The use of the social stress and support interview in families with deviant children: methodological issues.

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Summary. In an investigation of childhood psychological deviance, we used a brief interview, the Social Stress and Support Interview of Jenkins and her colleagues (1981), to measure the stress and support experienced subjectively by parents in a number of social and interpersonal domains. The reliability - based on subject-rater and inter questionnaire agreement - consistency and external validity were found to be acceptable. A 4-point method of scoring was used, but for measuring support the reliability was increased when the scoring was converted to a 2-point scale. Using this reduced scale, the questionnaire provided measurements which were significantly associated with psychological deviance in children aged 7–12 years of age, and with psychiatric distress in their parents.

This paper is concerned with methodological issues which arose from the adaptation to a disparate population of children of an existing instrument designed for use with adult psychiatric patients (the Social Stress and Supports Interview (SSSI), Jenkins et al. (1981)). In the introduction we examine the rational for its use with parents of children with psychological problems and then analyse the reliability, consistency, validity and sensitivity of the instrument.

It is well established that a variety of environmental stresses can be associated with psychological maladjustment in children. Epidemiological work has shown a connection between childhood psychiatric disorder and chronic psychosocial disadvantage in the family as measured by family and marital disharmony, broken homes, housing and financial problems (Rutter et al. 1974; Sandberg et al. 1980; Richman et al. 1982). The disadvantage thus measured represents objective stressors which can be expected to lead to subjective feelings of stress in many people. However, the subjective stress or support experienced by the parents in each of the various psychosocial areas - has been little studied in the literature.

In differentiating subjective from objective stresses and supports, it is important to consider that these terms have been used ubiquitously in the literature. They are both equally diverse in their meaning and have been taken to describe a variety of processes. Stress can be applied to indicate either a form of stressor, a force requiring change, a mental state, or a form of bodily reaction (Rutter 1981). In this study, we have interpreted it as a mental state, and validated it against the external adversities or stressors in several social domains.

Social support has been seen equally as the subject's own appraisal of the positive feedback conveyed about his worth or his social standing Cobb (1976) or in the more objective terms of the availability of psychosocial resources and social ties (Kaplan et al. 1977; Lin et al. 1979). Veiel (1985) has analysed support as a response to crisis or to lesser everyday occurrences, which can be quantified objectively by assessment of the frequency of contacts or subjectively by the subject's appraisal of the quality of the support. As with stress, we have studied the subjective support felt by the individual in a number of psychosocial areas.

The way in which stress and support impinge on each other is unclear. Some studies have concluded that the actual lack of social assets and bonds is associated with morbidity (Nuckolls et al. 1972; Miller and Ingham, 1976; Henderson et al. 1981). Others have shown support to serve as a protective factor against illness when stressful situations are encoun-
tions which may have affected the original reliability. There are indica-
tions that, in relation to the experience of stress, the subjective assessment of support may be of more re-
levance than its objective indicators. Thus, Huxley et al. (1979) in a study of minor psychiatric disorders found that it was not the availability of close relations-
ships which had effects on the outcome, but the level of dissatisfaction with social contacts.

A clearer understanding of subjective stress in parents of deviant children and how it relates to ob-
jective stressors might be of particular relevance in relation to the referral of children for specialist help, since there are indications that mothers of children referred to child guidance clinics are more apt to de-
scribe themselves as anxious and easily upset by stress, - in addition to being more worried about their children, more puzzled and helpless about cop-
ing with them - than mothers of children with psychiatric symptomatology who are not referred to clinics Shepherd et al. (1966).

Jenkins et al. (1981) designed an instrument (The Social Stress and Support Interview; SSSI) to assess social stresses and supports in epidemiological psy-
chiatric research with adults. It measured the degree of stress and support experienced by the subject at the time of investigation in each of six life domains: work, finance, housing, social life, marriage and other households. For each domain, stress and support were scored as if at opposite ends of a con-
tinuum and they were therefore mutually exclusive. The instrument was shown to have adequately reli-
ability and to be a significant predictor and correlate of psychiatric outcome.

In adapting the instrument to meet the require-
ments of our study, we made a number of modifications which may have affected the original reliability. We needed to know therefore, that it would remain acceptably reliable and sensitive in our population. In this paper we describe:

1. the reliability was assessed by inter-rater and inter-
questionnaire agreement
2. the consistency and validity by matching other subjective, factual and external measures of stress with the parents' stress and support scores.
3. the sensitivity when the interview was used to study children with psychological deviance.

**Method**

The study was part of an investigation of psychologi-
cal problems of children attending for primary care. The full methodology has been described elsewhere

Garralda and Bailey (1986). It was carried out in two-stages and it took place in eight General Prac-
tices within Greater Manchester during 1982-83. For the first screening part of the study, each parent of a child aged between 7-12 years who attended for con-

sultation with a general practitioner was asked to complete a child behavioural scale which identifies children at high risk for psychiatric disorder (Parent-
tal Scale A, Rutter et al. 1970). The general practitio-
ers were asked to complete a questionnaire assessing the presence of psychiatric disorder in the child and of stress in the family. Out of the 234 subjects for whom questionnaires were returned (85% return rate), a subsample of 116 children were chosen, on the basis of the screening questionnaires, as being highly likely to either have psychiatric disorder, or to be psychologically healthy.

From the subsample, parents of 102 children (55 likely cases and 47 probable non-cases at the intial screening) agreed to take part in detailed interviews aimed at investigating psychiatric disorders in the children and familial psychosocial factors.

The parents (normally the mothers) of these 102 children were interviewed at home within one month of the surgery visit. The modified Social Stress and Supports Interview was administered during these home visits. Following introductory ques-
tions, aimed at exploring possible sources of stress and support, it sought to identify the degree of stress and support experienced subjectively by the parents in each of eight domains: namely occupation, fi-
cance, housing, social life with relatives and with friends, marital state, children and other adults (apart from the marital partner) living at home.

We adapted the interview from the original, by standardising the introductory questions for each domain, and by measuring stress and support sepa-
rateley using a more discriminating 4-point scale. We also increased the original six domains into eight by subdividing two domains: firstly social life was sub-
divided into relatives and friends, and secondly the household was separated into other adults residing in the home, and children living at home.

For each domain, we asked introductory ques-
tions encompassing: 1) factual items: i.e. type of job; income expenditure details; type of housing; number of relatives and details of social activities; number of years married and any marital separa-
tions; number of children or other adults at home, and specific health, school or control problems in the children; 2) questions aimed at exploring less quanti-
ifiable possible sources of stress and support: i.e. aspects causing worry, concern or alternatively satis-
faction in each domain. Following these questions, the subjects were asked to rate the degree of stress