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BOOK REVIEW

Parenting Stress Index, 2nd ed.

By Richard R. Abidin
Charlottesville, VA: Pediatric Psychology Press, 1986, $27.50

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The Parenting Stress Index (PSI) is a 120-item parent-report checklist that assesses the degree of stress parents are experiencing in their childcare role. It has been described by Abidin (1987) as part of a trend away from omnibus diagnostic instruments and towards assessment strategies that are specific in their intent. The intent of the PSI is to identify parent-child pairs whose dysfunctional relationship places the child at risk for emotional disturbance. The scale yields a total parenting stress score and three separate domain scores that represent the portion of parent stress attributable to child characteristics, the portion attributable to parent characteristics, and the portion attributable to situational life events. Thus, the PSI is not a child diagnostic scale, but is intended to assess the parent-child relationship.

The PSI has earned respect in the mental health community because it is clinically astute and theoretically accurate. The scale's items utilize current empirical knowledge by utilizing variables that research has demonstrated to have significant impact on the adequacy of parent-child relationships and of later child adjustment. The scale incorporates theoretical models of stress, wherein it is not only the stressful event, but one's evaluation of that event that contributes to experienced stress (Lazarus, 1966). Items reflect the author's extensive clinical experience and were reviewed by other mental health practitioners for relevance and intelligibility. Early versions of the scale have been used for over 10 years in Abidin's own clinical practice and in parenting research across the nation.

In addition to the early identification of dysfunctional parental relationships, the PSI can be used to identify specific parenting issues that should be addressed in intervention. The instrument has been established as a potential pre/post measure to assess the impact of parent education interventions. In addition, the PSI has been used in much of the research on families of handicapped children, as well as research on marital and family relationships, families with attention deficit disorder children, and parents who abuse their children (Abidin, 1986a). As such, the instrument is very relevant to the practice of school psychology. It is particularly relevant to services that will be provided to handicapped children aged 3 to 5 when these become

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mandated by Public Law 99-457, the Education of the Handicapped Act Amendments of 1986.

DOMAINS

Because the PSI is divided into domains of parent, child, and life stress, the instrument may be utilized to distinguish stress due to a difficult child from stress due to an unprepared or dissatisfied parent. The 47 items comprising the PSI's Child Domain are organized into six subscales that reflect the degree to which the child adapts to environmental change, is acceptable to the parent, is demanding, shows volatile moods, is overactive and/or impulsive, and is reinforcing to the parent. Items were written to be appropriate to preschoolers and elementary-aged children, and Abidin (1986b) stated that the measure is not appropriate for adolescents. Although not intended to be a child temperament scale, the PSI Child Domain scores covary in expected ways with other measures of child behavior and temperament and predict the future emotional development of children. As Abidin (1986a) notes in the PSI manual, one of the major factors contributing to the development of emotional disturbance is the presence of excessively stressful characteristics of the child.

The 54 items comprising the Parent Domain are organized into seven subscales assessing the degree to which parents are depressed, are unattached to the child, feel restricted by their role as parents, feel incompetent as parents, are cut off socially by their parental role, have been unable to maintain a satisfactory relationship with their spouse, and are experiencing health problems. The Parent Domain subscales are not intended to assess general adult stress, but stress arising specifically from the parenting role.

The 19-item Life Stress Domain is an optional and brief life change scale that is intended to screen for general life stress unrelated to parenting. Unlike the other domains, it is not a developed scale, and the manual reports no reliability or validity information for it. Scores from the Life Stress Domain are not included in the total PSI score. That total is derived only from the 101 items in the Parent and Child Domains.

Items were assigned to domains a priori; subsequent factor analysis showed that at least 46% of the child items and 54% of the parent items showed their highest factor loadings on their assigned scale.

ITEM FORMAT

When completing the PSI, parents are not to act as objective observers of their own parental interactions; instead the scale is deliberately worded so as to capture parents' subjective evaluation of the parenting experience in addition to their objective description of parenting events. Thus, each item of the child domain is composed of a statement descriptive of the child (i.e., My child is so active . . .) and an evaluative statement (i.e., . . . that it exhausts me). Items comprising the Parent Domain blend descriptions of parent characteristics that impact on caregiving (i.e., I wind up feeling guilty when I get angry at my child . . .) with subjective evaluations of the parenting experience (i.e., . . . and this bothers me). This evaluative format thus incorporates the appraisal component of the construct of stress and, in this way, describes the "felt stress" that parents are experiencing.

The PSI has been criticized because items include both descriptions of stressors and descriptions of stress responses (McKinney & Peterson, 1984). A high PSI score represents both an excess of causes and effects of stress, whereas traditional stress measures assess only the effects. However the stressor-stress response distinction may be an illusory one within the context of an interpersonal interaction. What is a stress response in one moment, may frequently serve as a stressor in the next. A parent may feel extraordinarily angry at a child due to stress, while guilt over that anger may contribute to future stress.

STANDARDIZATION

The PSI was standardized on a population of 534 parents, predominantly White mothers, from central Virginia. The children rated in the normative sample ranged from 1 month to 19 years,

but over 95% of the sample were 5 years of age or younger. The sample duplicates the cachement area of Abidin's clinical practice, and so was sufficient for his original use of the scale. Although subsequent research studies have used the PSI instrument with fathers, in a variety of settings and with a variety of cultural and ethnic groups, the measure has never been restandardized on a nationally representative population of parents. Users of the instrument are comparing their clients to the original Virginia sample.

RELIABILITY

The PSI manual reports satisfactory internal consistency reliability data from the original standardization sample for the full PSI score, the three domain scores, and for individual 10 subscales. The reliability of the total scale is reported to be a very adequate .95. Domain reliability (internal consistency) from the standardization sample was also quite respectable: falling at .89 (child) and .93 (parent). Reliability of 13 subscales is variable and lower ranging from >.55 to .80. Reliability calculations have been made in other research samples that used the PSI and essentially duplicate the figures from the original standardization sample. Test–retest reliability of the PSI has been investigated in several research projects described in the manual. For the Total Parenting Stress score, these reliabilities range from .65 for an interval of 1 year .96 for intervals of 1 to 3 months. This pattern of scale stability is exactly that to be wished; parental stress is presumed to be to some extent situational, and PSI scores should reflect this variability. No reliability data of either kind are reported for the Life Stress Domain.

ADMINISTRATION

The PSI is administered easily by providing parents with a question booklet, and having them blacken the circles corresponding to their response on the accompanying answer sheet. For hand scoring, convenient pressure sensitive response sheets graphically collect item responses into scales on the response sheet carbons.

The PSI *Computer Scoring and Report Program* can be purchased as an alternative version of the PSI and includes the PSI manual and administration materials in addition to the program diskettes and program users manual. The computer program assists with PSI scoring and interpretation by summing item responses into raw scores for each subtest, the three Domains, and the total PSI score; converting raw scores into percentile scores; printing out an interpretive report to the clinician; permitting revision of that report into one suitable for release; and storing results on a data disk by subject number. The program does not permit parents to respond directly to the computer; instead, responses that have been hand-recorded on answer sheets must be entered into the computer by the clinician or their assistant. This is a friendly program that leads the user step-by-step through the process of entering data and printing out results. Documentation is a scant eight-page explanation of how to use the program. The program print-out begins with an attractive graph and convenient chart of all PSI percentile scores and continues to provide textual descriptions of the score interpretations that mirror the explanations provided in the PSI manual. The *Computer Scoring and Interpretive Report Program* may be a useful adjunct to the new user of the PSI or a convenient scoring tool for others.[1]

INTERPRETATION

Abidin (1986a) advocates a three-step interpretation of PSI results. When the total stress score falls above the 90th percentile, parents are considered to be at-risk and referral for intervention is recommended. Comparison of the Parent and Child Domain scores are then interpreted to clar-

[1] *Computer Scoring and Report Program*. A computer software program written by Richard R. Abidin. Charlottesville, VA: Pediatric Psychology Press, 1986, 11 pages and 1 diskette, $69.00 for 10 uses, $109.00 for 25 uses, and $349.00 for 100 uses. (Price includes a manual and administration materials for the Parenting Stress Inventory.) Available for the IBM-PC and Apple II series computers. Requires 2 drives, 128K memory, and a parallel interface printer.

ify the issues that should be addressed during intervention. When the Parent Domain score is elevated above the 90th percentile and the Child Domain score is not, dysfunctional parental attitudes and deficient parenting skills are considered to be the target of intervention. When Child Domain scores are elevated and the Parent Domain is not, the pattern reflects a difficult child and parents are presumed to be in need of support and training in special parenting skills tailored to match that child's difficult temperament. Finally, elevated subscale scores are interpreted to provide specific hypotheses about the sources of stress, and issues to be pursued in intervention. This model of clinical interpretation is consistent with the scale reliability, with decisions based on the most reliable scores and hypotheses formed from the less reliable scores to be checked out at some later time.

McKinney and Peterson (1984) pointed out the importance of validating these cutoff scores for level of correct classification. Although not reported in the manual, Abidin (1986b) presented data to show that 90% of the parents thus identified as requiring intervention are indeed true positives but as many as 25% of abusive parents may be missed with these cutoff points. In either case, because use of the scale has generalized beyond its original cachement population, different cutoff scores will need to be validated locally for different decisions.

Recent evidence shows that as on other instrument, highly defensive parents will "fake good" on the PSI (LaFiosca & Loyd, 1986). Defensive mothers were much more likely to report less stress due to parent characteristics and less stress overall. The impact of defensiveness on reports of stress due to child characteristics was not significant.

VALIDITY

The true strength of the PSI is in its well-documented validity as a measure of parental dysfunction. A recent bibliography lists 57 research projects using the PSI as at least one of the measures. In empirical studies, the PSI has been used with fathers (Cowan & Cowan, 1983; Kazak, Reber, & Snitzer, in press); minority groups in this country (Cowan & Cowan, 1983); in cross cultural studies (Hauenstein, Scarr, & Abidin, 1987); and with parents of diverse groups of exceptional children (Kazak & Marvin, 1984; McKinney & Peterson, 1984). Not all of these studies used the published PSI norms; instead subject groups were frequently subdivided based on within-study means. PSI scores have been shown to correlate with other measures of parental anxiety and maladjustment including the State-Trait Anxiety Scale (LaFiosca & Loyd, 1986), marital dissatisfaction (Awalt, 1981; Cowan & Cowan, 1983), and lack of spousal support in the parenting role (Adamakos et al., 1986).

Some studies have compared handicapped with nonhandicapped samples using the PSI. These provide evidence that the scale is sensitive to the increased stress present in families of handicapped children including children who are mentally retarded (Greenberg, 1983), demonstrate severe developmental delay (McKinney & Peterson, 1984), or have been diagnosed as having cerebral palsy (Zimmerman, 1979), apnea (Bendell, Culbertson, Shelton, & Carter, 1986), or spina bifida (Kazak & Marvin, 1984). In general, these populations show not only higher overall PSI scores, but also show a specific pattern of subscale elevations that are reasonable outcomes given the special demands of that group of children.

Higher PSI scores have been associated with other indices of childhood risk including indices of behavior problems (LaFiosca & Loyd, 1986), and insecure attachment (Hamilton, 1980). Several studies have shown significantly higher PSI scores for parents of difficult-to-raise attention-deficit disorder children (Mash & Johnston, 1983a; 1983b; 1983c).

Numerous studies have demonstrated abnormal PSI scores in parents who abuse their children (Mash, Johnston, & Kovitz, 1983; Tellen, Herzog, & Kilbane, 1986) or for children who show a suspiciously frequent number of clinic visits for accidents and traumatic injury (Abidin, 1982). Those studies have generally shown that parents with both very low and very high PSI scores are more likely to be abusive.

SUMMARY

All of this places us in the somewhat unusual situation of having a scale with considerable construct validity and very adequate reliability, but without the defensible national norms that we

typically look for in a school psychological measure. Use of the instrument for some purposes, such as making assignments to an intervention program, will require the establishment and validation of local cutoff scores. Use of the instrument for assigning diagnostic labels to children is not recommended. The Life Stress Domain should not be used except as a prompt for further interview. However, there are many uses for which the lack of representative norms may be less critical. For example, it would be appropriate to use the PSI as part of a screening inventory to identify parents most in need of further intervention, or to plan specific issues to address in a parenting intervention.

The PSI is an evaluative tool that is highly compatible with school psychological practice. It provides a comprehensive set of questions about the parent-child interaction. It is an assessment strategy that defines child adjustment in a complex, multivariate model, recognizing the reality that children change families and families change the children they raise. It is an assessment tool that yields information highly relevant to intervention. It is a prevention tool, permitting the detection of potential mental health difficulties in a manner that will allow timely intervention. Finally, it is an evaluation strategy that is highly suited to the evaluation of preschool children, the new challenge facing school psychology. The value of the PSI to school practice is indisputable. The challenge facing school psychologists is to use it appropriately. Most norm-referenced tests used by school psychologists are used as aids to diagnosis and placement. This scale is more appropriately used as a tool for prevention and a guide for further investigation and intervention.

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