

# Traduction de la Working Alliance Inventory Short Version (WAI SR) en français par une méthode de consensus Delphi avec une traduction Aller/Retour

Thomas Bottemine

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UNIVERSITÉ DE BREST - BRETAGNE OCCIDENTALE

**Faculté de Médecine & des Sciences de la Santé**

*****

**ANNÉE 2017**

# THÈSE D'EXERCICE DE DOCTORAT EN MÉDECINE

## SPÉCIALITÉ MÉDECINE GÉNÉRALE

**Par**

**Monsieur Thomas Bottemine**

**Né le 26 octobre 1986, à Brest (FRANCE)**

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# Translation of the Working Alliance Inventory Short Version (WAI SR) in French by a Delphi process with Forward/Backward translation

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# SERMENT D'HIPPOCRATE

Au moment d'être admis à exercer la médecine, je promets et je jure d'être fidèle aux lois de l'honneur et de la probité.

Mon premier souci sera de rétablir, de préserver ou de promouvoir la santé dans tous ses éléments, physiques et mentaux, individuels et sociaux.

Je respecterai toutes les personnes, leur autonomie et leur volonté, sans aucune discrimination selon leur état ou leurs convictions. J'interviendrai pour les protéger si elles sont affaiblies, vulnérables ou menacées dans leur intégrité ou leur dignité. Même sous la contrainte, je ne ferai pas usage de mes connaissances contre les lois de l'humanité.

J'informerai les patients des décisions envisagées, de leurs raisons et de leurs conséquences. Je ne tromperai jamais leur confiance et n'exploiterai pas le pouvoir hérité des circonstances pour forcer les consciences.

Je donnerai mes soins à l'indigent et à quiconque me les demandera. Je ne me laisserai pas influencer par la soif du gain ou la recherche de la gloire.

Admis dans l'intimité des personnes, je tairai les secrets qui me seront confiés.
Reçu à l'intérieur des maisons, je respecterai les secrets des foyers et ma conduite ne servira pas à corrompre les mœurs.

Je ferai tout pour soulager les souffrances. Je ne prolongerai pas abusivement les agonies. Je ne provoquerai jamais la mort délibérément.

Je préserverai l'indépendance nécessaire à l'accomplissement de ma mission. Je n'entreprendrai rien qui dépasse mes compétences. Je les entretiendrai et les perfectionnerai pour assurer au mieux les services qui me seront demandés.

J'apporterai mon aide à mes confrères ainsi qu'à leurs familles dans l'adversité.

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# Abstract

**Introduction**

Therapeutic alliance is an important factor in the process of care, positively influencing outcome as well as patient adherence and motivation. The Tool Assessment for Therapeutic Alliance Study (TATA) aimed to select on a European level the most appropriate scale to evaluate the therapeutic alliance and to translate it in various European languages. The WAI-SR has been selected by a RAND/UCLA Appropriateness Method in 2016. The objective of this study was to translate the WAI-SR in French via a rigorous consensus method.

**Materials and Methods**

A forward and backward translation with a Delphi consensus procedure was completed. An initial translation group of 2 general practitioners, 1 linguist and 1 psychiatrist wrote a first translation. This translation was evaluated and corrected by an expert panel comprised of general practitioners following the Delphi technique. A backward translation was then done by 2 linguists and compared to the original scale to check for errors.

**Results**

15 general practitioners participated to the Delphi consensus procedure. There was no loss to follow up. The translation was validated in its entirety after 2 rounds. One correction was made after the backward translation.

**Conclusion**

A French translation of the WAI-SR by a valid consensus method is now available. It will allow further collaborative research and be a useful tool in clinical practice and pedagogy.

# Résumé


**Introduction**

L'alliance thérapeutique est un facteur important de la démarche de soin, qui influence positivement les résultats ainsi que la motivation du patient et son observance. L'étude TATA (Tool Assessment for Therapeutic Alliance) avait pour objectif de sélectionner à l'échelle européenne l'échelle la plus appropriée pour évaluer l'alliance thérapeutique puis de la traduire dans de multiples langues européennes. La WAI-SR a été sélectionnée par méthode de consensus RAND/UCLA en 2016. L'objectif de cette étude était de traduire la WAI-SR en Français par une procédure de consensus rigoureuse.

**Matériels et Méthode**

Une traduction aller-retour par méthode de consensus Delphi fut réalisée. Un groupe de travail initial composé de 2 généralistes, un linguiste et un psychiatre a réalisé une première traduction. Cette traduction fut évaluée et corrigée par un groupe d'experts composé de médecins généralistes en suivant la méthode Delphi. Une traduction retour fut ensuite réalisée par 2 linguistes et comparée à la version Anglaise originale pour contrôler la présence d'erreurs.

**Résultats**

15 médecins généralistes ont participé à la procédure Delphi. Il n'y a pas eu de perdus de vue. La traduction fut validée en totalité en 2 tours. Une seule correction fut faite après la traduction retour.

**Conclusion**

Une traduction française de la WAI-SR par une méthode de consensus rigoureuse est maintenant disponible. Elle permettra dans le futur des études additionnelles et sera un outil utile en pratique clinique et en pédagogie.

# Introduction

The therapeutic alliance between a patient and his doctor has long been considered a key factor in the process of care. It can be defined as the mutual collaboration, the partnership, between the patient and the therapist with the aim of achieving fixed objectives (1). The concept takes its roots in the field of psychoanalysis and the work of Sigmund Freud, and since then has been studied by numerous authors (Rogers, Anderson, Orlinsky and Howard,…) (2). The modern definition of Therapeutic Alliance owes much to the work of Bordin, who isolated 3 main axes for its development in the course of care: agreement on therapeutic goals, agreement on therapeutic tasks, and the quality of the relational bond between the patient and therapist (3).

The influence of therapeutic alliance in the practice of medicine has since been frequently studied and it was demonstrated that it positively affects patient adherence, motivation and satisfaction with treatment (4). It has also been shown to positively influence outcome (5, 6, 7, 8). This positive influence was found in psychiatry (6, 7, 9) and also in somatic fields like for example nutrition (5), neurology (8), rheumatology (10). Its effect has also been shown in group therapy (11, 12). Its effect was present regardless of the setting, with a study demonstrating its influence in outpatient and inpatient setting (13). The positive effects were still demonstrated even after controlling for prior improvement and 8 prognostically relevant patient characteristics (7, 9, 14).

Therapeutic alliance is also a frequent preoccupation in the field of French medicine. It is often studied and discussed in psychiatry (1,15,16,17). It is also a subject of interest in somatic medicine, whether in general practice (5,18) or for specialist practitioners (19,20).

There is still a need for research in the subject of therapeutic alliance (1,2,3,16). The effect on outcome needs further study. The influence of confounding factors on the effects of therapeutic alliance is still a matter of debate. New notions are emerging, which will probably drive new

research. The handling of ruptures and conflict is suspected to be an important factor in the working alliance, and its influence will need to be studied. The variability of the alliance over time is another question that has been recently raised.

The access to a reliable tool to evaluate the therapeutic alliance is important, both in research and day to day practice. Numerous scales aiming to measure and characterize the working alliance have been created since the early 1960s. Among these scales, the most widely used are the Working Alliance inventory (WAI), the California Psychotherapy Alliance Scales (CALPAS), the Helping Alliance Questionnaire (HAq) and the Vanderbilt Therapeutic Alliance Scales (VTAS) (2).

The WAI was created in 1989 by Horvath and Greenberg, and evaluates the Therapeutic Alliance by studying the 3 main axes formulated by Bordin (Goal, Task and Bond). It is a well triangulated measure, which has shown good validity (2, 21). A short version of this scale, the Working Alliance Inventory Short (WAI-S), was also created at this date. The Working Alliance Inventory Short Revised (WAI-SR) was later created from these two previous tools in 2005 by Hatcher and Gillaspy. The WAI-SR aimed to better differentiate Goal, Task, and Bond alliance dimensions. It correlated well with other alliance measures (CALPAS and HAq) (22) and has shown good validity since (13).

This study was part of the Tool Assessment for Therapeutic Alliance Study (TATA), by the European General Practice Research Network (EGPRN). Its aim was to find all the tool available to evaluate therapeutic alliance, to select the one most adapted to European general medicine practice, and to translate it for each country involved. In accordance to the protocol, six scales were first selected in 2013 by a systematic literature review (23). Among these scales, the WAI-SR was then selected as the one better suited for use in Europe by a RAND/UCLA Appropriateness Method in 2016 (24, 25).

As the next step in TATA, this study aimed to translate the WAI-SR in the French language, by using a Delphi consensus procedure with Forward/Backward translation.

## Materials and methods

The aim of this study was to translate in French the previously chosen tool to evaluate therapeutic alliance in primary care, the WAI-SR. The method used was a forward backward translation with an inserted Delphi consensus method. The Delphi method is frequently used in studies to establish consensus for a variety of issues. It is widely regarded as an efficient and reliable way to search for consensus (26, 27, 28). The Delphi technique is also considered a valid process in French medicine (29).

The WAI-SR was first translated from the original English to the French language by an initial working group of 4 persons. This group was formed with 2 general practitioners, 1 psychiatrist and 1 professional translator.

A second group of experts were then recruited to evaluate and modify this preliminary translation by using a Delphi consensus, following the method of the TATA study (Tool Assessment for Therapeutic Alliance). 15 general practitioners were recruited, all of them being native French speakers who also spoke English. They had to be currently in activity, and be fluent in English. Sampling data was collected for each participant, the criteria chosen being: age, sex, total years of practice, setting type (rural, semi-rural, urban), practice type (solo, group, other), teaching activity, research activity, number of publications (French and English), level of fluency in English.
The preliminary translation was sent by email to each participant individually, without them having any knowledge of each other and their responses. The use of a mailing list was forbidden by the initial protocol to avoid experts to be influenced by a dominant opinion (28).

The translation of the WAI-SR was split in 39 items. For each item, it was asked of each expert to rank the quality of the translation from 1 (=very bad) to 9 (=very good). For every rating below 7,

it was asked of the expert to write a commentary to explain his disagreement and/or to write an alternate translation. An item was validated according to the consensus method if at least 70% of the ratings were 7 or above. The items that were not validated the first round were modified by the initial working group according to the commentaries of the experts. These items were then submitted again to the consensus group in another round of evaluation with the same method. This consensus protocol was repeated until all items were validated.

Once all the items were validated by the consensus group, a backwards translation was undertaken by 2 translators, from the new translation in French to English. This backward translation was then compared to the original English to check for any significant difference. The last step was a cultural check, to verify the validity of the translation according to French cultural differences.

This study was accepted in October 2014 by the Ethics comity of the Université de Bretagne Occidentale in Brest. Consent forms were signed and collected for each participant after the necessary information about the study was provided.

# Results

## Sampling data for the initial translation group

| Table 1a: Sampling data – Initial translation group | | | | | |
|---|---|---|---|---|---|
| FORMATION | SEX | AGE | FLUENCY IN ENGLISH | | |
| | | | READING | WRITING | SPEAKING |
| GENERAL PRACTITIONER 1 | Male | 52 | Good | Good | Good |
| GENERAL PRACTITIONER 2 | Male | 30 | Good | Good | Good |
| LINGUIST | Female | 64 | Good | Good | Good |
| PSYCHIATRIST | Female | 40 | Good | Good | Good |

| Table 1b: Additional sampling data – Initial translation group | | |
|---|---|---|
| FORMATION | NUMBER OF PUBLICATIONS | |
| | FRENCH | ENGLISH |
| GENERAL PRACTITIONER 1 | 20 | 22 |
| GENERAL PRACTITIONER 2 | 0 | 0 |
| LINGUIST | N/A | N/A |
| PSYCHIATRIST | 0 | 0 |

The initial translation group included 4 persons. There were 2 general practitioners, 1 linguist and 1 psychiatrist. The average age was 46.5 years. They all had a good level in English. Only one of them had published studies before. Two of them had teaching activities in addition to their clinical activities. The two general practitioners worked in semi-rural environments, in group practices. The psychiatrist worked in a hospital in an urban environment.

## Sampling data for the expert panel

**TABLE 2a: Sampling data of the expert panel**

| List of participants | CODE | BIRTHDAY | AGE (years) | GENDER MALE | GENDER FEMALE | YEARS OF PRACTICE | PRACTICE TYPE SOLO | PRACTICE TYPE GROUP | PRACTICE TYPE OTHER |
|---|---|---|---|---|---|---|---|---|---|
| Participant 1 | 1 | 21/05/1982 | 35 | 1 | 0 | 7 | 0 | 1 | 0 |
| Participant 2 | 2 | 18/04/1982 | 35 | 1 | 0 | 8 | 0 | 1 | 0 |
| Participant 3 | 3 | 07/01/1961 | 56 | 0 | 1 | 30 | 0 | 1 | 0 |
| Participant 4 | 4 | 20/01/1980 | 37 | 0 | 1 | 2 | 0 | 1 | 0 |
| Participant 5 | 5 | 07/01/1986 | 31 | 1 | 0 | 2 | 0 | 1 | 0 |
| Participant 6 | 6 | 03/02/1963 | 54 | 1 | 0 | 20 | 0 | 1 | 0 |
| Participant 7 | 7 | 20/04/1979 | 38 | 1 | 0 | 9 | 0 | 1 | 0 |
| Participant 8 | 8 | 30/06/1979 | 38 | 1 | 0 | 8 | 1 | 0 | 0 |
| Participant 9 | 9 | 22/03/1982 | 35 | 0 | 1 | 8 | 0 | 1 | 0 |
| Participant 10 | 10 | 10/03/1983 | 34 | 1 | 0 | 5 | 0 | 1 | 0 |
| Participant 11 | 11 | 20/01/1984 | 33 | 1 | 0 | 1 | 0 | 1 | 0 |
| Participant 12 | 12 | 15/05/1986 | 31 | 1 | 0 | 3 | 0 | 1 | 0 |
| Participant 13 | 13 | 13/01/1980 | 37 | 0 | 1 | 9 | 0 | 1 | 0 |
| Participant 14 | 14 | 02/07/1956 | 61 | 1 | 0 | 30 | 0 | 1 | 0 |
| Participant 15 | 15 | 23/08/1964 | 53 | 1 | 0 | 23 | 0 | 0 | 1 |
| NUMBER OF PARTICIPANT | 15 | | 608 | 11 | 4 | 165 | 1 | 13 | 1 |
| INCOMPLETE ANSWER | 0 | | | | 15 | | | | 15 |
| ANALYSIS | 15 | | 40,53 | 73,33% | 26,67% | 11,00 | 6,67% | 86,67% | 6,67% |
| | | | | 100,00% | | | 100,00% | | |
| CHECKING DATA | | | AVERAGE AGE | %MALE | %FEMALE | AVERAGE YEARS PRACTICE | %SOLO | %GROUP | %OTHER |
| ANALYSIS | Each yellow case should be equal to this one | | If not error in data | percentage | Each case in purple should equal 100% | | missing data/to precise | | to correct |

**TABLE 2b: additional sampling data**

| CODE | SETTING TYPE RURAL | SETTING TYPE SEMI RURAL | SETTING TYPE URBAN | TEACHING YES | TEACHING NO | RESEARCH YES | RESEARCH NO | NUMBER PUBLICATIONS ENGLISH | NUMBER PUBLICATIONS OTHER | LEVEL ENGLISH BASIC | LEVEL ENGLISH INTERMED | LEVEL ENGLISH FLUENT | CONSENT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 2 | 7 | 0 | 0 | 1 | 1 |
| 2 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 20 | 20 | 0 | 0 | 1 | 1 |
| 3 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 13 | 16 | 0 | 0 | 1 | 1 |
| 4 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 2 | 1 | 0 | 0 | 1 |
| 5 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| 6 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 13 | 7 | 0 | 0 | 1 | 1 |
| 7 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 10 | 21 | 0 | 0 | 1 | 1 |
| 8 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 4 | 0 | 0 | 1 | 1 |
| 9 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 3 | 5 | 0 | 0 | 1 | 1 |
| 10 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 2 | 5 | 0 | 0 | 1 | 1 |
| 11 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| 12 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| 13 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 6 | 10 | 0 | 0 | 1 | 1 |
| 14 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 10 | 15 | 0 | 0 | 1 | 1 |
| 15 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 24 | 30 | 0 | 0 | 1 | 1 |
| 15 | 2 | 5 | 8 | 15 | 0 | 15 | 0 | 103 | 142 | 1 | 2 | 12 | 15 |
| | 15 | | | 15 | | 15 | | | | 15 | | | |
| | 13,33% | 33,33% | 53,33% | 100,00% | 0,00% | 100,00% | 0,00% | 6,87 | 9,47 | 6,67% | 13,33% | 80,00% | |
| | | | 100,00% | | 100,00% | | 100,00% | | | | | 100,00% | 100,00% |

Legend for tables 2a and 2b: CODE: number referring to the participant, SOLO: experts working alone, GROUP: experts working in a group practice, OTHER: experts working in another type of practice, CONSENT: consent form sent to the researchers

15 experts were recruited for the study. They were all general practitioners. The average age was 40 years old. 73% of them were male and 27% of them female. The average number of years of practice was 11. Almost all of them worked in a group practice (86.67%). 53.33% of them worked in an urban environment, 33.33% in a semi-rural environment, 13.33% in a rural environment. All of them had teaching and research activities. 10 of them had already published in English, with an

average number of publications per participant of 6.87. 12 of them had already published in other languages, with an average number of publications per participant of 9.47. 12 of them estimated their level of English as good, 2 of them as intermediate, one of them as basic.

## First Delphi round

TABLE 3a: ROUND 1 RESULTS --- WAI-SR PATIENT VERSION

| CODE | INSTRUCT | IMPORT | ANSWER | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 9 | 9 | 9 | 9 | 7 | 8 | 5 | 9 | 5 | 9 | 9 | 9 | 8 | 7 | 9 |
| 2 | 8 | 8 | 8 | 8 | 8 | 8 | 5 | 1 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 3 | 6 | 6 | 8 | 5 | 8 | 8 | 8 | 8 | 6 | 8 | 8 | 8 | 6 | 7 | 8 |
| 4 | 6 | 9 | 9 | 7 | 8 | 8 | 8 | 6 | 8 | 7 | 8 | 9 | 6 | 8 | 7 |
| 5 | 7 | 7 | 9 | 7 | 5 | 7 | 4 | 8 | 5 | 5 | 8 | 7 | 7 | 7 | 8 |
| 6 | 6 | 9 | 9 | 6 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 6 | 9 | 9 | 6 |
| 7 | 5 | 5 | 6 | 5 | 5 | 9 | 5 | 9 | 6 | 9 | 9 | 6 | 6 | 5 | 9 |
| 8 | 6 | 6 | 9 | 8 | 8 | 8 | 9 | 8 | 9 | 6 | 9 | 8 | 8 | 7 | 7 |
| 9 | 9 | 9 | 9 | 6 | 7 | 9 | 5 | 9 | 6 | 7 | 8 | 7 | 8 | 9 | 9 |
| 10 | 4 | 5 | 9 | 6 | 7 | 9 | 5 | 6 | 6 | 9 | 8 | 6 | 4 | 5 | 9 |
| 11 | 7 | 9 | 5 | 7 | 7 | 9 | 5 | 5 | 8 | 8 | 8 | 8 | 8 | 7 | 7 |
| 12 | 9 | 9 | 9 | 8 | 9 | 9 | 9 | 9 | 5 | 9 | 9 | 9 | 9 | 9 | 9 |
| 13 | 6 | 6 | 9 | 7 | 5 | 9 | 6 | 9 | 4 | 4 | 6 | 5 | 7 | 9 | 9 |
| 14 | 8 | 9 | 9 | 5 | 6 | 9 | 4 | 9 | 8 | 9 | 7 | 8 | 6 | 4 | 6 |
| 15 | 9 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 8 | 9 | 9 | 9 | 9 | 9 | 9 |
| 15 | | | | | | | | | | | | | | | |
| < 7 | 7 | 5 | 2 | 6 | 4 | 0 | 9 | 4 | 8 | 3 | 1 | 4 | 5 | 3 | 2 |
| >=7 | 8 | 10 | 13 | 9 | 11 | 15 | 6 | 11 | 7 | 12 | 14 | 11 | 10 | 12 | 13 |
| CHECK | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| TOTAL | 53,33% | 66,67% | 86,67% | 60,00% | 73,33% | 100,00% | 40,00% | 73,33% | 46,67% | 80,00% | 93,33% | 73,33% | 66,67% | 80,00% | 86,67% |

TABLE 3b: ROUND 1 RESULTS --- WAI-SR FAMILY PHYSICIAN VERSION

| CODE | INSTR | IMPORT | ANSWER | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 9 | 9 | 9 | 9 | 5 | 5 | 8 | 8 | 7 | 9 | 6 | 9 | 9 |
| 2 | 7 | 7 | 7 | 7 | 8 | 8 | 5 | 7 | 7 | 3 | 5 | 7 | 7 |
| 3 | 8 | 6 | 8 | 8 | 8 | 6 | 8 | 8 | 8 | 8 | 6 | 8 | 6 |
| 4 | 8 | 6 | 9 | 8 | 7 | 7 | 8 | 8 | 8 | 6 | 6 | 7 | 8 |
| 5 | 7 | 7 | 7 | 8 | 9 | 5 | 5 | 6 | 8 | 8 | 8 | 9 | 9 |
| 6 | 6 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| 7 | 4 | 4 | 5 | 9 | 9 | 5 | 6 | 9 | 5 | 9 | 5 | 9 | 9 |
| 8 | 7 | 6 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 7 | 8 | 9 | 8 |
| 9 | 9 | 9 | 9 | 9 | 7 | 7 | 9 | 8 | 7 | 9 | 7 | 9 | 9 |
| 10 | 4 | 5 | 9 | 8 | 1 | 6 | 4 | 9 | 4 | 5 | 2 | 9 | 8 |
| 11 | 5 | 9 | 5 | 9 | 5 | 7 | 7 | 7 | 7 | 5 | 9 | 7 | 9 |
| 12 | 9 | 9 | 9 | 9 | 9 | 5 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| 13 | 6 | 5 | 9 | 9 | 8 | 4 | 4 | 6 | 8 | 9 | 5 | 9 | 7 |
| 14 | 8 | 9 | 9 | 9 | 7 | 7 | 7 | 9 | 8 | 9 | 9 | 8 | 6 |
| 15 | 9 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| 15 | | | | | | | | | | | | | |
| < 7 | 5 | 6 | 2 | 0 | 3 | 7 | 5 | 2 | 2 | 4 | 7 | 0 | 2 |
| >= 7 | 10 | 9 | 13 | 15 | 12 | 8 | 10 | 13 | 13 | 11 | 8 | 15 | 13 |
| CHECK | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| TOTAL | 66,67% | 60,00% | 86,67% | 100,00% | 80,00% | 53,33% | 66,67% | 86,67% | 86,67% | 73,33% | 53,33% | 100,00% | 86,67% |

| TABLE 3c: ROUND 1 RESULTS --- SCORING SHEET | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| CODE | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 |
| 1 | 8 | 8 | 8 | 9 | 9 | 9 | 8 | 8 | 8 | 8 | 9 |
| 2 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| 3 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 5 |
| 4 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 6 | 8 | 8 | 9 |
| 5 | 9 | 9 | 9 | 9 | 9 | 7 | 8 | 6 | 8 | 8 | 7 |
| 6 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 3 |
| 7 | 9 | 9 | 9 | 9 | 9 | 5 | 9 | 9 | 4 | 4 | 7 |
| 8 | 8 | 9 | 9 | 9 | 9 | 8 | 8 | 8 | 9 | 9 | 8 |
| 9 | 8 | 9 | 9 | 9 | 9 | 8 | 9 | 8 | 9 | 9 | 7 |
| 10 | 8 | 7 | 7 | 9 | 9 | 9 | 9 | 4 | 7 | 7 | 2 |
| 11 | 9 | 8 | 9 | 9 | 9 | 1 | 7 | 9 | 9 | 9 | 9 |
| 12 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| 13 | 9 | 9 | 9 | 9 | 9 | 6 | 9 | 4 | 4 | 4 | 5 |
| 14 | 7 | 7 | 7 | 9 | 9 | 7 | 7 | 5 | 7 | 8 | 7 |
| 15 | 9 | 9 | 9 | 9 | 9 | 7 | 9 | 9 | 9 | 9 | 9 |
| | | | | | | | | | | | |
| 15 | | | | | | | | | | | |
| | | | | | | | | | | | |
| <7 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 5 | 2 | 2 | 4 |
| >=7 | 15 | 15 | 15 | 15 | 15 | 12 | 15 | 10 | 13 | 13 | 11 |
| CHECK | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| TOTAL | 100,00% | 100,00% | 100,00% | 100,00% | 100,00% | 80,00% | 100,00% | 66,67% | 86,67% | 86,67% | 73,33% |

Legend for Tables 3a, 3b and 3c: CODE: number referring to the participant, INSTRUCT: ratings for the "Instructions" part of the WAI-SR, IMPORT: ratings for the "Important!" part of the WAI-SR, ANSWER: ratings for the "Answers" part of the WAI-SR, Qx: ratings for the item number x, <7: number of ratings inferior to 7, >=7: number of ratings superior or equal to 7, CHECK: number of total ratings, TOTAL: percentage of ratings above or equal to seven

After the first Delphi round, 9 items out of 15 were validated for the WAI-SR Patient. 8 out of 13 items were validated for the WAI-SR Family Physician. 10 items out of 11 were validated for the WAI-SR scoring sheet.

The remaining items were reformulated by following the remarks and propositions made by the expert panel:

_"Therapy" was initially translated by "suivi", which was replaced by "prise en charge"

_"Underlined space" was initially translated by "espace", which was replaced by "espace souligné"

_"Your own experience" was initially translated by "votre propre vécu", which was replaced by "votre vécu personnel"

_"Please take your time" was initially translated by "Prenez s'il vous plait du temps", which was replaced by "Prenez le temps nécessaire"

_“I might be able to change” was initially translated by “je pourrais changer”, which was replaced by “je pourrais être capable de changer”

_“towards mutually agreed upon goals” was initially translated by “vers des objectifs communs”, which was replaced by “sur des objectifs convenus ensemble”

_“I feel that” was initially translated by “je ressens que”, which was replaced by “j’ai le sentiment que”

_“Accomplish” was initially translated by “atteindre”, which was replaced by “accomplir”.

_in the introduction of the therapist version “people” was initially translated by “soignants”, which was replaced by “professionnels”

_“Confident about” was initially translated by “confiants dans”, which was replaced by “convaincus de”

_in addition, some minor syntax changes were made

**Second Delphi Round**

| TABLE 4a: ROUND 2 RESULTS WAI-SR PATIENT VERSION | | | | | | |
|---|---|---|---|---|---|---|
| CODE | INSTRUCT | IMPORT | Q1 | Q4 | Q6 | Q10 |
| 1 | 9 | 9 | 8 | 9 | 9 | 9 |
| 2 | 9 | 9 | 9 | 9 | 9 | 9 |
| 3 | 6 | 6 | 8 | 7 | 5 | 8 |
| 4 | 8 | 7 | 7 | 7 | 7 | 8 |
| 5 | 8 | 8 | 8 | 8 | 7 | 8 |
| 6 | 9 | 9 | 9 | 9 | 9 | 3 |
| 7 | 8 | 9 | 9 | 8 | 9 | 8 |
| 8 | 8 | 7 | 9 | 8 | 9 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| 10 | 6 | 9 | 9 | 9 | 9 | 9 |
| 11 | 8 | 9 | 9 | 8 | 9 | 7 |
| 12 | 9 | 9 | 9 | 9 | 9 | 9 |
| 13 | 6 | 9 | 8 | 8 | 9 | 9 |
| 14 | 8 | 2 | 5 | 9 | 9 | 8 |
| 15 | 9 | 9 | 9 | 9 | 9 | 9 |
| | | | | | | |
| 15 | | | | | | |
| | | | | | | |
| < 7 | 3 | 2 | 1 | 0 | 1 | 1 |
| >=7 | 12 | 13 | 14 | 15 | 14 | 14 |
| CHECK | 15 | 15 | 15 | 15 | 15 | 15 |
| TOTAL | 80,00% | 86,67% | 93,33% | 100,00% | 93,33% | 93,33% |

| TABLE 4b: ROUND 2 RESULTS WAI-SR FAMILY PHYSICIAN VERSION | | | | | |
|---|---|---|---|---|---|
| CODE | INSTR | IMPORT | Q3 | Q4 | Q8 |
| 1 | 9 | 9 | 9 | 6 | 9 |
| 2 | 9 | 9 | 9 | 9 | 9 |
| 3 | 6 | 6 | 8 | 5 | 7 |
| 4 | 9 | 7 | 8 | 7 | 8 |
| 5 | 8 | 8 | 7 | 8 | 8 |
| 6 | 9 | 9 | 9 | 9 | 9 |
| 7 | 9 | 9 | 9 | 8 | 9 |
| 8 | 8 | 7 | 8 | 8 | 9 |
| 9 | 8 | 9 | 9 | 8 | 9 |
| 10 | 6 | 9 | 9 | 9 | 9 |
| 11 | 7 | 9 | 9 | 9 | 9 |
| 12 | 9 | 9 | 9 | 9 | 9 |
| 13 | 5 | 6 | 9 | 9 | 9 |
| 14 | 9 | 4 | 9 | 9 | 8 |
| 15 | 9 | 9 | 9 | 9 | 9 |
| | | | | | |
| 15 | | | | | |
| | | | | | |
| >7 | 3 | 3 | 0 | 2 | 0 |
| >= 7 | 12 | 12 | 15 | 13 | 15 |
| CHECK | 15 | 15 | 15 | 15 | 15 |
| TOTAL | 80,00% | 80,00% | 100,00% | 86,67% | 100,00% |

| TABLE 4c: ROUND 2 RESULTS SCORING SHEET | | | |
|---|---|---|---|
| CODE | Q8 | | |
| 1 | 9 | | |
| 2 | 8 | | |
| 3 | 9 | | |
| 4 | 8 | | |
| 5 | 8 | | |
| 6 | 8 | | |
| 7 | 9 | | |
| 8 | 8 | | |
| 9 | 9 | | |
| 10 | 9 | | |
| 11 | 8 | | |
| 12 | 9 | | |
| 13 | 9 | | |
| 14 | 9 | | |
| 15 | 9 | | |
| | | | |
| 15 | | | |
| | | | |
| <7 | 0 | | |
| >=7 | 15 | | |
| CHECK | 15 | | |
| TOTAL | 100,00% | | |

Legend for Tables 4a, 4b and 4c: CODE: number referring to the participant, INSTRUCT: ratings for the "Instructions" part of the WAI-SR, IMPORT: ratings for the "Important!" part of the WAI-SR, Qx: ratings for the item number x, <7: number of ratings inferior to 7, >=7: number of ratings superior or equal to 7, CHECK: number of total ratings, TOTAL: percentage of ratings above or equal to seven

The entirety of the remaining items was validated in the second Delphi round.

## Backward translation

The validated French translation was backward translated by two linguists and compared to the original English version to check for errors.

4 significant differences were identified, and prompted some new discussion with the 2 linguists:

_in the Item 1 of the WAI-SR patient: "comment je pourrais être capable de changer" was translated by "how I might be able to make changes to my lifestyle". The addition of "to my lifestyle" was unexpected. The original English is "how I might be able to change".

After discussion with the linguists, it was concluded that the change simply originated from a difference in writing style and that the French translation was therefore an accurate translation of the original English version.

_in the Item 7 of the WAI-SR patient: "m'estime" was translated by "respects me". The original english is "appreciates me".

After discussion with the linguist, it was concluded that the difference was due to cultural differences and that the French translation was therefore an accurate translation of the original English version.

_in the Item 10 of the WAI-SR patient: "les choses que je fais au cours de cette prise en charge" was translated by "the things I do as a result of these consultations". The original English is "the things I do in therapy", and seems to refer to actions happening during the care and not as a result of it.

After discussion with the linguist, it was concluded that the French translation did not accurately reflect the original English version and "les choses que je fais au cours de cette prise en charge" was changed to “les choses que je fais pendant les consultations”.

_in the WAI-SR Scoring sheet: "lien" was translated by "doctor-patient relationship", which seemed to us a lot different. The original English is "Bond".

After revision, it was concluded that the difference emerge from a lack of clarity in the original English and maybe from differences between US and UK English. The final opinion of the linguists was that the French translation had chosen the most suitable word in French.

## WAI SR Patient

| English Original Version | French Version | Backward Translation | Final Version |
|---|---|---|---|
| **Instructions**: Below is a list of statements and questions about experiences people might have with their therapy or therapist. Some items refer directly to your therapist with an underlined space -- as you read the sentences, mentally insert the name of your therapist in place of_____in the text. Think about your experience in therapy, and decide which category best describes your own experience.<br><br>IMPORTANT: Please take your time to consider each question carefully. | **Consignes :** Ci-dessous vous trouverez une liste d'affirmations et de questions sur le vécu que les patients peuvent avoir vis-à-vis de leur généraliste ou de leur prise en charge. Certaines propositions font directement référence à votre généraliste (sous la forme d'un espace souligné _____). En lisant ces propositions, remplacez le nom de votre généraliste à la place de l'espace souligné _____ dans le texte. Pensez au vécu de votre prise en charge, et décidez quelle catégorie décrit le mieux votre vécu personnel.<br>IMPORTANT : Prenez le temps nécessaire pour considérer attentivement chaque question | **Instructions:** You will find below a list of statements and questions about the experience patients may have regarding their GP or about their care. Some proposals refer directly to your GP (indicated by an underlined space_____). As you read these proposals, the name of your GP would go in the underlined space _____in the text. Think about the care you have received and decide which category best describes your own personal experience.<br><br>IMPORTANT : Take your time to consider each question carefully | **Consignes :** Ci-dessous vous trouverez une liste d'affirmations et de questions sur le vécu que les patients peuvent avoir vis-à-vis de leur généraliste ou de leur prise en charge. Certaines propositions font directement référence à votre généraliste (sous la forme d'un espace souligné _____). En lisant ces propositions, remplacez le nom de votre généraliste à la place de l'espace souligné _____ dans le texte. Pensez au vécu de votre prise en charge, et décidez quelle catégorie décrit le mieux votre vécu personnel.<br>IMPORTANT : Prenez le temps nécessaire pour considérer attentivement chaque question |

| English Original Version | French Version | Backward Translation | Final Version |
|---|---|---|---|
| 1- Seldom<br>2- Sometimes<br>3- Fairly Often<br>4- Very Often<br>5- Always | 1- Rarement<br>2- Parfois<br>3- Assez souvent<br>4- Très souvent<br>5- Toujours | 1- Rarely<br>2- Sometimes<br>3- Quite Often<br>4- Very Often<br>5- Always | 1- Rarement<br>2- Parfois<br>3- Assez souvent<br>2- Très souvent<br>3- Toujours |

| English Original Version | French Version | Backward Translation | Final Version |
|---|---|---|---|
| **1.** As a result of these sessions I am clearer as to how I might be able to change. | **1.** A la suite de ces consultations je vois plus clairement comment je pourrais être capable de changer | **1.** As a result of my consultations, I see more clearly how I might be able to make changes to my lifestyle. | **1.** A la suite de ces consultations je vois plus clairement comment je pourrais être capable de changer |

| **English Original Version** | **French Version** | **Backward Translation** | **Final Version** |
|---|---|---|---|
| **2**. What I am doing in therapy gives me new ways of looking at my problem. | **2**. Ce que je fais au cours de ce suivi me donne de nouvelles façons d'envisager mon problème | **2**. These follow-up meetings give me new ways of thinking about my problem. | **2**. Ce que je fais au cours de ce suivi me donne de nouvelles façons d'envisager mon problème |

| **English Original Version** | **French Version** | **Backward Translation** | **Final Version** |
|---|---|---|---|
| **3**. I believe____likes me. | **3**. Je crois que _____ m'apprécie | **3**. I think that _____ likes me | **3**. Je crois que _____ m'apprécie |

| **Original English Version** | **French Version** | **Backward Translation** | **Final Version** |
|---|---|---|---|
| **4**. _____ and I collaborate on setting goals for my therapy. | **4**. _____ et moi collaborons pour établir les objectifs de ma prise en charge | **4**. _____ and I work together to establish goals for my care | **4**. _____ et moi collaborons pour établir les objectifs de ma prise en charge |

| **English Original Version** | **French Version** | **Backward Translation** | **Final Version** |
|---|---|---|---|
| **5**.____and I respect each other. | **5**. _____ et moi nous respectons l'un l'autre | **5**. _____ and I respect each other | **5**. _____ et moi nous respectons l'un l'autre |

| **English Original Version** | **French Version** | **Backward Translation** | **Final Version** |
|---|---|---|---|
| **6**.____and I are working towards mutually agreed upon goals. | **6**. _____ et moi travaillons sur des objectifs convenus ensemble | **6**. _____ and I work together on agreed goals | **6**. _____ et moi travaillons sur des objectifs convenus ensemble |

| **English Original Version** | **French Version** | **Backward Translation** | **Final Version** |
|---|---|---|---|
| **7**. I feel that____appreciates me. | **7**. J'ai le sentiment que _____ m'estime | **7**. I feel that _____ respects me. | **7**. J'ai le sentiment que _____ m'estime |

| **English Original Version** | **French Version** | **Backward Translation** | **Final Version** |
|---|---|---|---|
| **8**. _____and I agree on what is important for me to work on. | **8**. _____ et moi sommes d'accord sur ce qui est important pour moi de travailler | **8**. _____ and I agree about what is important for me to work on | **8**. _____ et moi sommes d'accord sur ce qui est important pour moi de travailler |

| **English Original Version** | **French Version** | **Backward Translation** | **Final Version** |
|---|---|---|---|
| **9**. I feel_____cares about me even when I do things that he/she does not approve of. | **9**. J'ai le sentiment que ____ prend soin de moi même quand je fais des choses qu'il/elle n'approuve pas | **9**. I feel that ____ cares about me even when I do things that he / she does not approve of. | **9**. J'ai le sentiment que ____ prend soin de moi même quand je fais des choses qu'il/elle n'approuve pas |

| **English Original Version** | **French Version** | **Backward Translation** | **Final Version** |
|---|---|---|---|
| **10**. I feel that the things I do in therapy will help me to accomplish the changes that I want. | **10**. J'ai le sentiment que les choses que je fais au cours de cette prise en charge vont m'aider à accomplir les changements que je souhaite | **10**. I feel that the things I do as a result of these consultations will help me accomplish the changes I want to achieve. | **10**. J'ai le sentiment que les choses que je fais pendant les consultations vont m'aider à accomplir les changements que je souhaite |

| **English Original Version** | **French Version** | **Backward Translation** | **Final Version** |
|---|---|---|---|
| **11**._____and I have established a good understanding of the kind of changes that would be good for me. | **11**. _____ et moi nous sommes mis d'accord sur le type de changement qui serait bon pour moi | **11**. _____ and I are agreed on the kind of changes that would be good for me. | **11**. _____ et moi nous sommes mis d'accord sur le type de changement qui serait bon pour moi |

| **English Original Version** | **French Version** | **Backward Translation** | **Final Version** |
|---|---|---|---|
| **12**. I believe the way we are working with my problem is correct. | **12**. Je crois que la façon dont nous travaillons sur mon problème est appropriée | **12**. I believe that the way we are working on my problem is appropriate | **12**. Je crois que la façon dont nous travaillons sur mon problème est appropriée |

## WAI SR Therapist

| English Original Version | French Version | Backward Translation | Final Version |
|---|---|---|---|
| **Instructions**: Below is a list of statements about experiences people might have with their client. Some items refer directly to your client with an underlined space -- as you read the sentences, mentally insert the name of your client in place of _____in the text.<br><br>IMPORTANT!!! Please take your time to consider each question carefully. | **Consignes :** Ci-dessous vous trouverez une liste d'affirmations concernant le vécu que les professionnels peuvent avoir vis-à-vis de leur patient. Certaines propositions font directement référence à votre patient (sous la forme d'un espace souligné _____). En lisant ces propositions, remplacez le nom de votre patient à la place de l'espace souligné _____ dans le texte.<br><br>IMPORTANT : Prenez le temps nécessaire pour considérer attentivement chaque question | **Instructions:** You will find below a list of statements regarding the experience that professionals may have with their patients. Some proposals refer directly to your patient (indicated by an underlined space_____). As you read these proposals, the name of your patient would go in the underlined space _____ in the text.<br><br>IMPORTANT: Take your time to consider each question carefully | **Consignes :** Ci-dessous vous trouverez une liste d'affirmations concernant le vécu que les professionnels peuvent avoir vis-à-vis de leur patient. Certaines propositions font directement référence à votre patient (sous la forme d'un espace souligné _____). En lisant ces propositions, remplacez le nom de votre patient à la place de l'espace souligné _____ dans le texte.<br><br>IMPORTANT : Prenez le temps nécessaire pour considérer attentivement chaque question |

| **English Original Version** | **French Version** | **Backward Translation** | **Final Version** |
|---|---|---|---|
| **1**._____and I agree about the steps to be taken to improve his/her situation. | **1**. ___ et moi sommes d'accord sur les étapes à suivre pour améliorer sa situation | **1**. ___ and I agree on the steps to be taken to improve his/her situation. | **1**. ___ et moi sommes d'accord sur les étapes à suivre pour améliorer sa situation |

| **English Original Version** | **French Version** | **Backward Translation** | **Final Version** |
|---|---|---|---|
| **2**. I am genuinely concerned for_____'s welfare. | **2**. Je suis sincèrement concerné par le bien-être de ___ | **2**. I am sincerely concerned about _____'s well-being | **2**. Je suis sincèrement concerné par le bien-être de ___ |

| English Original Version | French Version | Backward Translation | Final Version |
|---|---|---|---|
| **3**. We are working towards mutually agreed upon goals. | **3**. Nous travaillons sur des objectifs convenus ensemble | **3**. We are working together on agreed goals | **3**. Nous travaillons sur des objectifs convenus ensemble |

| English Original Version | French Version | Backward Translation | Final Version |
|---|---|---|---|
| **4**._____and I both feel confident about the usefulness of our current activity in therapy. | **4**. ____ et moi sommes tous les deux convaincus de l'utilité de ce que nous faisons actuellement au cours de cette prise en charge | **4**. _____ and I are both convinced that what we are currently doing during this period of care is useful | **4**. ____ et moi sommes tous les deux convaincus de l'utilité de ce que nous faisons actuellement au cours de cette prise en charge |

| English Original Version | French Version | Backward Translation | Final Version |
|---|---|---|---|
| **5**. I appreciate_____as a person. | **5**. J'estime ___ en tant qu'individu | **5**. I respect _____ as an individual | **5**. J'estime ___ en tant qu'individu |

| English Original Version | French Version | Backward Translation | Final Version |
|---|---|---|---|
| **6**.We have established a good understanding of the kind of changes that would be good for_____. | **6**. Nous nous sommes mis d'accord sur le type de changement qui serait bon pour ____ | **6**. We are agreed on the type of change which would be good for _____ | **6**. Nous nous sommes mis d'accord sur le type de changement qui serait bon pour ____ |

| English Original Version | French Version | Backward Translation | Final Version |
|---|---|---|---|
| **7**._____and I respect each other. | **7**. ____ et moi nous respectons l'un l'autre | **7**. _____ and I respect each other | **7**. ____ et moi nous respectons l'un l'autre |

| English Original Version | French Version | Backward Translation | Final Version |
|---|---|---|---|
| **8**. _____ and I have a common perception of his/her goals. | **8**. ____ et moi avons une perception commune de ses objectifs | **8**. ____ and I share a common perception of his/her goals | **8**. ____ et moi avons une perception commune de ses objectifs |

| **English Original Version** | **French Version** | **Backward Translation** | **Final Version** |
|---|---|---|---|
| **9**. I respect_____even when he/she does things that I do not approve of. | **9**. Je respecte ___ même quand il/elle fait des choses que je n'approuve pas | **9**. I respect ___ even when he/she does things that I don't approve of | **9**. Je respecte ___ même quand il/elle fait des choses que je n'approuve pas |

| **English Original Version** | **French Version** | **Backward Translation** | **Final Version** |
|---|---|---|---|
| **10**. We agree on what is important for _____ to work on. | **10**. Nous sommes d'accord sur ce qui est important pour ___ de travailler | **10**. We agree on what is important for _____ to work on | **10**. Nous sommes d'accord sur ce qui est important pour ___ de travailler |

## WAI SR Scoring Sheet

| **English Original Version** | **French Version** | **Backward Translation** | **Final Version** |
|---|---|---|---|
| Patient scale mean: | Moyenne de l'échelle Patient: | Patient scale average | Moyenne de l'échelle Patient: |

| **English Original Version** | **French Version** | **Backward Translation** | **Final Version** |
|---|---|---|---|
| G = Goal =<br>T = Task =<br>B = Bond = | =Objectif<br>=Travail<br>=Lien | = Goal<br>=Task<br>= Doctor-patient relationship | =Objectif<br>=Travail<br>=Lien |

| **English Original Version** | **French Version** | **Backward Translation** | **Final Version** |
|---|---|---|---|
| Family Physician scale mean: | Moyenne de l'échelle Médecin Généraliste: | GP scale average | Moyenne de l'échelle Médecin Généraliste: |

| **English Original Version** | **French Version** | **Backward Translation** | **Final Version** |
|---|---|---|---|
| To derive a scale or total score, simply sum and take the mean of the items. | Pour obtenir une échelle ou une note totale, additionnez simplement et prenez la moyenne des propositions: | To obtain a scale or a total score, simply add up and average the scores | Pour obtenir une échelle ou une note totale, additionnez simplement et prenez la moyenne des propositions: |

| **English Original Version** | **French Version** | **Backward Translation** | **Final Version** |
|---|---|---|---|
| -WAI SR Item<br><br>-Score Patient version<br><br>-Score Family Physician version<br><br>-Scale type | -Item de la WAI SR:<br><br>-Note de la version patient:<br><br>-Note de la version médecin généraliste:<br><br>-Type d'échelle: | - Item on the WAI SR<br><br>- Patient version score<br><br>- GP version score<br><br>- Type of scale | -Item de la WAI SR:<br><br>-Note de la version patient:<br><br>-Note de la version médecin généraliste:<br><br>-Type d'échelle: |

# Discussion

## Main Result:

The main result of the study was a translated version of the WAI-SR from the original English to the French language. A backward translation was used to verify the homogeneity of the translation.

## Strengths and limitations of the study:

There was no information bias in this study, as the information was transmitted and collected by the exact same way with all the participants (by email messages). The members of the expert panel had no communication with each other, to avoid the influence of a dominant opinion. There was no confusion bias but the possibility of a misunderstanding of the English by some of the experts with an intermediate or basic level. This bias was limited by the backward translation. A selection bias may be present, as suggested by the analysis of the sampling data: the majority of the participants were male (73%) and were working in a group practice (86.67%). All of them also had teaching and research activity. The diversity of their working environment was real (53.33% worked in an urban setting, the others in a rural or semi-rural setting).

The use of the Delphi technique is widely recognized as valid to obtain consensus in health sciences. It enhances individual judgment by combining multiples opinions and experiences in an independent way (26). The French medical professionals also recognize it as a valid technique to reach consensus (29).

This study followed the recommendations of proper methodology for the Delphi technique according to the literature (28). The panel size was appropriate with 15 participants. There was no loss to follow up. The translation was validated in its entirety in 2 rounds, which is viewed as the optimal number of rounds.

## Implications for practice, medical training and future research:

This translation of the WAI-SR in the French language will be useful for future research in the subject of the therapeutic alliance. Both French (1, 16) and English authors (3) remark a lack of research about the way the working alliance vary over time during the process of care. They argue that we should move away for a linear representation of the therapeutic alliance, and that that it is not sufficient to know the strength of the alliance at a static point in time, but that information about the trajectory of the alliance is critical to best predict treatment outcome. The WAI-SR, being a short and easy to use scale, could be used for repeated measures over time to better grasp the fluctuation of the therapeutic alliance. This is particularly relevant because data suggest that patient outcome vary depending on the pattern followed by the alliance for chronic care (3).

The influence of rupture in the alliance is another theme where research is needed, both in the English (3) and French-speaking world (16). French authors also note a lack of research about the effect of the therapeutic alliance in the somatic fields (1). French psychiatrist recently explored the relation between the therapeutic alliance and the different psychological defense mechanisms (17). A valid and easy to use scale could be of use to explore these themes.

This study is part of the larger TATA study, which is currently translating the WAI-SR in multiples European languages. A cultural check will follow, to verify that these translations are harmonized and have no major differences. This will allow for the study of therapeutic alliance on a European scale.

This translation of the WAI-SR in the French language could also be useful in the day-to-day clinical activities of French professionals. For example, a study (18) about the treatment of depression by general practitioners in France showed that 95% of them considered that the quality of the Doctor/Patient relationship is a significant factor in the success of treatment. This study also showed

that 60% of patients think of their care as a partnership with their Doctor, where they work together towards a positive outcome. The use of the WAI-SR could be in this context beneficial to both Doctor and Patient to verify the quality of their partnership.

French pharmacists conducted a systematic revue of the literature on the multiples factors that influence treatment adhesion (19). The effects of poor patient compliance with the prescribed treatment has a major impact, both medically and economically. They list the therapeutic alliance as one of the important factors that positively influence adhesion. They argue for the need to move from a paternalistic and authoritative model of Doctor/Patient relationship to a model structured around negotiation and collaboration. This points to the WAI-SR as a useful tool to improve treatment adhesion.

In their review of therapeutic alliance in Schizophrenia (15), French psychiatrist noted that poor adherence to medication is a frequent problem in this pathology. In two thirds of cases, rehospitalisation was the result of complete or partial non-compliance. One year after first hospitalisation, 40% of relapse results from non-adherence to medication. They argued that the amelioration of the working alliance was one of the main way to obtain a better treatment compliance. They proposed the use of the motivational interview technique and added that information and tools must be proposed to practitioners. This translation of the WAI-SR could help them in this approach. A review by French dermatologists likewise highlighted the importance of a good therapeutic alliance in the treatment of chronic skin diseases (20), and the need to measure and consolidate it in the process of care.

Lastly this translation of the WAI-SR could be useful in the training of medical students in France. A study evaluating ethical medical competencies during training found that the Patient/Doctor

relationship was one of the foremost preoccupation of medical student in France (30). Finding valid ways to teach this partnership between Doctor and Patient was of interest to French medical universities (31). A reliable tool to evaluate and follow the therapeutic alliance during the years of training of medical students would be useful on a pedagogical level.

# Conclusion

Therapeutic alliance is a key factor of the process of care, and it plays a constant part in the day-to-day activities of Physicians and other health practitioners. It influences patient adherence to treatment, his satisfaction and motivation regarding his care. It helps to achieve better outcomes, across numerous specialties and pathology.

This French translation of the WAI-SR can now be used in a clinical setting, as well as in the training of medical students. It will also be used, alongside equivalent translations in various other languages, to further study Therapeutic Alliance on a European scale.

# Bibliography

1. Bioy A, Bachelart M. L'alliance thérapeutique : historique, recherches et perspectives cliniques. Perspectives Psy 2010;49(4):317-26.

2. Elvins R, Green J. The conceptualization and measurement of therapeutic alliance: an empirical review. Clin Psychol Rev 2008;28(7):1167-87.

3. Doran JM. The working alliance: Where have we been, where are we going? Psychother Res 2016;26(2):146-63.

4. Fuertes JN, Mislowack A, Bennett J, Paul L, Gilbert TC, Fontan G, et al. The physician-patient working alliance. Patient Educ Couns 2007;66(1):29-36.

5. Sturgiss EA, Sargent GM, Haesler E, Rieger E, Douglas K. Therapeutic alliance and obesity management in primary care - a cross-sectional pilot using the Working Alliance Inventory. Clin Obes 2016;6(6):376-9.

6. Cook S, Heather N, McCambridge J, United Kingdom Alcohol Treatment Trial Research Team. The role of the working alliance in treatment for alcohol problems. Psychol Addict Behav 2015;29(2):371-81.

7. Falkenström F, Granström F, Holmqvist R. Working alliance predicts psychotherapy outcome even while controlling for prior symptom improvement. Psychother Res 2014;24(2):146-59.

8. Rosti-Otajärvi E, Mäntynen A, Koivisto K, Huhtala H, Hämäläinen P. Predictors and impact of the working alliance in the neuropsychological rehabilitation of patients with multiple sclerosis. J Neurol Sci 2014;338(1 2):156-61.

9. Klein DN, Schwartz JE, Santiago NJ, Vivian D, Vocisano C, Castonguay LG, et al. Therapeutic alliance in depression treatment: controlling for prior change and patient characteristics. J Consult Clin Psychol 2003;71(6):997-1006.

10. Fuertes JN, Anand P, Haggerty G, Kestenbaum M, Rosenblum GC. The physician-patient working alliance and patient psychological attachment, adherence, outcome expectations, and satisfaction in a sample of rheumatology patients. Behav Med 2015;41(2):60-8.

11. Vîslă A, Constantino MJ, Newkirk K, Ogrodniczuk JS, Söchting I. The relation between outcome expectation, therapeutic alliance, and outcome among depressed patients in group cognitive-behavioral therapy. Psychother Res 2016;1-11.

12. Robak RW, Kangos KA, Chiffriller SH, Griffin PW. The working alliance in group counseling: an exploratory study. Psychol Rep 2013;113(2):591-604.

13. Munder T, Wilmers F, Leonhart R, Linster HW, Barth J. Working Alliance Inventory-Short Revised (WAI-SR): psychometric properties in outpatients and inpatients. Clin Psychol Psychother 2010;17(3):231-9.

14. Xu H, Tracey TJG. Reciprocal influence model of working alliance and therapeutic outcome over individual therapy course. J Couns Psychol 2015;62(3):351-9.

15. Charpentier A, Goudemand M, Thomas P. L'alliance thérapeutique, un enjeu dans la schizophrénie. L'Encéphale 2009;35(1):80-9.

16. Rodgers R-F, Cailhol L, Bui E, Klein R, Schmitt L, Chabrol H. L'alliance thérapeutique en psychothérapie : apports de la recherche empirique. L'Encéphale 2010;36(5):433-8.

17. Laconi S, Cailhol L, Pourcel L, Thalamas C, Lapeyre-Mestre M, Chabrol H. Relationship between defense mechanism and therapeutic alliance. Encephale 2015;41(5):429-34.

18. Frémont P, Gérard A, Sechter D, Vanelle JM, Vidal M. L'alliance thérapeutique au début d'une prise en charge pour dépression par le généraliste. L'Encéphale 2008;34(2):205-10.

19. Baudrant-Boga M, Lehmann A, Allenet B. Penser autrement l'observance médicamenteuse : d'une posture injonctive à une alliance thérapeutique entre le patient et le soignant – Concepts et déterminants. Annales Pharmaceutiques Françaises 2012;70(1):15-25.

20. Chastaing M, Misery L, Schollhammer M. Adherence to treatment in chronic skin disorders. Rev Med Interne 2011;32(5):314-8.

21. Horvath AO, Greenber LS. Development and Validation of the Working Alliance Inventory. Journal of Counseling Psychology 1989;36(2):223-233.

22. Hatcher RL, Gillaspy JA. Development and validation of a revised short version of the working alliance inventory. Psychotherapy Research 2006;16(1):12-25.

23. Noël P-M. Revue systématique de la littérature sur les moyens d'évaluation de l'alliance thérapeutique par des outils de mesure fiables et reproductibles. Thèse d'exercice de médecine. Faculté de Médecine et des Sciences de la Santé. Brest. 2013.

24. Letissier A. Sélectionner un outil de mesure de l'alliance thérapeutique fiable et reproductible chez l'adulte, méthode de consensus par RAND/UCLA. Thèse d'exercice de médecine. Faculté de Médecine et des Sciences de la Santé. Brest. 2014.

25. Le Borgne E. Selection of a reproducible and reliable tool assessment for therapeutic alliance in general practice, by a RAND/UCLA consensus method. Thèse d'exercice de médecine. Faculté de Médecine et des Sciences de la Santé. Brest. 2016.

26. De Villiers MR, de Villiers PJT, Kent AP. The Delphi technique in health sciences education research. Med Teach 2005;27(7):639-43.

27. Tomasik T. Reliability and validity of the Delphi method in guideline development for family physicians. Qual Prim Care 2010;18(5):317-26.

28. Waggoner J, Carline JD, Durning SJ. Is There a Consensus on Consensus Methodology? Descriptions and Recommendations for Future Consensus Research. Acad Med 2016;91(5):663-8.

29. Letrilliart L, Vanmeerbeek M. A la recherche du consensus : quelle méthode utiliser ? Exercer 2011;99:170-7.

30. Barrier JH, Brazeau-Lamontagne L, Pottier P, Boutoille D. Comparaison des compétences médicales éthiques des étudiants de 3e et de 6e année en stage hospitalier en médecine interne. Rev Médecine Interne 2005;26(2):128-36.

31. Even G. Enseigner la relation médecin-malade : Présentation d'une expérience pédagogique développée à la faculté de médecine de Créteil. Pédagogie Médicale 2006;7(3):165-73.

# Appendices

## Annex A WAI SR (Original English version)

**WAI-SR - Patient**

**Instructions**: Below is a list of statements and questions about experiences people might have with their therapy or therapist. Some items refer directly to your therapist with an underlined space -- as you read the sentences, mentally insert the name of your therapist in place of _____ in the text. Think about your experience in therapy, and decide which category best describes your own experience.

IMPORTANT!!! Please take your time to consider each question carefully.

1. As a result of these sessions I am clearer as to how I might be able to change.

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Seldom | Sometimes | Fairly Often | Very Often | Always |

2. What I am doing in therapy gives me new ways of looking at my problem.

| ⑤ | ④ | ③ | ② | ① |
|---|---|---|---|---|
| Always | Very Often | Fairly Often | Sometimes | Seldom |

3. I believe___likes me.

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Seldom | Sometimes | Fairly Often | Very Often | Always |

4. ___and I collaborate on setting goals for my therapy.

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Seldom | Sometimes | Fairly Often | Very Often | Always |

5. ___and I respect each other.

⑤ ④ ③ ② ①

Always Very Often Fairly Often Sometimes Seldom

6. ___and I are working towards mutually agreed upon goals.

⑤ ④ ③ ② ①

Always Very Often Fairly Often Sometimes Seldom

7. I feel that___appreciates me.

① ② ③ ④ ⑤

Seldom Sometimes Fairly Often Very Often Always

8. _____ and I agree on what is important for me to work on.

⑤ ④ ③ ② ①

Always Very Often Fairly Often Sometimes Seldom

9. I feel _____ cares about me even when I do things that he/she does not approve of.

① ② ③ ④ ⑤

Seldom Sometimes Fairly Often Very Often Always

10. I feel that the things I do in therapy will help me to accomplish the changes that I want.

⑤ ④ ③ ② ①

Always Very Often Fairly Often Sometimes Seldom

11. _____ and I have established a good understanding of the kind of changes that would be good for me.

| ⑤ | ④ | ③ | ② | ① |
|---|---|---|---|---|
| Always | Very Often | Fairly Often | Sometimes | Seldom |

12. I believe the way we are working with my problem is correct.

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Seldom | Sometimes | Fairly Often | Very Often | Always |

**WAI-SR - Therapist**

**Instructions**: Below is a list of statements about experiences people might have with their client. Some items refer directly to your client with an underlined space -- as you read the sentences, mentally insert the name of your client in place of ___ in the text.

IMPORTANT!!! Please take your time to consider each question carefully.

1. ___ and I agree about the steps to be taken to improve his/her situation.

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Seldom | Sometimes | Fairly Often | Very Often | Always |

2. I am genuinely concerned for ___'s welfare.

| ⑤ | ④ | ③ | ② | ① |
|---|---|---|---|---|
| Always | Very Often | Fairly Often | Sometimes | Seldom |

3. We are working towards mutually agreed upon goals.

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Seldom | Sometimes | Fairly Often | Very Often | Always |

4. ___ and I both feel confident about the usefulness of our current activity in therapy.

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Seldom | Sometimes | Fairly Often | Very Often | Always |

5. I appreciate ___ as a person.

| ⑤ | ④ | ③ | ② | ① |
|---|---|---|---|---|
| Always | Very Often | Fairly Often | Sometimes | Seldom |

6. We have established a good understanding of the kind of changes that would be good for ___.

| ⑤ | ④ | ③ | ② | ① |
|---|---|---|---|---|
| Always | Very Often | Fairly Often | Sometimes | Seldom |

7. ___ and I respect each other.

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Seldom | Sometimes | Fairly Often | Very Often | Always |

8. ___ and I have a common perception of his/her goals.

| ⑤ | ④ | ③ | ② | ① |
|---|---|---|---|---|
| Always | Very Often | Fairly Often | Sometimes | Seldom |

9. I respect ___ even when he/she does things that I do not approve of.

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Seldom | Sometimes | Fairly Often | Very Often | Always |

10. We agree on what is important for ___ to work on.

| ⑤ | ④ | ③ | ② | ① |
|---|---|---|---|---|
| Always | Very Often | Fairly Often | Sometimes | Seldom |

**WAI SR SCORING SHEET**

| **SCORING KEY FOR THE HATCHER GILLASPY SHORT FORM OF THE WAI Patient and Family Physician version** | | | |
|---|---|---|---|
| Patient scale mean:<br><br>G = Goal =<br>T = Task =<br>B = Bond =<br>Total Score = | | Family Physician scale mean:<br><br>G = Goal =<br>T = Task =<br>B = Bond =<br>Total Score = | To derive a scale or total score, simply sum and take the mean of the items. |
| | | | |
| **WAI SR Item** | **Score Patient version** | **Score Family Physician version** | **Scale type** |
| 1 | | | T |
| 2 | | | T |
| 3 | | | B |
| 4 | | | G |
| 5 | | | B |
| 6 | | | G |
| 7 | | | B |
| 8 | | | G |
| 9 | | | B |
| 10 | | | T |
| 11 | | | G |
| 12 | | | T |

## Annex B: WAI SR (French version validated by the Delphi procedure)

### WAI SR – Version patient – Traduction Française

Consignes : Ci-dessous vous trouverez une liste d'affirmations et de questions sur le vécu que les patients peuvent avoir vis-à-vis de leur généraliste ou de leur prise en charge. Certaines propositions font directement référence à votre généraliste (sous la forme d'un espace souligné _____). En lisant ces propositions, remplacez le nom de votre généraliste à la place de l'espace souligné _____ dans le texte. Pensez au vécu de votre prise en charge, et décidez quelle catégorie décrit le mieux votre vécu personnel.

IMPORTANT : Prenez le temps nécessaire pour considérer attentivement chaque question

1. A la suite de ces consultations je vois plus clairement comment je pourrais être capable de changer

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Rarement | Parfois | Assez souvent | Très souvent | Toujours |

2. Ce que je fais au cours de ce suivi me donne de nouvelles façons d'envisager mon problème

| ⑤ | ④ | ③ | ② | ① |
|---|---|---|---|---|
| Toujours | Très souvent | Assez souvent | Parfois | Rarement |

3. Je crois que _____ m'apprécie

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Rarement | Parfois | Assez souvent | Très souvent | Toujours |

4. _____ et moi collaborons pour établir les objectifs de ma prise en charge

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Rarement | Parfois | Assez souvent | Très souvent | Toujours |

5. _____ et moi nous respectons l'un l'autre

⑤ ④ ③ ② ①

Toujours Très souvent Assez souvent Parfois Rarement

6. _____ et moi travaillons sur des objectifs convenus ensemble

⑤ ④ ③ ② ①

Toujours Très souvent Assez souvent Parfois Rarement

7. J'ai le sentiment que _____ m'estime

① ② ③ ④ ⑤

Rarement Parfois Assez souvent Très souvent Toujours

8. _____ et moi sommes d'accord sur ce qui est important pour moi de travailler

⑤ ④ ③ ② ①

Toujours Très souvent Assez souvent Parfois Rarement

9. J'ai le sentiment que ____ prend soin de moi même quand je fais des choses qu'il/elle n'approuve pas

① ② ③ ④ ⑤

Rarement Parfois Assez souvent Très souvent Toujours

10. J'ai le sentiment que les choses que je fais au cours de cette prise en charge vont m'aider à accomplir les changements que je souhaite

⑤ ④ ③ ② ①

Toujours Très souvent Assez souvent Parfois Rarement

11. _____ et moi nous sommes mis d'accord sur le type de changement qui serait bon pour moi

| ⑤ | ④ | ③ | ② | ① |
|---|---|---|---|---|
| Toujours | Très souvent | Assez souvent | Parfois | Rarement |

12. Je crois que la façon dont nous travaillons sur mon problème est appropriée

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Rarement | Parfois | Assez souvent | Très souvent | Toujours |

**WAI-SR – Version Médecin - Traduction française**

Consignes : Ci-dessous vous trouverez une liste d'affirmations concernant le vécu que les professionnels peuvent avoir vis-à-vis de leur patient. Certaines propositions font directement référence à votre patient (sous la forme d'un espace souligné _____). En lisant ces propositions, remplacez le nom de votre patient à la place de l'espace souligné _____ dans le texte.

IMPORTANT : Prenez le temps nécessaire pour considérer attentivement chaque question

1. ___ et moi sommes d'accord sur les étapes à suivre pour améliorer sa situation

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Rarement | Parfois | Assez souvent | Très souvent | Toujours |

2. Je suis sincèrement concerné par le bien-être de ___

| ⑤ | ④ | ③ | ② | ① |
|---|---|---|---|---|
| Toujours | Très souvent | Assez souvent | Parfois | Rarement |

3. Nous travaillons sur des objectifs convenus ensemble

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Rarement | Parfois | Assez souvent | Très souvent | Toujours |

4. ____ et moi sommes tous les deux convaincus de l'utilité de ce que nous faisons actuellement au cours de cette prise en charge

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Rarement | Parfois | Assez souvent | Très souvent | Toujours |

5. J'estime ___ en tant qu'individu

| ⑤ | ④ | ③ | ② | ① |
|---|---|---|---|---|
| Toujours | Très souvent | Assez souvent | Parfois | Rarement |

6. Nous nous sommes mis d'accord sur le type de changement qui serait bon pour ____

| ⑤ | ④ | ③ | ② | ① |
|---|---|---|---|---|
| Toujours | Très souvent | Assez souvent | Parfois | Rarement |

7. ____ et moi nous respectons l'un l'autre

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Rarement | Parfois | Assez souvent | Très souvent | Toujours |

8. ____ et moi avons une perception commune de ses objectifs

| ⑤ | ④ | ③ | ② | ① |
|---|---|---|---|---|
| Toujours | Très souvent | Assez souvent | Parfois | Rarement |

9. Je respecte ___ même quand il/elle fait des choses que je n'approuve pas

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Rarement | Parfois | Assez souvent | Très souvent | Toujours |

10. Nous sommes d'accord sur ce qui est important pour ___ de travailler

| ⑤ | ④ | ③ | ② | ① |
|---|---|---|---|---|
| Toujours | Très souvent | Assez souvent | Parfois | Rarement |

**WAI SR – Grille de notation**

| **Grille de notation pour la version courte de la WAI (HATCHER GILLASPY)**<br>**Version patient et médecin généraliste** | | | |
|---|---|---|---|
| Moyenne de l'échelle patient:<br><br>O = Objectif =<br><br>T = Travail =<br><br>L = Lien =<br><br>Note totale = | | Moyenne de l'échelle Médecin Généraliste:<br><br>O = Objectif =<br><br>T = Travail =<br><br>L = Lien =<br><br>Note totale = | Pour obtenir une échelle ou une note totale, additionnez simplement et prenez la moyenne des propositions. |
| | | | |
| **Item de la WAI SR** | **Note de la version patient** | **Note de la version médecin généraliste** | **Type d'échelle** |
| 1 | | | T |
| 2 | | | T |
| 3 | | | L |
| 4 | | | O |
| 5 | | | L |
| 6 | | | O |
| 7 | | | L |
| 8 | | | O |
| 9 | | | L |
| 10 | | | T |
| 11 | | | O |
| 12 | | | T |

## Annex C: WAI-SR (Backward English translation)

**WAI-SR - Patient**

**Instructions**: You will find below a list of statements and questions about the experience patients may have regarding their GP or about their care. Some proposals refer directly to your GP (indicated by an underlined space_____). As you read these proposals, the name of your GP would go in the underlined space _____in the text. Think about the care you have received and decide which category best describes your own personal experience.

IMPORTANT: Take your time to consider each question carefully.

1. As a result of my consultations, I see more clearly how I might be able to make changes to my lifestyle.

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Rarely | Sometimes | Quite Often | Very Often | Always |

2. These follow-up meetings give me new ways of thinking about my problem.

| ⑤ | ④ | ③ | ② | ① |
|---|---|---|---|---|
| Always | Very Often | Quite Often | Sometimes | Rarely |

3. I think that _____ likes me.

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Rarely | Sometimes | Quite Often | Very Often | Always |

4. _____ and I work together to establish goals for my care.

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Rarely | Sometimes | Quite Often | Very Often | Always |

5. _____ and I respect each other.

⑤ ④ ③ ② ①

Always Very Often Quite Often Sometimes Rarely

6. _____ and I work together on agreed goals.

⑤ ④ ③ ② ①

Always Very Often Quite Often Sometimes Rarely

7. I feel that _____ respects me.

① ② ③ ④ ⑤

Rarely Sometimes Quite Often Very Often Always

8. _____ and I agree about what is important for me to work on.

⑤ ④ ③ ② ①

Always Very Often Quite Often Sometimes Rarely

9. I feel that ____ cares about me even when I do things that he / she does not approve of.

① ② ③ ④ ⑤

Rarely Sometimes Quite Often Very Often Always

10. I feel that the things I do as a result of these consultations will help me accomplish the changes I want to achieve.

⑤ ④ ③ ② ①

Always Very Often Quite Often Sometimes Rarely

11. _____ and I are agreed on the kind of changes that would be good for me.

| ⑤ | ④ | ③ | ② | ① |
|---|---|---|---|---|
| Always | Very Often | Quite Often | Sometimes | Rarely |

12. I believe that the way we are working on my problem is appropriate.

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Rarely | Sometimes | Quite Often | Very Often | Always |

**WAI-SR - Therapist**

**Instructions**: You will find below a list of statements regarding the experience that professionals may have with their patients. Some proposals refer directly to your patient (indicated by an underlined space_____). As you read these proposals, the name of your patient would go in the underlined space _____ in the text.

IMPORTANT: Take your time to consider each question carefully

1. ___ and I agree on the steps to be taken to improve his/her situation.

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Rarely | Sometimes | Quite Often | Very Often | Always |

2. I am sincerely concerned about _____'s well-being.

| ⑤ | ④ | ③ | ② | ① |
|---|---|---|---|---|
| Always | Very Often | Quite Often | Sometimes | Rarely |

3. We are working together on agreed goals.

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Rarely | Sometimes | Quite Often | Very Often | Always |

4. _____ and I are both convinced that what we are currently doing during this period of care is useful.

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Rarely | Sometimes | Quite Often | Very Often | Always |

5. I respect ____ as an individual.

| ⑤ | ④ | ③ | ② | ① |
|---|---|---|---|---|
| Always | Very Often | Quite Often | Sometimes | Rarely |

6. We are agreed on the type of change which would be good for _____

| ⑤ | ④ | ③ | ② | ① |
|---|---|---|---|---|
| Always | Very Often | Quite Often | Sometimes | Rarely |

7. _____ and I respect each other.

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Rarely | Sometimes | Quite Often | Very Often | Always |

8. ____ and I share a common perception of his/her goals.

| ⑤ | ④ | ③ | ② | ① |
|---|---|---|---|---|
| Always | Very Often | Quite Often | Sometimes | Rarely |

9. I respect ___ even when he/she does things that I don't approve of.

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Rarely | Sometimes | Quite Often | Very Often | Always |

10. We agree on what is important for _____ to work on.

| ⑤ | ④ | ③ | ② | ① |
|---|---|---|---|---|
| Always | Very Often | Quite Often | Sometimes | Rarely |

## WAI SR SCORING GRID

| **SCORING GRID FOR THE HATCHER GILLASPY SHORT FORM OF THE WAI**<br>**Patient and Family Physician version** | | | |
|---|---|---|---|
| Patient scale average:<br><br>G = Goal =<br>T = Task =<br>R = Doctor-patient relationship<br>Total Score = | | GP scale average:<br><br>G = Goal =<br>T = Task =<br>R = Doctor-patient relationship<br>Total Score = | To obtain a scale or a total score, simply add up and average the scores. |
| | | | |
| **Item on the WAI-SR** | **Patient version score** | **GP version score** | **Type of scale** |
| 1 | | | T |
| 2 | | | T |
| 3 | | | R |
| 4 | | | G |
| 5 | | | R |
| 6 | | | G |
| 7 | | | R |
| 8 | | | G |
| 9 | | | R |
| 10 | | | T |
| 11 | | | G |
| 12 | | | T |

## Annex D: WAI SR (Final French version)

### WAI SR – Version patient – Traduction Française

Consignes : Ci-dessous vous trouverez une liste d'affirmations et de questions sur le vécu que les patients peuvent avoir vis-à-vis de leur généraliste ou de leur prise en charge. Certaines propositions font directement référence à votre généraliste (sous la forme d'un espace souligné _____). En lisant ces propositions, remplacez le nom de votre généraliste à la place de l'espace souligné _____ dans le texte. Pensez au vécu de votre prise en charge, et décidez quelle catégorie décrit le mieux votre vécu personnel.

IMPORTANT : Prenez le temps nécessaire pour considérer attentivement chaque question

1. A la suite de ces consultations je vois plus clairement comment je pourrais être capable de changer

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Rarement | Parfois | Assez souvent | Très souvent | Toujours |

2. Ce que je fais au cours de ce suivi me donne de nouvelles façons d'envisager mon problème

| ⑤ | ④ | ③ | ② | ① |
|---|---|---|---|---|
| Toujours | Très souvent | Assez souvent | Parfois | Rarement |

3. Je crois que _____ m'apprécie

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Rarement | Parfois | Assez souvent | Très souvent | Toujours |

4. _____ et moi collaborons pour établir les objectifs de ma prise en charge

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Rarement | Parfois | Assez souvent | Très souvent | Toujours |

5. _____ et moi nous respectons l'un l'autre

⑤ ④ ③ ② ①

Toujours Très souvent Assez souvent Parfois Rarement

6. _____ et moi travaillons sur des objectifs convenus ensemble

⑤ ④ ③ ② ①

Toujours Très souvent Assez souvent Parfois Rarement

7. J'ai le sentiment que _____ m'estime

① ② ③ ④ ⑤

Rarement Parfois Assez souvent Très souvent Toujours

8. _____ et moi sommes d'accord sur ce qui est important pour moi de travailler

⑤ ④ ③ ② ①

Toujours Très souvent Assez souvent Parfois Rarement

9. J'ai le sentiment que ____ prend soin de moi même quand je fais des choses qu'il/elle n'approuve pas

① ② ③ ④ ⑤

Rarement Parfois Assez souvent Très souvent Toujours

10. J'ai le sentiment que les choses que je fais pendant les consultations vont m'aider à accomplir les changements que je souhaite

⑤ ④ ③ ② ①

Toujours Très souvent Assez souvent Parfois Rarement

11. _____ et moi nous sommes mis d'accord sur le type de changement qui serait bon pour moi

| ⑤ | ④ | ③ | ② | ① |
|---|---|---|---|---|
| Toujours | Très souvent | Assez souvent | Parfois | Rarement |

12. Je crois que la façon dont nous travaillons sur mon problème est appropriée

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Rarement | Parfois | Assez souvent | Très souvent | Toujours |

**WAI-SR – Version Médecin - Traduction française**

Consignes : Ci-dessous vous trouverez une liste d'affirmations concernant le vécu que les professionnels peuvent avoir vis-à-vis de leur patient. Certaines propositions font directement référence à votre patient (sous la forme d'un espace souligné _____). En lisant ces propositions, remplacez le nom de votre patient à la place de l'espace souligné _____ dans le texte.

IMPORTANT : Prenez le temps nécessaire pour considérer attentivement chaque question

1. ___ et moi sommes d'accord sur les étapes à suivre pour améliorer sa situation

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Rarement | Parfois | Assez souvent | Très souvent | Toujours |

2. Je suis sincèrement concerné par le bien-être de ___

| ⑤ | ④ | ③ | ② | ① |
|---|---|---|---|---|
| Toujours | Très souvent | Assez souvent | Parfois | Rarement |

3. Nous travaillons sur des objectifs convenus ensemble

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Rarement | Parfois | Assez souvent | Très souvent | Toujours |

4. ____ et moi sommes tous les deux convaincus de l'utilité de ce que nous faisons actuellement au cours de cette prise en charge

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Rarement | Parfois | Assez souvent | Très souvent | Toujours |

5. J’estime ___ en tant qu’individu

| ⑤ | ④ | ③ | ② | ① |
|---|---|---|---|---|
| Toujours | Très souvent | Assez souvent | Parfois | Rarement |

6. Nous nous sommes mis d’accord sur le type de changement qui serait bon pour ____

| ⑤ | ④ | ③ | ② | ① |
|---|---|---|---|---|
| Toujours | Très souvent | Assez souvent | Parfois | Rarement |

7. ____ et moi nous respectons l’un l’autre

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Rarement | Parfois | Assez souvent | Très souvent | Toujours |

8. ____ et moi avons une perception commune de ses objectifs

| ⑤ | ④ | ③ | ② | ① |
|---|---|---|---|---|
| Toujours | Très souvent | Assez souvent | Parfois | Rarement |

9. Je respecte ___ même quand il/elle fait des choses que je n’approuve pas

| ① | ② | ③ | ④ | ⑤ |
|---|---|---|---|---|
| Rarement | Parfois | Assez souvent | Très souvent | Toujours |

10. Nous sommes d’accord sur ce qui est important pour ___ de travailler

| ⑤ | ④ | ③ | ② | ① |
|---|---|---|---|---|
| Toujours | Très souvent | Assez souvent | Parfois | Rarement |

**WAI SR – Grille de notation**

| **Grille de notation pour la version courte de la WAI (HATCHER GILLASPY) Version patient et médecin généraliste** | | | |
|---|---|---|---|
| Moyenne de l'échelle patient:<br><br>O = Objectif =<br><br>T = Travail =<br><br>L = Lien =<br><br>Note totale = | | Moyenne de l'échelle Médecin Généraliste:<br><br>O = Objectif =<br><br>T = Travail =<br><br>L = Lien =<br><br>Note totale = | Pour obtenir une échelle ou une note totale, additionnez simplement et prenez la moyenne des propositions. |
| | | | |
| **Item de la WAI SR** | **Note de la version patient** | **Note de la version médecin généraliste** | **Type d'échelle** |
| 1 | | | T |
| 2 | | | T |
| 3 | | | L |
| 4 | | | O |
| 5 | | | L |
| 6 | | | O |
| 7 | | | L |
| 8 | | | O |
| 9 | | | L |
| 10 | | | T |
| 11 | | | O |
| 12 | | | T |

*UNIVERSITE DE BREST - BRETAGNE OCCIDENTALE*

**Faculté de Médecine**

*****

# AUTORISATION D'IMPRIMER

****

Présentée par Monsieur le Professeur LE RESTE Jean Yves

Titre de la thèse

## Translation of the Working Alliance Inventory Short Version (WAI SR) in French by a Delphi process with Forward/Backward translation

ACCORD DU PRESIDENT DU JURY DE THESE SUR L'IMPRESSION DE LA THESE :

OUI

En foi de quoi la présente autorisation d'imprimer sa thèse est délivrée à Monsieur Thomas Bottemine, Né le 26 octobre 1986, à Brest (FRANCE)

Fait à BREST, le 12 Novembre 2017

VISA du Doyen de la Faculté

A BREST, le 14-11-17

Le Doyen,

Le Président du Jury de Thèse,

BOTTEMINE (Thomas) - Traduction de la Working Alliance Inventory Short Version (WAI SR) en Français par une méthode de consensus Delphi avec une traduction Aller/Retour

Th. : Méd. : Brest 2017

**ABSTRACT:**

**Introduction**

L'alliance thérapeutique est un facteur important de la démarche de soin, qui influence positivement les résultats ainsi que la motivation du patient et son observance. L'étude TATA (Tool Assessment for Therapeutic Alliance) avait pour objectif de sélectionner à l'échelle européenne l'échelle la plus appropriée pour évaluer l'alliance thérapeutique puis de la traduire dans de multiples langues européennes. La WAI-SR a été sélectionnée par méthode de consensus RAND/UCLA en 2016. L'objectif de cette étude était de traduire la WAI-SR en Français par une procédure de consensus rigoureuse.

**Matériels et Méthode**

Une traduction aller-retour par méthode de consensus Delphi fut réalisée. Un groupe de travail initial composé de 2 généralistes, un linguiste et un psychiatre réalisé une première traduction. Cette traduction fut évaluée et corrigée par un groupe d'experts composé de médecins généralistes en suivant la méthode Delphi. Une traduction retour fut ensuite réalisée par 2 linguistes et comparée à la version Anglaise originale pour contrôler la présence d'erreurs.

**Résultats**

15 médecins généralistes ont participé à la procédure Delphi. Il n'y a pas eu de perdus de vue. La traduction fut validée en totalité en 2 tours. Une correction fut faite après la traduction retour.

**Conclusion**

Une traduction française de la WAI-SR par une méthode de consensus rigoureuse est maintenant disponible. Elle permettra dans le futur des études additionnelles et sera un outil utile en pratique clinique et en pédagogie.

**MOTS CLES** :

ALLIANCE THERAPEUTIQUE ; MEDECINE GENERALE ; WAI-SR ; PROCEDURE DELPHI

**JURY :** Président : Monsieur le Professeur JY Le Reste

Membres : Monsieur le Professeur B Le Floch

Monsieur le Docteur P Nabbe

Monsieur le Docteur M Odorico

**DATE DE SOUTENANCE** :

30 novembre 2017

**ADRESSE DE L'AUTEUR** :

BOTTEMINE (Thomas) - Translation of the Working Alliance Inventory Short Version (WAI SR) in French by a Delphi process with Forward/Backward translation

Th. : Méd. : Brest 2017

**ABSTRACT:**

**Introduction**

Therapeutic alliance is an important factor in the process of care, positively influencing outcome as well as patient adherence and motivation. The Tool Assessment for Therapeutic Alliance Study (TATA) aimed to select on a European level the most appropriate scale to evaluate the therapeutic alliance and to translate it in various European languages. The WAI-SR has been selected by a RAND/UCLA Appropriateness Method in 2016. The objective of this study was to translate the WAI-SR in French via a rigorous consensus method.

**Materials and Methods**

A forward and backward translation with a Delphi consensus procedure was completed. An initial translation group of 2 general practitioners, 1 linguist and 1 psychiatrist wrote a first translation. This translation was evaluated and corrected by an expert panel comprised of general practitioners following the Delphi technique. A backward translation was then done by 2 linguists and compared to the original scale to check for errors.

**Results**

15 general practitioners participated to the Delphi consensus procedure. There was no loss to follow up. The translation was validated in its entirety after 2 rounds. One correction was made after the backward translation.

**Conclusion**

A French translation of the WAI-SR by a valid consensus method is now available. It will allow further collaborative research and be a useful tool in clinical practice and pedagogy.

**MOTS CLES** :

THERAPEUTIC ALLIANCE ; FAMILY MEDICINE ; WORKING ALLIANCE ; WAI-SR ; DELPHI TECHNIQUE

**JURY :** Président : Monsieur le Professeur JY Le Reste

Membres : Monsieur le Professeur B Le Floch

Monsieur le Docteur P Nabbe

Monsieur le Docteur M Odorico

**DATE DE SOUTENANCE** :

30 novembre 2017

**ADRESSE DE L'AUTEUR** :