### Basic Description

**Author(s):** Sheras, Peter L., Ph.D., Abidin, Richard R., Ed.D., & Konold, Timothy R., Ph.D.

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**Website:** [www.parinc.com](http://www.parinc.com)

**Cost per copy (in US $):** $1.64

**Copyright:** Yes

**Description:**
The SIPA was designed to measure parenting stress in parents of adolescents.

The measure is conceived as a developmentally sensitive upward extension of the Parenting Stress Index (PSI), Abidin (1995), and contains items that are more reflective of issues and stressors faced by parents of adolescents.

It yields scores on the following: 1) Adolescent Domain, 2) Parent-Domain, 3) Adolescent-Parent Domain, 4) Life Stress Scale, and 5) Total Parenting Stress.

**Theoretical Orientation Summary:**

**Domains Assessed:**
1. Stressful life events (cgiver)
2. Parent-child relationship
3. General symptomatology (cgiver)
4. General symptomatology (child)
5. Family stress
6.

**Languages Available:** English
Age Range: 11.0 - 19.0  
# of Items: 112  
Time to Complete (min): 20  
Time to Score (min): 8  
Periodicity: Not indicated  
Response Format: 5-pt rating scale for the first 90 items: 1) Strongly Disagree, 2) Disagree, 3) Not Sure, 4) Agree, and 5) Strongly Agree. 2-pt Yes/No scale for the last 22 items, which assess exposure to stressful life events.

Materials Needed:  
(check all that apply)  
Yes Paper and pencil  
No Testing stimuli  
No Computer  
No Physiological equipment  
No Video equipment  
No Other  

Material Notes:  
A reusable item booklet and a separate answer sheet are required and available (as of 9/05) from the website:  
Hand-Scorable Answer Sheet/Profile Forms (pkg/25): $41 (Pricing is based on the purchase of this item.)  
Reusable Item Booklets (pkg/25): $41  
Introductory Kit: $118 (Includes SIPA Professional Manual, 25 Reusable Item Booklets, and 25 Hand-Scorable Answer Sheet/Profile Forms.)  
The first 90 items are used to calculate the total and domain scores. The last 22 items comprise the Life Stressors Scale.  
The test is usually administered in an individual test setting, but the manual notes it can be administered to groups.  
Reporters can include biological, adoptive, or foster parents of either gender.

Sample Items:  
Domains | Scale | Sample Items  
---|---|---  
Index of Total Parenting Stress  
Adolescent Domain (AD) | Not available  
Parent Domain (PD) | Not available  
Adolescent-Parent Relationship Domain (APRD) | Not available  
Life Stressors Scale (LS) | Not available  

Notes (additional scales and domains):  
AD contains 4 subscales: 1) Moodiness/Emotional Liability, 2) Social Isolation/Withdrawal,
3) Delinquency/Antisocial, and 4) Failure to Achieve or Persevere.

PD contains 4 subscales: 1) Life Restrictions, 2) Relationship with Spouse/Partner, 3) Social Alienation, and 4) Incompetence/Guilt.

### Information Provided: (check all that apply)

<table>
<thead>
<tr>
<th>Information Provided</th>
<th>Yes</th>
<th>Standard Scores</th>
</tr>
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<tbody>
<tr>
<td>Diagnostic information DSM-III</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Diagnostic information DSM-IV</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Strengths</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Areas of concerns/risks</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Program evaluation information</td>
<td></td>
<td>Clinical friendly output</td>
</tr>
<tr>
<td>Continuous assessment</td>
<td>Yes</td>
<td>Written feedback</td>
</tr>
<tr>
<td>Raw Scores</td>
<td>Yes</td>
<td>Other</td>
</tr>
</tbody>
</table>

### Training

#### Training to Administer:

<table>
<thead>
<tr>
<th>Training to Administer</th>
<th>None</th>
<th>Must be a psychologist</th>
</tr>
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<tbody>
<tr>
<td>(check all that apply)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>Via manual/video</td>
<td>Training by experienced clinician (&lt;4 hours)</td>
</tr>
<tr>
<td>Prior experience psych testing &amp; interpretation</td>
<td>Training by experienced clinician (&gt;48 hours)</td>
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#### Training to Interpret:

<table>
<thead>
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<th>Training to Interpret:</th>
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<th>Must be a psychologist</th>
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</tr>
<tr>
<td>Yes</td>
<td>Via manual/video</td>
<td>Training by experienced clinician (&lt;4 hours)</td>
</tr>
<tr>
<td>Prior experience psych testing &amp; interpretation</td>
<td>Training by experienced clinician (&gt;48 hours)</td>
<td></td>
</tr>
</tbody>
</table>

#### Training Notes:

From the manual:

1. The interpretation of SIPA scores requires graduate training in psychology, counseling, social work, psychiatry, or a closely related field, as well as relevant training or coursework in the interpretation of psychological tests at an accredited college or university.

2. The authors also note that it can be administered by those at the bachelor’s level, but that interpretation should be by a psychologist or master’s-level mental health worker.

### Parallel or Alternate Forms

<table>
<thead>
<tr>
<th>Parallel or Alternate Forms</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parallel Forms?</td>
<td>No</td>
</tr>
<tr>
<td>Alternate Forms:</td>
<td>No</td>
</tr>
<tr>
<td>Forms for Different Ages:</td>
<td>Yes</td>
</tr>
</tbody>
</table>

#### If so, are forms comparable:

Yes

#### Any Altered Versions of Measure:

Yes

Describe:

SIPA is conceived as a developmentally sensitive upward extension of the Parenting Stress Index (PSI), Abidin (1995), that better assesses parenting stress when dealing specifically with adolescents.

The PSI is reviewed in this database, as is a brief version: the PSI-Short Form.
Population Used to Develop Measure

From the manual:
The normative sample included 778 parents of adolescents from 15 states in the United States, recruited from different settings including place of employment, churches, universities, medical practices, grocery stores.

Parents were aged 23 to 70 (Mean=42.58, SD=5.75) and had an average of 1.73 adolescents per household.

Education: 20.7% of parents had a graduate or professional degree, 28.7% were college graduates, 29% had a vocational or some college, 20.2% had a 9th-12th grade education, and 1.2% had a 1st-8th grade education.

Children of concern: aged 11-9 (Mean=14.94).

Reported median range of yearly household income was $50,001 to $60,000.

Ethnicity of parents: 79.5% White, 16.2% African American, 4.1% Other, and <1% Native American.

Psychometrics

Global Rating (scale based on Hudall Stamm, 1996):

<table>
<thead>
<tr>
<th>Basic properties established by author(s)</th>
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<tbody>
<tr>
<td>Norms:</td>
</tr>
<tr>
<td>For separate age groups:</td>
</tr>
<tr>
<td>For clinical populations:</td>
</tr>
<tr>
<td>Separate for men and women:</td>
</tr>
<tr>
<td>For other demographic groups:</td>
</tr>
</tbody>
</table>

Notes:

1. Efforts were made to ensure that the norms reflect U.S. population characteristics, including ethnicity, gender, and SES. Manual presents sample characteristics along with 1997 U.S. Census information for these variables. Information regarding the normative sample is presented under “Population Used to Develop Measure.”

2. Mothers were oversampled to reflect the fact that 23% of U.S. children live with only their mother.

3. SES is slightly higher in the normative sample than in the general population.

4. SIPA means and SDs for 5 groups of parents whose adolescents fell into 5 clinical categories are presented: Mood Disorders (n=18), ADHD (n=13), Oppositional-Defiant Disorder (n=24), Conduct Disorder (n=59), and Anxiety Disorder (n=10).

Due to the small sample sizes the authors suggest the data be viewed as clinical hypotheses about sources of stress experienced by parents with clinically diagnosed adolescents.

5. Analyses suggested no difference based on parent gender or adolescent
age, so separate norms based on parent gender and adolescent age were not presented.

<table>
<thead>
<tr>
<th>Clinical Cutoffs:</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify Cutoffs:</td>
<td>&lt;85th percentile = within normal limits, 85th-89th = borderline, 90th-94th = clinically significant, 95th-100th = clinically severe</td>
</tr>
<tr>
<td>Used in Major Studies:</td>
<td>No</td>
</tr>
<tr>
<td>Specify Studies:</td>
<td></td>
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</table>
Reliability:

<table>
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<tr>
<th>Type:</th>
<th>Rating</th>
<th>Statistics</th>
<th>Min</th>
<th>Max</th>
<th>Avg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test-Retest # days: 28</td>
<td>Acceptable</td>
<td>Cronbach’s alpha</td>
<td>0.83</td>
<td>0.93</td>
<td>0.85</td>
</tr>
<tr>
<td>Internal Consistency:</td>
<td>Acceptable</td>
<td>Cronbach’s alpha</td>
<td>0.81</td>
<td>0.97</td>
<td>0.89</td>
</tr>
</tbody>
</table>

Inter-Rater:

Parallel/Alternate Forms:

Notes:

Reliability data are presented from the manual:

TEST-RETEST RELIABILITY
A sample of 46 parents (of the original 778) were asked to participate in the test-retest.

Adolescent Domain (.92), Delinquency/Antisocial (.83), Moodiness/Emotional Liability (.90), Failure to Achieve or Persevere (.91), Social Isolation (.75)

Parent Domain (.87), Life Restrictions (.85), Relationship with Spouse/Partner (.85), Social Alienation (.74), Incompetence/Guilt (.83)

Adolescent/Parent Relationship (.91)

Index of Total Parenting Stress (.93)

INTERNAL CONSISTENCY (n=778: Cronbach’s alpha)
Adolescent Domain (.95), Delinquency/Antisocial (.90), Moodiness/Emotional Liability (.90), Failure to Achieve or Persevere (.90), Social Isolation (.85)

Parent Domain (.94), Life Restrictions (.89), Relationship with Spouse/Partner (.81), Social Alienation (.81), Incompetence/Guilt (.82)

Adolescent/Parent Relationship (.91)

Index of Total Parenting Stress (.97)

Content Validity:

From the manual:
The SIPA was developed through multiple steps. First, PSI items were reviewed to identify and retain items that would be applicable to parents of adolescents.

Next, new items were written based on the developmental and clinical literature related to adolescent parenting, parenting distress, and dysfunctional parenting behaviors. Items were suggested by the authors, parents, clinicians, and researchers.

At each step items were revised or dropped based on readability, factor loadings, reliability analyses, coverage of constructs, and important findings in the research literature. Adolescent Domain items were designed to reflect developmentally relevant characteristics of adolescents that are central to adolescent-parent tension (Self-Direction, Sexuality, Goals and Values, and Achievement).

A 120-item SIPA was reviewed by a diverse group of psychologists and social service professionals (representatives from Hispanic, Asian, African-American, and gay/lesbian communities) prior to the collection of normative data using this version. This group suggested changes to make the measure more sensitive and less biased for individuals from
Principal component and maximum likelihood factor analysis with a varimax rotation were conducted to determine the underlying structure of the SIPA. Separate analyses were conducted for adolescent and parent domains.

Factor selection was based on multiple criteria including eigen values>1, the scree test, interpretability, theoretical relevance, and psychometrics of the factor structure.

Factor analysis was used to identify the scales and reduce the number of items. Higher-order factor analysis provided support for a 2-factor structure (Adolescent Domain and Parent Domain).

**Construct Validity: (check all that apply)**

<table>
<thead>
<tr>
<th>Validity Type</th>
<th>Not known</th>
<th>Not found</th>
<th>Nonclinical Samples</th>
<th>Clinical Samples</th>
<th>Diverse Samples</th>
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<tbody>
<tr>
<td>Convergent/Concurrent</td>
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<td>Not found</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Discriminant</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensitive to Change</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
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<tr>
<td>Intervention Effects</td>
<td></td>
<td></td>
<td></td>
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<td>Yes</td>
</tr>
<tr>
<td>Longitudinal/Maturation Effects</td>
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<tr>
<td>Sensitive to Theoretically Distinct Groups</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Factorial Validity</td>
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<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Notes:** From the manual (Sheras et al., 1998)
1. Convergent Validity was derived from correlations between all domains of SIPA and Parenting Alliance Inventory (Abidin, 1988). n= 713; all correlations significant at p<0.01: Adolescent Domain (r=-.48), Parent Domain (r=-.59); Adolescent/Parent Relationship Domain (r=-.42), Total (r=-.57).

   As expected, parents classified as high stress based on PSI cutoffs had significantly lower scores on the PAI than other parents did.

   2. In a sample of 64 parents from the normative sample, all SIPA scales were related to aspects of the marital relationship (negative correlations with the Dyadic Adjustment Scale).

   3. Validity was also examined in a clinical sample. The Adolescent Domain was significantly correlated with Child Behavior Checklist (CBCL): Internalizing (r=.53, p<.01), Externalizing (r=.59, p<.01), and Total Scores (r=.60, p<.01), whereas the Parent Domain was correlated only with Internalizing (r=.23, p<.05).

   The Adolescent/Parent Relationship Domain and Index of Total Stress were both related to Internalizing, Externalizing, and Total Problems.

   SIPA scores were also related to scores on the Coping Responses Inventory (with positive correlations for all SIPA scales with Cognitive Avoidance and Seeking Alternative Rewards and negative correlations for all SIPA scales, except Parent Domain, with Positive Reappraisals.)
All SIPA scales were negatively correlated with the Cohesion Scale of the Family Adaptation and Cohesion Evaluation Scales III (Adolescent Domain: r=-.38, p<.01; Parent Domain: r=.29, p<.01; Adolescent/Parent Relationship Domain: r=-.52, p<.01; Total: r=-.42, p<.01).

In addition, as expected, only the Parent Domain was related to the Personality Assessment Screener (r=.50, p<.01), a measure of emotional and behavior problems in adults.

4. Discriminant Validity was established by comparing different known groups within the normative sample. All group differences were significant at p<0.001.

Parents with a history of mental health treatment had higher scores than parents with no such history. Parents of adolescents with a history of mental health treatment also had higher scores than did parents of adolescents with no such history.

Group comparisons were also significant for parents of adolescents with a history of delinquent behavior and those with no such history and parents of adolescents with a history of suicidal behaviors and those with no such history.

5. Scores for a clinical sample were significantly higher than those for the normative sample. However, scores did not differentiate among clinical groups (Conduct Disorder, Oppositional Defiant Disorder, and Attention Deficit/Hyperactivity Disorder), but this may have been due to the sample size and to comorbidity in the clinical groups.

6. As noted above under Construct Validity, the measure was developed using factor analysis.

7. Javis, Trevatt, & Drinkwater (2004) conducted a treatment outcome study of 26 participants. SIPA scores showed sensitivity to change related to treatment with pre- to post-test t-tests showing significant declines for Total Stress, Adolescent Domain and its scales, and the Adolescent-Parent Relationship Domain.

### Criterion Validity: (check all that apply)

<table>
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<th>Measures used as criterion:</th>
<th>Not known</th>
<th>Not found</th>
<th>Nonclinical Samples</th>
<th>Clinical Samples</th>
<th>Diverse Samples</th>
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<tbody>
<tr>
<td>Predictive Validity:</td>
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<tr>
<td>Postdictive Validity:</td>
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<table>
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<th>Nonclinical Samples</th>
<th>Clinical Samples</th>
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<tbody>
<tr>
<td>Specificity Rate(s):</td>
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<tr>
<td>Positive Predictive Power:</td>
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<tr>
<td>Negative Predictive Power:</td>
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</table>

| Notes:                      |           |           |                     |                  |                |
1. NOT A CON: As the manual notes, interpretation is based on percentiles and not T-scores because percentiles remain constant even when the sample’s distribution is skewed.

2. NOT A CON (just a statement): The measure does not appear to have been used with samples of parents of adolescents who have experienced traumatic events.

3. Although analyses of the normative sample found no difference based on parent gender or adolescent age, it does not appear that analyses were conducted to look at differences based on adolescent gender.

4. Although the normative sample included African Americans, it did not appear to include Asians or Latinos, so caution should be used when interpreting scores for these ethnic groups using the norms provided.

Consumer Satisfaction
No information available.

Languages Other than English

Use with Trauma Populations
Populations for which measure has demonstrated evidence of reliability and validity:

<table>
<thead>
<tr>
<th>Physical abuse</th>
<th>Natural disaster</th>
<th>Terrorism</th>
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</thead>
<tbody>
<tr>
<td>Sexual abuse</td>
<td>Accidents</td>
<td>Immigration related trauma</td>
</tr>
<tr>
<td>Neglect</td>
<td>Imprisonment</td>
<td>Kidnapping/hostage</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>Witness death</td>
<td>Traumatic loss (death)</td>
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<tr>
<td>Community violence</td>
<td>Assault</td>
<td>Other</td>
</tr>
<tr>
<td>Medical trauma</td>
<td>War/combat</td>
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</tbody>
</table>
### Use with Diverse Populations

#### USE WITH DIVERSE POPULATIONS RATING SCALE

1. Measure is known (personal communication, conference presentation) to have been used with members of this group.
2. Studies in peer-reviewed journals have included members of this group who have completed the measure.
3. Measures have been found to be reliable with this group.
4. Psychometric properties well established with this group.
5. Norms are available for this group (or norms include a significant proportion of individuals from this group).
6. Measure was developed specifically for this group.

<table>
<thead>
<tr>
<th>Population Type</th>
<th>Degree of Usage: (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Developmental disability</td>
<td>1           2           3           4   5   6</td>
</tr>
<tr>
<td>2. Disabilities</td>
<td>Yes        Yes</td>
</tr>
<tr>
<td>3. Lower socio-economic status</td>
<td></td>
</tr>
<tr>
<td>4. Rural populations</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>

Notes (including other diverse populations):

#### Pros and Cons/Qualitative Impression

**Pros:**

1. The measure is based on the well-known and well-validated Parenting Stress Index.
2. The psychometrics presented in the manual are good: good internal consistency, test-retest reliability, and established validity.
3. The measure allows for an assessment of parent-adolescent relationship functioning, which is likely to be disrupted in the event of a trauma, and would therefore be a conceptually important domain associated with child/adolescent functioning.

**Cons:**

1. The measure is long (90 items plus 22 life-stress items) and may constitute a significant burden for participants, especially in the case of treatment outcome studies when they have to complete other measures.
2. The measure has not yet been adopted, as evidenced by our PsychInfo literature search (see “References”), despite the fact that the manual was published in 1998.
3. Although psychometrics are promising, more research is needed to examine the psychometrics with diverse populations including Latinos and Asians.
4. Caution should also be used when interpreting scores for diverse ethnic groups using the normative sample because the normative sample did not appear to include Asians or Latinos, at least not in any significant numbers.
A PsychInfo search (7/05) of "Stress Index for Parents of Adolescents" or “SIPA” anywhere revealed that it has been referenced in 3 peer-reviewed articles. However, one did not use the measure or cite it. The other two articles are listed below.


Other Published References:


Unpublished References:
A PsychInfo search (7/05) of "Stress Index for Parents of Adolescents" or "SIPA" anywhere revealed that it has been referenced in 3 dissertations and 0 conferences.

Other Unpublished Article:

Number of Published References: 2
(Number of Published References based on author provided information and a PsychInfo search, not including dissertations)

Number of Unpublished References: 3
(Number of Unpublished References based on a PsychInfo search of unpublished doctoral dissertations)

Author Comments:
The author provided comments, which were integrated into the review.

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Editor of Review: Chandra Ghosh Ippen, Ph.D.
Last Updated: 9/29/2005
PDF Available: yes