



# Understanding Parenting Stress and Chronic Medical Conditions

## Questions & Answers

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## Q: What can non-psychologists do to help with parenting stress?

**A:** Those without formal mental health training can advocate for additional mental health supports in their setting or community. This could range from having a mental health professional available in the setting, or even supporting parent-to-parent support. Those without formal mental health training can also listen to parents talk about their parenting stress as well as validate and normalize their experiences.

## Q: What resources exist to learn about parenting stress?

**A:** Refer to the references from this webinar and PowerPoint handout for relevant readings. The *Clinical Practice in Pediatric Psychology* journal also recently published a special issue on parent wellbeing interventions. You can ask parents in your life about their experiences. You can also review a bibliography on parenting stress and the PSI at [parinc.com/PSI-4](http://parinc.com/PSI-4)

## Q: Why might parents of young children have higher parenting stress?

**A:** Parents of younger children are responsible for providing a high level of care to their young child, as these children are not old enough to take on many responsibilities independently. This can complicate or add to parent stress.

## Q: How do you approach parenting stress when you cannot change the things causing stress to the parent?

**A:** As much as possible, connect parents to community resources that can help. Additionally, focus on problem-solving skills to help parents learn how to navigate



complex challenges and work on coping strategies to manage what is outside the parent's control.

**Q: The PSI-4 is meant to measure parenting stress, which, as you've established, can stem from caring for a child with a chronic medical condition. Is the PSI-4 designed to measure parenting stress related to children's medical conditions/care specifically?**

**A:** While the PSI-4 does not address medical conditions specifically, the PSI-4 measures stress in the parent-child system based on the parent's perception of child characteristics, the personal characteristics of the parent, and the interaction between the child and parent. Common settings for administration of the PSI-4 include medical centers where children are receiving medical care, outpatient therapy settings, pediatric practices, and treatment outcome monitoring. In health care settings, the PSI-4 can be used to identify families at risk for dysfunctional parenting or manifesting mental health issues that may impair medical treatment.

**Q: What recommendations do you have for working with parents at the high school level who are having a difficult time accepting realistic and appropriate post-secondary opportunities for their child with significant medical and/or developmental disabilities? We want to work with our parents, and I know this is a huge parent stressor.**

**A:** Making space to talk with parents about their stress and the impact that these decisions have on the parent emotionally (separate from planning for the child's future) could be a valuable tool to consider. Parents may also benefit from talking



with other parents who have gone through similar experiences.

**Q: Discuss assessment of parenting stress from a coparenting perspective, especially in the context of divorce or separation.**

**A:** Assessing parenting stress among both parents can be a tricky issue logistically, as it is common to have only one parent completing forms or attending clinical appointments, but it is an important topic to think about in your setting and how you will do this. There are also issues of privacy to consider, so ethical considerations are important, and it may be valuable to visit ethics readings cited in this webinar.

**Q: What measure of parenting stress would you recommend for children over the age of 12 years?**

**A:** Anyone interested in systematically screening for parenting stress is encouraged to review available measures and determine which may be the best fit for their population. The Parental Stress Scale may be an option for older children. A recent review was conducted on parenting stress in parents of children with chronic physical conditions (Pinquart, 2018; cited in the references of this webinar) and they identify several measures used in prior research studies of parenting stress with children with chronic medical conditions.

**Q: Can the PSI-4 be used in schools?**

**A:** The PSI-4 can be a valuable tool in schools—especially for school professionals who primarily interact with children and have limited interactions with parents—to help understand parent and family factors that may impact child functioning. It can be used as part of a child study team, other intervention team processes, or as part of a comprehensive psychoeducational evaluation.



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**Q: Do you have any sample documents for obtaining parental permission for assessing parenting stress.**

**A:** No. It is a complicated issue that involves institution-level policies such as the standard consent process, operating procedures, etc. This issue is handled differently at different institutions. I am happy to talk more backchannel about this.

**Q: What is treatment adherence? Is it following the treatment advised?**

**A:** Yes, treatment adherence means following medical recommendations. For instance, if told to take a medication twice daily, following that recommendation. There can often be complex medical regimens families are following to meet their child's needs.

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