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Construction, Validity and Reliability of the Simplified Obsessive Compulsive Disorder Inventory (SOCDI) among Malaysians

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Abstract

This study aims to develop and measure the content validity and reliability of the Simplified Obsessive Compulsive Disorder Inventory (SOCDI). The SOCDI is designed to measure the level of obsessive and compulsive thoughts and behaviours among Malaysians. This inventory is based on the American Psychiatric Association (APA) Diagnostic Statistical Manual (DSM) of Mental Disorders, V version. The inventory comprises 18 items divided into 6 subscales, each containing 3 items. Sub-scale 1: Washing, Sub-scale 2: Obsessing, Sub-scale 3: Ordering, Sub-scale 4: Checking, Sub-scale 5: Neutralizing and Sub-scale 6: Hoarding. The content validity of SOCDI was evaluated by a panel of 8 experts, including 3 academicians and 5 registered counsellors. A total of 50 respondents aged 18 to 60 years were selected among Malaysians to obtain reliability scores. The study's quantitative findings using the Content Validity Ratio (CVR) indicated that the SOCDI instrument has good content validity, with all 18 items meeting the minimum CVR value ($N=8$, $CVR_{critical} = 0.693$). The reliability scores show a high value of .884. Hence, this study has successfully developed a questionnaire (SOCDI) which has good validity and reliability values for use in the field of guidance and counselling in Malaysia.

Keywords: Simplified Obsessive Compulsive Disorder Inventory, Content Validity Ratio, Reliability, Malaysians

Introduction

Most people have obsessive thoughts or compulsive behaviours at some point in their lives, but that does not mean that we all have obsessive-compulsive disorder (OCD). OCD is a mental health condition where a person gets caught in cycles of obsession and compulsion. However, it is more than just being a “perfectionist” or “neat freak.” These recurrences of

unwanted thoughts and behaviours can lead to symptoms of mental health issues that significantly impact daily activities.

According to the International OCD Foundation, obsessions are recurring thoughts, images, or impulses that feel beyond the person's control. People with OCD are unable to control their anxious thoughts, they do not want to have these thoughts and find them disturbing. In most cases, people with OCD have some insight, they realize that these thoughts are irrational. Compulsions are often directly linked to obsessions and involve repeated behaviours or thoughts performed in response to a strong urge or pressure. The behaviour often occurs to prevent or cause a particular event or situation. Based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) the diagnostic criteria are as follows:

Obsessions

Obsessions must meet these specific criteria:

1. Recurrent and persistent thoughts, urges, or images that are experienced as intrusive and unwanted, and that typically cause marked anxiety or distress.
2. These thoughts, urges, or images are not simply excessive worries about real-life problems.
3. The individual attempts to ignore, suppress, or neutralize them with some other thought or action (e.g., performing a compulsion).
4. The individual recognizes that the obsessional thoughts, urges, or images are a product of their own mind.

Compulsions

Compulsions must meet these specific criteria:

1. Repetitive behaviours, such as hand washing, or repetitive mental acts, such as counting silently, that you feel compelled to perform.
2. These behaviours or mental acts aim to prevent or reduce distress caused by unrealistic obsessions.

Based on Che Din (2019), in Malaysia, 1% to 2% of the population is affected by OCD, across ethnicity and males and females, including children and young adolescents. In Malaysia, OCD affects about 1 to 2 per cent of the nation's population. The disease affects men as young as 6 to 15 years old. Meanwhile, women face the disorder in the age range of 20 to 29 years (Che Din, 2019).

People with OCD are often reluctant to seek help because they feel ashamed or embarrassed along with a lack of awareness regarding the symptoms. This reluctance can result in delays in diagnosis and treatment. Therefore, screening mental health issues like OCD is essential to raise awareness of the condition, encourage individuals to seek help earlier and improve treatment outcomes.

Background of Obsessive-Compulsive Disorder (OCD)

Obsessive Compulsive Disorder (OCD) is a mental health disorder characterised where obsessions are unwanted thoughts while compulsions are repetitive acts. These two elements are the core of the disorder. Most of these intrusive thoughts are distressing and can make it difficult for individuals to engage in everyday activities. According to the Diagnostic and

Statistical Manual of Mental Disorders (DSM-5), OCD affects approximately 1-2% of the global population, typically emerging in late adolescence or early adulthood.

Obsessions involve persistent and unwelcome thoughts or impulses such as fears of contamination, harming others, or a need for order. Compulsions are ritualistic behaviours or mental acts, like washing, checking, or counting, performed to alleviate the anxiety caused by these obsessions. Although these compulsive actions may offer temporary relief, they often become burdensome and interfere with daily life.

Sometimes it is difficult to diagnose obsessive-compulsive disorder because symptoms can be similar to those of generalized anxiety disorder, depression, schizophrenia or other mental illnesses. The Simplified Obsessive-Compulsive Disorder Inventory (SOCDI) is developed to assess OCD-related symptoms among Malaysians in a simplified yet efficient way. The inventory features six generalized subscales, each representing a core dimension of OCD. The goal is to create a simplified instrument that effectively captures the essential symptoms of OCD without burdening the respondents.

Literature Review

According to the American Psychiatric Association (APA) in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), OCD is classified under anxiety disorders and is characterised by cycles of obsessions and compulsions that significantly disrupt daily life (APA, 2013). Individuals with OCD typically experience repetitive thoughts that provoke anxiety, which they attempt to neutralise through compulsive actions. This cycle can lead to distress, impacting mental health, social interactions, and occupational performance (Stein et al., 2016).

In terms of recent research and diagnostic methods, a study by Viana et al. (2019) emphasised the importance of structured clinical interviews, such as the Mini International Neuropsychiatric Interview (MINI) and the Yale-Brown Obsessive-Compulsive Scale (YBOCS), in improving diagnostic accuracy for OCD. These tools provide standardized assessments that help clinicians identify OCD symptoms more effectively.

A recent study also emphasizes the role of self-report questionnaires in diagnosing OCD is essential. For instance, the Obsessive-Compulsive Inventory (OCI) has shown promise in screening for OCD, allowing for quicker assessments in clinical settings (Hewitt et al., 2020).
Emerging studies have explored the potential of neuroimaging and neurobiological markers in the diagnosis of OCD. According to a review by Nusslock et al. (2021), brain imaging techniques such as fMRI and PET scans could eventually aid in distinguishing OCD from other anxiety disorders by identifying specific neural correlates associated with obsessive-compulsive symptoms. It is also to be noted that, understanding the cultural context in OCD diagnosis is vital. A study by Arrieta et al. (2020) noted that cultural factors can influence how OCD symptoms are expressed and perceived, suggesting that clinicians should be culturally competent to avoid misdiagnosis.

OCD frequently co-occurs with other psychiatric disorders, such as anxiety and depression, complicating the diagnostic process. Research by Kessler et al. (2020) illustrated that careful

assessment of comorbid conditions is essential for accurate diagnosis and effective treatment planning.

The assessment and measurement of OCD symptoms have evolved over the decades. Tools such as the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) and the Obsessive-Compulsive Inventory (OCI) have established criteria for the disorder, helping clinicians and researchers measure symptom severity (Goodman et al., 1989; Foa et al., 2002). These tools emphasize measuring specific obsessions (e.g., contamination fears, symmetry concerns) and compulsions (e.g., washing, checking), which are core features of the disorder (Mataix-Cols et al., 2003). The reliability and validity of these tools are crucial to ensure that they accurately capture the spectrum of OCD symptoms and aid in personalized treatment approaches (Miller & Brock, 2008).

OCD symptoms can be influenced by multiple factors, including genetic predisposition, neurobiological variables, and environmental stressors (Pauls et al., 2014). Research suggests that traumatic or stressful events can exacerbate OCD symptoms or lead to the onset of compulsive behaviours (Fineberg et al., 2020). These factors need to be understood because it is essential in developing an effective inventory, as symptoms may vary significantly from person to person, affecting the inventory's reliability.

For instance, the difference between obsessional thoughts and compulsive behaviours must be clearly expressed within the items of an OCD inventory. An effective OCDI should incorporate the primary components of the disorder, obsessions and compulsions, along with their subtypes to ensure complete assessment. This framework provides a basis for ensuring that inventories like the OCDI achieve high content validity by accurately representing the complexity of the disorder.

The process of ensuring content validity for the OCDI involves expert evaluations to confirm that each item accurately reflects relevant aspects of OCD. Typically, a panel of mental health professionals, including clinical psychologists and psychiatrists, reviews the items for clarity and relevance. This process aligns with the method outlined in previous studies on psychological inventories, such as the validation study for PTSD inventories, which emphasizes expert panel evaluations to achieve high content validity (Shamsul Rizal et al., 2021)

Reliability testing, particularly through internal consistency measures such as Cronbach's Alpha, is vital to ensure that the OCDI reliably measures OCD symptoms across various populations. Reliability analysis in previous studies, including those on similar psychological assessments, generally requires piloting the inventory with a sample of respondents, followed by statistical analysis using software such as SPSS to assess item consistency and stability (Creswell, 2010). An ideal Cronbach's Alpha value of 0.70 or above indicates good reliability, ensuring that the OCDI can be confidently used in clinical settings.

The OCDI aims to provide an accessible and relevant tool for diagnosing and measuring OCD symptom severity. In mental health services, especially within counselling and psychiatric settings, reliable and validated tools like the OCDI facilitate early diagnosis and the development of targeted intervention strategies. Moreover, validated instruments contribute

to a more standardized approach in research, allowing for comparison across studies and enhancing the generalizability of findings (American Counselling Association, 1997).

Despite advancements in diagnostic methods, challenges remain. Many individuals with OCD may be misdiagnosed due to overlapping symptoms with other disorders (e.g., Generalized Anxiety Disorder or Body Dysmorphic Disorder). A study by Purdon and Clark (2019) highlighted the need for heightened awareness among clinicians regarding the subtle distinctions in symptomatology.

The social stigma surrounding OCD can lead to delays in seeking help, as highlighted by Hantke et al. (2020), who found that many individuals wait years before receiving an accurate diagnosis and appropriate treatment.

Significance of the Socdi

This SOCDI can help individuals gain insight into their symptoms by identifying specific obsessions and compulsions. OCD can manifest in diverse ways like repetitive checking, washing, or intrusive thoughts. This inventory breaks down these symptoms, helping individuals understand exactly what they're experiencing. This can be helpful for those who are unsure if their thoughts or behaviours are typical or indicative of OCD. This self-awareness enables individuals to recognize patterns in their behaviour or thoughts and understand how this impacts their daily lives.

University life can be stressful, and many students may experience anxiety or OCD symptoms. Wong et al (2023) found that the prevalence of moderate to extremely severe depression, anxiety and stress among university students in Shah Alam are 53.9%, 66.2% and 44.6%, respectively. This stress could manifest as anxiety or symptoms related to obsessive-compulsive disorder (OCD). Early identification of these issues is crucial, and an OCD inventory will be helpful for students to recognize and understand their symptoms.

Aside from that, OCD can impact various aspects of a student's life including their ability to concentrate on studies, maintain productivity, and perform well academically. When symptoms go unrecognised, students may struggle silently, potentially leading to lower grades and increased frustration. By using an inventory, it helps students to not only understand their symptoms but also to explore their thoughts and feelings, and foster greater self-awareness. Such insights enable the students to navigate their experiences with greater resilience and understanding.

Lastly, understanding one's symptoms is essential for developing effective coping strategies. For example, a person who recognizes they have OCD may implement techniques such as mindfulness or time management skills to handle the stress. This proactive approach can lead to reduced anxiety and improved performance during stressful periods.

Theoretical Development of Simplified Obsessive-Compulsive Disorder Inventory (SOCDI)

Many cognitive theories believe that individuals with OCD have faulty beliefs, and that is their misinterpretation of intrusive thoughts that lead to OCD. According to the cognitive model of OCD, everyone experiences intrusive thoughts from time to time. However, people with OCD

often have an inflated sense of responsibility and misinterpret these thoughts as being significant which could lead to catastrophic consequences.

The SOCDI consists of 18 questions, with three items for each subscale, covering the most significant aspects of OCD symptoms. To facilitate the process, a simple 3-likert scale (0) Never, (1) Sometimes (2) Often is implemented, making it easier for respondents to reflect on their experiences. The respondents can quickly and accurately answer based on their experiences, minimizing the potential confusion with the complicated questions.

a) **Subscale 1: Washing**
   This subscale evaluates compulsive behaviours related to cleaning or washing. Contamination fears are generally associated with cleaning and washing. It aims to capture the frequency and distress associated with these behaviours, aligning with established research on contamination-related OCD (e.g., Weiss et al., 2024).
b) **Subscale 2: Obsessing**
   This subscale measures the occurrence of invasive and unwelcomed feelings that lead to anguish. The items here focus on thoughts that are challenging to control, which is a core characteristic of OCD (Tolin et al., 2024). These items' purpose is to separate between normal worries and clinically significant obsessional thoughts.
c) **Subscale 3: Ordering**
   This subscale assesses compulsive behaviours related to arranging objects in a specific order or symmetry. It is meant to measure the need for things to feel "just right," a common symptom of OCD (Mataix-Cols et al., 2023).
d) **Subscale 4: Checking**
   This subscale focuses on behaviours where individuals repeatedly check actions such as locking doors or turning off appliances. This behaviour is driven by an excessive sense of responsibility and fear of potential harm (Steketee & Frost, 2022).
e) **Subscale 5: Neutralizing**
   This subscale evaluates the inclination to accomplish specific behaviours or mental rituals to neutralize or counteract intrusive thoughts. These actions are intended to prevent feared outcomes or reduce anxiety (Lee & Kwon, 2023).
f) **Subscale 6: Hoarding**
   This subscale measures the struggle in clearing items and the anguish linked with letting go of belongings. Although hoarding has been recognized as a separate diagnosis in some contexts, it remains relevant within OCD assessments (Tolin et al., 2024).

Objectives of the Study

The objective of this study is to evaluate an individual's tendency for simplified obsessive-compulsive disorder (SOCDI).
Specifically, the study aims to:

1. To develop a SOCDI grounded in theoretical and literature reviews.
2. To determine the validity of the SOCDI through evaluations by a panel of experts.
3. To assess the validity of each subscale of the SOCDI based on evaluations from the panel experts.
4. To measure the reliability of the SOCDI using Cronbach's Alpha analysis.
5. To evaluate the reliability of each subscale of the SOCDI using Cronbach's Alpha analysis.

Administration, Scoring, and Interpretation Of The Socdi Scores

The SOCDI is intended to measure an individual's thinking habits and repeated behaviours to determine the severity of their OCD symptoms. SOCDI comprises 18 items divided into six subscales, each with three items. The administration, scoring, and interpretation of the SOCD inventory are essential processes for accurately assessing an individual's OCD extent. The steps were as follows.

Administration

Participants will obtain detailed instructions on how they should respond to every SOCD inventory item. Concerning respondent choice and the resources available, the inventory will be administered in a variety of modes, such as online or paper-based. It takes roughly 10 to 15 minutes to perform the SOCDI. More importantly, respondents are encouraged to answer honestly based on their personal experience and statements that best describe them with reassurance that there are no right or wrong answers. Responses should be marked with a (√) in the answer space provided, based on the scale of 'Never,' 'Sometimes,' or 'Often.

Scoring

A Likert scale is used to assess each item on the SOCD inventory. Respondents can select "Never," "Sometimes," or "Often" to indicate how severe their experiences are related to OCD symptoms. In terms of scoring, SOCDI gives each item a value of 0 for "Never," 1 for "Sometimes," and 2 for "Often." The scores for each of the six subscales—cleaning, obsessing, ordering, checking, neutralising, and hoarding—are then calculated by adding together the responses. Subscale scores are computed separately, and the sum of the subscale values yields the overall score.

Interpretation of Scores

Both the subscale and overall scores must be examined to comprehend the SOCDI results. The severity of certain OCD symptoms, including frequent obsession or compulsion, is indicated by high scores on particular subscales. The three levels of SOCDI are Low (a score between 0 and 11), Moderate (a score between 12 and 24), and High (a score between 25 and 36). The results can show if a person has mild, moderate, or severe OCD based on predetermined cut-off points. This aids in directing experts when suggesting suitable interventions or therapies. Meanwhile, the interpretation for subscale scores is also divided into three categories: low level (0-2), moderate level (2-4), and high level (5-6).

Methodology

The research follows a descriptive study design to evaluate the validity and reliability of the SOCDI inventory based on previous studies. The study consists of three phases:

Phase 1: Development of SOCDI

The SOCDI inventory was developed through a comprehensive review of relevant literature and grounded in appropriate theoretical principles. The American Psychiatric Association (APA) in the Diagnostic Statistical Manual of Mental Disorders (DSM-V) suggest that individuals with OCD hold distorted beliefs, interpreting intrusive thoughts in a way that contributes to OCD symptoms. People with OCD tend to experience intrusive thoughts from time to time, and have an exaggerated sense of responsibility, viewing these thoughts as highly important and potentially vulnerable. A total of 18 items were developed based on 6

subscales, namely Subscale 1: Washing, Subscale 2: Obsessing, Subscale 3: Ordering, Subscale 4: Checking, Subscale 5: Neutralizing, and Subscale 6: Hoarding, with each subscale containing 3 items.

Phase 2: Obtaining Content Validity

This phase focuses on assessing content validity to ensure that the inventory measures OCD symptoms effectively. After 18 items were developed, the inventory was submitted to eight expert panels, consisting of three lecturers and five practitioners to obtain validity assessments and content accuracy. This phase was done by providing a complete copy of SOCDI including an introduction to gather feedback and suggestions for improvement. The scoring scale for the ranges from 0 to 2, representing (0) not necessary, (1) useful but not essential and (2) essential.

Phase 3: Reliability Analysis

The final phase focuses on conducting a reliability analysis to confirm that this inventory can produce consistent data over time. Once the inventory was confirmed to have content validity, it was distributed to 50 respondents to assess its reliability. The researchers then collected the completed questionnaires. The data collected will be analysed using the Statistical Package for the Social Sciences (SPSS) to determine the Cronbach Alpha value for the inventory.

Sample of the Study

This study involves two sample groups in two different phases: the first sample consists of three academic experts and five practitioners. The second sample consists of 50 respondents. The participation of these sample groups aims to obtain the validity and reliability coefficients for the SOCDI.

Findings

Phase 1: Development, Subscales, and Items of the SOCDI

The SOCDI has been successfully developed based on literature reviews on the definitions, concepts and symptoms of OCD. Furthermore, reference materials included various articles and journals, both domestic and international. The SOCDI was created with 18 items divided into six subscales, with each subscale containing three items.

Phase 2: Content Validity of the SOCDI

The results of this phase demonstrated the recommendations for improvement made by the expert panel evaluators. The eight chosen experts generally agreed well with the provided items. To make sure the items were suitable for assessing content validity, the researcher improved them based on all of the panel's comments. Table 1 below contains the panel's remarks and viewpoints:

Table 1
Comments and Suggestions for Improving the Items of the SOCDI

Expert	Suggestions for Improvement
Expert 1	Please justify the figure/theory on why only 6 subscales were chosen to measure OCD. *Sila buat justifikasi berkaitan tokoh/ teori mengapa pilih 6 subskala sahaja untuk mengukur OCD.*
Expert 2	Kindly revise the items commented on above. The other items are appropriate and effectively measure what they are intended for. *Sila baiki item yang dikomen seperti di atas. Item yang lain semuanya sesuai dan dapat mengukur apa yang sepatutnya diukur.*
Expert 3	No comment
Expert 4	The suggested items are deemed capable of measuring OCD among clients. *Item dicadangkan didapati boleh mengukur OCD di kalangan klien.*
Expert 5	No comment
Expert 6	I found few items written in English were not consistent with OCI-R by Foa, E.B., Huppert, J.D., Leiberg, S., Hajcak, G., Langner, R., et al. (2002). Please state which version/author that you have used for this adaptation or translation exercise. If you are using OCI-R to be translated, instead of using SOCDI, use OCI-R Malay for the test title. Then, please remove the word development (pembinaan) from your research title. If you are translating and adapting from OCI-R, hence all items are acceptable with few amendments on word choices and sentence structure as advised in each section. Please also look through the latest version of OCI-4 which only has 4 factors rather than 6 factors, as usually we do T&A exercise using the latest version. However, it also depends on your research objective. Please clarify the scale and instructions for the proposed test as well. You may base your arguments on other tests available that measure the severity of OCD.
Expert 7	Overall was good. However, more accurate words/statements can be used to show repetitive rituals or unusual behaviour shown by OCD people.
Expert 8	No comment

The researcher reviewed and improved the relevant items based on the above comments and suggestions. Some items were agreed upon, while others were not endorsed by certain experts. Overall, the experts agreed that the items constructed represent the concepts and can effectively measure an individual's level of OCD.

Items Rating

The lowest value of acceptance, CVR, is predetermined by the overall number of panel experts. It involves a set of criteria for every indication. Computation of the CVR needs a group of expert panels that is responsible for determining if items of an instrument comprehensively portray the domain construct on a three-point scale; which is, (0) not necessary, (1) useful but

not essential and (2) essential. The item value of the developed instrument was calculated using the formula for the content validity ratio, hereafter referred to as the CVR, where “ne” refers to the number of expert panels finding the item essential, and “N” is the total number of expert panels involved. For this study, this have been 8 expert panels. The formula for finding the content validity ratio is CVR = (Ne – N / 2) / (N / 2). A range from -1 to +1 represents that a value close to +1 signifies the consensus of the experts on the necessity of the items in content validity and vice-versa. Despite that, a critical value table was developed by Lawshe (1975) that demonstrated the minimum standard required for panel experts' ratings. On the other hand, (Wilson et al., 2012) updated the table and then summed it up in Table 3. The minimum value to be followed for each item is 0.693 evaluated at α=.05. It was determined when there were all 8 experts. That means items will automatically be retained, dropped or refined if they don't meet the minimum criteria value of 0.693.

Table 2
Revised Critical Values for Lawshe’s (1975) Content Validity Ratio

N	Critical Value
	0.05
5	.877
6	.800
7	.741
8	**.693**
9	.653
10	.620
11	.591
12	.566
13	.544
14	.524
15	.506

Table 3 displays the CVR analysis based on the validation and evaluation of the items by a panel of 8 experts. For 8 panels, a minimum mean requirement of CVR 0.693 is required based on the CVR acceptance value in Table 2. A total of 18 items met the CVR critical values after an overall analysis of the items. Following the experts’ advice, the items were improved from the instruments.

Table 3
Content of Validation Ratio of SOCDI

Subscale	Item Number	CVR	Item Status
	1	1	Accepted
Washing	2	1	Accepted
	3	1	Accepted
	4	1	Accepted
Obsessing	5	1	Accepted
	6	0.75	Accepted
	7	0.75	Accepted
Ordering	8	1	Accepted
	9	1	Accepted
	10	0.75	Accepted
Checking	11	1	Accepted
	12	0.75	Accepted
	13	0.75	Accepted
Neutralizing	14	1	Accepted
	15	0.75	Accepted
	16	1	Accepted
Hoarding	17	1	Accepted
	18	0.75	Accepted

Note. N = 8.

Phase 3: Reliability Analysis of SOCDI

The third phase was conducted to obtain the reliability scores of the SOCDI. The data collected from the pilot study were processed using the Statistical Package for the Social Sciences (SPSS) version 26. According to Creswell (2010), reliability reflects the stability and consistency of a measurement instrument. The interpretation of the Cronbach's Alpha reliability scores for all items and each subscale was based on the theory proposed by Vallette (1997), which states that the minimum acceptable reliability score is .50. Furthermore, Kerlinger (1973) and Konting (1998) noted that reliability scores exceeding .60 are commonly utilized, where a

Cronbach's Alpha value of .60 to .80 is considered moderate to high, and a value above .80 is regarded as high. The Cronbach's Alpha values for the IT-PTSD are presented in Table 4.

Table 4
Reliability analysis of SOCDI

Subscales	Items	Cronbach's Alpha	Interpretation
Subscale 1: Washing	3	.646	Moderately High
Subscale 2: Obsessing	3	.719	Moderately High
Subscale 3: Ordering	3	.781	Moderately High
Subscale 4: Checking	3	.753	Moderately High
Subscale 5: Neutralizing	3	.766	Moderately High
Subscale 6: Hoarding	3	.769	Moderately High
The overall scale of SOCDI	18	.884	High

Note. $p < .05$., N = 50

Based on Table 4, overall, the reliability analysis for SOCDI indicated a high Cronbach's Alpha coefficient of .884. This suggests that SOCDI has a high level of reliability, confirming its appropriateness for use. Based on the subscales, SOCDI achieved a moderately high reliability score for every subscale. Furthermore, Table 5 presents the reliability analysis aimed at evaluating the quality of the items developed.

Table 5
The Reliability of Items in SOCDI

No.	Item	Cronbach's Alpha	Interpretation
1.	I find it difficult to touch an item when I know it has been touched by an unknown person or a specific person. (*Saya rasa sukar untuk menyentuh objek apabila saya tahu ia telah disentuh oleh orang yang tidak dikenali atau orang tertentu*)	.885	High
2.	I sometimes feel the need to wash or clean myself just because I feel contaminated. *(Saya kadang-kadang perlu mencuci atau membersihkan diri kerana saya rasa tercemar)*	.872	High
3.	I wash my hands more frequently and longer than what is considered necessary. *(Saya membasuh tangan lebih kerap dan lebih lama daripada yang sepatutnya)*	.882	High
4.	I have difficulty keeping my thoughts under control. *(Saya mengalami kesukaran untuk mengawal pemikiran saya sendiri)*	.885	High
5.	I often get unpleasant thoughts that enter my mind against my will. *(Saya sering mendapat fikiran yang tidak menyenangkan dan bertentangan dengan kemahuan saya)*	.875	High
6.	I find it tough to let go of negative thoughts that I often experience.	.880	High

	(Saya rasa sukar untuk menyingkirkan fikiran negatif yang sering saya alami)		
7.	I get frustrated if the objects are not arranged correctly. *(Saya berasa kecewa jika objek tidak disusun dengan betul)*	.879	High
8.	I get upset if someone alters my arrangements. *(Saya berasa kecewa jika seseorang mengubah susun atur saya)*	.876	High
9.	I need items to be arranged in a certain way. *(Saya rasa mahu barang-barang perlu disusun mengikut cara tertentu)*	.873	High
10	I feel compelled to check on things more frequently than is necessary. *(Saya sering rasa terdorong untuk menyemak sesuatu perkara lebih kerap daripada yang diperlukan)*	.874	High
11.	I repeatedly check on drawers, doors, windows, and so forth. *(Saya berulang kali memeriksa pintu, tingkap, laci dan lain-lain)*	.877	High
12.	I constantly check the gas, water pipes and electrical switches after shutting them down. *(Saya berulang kali memeriksa gas, paip air serta suis elektrik selepas mematikannya)*	.877	High
13.	I have the urge to count while I am doing something. *(Saya mempunyai desakan untuk mengira semasa saya melakukan sesuatu)*	.874	High
14.	I feel a strong urge to repeat certain numbers. *(Saya sering terdorong untuk mengulangi nombor-nombor tertentu)*	.876	High
15.	I strongly believe that there are lucky and unlucky numbers. *(Saya percaya terdapat nombor tuah dan malang)*	.880	High
16.	I have accumulated so much stuff that it is hindering my way. *(Saya mengumpul begitu banyak barang sehingga ia menghalang pergerakan saya)*	.875	High
17.	I gather items that I do not really need. *(Saya mengumpul barang-barang yang sebenarnya saya tidak perlukan)*	.883	High
18.	I try not to get rid of things because I worry, I might need things later. *(Saya cuba untuk tidak membuang barang kerana saya bimbang saya mungkin memerlukannya di masa hadapan)*	.879	High

Note. $p < .05$.

Based on Table 5, the obtained reliability scores indicate that the constructed items are at a high level. Modifications made to several items following feedback from the experts resulted in reliability scores that meet the standards established during the item development process. This is in line with the assertion made by Konting (1998), who stated that a reliability score of .60 or higher is considered good and acceptable.

Discussion and Recommendations

The study's findings indicate that the SOCDI has high validity and reliability, making it suitable for use in counselling sessions by counsellors and practitioners. The study also demonstrates

that the inventory can effectively measure an individual's level of OCD. Moreover, Malaysia currently lacks sufficient instruments and research for assessing OCD. The development of this inventory can support practitioners in identifying patients' OCD levels. Although the inventory is effective for measuring OCD levels, further studies are recommended to refine it, ensuring higher quality and broader applicability for diverse counselling services.

Conclusion

This study successfully developed the Simplified Obsessive-Compulsive Disorder Inventory (SOCDI) to assess OCD symptoms among Malaysians. The instrument consists of 18 items grouped into six subscales: washing, obsessing, ordering, checking, neutralizing, and hoarding. A panel of eight experts evaluated the content validity and confirmed that all 18 items were relevant and necessary, with each item meeting the critical Content Validity Ratio (CVR) threshold of 0.693

Reliability analysis with 50 respondents showed a high Cronbach's Alpha value of 0.884 for the overall instrument, indicating strong internal consistency and reliability. These findings demonstrate that SOCDI is a valid and reliable tool suitable for use in counselling settings to identify and assess OCD symptoms. Its simplified design and culturally relevant items make it especially suitable for Malaysian populations.

Future studies could expand the sample size to ensure the findings are generalizable to a broader demographic. Longitudinal studies to evaluate the test-retest reliability and stability of SOCDI over time would further strengthen its reliability. Additionally, clinical validation could help establish the instrument's ability to assess OCD severity accurately. To make SOCDI applicable in different cultural and linguistic contexts, translations and adaptations should also be considered. Implementing these recommendations would enhance SOCDI's potential as an effective screening tool for clinicians, counsellors, and researchers, supporting better diagnosis, treatment planning, and mental health care for individuals with OCD.

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