

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.

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.

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.

About the Tool: Respondents are asked to consider how they've felt over the last month. 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. The scale gathered information from 2,387 men and women age 18 or over across racial/ethnic groups in the US.

Purpose

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 failure to quit smoking, failure among diabetics to control blood sugar levels, greater vulnerability to depressive symptoms, and more colds.

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 1,2,3,6,9,&10, scoring is as follows:

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

For questions 4, 5, 7, & 8, 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 is 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

Pitfalls

- When discussing high scores, don't covey 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.

Value to Families

- 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.

Framing it for Families

- **Convey Compassion:**
"I'm going to spend some time talking with you about your feelings and thoughts over the last month so I can understand better."

- **Be Open/Explain Why:**
"We ask everyone who participates in home visiting in Wisconsin these questions because if I understand how you feel about how you're dealing with stress, I can be more helpful to you and your family."

- **Emphasize Parent Control:**
Would you like to complete this yourself and talk about it or go through it together?

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Usefulness to Practitioners

- The PSS provides an opportunity to understand how a family sees their own strengths and challenges in managing stress.
- 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.
- Even when **desire** to change or address goals is high, stress can impact a family's belief in their **ability** 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.
- 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 and problem solving to overcome barriers to change.
- 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 and 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.

Quick Facts: Stress

Stress in America 2013- American Psychological Association:

- 61% of adults 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% of adults say they are not doing enough or are not sure whether they are doing enough to manage their stress, but 19% say they never engage in stress management activities.
- Money (71%), work (69%), and the economy (59%) continue to be the most commonly reported sources of stress.
- 43% of American adults report that stress has caused them to lie awake at night in the past month.
- 45% of adults with higher reported stress levels (eight, nine, or ten on a 10-point scale) feel even more stressed if they do not get enough sleep.
- 43% of adults say they exercise to manage stress, and 39% say they have skipped exercise or physical activity in the past month when they were feeling stressed.
- 38% of adults say they have overeaten or eaten unhealthy foods in the past month because of stress. Half of these adults (49%) report engaging in these behaviors weekly or more.

CDC Guidelines on Helping Children Cope with Stress:

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

Follow-up Resources

American Psychological Association- Chronic Stress
<http://www.apa.org/helpcenter/understanding-chronic-stress.aspx>

American Psychological Association- Resilience Guide for Parents and Teachers
<http://www.apa.org/helpcenter/resilience.aspx#>

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Tips for Supervisors

Preparation

Recruiting Home Visiting Staff:

- 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.

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.
- 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.

Reflection

- Discuss feelings and reactions to administering the PSS.
- Encourage staff reflection about how to support family coping in a culturally competent manner.
- When there is a caseload with a trend of families with a high score ask questions that help staff understand the commonalities of families AND the unique strengths of each family
- Explore the parallel process of how supervisors, home visitors, parents, children deal with stress.
- Coach home visitors to coach parents to expand existing coping strategies and explore new coaching strategies

Administration

- Monitor completion of the PSS using the Home Visiting Data Collection Table
- Monitor documentation of screening results in Sphere at least monthly for newly enrolled families
- Analyze data to see if there are any trends in completion rate, documentation of follow-up, and family outcomes
- The supervisor and home visitor can consider together the implications of screening results on service delivery and the home visitor can add ideas to case notes to individualize supports.

Reflective Exercises

Analyze Successful Use and Follow-up on the PSS

- Keep a log of screening activities that goes 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

Affirm Strengths and Efforts

- Stay in the moment with someone when they express, stress, pain, or frustration. Affirm strengths and efforts to deal with stress that you've observed. The more concrete and specific, the more powerful the affirmation will be.

Case Review

- After completing a screen, review case notes and consider if new information from a screen provides insight into past meetings

“THE WORST ASPECT OF CHRONIC STRESS IS THAT PEOPLE GET USED TO IT. THEY FORGET IT'S THERE. PEOPLE ARE IMMEDIATELY AWARE OF ACUTE STRESS BECAUSE IT IS NEW; THEY IGNORE CHRONIC STRESS BECAUSE IT IS OLD, FAMILIAR, AND SOMETIMES, ALMOST COMFORTABLE.”

~MILLER AND SMITH-
THE STRESS SOLUTION