

The Parenting Role Interview (PRI):

A Fact Sheet for Professionals in Children's Services

Centre for Abuse and Trauma Studies, Middlesex University

lifespantraining@mdx.ac.uk www.lifespantraining.org.uk

This brief fact sheet summarises the use of the PRI assessment tool in health and social care services. It outlines its measurement properties and key research findings.

Background to the PRI

The Centre for Abuse and Trauma Studies (CATs¹), Middlesex University, is a centre for research and training in the domains of wellbeing, lifespan development, victimisation and mental health. Its focus is on both stress experience and resilience. The Centre combines a psychology and criminology focus on real life applications of research and utilises a range of research methods around assessment.

CATS provides research, both academic and applied, consultancy, practice training, knowledge exchange and learning in a broad range of abuse and trauma-related topics across the lifespan, including with children, adolescents, adults and in older age.

The PRI was originally developed in a large programme of research funded by the Medical Research Council (MRC) identifying vulnerability in families in relation to mental health (PI, Professor Antonia Bifulco and her research team at CATS). Alongside other such tools (eg Attachment Style Interview and Childhood Experience of Care and Abuse) its reliability and validity has been tested and published.

The Parenting Role Interview

What is the PRI?

- The PRI is a standardized, interview tool which assess parents' and carers' perception of their parenting strengths and weaknesses.
- The PRI interview lasts around 45 minutes and is audio-recorded so parents' and carers' verbatim comments can be used in scoring. Scoring takes an additional 1.5 hours or more. Recordings can be destroyed after the ratings made.
- The PRI does not directly measure neglect /abuse and other tools are therefore required for more 'investigative' or 'forensic' tasks to establish the presence of neglect/abuse for

¹ <http://www.mdx.ac.uk/our-research/centres/cats>

child protection.

- Two- day training courses are run for social workers in the PRI, these developed after extensive piloting, with positive evaluations provided.

What does the interview consist of?

- The PRI encourages the parent to talk openly about their role as parents; their view of their children's difficulties; their day-to-day basic interactions with their children and their ability to provide good care and control.
- Its focus is on the **parental role** and therefore asks about all children in the family, not only the one targeted by services.
- The PRI uses standardised thresholds for what constitutes 'good-enough' parenting, and aids practitioners to avoid the biases and 'halo effects' from clients' socially-desirable responses or misconceived ideas of what constitutes good parenting.
- Using investigator-based tools (where the assessor makes the final scoring and judgments are based on previously determined benchmarks), with semi-structured probing to determine evidence for a more in-depth picture of current parenting attitudes and behaviours, helps to counteract such biases.
- The PRI is an evidence-based assessment tool that has gone through careful checks to show it is consistent and reliable in its use. The scores are based on a series of rules and rating procedures all outlined in the training procedure and interview packs and verified in research contexts, thus not based on practitioner opinion without evidence.

What Scales are used in the PRI?

1. **Child Difficulties & Concern about children:** The carer is questioned in detail about ongoing difficulties with the children in their care in order to determine what the challenges are in parenting. These include health, behaviour and interactions, with the aim of developing a broad outline of the current child-based stressors in the family. As well as acute events, more chronic difficulties are also covered (such as health, psychological disorder, unmanageable behaviour and problems with peer interactions).
2. **Quality of interaction with children (Positive Interaction and Negative Interaction)**
 - A positive factor, indicating potential carer strength, is reflected by high positive interaction with children as indicated by enjoyable companionship. This is known to relate to better parent-child relationships and higher self-esteem in mothers.
 - Negative interaction involves the carer's reports of arguments, rows, quarrels and even violence, as evidenced by recent examples and frequency. This is a risk factor for the child's development (experienced as antipathy) as well as a factor in the mother's risk for depression.
3. **Competence/incompetence in parenting role.** Both competence and incompetence in the parenting role are reflected in the PRI. These reflect both the clients feelings in the role and the factual assessment made.

- Incompetence in the parenting role is associated with poorer parenting and worse outcomes for children. Research has particularly highlighted the importance of 'estimated' incompetence (ie parental behavior) as linked with insecure attachment style, in contributing to poor outcomes for children. Felt incompetence gives us information about the parent's perception of their role and confidence. The difference between the behaviour of the carer and their self-perception is identified in terms of parental insight.
 - In terms of carer strengths, high competence in parenting is related to higher self-esteem and better outcomes for both carer and children.
4. **Insight re 'felt' and 'factual' ratings:** Whilst many parents are able to given a reasonably accurate assessment of their parenting, some will *overestimate* their capacity (for example, not seeing the difficulties the child is experiencing as in any way due to their behavior or blame of others for parenting difficulties) whilst others may *underestimate* their capacity (through feelings of failure and self-blame despite being good at the parenting tasks). In research with high risk families 19% were found to under-report their incompetence (i.e. failed to see their shortcomings in the role) and 8% over-report their incompetence (i.e. were over self-critical in the role).
5. **Overall parenting** – an overall scale combines ratings of competence and incompetence to identify parents with very good, good, insufficient positive, mixed, poor and very poor parenting styles.

How to interpret the PRI

- **Risk in parenting capacity:** Overall ratings of '**poor**' and '**very poor**' denote levels where parents need support and the parenting is likely to be problematic for the children. This is when negative aspects of parenting predominate. The practitioner needs to also note whether the parent has insight into their shortcomings when considering intervention. Where '**mixed quality**' parenting is rated then there is evidence of both competence and incompetence in different aspects of parenting – here the practitioner may be able to work with the positive aspects. '**Insufficient positive**' is where parents show neither competence nor incompetence, so children likely to suffer from insufficient positive input, for example in care and positive interaction. Here some sort of 'enriching' intervention is required.
- If the parent has insight into their shortcomings as parents, it may be easier to suggest courses of action to help improve their functioning. If the parent lacks insight then strategies will have to be used to point out to the parent how their behaviour or attitudes may be negatively affecting the children.
- **Resilience in parenting capacity.** Where **very good** or **good** parenting is rated then it is unlikely additional parenting support will be required. Where there is mixed quality of parenting there is evidence of both risk and resilience in parenting. Note that even with

good parenting there maybe evidence of child difficulties, with parent putting effort into coping with these. So input maybe needed for child problem even if parenting seems to be good. It needs to be noted that not all child difficulties are the result of parental input (e.g. physical or learning disability maybe present, or psychological disorder, health difficulties, disability, or response to bullying etc). Parents who cope in the light of such difficulty may be resilient, but may also need some additional support.

Research findings from the PRI:-

- The research team studied parenting in high risk London mothers for an MRC research study. They also separately interviewed their children who were older adolescents/young adults at time of the study. The PRI scale 'Estimated incompetence' in parenting from the mothers' account was associated with the young people's independent account of the mother's antipathy, neglect or physical abuse during their childhood.
- Attempts to ask the mothers directly about neglect or abuse were unsuccessful when compared with the offspring's account. Very low rates of agreement were found and the study concluded that mothers under-report the extent to which they may have maltreated their children when asked directly.²
- Negative interaction with child is a vulnerability factor for maternal depression.³⁴
- The reported relationship with partner and partners' negative behaviour was critical for mother's parenting and child's neglect/abuse experience.
- The PRI can be used for mothers and fathers with assessments of both parents/carers giving a more systemic account of parenting in a two-parent household.⁵

Use of the PRI in services

- Pilot work with Safeguarding teams show the PRI is most useful in Child in Need cases, both before and/or after direct work with parents. It has also been used as part of Core Assessments where the parent's own view of their parenting was a critical element in care planning. It is also useful as a way of starting dialogue for those highly defended or traumatized parents who are unable to talk about their parenting.

² Fisher, H., Bunn, A., Jacobs, C., Moran, P., & Bifulco, A. (2011). Concordance between mother and offspring reports of childhood adversity. *Childhood Abuse and Neglect*, 35, 117-122.

³ Brown GW, Bifulco AT, Veiel HO, Andrews B. Self-esteem and depression: II. Social correlates of self-esteem. *Social Psychiatry and Psychiatric Epidemiology*. 1990;25:225-34, 3.

⁴ Brown GW, Bifulco AT, Andrews B. Self-esteem and depression: III. Aetiological issues. *Ibid.*:235-43.

⁵ Bifulco A, Thomas G. *Understanding adult attachment in family relationships: Research, Assessment and Intervention*. London: Routledge; 2012.

- Training in the measure for social workers and psychologists comprises of a two-day course covering the essential elements required for administering and scoring the instrument reliably.
- The PRI contributes effectively to reports on parental competence for children left with a 'safe' parent after abuse & for contact issues.
- It can be used in adoption or fostering services after placement to look at quality of parenting. Please note it is **not suitable** for a carer who does not have custody of the children (ie is not living with them).
- The PRI is a reputable interview tool for assessing some aspects of risk or resilience in relation to parenting, however, as with all other tools, it should be used together with other tools as part of a comprehensive assessment. In Children's Social Care and Safeguarding contexts, therefore, additional assessment of other aspects of parenting capacity is essential for good practice, drawing on information from a range of sources.

Use in court

- The PRI is only one of many tools used to assess family strengths and difficulties and **should always be used in conjunction with other assessments.**
- The PRI provides an objective, evidence-based assessment tool that has gone through careful checks to show it is consistent and reliable in its use. The scores do not depend on the opinion of the professional undertaking the interview, but on a series of rules and rating procedures all outlined in a training manual and verified in research contexts. The PRI's reliability and validity has been tested in a number of sites and it is a reputable interview tool for assessing current social and psychological factors around relationships that highlight risk or resilience in relation to family life.
- Reports produced for court or panels using the PRI should give headline scoring with explanation, but also crucially reproduce some of the verbatim comments to illustrate the relevant context, relationships and styles for transparency in order that the voice of the client can be represented. This is also useful for client feedback, which is usually well received as it is based on the audio-recorded verbatim comments and scorings recorded in a standardised PRI pack with explanations of each scale and illustrative scoring examples for easy reading.
- Practitioners using the PRI for court work should be experienced users who have had previous cases checked for accurate scoring. To ensure consistency all PRI cases are required to be quality controlled with a fully trained colleague, or through the university team's low-cost checking service for more difficult cases.
- An electronic version of the Parenting Role Interview is available for license to agencies

and individuals. For details of this, further research information or access to other practitioners who can endorse the PRI contact: lifespantraining@mdx.ac.uk

PRI References

Bifulco, A., Moran PM, Jacobs C, Bunn A. Problem partners and parenting: exploring linkages with maternal insecure attachment style and adolescent offspring internalizing disorder. *Attachment & Human Development*. 2009; 11(1):69-85.

Bifulco A & Thomas G (2012) *Understanding adult attachment in families: Research, assessment and intervention*. Routledge, London (Chapter 6 Parenting and Attachment Style).