### Basic Description

**Author(s):** Abidin, Richard R.

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University of Virginia  
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Charlottesville, VA 22904-4261

Information regarding the measure can also be found on the author’s website (www.people.virginia.edu/~rra/).

**Author Email:** rra@virginia.edu


**To Obtain:** Psychological Assessment Resources, Inc. (PAR)  
16204 N. Florida Avenue  
Lutz, FL 33549  
1-800-331-8378  
custserv@parinc.com  
www.parinc.com

**Cost per copy (in US $):** $2.09

**Copyright:** Yes

**Description:** The PSI is a very well-researched and widely used measure of parenting stress, which has been shown to be sensitive to intervention effects across a variety of studies, populations, and treatments. This measure assesses three areas of stress in the parent-child relationship: (a) child characteristics, (b) parent characteristics, and (c) stress stemming from situational or demographic conditions.

High levels of stress in the parenting relationship, assessed using the PSI, have been associated with problems in parenting behavior, impaired parent-child behavior, and child psychopathology.

The PSI categories may be used toward: “(a) screening for early identification, (b) assessment for individual diagnosis, (c) pre-post measurement of intervention effectiveness, and (d) research aimed at studying the effects of stress on parent-child interactions and in relation to other psychological variables.” (Abidin, 1995, p. iv)

**Theoretical Orientation Summary:** Guided by a theoretical model of the determinants of dysfunctional parenting (Abidin, 1976), which suggests that
parental stress was a function of salient child characteristics, parent characteristics, and situational variables related to the role of being a parent.

### Domains Assessed:

1. Family stress
2. Parent-child relationship
3. Stressful life events (cgiver)
4. Validity (cgiver)
5. General symptomatology (child)

### Languages Available:

- Arabic
- Chinese
- Croatian
- Dutch
- English
- Finnish
- French
- German
- Greek
- Hebrew
- Hmong
- Icelandic
- Indonesian
- Italian
- Japanese
- Korean
- Norwegian
- Portuguese
- Spanish
- Swedish

### Age Range:

<table>
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### # of Items:

<table>
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### Measure Type:

<table>
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<tbody>
<tr>
<td>Screening</td>
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### Measure Format:

<table>
<thead>
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<tbody>
<tr>
<td>Questionnaire</td>
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### Time to Complete (min):

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<th>Time to Complete (min):</th>
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### Reporter:

<table>
<thead>
<tr>
<th>Reporter:</th>
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</thead>
<tbody>
<tr>
<td>Parent/caregiver</td>
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</tbody>
</table>

### Education Level:

<table>
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### Periodicity:

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<th>Periodicity:</th>
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<tbody>
<tr>
<td>Unknown</td>
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### Response Format:

In general, items are scored using the following 5-point scale: 1) SA (Strongly Agree), 2) A (Agree), 3) NS (Not Sure), 4) D (Disagree), 5) SD (Strongly Disagree).

For life stress items, reporters indicate whether the events have occurred (Yes/No) in the past 12 months.

### Materials Needed:

- **Yes** Paper and pencil
- **Optional** Computer, Testing stimuli
- **Optional** Video equipment, Physiological equipment, Other

### Material Notes:

The following items are available (as of 6/05) from the publisher’s website:

1. PSI Introductory Kit: $158 (Includes Manual, 10 Reusable Item Booklets, 25 Hand-Scorable Forms.)
2. PSI Manual: $56
3. PSI Reusable Item Booklets (pg/10): $49
4. PSI Hand-Scorable Answer Sheet/Profile Forms (pkg/25): $59
5. PSI Hand-Scorable Answer Sheet/Profile Forms (pkg/100): $209 (Pricing is based on the purchase of this item.)

A computer scoring program can also be purchased on the website.
Sample Items:

<table>
<thead>
<tr>
<th>Domains</th>
<th>Scale</th>
<th>Sample Items</th>
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<tbody>
<tr>
<td>Child Domain</td>
<td>Distractability</td>
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<tr>
<td></td>
<td>Adaptability (child)</td>
<td>Not available</td>
</tr>
<tr>
<td></td>
<td>Reinforces Parent</td>
<td>Not available</td>
</tr>
<tr>
<td></td>
<td>Demandingness (child)</td>
<td>Not available</td>
</tr>
<tr>
<td></td>
<td>Mood (child)</td>
<td>Not available</td>
</tr>
<tr>
<td></td>
<td>Acceptability (child)</td>
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</tr>
<tr>
<td></td>
<td>Competence (child)</td>
<td>Not available</td>
</tr>
</tbody>
</table>

Notes (additional scales and domains):

PARENT DOMAIN
Competence, Isolation, Attachment, Health, Role Restriction, Depression, Spouse

LIFE STRESS:
During the last 12 months, have any of the following events occurred in your immediate family? (Yes/No)

Information Provided: (check all that apply)

- Diagnostic information DSM-III: Yes
- Diagnostic information DSM-IV: Yes
- Strengths: Yes
- Areas of concerns/risks: Yes
- Program evaluation information: Yes
- Continuous assessment: Yes
- Raw Scores: Yes
- Standard Scores: Yes
- Percentile: Yes
- Graph (e.g., of elevated scale): Yes
- Dichotomous assessment: Yes
- Clinical friendly output: Yes
- Written feedback: Yes
- Other: Yes

Training:

<table>
<thead>
<tr>
<th>Training to Administer:</th>
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<th>Must be a psychologist</th>
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<tr>
<td>(check all that apply)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Via manual/video</td>
<td>Training by experienced clinician (&lt;4 hours)</td>
</tr>
<tr>
<td></td>
<td>Prior experience psych testing &amp; interpretation</td>
<td>Training by experienced clinician (≥4 hours)</td>
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</table>

<table>
<thead>
<tr>
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<td></td>
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<tr>
<td></td>
<td>Via manual/video</td>
<td>Training by experienced clinician (&lt;4 hours)</td>
</tr>
<tr>
<td></td>
<td>Prior experience psych testing &amp; interpretation</td>
<td>Training by experienced clinician (≥4 hours)</td>
</tr>
</tbody>
</table>

Training Notes:
The author reports that those who administer the PSI should have a bachelor's degree and at least two hours of training by an experienced clinician.

Interpretation of PSI scores requires graduate training in psychology, education, social work, or nursing.
Parallel or Alternate Forms

<table>
<thead>
<tr>
<th>Parallel Forms?</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternate Forms:</td>
<td>No</td>
</tr>
<tr>
<td>Forms for Different Ages:</td>
<td>No</td>
</tr>
<tr>
<td>If so, are forms comparable:</td>
<td>No</td>
</tr>
<tr>
<td>Any Altered Versions of Measure:</td>
<td>Yes</td>
</tr>
<tr>
<td>Describe:</td>
<td>There is a short form of the PSI, consisting of 36 items from this version. A review of the short form is included in the NCTSN Measure Review Database.</td>
</tr>
</tbody>
</table>

Population Used to Develop Measure

Pilot testing during development consisted of a group of 208 mothers of children younger than 3 years of age who brought their children to the well-child clinic of a private pediatric group in Charlottesville, Va.

Psychometrics

Global Rating (scale based on Hudall Stamm, 1996):

<table>
<thead>
<tr>
<th>Considered a gold standard:</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Norms:</td>
<td>Yes</td>
</tr>
<tr>
<td>For separate age groups:</td>
<td>No</td>
</tr>
<tr>
<td>For clinical populations:</td>
<td>Yes</td>
</tr>
<tr>
<td>Separate for men and women:</td>
<td>Yes</td>
</tr>
<tr>
<td>For other demographic groups:</td>
<td>Yes</td>
</tr>
<tr>
<td>Notes:</td>
<td>From Abidin (1995) The original norm group consisted of 2,633 mothers aged 16-61 (M=30.9) and their children aged 1 month to 12 years (M=4.9, SD=3.1). The majority (41%) were recruited from well-child pediatric clinics in Central Virginia. Other participants were recruited from public school day care centers, public schools, public and private pediatric clinics, and a health maintenance program. Participants’ ethnicity was 76% White, 11% African American, 10% Hispanic, 2% Asian, and 1% Other. Socioeconomic status, education, and employment status were widely distributed across the sample. Income: 27% of the sample had a total annual family income less than $20,000. Marital status: 77% of the mothers in the sample were married, 14% were divorced, 4% were separated, 4% never married, and 1% were widowed. The mean number of children living in the home was 2.1 (SD = 1.2). Normative data were also collected from 200 fathers aged 18-65 (M=32.1, SD=6.01) Ethnic group composition was approximately 95% White and 5% African-American. Education: 48% college graduates, 20% vocational training or some college, 23% high school graduates, and 9% less than 12 years of education. In comparison to mothers, fathers show lower scores on many PSI scales.</td>
</tr>
</tbody>
</table>
Separate norms were collected using the Spanish version of the PSI with a sample of 223 Hispanic parents recruited from pediatric clinics of a major medical center in New York City. Mean age of mothers was 30.8 years (SD=7.4), mean age for fathers was 34.5 (SD=7.8), and the mean age for target children was 51.7 months (SD=39.6).

Marital status: 64% married, 14% single, 14% separated, 6% divorced, and 2% widowed.

Socioeconomic status was widely distributed.

Mothers’ birthplace included: Puerto Rico (29%), Dominican Republic (22%), United States, (21%), Ecuador, (12%), and other Spanish-speaking countries (16%). Fathers’ birthplace included: Puerto Rico (38%), Dominican Republic (22%), United States (15%), Ecuador (11%), and other Spanish-speaking countries (14%).

Using Hollingshead Social Class Status of Family Classification: 5.4% was classified as I (high), 12.2% was classified as II, 23.4% was classified as III, 26.6% was classified as IV, and 32.4% was classified as V (low).

<table>
<thead>
<tr>
<th>Clinical Cutoffs:</th>
<th>Yes</th>
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<tbody>
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<td>Specify Cutoffs:</td>
<td>The normal range for scores is within the 15th to 80th percentiles. High scores are considered to be scores at or above the 85th percentile.</td>
</tr>
<tr>
<td>Used in Major Studies:</td>
<td>Yes</td>
</tr>
<tr>
<td>Specify Studies:</td>
<td>Bermuda Child Development Project (Miller, 1986); Early Intervention (Innocenti, Huh, &amp; Boyce, 1992; European Early Promotion Project (Puura et al., 2005).</td>
</tr>
</tbody>
</table>
Data are from Abidin (1995). Data in the table (above) are from the normative sample.

TEST-RETEST RELIABILITY
Four studies have examined test-retest reliability. Studies used intervals ranging from 3 weeks to 1 year. In general, correlations were above .60 (with the exception of the Child Domain 1-year reliability coefficient, which was .55).

The range of scores reported above is from a study involving 30 mothers from a group pediatric practice with a test-retest administration period of 1 to 3 months. This study reported the following scores: Child Domain (.63), Parent Domain (.91), Total Stress (.96).

INTERNAL CONSISTENCY (Cronbach's alpha)
Normative sample:
Child Domain Total (.90), Adaptability (.76), Acceptability (.79), Demandingness (.73), Mood (.73), Distractibility/Hyperactivity (.82), Reinforces parent (.83)

Parent Domain Total (.93), Depression (.84), Attachment (.75), Role Restriction (.79), Competence (.83), Isolation (.82), Spouse (.81), Health (.70)
Total Stress (.95)

Hauenstein et al. (1987): A validation sample: 1) Child Domain subscales=.59-.78, 2) Parent Domain subscales=.57-.79, and 3) Total Stress and Domain scores=all >.90.

Content Validity:
(Summarized from Abidin, 1995)
Items were developed from a comprehensive listing of dimensions identified based on review of literature on infant development, parent-child interaction, attachment, child abuse and neglect, child psychopathology, childrearing practices, and stress. Items were piloted on 208 mothers of children younger than age 3 who brought their children to well-child clinics.

Based on the pilot, it was determined that most mothers completed the measure in 20-30 minutes and that it was understandable to those who had at least a 5th-grade education. A panel of six professionals in the area of early parent-child relationships rated items for relevance and adequacy of construction.

Ultimately, the number of items was reduced through field tests and examination of correlations between items and domain scales, with items not contributing to domains or subscales deleted.
Validity: This measure has been widely used and validated with a broad variety of populations including: mothers of developmentally delayed children, mothers of infants exposed to cocaine prenatally, clinical samples, parents of children with conduct disorders, parents of hyperactive children, parents of children with attention deficit disorder, depressed mothers, parents of children with various disabilities and physical illnesses, parents who have adopted children, grandparents, adolescents, and parents who have used in-vitro fertilization.

It has also been used in attachment studies, language development studies, and treatment-outcome studies. Construct validity has been found in a wide variety of populations including a myriad of developmental issues, behavior problems, disabilities, illnesses, and ethnic backgrounds. The PSI manual, as well as the author’s website, provides an exhaustive list of studies that can be referred to, depending on the relevant population.

2. Examples of treatment outcome studies include: Robbins, Dunlap, & Plienis, (1991), N=12, children and mothers participating in a preschool training project, Acton and During (1992), n=29, parents completing an aggression management training program for children with aggressive problems, Barkley et al. (1988), n=23, parents of children with ADD who got Ritalin dosages.

The PSI has been used in numerous randomized trials of treatments for disruptive disorder including Webster-Stratton’s treatment (e.g., Webster-Stratton & Hammond, 1997, Webster-Stratton, Hollinsworth, & Kolpakoff, 1989) and Parent-Child Interaction Therapy (e.g., Bagner & Eyberg, 2003; Nixon, Sweeney, Erickson, & Touyz, 2003; Nixon, Sweeney, Erickson, & Touyz, 2004). Treatment mothers show greater PSI reductions than did mothers of comparison group children, and reductions are maintained at follow-up.

In another study, PSI scores were found to be related to participation in treatment for child behavior problems. Mothers who failed to attend a first appointment following referral had higher levels of parenting stress than those...
who did attend (Calam, Bolton, & Roberts, 2002).

3. PSI scores have been found to predict later child behavior problems in at-risk samples (Goldberg et al., 1997). In a longitudinal analysis, parenting stress in infancy due to the child’s distractibility predicted Child Behavior Problems on the ECBI at age 7 (Benzies, Harrison, & Magill-Evans, 2004).

4. PSI scores differentiate between a number of different groups. Mothers of children with multiple diagnoses (ADHD/ODD or ADHD/ODD/CD) have higher PSI scores than did mothers of ADHD-only children (Ross et al., 1998). In a high-risk sample, PSI scores for mothers with five or more risks were significantly higher than for mothers with four or fewer risks (Nair et al., 2003).

5. Factorial validity was found in three separate analyses, one for each domain: Child Domain, Parent Domain, and overall. In the Child Domain, the 6 factors accounted for 41% of the variance. In the Parent Domain, the 7 factors accounted for 44% of the variance.

Overall, the two domains as factors accounted for 58% of the variance. A factor analysis with Chinese (Hong Kong) mothers replicated this structure. However, analyses with African-American and Latina samples have found a 3-factor solution best fit the data (see Notes under “Use With Diverse Populations” for these studies).

USE WITH TRAUMA POPULATIONS
1. PSI scores correlated with scores on the Child Abuse and Trauma Scale in a sample of mothers recovering from drug and alcohol addiction (Harmer, Sanderson, & Mertin, 1999).

2. Parents of children in treatment for sexual behaviors displayed high levels of parenting stress (total stress and child domain), with average scores in the 91st percentile. Biological parents scored significantly higher than did foster parents on total stress (Pithers, Gray, Busconi, & Houchens, 1998).

3. Multiple studies have shown correlations between PSI scores and Child Abuse Potential Inventory Scores (e.g., Holden, Willis, & Foltz, 1989, Rodriguez & Green, 1997).


5. In a sample of Hong Kong mothers, abusive mothers had higher scores than did nonabusive mothers on the Parent Domain, Child Domain, and Total PSI scores. PSI scores alone correctly classified 62.16% of cases as abusive or non-abusive.

6. A French-Canadian study (Lacharité, Éthier, & Couture, 1999) examined the sensitivity and specificity of the PSI with regard to discriminating maltreating from nonmaltreating mothers. (See next section, #5, last paragraph.)

USE WITH DIVERSE POPULATIONS
1. The PSI has been used in numerous studies of adolescent mothers. Interestingly, PSI scores were related to peer support but not to family support in
one study of 66 adolescent mothers (Richardson, Barbour, & Bubenzer, 1995).

2. The PSI has also been used in numerous studies with low-income African American mothers. Hutcheson & Black (1996) report acceptable internal consistency and 6-month test-retest reliability. Factor analysis suggests a 3-factor solution best fit the data with Parent, Child, and Parent-Child Interaction factors. Parenting stress has been found to be related to observations of parenting behavior (Chang et al., 2004).

3. A Spanish version of the PSI is available from PAR, and its psychometric properties were investigated by Solis & Abidin (1991). A description of the population involved can be found under “Norms.” They found good internal consistency for domain scores and most subscales (alpha): Child Domain (.94), Adaptability (.65), Acceptability (.74), Demandingness (.58), Mood (.63), Distractibility/Hyperactivity (.65), Reinforces Parent (.76), Parent Domain (.92), Depression (.75), Attachment (.58), Restriction of Role (.74), Sense of Competence (.73), Social Isolation (.74), Relationship with Spouse (.76), Parent Health (.71), Total Stress (.94).

Principal components analysis with a varimax rotation for a 2-factor solution (replicating procedures used with the original sample) did not result in a clean solution, and a 3-factor solution was identified based on the scree test and interpretability of the factors.

Factor 1 was composed of Depression, Restriction of Role, Social Isolation, Relationship with Spouse, and Parental Health (all are Parent Domain subscales). Factor 2 included Reinforces Parent, Attachment, Acceptability, and Sense of Competence. This factor was identified as the “Parent-Child Interaction Factor.” Factor 3 included Adaptability, Demandingness, Mood, and Distractibility (all are Child Domain subscales). A subsample of mothers with children with a physical or mental handicap was compared to the remaining 200 mothers. They had higher scores on all domains and subscales except Sense of Competence and Attachment.

Solís-Cámara et al. (2004) found intervention effects using the PSI with Spanish-speaking parents in Mexico.

4. Tam, Chan, & Wong (1994) examined the psychometrics of the PSI with 2 samples of Chinese mothers in Hong Kong. The first sample included mothers of children with mental retardation, autism, Down Syndrome, and also physically abusive mothers. This sample was considered to have high levels of stress. The second sample was recruited from the community. All mothers spoke Cantonese. A slightly modified version of the PSI (items 59 and 60 “slightly modified to suit the Hong Kong context”) was used. The results suggest good internal consistency for domain scores. Internal consistency ranged from good to poor for subscales.

Reliabilities were as follows: Child Domain (.85), Adaptability (.65), Acceptability (.65), Demandingness (.69), Mood (.41), Distractibility/Hyperactivity (.40), Reinforces Parent (.63), Parent Domain (.91), Depression (.75), Attachment (.39), Restriction of Role (.81), Sense of Competence (.74), Social Isolation (.69), Relationship with Spouse (.67), Parent Health (.71), Total Stress (.93).

Validity was supported by correlations with the General Health Questionnaire,
Langner’s Stress Scale, the Global Assessment of Recent Stress Scale, and single-item measures of self-perceived parenting difficulty and self-perceived parenting pressure.

PSI scores differentiated between high-stress and low-stress groups (categorized on the basis of responses to statements regarding stress from child care). Exploratory principal components factor analysis with a varimax rotation identified 2 factors with a structure similar to that found in Abidin (1983).

Chan (1994) assessed 50 identified abusive mothers and 37 community sample nonabusive mothers of similar demographic and socioeconomic background. Both samples were recruited in Hong Kong. Abusive mothers had significantly higher scores on all three PSI domains (Child, Parent, and Life Stress). They also had statistically higher scores on the Acceptability, Mood, Reinforces Parent, and Attachment subscales. PSI scores correctly classified 62.2% of the mothers as abusive or nonabusive.

5. The psychometrics of the French-Canadian version of the PSI have also been studied in numerous studies. Bigras, La Freniere, & Dumas (1996) conducted regression analyses using the Dyadic Adjustment Scale, a rating of Insularity, and the Beck Depression Inventory. Each of these measures was moderately correlated with the PSI Parent and Child Domain scores. The Parent Domain score of the PSI was a better predictor of these variables than was the Child Domain.

Lacharité, Éthier, & Couture (1999) examined the sensitivity and specificity of the PSI in a sample of 81 maltreating (44.3% neglect, 14.7% abuse, and 41% neglect and abuse) and 81 nonmaltreating mothers of low socioeconomic status. They found an increase in correct classification when the subscales of Adaptability, Hyperactivity, and Competence were included into the analysis. Sensitivity using total scores was 67.9%; using the subscales it was 76.5%. Specificity using total scores was 79%; using subscales it was 75.3%.

<table>
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<tr>
<th>Measures used as criterion:</th>
<th>Not known</th>
<th>Not found</th>
<th>Nonclinical Samples</th>
<th>Clinical Samples</th>
<th>Diverse Samples</th>
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<tbody>
<tr>
<td><strong>Predictive Validity:</strong></td>
<td></td>
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<td>Yes</td>
<td>Yes</td>
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<td><strong>Postdictive Validity:</strong></td>
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<tr>
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<td><strong>Specificity Rate(s):</strong></td>
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<td><strong>Negative Predictive Power:</strong></td>
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<tr>
<td><strong>Notes:</strong></td>
<td>Sensitivity and Specificy (reported above) are from a study using the French-Canadian version of the PSI and examine the Sensitivity and Specificity of the total PSI score in discriminating abusive from nonabusive mothers.</td>
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</tbody>
</table>

Limitations of Psychometrics and Other Comments Regarding Psychometrics:

While there are norms for Spanish speakers, it should be noted that the norms were developed with an East Coast sample. Norms for other Spanish-speaking groups, e.g.,...
immigrants from Nicaragua, El Salvador, Peru, and Columbia, may differ from those collected, given the high rates of trauma often experienced by immigrants from these countries.

**Consumer Satisfaction**

While a specific discussion of consumer satisfaction could not be found, the number of articles that cite the PSI and the amount of research that has been done with it seems to indicate that it is a widely used and popular measure.

Numerous clinicians noted that clients and research participants often question why they are being asked one of the items (regarding being displeased about the last purchase of clothing). The author reports that the item is a measure of dissatisfaction with their life and depression, and that the link was empirically established.

**Languages Other than English**

<table>
<thead>
<tr>
<th>Language:</th>
<th>Translation Quality (check all that apply)</th>
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<tbody>
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<td>1. Spanish (Spain, Puerto Rico)</td>
<td>1 = Has been translated</td>
</tr>
<tr>
<td></td>
<td>2 = Has been translated and back translated - translation appears good and valid.</td>
</tr>
<tr>
<td></td>
<td>3 = Measure has been found to be reliable with this language group.</td>
</tr>
<tr>
<td></td>
<td>4 = Psychometric properties overall appear to be good for this language group.</td>
</tr>
<tr>
<td></td>
<td>5 = Factor structure is similar for this language group as it is for the development group.</td>
</tr>
<tr>
<td></td>
<td>6 = Norms are available for this language group.</td>
</tr>
<tr>
<td></td>
<td>7 = Measure was developed for this language group.</td>
</tr>
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<td>2. Chinese (Mandarin)</td>
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<td>5. Japanese</td>
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<td>6. Italian</td>
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<td>7. Hebrew</td>
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<tr>
<td>8. Dutch</td>
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<tr>
<td>9. French</td>
<td>Yes</td>
</tr>
<tr>
<td>10. French (Canadian)</td>
<td>Yes</td>
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</tbody>
</table>

**Use with Trauma Populations**

<table>
<thead>
<tr>
<th>Populations for which measure has demonstrated evidence of reliability and validity:</th>
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</thead>
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<td>Yes</td>
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<tr>
<td>Yes</td>
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<tr>
<td>Neglect</td>
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<tr>
<td>Community violence</td>
</tr>
<tr>
<td>Medical trauma</td>
</tr>
</tbody>
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Use with Diverse Populations

USE WITH DIVERSE POPULATIONS RATING SCALE
1. Measure is known (personal communication, conference presentation) to have been used with members of this group.
2=Studies in peer-reviewed journals have included members of this group who have completed the measure.
3=Measures have been found to be reliable with this group.
4=Psychometric properties well established with this group.
5=Norms are available for this group (or norms include a significant proportion of individuals from this group)
6=Measure was developed specifically for this group.

Population Type:  Degree of Usage: (check all that apply)
1  2  3  4  5  6
1. Developmental disability Yes Yes Yes Yes
2. Disabilities Yes Yes Yes Yes
3. Lower socio-economic status Yes Yes Yes Yes
4. Rural populations
5. African American Yes Yes Yes Yes
6. Latino Yes Yes Yes Yes Yes

Notes (including other diverse populations):
The measure has been used in multiple studies of children with health problems. Health problems include: 1) intraventricular hemorrhage, 2) apnea, 3) congenital heart disease, 4) cerebral palsy, 5) prenatal drug exposure, 6) craniofacial birth defects, 7) asthma, 8) cystic fibrosis, 9) diabetes, 10) chronic illness.
The measure has been used in multiple studies of children with developmental delays and impairments including: 1) hearing impaired, 2) visually impaired, 3) motorically impaired, 4) language-impaired, 5) developmentally delayed, 6) Down Syndrome, 7) autism, and 8) Rett Syndrome.
The measure has also been widely used with diverse groups including those of lower-socioeconomic status, adolescent parents, drug-abusing parents, fathers, and multiple cultural and language groups (see “Languages”).

Pros and Cons/Qualitative Impression

Pros:
1. Widely used.
2. Psychometrically sound, reliable and validated across a range of populations.
3. Normative data available.
4. Translated into multiple languages.
5. Sensitive to change resulting from treatment.
6. The concept of parenting stress is one that is important for families who have experienced traumatic events. Parenting stress may be an important target for trauma-focused interventions.

Cons:
1. The measure is face valid and in mandated samples (as with other measures), many parents score low even when they have high levels of stress. Although there is a validity scale, research suggests that the PSI validity scales are not as good at detecting invalid responses as validity scales on the Child Abuse Potential Inventory (Milner & Crouch, 1997).
2. The measure is long. It yields important and good information, but it does present a burden to participants.
3. Some researchers who have attempted to use the Spanish version of the measure with low-income samples have found that participants often have a hard time understanding specific items. The problem appears to stem from the use of double negatives, which may be harder to process in the Spanish language.
The reference for the manual is:

The manual lists over 300 studies that have used the PSI. A PsychInfo search (6/05) using the words “Parenting Stress Index” or “PSI” anywhere revealed that the measure has been referenced in 621 peer-reviewed journal articles. After eliminating those that clearly referenced the PSI-SF, 536 remained. Below is a sampling of those articles:


A PsychINFO search (6/05) for “Parenting Stress Index” or “PSI” anywhere revealed that the measure has been referenced in 135 unpublished dissertations.


The author provided comments on the final version of the review, which were integrated.

Citation for Review: Cara Kuendig, Chandra Ghosh Ippen, Ph.D., Laura Mayorga, Ph.D.
Editor of Review: Chandra Ghosh Ippen, Ph.D., Nicole Taylor, Ph.D., Robyn Igelman, M.A., Madhur Kulkarni, M.S.
Last Updated: 6/28/2005
PDF Available: yes

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Unpublished References:
A PsychINFO search (6/05) for "Parenting Stress Index" or "PSI" anywhere revealed that the measure has been referenced in 135 unpublished dissertations.


Number of Published References: 812
Number of Unpublished References: 135

Author Comments:
The author provided comments on the final version of the review, which were integrated.

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Other Related References