

# LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

First 5 LA Parent-Child  
Interaction Therapy (PCIT)

## Purpose

The PSI-4-SF™:

- Is a **36-item** parent/caregiver questionnaire that assesses their perceptions of their child's characteristics, their own characteristics and feelings of circumstances, and the interactions between child and parent/caregiver.
- Provides information regarding severity of parents/caregivers life stressors and the how this impacts their child.
- Is sensitive to short-term changes, thus it can be used to evaluate treatment progress through the course of treatment.

## Administration

- Is to be administered by a trained professional with a minimum of a bachelor's degree in psychology or a related field.
- May be administered by phone or clinic, home or school setting.
- Should be reviewed for completeness; parent/caregiver should be encouraged to rate perceptions by completing all items.



Revised: January 9, 2014

# PSI Quick Guide

Parent Stress Index-4 Short form™

The First 5 LA Parent-Child Interaction Therapy (PCIT) is unique from other Evidenced Based Practices (EBP's) in Los Angeles County. The source of funding for PCIT is First 5 LA, which is different from the Prevention and Early Intervention (PEI) EBP's funded by the Mental Health Services Act (MHSA). First 5 LA, UC Davis and DMH entered a five year strategic partnership in order to enhance the capacity and access of PCIT service delivery countywide. Therefore, it is significant to capture all the data of each client using the required outcome measures: PSI, Eyberg Child Behavior Inventory (ECBI), Sutter-Eyberg Student Behavior Inventory (SESBI). And, the Trauma Symptom Checklist for Young Children (TSCYC) should be done when there is known trauma.

The PSI-4-SF is a condensed version of the full length test. It should be completed by the Parent/Caregiver which is a self-report that assesses their perceptions of their child's characteristics, their own characteristics and feelings of circumstances, and the interactions between child and parent/caregiver. It is required during the First, Midpoint, and Last EBP Treatment Sessions. It can be updated at any point in treatment as a clinician deems necessary.

## Clinical Utility

The PSI-4-SF™:

Can be used to:

- Measure severity of stress
- Assess treatment progress
- Aid in post-intervention treatment planning

## Scoring Information

- Review questionnaire to ensure Parent/Caregiver responded to all items
- Scales may still be calculated even if there are missed responses, by averaging the scores to the nearest whole number.
- Raw scores are converted into T-Scores (see Manual for details).
- Scores >85<sup>th</sup> percentile are clinically significant.
- Cutoff for Raw Scores

Defensive Responding	<11
Parental Distress (PD)	>35
Parent-Child Dysfunctional Interaction (PD-CDI)	>32
Difficult Child (DC)	>35
Total Stress	>101

## Scales

Defensive Responding	Assesses the response that may be biased in which the parent-child relationship is a more favorable impression.
Parental Distress (PD)	Assesses parent/caregiver stress that relates to factors related to parenting.
Parent-Child Dysfunctional Interaction (PD-CDI)	Assesses parent/caregiver perceptions of their child's responses to their expectations and how it reinforces their parenting role.
Difficult Child (DC)	Assesses the temperament of the child which impacts the parent-child relationship.
Total Stress	Assesses the general levels of stress experienced by parent/caregiver's based on responses.