

Stress Index for Parents of Adolescents (SIPA)



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Under TRICARE's Autism Care Demonstration (ACD), applied behavior analysis (ABA) providers must submit the Stress Index for Parents of Adolescents, third edition (SIPA) scores for all enrolled beneficiaries, aged 11 to 19 years old, every six months. SIPA 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 SIPA to inform and clarify the intended purpose of this assessment tool.

What is the SIPA?

The SIPA is the upward age extension of the Parenting Stress Index, fourth edition (PSI-4). The SIPA is a respondent-based screening instrument that identifies areas of stress in parent-adolescent interactions, allowing examination of the relationship of parenting stress to adolescent characteristics, parent characteristics, the quality of the adolescent-parent interactions, and stressful life circumstances.

Why is the SIPA used?

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

What are the SIPA submission requirements?

The SIPA is a comprehensive system with a variety of scores. Percentile scores for all of the following are required: Adolescent Domain (AD), Moodiness/Emotional Lability (MEL), Social Isolation/Withdrawal (ISO), Delinquency/Antisocial (DEL), Failure to Achieve or Persevere (ACH), Parent Domain (PD), Life Restrictions (LR), Relationship with Spouse/Partner (REL), Social Alienation (SOC), Incompetence/Guilt (INC), Adolescent-Parent Relationship Domain (APRD), Index of Total Parenting Stress (TS), and Life Stressors (LS). Submission of all outcome measure results must include the full publisher print report or hand-scored protocol and summary score sheet(s). Imbedding scores within the treatment plan or other clinical documents does not meet submission requirements.

How is the SIPA scored?

The above-mentioned domains are converted from raw scores to percentile scores. These raw scores can also be converted into T-scores; however, this does not include the required AD, PD, APRD, TS or LS. The SIPA manual states that all clinical interpretations and validity studies are based on the percentile scores and should be the primary source for interpretation. Percentile scores range from one to greater than 99 (>99) while T-scores range from 29 to greater than 80 (>80).

How are SIPA scores used under the Autism Care Demonstration?

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

ABA providers can use the SIPA 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 SIPA is also useful in setting priorities for intervention, as some areas of beneficiary programming may address root causes of challenges with the parent/child relationship. HNFS encourages providers to discuss whether altering training schedules, changing topics of training within the scope of ABA, and other remedies 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 SIPA scores indicate the need for a treatment plan modification?

HNFS' ABA supervisors do not use SIPA scores for treatment plan modification. However, ABA providers are encouraged to carefully review the SIPA scores at each six-month reassessment to evaluate resources available to support the individual family's specific needs. Scores less than 85% are considered within normal limits, those between 85–89% are considered borderline, those above 90% are considered clinically significant, and those above 95% are considered clinically severe.

For additional information about TRICARE's ABA benefit, please visit www.tricare-west.com/go/ACD-provider.