

TTAC

Perinatal and Early Childhood
Mental Health Network

Training and Technical Assistance Center



Using the Parental Stress Scale: A Practical Guide for Mental Health Clinicians

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Learning Objectives

- Understand the purpose of the scale
- Learn how to explain it clearly to parents
- Use results to guide family support and treatment planning

Parental Stress Scale Features

- The PSS is composed of 18 self-report items responded to on a 5-point Likert scale ranging from: Strongly Agree to Strongly Disagree
- The score range is 18-90, with lower scores indicating lesser levels of stress and higher scores indicating elevated levels of stress
- To compute the parental stress score in the correct direction (i.e. high score=high stress and low score=low stress), the following items 1, 2, 5, 6, 7, 8, 17, and 18 need to be reverse scored as follows: (1=5) (2=4) (3=3) (4=2) (5=1)
- The total PSS score is the sum of all responses

Rationale

- Research points to elevated levels of parental stress, especially since Covid, related to the demands of raising children, time constraints, economic pressures, and children's behavior problems
- Chronic, severe parental stress is associated with many adverse outcomes for children including increased behavior problems and even neglect and abuse
- Parents may not disclose their level of stress spontaneously, due to concerns about social judgement, fear of reports to the child welfare system, or cultural issues about sharing outside the family
- If we don't know, we can't help



Introducing the Scale to Parents

Goal:

- Help parents feel comfortable, not judged.

Timing of administration:

- When to administer the PSS is a matter of clinical judgment, but having well-established rapport, **a strong working alliance** and a condition of emotional safety are all important markers to guide your timing of administration.

Introducing the Scale to Parents

Clinician Script:

- “This questionnaire looks at what it’s like for you as a parent — both the rewarding parts and the stressful parts. Current research suggests there are rising levels of parental stress in part related to COVID, economic pressures, time demands and children’s behavior problems. Joys and challenges, stress and satisfaction coexist as a part of every parent’s child rearing experience. Your responses give us a balanced picture of how things feel for you right now, so we can best support you to feel satisfied and effective as a parent.

Key Points:

- It’s not a test of parenting ability
- There are no right or wrong answers
- The goal is understanding and support, not evaluation



What the Scale Measures

Focus Areas:

- Positive parenting experiences (closeness, joy, pride)
- Stressors (overwhelmed, frustrated, role restricted)

Clinician Script:

- “Some questions highlight the joys of parenting, others the challenges. Together, it gives us a balanced picture of how things feel for you right now.”

Tip:

- Normalize all responses — stress and satisfaction coexist in every parent’s experience.



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Interpreting the Results

For Clinicians:

- Higher scores = greater overall parenting stress

Look for patterns:

- Role restriction / loss of autonomy
- Difficult child perceptions
- Positive reinforcement / satisfaction

Interpreting the Results

How to Share Results:

- “Your responses suggest that most of the time your children are a source of joy and satisfaction in your life.”
- “Your responses suggest that things feel most stressful when... [e.g. your child’s behavior is difficult; you feel overwhelmed with responsibilities; child rearing demands **and time constraints** prevent you from pursuing other interests and satisfactions].
- Do these results match how you are feeling? **Many parents feel this way** — let’s explore what might make things easier.”

Best Practices:

- Start with strengths
- Contextualize findings
- Check with parents if their scores actually reflect how they are feeling
- Focus on insight and next steps, not scores



From Scores to Support

Goal:

- Translate results into action.

Clinician Script:

- “This helps us see where and how we can make parenting a bit easier and more satisfying— maybe through more support, new routines, other strategies for parenting and managing specific challenges.”

Next Steps:

- Use findings to guide treatment goals
- Identify strengths and coping skills
- Track change over time with re-administration

Bottom Line:

- The PSS is not about judgment — it’s about understanding the parent’s experience and building a plan for support.



Psychometric Properties of the PSS

Validity (Does the test measure what it says it measures?)

- Factor analysis reflects that the test measures the specific traits it is intended to measure: high and low stress (Algarvio, et al., 2018; Berry & Jones, 1995; Zelman, et al. 2018).
- Convergent validity shows that factors the PSS measured were actually reflected in and related to measures of family functioning, parental anxiety and depression (Zelman et al., 2018).
- Concurrent validity reflects that the PSS measured parenting stress as well as other tests with established validity, in this case, the Perceived Stress Scale and Parenting Stress Index IV Short Form (Berry & Jones, 1995; Harding et al. 2020).
- Discriminate validity reflects that the PSS did not correlate with an opposite concept, in this case the child's quality of life (Zelman et al., 2018).
- Measures of internal validity show the items on the PSS cohere in what they measure (Algarvio, et al., 2018; Berry & Jones, 1995; Leung & Tsang, 2010; Pontoppidan, at al. 2017; Zelman, at al. 2018).

Reliability (Does the test measure what it says it measures consistently?)

- Over a 6-month period, pre--post outcome measures on the PSS remained consistent (Berry & Jones, 1995).

Norms

- The PSS does not have formal, standardized norms
- There are reference means reported in various studies depending on the population and locality studied
- Original normative data provided by the developers of the scale are based on a sample of 1276 parents in the US, mixed gender, mostly non-clinical
- Mean: 37-41
- Standard deviation: 9.7
- For parents of children with clinical issues, mean is 45.4

Norms

- There is no official “cut-off” for high stress. Interpretation is relative to sample means
- You can present contextual norms rather than fixed cut-offs e.g., Scores above 1 standard deviation suggest elevated stress relative to typical community samples.

PSS Norms Across Studies

Sample Type	Mean (SD)	Reference
U.S. community parents (mixed ages)	37 -41 (9.7)	Berry & Jones, 1995
Danish parents (0–3 yrs)	41.6 (8.5)	Pontoppidan et al., 2018
Spanish parents (6–12 yrs)	37.3 (7.2)	Oronoz et al., 2007
Parents of children with ASD	51.2 (10.1)	Holly et al., 2019
Parents of children with ADHD	49.6 (9.3)	Li et al., 2020

General Guidelines for Interpretation

Score Range

Interpretation

18-35

Low parental stress

36-45

Average parental stress

46-90

Elevated parental stress

Training Activities

- Role-play how you would introduce the PSS
- Re-phrase technical feedback into supportive, parent-friendly language
- Create one practical, strength-based suggestion that flows naturally from the results of the scale

Client Details:

Client Name: [REDACTED]
 Client DOB: [REDACTED]
 Client ID: [REDACTED]
 Screening Status: Complete
 Completion Code: Interview Completed
 Screening Mode: In person
 Location: [REDACTED]
 Administered By (Name): [REDACTED]
 Supervisor: [REDACTED]
 Screen Date: 25-Oct-2025
 Signed? Yes

Parental Stress Scale

The following statements describe feelings and perceptions about the experience of being a parent. Think of each of the items in terms of how your relationship with your child or children typically is. For each item, please indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree.

Note to Clinic: Strongly Disagree = 1, Disagree = 2, Undecided = 3, Agree = 4, Strongly Agree = 5, Items 1, 2, 3, 6, 7, 8, 17, and 18 are reverse-scored

1. I am happy in my role as a parent.	Strongly Agree	1
2. There is little or nothing I wouldn't do for my child(ren) if it was necessary.	Strongly Agree	2
3. Caring for my child(ren) sometimes takes more time and energy than I have to give.	Disagree	4
4. I sometimes worry whether I am doing enough for my child(ren).	Agree	4
5. I feel close to my child(ren).	Strongly Agree	1
6. I enjoy spending time with my child(ren).	Strongly Agree	1
7. My child(ren) is an important source of affection for me.	Strongly Agree	1
8. Having child(ren) gives me a more certain and optimistic view for the future.	Strongly Agree	1
9. The major source of stress in my life is my child(ren).	Strongly Disagree	1
10. Having child(ren) leaves little time and flexibility in my life.	Strongly Disagree	1
11. Having child(ren) has been a financial burden.	Undecided	3
12. It is difficult to balance different responsibilities because of my child(ren).	Strongly Disagree	1
13. The behavior of my child(ren) is often embarrassing or stressful to me.	Strongly Disagree	1
14. If I had it to do over again, I might decide not to have child(ren).	Strongly Disagree	1
15. I feel overwhelmed by the responsibility of being a parent.	Strongly Disagree	1
16. Having child(ren) has meant having too few choices and too little control over my life.	Strongly Disagree	1
17. I am satisfied as a parent.	Strongly Agree	1
18. I find my child(ren) enjoyable.	Strongly Agree	1

Handwritten notes: 11, 6, 2-1, 3, 24

Parental Stress Scale

The following statements describe feelings and perceptions about the experience of being a parent. Think of each of the items in terms of how your relationship with your child or children typically is. Please indicate the degree to which you agree or disagree with the following items by placing the appropriate number in the space provided.

1 = Strongly disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly agree

1	I am happy in my role as a parent	Undecided	3	Choose on
2	There is little or nothing I wouldn't do for my child(ren) if it was necessary.	Agree	4	Choose on
3	Caring for my child(ren) sometimes takes more time and energy than I have to give.	Agree	4	Choose on
4	I sometimes worry whether I am doing enough for my child(ren).	Disagree	2	Choose on
5	I feel close to my child(ren).	Agree	4	Choose on
6	I enjoy spending time with my child(ren).	Agree	4	Choose on
7	My child(ren) is an important source of affection for me.	Agree	4	Choose on
8	Having child(ren) gives me a more certain and optimistic view for the future.	Undecided	3	Choose on
9	The major source of stress in my life is my child(ren).	Agree	4	Choose on
10	Having child(ren) leaves little time and flexibility in my life.	Agree	4	Choose on
11	Having child(ren) has been a financial burden.	Agree	4	Choose on
12	It is difficult to balance different responsibilities because of my child(ren).	Agree	4	Choose on
13	The behaviour of my child(ren) is often embarrassing or stressful to me.	disagree	2	Choose on

Range of Validated quantitative tools and scales that can be used to measure the outcomes of children's centre

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14	If I had it to do over again, I might decide not to have child(ren).	Undecided	3	Choose one
15	I feel overwhelmed by the responsibility of being a parent.	Agree	4	Choose one
16	Having child(ren) has meant having too few choices and too little control over my life.	Agree	4	Choose one
17	I am satisfied as a parent	Undecided	3	Choose one
18	I find my child(ren) enjoyable	Agree	4	Choose one

Total = 54

Elevated

Save form

Attach to email

References

- Algarvio, S., Leal, I., & Maroco, J. (2018). Parental stress scale: validation study with a Portuguese population of parents of children from 3 to 10 years old. *Journal of Child Health Care*, 22(4), 563-576.
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