



THE NATIONAL CENTER ON
**Parent, Family, and
Community Engagement™**



**TRACKING PROGRESS IN
EARLY CARE AND EDUCATION:
PROGRAM, STAFF, AND FAMILY
MEASUREMENT TOOLS**



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<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/>

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INTRODUCTION

We are very pleased to present you with *Tracking Progress in Early Care and Education: Program, Staff, and Family Measurement Tools!*

Families who are safe and healthy, with strong relationships and adequate financial resources are in a good position to help their young children learn and thrive. High quality early care and education program staff, including staff from Head Start and Early Head Start programs, know this and work hard to partner with families to make progress toward their goals by developing positive, goal-oriented relationships with families. It is often challenging, though, for programs to track family progress and staff's efforts to support that progress. This guide is for you—early care and education staff—to help you choose the right tools for you, for your staff, for your program, and for the families with whom you work.

This is a compilation of fifteen high quality tools that you can use to track family progress toward their goals and the efforts of early care and education staff to help families advance toward those goals. Some are surveys while others are conducted by observation or interview. All address one or more of the outcomes identified in the Office of Head Start (OHS) Parent, Family, and Community Engagement (PFCE) Framework.

This resource is **not a complete list of measurement tools (measures)** that you can use, and it is not meant to tell you which measurement tools to use. Rather, the tools in this compilation are examples of high-quality tools that have been used successfully in Head Start, Early Head Start, and other early care and education programs to track families' progress toward their goals and to assess staff capacity to support that progress.

While we know programs develop their own tools, there are clear benefits to using existing research-based measurement tools. Specifically, it is important that a measurement tool is developed by content and measurement experts who can rigorously test the tool with different groups of people to be sure it collects the desired information accurately and efficiently.

We selected these tools based on a review of the literature and technical manuals for the measures to identify those that have a solid evidence base and that are reliable and valid measures of key family outcomes from the PFCE Framework (see Family Outcomes below). In other words, research has shown that the tools do measure what they are intending to measure and that they work well with different populations (specific information is provided for each tool in this compilation). Other measures may fit these criteria, but we chose to limit the measurement tools included in this guide to those that we know are of particularly high quality. The measures included here have been well-tested in the field of early care and education, including Head Start and Early Head Start. We also reached out to the developers of the measures included in this compilation to provide you with the most up-to-date research and information on each of the tools.



HOW TO USE THIS RESOURCE

This guide is organized into two sections. The first section provides you with a series of three At-a-Glance Tables to help you identify those tools that may best suit your program's needs. For each tool, the tables provide information about the family engagement outcomes addressed, what is measured, costs, and whether staff need any training to use the tool. After you review the At-a-Glance Tables, the second section provides you with user-friendly profiles of each tool to help you find more detailed information about those tools you are most interested in.

AT-A-GLANCE TABLES

Three At-a-Glance Tables provide information to help you identify tools to consider more carefully:

- ✓ *Table 1: Tools and Related Parent, Family, and Community Engagement Outcomes*
This table includes the name of each measurement tool and the *staff, parent, and/or family* outcome the tool addresses, according to the PFCE Framework.
- ✓ *Table 2: Tools and What They Measure*
This table contains key information about what each tool measures, who you can use the tool with, how many items or questions it has, and whether or not it is available in Spanish.
- ✓ *Table 3: Using the Tools*
This table includes information about using and scoring the tool, any training you may need to use it, and cost.

PROFILES

The second section of this resource offers detailed profiles for each measurement tool listed in the At-a-Glance Tables. These user-friendly profiles describe the purpose of each tool. Each profile includes information such as how to access the tool, what kind of data collection approach it uses (such as surveys, interviews, or observations), the types of questions it addresses, cultural applications, scoring processes, and any training available to learn how to use the tool.

PRACTICAL APPLICATIONS

We have selected all of the measurement tools to help you partner with families as they work toward their goals. Programs can use results to identify possible support services, make appropriate referrals, and set program goals or objectives.

Many of these measurement tools may also help you meet your program's planning and evaluation needs. Consider these tools in your efforts to track your program's progress toward your program goals and expected outcomes for partnering with families. You may find the data gathered useful for continuous program improvement. For more information refer to [Foundations For Excellence: Planning In Head Start](#).

Before you use any measurement tool in an early care and education setting, plan carefully and consider the people that you will ask to provide information. In particular, *before* staff, parents, and other adult caregivers complete a measure, give them all the information they need to know about the process. For example, they need to know:

- How you will collect information from them?
- What you will ask them to do to complete the measure?
- What will be done with the information once they have completed it (and how their responses will be kept secure)?

Next, ask for their permission to participate. They must formally agree to participate in the process. Depending on the situation, program policies, and federal requirements, formal agreement (participant consent) may be written or verbal, but it is always necessary. No one should feel pressured to participate when they really don't want to.

Participants also need to know that you will protect their confidentiality, so you need to explain how you will do that. If you can't protect their confidentiality for some reason, you must let them know that, too. Have a plan to address such issues *before* collecting any data. These plans should be based on program, state, federal, and professional standards and codes of ethics.

We also recommend the at-a-glance version of this resource, *Tracking Progress in Early Care and Education: Program, Staff, and Family Measurement Tools: At-A-Glance*, for a quick reference.

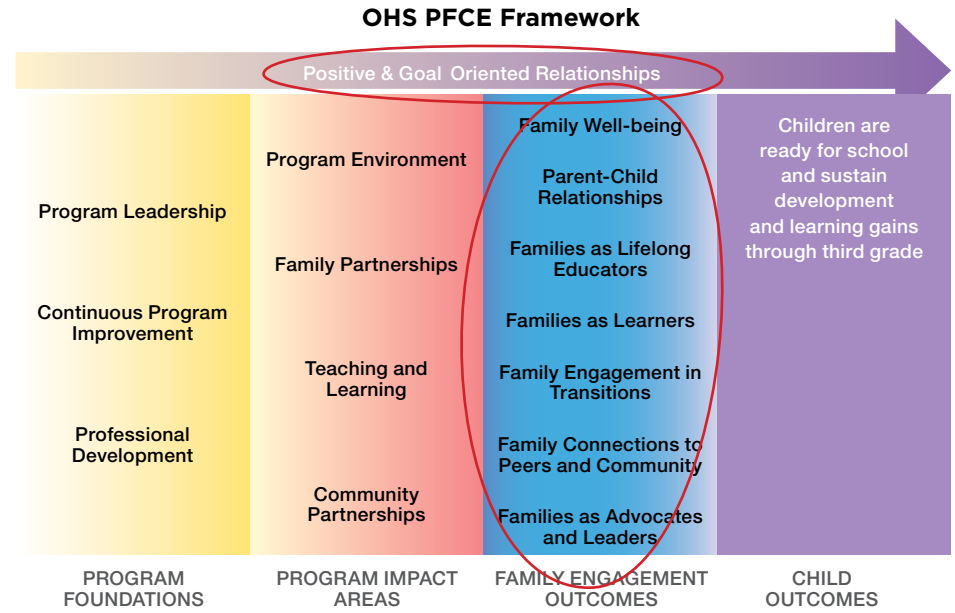
TOOLS AND RELATED PARENT, FAMILY, AND COMMUNITY ENGAGEMENT OUTCOMES

The following tables will help you explore commonly used tools for tracking progress on staff, parent, and family outcomes in line with the OHS PFCE Framework.

FAMILY ENGAGEMENT OUTCOMES

The OHS PFCE Framework is a research-based approach to program change that shows how Head Start, Early Head Start, and other early care and education programs can promote family outcomes that support children’s learning and development. The purpose of this guide is to help programs identify tools to measure family and staff progress on positive & goal-oriented relationships and the seven family engagement outcomes identified in the PFCE Framework:

- ✓ Family Well-being
- ✓ Positive Parent-Child Relationships
- ✓ Families as Lifelong Educators
- ✓ Families as Learners
- ✓ Family Engagement in Transitions
- ✓ Family Connections to Peers and Community
- ✓ Families as Advocates and Leaders



PART 1. MEASUREMENT TOOLS: AT-A-GLANCE TABLES



TABLE 1: TOOLS AND RELATED PARENT, FAMILY, AND COMMUNITY ENGAGEMENT OUTCOMES

Use this table to explore selected measurement tools that can be used together with families to track progress toward one or more of the PFCE Framework Outcomes. This table describes the family engagement outcome(s) each tool helps to measure.

Name of measure	Parent-Staff Goal-Oriented Relationships	PFCE Outcomes						
		Positive Parent-Child Relationships	Families as Lifelong Educators	Family Well-Being	Families as Learners	Family Engagement in Transitions	Family Connections to Peers and Community	Families as Advocates and Leaders
Strengths-Based Practices Inventory (SBPI)	✓						✓	✓
Parent-Caregiver Relationship Scale (PCRS)	✓							
Family and Provider/Teacher Relationship Quality Parent Measure (FPTRQ; Full and Short Forms)	✓						✓	
Home Visit Rating Scales-Adapted and Extended Version 2 (HOVRS-A+v2)	✓	✓						
The Family Map Inventories		✓	✓	✓	✓		✓	✓
Family Involvement Questionnaire-Early Childhood (FIQ-EC; Full and Short Forms)		✓	✓		✓	✓		✓
Home Observation for Measurement of the Environment Inventory (HOME) Infant-Toddler Version (0-3) Early Childhood Version (3-6)		✓		✓	✓			

TABLE 1: TOOLS AND RELATED PARENT, FAMILY, AND COMMUNITY ENGAGEMENT OUTCOMES - continued

Name of measure	Parent-Staff Goal-Oriented Relationships	PFCE Outcomes						
		Positive Parent-Child Relationships	Families as Lifelong Educators	Family Well-Being	Families as Learners	Family Engagement in Transitions	Family Connections to Peers and Community	Families as Advocates and Leaders
Parenting Stress Index (PSI-4 and PSI-4-SF)		✓		✓			✓	
Protective Factors Survey (PFS)		✓		✓			✓	
Child-Parent Relationship Scale (CPRS)		✓						
Center for Epidemiological Studies Depression Scale-Revised (CESD-R)				✓				
Edinburgh Postnatal Depression Scale (EPDS)				✓				
Parenting Interactions with Children: Checklist of Observation Linked to Outcomes v.3 (PICCOLO)		✓			✓			
Conflict Tactics Scale-Parent-Child (CTSPC and CTSPC-SF)		✓		✓				
Conflict Tactics Scale-Revised, Partner (CTS2 and CTS2-SF)				✓				

TOOLS AND WHAT THEY MEASURE

Use the following table to explore commonly-used measurement tools that may help meet your program’s planning and evaluation needs. This table describes what the tools measure. In some cases, more than one form of the tool is available (e.g., the “full” original tool and a short form).

Icons and numbers provide quick and accessible information about participants and the number of items. For definitions of terms, see the Glossary on page 66.

Categories in this table include:

CONSTRUCT MEASURED: The concept or family/parent characteristic that the tool measures. Examples include parental strengths, depression, and family violence.

INTENDED PARTICIPANT(S): The people who provide the data that is collected, such as mothers, fathers, children, family, caregivers, guardians, program staff, or program leaders.



Parents and
other caregivers



Family
(including child)



Teachers/staff



Home visitors

SUBSCALE(S) MEASURED: Sub-categories of the construct. For example, parental sensitivity in parent-child interactions might be a subscale of parenting.

NUMBER OF ITEMS: Number of individual questions included in the measure.

SPANISH AVAILABILITY: Availability of the measure in Spanish, either from the developer or an external source.



TABLE 2: TOOLS AND WHAT THEY MEASURE

Use this table to explore information for each tool about the family and staff outcomes measured, as well as intended participants and availability of the tool in Spanish.






Name of measure	Construct measured	Intended participant(s)	Subscale(s) measured	Number of items	Spanish availability
Strength-based Practices Inventory (SBPI)	Parent’s perception of family service staff’s use of strengths-based practices		1) Empowerment approach, 2) Cultural competency, 3) Staff sensitivity-knowledge, 4) Relationship-supportive	16 items (3-5 items per subscale) 7-point scale	No
Parent-Caregiver Relationship Scale (PCRS)	Parents’ and non-parental caregivers’ attitudes and feelings about their relationship	 	Parent PCRS: •Trust/confidence •Collaboration •Affiliation Caregiver PCRS: •Trust/confidence •Collaboration Caring	35 items each (3-4 items per subscale) 5-point scale	No
Family and Provider/Teacher Relationship Quality (FPTRQ) – Parent Measure	Parents’ perception of their working relationship with their child’s primary teacher/provider		Knowledge: 1) Family-specific knowledge Practices: 1) Collaboration 2) Responsiveness 3) Communication 4) Family-focused concern Attitudes: 1) Commitment 2) Understanding context 3) Respect	75 items (includes 9 demographic items) 4-point scale	Yes
Family and Provider/Teacher Relationship Quality (FPTRQ) – Parent Measure Short Form	Parents’ perception of their working relationship with their child’s primary teacher/provider		Knowledge: 1) Family-specific knowledge Practices: 1) Collaboration 2) Responsiveness 3) Communication 4) Family-focused concern Attitudes: 1) Commitment 2) Understanding context 3) Respect	25 items (not including 8 demographic items) 4-point scale	Yes

TABLE 2: TOOLS AND WHAT THEY MEASURE - continued






Name of measure	Construct measured	Intended participant(s)	Subscale(s) measured	Number of items	Spanish availability
Home Visit Rating Scales-Adapted and Extended Version 2 (HOVRS-A+v2)	Aspects of home visiting quality related to home visit practices and family engagement for home visiting programs		<p>Home visit practices:</p> <p>1) Home visitor responsiveness to family 2) Home visitor relationship with family 3) Home visitor facilitation of parent-child interaction 4) Home visitor non-intrusiveness and collaboration</p> <p>Family engagement:</p> <p>1) Parent-child interaction during home visit 2) Parent engagement during home visit 3) Child engagement during home visit</p>	41 items (4-7 items per subscale) Multiple choice	Yes
Family Map Inventories	Family and home environment risks and strengths		1) Self-support, 2) Routines, 3) School readiness, 4) Monitoring, 5) Environmental safety, 6) Family cohesion, 7) Discipline, 8) Health, 9) Basic needs, 10) Home and car safety, 11) Social integration, 12) Parent-child warmth	186 items across (8-48 items per module) Likert scale, binary, categorical, observational coding, open-ended	Yes
Family Involvement Questionnaire-Early Childhood (FIQ-EC)	Family school involvement behaviors that promote positive educational outcomes for young children		1) Home-based involvement 2) School-based involvement 3) Home-school conferencing	42 items (12-16 items per subscale) 4-point scale	Yes
Family Involvement, Short Form (FIQ-EC Short Form)	Family school involvement behaviors that promote positive educational outcomes for young children	 Questionnaire	1) Home-based involvement 2) School-based involvement 3) Home-school conferencing	21 items (7 items per subscale) 4-point scale	Yes
Home Observation for Measurement of the Environment Inventory (HOME)	Parent child interaction and home environment: quality and quantity of stimulation and support		<p>Infant-Toddler Version (0-3):</p> <p>1) Caregiver responsivity, 2) Acceptance of child, 3) Organization of the environment, 4) Learning materials, 5) Parental involvement, 6) Variety in experience</p> <p>Early Childhood Version (3-6):</p> <p>1) Learning materials, 2) Language stimulation, 3) Physical environment, 4) Parental responsivity, 5) Learning stimulation, 6) Modeling of social maturity, 7) Variety in experience, 8) Acceptance of child</p>	Infant-Toddler = 45 items Early Childhood = 55 items Binary, observational coding, checklist	No

TABLE 2: TOOLS AND WHAT THEY MEASURE - continued












Name of measure	Construct measured	Intended participant(s)	Subscale(s) measured	Number of items	Spanish availability
Parenting Stress Index (PSI-4)	Parenting stress		Parent: 1) Competence, 2) Isolation, 3) Attachment, 4) Health, 5) Role restriction, 6) Depression, 7) Spouse/parenting partner relationship Child: 1) Distractibility/hyperactivity, 2) Adaptability, 3) Reinforces parent, 4) Demandingness, 5) Mood, 6) Acceptability Life Events Stress (optional)	120 items (101 across primary domains; 19 optional life stressor items) 5-point scale	Yes
Parenting Stress Index Short Form (PSI-4-SF)	Parenting stress		1) Parental distress 2) Difficult child 3) Parent-child dysfunctional interaction	36 items (12 per subscale) 5-point scale	Yes
Protective Factors Survey (PFS)	Protective factors known to be associated with family well-being and decreased risk of child maltreatment		1) Family functioning 2) Social support 3) Concrete support 4) Nurturing and attachment 5) Knowledge of parenting and child development	20 items plus demographic information for parents to complete (3-5 items per subscale) 7-point scale	Yes
Child-Parent Relationship Scale (CPRS)	Parent's perception of their relationship with their child		1) Conflict 2) Closeness	15 items ¹ (7-8 items per subscale) 5-point scale	Yes
Center for Epidemiological Studies Depression Scale- Revised (CESD-R)	Symptoms of depression and depressive disorder		1) Sadness, 2) Loss of interest, 3) Appetite, 4) Sleep, 5) Thinking/ concentration, 6) Guilt, 7) Tired, 8) Movement, 9) Suicidal ideation	20 items (2-3 items per subscale) 5-point scale	Yes
Edinburgh Postnatal Depression Scale (EPDS)	Common depressive symptoms, particularly among postnatal women		No subscales	10 items 4-point scale	Yes

TABLE 2: TOOLS AND WHAT THEY MEASURE - continued

Name of measure	Construct measured	Intended participant(s)	Subscale(s) measured	Number of items	Spanish availability
Parenting Interactions with Children: Checklist of Observation Linked to Outcomes v.3 (PICCOLO)	Positive parenting behaviors		1) Affection 2) Responsiveness 3) Encouragement 4) Teaching	29 items (7- 8 items per subscale) 3-point scale	Yes
Conflict Tactics Scales, Parent-Child (CTSPC)	Parents' use of nonviolent discipline techniques as well as psychological and physical maltreatment and neglect of children		Core scales: 1) Non-violent discipline 2) Physical assault 3) Psychological aggression 4) Weekly discipline Supplemental scales: 1) Neglect 2) Sexual abuse	36 items (Core =22 items; Supplemental = 14 items) 8-point scale	Yes
Conflict Tactics Scales, Parent-Child - Short Form (CTSPC-SF)	Parents' use of nonviolent discipline techniques as well as psychological and physical maltreatment and neglect of children		1) Non-violent discipline 2) Corporal punishment 3) Physical abuse 4) Psychological aggression 5) Neglect	10 items (2 items per subscale) 8-point scale	Yes
Conflict Tactics Scales-Revised, Partner (CTS2)	Extent to which partners in a dating, cohabiting, or marital relationship engage in psychological and physical aggression, and use of reasoning or negotiation to deal with conflicts		1) Physical assault 2) Psychological aggression 3) Negotiation 4) Injury 5) Sexual coercion	39 item pairs (participant and partner behavior) = 78 questions (6-12 items per subscale) 8-point scale	Yes
Conflict Tactics Scales-Revised, Partner Short Form (CTS2-SF)	Extent to which partners in a dating, cohabiting, or marital relationship engage in psychological and physical aggression, and use of reasoning or negotiation to deal with conflicts		1) Physical assault 2) Psychological aggression 3) Negotiation 4) Injury 5) Sexual coercion	10 item pairs (participant and partner behavior) = 20 questions (2 items per subscale) 8-point scale	Yes

¹Although a 30-item version exists, all documentation refers to the 15-item version.

²Indicates follow-up action or referral for services required for scores reaching the developer's cutoff.

³Administration of this tool does not require training; however, the developer recommends that someone who has completed some graduate training interpret the results.

USING THE TOOLS

The following table includes information about using the tools in your program.

Icons and numbers provide quick and accessible information about administration time, scoring options, training level, and cost.

Categories in this table include:

ADMINISTRATION METHOD: Approach used to gather data, such as observation, structured interview (where the interviewer asks a defined set of questions), or self-report survey.

ADMINISTRATION TIME: Amount of time it takes to complete the observation, interview, or survey.



Less than 5 minutes



Less than 15 minutes



15-30 minutes



30-45 minutes



Over 45 minutes

SCORING OPTIONS: The methods available for scoring responses. Typically, measures have manual (paper and pencil) and/or computerized options, such as online automatic scoring tools.



Manual (paper and pencil)



Computer: online

TRAINING LEVEL: Type of training necessary for an individual to administer a tool effectively. Four possible training levels are indicated for each measure, as described in the following table.

1	2	3	4
Self-review of technical manuals	Online or computer-based (DVD) self-paced training module	In-person training sessions	Advanced degree including assessment administration training or some training in standardized testing/psychometrics

COST: Initial financial investment—“upfront cost”—required to use the measurement tool. Some measures may have ongoing costs for replacement forms, scoring subscriptions, and other items. These costs are not included in the table.



Tool is available free of charge



Less than \$150 upfront costs





























\$151-\$500 upfront costs



Over \$500 upfront costs

TABLE 3: USING THE TOOLS

This table includes information about using the tools in your program, including administration time, scoring options, training level, and cost.



























Name of measure	Administration method	Administration time	Scoring options	Training level	Cost
Strengths-Based Practices Inventory (SBPI)	Parent self-report survey or structured interview	<5 min 	Items summed 	1	
Parent-Caregiver Relationship Scale (PCRS)	Parent and non-parental childcare staff self-report of the quality of their relationship	<15 min 	Items summed 	1	
Family and Provider/Teacher Relationship Quality (FPTRQ) - Parent Measure	Parent self-report survey	<15 min 	Items summed Excel scoring sheet available 	1	
Family and Provider/Teacher Relationship Quality (FPTRQ) - Parent Measure Short Form	Parent self-report survey	<5 min 	Items summed Excel scoring sheet available 	1	
Home Visit Rating Scales-Adapted and Extended Version 2 (HOVRS-A+v2)	Observation from live or video-recorded home visit by educator or other professional staff	<45 min 	Items summed 	2	 with permission
Family Map Inventories	Structured questions, semi-structured interview, and observation by child's primary educator with family primary caregiver ²	>45 min 	Immediate scoring (from interview) 	3	\$\$-\$\$\$
Family Involvement Questionnaire-Early Childhood (FIQ-EC)	Parent self-report survey	<30 min 	Items summed 	1	\$
Family Involvement Questionnaire, Short Form (FIQ-EC Short Form)	Parent self-report survey	<15 min 	Items summed 	1	\$
Home Observation for Measurement of the Environment Inventory (HOME)	Home visit with semi-structured interview and observation by trained professional (e.g., family needs specialist) with child and primary caregiver	>45 min 	Items summed 	2	\$
Parenting Stress Index (PSI-4)	Parent self-report survey Online automatic administration available	<30 min 	Items summed Online scoring available  	1 ³	\$\$

¹Although a 30-item version exists, all documentation refers to the 15-item version.

²Indicates follow-up action or referral for services required for scores reaching the developer's cutoff.

³Administration of this tool does not require training; however, the developer recommends that someone who has completed some graduate training interpret the results.

TABLE 3: USING THE TOOLS - continued

Name of measure	Administration method	Administration time	Scoring options	Training level	Cost
Parenting Stress Index Short Form (PSI-4-SF)	Parent self-report survey	<15 min 	Items summed 	1	\$
Protective Factors Survey (PFS)	Parent self-report survey	<15 min 	Items averaged Database for reporting available 	2	FREE 
Child-Parent Relationship Scale (CPRS)	Parent self-report survey	<15 min 	Items summed 	1	FREE 
Center for Epidemiological Studies Depression Scale-Revised (CESD-R)	Parent self-report survey ² Online automatic administration available	<15 min 	Items summed  	1	FREE 
Edinburgh Postnatal Depression Scale (EPDS)	Parent self-report survey ²	<5 min 	Items summed  	1	FREE 
Parenting Interactions with Children: Checklist of Observation Linked to Outcomes v.3 (PICCOLO)	Observation from live or video-recorded home visit by educator or other professional staff	<15 min 	Items summed 	2	\$\$
Conflict Tactics Scales, Parent-Child (CTSPC)	Parent self-report survey or structured interview ²	<15 min 	Scoring tool available 	1	\$
Conflict Tactics Scales, Parent-Child - Short Form (CTSPC-SF)	Parent self-report survey or structured interview ²	<5 min 	Scoring tool available 	1	\$
Conflict Tactics Scales-Revised, Partner (CTS2)	Parent self-report survey or structured interview ²	<15 min 	Scoring tool available 	1	\$
Conflict Tactics Scales-Revised, Partner Short Form (CTS2-SF)	Parent self-report survey or structured interview ²	<5 min 	Scoring tool available 	1	\$

¹Although a 30-item version exists, all documentation refers to the 15-item version.

²Indicates follow-up action or referral for services required for scores reaching the developer's cutoff.

³Administration of this tool does not require training; however, the developer recommends that someone who has completed some graduate training interpret the results.

PART 2. MEASUREMENT TOOLS: PROFILES



PROFILES

You can use the *Profiles* section to get more in-depth information about what each tool offers. Find out how much training staff members need to administer the tool and how much it will cost to purchase (if there are costs).

The following *Profiles* are organized in the same order as they are presented in the *three At-a-Glance Tables 1, 2 and 3*. They include several additional categories of information to help you decide whether the measurement tool is appropriate for your program, staff, and families:

BRIEF DESCRIPTION: A short overview of the purpose of the measurement tool.

AUTHOR(S): The name(s) of the person or people who developed the measurement tool.

PUBLISHER: The name of the company or organization that makes the measurement tool available to users. If the tool is freely available on the Internet or in a published article, the profile will say “Public Domain.”

HOW TO ACCESS: For most measurement tools, we provide a website that may provide direct access to the tool or information on how to obtain it. For others, we provide an email address or reference a research paper where information on the measurement tool was published.

ITEM DETAILS:

Item type: The way participants will respond to the questions. For example:

- ✓ Likert scale: A scale that asks for responses about agreement or frequency (e.g., 1 = strongly disagree to 4 = strongly agree; 1 = never to 4 = always)
- ✓ Binary: Yes/No answer options
- ✓ Categorical: Response options that do not have any particular order and that use words instead of numerical ratings (e.g., father, mother, grandparent, non-relative)
- ✓ Observational coding: Using a rubric (scoring tool) to assign a number to an observed action or behavior
- ✓ Open-ended: Narrative or descriptive text answers

Data collection approach: The way programs collect data from participants. For example:

- ✓ Self-report, survey, or self-administered
- ✓ Observation
- ✓ Interview



RELIABILITY & CULTURAL APPLICATIONS:

Each Profile includes a table with information about both reliability and cultural applications of the measurement tool. A check mark next to an item in the table means that the measure has demonstrated adequate reliability and cultural applicability in the literature.

Reliability: When selecting measurement tools for use with families, it is important to consider whether the tool has demonstrated reliability in research studies. Reliability shows how consistently a tool produces the same results at different times or with different people. When a tool is reliable, it can be used to collect information by different people, from different people, at different times, and in different settings and still come up with the same or similar information each time. We gathered information on the reliability of tools from manuals and/or research articles published in peer-reviewed journals.

Internal consistency: Internal consistency is a specific kind of reliability. It refers to how similar a participant's responses are to different questions that ask about the same characteristic. For example, if a tool has four questions that are supposed to measure how often a parent has positive interactions with a child, the parent will answer in a similar way to all four questions. The profiles provide information on the internal consistency of items for the whole scale (when all items in the tool are combined to create one score) and for any subscales (when a tool has subsets of items that measure distinct features of the whole scale). A measure will receive a check mark in the reliability table if the whole scale and/or most of the subscales have an internal consistency of .70 or greater (moderate to high).

Cultural Applications: This refers to research evidence that the measurement tool has been used successfully (and has adequate reliability) with specific groups, such as, Spanish speakers, families that identify themselves as belonging to specific racial or cultural groups, individuals from low-income backgrounds, or adolescent parents.

AGE RANGES: Recommended ages of the intended participants or of their children.

ADMINISTRATION DETAILS: Identifies who can administer the measurement tool, how long it takes to administer, how often data need to be collected, and whether there are special conditions that users should meet while administering the measurement tool. For instance, a tool may need to be administered during a home visit.

TRAINING REQUIREMENTS: Includes details about whether or not program staff need to training to administer the measurement tool, how to receive training if needed, and related training costs.

SCORING: Provides information about how to score the measure and, when applicable, costs for any associated scoring software or handbooks.

OTHER VERSIONS: Identifies other forms of the measure that may be available, such as when a tool has an earlier edition or a form for use with a different age group.

RESEARCH BASE: Includes references for key articles and resources that we used to develop the profiles. Where possible, we also include articles demonstrating the tool's use with particularly relevant groups, such as families in Head Start and Early Head Start, low-income families, or specific cultural and ethnic groups. An appendix at the end of this document includes additional resources and references for all the tools in this guide.



STRENGTHS-BASED PRACTICES INVENTORY (SBPI; 2004)

BRIEF DESCRIPTION

The Strengths-Based Practices Inventory uses parent/caregiver interview or self-report survey to measure the degree to which family service providers use a strengths-based model of practice with families in programs that serve infants and children up to age 3 (though developers suggest it may also be used with children over age 3).

AUTHOR

Beth L. Green, Carol L. McAllister, and Jerod M. Tarte

PUBLISHER

Public Domain

RELATED FAMILY ENGAGEMENT OUTCOMES

- ✓ Family Connections to Peers and Community
- ✓ Families as Advocates and Leaders
- ✓ Parent-provider Positive Goal-Oriented Relationships

HOW TO ACCESS

Email beth.green@pdx.edu

MEASURE INFORMATION

CONSTRUCTS MEASURED

The Strengths-Based Practices Inventory (SBPI) measures parents' and other caregivers' perceptions of program staff. In particular, it focuses on whether staff use a strengths-based approach when working with families.

SUBSCALES/SUBSECTIONS

The SBPI measures providers' use of strength-based approaches across four areas:

Empowerment Approach: Provision of family services in ways that build on families' strengths and empower them to do things for themselves

Cultural Competency: Understanding and valuing a family's culture as a source of strength

Staff Sensitivity-Knowledge: Ability of staff to recommend relevant resources to families, while showing respect and compassion

Relationship-Supportive: Enhancing families' relationship-building capacity and social support networks

ITEM DETAILS

The SBPI includes 16 items, with 3-5 items per subscale. Items are scored on a seven-point Likert agreement scale, ranging from 1=*strongly disagree* to 7=*strongly agree*.

Item types:

- ✓ Likert (7-point agreement scale)

Data collection approach:

- ✓ Self-report survey or self-administration
- ✓ Structured interview

STRENGTHS-BASED PRACTICES INVENTORY (SBPI; 2004)

RELIABILITY & CULTURAL APPLICATIONS

The SBPI has been used with a limited variety of U.S. populations. This table indicates areas where it has demonstrated adequate reliability and cultural applicability in the literature.

Reliability

Whole-scale internal consistency	N/A
Subscale internal consistency	✓

Cultural Applications

Spanish version tested	N/A
Tested with specific cultural, ethnic and racial groups in the U.S.	
• African American	✓
Tested with low-income populations	✓
Tested with special populations	
• Head Start	✓

ADMINISTRATION INFORMATION

INTENDED PARTICIPANT(S)

The SBPI is intended for use with parent(s)/ primary family caregiver(s).

AGE RANGE

The SBPI was field tested with families with children ages 0-3. However, the developer suggests that it may be useful with parents of children of all ages.

ADMINISTRATOR

Developers do not specify who should administer the SBPI, but it should not be the same person who is being assessed by parent-report on the SBPI.

ADMINISTRATION PROCESS

The SBPI takes only a few minutes to administer (interview or parent self-report).

TRAINING REQUIRED

No training is required to administer the SBPI.

COST OF TRAINING AND MATERIALS

The SBPI is free and available via the internet or by contacting the developer.

LANGUAGES AVAILABLE

✓ English

SCORING INFORMATION

SCORING PROCEDURE

The administrator can score the SBPI by hand within a few minutes.

SCORES

Each subscale is the average (mean) of a subset items. The total SBPI score is the mean of all items. High scores represent greater use of strengths-based strategies with families.

SCORING TRAINING REQUIRED

No training is required to score the SBPI. A document with instructions on how to score the SBPI is available from the developer.

OTHER VERSIONS

There are no other known versions available.

RELATED RESEARCH BASE

Green, B. L., McAllister, C. L., & Tarte, J. M. (2004). The Strengths-Based Practices Inventory: A tool for measuring strengths-based service delivery in early childhood and family support programs. *Families in Society: The Journal of Contemporary Social Services*, 85, 326-334.

Korfmacher, J., Green, B., Spellmann, M., & Thornburg, K. R. (2007). The helping relationship and program participation in early childhood home visiting. *Infant Mental Health Journal*, 28(5), 459-480.

PARENT-CAREGIVER RELATIONSHIP SCALE (PCRS; 1997)

BRIEF DESCRIPTION

The Parent-Caregiver Relationship Scale measures perceived quality of the relationship between parents and childcare providers using self-report surveys. The Parent-Caregiver Relationship Scale can be administered to parents and providers of children age 2 months to 6 years old.

AUTHOR

James Elicker, Illene C. Noppe, Lloyd D. Noppe, and Cheryl Fortner-Wood

PUBLISHER

First published in the journal, *Early Education and Development* in 1997

RELATED FAMILY ENGAGEMENT OUTCOMES

- ✓ Parent-provider Positive Goal-Oriented Relationships

HOW TO ACCESS

See Elicker, Noppe, Noppe, & Fortner-Wood (1997) or <http://www.researchconnections.org/childcare/resources/299>

MEASURE INFORMATION

CONSTRUCTS MEASURED

The Parent-Caregiver Relationship Scale (PCRS) measures the perceived quality of the relationship between a parent and non-parental caregiver. It assesses attitudes and feelings that each individual holds about the relationship. It is useful for understanding an important adult-adult relationship in a child's ecosystem, such as early childhood programs.

SUBSCALES/SUBSECTIONS

The PCRS has three subscales each for the Parent PCRS and the Caregiver PCRS. Although there is much overlap in items on the Parent PCRS and Caregiver PCRS subscales, there is not one-to-one correspondence.

PARENT PCRS

- Trust/Confidence
- Collaboration
- Affiliation

CAREGIVER PCRS

- Trust/Confidence
- Collaboration
- Caring

ITEM DETAILS

The Parent PCRS and the Caregiver PCRS have 35 items each, with 3-4 items per subscale. Both use a five-point Likert agreement scale, ranging from 1=*strongly disagree* to 5=*strongly agree*.

Item types:

- ✓ Likert (5-point agreement scale)

Data collection approach:

- ✓ Self-report survey or self-administration

RELIABILITY & CULTURAL APPLICATIONS

The PCRS has not been tested extensively, but it has demonstrated reliability with diverse U.S. populations, including Head Start and other early care and education programs. This table indicates areas where it has demonstrated reliability and cultural applicability considered adequate in the literature.

PARENT-CAREGIVER RELATIONSHIP SCALE (PCRS; 1997)

Reliability

Whole-scale internal consistency	✓
Subscale internal consistency	✓

Cultural Applications

Spanish version tested	N/A
Tested with specific cultural, ethnic and racial groups in the U.S.	
• African American	✓
• Hispanic/Latino American	✓
Tested with low-income populations	✓
Tested with special populations	
• Head Start	✓

ADMINISTRATION INFORMATION

INTENDED PARTICIPANT(S)

The PCRS is intended for use with parent(s)/primary family caregiver(s) of infants and toddlers.

AGE RANGE

Across different research studies, the PCRS has been administered to parents and caregivers of children ranging from 2 months to 6 years old.

ADMINISTRATOR

In the literature, the PCRS has typically been administered by a member of a research team.

ADMINISTRATION PROCESS

The PCRS is administered separately to the parent and caregiver. It takes approximately 15 minutes to administer.

TRAINING REQUIRED

No training is required to administer the PCRS.

LANGUAGES AVAILABLE

✓ English

SCORING INFORMATION

SCORING PROCEDURE

The PCRS may be scored by hand (paper and pencil) or using statistical software. For both parent and caregiver versions, each subscale is the sum of the items on that subscale. A total score is calculated by summing all items. Alternatively, mean (average) scores can be calculated for each subscale and a total score.

SCORES

Higher scores indicate better relationships in terms of perceptions, attitudes, and feelings.

SCORING TRAINING REQUIRED

No training is required to score the PCRS. A document with instructions on how to score the PCRS is available from the developer.

OTHER VERSIONS

One study by Cantin and colleagues (2012) combined the Parent and Caregiver scales into one combined dyadic scale and found it to be reliable ($\alpha = .86$).

RELATED RESEARCH BASE

- Cantin, G., Plante, I., Coutu, S., & Brunson, L. (2012). Parent-caregiver relationships among beginning caregivers in Canada: A quantitative study. *Early Childhood Education Journal, 40*, 265-274.
- Elicker, J., Clawson, C., Hong, S., Kim, T., Evangelou, D., & Kontos, S. J. (2005). *Child care for working poor families: Child development and parent employment outcomes: Community child care research project, final report*. Faculty Publications from CYFS, Paper 25, 1-133. Retrieved from: http://digitalcommons.unl.edu/cyfsfacpub/25?utm_source=digitalcommons.unl.edu%2Fcyfsfacpub%2F25&utm_medium=PDF&utm_campaign=PDFCoverPages
- Elicker, J., Fortner-Wood, C., & Noppe, I. C. (1999). The context of infant attachment in family child care. *Journal of Applied Developmental Psychology, 20*(2), 319-336.
- Elicker, J., Noppe, I. C., Noppe, L. D., & Fortner-Wood, C. (1997). The Parent-Caregiver Relationship Scale: Rounding out the relationship system in infant child care. *Early Education and Development, 8*(1), 83-100.
- Swartz, M. I., & Easterbrooks, M. A. (2014). The role of parent, provider, and child characteristics in parent-provider relationships in infant and toddler classrooms. *Early Education and Development, 25*, 573-598.

FAMILY AND PROVIDER/TEACHER RELATIONSHIP QUALITY PARENT MEASURE (FPTRQ; 2014)

BRIEF DESCRIPTION

The Family and Provider/Teacher Relationship Quality Parent Measure assesses the working relationship of parents and their child's lead child care provider or teacher. It uses parent report. It is for use with parents of children from birth to age five who spend time in child care. The Family and Provider/Teacher Relationship Quality measure has several versions. This profile highlights the full Parent Measure and its short form.

AUTHORS

Kwang Kim, Toni Porter, Valerie Atkinson, Ning Rui, Manica Ramos, Eliza Brown, Lina Guzman, Nicole Forry, and Christine Nord

PUBLISHER

Office of Planning, Research and Evaluation (OPRE)

RELATED FAMILY ENGAGEMENT OUTCOMES

- ✓ Family Connections to Peers and Community
- ✓ Parent-provider Positive Goal-Oriented Relationships

HOW TO ACCESS

<http://www.acf.hhs.gov/programs/opre/research/project/development-of-a-measure-of-family-and-provider-teacher-relationship-quality-fptrq>

MEASURE INFORMATION

CONSTRUCTS MEASURED

The Family and Provider/Teacher Relationship Quality (FPTRQ) Parent Measure gauges parents' perceptions of their working relationship with their child's main child care provider or teacher. The measure captures parents' views across three broad domains: knowledge, attitudes, and practices. See "Related Instruments" for information on the constructs measured by other versions of this tool. Programs may also want to use the Family Services Staff Parent Measure (see "Related Instruments").

SUBSCALES/SUBSECTIONS

Both the full and short versions of the FPTRQ Parent Measure include eight areas, or subscales, divided across the knowledge, practices, and attitudes domains:

KNOWLEDGE

Family-specific knowledge: Includes 15 items related to the extent to which the provider/teacher has an understanding of the family's culture, the context in which the family lives, situations that affect the family, and the family's abilities, needs and goals.

PRACTICES

Collaboration: How much the provider/teacher collaborates with and engages the family in the program through joint goal setting, decision-making, and the development of action plans.

Responsiveness: The extent to which provider/teacher is sensitive, flexible, and responsive to the family's needs and goals.

Communication: The extent to which families and staff/teachers engage in positive, two-way communication.

Family-focused concern: Provider/teacher communication that demonstrates interest in the family.

ATTITUDES

Commitment: The provider/teacher seems sincere, honest, encouraging, accessible, and consistent in his/her interactions with families.

Understanding context: The provider/teacher demonstrates an understanding of the family's life context.

Respect: The provider/teacher values the family and behaves in a way that is considerate, non-judgmental, courteous/welcoming, and non-discriminatory.

FAMILY AND PROVIDER/TEACHER RELATIONSHIP QUALITY PARENT MEASURE (FPTRQ; 2014)

ITEM DETAILS

Both versions of the FPTRQ Parent Measure use four-point Likert scales with several types of response categories (e.g., agreement, frequency, and amount). Demographic questions use categories, Likert scales, and Yes/No responses.

Item types:

- ✓ Likert (4-point scales)
- ✓ Binary
- ✓ Categorical

Data collection approach:

- ✓ Self-report survey or self-administration

FPTRQ PARENT MEASURE

The full FPTRQ Parent Measure has 75 items (including 9 demographic items, 15 knowledge items, 33 practices items, and 18 attitudes items).

FPTRQ PARENT MEASURE SHORT FORM

The short form of the FPTRQ Parent Measure has 25 items (including 3 knowledge items, 13 practices items, and 9 attitudes items) plus 8 demographic items.

RELIABILITY & CULTURAL APPLICATIONS

The CTS2 has been used with a variety of U.S. populations and family structures as well as internationally. This table indicates areas where the full (F) and short (S) forms have demonstrated reliability and cultural applicability considered adequate in the literature.

As no total score is calculated, no internal consistency score is available for either the full or short version.

Reliability

Whole-scale internal consistency	Not Reported
Subscale internal consistency	F, S

Cultural Applications

Spanish version tested	F, S
Tested with specific cultural, ethnic and racial groups in the U.S.	
• African American	F, S
• Hispanic/Latino American	F, S
Tested with low-income groups	F, S
Tested with special groups	
• Head Start	F, S
• Early Head Start	F, S
• Center-based programs	F, S
• Family child care	F, S

ADMINISTRATION INFORMATION

INTENDED PARTICIPANT(S)

The FPTRQ Parent Measure is intended for use with parent(s)/primary family caregiver(s) of children who are in child care or early childhood programs.

AGE RANGE

The FPTRQ is designed for use with parents of children from 0-5 years old.

ADMINISTRATOR

The FPTRQ is self-administered, though the developer recommends that someone other than the provider/teacher collect the completed survey from parents.

ADMINISTRATION PROCESS

FPTRQ PARENT MEASURE

The full FPTRQ Parent Measure takes about 10 minutes to administer.

FPTRQ PARENT MEASURE SHORT FORM

The FPTRQ Parent Measure short form takes about 5 minutes to administer.

TRAINING REQUIRED

No training is required to administer the FPTRQ Parent Measure. Administrators can review the User's Manual (available on the website) for more information.

FAMILY AND PROVIDER/TEACHER RELATIONSHIP QUALITY PARENT MEASURE (FPTRQ; 2014)

COST OF TRAINING AND MATERIALS

- ✓ The FPTRQ Parent Measure can be used at no charge with proper citation of the authors

LANGUAGES AVAILABLE

- ✓ English
- ✓ Spanish

SCORING INFORMATION

SCORING PROCEDURE

The FPTRQ Parent Measure can be scored by hand (paper and pencil) or using statistical software. Subscale scores are calculated by taking the sum of the scores for each item in that subscale. The total score is calculated by adding the subscale scores. The developer also offers Excel spreadsheets that automatically calculate the scores for both the full and short forms of the FPTRQ Parent Measure.

SCORES

The total score reflects the quality of the teacher/provider and family relationship, with higher scores indicating stronger relationships. Subscale scores can be used to highlight areas where professional development and training may be useful for staff/teachers.

SCORING TRAINING REQUIRED

No training is required to score the FPTRQ

RELATED INSTRUMENTS

The FPTRQ provides several different tools to capture various aspects of the family and provider/teacher relationship in early care and education settings. The developer recommends completing the entire series of the FPTRQ measures in order to get a complete view of the program. Scores from the different FPTRQ measures can be linked to each other. For example, using both the parent AND provider/teacher measures provides a more comprehensive view of parent-provider/teacher relationship quality.

- ✓ **Director Measure:** Includes general questions about the ECE environment, the children enrolled in the program, and how the program supports family and provider/teacher relationships.

- ✓ **Provider/Teacher Measure** (full and short forms): Includes general questions about how the provider/teacher works with parents of children in their care.
- ✓ **Family Service Staff Measure:** Includes questions about how family service staff work with all parents of children in Head Start/Early Head Start programs.
- ✓ **Family Services Staff Parent Measure:** Includes questions about how the family works with their family services staff in Head Start/Early Head Start programs.

RELATED RESEARCH BASE

- Kim, K., Porter, T., Atkinson, V., Rui, N., Ramos, M., Brown, E., Guzman, L., Forry, N., & Nord, C. (2014). *Family and Provider/Teacher Relationship Quality Measures: User's Manual*. OPRE Report 2014-65. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- Ramos, M., Kim, K., Atkinson, K., Li, W., Guzman, L., Madill, R., Porter, T., & Forry, N. (2014). *Family and Provider/Teacher Relationship Quality Measures short forms: Amendment to the user's manual*. OPRE Report 2014-86. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

HOME VISIT RATING SCALES-ADAPTED & EXTENDED VERSION 2 (HOVRS-A+ V2; 2014)

BRIEF DESCRIPTION

The Home Visit Rating Scales-Adapted & Extended Version 2 measures home visit practices and family engagement, using a coding system for observations in the home. The HOVRS-A+ v2 is designed to gauge home visitor quality and effectiveness with families in programs that serve infants and children up to age 5.

AUTHOR

Lori A. Roggman, Gina A. Cook, Mark S. Innocenti, Vonda K. Jump Norman, Katie Christiansen, Lisa K. Boyce, Nikki Aikens, Kim Boller, Diane Paulsell, and Kristin Hallgren

PUBLISHER

Unpublished measure of Utah State University

RELATED FAMILY ENGAGEMENT OUTCOMES

- ✓ Positive Parent-Child Relationships
- ✓ Parent-Provider Positive Goal-Oriented Relationships

HOW TO ACCESS

Contact Lori.Roggman@usu.edu or Mark.Innocenti@usu.edu to request an application form for a pre-publication copy of HOVRS-A+ v2.

MEASURE INFORMATION

CONSTRUCTS MEASURED

The HOVRS-A+ v2 is a home visit observational tool that was designed to capture effective strategies in home visitation practices. It rates aspects of home visiting quality and emphasizes a two-generation, strengths-based approach, particularly related to early childhood development and parenting.

SUBSCALES/SUBSECTIONS

The HOVRS-A+ v2 has seven scales within two domains:

Home visit practices

- Home visitor responsiveness to family
- Home visitor relationship with family
- Home visitor facilitation of parent-child interaction
- Home visitor non-intrusiveness and collaboration

Family engagement

- Parent-child interaction during home visit
- Parent engagement during home visit
- Child engagement during home visit

ITEM DETAILS

The HOVRS-A+ v2 includes 41 items. The *Home Visit Practices* domain has 24 items (5-7 per subscale), and the *Family Engagement* domain has 17 items (4-7 items per subscale). Items describe a practice or behavior being observed, rated on four points. Each of the four points has a statement that is specific to the wording of the item, where 1 indicates a need for training, 3 indicates adequate quality, 5 indicates good quality, and 7 represents excellence.

Item types:

- ✓ Multiple-choice

Data collection approach:

- ✓ Observational coding (live or video)

RELIABILITY & CULTURAL APPLICATIONS

Earlier versions of the HOVRS have been used with a variety of U.S. populations. The HOVRS-A+ v2 has not yet been validated. This table indicates areas where earlier versions of the HOVRS demonstrated reliability and cultural applicability considered adequate in the literature.

HOME VISIT RATING SCALES-ADAPTED & EXTENDED VERSION 2 (HOVRS-A+ V2; 2014)

Reliability

Whole-scale internal consistency	✓
Subscale internal consistency	✓

Cultural Applications

Spanish version tested	✓
Tested with specific cultural, ethnic and racial groups in the U.S.	
• African American	✓
• Hispanic/Latino American	✓
Tested with low-income groups	✓
Tested with special groups	
• Head Start	✓
• Deaf/hard of hearing children	✓

ADMINISTRATION INFORMATION

INTENDED PARTICIPANT(S)

The HOVRS-A+ v2 is intended for use with a home visitor, the parent(s)/primary family caregiver(s), and a child involved in program services.

AGE RANGE

The HOVRS-A+ v2 is intended for use in home visiting programs for families with children up to age 5.

ADMINISTRATOR

A home visitor engages the family in selected programming, and the designated observer(s) rate the home visit using the HOVRS-A+ v2.

ADMINISTRATION PROCESS

The HOVRS-A+ v2 can be completed in person during home observation or from video recordings of a home visit (typically about 90 minutes). It has also been used reliably when home visitors select and self-record video from the “core” 30 minutes of the home visit. This method may be less time-intensive and less intrusive to the family.

TRAINING REQUIRED

No training is required to administer the HOVRS-A+ v2. Developers offer training at program sites and can provide certification of reliability. A training DVD is in production.

COST OF TRAINING AND MATERIALS

All materials are available for free with permission by contacting developers. A user guide and training DVD are in development.

Optional in-person seminars

- ✓ 1 day: \$2500 plus travel expenses for two presenters
- ✓ 2 day: \$4600 plus travel expenses for two presenters

LANGUAGES AVAILABLE

- ✓ English
- ✓ Spanish
- ✓ German

SCORING INFORMATION

SCORING PROCEDURE

Home visits are scored from video recordings of the home visit or during live observations by one or two observers in addition to the home visitor.

A drafted scoring manual for HOVRS-A+ v2 is available from the developers.

SCORES

A high HOVRS-A+ v2 score indicates a high quality home visit. Scores can be used to provide feedback to practitioners and supervisors. Programs can also use the scores for continuous quality improvement to the program.

SCORING TRAINING REQUIRED

No training is required to score HOVRS-A+ v2.

OTHER VERSIONS

Relative to earlier versions, HOVRS-A+ v2 scales were explicitly defined and some items revised to more clearly differentiate home visiting practices and family engagement.

- HOVRS
- HOVRS-A
- HOVRS-A+

HOME VISIT RATING SCALES-ADAPTED & EXTENDED VERSION 2 (HOVRS-A+ V2; 2014)

RELATED RESEARCH BASE

- Boyce, L. K., Innocenti, M. S., Roggman, L. A., Norman, V. K. J., & Ortiz, E. (2010). Telling stories and making books: Evidence for an intervention to help parents in migrant Head Start families support their children's language and literacy. *Early Education and Development, 21*(3), 343-371.
- Bromer, J., Weaver, C., & Korfmacher, J. (2013). *Evaluation of Erikson Institute Family Child Care Specialist Training Program phase II: Executive summary*. Chicago, IL: Herr Research Center for Children and Social Policy, Erikson Institute.
- Hallgren, K., Boller, K., & Paulsell, D. (2010). *Partnering with families for early learning home visit observations: Better Beginnings*. Princeton, NJ: Mathematica Policy Research, Inc.
- Hallgren, K., Paulsell, D., & Del Grosso, P. (2010). *Developing home-based early learning systems in East Yakima and White Center: Better Beginnings*. Princeton, NJ: Mathematica Policy Research, Inc.
- Hallgren, K., Stein, J., Roggman, L. A., Cook, G. A., Christiansen, K., & Innocenti, M. S. (2010). *Manual for Home Visit Rating Scales-A*. Princeton, NJ: Mathematica Policy Research.
- Roggman, L. A., Boyce, L. K., Cook, G. A., & Jump, V. K. (2001). Inside home visits: A collaborative look at process and quality. *Early Childhood Research Quarterly, 16*(1), 53-71.
- Roggman, L. A., Cook, G. A., & Jump Norman, V. K., Christiansen, K., Boyce, L. K., & Innocenti, M. S. (2008). Home Visit Rating Scales (HOVRS). In L. A. Roggman, L. K. Boyce, & M. S. Innocenti (Eds.), *Developmental parenting: A guide for early childhood practitioners* (pp. 209-217). Baltimore: Paul H. Brookes Publishing.
- Roggman, L. A., Cook, G. A., Jump Norman, V. K., Christiansen, K., Boyce, L. K., Innocenti, M. S., Aikens, N., Boller, K., Paulsell, D., & Hallgren, K. (2010). *Home Visit Rating Scales Version A (HOVRS-A)*. Princeton, NJ: Mathematica Policy Research, Inc.
- Vogel, C. A., Boller, K., Xue, Y., Blair, R., Aikens, N., Shrago, Y., ... & Stein, J. (2011). *Learning as we go: A first snapshot of Early Head Start programs, staff, families, and children* (No. 7035). Princeton, NJ: Mathematica Policy Research, Inc.

BRIEF DESCRIPTION

The Family Map Inventories measures twelve key aspects of the family and home environment, using a combination of structured and semi-structured interviews and observation. It was originally developed for Head Start/Early Head Start program staff to use during home visits with families. The Family Map Inventories can be administered in the homes of families with children up to age 6.

AUTHORS

Leanne Whiteside-Mansell, Robert Bradley, Nicola Connors, and Patti Bokony

PUBLISHER

University of Arkansas for Medical Sciences

RELATED FAMILY ENGAGEMENT OUTCOMES

- ✓ Positive Parent-Child Relationships
- ✓ Families as Lifelong Educators
- ✓ Family Well-being
- ✓ Families as Learners
- ✓ Family Connections to Peers and Community
- ✓ Families as Advocates and Leaders

HOW TO ACCESS

www.thefamilymap.org

MEASURE INFORMATION

CONSTRUCTS MEASURED

The Family Map Inventories measure the family and home environment across three areas:

1. Physical and social conditions that children experience directly
2. Family climate/context
3. Parental characteristics

SUBSCALES/SUBSECTIONS

The Family Map Inventories use twelve modules, or subsections, to measure specific features of the three constructs noted above. We describe the modules below and indicate in parentheses the construct(s) noted above that they assess:

Self-support: Primary language spoken in the home, parent education and employment, family support, and parenting (1, 3)

Routines: Housing stability, daily routines, TV use, and child sleep habits (1)

School readiness: Materials for play and learning, reading and books, play with child and other efforts to teach the child in the home, experience outside the home (1)

Monitoring: Parent daily supervision of child, care of child at night, and care by others (1)

Environmental safety: Neighborhood safety, child exposure to violence (2)

Family cohesion: Family conflict and cohesion, parenting stress (2)

Discipline: Use of punishment and discipline practices (2)

Health: Physical and emotional health, health care access and use, preventive health activities of parent, depression, exposure to alcohol and drug use (1, 3)

Basic needs: Household expenses, food access, and nutrition (1)

Home and car safety: Vehicle safety practices, fire and smoke safety, child access to dangerous materials and poisons, and household injury risks (1)

Social integration: Support of parent(s) by other adults, parental engagement in the community (1)

Parent-child warmth: Parental warmth and support of the child (1)

FAMILY MAP INVENTORIES (2012)

ITEM DETAILS

The Family Map includes 186 items across twelve modules, with an average of 16 items per module (range: 8-48 items per module). Some items are omitted by the administrator when not applicable.

Item types:

- ✓ Likert scale
- ✓ Binary
- ✓ Categorical
- ✓ Observational coding
- ✓ Open-ended

Data collection approach:

- ✓ Observation
- ✓ Interview

RELIABILITY & CULTURAL APPLICATIONS

The Family Map has been used with a variety of U.S. populations and family structures. This table indicates areas where it has demonstrated reliability and cultural applicability considered adequate in the literature.

Reliability

Whole-scale internal consistency	N/A
Subscale internal consistency	✓

Cultural Applications

Spanish version tested	✓
Tested with specific cultural, ethnic and racial groups in the U.S.	
• African American	✓
• Hispanic/Latino American	✓
Tested with low-income groups	✓

Cultural Applications

Tested with special groups	
• Head Start	✓
• Parents with depression	✓
• Families with substance abuse	✓
• Rural families	✓
• Children with disabilities	✓
• Prenatal home visiting with teens	✓
• HIPPI home visiting	✓
• Parents as Teachers home visiting	✓
• Early Head Start	✓
• Safe Babies Court Team families	✓

ADMINISTRATION INFORMATION

INTENDED PARTICIPANT(S)

The Family Map is intended for use with parent(s)/primary family caregiver(s).
*Note: Before administering the Family Map, programs must have clear policies for how to handle disclosures of domestic violence, child abuse and neglect, as well as suicidal or homicidal thoughts and plans (e.g., referral to mental health services, linkages to emergency services, and follow-up).

AGE RANGE

The Family Map is intended for use with families in the prenatal period or with children up to age 6.

ADMINISTRATOR

The Family Map can be administered by the child's primary educator, a home visitor, or family service worker.

ADMINISTRATION PROCESS

The Family Map takes approximately 45-60 minutes to administer.

Modules may be administered over multiple visits, or selected modules may be omitted to fit program data needs and time constraints.

The Family Map may be administered once or twice per year, depending on desire for pre-post or one-time collection of information.

FAMILY MAP INVENTORIES (2012)

TRAINING REQUIRED

In-person training (4-6 hours) is required for the first year of implementation. Web-based refresher trainings are available in subsequent years.

COST OF TRAINING AND MATERIALS

First-year training fees include the manual and training materials. Developers also offer web-based training on specific topics.

Year 1 Training

- ✓ \$250 per person OR \$4,500 for 20-25 people

Training typically occurs in Little Rock, AR. For an additional cost, the trainer can travel to the desired location to deliver the training on-site.

Web-based Refresher Training (after 1st year)

- ✓ \$3.00 per person

Materials

- ✓ The manual is downloadable and included in the price of training
- ✓ Free Family Map forms are downloadable with a login after training

LANGUAGES AVAILABLE

- ✓ English
- ✓ Spanish

SCORING INFORMATION

SCORING PROCEDURE

The assessment is structured so that scoring happens throughout the visit with the family. The family service worker identifies strengths and possible child development risks, which can be discussed during the visit. The family service worker and family decide together on goal-setting that addresses risks.

The Family Map Inventories can be scored by hand or electronically (bubble-scan technology).

SCORES

Scores have clear cutoffs and can be used immediately to identify family goals based on items and scales. When risk areas are similar across multiple families in a center, agency-wide intervention may be appropriate to address the problem(s).

SCORING TRAINING REQUIRED

The staff who conduct the home visit score the Family Map during the visit. Training is required for the educator or family service worker to be “authorized” to use the Family Map Inventory. Training also covers interview skills, how to partner with parents to choose goals and complete the Family Partnership Agreement.

OTHER VERSIONS

The Family Map has multiple versions:

- Prenatal
- Infant/Toddler (1-3 years old)
- Early Childhood (3-5 years old)

RELATED RESEARCH BASE

- Bokony, P., Whiteside-Mansell, L., & Swindle, T. (2013). Family Map Inventory and TIPS for Great Kids! Tools for increasing parent-teacher communication. *NHSA Dialog*, 16(1), 183-188.
- Bokony, P. A., Conners-Burrow, N. A., Whiteside-Mansell, L., Johnson, D., McKelvey, L., & Bradley, R. H. (2010). The Family Map: A tool for understanding the risks for children in families with substance abuse. *NHSA Dialog*, 13(3), 192-197.
- Conners-Burrow, N. A., Bokony, P., Whiteside-Mansell, L., Jarrett, D., Kraleti, S., McKelvey, L., & Kyzer, A. (2014). Low-level depressive symptoms reduce maternal support for child cognitive development. *Journal of Pediatric Health Care*, 28(5), 404-412.
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- Whiteside-Mansell, L., Johnson, D., Aitken, M. E., Bokony, P. A., Conners-Burrow, N. A., & McKelvey, L. (2010). Head Start and unintended injury: The use of the Family Map interview to document risk. *Early Childhood Education Journal*, 38(1), 33-41.
- Whiteside-Mansell, L., Johnson, D., Bokony, P., McKelvey, L., Burrow, N., & Swindle, T. (2013). Using the Family Map: Supporting family engagement with parents of infants and toddlers. *NHSA Dialog*, 16(1), 20-44.

FAMILY INVOLVEMENT QUESTIONNAIRE - EARLY CHILDHOOD (FIQ-EC; 2000)

BRIEF DESCRIPTION

The Family Involvement Questionnaire-Early Childhood measures family involvement behaviors that promote positive educational outcomes for young children. It uses a parent self-reporting survey. It was developed and tested in partnership with teachers and parents from urban, low-income, and diverse populations. The Family Involvement Questionnaire-Early Childhood can be administered to parents of children in preschool through 1st grade. This profile provides an overview of both the full and short forms of the measurement tool.

AUTHORS

John Fantuzzo, Erin Tighe, and Stephanie Childs

PUBLISHER

Originally published in *Journal of Educational Psychology* (2000)

RELATED FAMILY ENGAGEMENT OUTCOMES

- ✓ Positive Parent-Child Relationships
- ✓ Families as Lifelong Learners
- ✓ Family Engagement in Transitions
- ✓ Families as Advocates and Leaders

HOW TO ACCESS

<https://www2.gse.upenn.edu/child/products/fig>

MEASURE INFORMATION

CONSTRUCTS MEASURED

The Family Involvement Questionnaire-Early Childhood (FIQ-EC) measures the nature and extent of family involvement in early care and education activities and experiences.

SUBSCALES/SUBSECTIONS

The FIQ-EC addresses three dimensions of parent/caregiver involvement:

Home-based involvement: The extent to which caregiver(s) actively promote learning at home through conversation and the provision of learning materials and activities

School-based involvement: Involvement of caregiver(s) in activities at school such as attending parent workshops, planning or going on school trips, participating in classroom or school-based social activities

Home-school conferencing: Communication between caregiver(s) and school personnel about a child's educational progress and experiences, such as the child's daily routine, peer relationships, behavior, and learning challenges

ITEM DETAILS

Items on both full and short forms are measured on a four-point Likert frequency scale (1=*rarely*, 2=*sometimes*, 3=*often*, 4=*always*).

FIQ-EC

The full form of the FIQ-EC includes 42 items, with 12-16 items per subscale.

FIQ-EC Short Form

The short form of the FIQ-EC includes 21 items, with seven items per subscale.

Item types:

- ✓ Likert (5-point agreement scale)

Data collection approach:

- ✓ Self-report survey or self-administration

FAMILY INVOLVEMENT QUESTIONNAIRE - EARLY CHILDHOOD (FIQ-EC; 2000)

RELIABILITY & CULTURAL APPLICATIONS

The FIQ-EC has not been tested extensively, but the full form has undergone two field tests where it demonstrated reliability with diverse U.S. populations. The FIQ-EC Short Form has undergone one field test. This table indicates areas where the full (F) and short(S) forms have demonstrated reliability and cultural applicability considered adequate in the literature.

Reliability

Whole-scale internal consistency	N/A
Subscale internal consistency	F, S

Cultural Applications

Spanish version tested	S
Tested with specific cultural, ethnic and racial groups in the U.S.	
• African American	F, S
• Hispanic/Latino American	F, S
Tested with low-income groups	F, S
Tested with special groups	
• Head Start	F, S
• Comprehensive day care	S

ADMINISTRATION INFORMATION

INTENDED PARTICIPANT(S)

The FIQ-EC is intended for use with a child's parent(s)/primary family caregiver(s).

AGE RANGE

The FIQ-EC is intended for use with families with children in preschool, kindergarten, or 1st grade.

ADMINISTRATOR

In the literature, the FIQ-EC has typically been administered by a member of a research team.

ADMINISTRATION PROCESS

The FIQ-EC can be administered to the parent(s)/primary family caregiver(s). It takes approximately 20 minutes to administer the full FIQ and approximately 10 minutes for the short form.

TRAINING REQUIRED

No training is required to administer the FIQ-EC.

COST OF TRAINING AND MATERIALS

Materials are available for free in the journal articles or by contacting the developer.

LANGUAGES AVAILABLE

- ✓ English
- ✓ Spanish

SCORING INFORMATION

SCORING PROCEDURE

The FIQ-EC can be scored by hand using paper and pencil. The developer provides normed scores for low-income and diverse populations. Subscale scores are calculated by taking the sum of the scores for each item in that subscale. Depending on the needs of the program, a mean score can also be calculated for each dimension.

SCORES

A higher score signifies higher levels of involvement in each dimension.

SCORING TRAINING REQUIRED

No training is required to score the FIQ-EC.

FAMILY INVOLVEMENT QUESTIONNAIRE - EARLY CHILDHOOD (FIQ-EC; 2000)

OTHER VERSIONS

Family Involvement Questionnaire - Elementary (FIQ-E): For use with first through fifth grade students (Manz et al., 2004)

RELATED RESEARCH BASE

- Fantuzzo, J., Gadsden, V., Li, F., Sproul, F., McDermott, P., Hightower, D., & Minney, A. (2013). Multiple dimensions of family engagement in early childhood education: Evidence for a short form of the Family Involvement Questionnaire. *Early Childhood Research Quarterly, 28*(4), 734-742.
- Fantuzzo, J., Mcwayne, C., Perry, M., & Childs, S. (2004). Multiple dimensions of family involvement and their relations to behavioral and learning competencies for urban, low-income children. *School Psychology Review, 33*(4), 467-480.
- Fantuzzo, J., Tighe, E., & Childs, S. (2000). Family Involvement Questionnaire: A multivariate assessment of family participation in early childhood education. *Journal of Educational Psychology, 92*(2), 367-376.
- Manz, P. H., Fantuzzo, J. W., & Power, T. J. (2004). Multidimensional assessment of family involvement among urban elementary students. *Journal of School Psychology, 42*, 461-475.
- McWayne, C., Campos, R., & Owsianik, M. (2008). A multidimensional, multilevel examination of mother and father involvement among culturally diverse Head Start families. *Journal of School Psychology, 46*, 551-573.

HOME OBSERVATION FOR MEASUREMENT OF THE ENVIRONMENT INVENTORY (HOME; 2003)

BRIEF DESCRIPTION

The Home Observation for Measurement of the Environment Inventory measures the quantity and quality of support and stimulation available to children. It uses a combination of an interview and observation of parenting practices and the home environment. It can be administered in the homes of families with children up to age 14. This profile highlights the Infant/Toddler and Early Childhood versions of the Home Observation for Measurement of the Environment Inventory.

AUTHORS

Bettye M. Caldwell and Robert H. Bradley

PUBLISHER

Family & Human Dynamics Research Institute, Arizona State University

RELATED FAMILY ENGAGEMENT OUTCOMES

- ✓ Positive Parent-Child Relationships
- ✓ Families as Lifelong Learners
- ✓ Family Well-being

HOW TO ACCESS

<http://fhdri.clas.asu.edu/home/>

MEASURE INFORMATION

CONSTRUCTS MEASURED

The Home Observation for Measurement of the Environment Inventory (HOME) uses observation and a semi-structured interview to measure the quality of the home environment in relation to parent or caregiver stimulation and support of the child.

SUBSCALES/SUBSECTIONS

The HOME measures various aspects of parenting and the home environment, depending on the age of the child. For infants and toddlers, there are six categories, or subscales. In early childhood, there are eight subscales:

Infant/Toddler (I/T) HOME Version (0-3):

- Caregiver responsiveness
- Acceptance of child
- Organization of the environment
- Learning materials
- Parental involvement
- Variety in experience

Early Childhood (EC) HOME Version (3-6):

- Learning materials
- Language stimulation
- Physical environment
- Parental responsiveness
- Learning stimulation
- Modeling of social maturity
- Variety in experience
- Acceptance of child

HOME OBSERVATION FOR MEASUREMENT OF THE ENVIRONMENT INVENTORY (HOME; 2003)

ITEM DETAILS

The I/T HOME uses a combination of 45 interview and observation items across the six subscales.

The EC HOME uses a combination of 55 interview and observation items across the eight subscales.

Item types:

- ✓ Binary
- ✓ Observational coding
- ✓ Checklist

Data collection approach:

- ✓ Observation
- ✓ Semi-structured interview

RELIABILITY & CULTURAL APPLICATIONS

The HOME Inventories have been used with a variety of U.S. populations and family structures, as well as internationally. This table indicates areas where it has demonstrated reliability and cultural applicability considered adequate in the literature.

Reliability

Whole-scale internal consistency	✓
Subscale internal consistency	✓

Cultural Applications

Spanish version tested	N/A
Tested with specific cultural, ethnic and racial groups in the U.S.	
• African American	✓
• Hispanic/Latino American	✓
Tested with low-income groups	✓
Tested with special groups	
• Head Start/Early Head Start	✓
• Children with disabilities	✓
• Mothers with intellectual disabilities	✓
• Cross-cultural studies	✓

ADMINISTRATION INFORMATION

INTENDED PARTICIPANT(S)

The HOME is intended for use with parent(s)/primary family caregiver(s) and their child.

*Note: Before administering the HOME Inventories, programs must have clear policies for how to handle administrators' observation of or family disclosures of domestic violence, child abuse and neglect, as well as suicidal or homicidal thoughts and plans (e.g., referral to mental health services, linkages to emergency services, and follow-up).

AGE RANGE

The HOME is intended for use with families with children from birth up to age 14.

ADMINISTRATOR

The HOME should be administered by a trained observer, such as a family specialist.

ADMINISTRATION PROCESS

The administration of the HOME typically takes 45-90 minutes and should be conducted with the child's primary caregiver and participating child.

TRAINING REQUIRED

Review of the manual is required to administer the HOME.

COST OF TRAINING AND MATERIALS

The manual is a one-time purchase. Answer sheets and profile forms are available in packages of 25 or 50.

- ✓ Comprehensive Manual (all long form editions) - \$50
- ✓ Standard Manual (Infant/Toddler, Early Childhood, Middle Childhood, Early Adolescent) - \$40
- ✓ Infant/Toddler Forms - \$15 per package of 50 forms
- ✓ Early Childhood Forms - \$25 per package of 50 forms

SCORING INFORMATION

SCORING PROCEDURE

The HOME is scored using information obtained during a home visit that occurs when both the participating child (the child receiving services) and the child's primary caregiver are present and awake. The visitor observes parent-child interactions and discusses with the parent/caregiver objects, events, and transactions that are observed. Scoring is binary (yes = 1 or no = 0).

HOME OBSERVATION FOR MEASUREMENT OF THE ENVIRONMENT INVENTORY (HOME; 2003)

SCORES

Items are summed, with higher scores indicating better environment. The percentage of yes responses is calculated to determine “pass rates”. On any given subscale, a home may “pass”, indicating that the amount of support available to the child in that area is minimally acceptable. The HOME scale can be used as a screener to identify homes where children’s development is at risk due to environmental factors, or areas where the home did not “pass”.

SCORING TRAINING REQUIRED

The manual provides information on scoring the HOME.

LANGUAGES AVAILABLE

- ✓ English

OTHER VERSIONS

The HOME has multiple versions:

- HOME, 1984
- Middle Childhood HOME (6-10 yrs.)
- Early Adolescent HOME (10-14 yrs.)
- Child Care HOME Inventory
- Disability HOME Inventory
- HOME-SF (Short Form)*

*The HOME-SF was used in the NLSY79 study and measures Cognitive Stimulation and Emotional Support. The items for the short form can be found in the Bradley, Corwyn, McAdoo, and García Coll (2001) article in *Child Development* or on the NLSY website: <http://www.nlsinfo.org/content/cohorts/nlsy79-children/other-documentation/codebook-supplement/appendix-home-sf-scales>

RELATED RESEARCH BASE

Note that the website includes a searchable bibliography of nearly one thousand articles that use the HOME.

Aunos, M., Feldman, M., & Goupil, G. (2008). Mothering with intellectual disabilities: Relationship between social support, health and well-being, parenting and child behaviour outcomes. *Journal of Applied Research in Intellectual Disabilities*, 21(4), 320-330.

- Bakermans-Kranenburg, M. J., van IJzendoorn, M. H., & Bradley, R. H. (2005). Those who have, receive: The Matthew effect in early childhood intervention in the home environment. *Review of Educational Research*, 75(1), 1-26.
- Bradley, R. H. (2012). The HOME Inventory. In L. C. Mayes & M. Lewis (Eds.), *The Cambridge handbook of environment in human development* (pp. 568-589). New York: Cambridge University Press.
- Bradley, R. H., & Corwyn, R. F. (2005). Caring for children around the world: A view from HOME. *International Journal of Behavioral Development*, 29(6), 468-478.
- Bradley, R. H., Corwyn, R. F., McAdoo, H. P., & García Coll, C. (2001). The home environments of children in the United States part I: Variations by age, ethnicity, and poverty status. *Child Development*, 72(6), 1844-1867.
- Bradley, R. H., Rock, S. L., Caldwell, B. M., & Brisby, J. A. (1989). Uses of the HOME inventory for families with handicapped children. *American Journal of Mental Retardation*, 94, 313-330.
- Bradley, R. H., Whiteside-Mansell, L., Casey, P. H., & Barrett, K. (2010). Impact of a two-generation early education program on parenting processes at age 18. *Journal of Family Psychology*, 24(4), 478-484.
- Caldwell, B. M., & Bradley, R. H. (2003). *Home Observation for Measurement of the Environment: Administration manual*. Tempe, AZ: Family & Human Dynamics Research Institute, Arizona State University.
- Dearing, E., Wimer, C., Simpkins, S. D., Lund, T., Bouffard, S. M., Caronongan, P., ...Weiss, H. (2009). Do neighborhood and home contexts help explain why low-income children miss opportunities to participate in activities outside of school? *Developmental Psychology*, 45(6), 1545-1562.
- Dolan, M. M., Casanueva, C., Smith, K. R., & Bradley, R. H. (2009). Parenting and the home environment provided by grandmothers of children in the child welfare system. *Children and Youth Services Review*, 31(7), 784-796.
- Riksen-Walravenn, J., Bradley, R., & Zevalkink, J. (2008). The quality of children’s home environment and attachment security in Indonesia. *The Journal of Genetic Psychology*, 169(1), 72-91.

BRIEF DESCRIPTION

The Parenting Stress Index™ measures parental stress resulting from child characteristics, parent characteristics, and parent-child interactions. This self-report measure can be used for screening, assessment planning, designing a treatment plan, setting priorities for interventions, or research and evaluation. The Parenting Stress Index™ is appropriate for use with parents who have children up to age 12. The Parenting Stress Index™ has several editions. This profile highlights the full and short forms of the 4th Edition.

AUTHOR

Richard R. Abidin

PUBLISHER

PARiConnect

RELATED FAMILY ENGAGEMENT OUTCOMES

- ✓ Family Well-being
- ✓ Positive Parent-Child Relationships
- ✓ Family Connections to Peers and Community

HOW TO ACCESS

PSI™-4

<http://www4.parinc.com/Products/Product.aspx?ProductID=PSI-4>

PSI™-4-SF

<http://www4.parinc.com/Products/Product.aspx?ProductID=PSI-4:SF>

MEASURE INFORMATION

CONSTRUCTS MEASURED

PSI™-4

The Parenting Stress Index full form (PSI™-4) measures parental stress related to two domains: parent characteristics and child characteristics.

PSI™-4-SF

The Parenting Stress Index Short Form (PSI™-4-SF) measures parental stress related to parent and child characteristics as well as parent-child relationships.

SUBSCALES/SUBSECTIONS

PSI™-4

The PSI™-4 has two primary domains, composed of 13 subscales, and one optional domain:

Parent domain: Parent characteristics that may contribute to overall stress (seven subscales)

- **Competence:** Extent to which the parent feels comfortable and is capable in the parenting role
- **Isolation:** Parent's degree of social support
- **Attachment:** Parent's sense of closeness with the child and his or her ability to observe and effectively respond to the child's needs
- **Health:** Extent to which the parent's health contributes to overall parenting stress
- **Role restriction:** Parent's sense of limited freedom and constrained personal identity as a result of the parenting role
- **Depression:** Parent's affective status
- **Spouse/parenting partner relationship:** Parent's perception of emotional and physical support from the parenting partner

Child domain: Child characteristics that may contribute to overall stress (six subscales)

- **Distractibility/hyperactivity:** Behavioral characteristics of the child that reflect symptoms of attention-deficit/hyperactivity disorder
- **Adaptability:** Child's ability to adjust to change in the social or physical environment
- **Reinforces parent:** Parent's experience of interactions with his or her child as positively reinforcing
- **Demandingness:** Parent's experience of the child as placing demands on him or her

PARENTING STRESS INDEX™, FOURTH EDITION (PSI™-4; 2012)

- **Mood:** Child's affective status
- **Acceptability:** Extent to which child characteristics meet expectations of the parent

Total parenting stress: Total stress is calculated from the child and parent domains. This is the overall parental experience of stress and risk for dysfunctional parenting and child behavior problems.

Life events stress: This optional domain measures factors outside of the parent-child relationship that cause the parent stress.

PSI™-4-SF

The PSI™-4-SF has three domains, or subscales, that can be combined for a total stress score:

Parental distress: Parent characteristics that may contribute to overall stress, including: the extent to which the parent feels competent at child-rearing, parent's degree of social support, parent's sense of limited freedom as a result of the parenting role, parent's affective status, and amount of conflict with spouse/parenting partner

Difficult child: Child characteristics that make children easy or difficult to manage and that impact the parent-child relationship such as temperament, child's mood, and parent's experience of the child as placing demands on him or her

Parent-child dysfunctional interaction: Degree to which the parent feels that the child does not meet his or her expectations and that parent-child interactions are not positively reinforcing to the parent

Total parenting stress: Overall parental experience of stress related to personal factors associated with parenting

ITEM DETAILS

Most items on the PSI™ are rated on a five-point Likert agreement scale, ranging from 1=strongly agree to 5=strongly disagree.

PSI™-4

The PSI™-4 includes 120 items. There are 101 items in the two primary domains that combine for a total parenting stress score. There is also an optional 19-item Life Events Stress scale.

PSI™-4-SF

The PSI™-4-SF includes 36 items. There are 12 items in each of the three domains that combine to create a total parenting stress score.

Item types:

- ✓ Likert (5-point agreement scale)

Data collection approach:

- ✓ Self-report survey or self-administration

RELIABILITY & CULTURAL APPLICATIONS

The PSI™ has been used with a variety of U.S. populations and family structures as well as internationally. This table indicates areas where the full (F) and short (S) forms have demonstrated reliability and cultural applicability considered adequate in the literature.

Reliability

Whole-scale internal consistency	F, S
Subscale internal consistency	F, S

Cultural Applications

Spanish version tested	F, S
Tested with specific cultural, ethnic and racial groups in the U.S.	
• African American	F, S
• Hispanic/Latino American	F, S
• American Indian/Native American	F
Tested with low-income groups	F, S
Tested with special groups	
• Head Start	F, S
• Children with disabilities	F, S
• Families with child abuse	F, S
• Families with substance abuse	F, S
• Parental depression	F, S
• Single parents	F, S
• Cross-cultural studies	F, S

PARENTING STRESS INDEX™, FOURTH EDITION (PSI™-4; 2012)

ADMINISTRATION INFORMATION

INTENDED PARTICIPANT(S)

The PSI™ is intended for use with parent(s)/primary family caregiver(s).

AGE RANGE

The PSI™ is intended for use with families with children one month to age 12.

ADMINISTRATOR

The PSI™-4 and PSI™-4-SF are self-administered.

ADMINISTRATION PROCESS

PSI™-4

The PSI™-4 takes approximately 20 minutes to administer.

PSI™-4-SF

The PSI™-4-SF takes approximately 10 minutes to administer.

TRAINING REQUIRED

No formal training is required to administer the PSI™-4 and PSI™-4-SF.

COST OF TRAINING AND MATERIALS

There is a one-time purchase of the manual and reusable item booklets.

PSI™-4 Materials

- ✓ Professional Manual or e-Manual \$76.00
- ✓ PSI™-4 Reusable Item Booklets (pkg/10) \$70.00
- ✓ PSI™-4 Answer Sheets (pkg/25) \$76.00
- ✓ PSI™-4 Profile Forms (pad/25) \$27.00
- ✓ PSI™-4 Introductory Kit \$216.00 (includes manual, 10 item booklets, 25 answer sheets, 25 profile forms)

PSI™-4-SF Materials

- ✓ Professional Manual or e-Manual \$76.00
- ✓ Record/Profile Forms (pkg/25) \$86.00
- ✓ PSI™-4-SF Kit \$138.00 (includes manual and 25 record/profile forms)

LANGUAGES AVAILABLE

- ✓ English
- ✓ Spanish
- ✓ 40 other languages

SCORING INFORMATION

SCORING PROCEDURE

Items on the PSI™ are summed, with higher scores representing greater parenting stress. The developer also offers computer-generated scoring and interpretive reports. The PSI™ can be administered and scored online through PARiConnect.

PSI™-4

The PSI™-4 takes approximately 5 minutes to score by hand.

PSI™-4-SF

The PSI™-4-SF takes approximately 2 minutes to score by hand.

SCORES

PSI™ scores are in the form of percentiles and standardized scores (T scores). The manual includes normative scores and interpretation guidelines across domains, with clinical cutoffs set to 90th percentile or higher. The tool can identify parenting issues known to be associated with problematic child or parent behavior. Scores can be used for treatment or intervention planning and subsequent follow up.

SCORING TRAINING REQUIRED

No formal training is required to score the PSI™-4 and PSI™-4-SF.

OTHER VERSIONS

The PSI™ 4th Edition includes revisions designed to improve psychometric characteristics of subscales and domains (including updates to item wording). Previous editions and other versions include:

- PSI™ 1st Ed., 1976
- PSI™ 2nd Ed., 1978
- PSI™ 3rd Ed., 1995
- PSI™ 3rd Ed., Short Form, 1995

RELATED RESEARCH BASE

PSI™-4

- Abidin, R. R. (1997). Parenting Stress Index: A measure of the parent-child system. In Zalaquett, C.P. & Wood, R. (Eds), *Evaluating stress: A book of resources* (pp. 277-291). Lanham, MD: Scarecrow Press, Inc.
- Barnett, D. W., Hall, J. D., & Bramlett, R. K. (1990). Family factors in preschool assessment and intervention: A validity study of parenting stress and coping measures. *Journal of School Psychology, 28*(1), 13-20.
- Dardas, L. A., & Ahmad, M. M. (2014). Psychometric properties of the Parenting Stress Index with parents of children with autistic disorder. *Journal of Intellectual Disability Research, 58*, 560-571.
- Farel, A. M., & Hooper, S. R. (1998). Relationship between the Maternal Social Support Index and the Parenting Stress Index in mothers of very-low-birthweight children now age 7. *Psychological Reports, 83*(1), 173-174.
- Tam, K., Chan, Y., & Wong, C. M. (1994). Validation of the Parenting Stress Index among Chinese mothers in Hong Kong. *Journal of Community Psychology, 22*(3), 211-223.

PSI™-4-SF

- Díaz-Herrero, Á., López-Pina, J. A., Pérez-López, J., de la Nuez, A. G. B., & Martínez-Fuentes, M. T. (2011). Validity of the Parenting Stress Index-Short Form in a sample of Spanish fathers. *Spanish Journal of Psychology, 14*(2), 990-997.
- Haskett, M. E., Ahern, L. S., Ward, C. S., & Allaire, J. C. (2006). Factor structure and validity of the Parenting Stress Index -Short Form. *Journal of Clinical Child & Adolescent Psychology, 35*(2), 302-312.
- McKelvey, L. M., Whiteside-Mansell, L., Faldowski, R. A., Shears, J., Ayoub, C., & Hart, A. D. (2009). Validity of the short form of the Parenting Stress Index for fathers of toddlers. *Journal of Child and Family Studies, 18*(1), 102-111.
- Reitman, D., Currier, R. O., & Stickle, T. R. (2002). A critical evaluation of the Parenting Stress Index-Short Form (PSI-SF) in a Head Start population. *Journal of Clinical Child & Adolescent Psychology, 31*(3), 384-392.
- Whiteside-Mansell, L., Ayoub, C., McKelvey, L., Faldowski, R. A., Hart, A., & Shears, J. (2007). Parenting stress of low-income parents of toddlers and preschoolers: Psychometric properties of a short form of the Parenting Stress Index. *Parenting: Science and Practice, 7*(1), 26-56.

PROTECTIVE FACTORS SURVEY (PFS; 2008)

BRIEF DESCRIPTION

The Protective Factors Survey measures five family factors that are associated with family well-being and decreased risk of child maltreatment based on parents' self-report survey. The Protective Factors Survey was originally developed for family support and child abuse prevention programs to use with parents/caregivers receiving prevention services. It is now also used in early childhood and child welfare programs. The Protective Factors Survey can be administered to parents and other caregivers of children of all ages.

AUTHOR

The University of Kansas, Institute for Educational Research & Public Service (now the Center for Public Partnerships & Research) in partnership with the FRIENDS National Resource Center for Community-Based Child Abuse

PUBLISHER

Public Domain

RELATED FAMILY ENGAGEMENT OUTCOMES

- ✓ Family Well-being
- ✓ Positive Parent-Child Relationships
- ✓ Family Connections to Peers and Community

HOW TO ACCESS

<http://friendsnrc.org/protective-factors-survey>

MEASURE INFORMATION

CONSTRUCTS MEASURED

The Protective Factors Survey (PFS) measures multiple protective factors known to be associated with family well-being and decreased risk of child maltreatment.

SUBSCALES/SUBSECTIONS

The PFS includes five areas, or subscales, of family characteristics:

Self-support: Primary language spoken in the home, parent education and employment, family support, and parenting (1, 3)

Family functioning: The family's ability to adapt to struggles, share experiences, and manage problems

Social support: Perceptions of informal support available from family, friends, and neighbors

Concrete support: Perceptions of access to tangible goods and services in times of need

Nurturing and attachment: Positive interactions and emotional ties between parent(s) and child

Knowledge of parenting and child development: Parent/caregiver knowledge about child development and effective child management techniques

ITEM DETAILS

The PFS includes two sections: one to be completed by program staff and another section to be completed by the parent/caregiver. The parent/caregiver section includes demographic information (family composition, income, and involvement in services) and 20 items across the five subscales (3-5 items per subscale).

Item types:

- ✓ Likert (7-point agreement scale)

Data collection approach:

- ✓ Self-report survey or self-administration

PROTECTIVE FACTORS SURVEY (PFS; 2008)

RELIABILITY & CULTURAL APPLICATIONS

The PFS has not been tested extensively, but it has undergone four field tests by developers where it demonstrated reliability with diverse U.S. populations. This table indicates areas where it has demonstrated reliability and cultural applicability considered adequate in the literature.

Reliability

Whole-scale internal consistency	N/A
Subscale internal consistency	✓

Cultural Applications

Spanish version tested	✓
Tested with specific cultural, ethnic and racial groups in the U.S.	
• African American	✓
• Hispanic/Latino American	✓
• American Indian/Native American	✓
Tested with low-income groups	✓
Tested with special groups	
• Head Start/Early Head Start	✓

ADMINISTRATION INFORMATION

INTENDED PARTICIPANT(S)

The PFS is intended for use with parent(s)/primary family caregiver(s).

AGE RANGE

The PFS can be used with families with children of any age, as well as during the prenatal period.

ADMINISTRATOR

The PFS can be administered by the child's primary educator, a home visitor, or a family service worker.

ADMINISTRATION PROCESS

The PFS takes approximately 10-15 minutes to administer

TRAINING REQUIRED

Review of the manual is required to administer the PFS.

COST OF TRAINING AND MATERIALS

The PFS is free and available via the website.

LANGUAGES AVAILABLE

- ✓ English
- ✓ Spanish

SCORING INFORMATION

SCORING PROCEDURE

The PFS can be scored by hand. Each subscale is the average (mean) of the items that make up the subscale. Information on scoring the PFS is available in the manual. Developers also offer a downloadable database that can produce reports with pretest/posttest means and standard deviations, and the percent of families demonstrating pretest/posttest improvements.

SCORES

Scores can be used to identify family strengths and needs and pre-post change in protective factors. Scores can also be used to guide development of services agency-wide or for continuous program improvement.

SCORING TRAINING REQUIRED

Scoring information is provided in the manual. No training is required.

OTHER VERSIONS

There are no other known versions.

RELATED RESEARCH BASE

Conrad-Hiebner, A., Counts, J. M., Schoemann, A. M., & Chang, K. (In press).

The development and validation of the Spanish adaptation of the Protective Factors Survey. *Children & Youth Services Review*.

Counts, J. M., Buffington, E. S., Chang-Rios, K., Rasmussen, H. N., & Preacher, K. J. (2010). The development and validation of the protective factors survey: A self-report measure of protective factors against child maltreatment. *Child Abuse & Neglect*, 34(10), 762-772.

CHILD-PARENT RELATIONSHIP SCALE (CPRS; 2011)

BRIEF DESCRIPTION

The Child-Parent Relationship Scale measures parents' perceptions of their relationships with their children, using a self-report survey. The Child-Parent Relationship Scale can be administered to parents of children who are 3-12 years old. This profile highlights the short form of the measure.

AUTHOR

Robert Pianta

PUBLISHER

PARiConnect

RELATED FAMILY ENGAGEMENT OUTCOMES

- ✓ Positive Parent-Child Relationships

HOW TO ACCESS

<http://curry.virginia.edu/about/directory/robert-c.-pianta/measures>

MEASURE INFORMATION

CONSTRUCTS MEASURED

The Child-Parent Relationship Scale (CPRS) measures parents' perceptions of the amount of closeness and conflict and in their relationship with their child.

SUBSCALES/SUBSECTIONS

The CPRS measures two areas, or subscales, of the child-parent relationship:

Closeness: The degree of warmth, affection, and open communication in the relationship

Conflict: The degree of negativity in the relationship

ITEM DETAILS

The CPRS includes 15 items with 7-8 items in each subscale. Items are scored on five-point Likert agreement scale, ranging from 1=*definitely* does not apply to 5=*definitely applies*.

Item types:

- ✓ Likert (5-point agreement scale)

Data collection approach:

- ✓ Self-report survey or self-administration

RELIABILITY & CULTURAL APPLICATIONS

The CPRS has not been tested extensively, but it has demonstrated reliability with diverse U.S. groups, including Head Start program participants. This table indicates areas where the CPRS has demonstrated reliability and cultural applicability considered adequate in the literature.

Reliability

Whole-scale internal consistency	N/A
Subscale internal consistency	✓

CHILD-PARENT RELATIONSHIP SCALE (CPRS; 2011)

Cultural Applications

Spanish version tested	✓
Tested with specific cultural, ethnic and racial groups in the U.S.	
• African American	✓
• Hispanic/Latino American	✓
Tested with low-income groups	✓
Tested with special groups	
• Head Start	✓

ADMINISTRATION INFORMATION

INTENDED PARTICIPANT(S)

The CPRS is intended for use with parent(s)/primary family caregiver(s).

AGE RANGE

The CPRS is intended for use with families with children 3-12 years old.

ADMINISTRATOR

The CPRS is self-administered.

ADMINISTRATION PROCESS

The CPRS takes less than 10 minutes to administer.

TRAINING REQUIRED

No formal training is required to administer the CPRS.

COST OF TRAINING AND MATERIALS

All materials are available for free online.

LANGUAGES AVAILABLE

- ✓ English
- ✓ Spanish

SCORING INFORMATION

SCORING PROCEDURE

Items on the CPRS are summed to form each subscale, closeness and conflict. The developer offers a scoring guide online.

SCORES

Subscale scores range from 7-40, with higher scores representing either greater closeness or more conflict in the parent-child relationship. For reference, the developer provides mean scores from a sample population separated by gender and age to help users compare their findings to the developer's.

SCORING TRAINING REQUIRED

No formal training is required to score the CPRS.

OTHER VERSIONS

The developer also provides access to items and scoring for a 30-item version of Child-Parent Relationship Scale (see the website), but no research could be located to support the use of the longer version.

RELATED RESEARCH BASE

- Driscoll, K., & Pianta, R. C. (2011). Mothers' and fathers' perceptions of conflict and closeness in parent-child relationships during early childhood. *Journal of Early Childhood and Infant Psychology, 7*, 1-24.
- Puma, M., Bell, S., Cook, R., Heid, C., Shapiro, G., Broene, P., ... Spier, E. (2010). *Head Start impact study: Final report. Executive summary*. Washington, DC: Administration for Children & Families. Retrieved from http://www.acf.hhs.gov/programs/opre/hs/impact_study/
- Searle, A. K., Miller-Lewis, L. R., Sawyer, M. G., & Baghurst, P. A. (2013). Predictors of children's kindergarten classroom engagement: Preschool adult-child relationships, self-concept, and hyperactivity/inattention. *Early Education and Development, 24*(8), 1112-1136.
- Zhang, X. (2013). The longitudinal interplay of psychopathology and social competence during Chinese children's transition to preschool. *Infant and Child Development, 22*, 198-215.

CENTER FOR EPIDEMIOLOGICAL STUDIES DEPRESSION SCALE, REVISED (CESD-R; 2004)

BRIEF DESCRIPTION

The Center for Epidemiological Studies Depression Scale, Revised uses a self-report survey or interview format to screen for depression and depressive disorder in community (non-psychiatric) populations. However, it should not be used to diagnose individuals with clinical depression. Programs can use this tool to screen for depressive symptoms among staff, parents, and other adult caregivers.

AUTHOR

Laurie Radloff, 1977

Revised by William W. Eaton, C. B. Smith, Michele Ybarra, Carles Muntaner, and Allen Tien, 2004

PUBLISHER

Public Domain

Originally published in the journal,
Applied Psychological Measurements

RELATED FAMILY ENGAGEMENT OUTCOMES

- ✓ Family Well-being

HOW TO ACCESS

<http://cesd-r.com/>

MEASURE INFORMATION

CONSTRUCTS MEASURED

The Center for Epidemiological Studies Depression Scale, Revised is a screening test for indicators of depression but it should not be used to diagnose individuals with clinical depression. It is a revision of the widely used CES-D (Radloff, 1977). It measures symptoms of major depressive disorder as defined by the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). The DSM-IV describes symptoms of adult and child mental health disorders and is used by clinicians to diagnose psychiatric illness.

SUBSCALES/SUBSECTIONS

The CESD-R includes nine symptom criteria:

Home visit practices

- Sadness (dysphoria)
- Loss of interest in usually enjoyable activities (anhedonia)
- Appetite
- Sleep
- Thinking/concentration
- Guilt (worthlessness)
- Tired (fatigue)
- Movement (agitation)
- Suicidal ideation

ITEM DETAILS

The CESD-R includes 20 items measured on a five-point Likert frequency scale that ranges from 0-4. Participants indicate the number of days in the past one or two weeks in which symptoms were experienced (from 0 = *Not at all or less than one day* to 4 = *Nearly every day for 2 weeks*).

Item types:

- ✓ Likert (5-point frequency scale)

Data collection approach:

- ✓ Self-report survey or self-administration
- ✓ Structured interview

CENTER FOR EPIDEMIOLOGICAL STUDIES DEPRESSION SCALE, REVISED (CESD-R; 2004)

RELIABILITY & CULTURAL APPLICATIONS

The CES-D has been tested extensively in the U.S. and internationally. The CESD-R has been less widely tested. However, Van Dam & Earleywine (2010) found it to have good psychometric properties in large community and college student samples. This table indicates areas where the CES-D has demonstrated reliability and cultural applicability considered adequate in the literature.

Reliability

Whole-scale internal consistency	✓
Subscale internal consistency	✓

Cultural Applications

Spanish version tested	✓
Tested with specific cultural, ethnic and racial groups in the U.S.	
• African American	✓
• Hispanic/Latino American	✓
• Asian American	✓
• American Indian/Native American	✓
Tested with low-income populations	Not Reported
Tested with special populations	
• Cross-cultural studies	✓
• Cancer Survivors	✓
• Dementia	✓
• Elders	✓

ADMINISTRATION INFORMATION

INTENDED PARTICIPANT(S)

Programs can use the CESD-R to screen for depressive symptoms among staff, parents, and other adult caregivers.

*Note: Before administering the CESD-R, programs must have clear policies for how to handle positive screens for depressive symptoms, as well as disclosures of suicidal or homicidal thoughts and plans (e.g., referral to mental health services, linkages to emergency services, and follow-up)

AGE RANGE

The CESD-R is intended for use with adults.

ADMINISTRATOR

The CESD-R can be self-administered online or via paper and pencil survey. It can also be administered as a structured interview (in-person or by telephone).

ADMINISTRATION PROCESS

The CESD-R takes less than ten minutes to administer. One study found that the average time was 2.5 minutes (Williams et al., 2012).

TRAINING REQUIRED

No training is required to administer CESD-R.

COST OF TRAINING AND MATERIALS

- ✓ All materials and scoring information are provided for free online: <http://cesd-r.com/>

LANGUAGES AVAILABLE

- ✓ English
- ✓ Spanish*

*Spanish version may be found in Reyes-Ortega, et al., 2003. It must be completed in paper format. No online survey or scoring is available.

SCORING INFORMATION

SCORING PROCEDURE

When completed online, the CESD-R is scored automatically. Results are described as symptom scores, which is the sum of the symptoms reported by the individual. By request, interpretations of the calculated symptom scores can be emailed to the participant, clinician, or researcher.

CENTER FOR EPIDEMIOLOGICAL STUDIES DEPRESSION SCALE, REVISED (CESD-R; 2004)

SCORES

Summed scores range from 0 to 80 and can be classified into one of five categories:

1. Meets criteria for major depressive episode
2. Probable major depressive episode
3. Possible major depressive episode
4. Sub-threshold depression symptoms
5. No clinical significance

Scores also can be calculated to be consistent with the original CES-D scoring method (called “CESD style score”), where the top two frequencies (5-7 days and nearly every day for 2 weeks) are assigned the same score (3). This scoring procedure results in a maximum summed score of 60, where a score - 16 suggests psychological distress (see Huba, Melchior, et al., 1995 for CESD scoring information).

See also the CESD-R scoring method developed by Van Dam and Earleywine. They provide syntax for the statistical software program, SPSS:

<http://www.albany.edu/~me888931/CESD-R.html>

SCORING TRAINING REQUIRED

Scored automatically when completed online; otherwise, not specified.

OTHER VERSIONS

- CES-D, 1977
- CES-D, Short Form

RELATED RESEARCH BASE

Chapleski, E. E., Lamphere, J. K., Kaczynski, R., Lightenberg, P. A., & Dwyer, J. W. (1997). Structure of a depression measure among American Indian elders: Confirmatory factor analysis of the CES-D Scale. *Research on Aging, 19*(4), 462-485.

Chiriboga, D. A., Jang, Y., Banks, S., & Kim, G. (2007). Acculturation and its effect on depressive symptom structure in a sample of Mexican American elders. *Hispanic Journal of Behavioral Sciences, 29*, 83-100.

Eaton, W. W., Smith, C., Ybarra, M., Muntaner, C., & Tien, A. (2004). Center for Epidemiologic Studies Depression Scale: Review and revision (CESD and CESD-R). In M. E. Maruish (Ed.), *The use of psychological testing for treatment planning and outcomes assessment (3rd Ed.), Volume 3: Instruments for adults* (pp. 363-377). Mahwah, NJ: Lawrence Erlbaum.

Huba, G. J., Melchior, L. A., Staff of The Measurement Group, & HRSA/HAB's SPNS Cooperative Agreement Steering Committee (1995). *Module 26A: CES-D Form (Interview)*. Culver City, California: The Measurement Group. Available at www.TheMeasurementGroup.com.

Levine, S. Z. (2013). Evaluating the seven-item Center for Epidemiologic Studies Depression scale short-form: A longitudinal U.S. community study. *Social Psychiatry and Psychiatric Epidemiology, 48*(9), 1519-1526.

Losada, A., de los Angeles Villareal, M., Nuevo, R., Marquez-Gonzalez, M., Salazar, B. C., Romero-Moreno, R., ... Fernandez-Fernandez, V. (2012). Cross-cultural confirmatory factor analysis of the CES-D in Spanish and Mexican dementia caregivers. *The Spanish Journal of Psychology, 15*(2), 783-792.

Nezu, A. M., Nezu, C. M., McClure, K. S., & Zwick, M. L. (2002). Assessment of depression. In I. H. Gotlib & C. L. Hammen (Eds.) *Handbook of depression and its treatment* (pp. 61-85). New York: Guilford Press.

Reyes-Ortega, M., Soto-Hernandez, A. L., Milla-Kegel, J. G., Garcia-Ramirez, A., Hubard-Vignau, L., Mendoza-Sanchez, H., ...Wagner-Echeagaray, F. A.(2003). Actualización de la escala de depresión del dentro de estudios epidemiológicos (CES-D). Estudio piloto en una muestra geriátrica Mexicana. *Salud Mental, 26*(1), 59-68.

Shafer, A. B. (2006). Meta-analysis of the factor structures of four depression questionnaires: Beck, CES-D, Hamilton, and Zung. *Journal of Clinical Psychology, 62*(1), 123-146.

Van Dam, N. T., & Earleywine, M. (2011). Validation of the Center for Epidemiologic Studies Depression scale - Revised (CESD-R): Pragmatic depression assessment in the general population. *Psychiatry Research, 186*(1), 128-132.

Williams, C. D., Taylor, T. R., Makambi, K., Harrell, J., Palmer, J. R., Rosenberg, L., & Adams-Campbell, L. L. (2007). CES-D four-factor structure is confirmed, but not invariant, in a large cohort of African American women. *Psychiatry Research, 150*, 173-180.

EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS; 1987)

BRIEF DESCRIPTION

The Edinburgh Postnatal Depression Scale screens for symptoms of depression in community (non-psychiatric) populations. It uses a self-report survey. Originally used with women approximately 3 months postnatal (after baby's birth), it has since been used in clinical and research work with postnatal women (up to 6 months), non-postnatal women, and men.

AUTHOR

John L. Cox, Jennifer M. Holden, and Ruth Sagovsky

PUBLISHER

Originally published in *British Journal of Psychiatry* (1987)

RELATED FAMILY ENGAGEMENT OUTCOMES

- ✓ Family Well-being

HOW TO ACCESS

http://www2.aap.org/sections/scan/practicingsafety/Toolkit_Resources/Module2/EPDS.pdf

MEASURE INFORMATION

CONSTRUCTS MEASURED

The Edinburgh Postnatal Depression Scale (EPDS) is a self-report screening tool measuring common depressive symptoms. Originally designed to screen for maternal postnatal depressive symptoms, it has also demonstrated utility with pregnant women, non-postnatal women, and fathers. It is not intended for diagnostic purposes.

ITEM DETAILS

The EPDS is composed of 10 items measured on a four-point Likert scale. Participants report the extent to which they experienced the symptoms in the past week, from 0-3, with different response options depending on the item. For example: *I have looked forward with enjoyment to things.* (0=*as much as I ever did*, 1=*rather less than I used to*, 2=*definitely less than I used to*, 3=*hardly at all*).

Item types:

- ✓ Likert (4-point frequency scale)

Data collection approach:

- ✓ Self-report survey or self-administration

RELIABILITY & CULTURAL APPLICATIONS

The EPDS has been used with a variety of U.S. populations and family structures, as well as internationally. This table indicates areas where it has demonstrated reliability and cultural applicability considered adequate in the literature.

Reliability

Whole-scale internal consistency	✓
Subscale internal consistency	N/A

EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS; 1987)

Cultural Applications

Spanish version tested	✓
Tested with specific cultural, ethnic and racial groups in the U.S.	
• African American	✓
• Hispanic/Latino American	✓
• Asian American	✓
Tested with low-income populations	✓
Tested with special populations	
• Cross-cultural studies	✓
• Adolescent mothers	✓
• Learning disabled mothers	✓

ADMINISTRATION INFORMATION

INTENDED PARTICIPANT(S)

The EPDS can be used with parents both before and after the birth of a baby. *Note: Before administering the CTSPC, programs must have clear policies for how to handle positive screens for domestic violence, child abuse and neglect, as well as disclosures of suicidal or homicidal thoughts and plans (e.g., referral to mental health services, linkages to emergency services, and follow-up).

AGE RANGE

The EPDS is intended for use with adults.

ADMINISTRATOR

The EPDS is a self-administered paper and pencil tool. It can also be completed online at: <http://psychology-tools.com/epds/>

ADMINISTRATION PROCESS

The EPDS takes approximately 5 minutes to administer. It is recommended that the mother complete the measure alone, unless reading help is necessary. The presence of others has been found to variously exaggerate or suppress reporting of symptoms in some women.

TRAINING REQUIRED

No training is required to administer the EPDS.

COST OF TRAINING AND MATERIALS

The EPDS can be used at no charge with proper citation of authors and the *British Journal of Psychiatry*

LANGUAGES AVAILABLE

- ✓ English
- ✓ Spanish
- ✓ 20+ other languages

SCORING INFORMATION

SCORING PROCEDURE

The EPDS is scored by summing all items. Alternatively, the EPDS can be completed and scored automatically online at <http://psychology-tools.com/epds>

SCORES

Higher summed scores indicate the presence of more depressive symptoms. According to the developer, a threshold score of 13 or greater represents a high likelihood of major depression, and a score of 10 or greater represents a high likelihood of minor depression. Among pregnant women, the recommended cutoff for major depression is higher, at 15 or greater (Murray & Cox, 1990).

These thresholds have been established for English-speaking women. Matthey, Henshaw, Elliott, and Barnett (2006) recommend that those who desire to use the EPDS with other populations should refer to the literature on thresholds for those populations. For example, in one study of Spanish speaking women in Spain the threshold of 11 or greater was used for combined minor and major depression (Garcia-Esteve, Ascaso, Ojuel, & Navarro, 2003).

The EPDS is a screener, not a clinical assessment. Individuals meeting these thresholds should be immediately referred for further assessment and to explore treatment options if needed.

SCORING TRAINING REQUIRED

No training is required to score the EPDS.

For automatic scoring: <http://psychology-tools.com/epds/>

EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS; 1987)

OTHER VERSIONS

- Edinburgh Postnatal Depression Scale-Partner (EPDS-P; Moran & O'Hara, 2006)

The EPDS-P has demonstrated validity and reliability when completed by the male partner about the mother (Moran & O'Hara, 2006) and when completed by a mother about the father of a child (Fisher, Kopelman, O'Hara, 2012).

RELATED RESEARCH BASE

- Alvarado-Esquivel, C., Sifuentes-Alvarez, A., Salas-Martinez, C., & Martínez-García, S. (2006). Validation of the Edinburgh Postpartum Depression Scale in a population of puerperal women in Mexico. *Clinical Practice and Epidemiology in Mental Health, 2*(1), 33-38.
- Chaudron, L. H., Kitzman, H. J., Peifer, K. L., Morrow, S., Perez, L. M., & Newman, M. C. (2005). Self-recognition of and provider response to maternal depressive symptoms in low-income Hispanic women. *Journal of Women's Health, 14*(4), 331-338.
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- Cox, J. L., Holden, J. M., & Sagovsky, R. (1987). Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry, 150*, 782-786.
- Fisher, S. D., Kopelman, R., & O'Hara, M. W. (2012). Partner report of paternal depression using the Edinburgh Postnatal Depression Scale – Partner. *Archives of Women's Mental Health, 15*, 283-288.
- Garcia-Esteve, L., Ascaso, C., Ojuel, J., & Navarro, P. (2003). Validation of the Edinburgh Postnatal Depression Scale (EPDS) in Spanish mothers. *Journal of Affective Disorders, 75*(1), 71-76.
- Knitzer, J., Theberge, S., & Johnson, K. (2008). *Reducing maternal depression and its impact on young children: Toward a responsive early childhood policy framework* (Project THRIVE Issue Brief No. 2). National Center for Children in Poverty: Mailman School of Public Health, Columbia University.
- Matthey, S., Henshaw, C., Elliott, S., & Barnett, B. (2006). Variability in use of cut-off scores and formats on the Edinburgh Postnatal Depression Scale - Implications for clinical and research practice. *Archives of Women's Mental Health, 9*, 309-315.

- Moran, T. E., & O'Hara, M. W. (2006). A partner-rating scale of postpartum depression: The Edinburgh Postnatal Depression Scale – Partner (EPDS-P). *Archives of Women's Mental Health, 9*, 173-180.
- Rich-Edwards, J. W., Kleinman, K., Abrams, A., Harlow, B. L., McLaughlin, T. J., Joffe, H., & Gillman, M. W. (2006). Socio-demographic predictors of antenatal and postpartum depressive symptoms among women in a medical group practice. *Journal of Epidemiology and Community Health, 60*(3), 221-227.
- Yonkers, K. A., Ramin, S. M., Rush, A. J., Navarrete, C. A., Carmody, T., March, D., ... & Leveno, K. J. (2001). Onset and persistence of postpartum depression in an inner-city maternal health clinic system. *American Journal of Psychiatry, 158*, 1856-1863.

PARENTING INTERACTIONS WITH CHILDREN: CHECKLIST OF OBSERVATION LINKED TO OUTCOMES (PICCOLO; 2013)

BRIEF DESCRIPTION

The Parenting Interactions With Children: Checklist of Observation Linked To Outcomes measures positive parenting interactions, using observation of parents and their children. Practitioners can use the PICCOLO to assess parenting strengths, plan any needed family interventions, and monitor the ongoing effectiveness of those interventions. It was designed for use with families of children who are 4 to 60 months old.

AUTHORS

Lori A. Roggman, Gina A. Cook, Mark S. Innocenti, Vonda Jump Norman, Sheila Anderson, and Katie Christiansen

PUBLISHER

Brookes Publishing Co.

RELATED FAMILY ENGAGEMENT OUTCOMES

- ✓ Positive Parent-Child Relationships
- ✓ Families as Lifelong Learners

HOW TO ACCESS

www.brookespublishing.com/piccolo

MEASURE INFORMATION

CONSTRUCTS MEASURED

The PICCOLO measures positive parenting behaviors across four domains: affection, responsiveness, encouragement, and teaching.

SUBSCALES/SUBSECTIONS

The four domains measured by the PICCOLO include:

Affection: Warmth, physical closeness, and positive expressions toward child

Responsiveness: Response to child's cues, emotions, words, interests, and behaviors

Encouragement: Active support of child's exploration, effort, skills, initiative, curiosity, creativity, and play

Teaching: Shared conversation and play, cognitive stimulation, providing explanations to the child, and asking questions of the child

ITEM DETAILS

The PICCOLO includes 29 items across domains (7-8 items per domain). All behaviors are scored on a three-point Likert scale, 0= *absent*; 1= *barely*; 2= *clearly*.

Item types:

- ✓ Likert (3-point agreement scale)

Data collection approach:

- ✓ Observational coding (live or video)

RELIABILITY & CULTURAL APPLICATIONS

The PICCOLO has been used with a variety of U.S. families, as well as internationally. Although the norming sample was with children aged 10-47 months, the User's Guide also includes reliability and validity information from a group of children measured in the spring before kindergarten entry (~ 60 months). In addition, the developer reports that the PICCOLO can be reliably scored with infants aged 4-9 months, though validity testing has not yet been conducted. This table indicates areas where it has demonstrated reliability and cultural applicability considered adequate in the literature.

PARENTING INTERACTIONS WITH CHILDREN: CHECKLIST OF OBSERVATION LINKED TO OUTCOMES (PICCOLO; 2013)

Reliability

Whole-scale internal consistency	✓
Subscale internal consistency	✓

Cultural Applications

Spanish version tested	✓
Tested with specific cultural, ethnic and racial groups in the U.S.	
• African American	✓
• Hispanic/Latino American	✓
Tested with low-income populations	✓
Tested with special populations	
• Head Start	✓
• Cross-cultural studies	✓

ADMINISTRATION INFORMATION

INTENDED PARTICIPANT(S)

The PICCOLO is intended for use with parent(s)/primary family caregiver(s) and their children.

AGE RANGE

The PICCOLO is intended for use with families with children ages 4-60 months old.

ADMINISTRATOR

The PICCOLO can be administered by family support professionals.

ADMINISTRATION PROCESS

The PICCOLO takes approximately 10 minutes of observation.

Observational coding can be done in one of two ways:

- ✓ In-person, either at the family's home or in a setting where parents and children are served
- ✓ Through recorded video observation

TRAINING REQUIRED

The developer recommends training, including a DVD with a one-hour training presentation and 14 videos for observation and scoring practice.

Brookes Publishing also offers optional one- or two-day in-person training seminars at program sites.

COST OF TRAINING AND MATERIALS

The PICCOLO training DVD and user manual are a one-time purchase. Ongoing payment for paper forms is required. Optional in-person training seminars can be coordinated through Brookes Publishing.

Materials

- ✓ \$55.00 for Starter Kit which includes manual and one packet of 25 PICCOLO forms
- ✓ \$150.00 for PICCOLO Training DVD
- ✓ \$25.00 per packet of 25 PICCOLO forms

Optional in-person seminars

- ✓ • 1 day: \$2500 plus travel expenses for two presenters
- ✓ • 2 day: \$4600 plus travel expenses for two presenters

LANGUAGES AVAILABLE

- ✓ English
- ✓ Spanish
- ✓ German
- ✓ Finnish
- ✓ Turkish

SCORING INFORMATION

SCORING PROCEDURE

The PICCOLO can be scored by hand in less than two minutes.

SCORES

The PICCOLO produces four domain scores. For each domain, higher scores indicate that behavior is more frequent within the parent-child relationship.

SCORING TRAINING REQUIRED

The recommended training provides practice observation videos for those professionals who will be administering the PICCOLO to families.

PARENTING INTERACTIONS WITH CHILDREN: CHECKLIST OF OBSERVATION LINKED TO OUTCOMES (PICCOLO; 2013)

OTHER VERSIONS

- PICCOLO-D (a version geared toward fathers)

RELATED RESEARCH BASE

- Anderson, S., Roggman, L. A., Innocenti, M. S., & Cook, G. A. (2013). Dads' Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO-D). *Infant Mental Health Journal, 34*, 339-351.
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- Roggman, L. A., Cook, G. A., Innocenti, M. S., Norman, V. J., & Christiansen, K. (2013). Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO) in diverse ethnic groups. *Infant Mental Health Journal, 34*(4), 290-306.
- Wooldridge, M. B., & Shapka, J. (2012). Playing with technology: Mother-toddler interaction scores lower during play with electronic toys. *Journal of Applied Developmental Psychology, 33*(5), 211-218.

CONFLICT TACTICS SCALES, PARENT-CHILD (CTSPC; 1998)

BRIEF DESCRIPTION

The Conflict Tactics Scales, Parent-Child version measures the degree to which parents engage in nonviolent discipline methods, as well as psychological and physical maltreatment and neglect of children, using self-report or interviews. Programs can use the Conflict Tactics Scales Parent Child version with parents and other adult caregivers. This profile highlights the full and short forms of the measurement tool.

AUTHORS

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PUBLISHER

Western Psychology Services, University of New Hampshire

RELATED FAMILY ENGAGEMENT OUTCOMES

- ✓ Family Well-being
- ✓ Positive Parent-Child Relationships

HOW TO ACCESS

<http://pubpages.unh.edu/-mas2/ctsb.htm#Scoring>

<http://pubpages.unh.edu/-mas2/WPS-Info-Page.htm>

MEASURE INFORMATION

CONSTRUCTS MEASURED

The Conflict Tactics Scales, Parent-Child version (CTSPC) and its short form (CTSPC-SF) measure the behaviors or tactics employed by parents (or other caregivers) in times of conflict with children. Information from the CTSPC and CTSPC-SF can be used as a gauge of psychological or physical maltreatment and neglect.

Additionally, programs that wish to look for intergenerational maltreatment (whether parents who were maltreated as children are treating their children similarly) can administer the CTSPC to parents. Parents can report on how they were treated when they were children. Research has supported use of the CTSPC in this manner (Widom & Shepard, 1996).

SUBSCALES/SUBSECTIONS

CTSPC

The CTSPC has four subscales, along with two supplemental subscales, that capture the conflict tactics used by caregivers/parents with a child.

- Nonviolent Discipline
- Physical Assault
- Psychological Aggression
- Weekly Discipline
- Neglect*
- Sexual Abuse*

**These are supplemental scales that can be added to the tool*

CTSPC-SF

The CTSPC-SF has five subscales that capture the conflict tactics used by caregivers/parents with a child.

- Nonviolent Discipline
- Corporal Punishment
- Physical Abuse
- Psychological Aggression
- Neglect

CONFLICT TACTICS SCALES, PARENT-CHILD (CTSPC; 1998)

ITEM DETAILS

The CTSPC and CTSPC-SF ask about events in the previous year. However, supplemental questions on disciplinary practices including corporal punishment ask for frequency in the past week. Other items can be modified to ask about recent or more distant experiences. Both the CTSPC and CTSPC-SF use an eight-point Likert frequency scale to measure how often a behavior has occurred in the past year.

CTSPC

The CTSPC includes 22 items across four subscales, or a total of 36 items across six subscales when including the supplemental subscales. Items ask about the parent's behavior toward the child.

CTSPC-SF

The CTSPC-SF includes 10 items across five subscales that ask about the parent's behavior toward the child.

Item types:

- ✓ Likert (8-point agreement scale)

Data collection approach:

- ✓ Self-report survey or self-administration
- ✓ Structured interview

RELIABILITY & CULTURAL APPLICATIONS

The CTSPC has been used with a variety of U.S. populations and family structures as well as internationally. This table indicates areas where the full (F) and short (S) forms have demonstrated reliability and cultural applicability considered adequate in the literature.

Although the CTSPC and CTSPC-SF have relatively low internal consistency (reliability) scores, it is likely a function of measuring rarely-occurring events or behaviors (see Straus et al., 1998). This is not a problem for the use of the CTSPC in early care and education programs.

As no total score is calculated, no internal consistency score is available for either the long or short version. Additionally, because each scale on the short form has only two items, reliability estimates were not calculated for short form subscales.

Reliability

Whole-scale internal consistency	N/A
Subscale internal consistency	< .70

Cultural Applications

Spanish version tested	Not reported
Tested with specific cultural, ethnic and racial groups in the U.S.	
• African American	F, S
• Hispanic/Latino American	F, S
Tested with low-income groups	Not reported
Tested with special groups	
• Cross-cultural studies	F

ADMINISTRATION INFORMATION

INTENDED PARTICIPANT(S)

The CTSPC and CTSPC-SF are intended for use with The CPRS is intended for use with parent(s)/primary family caregiver(s). While the developer advises that both parents participate, it is not necessary.

*Note: Before administering the CTSPC, programs must have clear policies for how to handle positive screens for domestic violence, child abuse and neglect, as well as disclosures of suicidal or homicidal thoughts and plans (e.g., referral to mental health services, linkages to emergency services, and follow-up).

AGE RANGE

The CTSPC and CTSPC-SF are intended for use with parents of children under age 17.

ADMINISTRATOR

The developer recommends that the CTSPC be administered by an individual who has completed a Bachelor's or Master's degree.

ADMINISTRATION PROCESS

The CTSPC and CTSPC-SF can be administered as paper and pencil self-report survey or as a structured interview.

CTSPC

The CTSPC takes 6-8 minutes to complete without supplemental questions. With supplemental questions, the CTSPC takes 10-15 minutes to complete.

CTSPC-SF

The CTSPC-SF takes about two minutes to complete.

CONFLICT TACTICS SCALES, PARENT-CHILD (CTSPC; 1998)

TRAINING REQUIRED

The handbook provides administration information.

COST OF TRAINING AND MATERIALS

- ✓ CTS Handbook \$68.50
- ✓ CTS PC AutoScore™ Form (pkg of 25) \$50.00
- ✓ CTS2 AutoScore™ Form (pkg of 25) \$50.00
- ✓ CTS Kit \$100.00 (includes handbook, 10 CTS2 AutoScore™ forms, 10 CTS PC AutoScore™ forms)

LANGUAGES AVAILABLE

CTSPC

The CTSPC has been translated by several researchers. A guide to the translations is available for free from the developer, and translated forms are available on the website.

- ✓ English
- ✓ Spanish
- ✓ Portuguese
- ✓ French
- ✓ Italian

CTSPC-SF

- ✓ English

SCORING INFORMATION

SCORING PROCEDURE

If scoring by hand, the scoring method is described in Straus (2001). However, the developer recommends calculating scale scores in statistical programs such as SPSS and STATA, using syntax (software code). SPSS syntax is available from the developer, as are AutoScore™ forms to manually score the CTSPC.

SCORES

Several scores may be calculated from the CTSPC and CTSPC-SF, and there are multiple ways to interpret scores. The developer provides a free guide to assist users. The preferred and most frequently used scores are *Prevalence* scores, which indicate whether one or more behaviors (typically physical aggression) occurred during a particular time period.

SCORING TRAINING REQUIRED

The information needed to score the CTS is provided in the handbook.

OTHER VERSIONS

The CTSPC was adapted from the original CTS scale that measured conflict between partners.

- CTS - 1979
- CTS2 - 1996 *Individual profile provided*
- CTS2 - Short Form, 2004 *Individual profile provided*

RELATED RESEARCH BASE

- Lee, S. J., Lansford, J. E., Pettit, G. S., Bates, J. E., & Dodge, K. A. (2012). Parental agreement of reporting parent to child aggression using the Conflict Tactics Scales. *Child Abuse & Neglect, 36*(6), 510-518.
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- Straus, M. A., & Mattingly, M. J. (2007). *A short form and severity level types for the Parent-Child Conflict Tactics Scales*. Retrieved from University of New Hampshire, Family Available at Research Laboratory website: <http://pubpages.unh.edu/~mas2>
- Straus, M. A., Hamby, S. L., Finkelhor, D., Moore, D. W., & Runyan, D. (1998). Identification of child maltreatment with the Parent-Child Conflict Tactics Scales: Development and psychometric data for a national sample of American parents. *Child Abuse and Neglect, 22*(4), 249-270.
- Widom, C. S., & Shepard, R. L. (1996). Accuracy of adult recollections of childhood victimization: Part 1. Childhood physical abuse. *Psychological Assessment, 8*(4), 412-421.

CONFLICT TACTICS SCALE-REVISED, PARTNER (CTS2; 1996, SHORT FORM; 2004)

BRIEF DESCRIPTION

The revised Conflict Tactics Scales measures the degree to which couples use reasoning, negotiation, or domestic/partner violence to deal with conflicts based on self-report or interview. Programs can use the Revised Conflict Tactics Scales with parents and other adult caregivers. This profile highlights the full and short forms of the measurement tool.

AUTHORS

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PUBLISHER

Western Psychology Services, University of New Hampshire

RELATED FAMILY ENGAGEMENT OUTCOMES

- ✓ Family Well-being

HOW TO ACCESS

<http://pubpages.unh.edu/~mas2/ctsb.htm#Scoring>
<http://pubpages.unh.edu/~mas2/WPS-Info-Page.htm>

MEASURE INFORMATION

CONSTRUCTS MEASURED

The revised Conflict Tactics Scales for Partners (CTS2) and its short form (CTS2-SF) measure domestic or partner violence, psychological and physical aggression, and the use of reasoning or negotiation to deal with conflicts by either partner in a dating, cohabiting, or marital relationship. The measurement tool captures each individual's own behavior toward his/her partner as well as the partner's behavior toward him/her.

SUBSCALES/SUBSECTIONS

The CTS2 and CTS-2 SF have five subscales that describe the conflict tactics used by both partners in a relationship:

- Physical assault
- Psychological aggression
- Negotiation
- Injury
- Sexual coercion

ITEM DETAILS

Both CTS2 and CTS2-SF are organized so that “more difficult” questions are asked towards the end of the survey. The CTS is designed to ask about events in the previous year, but this can be modified to ask about recent or more distant experiences. Both the CTS2 and CTS2-SF, use an eight-point Likert frequency scale to measure how often a behavior has occurred in the past year.

CTS2

The CTS2 includes 78 items across five subscales that ask both about the respondent's behavior and the partner's behavior.

CTS2-SF

The CTS2-SF includes 20 items across five subscales that ask both about the respondent's behavior and the partner's behavior.

Item types:

- ✓ Likert (8-point frequency scale)

Data collection approach:

- ✓ Self-report survey or self-administration
- ✓ Structured interview

CONFLICT TACTICS SCALE-REVISED, PARTNER (CTS2; 1996, SHORT FORM; 2004)

RELIABILITY & CULTURAL APPLICATIONS

The CTS2 has been used with a variety of U.S. populations and family structures as well as internationally. This table indicates areas where the full (F) and short (S) forms have demonstrated reliability and cultural applicability considered adequate in the literature.

As no total score is calculated, no internal consistency score is available for either the full or short version.

Reliability

Whole-scale internal consistency	N/A
Subscale internal consistency	F, S

Cultural Applications

Spanish version tested	F,
Tested with specific cultural, ethnic and racial groups in the U.S.	
• African American	F
• Hispanic/Latino American	F
Tested with low-income groups	Not Reported
Tested with special groups	
• Cross-cultural studies	F
• Women in abusive relationships	F
• Incarcerated female substance abusers	F

ADMINISTRATION INFORMATION

INTENDED PARTICIPANT(S)

The CTS is intended for use with partners in a dating, cohabiting, or marital relationship. Data from one partner can be used, but it is preferable to get data from both partners, if it does not pose a safety risk to either partner. It can be used to measure conflict tactics in current relationships or previous relationships.

AGE RANGE

The CTS is intended for use with adults.

ADMINISTRATOR

The developer recommends that the CTS be administered by an individual who has completed a Bachelor's or Master's degree.

ADMINISTRATION PROCESS

CTS2

The CTS2 takes 10-15 minutes to complete. It can be administered as paper and pencil self-report survey or as a structured interview.

CTS2-SF

The CTS2-SF takes 2-5 minutes to complete. It can be administered as paper and pencil self-report survey or as a structured interview.

TRAINING REQUIRED

The handbook provides administration information.

COST OF TRAINING AND MATERIALS

- ✓ CTS Handbook \$68.50
- ✓ CTS2 AutoScore™ Form (pkg of 25) \$50.00
- ✓ CTS Kit \$100.00 (includes handbook, 10 CTS2 AutoScore™ forms, 10 CTS PC AutoScore™ forms)

LANGUAGES AVAILABLE

The CTS2 has been translated by several researchers. A guide to the translations is available for free from the developer, and translated forms are available on the website

- | | | |
|------------|--------------|--|
| ✓ Chinese* | ✓ French | ✓ Russian |
| ✓ Dutch | ✓ German | ✓ Sesotho |
| ✓ English | ✓ Hebrew | ✓ Spanish* |
| ✓ Finnish | ✓ Korean | ✓ Swedish |
| ✓ Flemish | ✓ Portuguese | *CTS2 was found to be reliable in this language. |

*Note: Before administering the CTS2, programs must have clear policies for how to handle positive screens for domestic violence, as well as disclosures of suicidal or homicidal thoughts and plans (e.g., referral to mental health services, linkages to emergency services, and follow-up).

CONFLICT TACTICS SCALE-REVISED, PARTNER (CTS2; 1996, SHORT FORM; 2004)

SCORING INFORMATION

SCORING PROCEDURE

For scoring by hand, the scoring method is described in Straus, Hamby, Boney-McCoy and Sugarman (1996). However, the developer recommends calculating scale scores in statistical programs such as SPSS and STATA, using syntax (software code). SPSS syntax is available from the developer, as are AutoScore forms to manually score the CTS2.

SCORES

Several scores may be calculated from the CTS2 and CTS2-SF, and there are multiple ways to interpret scores. The developer provides a free guide to assist users. The preferred and most frequently used scores are Prevalence scores, which indicate whether one or more behaviors (typically physical aggression) occurred during a particular time period.

SCORING TRAINING REQUIRED

The information needed to score the CTS is provided in the handbook.

OTHER VERSIONS

In the CTS2, the language was updated and some original items were revised or replaced by new items. Additional scales were also added (*Sexual coercion* and *Injury*).

- CTS (first edition of the measure)
- Parent Child CTS (CTSPC) *Individual profile provided*
- CTSPC - SF - Short form *Individual profile provided*

RELATED RESEARCH BASE

- Connelly, C. D., Newton, R. R., & Aarons, G. A. (2005). A psychometric examination of English and Spanish versions of the Revised Conflict Tactics Scales. *Journal of Interpersonal Violence, 20*(12), 1560-1579.
- Fantuzzo, J. W., DePaola, L. M., Lambert, L., Martino, T., Anderson, G., & Sutton, S. (1991). Effects of interparental violence on the psychological adjustment and competencies of young children. *Journal of consulting and clinical psychology, 59*(2), 258-265.
- Lucente, S. W., Fals-Stewart, W., Richards, H. J., & Goscha, J. (2001). Factor structure and reliability of the Revised Conflict Tactics Scales for incarcerated female substance abusers. *Journal of Family Violence, 16*(4), 437-450.
- Signorelli, M. S., Arcidiacono, E., Musumeci, G., Di Nuovo, S., & Aguglia, E. (2014). Detecting domestic violence: Italian validation of Revised Conflict Tactics Scale (CTS-2). *Journal of Family Violence, 29*, 361-369.
- Slep, A. M. S., & O'leary, S. G. (2005). Parent and partner violence in families with young children: Rates, patterns, and connections. *Journal of Consulting and Clinical Psychology, 73*(3), 435-444.
- Straus, M. A. (2004). Cross-cultural reliability and validity of the Revised Conflict Tactics Scales: A study of university student dating couples in 17 nations. *Cross-Cultural Research, 38*, 407-432.
- Straus, M. A., & Douglas, E. M. (2004). A short form of the Revised Conflict Tactics Scales, and typologies for severity and mutuality. *Violence and Victims, 19*(5), 507-520.
- Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. B. (1996). The Revised Conflict Tactics Scales (CTS2): Development and preliminary psychometric data. *Journal of Family Issues, 17*, 283-316.

REFERENCES

This section lists references for each of the measurement tools in this resource in alphabetical order. Each reference includes the name of the tool, a citation for the author(s), a brief description of the measure, and a web link or information about how to access the tool.

Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	A self-report screening tool for depression.	Eaton, W. W., Smith, C., Ybarra, M., Muntaner, C., Tien, A. (2004). Center for Epidemiologic Studies Depression Scale: Review and revision (CESD and CESD-R). In M. E. Maruish (Ed.), <i>The use of psychological testing for treatment planning and outcomes assessment</i> (3rd Ed.), Volume 3: <i>Instruments for adults</i> (pp. 363-377). Mahwah, NJ: Lawrence Erlbaum. http://cesd-r.com/
Child-Parent Relationship Scale (CPRS)	A self-report measure of parents' perceptions of their relationships with their children.	Driscoll, K., & Pianta, R. C. (2011). Mothers' and fathers' perceptions of conflict and closeness in parent-child relationships during early childhood. <i>Journal of Early Childhood and Infant Psychology</i> , 7, 1-24. http://curry.virginia.edu/about/directory/robert-c.-pianta/measures
Conflict Tactics Scale, Parent-Child (CTSPC and CTSPC-SF)	A parent self-report or interview-based measure of nonviolent discipline techniques as well as child maltreatment and neglect	Straus, M. A., Hamby, S. L., Finkelhor, D., Moore, D. W., & Runyan, D. (1998). Identification of child maltreatment with the parent-child Conflict Tactics Scales: Development and psychometric data for a national sample of American parents. <i>Child Abuse and Neglect</i> , 22, 249-270. http://pubpages.unh.edu/~mas2/ctsb.htm
Conflict Tactics Scale-Revised, Partner (CTS2 and CTS2-SF)	A parent self-report or interview-based measure of domestic or partner violence and use of reasoning or negotiation to deal with conflicts	Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. B. (1996). The revised Conflict Tactics Scales (CTS2): Development and preliminary psychometric data. <i>Journal of Family Issues</i> , 17, 283-316. Straus, M. A., & Douglas, E. M. (2004). A short form of the Revised Conflict Tactics Scales, and typologies for severity and mutuality. <i>Violence and Victims</i> , 19, 507-520. http://pubpages.unh.edu/~mas2/ctsb.htm
Edinburgh Postnatal Depression Scale (EPDS)	A parent self-report screener for symptoms of depression	Cox, J. L., Holden, J. M., & Sagovsky, R. (1987). Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. <i>British Journal of Psychiatry</i> 150, 782-786. http://www2.aap.org/sections/scan/practicingsafety/Toolkit_Resources/Module2/EPDS.pdf

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<p>Family and Provider/Teacher Relationship Quality (FPTRQ) -Parent Measure, Full and Short</p>	<p>A parent self-report measure of their relationship quality with their child's primary child care provider/teacher</p>	<p>Kim, K., Porter, T., Atkinson, V., Rui, N., Ramos, M., Brown, E., Guzman, L., Forry, N., & Nord, C. (2014). <i>Family and Provider/Teacher Relationship Quality Measures: User's Manual</i>. OPRE Report 2014-65. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.</p> <p>Ramos, M., Kim, K., Atkinson, K., Li, W., Guzman, L., Madill, R., Porter, T., & Forry N. (2014). <i>Family and Provider/Teacher Relationship Quality Measures Short Forms: Amendment to the User's Manual</i>. OPRE Report 2014-86. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.</p> <p>http://www.acf.hhs.gov/programs/opre/research/project/development-of-a-measure-of-family-and-provider-teacher-relationship-quality-fptrq</p>
<p>Family Involvement Questionnaire -Early Childhood (FIQ-EC), Full and Short</p>	<p>A multidimensional parent self-report measure of the nature and extent of family involvement in early childhood education activities and experiences</p>	<p>Fantuzzo, J., Gadsden, V., Li, F., Sproul, F., McDermott, P., Hightower, D., & Minney, A. (2013). Multiple dimensions of family engagement in early childhood education: Evidence for a short form of the Family Involvement Questionnaire. <i>Early Childhood Research Quarterly</i>, 28(4), 734-742.</p> <p>Fantuzzo, J., Tighe, E., & Childs, S. (2000). Family Involvement Questionnaire: A multivariate assessment of family participation in early childhood education. <i>Journal of Educational Psychology</i>, 92(2), 367-376.</p> <p>https://www2.gse.upenn.edu/child/products</p>
<p>Family Map Inventories</p>	<p>An interview- and observation-based tool to assess the family routines and home environment of parents with young children</p>	<p>Whiteside-Mansell, L., Bradley, R., Conners, N., & Bokony, P. (2007). The Family Map: Structured family interview to identify risks and strengths in Head Start families. <i>NHSA Dialog</i>, 10(3-4), 189-209.</p> <p>http://www.thefamilymap.org/</p>
<p>Home Observation for Measurement of the Environment (HOME) Inventory</p>	<p>An interview- and observation-based measure of parenting practices and home environment</p>	<p>Caldwell, B. M., & Bradley, R. H. (2003). <i>Home Observation for Measurement of the Environment: Administration manual</i>. Tempe, AZ: Family & Human Dynamics Research Institute, Arizona State University.</p> <p>http://fhdri.clas.asu.edu/home/index.html</p>
<p>Home Visit Rating Scales-Adapted & Extended v2.0 (HOVRS-A+v2)</p>	<p>An observation-based measure of home visitation quality</p>	<p>Roggman, L. A., Cook, G. A., Innocenti, M. S., Jump Norman, V. K., Christiansen, K., Boyce, L. K., Aikens, N., Boller, K., Paulsell, D., & Hallgren, K. (2012). <i>Home Visit Rating Scales-Adapted & Extended: (HOVRS-A+ v2)</i>. Unpublished measure.</p> <p>Contact Lori.Roggman@usu.edu or Mark.Innocenti@usu.edu to request an application form for a pre-publication copy of HOVRS-A+ v2.</p> <p>http://www.ksde.org/Portals/0/Early%20Childhood/Foundations%20for%20School%20Success/FSSHHomeVisitRatingScale.pdf</p>

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Strengths-Based Practices Inventory (SBPI)	A parent self-report measure of family service staff's use of strengths-based practices	Green, B. L., McAllister, C. L., & Tarte, J. M. (2004). The Strengths-Based Practices Inventory: A tool for measuring strengths-based service delivery in early childhood and family support programs. <i>Families in Society</i> , 85, 326-334. Contact: beth.green@pdx.edu

GLOSSARY OF TERMS

Binary	Data that has only two possible groups (e.g., Yes/No, enrolled in the program/not enrolled in the program).
Categorical	Data that can be sorted or divided into different groups (e.g., languages spoken at home, classrooms in a center).
Cutoff	A minimum or maximum score needed on a measurement tool (measure) to identify the construct of interest (e.g., positive parent-child relationships, child behavior problem, clinically significant depressive symptoms)
Construct	The concept or idea to be measured (e.g., parent strengths, family engagement, depression).
Data	Information that is collected during the course of a study through surveys, observations, interviews, and other means. Data can be quantitative (numeric information) or qualitative (non-numeric information). Data serves as the basis for information, discussion, and interpretation.
Item	A single question, statement, or other unit that is part of a larger measurement tool.
Likert scale	A measurement technique often used in questionnaires where a range of possible responses to a question or statement appear in increasing or decreasing order or frequency (e.g., 1 - 5, Strongly Agree to Strongly Disagree; 1-4, Never to Always).
Observational coding	Using a rubric (scoring tool) to assign a number to an observed action or behavior.
Open-ended	A question or item in a measure that allows the respondent to formulate any answer they choose, rather than selecting from a range of options.
Reliable	The measure provides dependable and consistent information. Reliability of a measure typically refers to the extent to which the measure accurately captures the same information when used more than once.
Psychometric properties	Quantifiable characteristics of a measure (e.g., reliability, validity) that indicate the quality of its items and the degree to which it measures what it is intended to measure.
Self-report	A type of measure that asks individuals to report on their own perceptions, feelings, beliefs, or knowledge.
Standardized	Defined in relation to a larger population. Standardized scores are scores that show where an individual's score is relative to the population average. Standardized measures or tools are those that have been tested and found to be reliable and valid in a particular population.
Subscale	A set of items from a measure that can be scored to assess a particular construct from the larger measure (e.g., a specific subscale that assesses parental sensitivity within a larger measure on the quality of parent-child relationships). Subscales are sometimes combined to create an overall score or may be used separately from other subscales.
Valid	Validity of a measure typically refers to the accuracy with which it measures what it was supposed to measure.

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