

Parenting Stress Index, Fourth Edition Short Form (PSI-4-SF)



Health Net Federal Services, LLC (HNFS) offers the following information about Parenting Stress Index, Fourth Edition Short Form (PSI-4-SF) requirements to assist applied behavior analysis (ABA) providers with using the assessment while providing ABA treatment under the Autism Care Demonstration (ACD).

What is the PSI-4-SF?

The PSI-4-SF is a respondent-based rating scale used in screening and evaluating an ACD beneficiary's parental/caregiver system. This assessment tool focuses on three major stress domains: child characteristics, parent characteristics and situational/demographic life stress.

Why is the PSI-4-SF used?

TRICARE has selected the PSI-4-SF because it is a valid and reliable measure of internal stress and dynamics within a family system. The demands of raising or caring for a family member diagnosed with autism spectrum disorder (ASD) may increase stress levels. PSI-4-SF scores are not used to make coverage determinations; however, ABA providers can use these scores to identify available resources and enhance the overall support provided to families of beneficiaries diagnosed with ASD.

What are the age requirements?

PSI-4-SF scores must be submitted for beneficiaries ages 12 years and 11 months and younger as part of ABA treatment requests under the ACD. **Please note:** The PSI-4-SF and Stress Index for Parents of Adolescents (SIPA) have overlapping age ranges. The SIPA is appropriate for individuals ages 11 years through 19 years and 11 months. At the time of authorization/reauthorization:

- For beneficiaries ages 11-12 years, either the PSI-4-SF or SIPA will be accepted.
- For beneficiaries ages 13 years and older, the SIPA will be accepted.

What are the submission requirements?

ABA providers must submit baseline PSI-4-SFs before beneficiaries start ABA treatment under the ACD and every six months after that. Providers must submit the score summary which includes percentile and T-scores for these four required domains:

- PSI Parental Distress (PD)
- PSI Parent/Child Dysfunctional Interaction (P-CDI)
- PSI Difficult Child (DC)
- PSI Total Stress (TS)

ABA providers must use the publisher version of scores or print out of scores and document the name of the respondent and relationship to the beneficiary. Embedding scores in the treatment plan or other clinical documents will not meet submission requirements.

How is the PSI-4-SF scored?

ABA providers use the PSI-4-SF to convert raw scores based on responses to individual questions into percentile rank and T-scores for the four required domains listed in the previous section. Each percentile score has a slightly different range depending on the age of the respondent. In general, the percentile scores range from less than 1% to more than 99% (>99%). T-scores also have a slightly different range depending on the age of the beneficiary and the required domain. T-scores generally range from 20 points to 100 points. While the publisher scoring table includes percentiles and T-scores, T-scores are considered the primary source for interpretation.

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Percentile scoring:

- Between 16%-84% = Normal ranges of stress
- Between 85%-89% = High levels of stress
- Greater than or equal to 90% = Clinically significant

T-scoring (in any required domain):

- Below 62 = Within normal limits
- 63-64 = Borderline levels of stress
- 65-66 = Clinically significant levels of stress
- Above 67 (equivalent to percentile rank of 95% or higher) = Clinically severe levels of stress

How are PSI-4-SF scores used by ABA providers under the Autism Care Demonstration?

While the treating provider may not be the same provider who completes the PSI-4-SF, it is necessary for treating ABA providers to review and fully understand the scores. However, the scores do not factor into coverage determination and do not diagnose dysfunctional family dynamics or parent/caregiver mental health.

ABA providers can use PSI-4-SF scores to identify whether additional family support would result in increased parent/caregiver engagement, decreased familial stress, and/or improved access to services for the beneficiary. The PSI-4-SF also can be used to set priorities for parent/caregiver training, as some areas of beneficiary programming may address root causes of challenges within the parent/caregiver and child relationship. HNFS encourages providers to discuss whether altering training schedules, changing topics of training within the scope of ABA or incorporating other remedies may improve any stress associated with ABA treatment and parent/caregiver training.

During a clinical necessity review, high stress index scores in the PSI-4-SF will prompt the clinical necessity reviewer (Board Certified Behavior Analyst® [BCBA®]/Board Certified Behavior Analyst – Doctoral® [BCBA-D®]) to evaluate parent/caregiver training recommendations, parent/caregiver engagement, and unique circumstances (for example, spouse recently deployed, medical/surgical procedures, death in family, etc.) to identify additional services (such as case management) that may benefit the family. After the coverage determination is complete, the clinical necessity reviewer will contact the family to offer additional support resources identified.

When do PSI-4-SF scores indicate need for a treatment plan or training modification?

HNFS' ABA supervisors do not use PSI-4-SF scores for treatment plan modifications. However, ABA providers are encouraged to carefully review the PSI-4-SF scores at each six-month reassessment to evaluate resources available to support a family's specific needs. Please refer to the "How is the PSI-4-SF scored?" section above for scoring details.

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