

# Parenting Stress Index (PSI-4)



## Parenting Stress Index, fourth edition (PSI-4)

Under TRICARE's Autism Care Demonstration (ACD), applied behavior analysis (ABA) providers must submit Parenting Stress Index, fourth edition (PSI-4) scores for all enrolled beneficiaries, aged 12 years and under, every six months. PSI-4 scores are not part of the treatment planning process, but rather assist in identifying available resources and enhancing the overall support provided to families of beneficiaries diagnosed with autism spectrum disorder (ASD). Health Net Federal Services, LLC (HNFS) offers the following information regarding the PSI-4 to inform and clarify the intended purpose of this assessment tool.

### What is the PSI-4?

The PSI-4 is an informant-based rating scale used for screening and evaluating the parenting system. The PSI-4 focuses on three major domains of stress: child characteristics, parent characteristics and situational/demographic life stress.

### Why is the PSI-4 used?

Standardized assessments give families and provider teams clear, consistent measurements over time. TRICARE has selected the PSI-4 because it is a valid and reliable measure of internal stress and dynamics within a family system. The demands of raising or caring for a family member with ASD may increase stress levels. Monitoring the PSI-4 domains can provide useful information for providers and care managers to determine needs for additional support.

### What are the PSI-4 submission requirements?

The PSI-4 Short Form must be submitted prior to the start of treatment and every six months thereafter. Providers must submit the score summary, which includes both percentile and T-scores for the four required domains: PSI Parental Distress, PSI Parent/Child Relationship Dysfunction, PSI Difficult Child, and the PSI Total Stress Percentile. The publisher version of scores or print out must be used and the name of the respondent and relationship to the beneficiary must be documented. Imbedding scores within the treatment plan or other clinical documents does not meet submission requirements.

### How is the PSI-4 scored?

The PSI-4 converts raw scores based on responses to individual questions into percentile and T-scores for 13 sub-domains and the four required domain scores (PSI Parental Distress, PSI Parent/Child Relationship Dysfunction, PSI Difficult Child, and the PSI Total Stress Percentile). Each percentile score has a slightly different range depending on the age of the respondent. In general, the percentile scores range from less than one percent to greater than 99%. T-scores also have a slightly different range depending on the age of the beneficiary and for each domain. T-scores generally range from within 20–100 points.

### How are PSI-4 scores used under the Autism Care Demonstration?

While the treating provider may not be the provider who completed the PSI-4, it is necessary for treating ABA providers to review and fully understand the scores. PSI-4 scores are not used for treatment planning, nor are the scores meant to diagnose dysfunction in the parent/child relationship or as a screening tool for parent mental health.

ABA providers can use the PSI-4 scores to identify whether additional family support would be beneficial to increase parent engagement, decrease familial stress and/or support the beneficiary's access to services. The PSI-4 is also useful in setting priorities for intervention, as some areas of beneficiary programming may address root causes of challenges within the parent/child relationship. Providers are encouraged to discuss if altering training schedules, changing topics of training within the scope of ABA, and other remedies that may improve any stress associated with ABA treatment and training for parents.

During a clinical necessity review, high stress index scores in the SIPA will prompt the clinical reviewer (BCBA/BCBA-D) to evaluate parent training recommendations, parent engagement and unique circumstances (e.g., spouse recently deployed, medical/surgical procedures, death in family, etc.) to identify additional services (i.e., case management) that may benefit the family. After the coverage determination is complete, the clinical reviewer will contact the family to offer identified additional support resources.



## When do PSI-4 scores indicate the need for a treatment or training modification?

HNFS' ABA supervisors do not use PSI-4 scores for treatment plan modification. However, ABA providers are encouraged to carefully review the PSI-4 scores at each six-month reassessment to evaluate resources available to support the individual family's specific needs. While the publisher scoring table includes both percentile and T-score, the percentile scores are considered the primary source for interpretation. Percentile scores of 16–84% indicate normal ranges of stress, 85–89% are considered high levels of stress, and 90% and above are considered significantly significant. On the PSI-4-SF, any T-score above 66 (equivalent to 90%) in any domain is considered clinically significant while a T-score below 62 is considered within normal limits.

For additional information about TRICARE's ABA benefit, please visit [www.tricare-west.com/go/ACD-provider](http://www.tricare-west.com/go/ACD-provider).