

Parenting Role Interview (PRI) Training



What is Parenting Role Interview?

The Parenting Role Interview (PRI) and rating is a standalone measure which can also be used as a supplement to the Attachment Style Interview. The Parenting Role Interview is used in both adoption/ fostering contexts and in Children's Social Care, where the client is a parent or carer. This information sheet summarises the PRI and the training available.

The aim of the PRI is to question about parents' or carers' attitudes and behaviour in their parenting role. It assesses the interviewees' view of their parenting role, and provides some indicators about likely parenting competence, based on their own report about attending to the children's needs and the quality of interaction. This information sheet outlines the aims, objectives and methods used for the Parenting Role Interview.

What type of parenting evidence will the measure provide?

The PRI is an evidence based tool for social care practitioners and clinicians to use alongside other child, parenting and family assessment tools which aims to complement and supplement measures of direct observations of parenting. The scales in the measure are based on high quality research methods developed by the Lifespan Research Group, Kingston University, London. Using the same methodology as the ASI, and based on the same research measure development, the Parenting Role Interview has questions for the carer to describe ongoing and current difficulties with children, the quality of interaction with children and feelings of competence and incompetence in the parenting role. This information is then rated by the interviewer in terms of both carer feelings about their role (e.g. concerns about child difficulties, feelings of competence) as well as estimated competence based on the carer's report of more objective factors, e.g. contextual difficulties and behavioural interactions. It is the basis for outlining both likely strengths and difficulties in parenting and indicating areas of parenting which may need special attention in further assessments. The measure refers to the parenting role and interactions across all children in the household. It can only be used when there are children currently living in the household.

- **Current difficulties with children** The carer is questioned to provide evidence of the ongoing difficulties with the children in their care, both as defined in terms of behaviour and behavioural interactions, and in terms of the carer's concerns, with the aim of developing a broad outline of the current child-based stressors in the family.
- **Quality of interaction with children** One risk factor shown by research to be related to problems in parenting and in parent's well being, is the presence of high negative interaction between the carer and children^[1,2]. This involves the carer's reports of behavioural evidence of arguments, rows, quarrels and even violence, as evidenced by recent examples and frequency. 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.
- **Competence/incompetence in parenting role** Incompetence in the parenting role is another risk factor associated with poorer parenting and worse outcomes for children. Research has particularly highlighted the importance of the measures which show linkages between insecure attachment style, incompetence in parenting and poor outcomes for children^[3]. Felt incompetence contributes to poor self-esteem in the carer. In terms of carer strengths, high competence in parenting is related to higher self-esteem and better outcomes for both carer and children.
- **Linking parenting strengths and difficulties to attachment style** If the PRI is used in conjunction with the ASI, the ASI provides an assessment of Secure attachment style and type and degree of Insecure attachment style, based on quality of relationship with partner and support figures, and attitudes and barriers to closeness to others. The PRI adds to this on the parenting role, to indicate how parenting difficulties might be linked to a carer's partner relationships and attachment style. For example, an individual with an Angry-Dismissive style may lack close support and be experiencing conflict in their partner relationship, which may be associated with negative interaction with children, which in turn affects their parenting competence.

A strength of the PRI is that it helps provide a narrative account, documenting in the carer's own words, their behaviours and feelings around their current parenting role. Since this is framed from the parent's point of view, focusing on difficulties experienced, it increases the likelihood of getting a full and cooperative response. As such, it is perhaps of most use in Family Support services, or alternatively in kinship care planning where effective engagement with the carers who already have a relationship with the child is crucial. It is, however, always important to remember that this is an assessment based on the carer's own report, and further assessment involving direct observation of parent-child interaction is required for a full assessment of the parenting experienced by the child. The PRI is also useful to assess change as reported by the carer following interventions e.g. a parenting programme. Changes in the level of difficulty, quality of interaction and parenting competence are expected over time consistent with changes in context and functioning.

The PRI questions are expected to take approximately 30 minutes. The overall length of the full interview will vary according to characteristics of the respondent (e.g. their reporting style, number of difficulties, number of children etc). The information gathered is then later scored (from tape recordings or notes) on rating schedules according to predetermined criteria and this takes on average two and a half times as long as the interview for an experienced rater.

What parenting experiences are not covered by the PRI?

The PRI focuses on the parental role and difficulties experienced by the carer. It does not provide:

- An assessment of the child's experience of parenting.
- An assessment of parenting based on direct observation as well as report information.
- An assessment of the impact of parenting, including neglect or abuse, on the child's developmental needs - a comprehensive assessment of parenting capacity as outlined in the Assessment Framework [4].
- An assessment of past parenting.

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 and using approaches which include direct observation of parenting and parent-child interaction (e.g. the HOME Inventory and the Family Assessment) and direct work with the child. The influence of other family and environmental factors also needs to be considered in line with standard procedures.

Aims and objectives of the two-day PRI training

The aims of Day 1 of the training are to familiarise course members with the PRI as an assessment tool, including becoming reliable in the use of the PRI scales and rating thresholds. The links between the parenting role scales and attachment style will also be discussed. Days 1 and 2 of the training are planned approximately a month apart to allow trainees to undertake and rate an PRI pilot interview in this time. Trainees return for the second day of training to discuss rating thresholds and experiences of administering the interview in practice. An attendance certificate is given only to those completing the course and undertaking and rating a PRI interview with a client.

Methods

The two-day training will involve introduction of the PRI rating scales and uses vignettes and case examples from Lifespan's research to train trainees in the specific rating thresholds. Plenty of time is also set aside for group discussions to draw on practice experience. Two trainers will be present for a maximum group of 16 trainees.

Who is the training suitable for?

The training will be suitable for practitioners (social workers, psychologists, psychotherapists) in children's services.

¹ Brown, G. W., Andrews, B., Bifulco, A. T., & Veiel, H. O. (1990). Self esteem and depression: I. Measurement issues and prediction of onset. *Social Psychiatry and Psychiatric Epidemiology*, 25, 200-209. 5

² Bifulco, A., Brown, G. W., Moran, P., Ball, C., & Campbell, C. (1998). Predicting depression in women: The role of past and present vulnerability. *Psychological Medicine*, 28(1), 39-50.

³ Bifulco, A., Moran, P., Jacobs, C., & Bunn. (2009). Problem partners and parenting: Exploring linkages with maternal insecure attachment style and her neglect/abuse of children. *Attachment & Human Development*, 11 69-85.

⁴ Framework for the Assessment of Children in Need and their Families (2000); Working Together (2006); Public Law Outline (2008)