., & Abramowitz, J. (2015). Factor congruence and psychometric properties of the Italian version of the Dimensional Obsessive-Compulsive Scale (DOCS) across non-clinical and clinical samples. *Journal of Psychopathology and Behavioral Assessment*, 37, 329–339. DOI: 10.1007/s10862-014-9450-1

Mohammadi, M., Ahmadi, S. M., Naji Mydani, F., Jafari, M., Reisi, S. (2021). Psychometric Properties of the Persian Version of the Dimensional Obsessive-Compulsive Scale in A Non- Clinical Population. *Journal of Practice in Clinical Psychology*, 9(3), 165-178. DOI:org/10.32598/jpcp.9.3.690.2

Olafsson, R., Arngrímsson, J. B., Árnason, P., Kolbeinsson, Þ., Emmelkamp, P. M. G., Kristjánsson, Á., & Ólason, D. Þ. (2013). The Icelandic version of the dimensional obsessive compulsive scale (DOCS) and its relationship with obsessive beliefs.

Journal of Obsessive-Compulsive and Related Disorders, 2(2), 149–156. https://doi.org/10.1016/j.jocrd.2013.02.001

Safak, Y., Say Ocal, D., Ozdel, K., Kuru, E. & Orsel, S. (2017). Dimensional approach to obsessive-compulsive disorder: Dimensional obsessive-compulsive scale with Turkish psychometric properties. *Turkish Journal of Psychiatry*, 29(2), 122-130. https://doi.org/10.5080/u18281

Al-Sarhan, W. (2008). *Obsessive compulsive*. Amman, Jordan: Dar Majdalawi for Publishing & Distribution.

Thibodeau, M. A., Leonard, R. C., Abramowitz, J. S., & Riemann, B. C. (2015). Secondary psychometric examination of the Dimensional Obsessive-Compulsive Scale: Classical testing, item response theory, and differential item functioning. *Assessment*, 22(6), 681–689. DOI:org/10.1177/1073191114559123

World Health Organization (WHO). (2020). *Mental and behavioral disorders in the International Classification of Diseases, Eleventh Revision. Geneva, Switzerland.*

World Health Organization (2016). *Official WHO process of translation and adaptation of research instruments*. Recuperado de: ⟨http://www.who.int/substance_abuse/research_tools/translation/en/⟩.