

| March 2020 | Parent Problem Checklist (PPC)

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Parent Problem Checklist (PPC)

16-item self-report measure

The Parent Problem Checklist (PPC) is a 16-item measure designed to assess parental conflict over child-rearing issues over the past four weeks. This original version of the measure includes subscales aimed at assessing the presence and intensity of problems between co-parents, regardless of whether they are together or apart.

	Internal consistency	Test-retest reliability	Validity	Sensitivity to change
Psychometric features	✓	?	?	✓
	Brevity	Availability	Ease of Scoring	Used in the UK
Implementation features	✓	✓	✓	✓

*Please note that our assessment of this measure is based solely on the English version of the PPC.

What is this document?

This assessment of the Parent Problem Checklist (PPC) has been produced by the Early Intervention Foundation (EIF) as part of guidance on selecting measures relating to parental conflict and its impact on children. To read the full guidance report and download assessments of other measures, visit: <https://www.eif.org.uk/resource/measuring-parental-conflict-and-its-impact-on-child-outcomes>



- We found insufficient evidence to establish that the PPC is a valid measure with good test-retest reliability over short periods of time.
- From our review of the evidence, we found that the psychometric features were assessed only using Australian samples. Due to the differences between Australian and UK contexts, we warrant caution when interpreting the evidence.

About the measure

 Author(s)/ developer(s) Dadds, M.R., & Powell, M.B.	 Publication year for the original version of the measure 1991	 Type of measure Self-report.
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Outcome(s) assessed	This measure has been designed to assess parental conflict over child-rearing issues. It assesses parents' ability to cooperate when performing parenting duties, and was devised to examine the effect of co-parenting conflict on child adjustment problems.
Subscales	There are two subscales: Problem Scale and Extent Scale. According to the developers, the Problem Scale reflects the number of disagreements between parents, while the Extent Scale reflects the intensity of the conflicts.
Mode of administration	This measure can be completed in person.
Example item	'Disagreement over household rules (such as bedtime, play areas).'
Target population	This measure was originally developed for parents of children aged 0–18 years.
Response format	7-point Likert scale (from 1 = 'Not at All', to 7 = 'Very Much').
Strengths & limitations	Strengths: <ul style="list-style-type: none">• The PPC has good internal consistency and is sensitive to change in short interventions.• The PPC is a short (16-item) measure that is free to access and easy to score. Limitations: <ul style="list-style-type: none">• We found insufficient evidence to establish that the PPC is a valid measure with good test-retest reliability over short periods of time.• Based on our search of the evidence, the PPC has primarily been used in the Australian context, and there are no available cut-off scores for the UK population.

Link	N/A
Contact details	Mark R. Dadds: mark.dadds@sydney.edu.au
Copyright	Based on our review of the evidence, it appears that the developers did not provide information on copyright. The key reference (included below) should be cited when using the measure.
Key reference(s)	Dadds, M.R., & Powell, M.B. (1991). The relationship of interparental conflict and global marital adjustment to aggression, anxiety, and immaturity in aggressive and nonclinic children. <i>Journal of Abnormal Child Psychology</i> , 19, 553–567.

Psychometric features in detail

Internal consistency



We found two papers (Dadds & Powell, 1991; Morawska & Thompson, 2009) reporting good internal consistency for the PPC, with Cronbach’s alpha values ranging from 0.70 to 0.85.

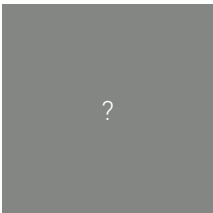
In Dadds & Powell (1991), the measure was analysed with a sample of 282 married mothers of clinical and non-clinical children aged between 3–8 years. The developers reported that the internal consistency coefficient was 0.70.

According to research conducted with 200 Australian families, with a target child between the ages of 2–16 years, the internal consistency of the PPC was 0.85 (Morawska & Thompson, 2009). Of these participants, the vast majority (93%) were mothers (n = 186); the sample also included 10 fathers (5%), 2 stepmothers (1%), 1 stepfather (0.5%) and 1 foster mother (0.5%).



Stallman et al. (2009) reported that the internal consistency was high for both the Problem scale (alpha = 0.82) and the Extent scale (alpha = 0.89). This study was conducted with a clinical sample of 391 parents (196 fathers and 195 mothers) of children aged 0–18 years presenting at a university paediatric psychology clinic for interventions targeting their child’s behavioural or emotional problems.

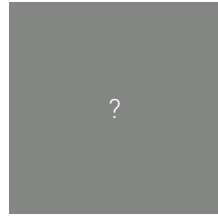
Test-retest reliability



From our review of the evidence, we found only one study reporting on test-retest reliability over a long period of time (eight weeks). This evidence is not sufficient for us to conclude that the PPC has good test-retest reliability over short periods of time.

In Dadds & Powell (1991), the measure was analysed after a time interval of eight weeks with a subset of clinic parents from a sample of 282 married mothers of children aged between 3–8 years. The authors reported a test-retest reliability of 0.90.

Validity



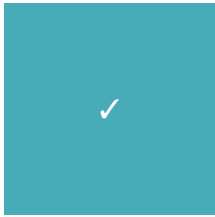
Although the evidence we found on the validity of the PPC is reassuring, we did not consider it sufficient to establish that the PPC is a valid measure.

The PPC was evaluated by the developers against the Dyadic Adjustment Scale (DAS-32), a 32-item measure assessing overall relationship quality. The developers reported that the Pearson correlation coefficients between the PPC and the DAS were between -0.47 and -0.84 (Dadds & Powell, 1991). This study was conducted with a sample of 282 married mothers with clinical and non-clinical children aged between 3–8 years. The authors also reported that previous research with large non-clinic samples of mothers showed that Pearson correlation coefficients between the PPC and the DAS were between -0.40 and -0.70, and that Pearson correlation coefficients between the PPC and the Beck Depression Inventory (BDI) were between 0.40 and 0.50.

In Morawska & Thompson (2009), the PPC Problem and Extent subscales were evaluated against the Spanier Dyadic Adjustment Scale-Consensus Subscale (DAS-CS), which measures disagreement within a relationship but does not contain any item assessing disagreement over child-rearing. The authors reported that both the PPC Problem subscale and the Extent subscale were statistically correlated with the DAS-CS. For the Problem subscale, correlation coefficients were between -0.58 and -0.68, and for the Extent subscale they were between -0.44 and -0.80. In both cases, the correlation was between the PPC and the DAS-CS was lower for parents of children aged 10 years or more (Problem subscale: $r = -0.58$; Extent subscale: $r = -0.44$)

Morawska & Thompson (2009) also evaluated the PPC Problem and Extent subscales against the Relationship Quality Index (RQI), which assesses overall relationship satisfaction. The authors reported that both the PPC Problem subscale and the Extent subscale were statistically correlated with the RQI. For the PPC Problem subscale, correlation coefficients were between -0.42 and -0.53, and for the PPC Extent subscales they were between -0.31 and -0.65. In both cases, the correlation was lower between the PPC and the RQI for parents of children aged 10 years or more (Problem scale: $r = -0.42$; Extent scale: $r = -0.31$). The study was conducted with a sample of 200 Australian parents (93% mothers) with a target child between the ages of 2–16 years (mean 8.69 years, SD 3.45). The sample primarily consisted of Caucasian families (93%).

In Stallman et al. (2009), the PPC Problem and Extent subscales were evaluated against the Abbreviated Dyadic Adjustment Scale (ADAS) and the Relationship Quality Index (RQI). The authors reported that the Problem subscale was significantly correlated with both ADAS ($r = -0.30$, $p = 0.01$) and RQI ($r = -0.69$, $p = 0.001$). The Extent subscale was reported to be significantly correlated with both measures (for ADAS: $r = -0.46$, $p = 0.001$; for RQI: $r = -0.73$, $p = 0.001$). This study was conducted with a clinical sample of 391 parents (196 fathers and 195 mothers) of children aged 0–18 years presenting at a university paediatric psychology clinic for interventions on their child's behavioural or emotional problems.

Sensitivity to change

There is evidence that the PPC can detect changes over time after participation in short parenting and co-parenting interventions.

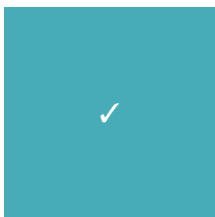
One study supporting this comes from Calam et al. (2008) who reported that the PPC was sensitive to changes between pre-test and a six-month follow-up (PPC: $T = 5.184$, $df = 109$, $p < 0.001$). This study was an RCT conducted in the UK evaluating two treatment groups, a standard and an enhanced version, with varying levels of exposure to a TV programme detailing the Triple P positive parenting programme and personalised accompanying online resources. This programme is aimed at helping parents develop the skills to manage problem behaviours in children. The sample in this study included 123 parents with around half of the sample in receipt of some form of state benefits and around a third educated to university level.

Additionally, Sanders et al. (2012) also report that the PPC detected changes between pre-test and a six-month follow-up (PCC Problem: $F = 9.68$, $p < 0.01$. PCC Extent: $F = 10.81$, $p < 0.01$). This study, an RCT in Australia, is an evaluation of the Triple P Online programme for parents with children up to 12 with significant social, emotional or behavioural problems. This study used a sample of 116 parents with children between the ages of 2–9 with a mean age of 4.7 years where parents had reported elevated levels of child behaviour problems. Two thirds of children in the sample were male, while 70% of families reported being in full-time employment and 58% were educated to university level.

Implementation features in detail

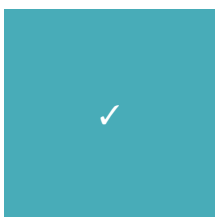
Brevity

This measure has 16 items.



Availability

From the papers we assessed, it appears that this measure is free to use and does not require a clinical licence.

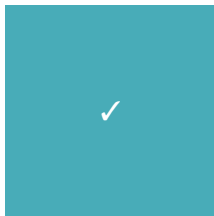


Ease of scoring

The PPC has simple scoring instructions involving basic calculations, and it does not need to be scored by someone with specific training or qualifications. The developers suggested a score of 5 as the clinical cut-off on the Problem Scale (Dadds & Powell, 1991). To obtain a Problem score, which ranges from 0 to 16, the number of areas of disagreement experienced in the last four weeks should be added up. To calculate an Extent score, which ranges from 16 to 112, all responses should be added up.

Higher scores in the Problem scale reflects a higher number of disagreements between parents; higher scores in the Extent scale reflects intense conflicts.

It is not clear if there is any information about the cut-offs of the PPC for the UK population; there are, however, cut-offs for the Australian population.

Used in the UK

According to our search of the evidence, the PPC has been used in at least one UK study assessing the impact of the Triple P Positive Parenting Programme (Calam et al., 2008). It has also been used in an impact evaluation conducted in Ireland assessing the Group Stepping Stones Triple P programme (Ruane et al., 2019).

Language(s)

The PPC is available in English but we are not aware of any translated versions of this measure.

Of potential interest...

Dadds & Powell (1991) reported that their factor analysis indicated a unidimensional structure but did not provide further details. Morawska & Thompson (2009) also ran a factor analysis and concluded that the PPC consists of three factors assessing different aspects of parenting conflict: one factor assessing conflict corresponding to how childcare responsibilities should be shared, one factor corresponding to conflicts related to how discipline should be managed, and another reflecting broader aspects of conflict, including fighting in front of children.

References

- Calam, R., Miller, C., & Sadhnani, V. (2008). *Second great parenting experiment effects of media-based delivery of parenting advice*. Research Report DCSF-RW038. London: Department for Children, Schools and Families.
- Dadds, M.R., & Powell, M.B. (1991). The relationship of interparental conflict and global marital adjustment to aggression, anxiety, and immaturity in aggressive and nonclinic children. *Journal of Abnormal Child Psychology*, 19(5), 553–567.
- Morawska, A., & Thompson, E. (2009). Parent Problem Checklist: Measure of parent conflict. *Australian & New Zealand Journal of Psychiatry*, 43(3), 260–269.
- Ruane, A., Carr, A., Moffat, V., Finn, T., Murphy, A., O'Brien, O., Groarke, H., & O'Dwyer, R. (2019). A randomised controlled trial of the Group Stepping Stones Triple P training programme for parents of children with developmental disabilities. *Clinical Child Psychology and Psychiatry*, 24(4), 728–753.
- Sanders, M.R., Baker, S., & Turner, K.M. (2012). A randomized controlled trial evaluating the efficacy of Triple P Online with parents of children with early-onset conduct problems. *Behaviour Research and Therapy*, 50(11), 675–684.
- Stallman, H.M., Morawska, A., & Sanders, M.R. (2009). Parent Problem Checklist: Tool for assessing parent conflict. *Australian Psychologist*, 44(2), 78–85.

