

People-Centered Screening and Assessment

Module 5 Perceived Stress Scale



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Learning Objectives- All

- At the end of this module home visiting professionals will be able to:
- Understand the context and purpose of conducting the Perceived Stress Scale
 - Identify the correct screening protocol and pitfalls for WI MIECHV grantees
 - Articulate the value of the survey for families;
 - Frame the Perceived Stress Scale and process to families effectively
 - Use the screen with greater intention and effectiveness to strengthen home visiting services and individualize supports to families

Learning Objectives- Supervisor

- At the end of the supervisor section of this module, supervisors will be able to:
- Consider tools and strategies to support home visitors in conducting the Perceived Stress Scale as an integrated and effective part of home visiting services.

Tip Sheet

Perceived Stress Scale, PSS

Quick Facts about the Tool

Authors: Cohen, S., Kamarack, T., and Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 386-396.

Author's Intent: These researchers sought to create a measure that could be used to assess the well-being of a population and to identify those with significant indicators for overall health and well-being. The use of the tool was designed to measure the perceived stress of individuals in a community sample.

About the Tool: Respondents are asked to consider how they've felt over the last month. There are 10 questions that range from "never" to "very often." The total score ranges from 0-100, with 0 being the lowest score and 100 being the highest.

Purpose

The tool can be used to assess the well-being of a community and to identify those who are at risk for higher perceived stress. It can also be used to assess the impact of stress on health and well-being.

Protocol

- Read the instructions carefully.

Value to Families

- Can be used to assess the well-being of a family and to identify those who are at risk for higher perceived stress.
- Can be used to assess the impact of stress on health and well-being.
- Can be used to assess the impact of stress on the ability to care for a family member with a chronic illness.

Framing it for Families

- Can be used to assess the well-being of a family and to identify those who are at risk for higher perceived stress.

Perceived Stress Scale

Perceived Stress Scale

THE FOLLOWING 10 QUESTIONS ASK YOU HOW YOU FEEL ABOUT YOUR STRESS. IN ANSWERING, PLEASE CHECK ONE OF THE FOUR RESPONSES.

Name _____ Date _____

Age _____ Sex (M/F) _____ Other _____

1 - Never	2 - Occasionally	3 - Sometimes	4 - Nearly Every Day	5 - Every Day	
1. I feel like I'm on top of my problems and I'm handling them quite easily.	0	1	2	3	4
2. I feel like I'm having a hard time getting things done.	0	1	2	3	4
3. I feel like I'm having a hard time getting things done.	0	1	2	3	4
4. I feel like I'm having a hard time getting things done.	0	1	2	3	4
5. I feel like I'm having a hard time getting things done.	0	1	2	3	4
6. I feel like I'm having a hard time getting things done.	0	1	2	3	4
7. I feel like I'm having a hard time getting things done.	0	1	2	3	4
8. I feel like I'm having a hard time getting things done.	0	1	2	3	4
9. I feel like I'm having a hard time getting things done.	0	1	2	3	4
10. I feel like I'm having a hard time getting things done.	0	1	2	3	4

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Quick Facts about the Authors

- Authors: Cohen, S., Kamarack, T., and Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 386-396.
- Cohen, S. and Williamson, G. Perceived Stress in a Probability Sample of the United States. Spacapan, S. and Oskamp, S. (Eds.) *The Social Psychology of Health*. Newbury Park, CA: Sage 1988.

Quick Facts about the Authors' Intent

Stress is inevitable and healthy. However, the duration and frequency of stress as well as someone's belief and ability to return to a non-stressed state has significant implications for overall health and well-being. Questions in this tool were designed to measure how unpredictable, uncontrollable, or overloaded respondents find their lives. This gives insight to the family and home visitor about whether or not there may be an unhealthy stress pattern.

Quick Facts about the Tool

- Respondents are asked to consider how they've felt over the last month/30 days.
- There are 10 questions in which people can circle how often they have felt a certain way: never, almost never, sometimes, fairly often, and very often.
- When the scale was developed, researchers gathered information from 2,387 men and women age 18 or over across racial/ethnic groups in the US.

Purpose of the Tool

- Results can be examined at the individual and community level to better understand needed supports for a family or families.
- Higher perceived stress scores have been linked to poorer health outcomes.
- Understanding one's approach to stress and developing additional coping skills can help.

Why does perception of stress matter?

- ❑ Potentially stressful life events are thought to increase risk for disease when one perceives that the demands that these events impose tax or exceed a person's adaptive capacity (Lazarus & Folkman, 1984).
- ❑ The perception of stress may influence the development of physical disease by causing negative affective states (e.g., feelings of anxiety and depression), which then exert direct effects on physiological processes or behavioral patterns that influence disease risk (Cohen, Janicki-Deverts, & Miller, 2007).

Screening Protocol

- ❑ Present the screen in a non-judgmental way.
- ❑ Explain that their answers should be about the last 30 days.
- ❑ Scoring can be done together immediately after the scale is completed or in between visits with scores and discussion following at the next visit. You can ask the mom which approach she prefers or make a recommendation based on the mom's reaction and other goals for the home visit.

Remember for questions 1, 2, 3, 6, 8, & 11, scoring is as follows:

Never	Almost Never	Sometimes	Fairly Often	Very Often
0	1	2	3	4

For questions 4, 5, 7, & 9, scoring is as follows:

Never	Almost Never	Sometimes	Fairly Often	Very Often
4	3	2	1	0

Interpreting scores: 0-7 = very low health concern, 8-11 = a low health concern,

12-15 = average health concerns, 16-20 = high health concern, 21+ = very high health concern.

- ❑ Complete within 60 days of enrollment with home visiting services.
- ❑ Enter data into SPHERE.

Scoring

- ❑ 0-7 = very low health concern
- ❑ 8-11 is a low health concern
- ❑ 12-15 = average health concerns
- ❑ 16-20 = high health concern
- ❑ 21+ = very high health concern

Potential Pitfalls with Screening

- When discussing high scores, don't convey alarm. Show the scale compared to the score. Ask what she thinks it means.
- Don't over interpret. This is not a diagnostic tool. Simply explain that high stress impacts health and encourage the respondent to share any connections she sees to her health and the score.
- Don't wait until SPHERE data entry to score and have a follow-up conversation.

Value of the Screening for Families

- Screening creates open dialogue about stress and may uncover unmet needs that a family can get support around. This can increase buy-in to home visiting because it helps the family take part in setting the agenda for the home visit.
- Introduced early in a home visiting relationship, this tool can normalize that all families experience stress and be a catalyst for building off of helpful coping strategies and building additional capacity to deal with stressors.

Completing the Perceived Stress Scale Can Strengthen Services

- The PSS provides an opportunity to understand how a family sees their own strengths and challenges in managing stress.
- If a PSS score is high and a family believes that their health or child's health is being impacted by the stress, their ability to identify a need for change can build motivation for problem-solving.
- If a family is concerned about the score, this may be a chance to explore if this is something that seems out of the ordinary or part of life.
- If it's unusual, then the parent and home visitor can discuss if a stressor is time-limited or likely to be ongoing so that they can problem solve accordingly. Sometimes short-term and long-term coping strategies differ. Picking a short-term strategy for a long-term problem or a long-term strategy for a short term stressor leads to frustration and may become a barrier to engagement.
- If this is the family's norm, and the score is concerning to the family/parent, then helping the family envision what a new norm looks like can be inspirational, particularly if they build the vision based on their own ideas, beliefs, values, and strengths.

Completing the Perceived Stress Scale Can Strengthen Goal Setting

- Motivation to change is linked to desire, ability, reasons, and need to make change. How someone perceives their stress can help home visitors understand readiness for change and the factors impacting their desire, ability, reasons, and needs.
- Even when desire to change or address goals is high, stress can impact a family's belief in their ability to be successful. Knowledge of someone's perceptions of stress can help the home visitor set a pace for goal setting that is more realistic and individualized to a family's needs.
- Sometimes when a parent has a chance to step back and take inventory of the amount of stress they are experiencing, their reason to make a change may become clearer. In that way, having a conversation about feelings and thoughts about stressors may actually help a parent get clearer about why change is important and what makes sense as a next step.

Framing the Perceived Stress Scale for Families

- Families sometimes struggle to know if they are coping well or not.
- They may find relief in having a conversation that you initiate through the screening process.
- Scripts or recommended talking points are not meant to be memorized. Instead, they are a guide for how you develop effective communication with families using this screen.

Convey Compassion

" Everyone experiences stress sometimes. How we deal with it can depend on the situation. I'm going to spend some time talking with you about your feelings and thoughts over the last 30 days related to stressors so I can better understand how things are going for you and how I can be helpful."

Be Open and Clear

"We ask everyone who participates in home visiting in Wisconsin these questions because I can be more helpful to you and your family if I understand how you feel and think about how you're dealing with stress."

Keep Families in the Driver's Seat

"Would you like to complete this first by yourself and then have a conversation about it, or go through it together and then talk about your responses?"

Quick Facts

Stressed Out Adults in the US

- 61% say that managing stress is extremely or very important, but only 35% say they are doing an excellent or very good job at it.
- 44% say they are not doing enough or are not sure whether they are doing enough to manage their stress.
- 19% say they never engage in stress management activities.
- Causes of stress reported
 - Money 71%
 - Work 69%
 - Economy 59%

Stress in America 2013- American Psychological Association

Quick Facts

Stressed Out Adults in the US- Continued

- 43% report that stress has caused them to lie awake at night in the past month.
- 45% of adults with higher reported stress levels (8-10 on a 10-point scale) feel even more stressed if they do not get enough sleep.
- 43% say they exercise to manage stress.
- 39% say they have skipped exercise or physical activity in the past month when they were feeling stressed.
- 38% say they have overeaten or eaten unhealthy foods in the past month because of stress.
- 49% report engaging in these behaviors weekly or more.

Stress in America 2013- American Psychological Association

Quick Facts about Signs of Acute Stress

- Acute stress
- Episodic acute stress
- Chronic stress
- Traumatic stress

Quick Facts about Signs of Acute Stress

Also known as common stress

- Emotional distress is some combination of [anger or irritability](#), [anxiety](#) and [depression](#), the three stress emotions
- Common stress may cause muscular problems, including tension headache, back pain, jaw pain and the muscular tensions that lead to pulled muscles as well as tendon and ligament problems
- Common stress may cause stomach, gut and bowel problems, such as heartburn, acid stomach, flatulence, diarrhea, constipation and irritable bowel syndrome
- Transient overarousal leads to elevation in blood pressure, rapid heartbeat, sweaty palms, heart palpitations, dizziness, migraine headaches, cold hands or feet, shortness of breath and chest pain.
- Acute stress can crop up in anyone's life, and it is highly treatable and manageable.

American Psychological Association retrieved October 2015
<https://www.apa.org/helpcenter/stress-kinds.aspx>

Quick Facts about Signs of Episodic Acute Stress

Experience acute stress routinely

- When people suffer acute stress, their lives are disordered
- They are often in a rush, but running late.
- They may take on too much, have too many irons in the fire, and struggle with organization.
- They are commonly over aroused, short-tempered, irritable, anxious and tense
- Another form of episodic acute stress comes from ceaseless worry. People with this symptom may see the world as a dangerous, unrewarding, punitive place where something awful is always about to happen.
- Other symptoms include persistent tension headaches, migraines, hypertension, chest pain and heart disease

American Psychological Association retrieved October 2015
<https://www.apa.org/helpcenter/stress-kinds.aspx>

Quick Facts about Signs of Chronic Stress

Also known as grinding stress

- Chronic stress comes when a person never sees a way out of a miserable situation.
- Some chronic stresses stem from traumatic early childhood experiences that become internalized and remain forever painful and present.
- Chronic stress can be ignored because it is old, familiar, and sometimes, almost comfortable.
- Because physical and mental resources are depleted through long-term attrition, the symptoms of chronic stress are difficult to treat and may require extended medical as well as behavioral treatment and stress management.

Adapted from The Stress Solution by Lyle H. Miller, PhD, and Alma Dell Smith, PhD. retrieved October 2015 American Psychological Association
<https://www.apa.org/helpcenter/stress-kinds.aspx>

Quick Facts about Signs of Traumatic Stress

- Inability to recover from stress and functioning in an ongoing state of
 - Hyper-vigilance
 - Rage
 - Depression
- If experienced during the early years and left untreated it may negatively impact brain development on multiple levels
 - Executive
 - Regulation
 - Sensory
 - Mental Health

Connie Lillas, Neurorelational Framework Cross-Sector Team
Training, March 23-25, 2015, Milwaukee, WI

Quick Facts

Helping Kids Cope with Stress

- Maintain a normal routine.
- Talk, listen, and encourage expression.
- Watch and listen.
- Reassure.
- Connect with others.

(Center for Disease Control retrieved July 2014)

NRF- Part of a Framework for Deepening Understanding of Stress and Stress Responses

- All zones are a part of the human experience.
- The duration of time spent in red, blue, or combo zones and the ability to get back to the green zone with or without support suggests if we are experiencing patterns of acute stress, episodic acute stress, chronic stress, or traumatic/toxic stress.



Connie Lillas, Neurorelational Framework Cross-Sector Team
Training, March 23-25, 2015, Milwaukee, WI
Possible Regulation and Stress Response Correlates of Interpersonal Modes
Across the Life Cycle from Infant/Child Mental Health, Early Intervention, and
Relationship-Based Therapies: A Neuro Relational Framework for Interdisciplinary
Practice, by Lillas and Turnbull, 2009 W.W. Norton

Video- Clip 1 Introducing the PSS

Video- Reflection

- What were some strengths of how the Perceived Stress Scale was introduced?
- What else might you add to strengthen how the Perceived Stress Scale is offered?

Video- Clip 2 Completing the PSS

Video- Reflection

- What skills or strategies were used to follow the protocol and keep the process warm and supportive?
- What skills or strategies do you use to integrate screening for perceived stress as a natural part of a home visit?

Video- Clip 3 Reviewing and Responding to the PSS

Video- Reflection

- How did the home visitor send the message to the parent/guardian that the PSS was more than a required exercise or paperwork?
- What kind of follow-up do the parent/guardian and home visitor each need to do, if any?
- How might the information learned in this survey influence how a home visitor works with this parent/guardian?

Reflective Strategies-Make Screening Meaningful

- Keep a log of screening activities that go beyond measuring timelines and due dates.
 - Track how you felt before doing the PSS and after the PSS.
 - Track what how you perceived the family's reaction to completing the PSS.
 - Consider how your feelings about using a tool might impact a family's responses and reactions.
- Make a note of how this information might be useful in building or maintaining engagement.

Reflective Strategies- During the Visit

- Affirm strengths and efforts to cope.
 - Stay in the moment with someone when they express stress, pain, or frustration about how they are thinking and feeling about stress.
 - Affirm their strengths and efforts to deal with stress that you've observed.
 - The more concrete and specific your affirmations are, the more powerful the affirmation will be.

Reflective Exercise- After Home Visits

- After completing a PSS, review case notes and consider if any new information from a screen provides insight into past meetings.
 - What (if any) is the connection between feeling upset, annoyed, or out of control and participation in visits or cancellations?
 - How might feeling annoyed, stressed, or nervous impact their parenting and the interactions with you and their child during visits?
 - What kind of progress do you anticipate families making on their goals when they report coping effectively, feeling confident, and having things go their way?

Supervisor Section

Workplace Environment- Preparing Staff to be Successful

- Promote stress management and employee wellness in policies, procedures, and practices.
- Understand how scoring works and make sure staff understand too.

Remember for questions 1, 2, 3 & 6 & 10, scoring is as follows:

Never 0	Almost Never 1	Sometimes 2	Fairly Often 3	Very Often 4
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For questions 4, 5, 7, & 8, scoring is as follows:

Never 4	Almost Never 3	Sometimes 2	Fairly Often 1	Very Often 0
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Interpreting scores: 0-7=very/low health concern, 8-11 is a low health concern, 12-15 average health concern, 16-20 high health concern, 21+ very high health concern.

Trauma Informed Approaches- Promoting Self-Care

- Provide regular, dependable reflective supervision.
- Consider building in group and individual time for stress management at work.
 - Provide support when you see a colleague who appears stressed-out.
 - Ask for support when you're stressed.
 - Discuss self-care during staff meetings/reflective practice meetings.
 - Discuss stress management as a focus of team building/retreats.
 - Provide support through conversations about parallel processes.
 - Provide support through professional development efforts that emphasize self-care as a professional competency.

Recruiting Home Visitors

- Be transparent that this is a job that can be stressful and demanding.
- Consider adding an interview question that explores with a potential home visitor how they handle workplace stress.
 - **Red flag** responses might include:
 - I don't get stressed.
 - I just let it go.
 - Bashing a previous supervisor/co-worker in their explanation
 - Any response that suggests that they have poor boundaries

Orienting Home Visiting Staff

- Give opportunities for new staff to practice using the PSS in a simulation so that it can be delivered in a more natural way.
 - Focus on introducing it.
 - Completing it and follow-up conversation.
 - Try it with low, mid, and high scores.
- Provide training about acute stress, episodic acute stress, chronic stress and traumatic stress, and the signs in children and adults.
- Explore any questions or reservations about using the scale.
- Explore the benefits of using the scale to strengthen services.

Support a Reflective Approach

- Discuss feelings and reactions to administering the EPDS with home visitors during staff meetings and/or during one-on-one supervision.
- Listen without judgment.
- The supervisor and home visitor should discuss the implications of EPDS results on service delivery and add ideas to case notes for follow-up.
- Identify staff who are comfortable and effective in delivering the EPDS and pair them with colleagues to practice skills.

Administration and Quality

- Monitor completion of the EPDS using the Home Visiting Data Collection Table and make sure there is documentation of referrals for positive screens.
- Monitor documentation of EPDS results in SPHERE.
- Analyze data to see if there are any trends in completion rate, documentation of follow-up, and family outcomes.

Using Data to Celebrate and Support Success

Keeping a data dashboard and discussing it during team meetings can support productive conversations with staff.

- Celebrate the team for meeting goals to screen and follow-up with moms within the timelines.
- If staff are saying things like, "Everyone is depressed," data can help staff understand how prevalent depression is for parents in the program.
- Looking at the data can also help reframe the belief that "Depression is awful we can't do anything about it," to "Look how many parents have had a supportive conversation about their mental health because we're screening and encouraging follow-up."
- Sometimes in the home visiting field, professionals want to measure success as an issue of how many people who are likely suffering from depression received services. While healthy family outcomes matter, so does the home visitor's role in identifying potential mental health needs.
- By looking at the screening and follow-up data by home visitor, teams may note people who are particularly effective at supporting families in follow-up. This member of the team can be encouraged to share tips and strategies with colleagues.

Resources

Post partum depression fact sheet - English
<http://www.womenshealth.gov/publicationsourpublications/fact-sheet/depressionpregnancy.html>

Post partum depression fact sheet - Spanish
<http://womenshealth.gov/espanol/publicaciones/nuestraspublicaciones/hojasdatos/depresion-embarazo.html>

National Women's Health Information Center www.4women.gov

Postpartum Support International www.chss.iup.edu/postpartum

Depression after Delivery www.depressionafterdelivery.com

Articles and E-Book

Maternal Depression Can Undermine the Development of Young Children: Working Paper No. 8.
http://developingchild.harvard.edu/index.php/resources/reports_and_working_papers/working_papers/wp8/

Prevalence, trauma history, and risk for posttraumatic Stress disorder among nulliparous women in maternity care
Julia S. Seng, Lisa M. Kane Low, Mickey Sperlich, David L. Ronis, Israel Liberzon
Obstet Gynecol. Author manuscript: available in PMC 2011 June 27. Published in final edited form as: Obstet Gynecol. 2009 October; 114(4): 839-847. doi: 10.1097/AOG.0b013e3181b8f8a2
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3124073/>

Trauma Stewardship An Everyday Guide To Caring For Self While Caring For Others By Lipsky Laura Van Dernoot Burk Connie 2009
<http://www.freebooksonline.net/pdf/trauma-stewardship-an-everyday-guide-to-caring-for-self-while-caring-for-others-by-lipsky-laura-van-dernoot-burk-connie-2009-paperback>

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