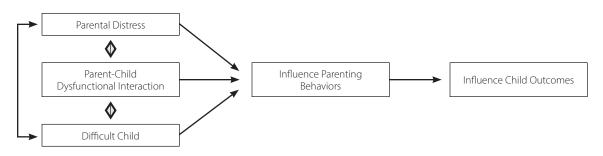
Parenting Stress Index– Short Form Guide (PSI/SF)



Purpose: The PSI is a self-report screening tool that helps providers and families identify the sources and different types of stress that come with parenting. Parents report their level of agreement with 36 items that fall into three subscales:

- Parental Distress (PD)—The extent to which parents feel competent, restricted, conflicted, supported, and/or depressed in their role as a parent.
- Parent-Child Dysfunctional Interaction (P-CDI)—The extent to which parents feel satisfied with their child and their interactions with them.
- Difficult Child (DC)—How a parent perceives their child to be, whether the child is easy or difficult to take care of.
- Total Stress—indication of overall level of stress a person is feeling in their role as a parent.

All of these—individually and combined—are believed to affect the overall relationship between parents and their children. See the diagram below of the theorized paths of influences of the three subscales on parenting behaviors.



Population: Parents of children that are 1 month-12 years old; parents with at least a fifth-grade reading level.

When to Administer: • Week 1 of intake process

- Pre-Natal Participants: 2 month post delivery
- Annually based on first screening date

Time Required: 10-15 minutes

Administration

Parents complete the PSI Short Form test sheet including basic demographic information on the top of the questionnaire first. For most items, parents should respond by circling SA (strongly agree), A (agree), NS (not sure), D (disagree), SD (strongly disagree). Encourage the parent to answer all the items. They should circle only one response per item, and make an "X" through the response if it needs to be changed. Make sure that the parent does not erase any answers. If a parent is not willing or able to complete the form on their own, read each question and mark their response.

Scoring & Interpretation

Home visitors are **not responsible** for scoring PSIs. When a PSI assessment is completed by a family, *turn it in to your supervisor* for scoring. The PSI scoring sheet that is returned to home visitors includes several summary scores for each subscale and for the total PSI.

Raw scores are calculated directly from the mother's responses to the questions. Generally speaking, higher raw scores indicate higher levels of stress.

Percentile (or %ile) scores are easier to interpret because they describe parent relative standing within all of the parents who were assessed during the development and testing of the PSI instrument. If a parent has a percentile score of 88, it means that 88% of parents reported lower levels of stress and 12% of parents reported higher levels of stress based on answers to the same questions. The table below provides the cutoffs scores that indicate clinical-level stress.

Abidin, R. R. (1990). Parenting Stress Index (PSI). Charlottesville, VA: Pediatric Psychology Press.

Percentile scores that fall between 15 and 80 are considered typical. High stress scores range from 81 to 84 (for P-CDI) and 89 (all other subscales). Clinically significant levels of stress that need additional follow up are above 85 (for P-CDI) and above 90 (for all other subscales).

PSI Subscale	Typical Stress Percentiles	High Stress Percentiles	Clinically Significant Stress Percentiles
Parental Distress (PD)	15-80	81-89	90-100
Parent-Child Dysfunctional Interaction (P-CDI)	15-80	81-84	85-100
Difficult Child (DC)	15-80	81-89	90-100
Total Stress	15-80	81-89	90-100

- Parental Distress (PD)—When PD is the highest score among the three subscales, it may be reflective of his/her personal adjustment to parenthood. Referrals for clinically significant levels of parenting distress could include community supports such as peer support groups to foster social support or parent-child play groups.
- **Parent-Child Dysfunctional Interaction (P-CDI)**—High scores in P-CDI may indicate a parent's feelings of disappointment, rejection, or alienation by/from the child, or a lack of proper bonding with their child. Parents could benefit from clinical support promoting parent-child interaction. Referral to professional intervention could be discussed with these parents.
- Difficult Child (DC)—Findings on the DC scale could have different interpretations based on the child's age. Interpreting clinically significant findings...
- For a child that's less than 18 months old—the child could be having problems with self-regulatory processes. These could be physical or temperamental problems. Home visitors can suggest a referral to their child's pediatrician to rule out a medical condition, an allergy, or colic and/or a referral for further developmental evaluation.
- For a child that's 2 years old or older—it's possible that the parent is having a hard time gaining their child's cooperation and/or managing their child's behavior. These parents could benefit from help with strategies to handle challenging behavior, and/or more information about age-appropriate discipline. Look for information about how these topics are covered in your model-specific curricula. After discussion with your supervisor, referrals for professional support could be discussed with the parents who screen in the area of concern.

Defensive Responding—When interpreting the PSI scores, it is important to keep in mind that some degree of parenting stress is to be expected! If a parent is reporting exceptionally low levels of stress, we might be concerned that they are answering defensively and not being completely forthcoming in their responses. For this reason, the developers of the PSI also included a "defensive responding" scale. Parents who score low may:

- Be trying to minimize any problems/stress so as to appear fine.
- Not be as invested in the role of parent, and thus not experience the usual stresses of caring for a child.
- Actually be very competent and handle responsibilities and parent-child relations well.

If the Defensive Responding raw score is below 10, discuss with your supervisor possible reasons and whether additional conversations are needed. NOTE: The Defensive Responding score is NOT included in the Total Stress Raw Score.

Entering the Data into DCRS

PSI data are entered into the Assessments tab of DCRS. Enter the date the assessment was completed and the status of the assessment at the top of the page.

Under the heading "Parent Stress Index (PSI) short form", enter the RAW scores for each of the subscales and for the Total Stress Raw Score. Also enter the Total Stress Percentile. Each score is entered twice to protect against possible data entry errors. A warning message will appear if the scores do not match. NOTE: The Defensive Responding score is not recorded in DCRS. The only percentile score that should be included in DCRS is the Total Stress Percentile.

Abidin, R. R. (1990). Parenting Stress Index (PSI). Charlottesville, VA: Pediatric Psychology Press.

Parent Stress Index (PSI) sho	rt form	-		
Parental Distress Score	0 (enter sc	ore twice)][]
Parent/Child Dysfunctional	Score 0 (enter sc	ore twice) [7][]
Difficult Child Score		ore twice) [7][1
Total Stress Score	0 (enter sc	ore (wice)][1
Total Stress Percentile	O (enter sc	ore twice)	1	
And these are the fields that the PD P-CDI DE $+$ $+$ $+$ $=$	Total Stress	aw Score		
PD = Parental Distress Score P-CDI = Parent/Child Dysfunction	nal Score			
DC = Difficult Child Score				
Total Stress = Total Stress Score				
Total Stress Percentile <u>= %ile</u>				

A copy of the completed assessment should also be uploaded in the "Documents" area at the bottom of the DCRS Assessments tab.

Abidin, R. R. (1990). Parenting Stress Index (PSI). Charlottesville, VA: Pediatric Psychology Press.