NCTSN The National Child Traumatic Stress Network

MEASURE NAME:	Parent-Child Relationship Inventory
Acronym:	PCRI

Basic Description

Author(s):	Gerard, Anthony, B., Ph.D.
Author Contact:	Contact publisher.
Author Email:	N/A
Citation:	Gerard, A. B. (1994). Parent-Child Relationship Inventory (PCRI) Manual. Los Angeles, WPS.
To Obtain:	Western Psychological Services 12031 Wilshire Blvd. Los Angeles, CA 90025-1251 Phone: 800-648-8857 Fax: 310-478-7838
E-mail:	help@wpspublish.com
Website:	www.wpspublish.com
Cost per copy (in US $):	$1.70
Copyright:	Yes
Description:	The PCRI is a parent self-report measure of parenting skill and attitudes toward parenting and towards their children. The measure yields scores on 7 content scales: 1) Parental Support, 2) Satisfaction with Parenting, 3) Involvement, 4) Communication, 5) Limit Setting, 6) Autonomy, and 7) Role Orientation. High scores indicate positive parenting. The measure also has two validity indicators: 1) Social desirability, and 2) Inconsistency.
Theoretical Orientation Summary:	Not available.
Domains Assessed:	

1.	Parent-child relationship
2.	
3.	
4.	
5.	
6.	

Languages Available:	English, German, Spanish

Age Range:	3.00	-	13.0	Measure Type:	General assessment
# of Items:	78			Measure Format:	Questionnaire
Time to Complete (min):	15			Reporter:	Parent/caregiver
Time to Score (min):	5			Education Level:	4.00
Periodicity:	unknown				
Response Format:	4-point Likert scale: 1=strongly agree, 2=agree, 3=disagree, 4=strongly disagree				

Materials Needed: *(check all that apply)*	Yes	Paper and pencil	No	Testing stimuli
	Optional	Computer	No	Physiological equipment
	No	Video equipment	No	Other
Material Notes:	Items and scoring instructions are included in the WPS Autoscore Answer Form. The following items are available on the website: 1. PCRI Kit: $90 (Includes 24 AutoScore Answer Sheets and Manual.) 2. Manual: $52.50 3. AutoScore Answer Sheet (pkg/250): $42.50. (Pricing is based on the purchase of this item, although a pricing break is available for the purchase of numerous copies.) 4. Spanish Test Form (pkg/5): $16 Information regarding computerized scoring is also available on the website. Note: The age range given above is the age of the standardization sample. The manual does not list a specific age range, and this age range was selected jointly with the publisher.			

Sample Items:		
Domains	Scale	Sample Items
	Parental support	When it comes to raising my child, I feel alone most of the time (reverse scoring).
	Satisfaction with parenting	I get as much satsifaction from having children as other parents do.
	Involvement	I spend a great deal of time with my child.
	Communication	My child generally tells me when something is bothering him or her.
	Limit setting	I have trouble disciplining my child (reverse scoring).
	Autonomy	Parents should protect their children from things that might make them unhappy (reverse scoring).
	Role orientation	Women should stay home and take care of the children (reverse scoring).

Notes (additional scales and domains):

There is no PCRI total score.

There are two validity indicators: 1) Social Desirability (e.g., My child is never jealous of others [reverse scoring]), and Inconsistency (10 pairs of highly correlated items that should be answered similarly).

Information Provided: (check all that apply)			
	Diagnostic information DSM-III	Yes	Standard Scores
	Diagnostic information DSM-IV	Yes	Percentile
Yes	Strengths	Yes	Graph (e.g., of elevated scale)
Yes	Areas of concerns/risks		Dichotomous assessment
	Program evaluation information	Yes	Clinical friendly output
Yes	Continuous assessment		Written feedback
Yes	Raw Scores		Other

Training

Training to Administer:		None		Must be a psychologist
(check all that apply)	Yes	Via manual/video		Training by experienced clinician (<4 hours)
		Prior experience psych testing & interpretation		Training by experienced clinician (≥4 hours)

Training to Interpret:		None		Must be a psychologist
(check all that apply)	Yes	Via manual/video		Training by experienced clinician (<4 hours)
	Yes	Prior experience psych testing & interpretation		Training by experienced clinician (≥4 hours)

Training Notes:	The manual reports that the measure should be administered under the supervision of a social worker or psychologist with experience in testing and that only those with professional training should interpret the results.

Parallel or Alternate Forms

Parallel Forms?	No
Alternate Forms:	No
Forms for Different Ages:	No
If so, are forms comparable:	
Any Altered Versions of Measure:	Yes
Describe:	The manual briefly alludes to a brief form of the PCRI that “includes shortened versions of six of the seven content scales (Fritz & MacPhee, 1992),” but no details are provided regarding this brief version. Many published studies appear to have used only selected scales from the PCRI.

Population Used to Develop Measure

Details are not provided regarding the development sample. See Notes under "Norms" for details on the normative sample.

Psychometrics

Global Rating (scale based on Hudall Stamm, 1996):	
Somewhat established, psychometrics validated by researchers other than authors	
Norms:	Yes
For separate age groups:	No
For clinical populations:	No
Separate for men and women:	Yes
For other demographic groups:	No

Notes:

Normative data were gathered with 1,139 mothers and fathers in 18 schools and day care centers in the four major geographical regions of the United States. Day care centers and schools were selected through 2,000 mailings to principals and directors of these centers.

The response rate was 4.4%. Data were collected either by sending packets home with students or at group parent meetings (e.g., PTA).

Children ranged in age from 3-15: 50.2% male, 49.8% female; 85.7% White, 6.9% Black, 1.9% Asian, 1.5% Hispanic, 1% Native American, and 3% Other Ethnicity. Mothers made up 55.2% of the sample, fathers (39.1%), stepparents (2.7%), and Other (3.1%).

Age of parents 18-24 (2.3%), 25-34 (32.8%), 35-44 (55.4%), 45-54 (8%), and 55+ (1.4%).

Respondents over age 54 were excluded from the normative sample.

Education of parents: less than a high school degree (4.5%), high school graduates (4.5%), some college education (27.6%), and college degree or higher (35.4%).

Using the normative sample, ethnicity analyses comparing Whites and Blacks showed that Blacks score significantly lower than did Whites on Satisfaction with Parenting and Autonomy.

Education analyses showed that scores on Support and Autonomy were related to parental education, with those with college degrees or more scoring higher on Support, and those with a less than a high school education scoring lower than those with at least some college on Autonomy.

Age analyses suggest that the youngest parents (aged 18-24) scored significantly lower than did other parents on Satisfaction, Involvement, and Autonomy. Analyses also suggest a different pattern of responding for mothers and fathers. Analyses of child's age showed significant differences on 6 of the scales.

The manual also reports significant differences found by region of the United States (East, West, South, and North) but suggests they are not meaningful differences.

The scale developers chose to develop separate norms only for mothers and fathers, reasoning that ethnic differences did not warrant separate

	norms, as there was no evidence for a systematic difference. Additionally, they reported that the sample of young parents was small and separate norms for that group might underidentify problems. Finally, with regard to child age, they opted for "economy of presentation," reasoning that separate norms would complicate presentation and were not justified by the differences accounted for by child age.
Clinical Cutoffs:	Yes
Specify Cutoffs:	Social Desirability: 9 or < (possible fake good). Inconsistency 2 or more (possible inconsistent responding). Other scales: T<40 suggests problems, T<30 serious problems.
Used in Major Studies:	No
Specify Studies:	

Reliability:

Type:		Rating	Statistics	Min	Max	Avg
Test-Retest-# days:	7	Acceptable	Correlations	0.68	0.93	0.81
Internal Consistency:		Acceptable	Cronbach's alpha	0.7	0.88	0.79
Inter-Rater:			Not applicable			
Parallel/Alternate Forms:						

Notes:

Psychometrics provided below and in the table are from the manual (Gerard, 1994).

TEST-RETEST RELIABILITY
With a sample of 22 individuals administered the 345-item PCRI twice over a 1-week interval.

Parental Support (.81), Satisfaction with Parenting (.73), Involvement (.87), Communication (.68), Limit Setting (.93), Autonomy (.78), Role Orientation (.89)

A second study involved 82 parents from the PCRI standardization study who completed the measure 5 months later.

Parental Support (.71), Satisfaction with Parenting (.49), Involvement (.51), Communication (.52), Limit Setting (.49), Autonomy (.44), Role Orientation (.71)

INTERNAL CONSISTENCY (Cronbach's alpha)
Parental Support (.70), Satisfaction with Parenting (.85), Involvement (.76), Communication (.82), Limit Setting (.88), Autonomy (.80), Role Orientation (.75)

Additional data on internal consistency reported by other authors are below:
1. Suchman, McMahon, & Luthar (2004) reported internal consistencies ranging from .61-.80 (median=.77) in a sample of heroin-addicted mothers recruited from methadone maintenance clinics to participate in a randomized trial of a Relational Psychotherapy Mother's Group.

2. In a longitudinal study with an ethnically diverse (46% African American) lower-socioeconomic status sample of 94 mothers recruited form Head Start programs, Raver (2003) reported good internal consistency for the Limit Setting scale of the PCRI (alpha=.80 at time 1; alpha=.77 at time 2, two years later).

3. In a diverse sample of opiate-addicted and non-addicted mothers (47% African American or Latina), Suchman & Luthar (2000) reported PCRI alphas as follows: Involvement (.81), Communication (.74), Limit Setting (.85), Autonomy (.67).

4. Reitman, Rhode, Hupp, & Altobello (2002) reported low alphas for Involvement and Autonomy (.36 and .55, respectively) and moderate ones for Communication, Limit Setting, and Social Desirability (.67, .75, .74, respectively). Their study included three samples of parents, 87 high SES, predominantly Caucasian mothers, 102 low SES, African American single mothers, and 171 mothers recruited from a Head Start orientation.

Content Validity:

From the manual (Gerard, 1994):
The current version of the PCRI was developed following factor analysis of a 106-item preliminary version (Form A), which identified 5 factor scales and 14 clinical scales. New

items were written for each scale and for a social desirability scale resulting in a 345-item version. Expert judges rated items on a 5-point scale ranging from extremely problematic to superior and should be retained.

Professionals and parents also provided feedback regarding the individual items, and the measure was pilot tested with 211 parents living around St. Louis, Missouri. Items with extremely high and low frequencies were eliminated. Expert judge ratings were used to eliminate additional items. Items not correlating significantly with assigned scales were examined as were those that were related to Social Desirability and those rated by a panel of judges as being objectionable or not belonging to a particular scale. These steps resulted in a 107-item PCRI, which was used in validity studies and to collect standardization data.

The measure was later refined by deleting items that were not contributing to scale reliabilities, shifting items from one scale to another based on empirical and rational criteria. One scale (Moderation) was eliminated. This resulted in the current 78-item PCRI.

Construct Validity: (check all that apply)

Validity Type	Not known	Not found	Nonclinical Samples	Clinical Samples	Diverse Samples
Convergent/Concurrent			Yes		Yes
Discriminant			Yes		Yes
Sensitive to Change					
Intervention Effects			Yes	Yes	Yes
Longitudinal/Maturation Effects					
Sensitive to Theoretically Distinct Groups			Yes	Yes	
Factorial Validity	Yes				

Notes:

The manual (Gerard, 1994) reports that PCRI scores were correlated with scores on the Personality Inventory for Children, and with one exception correlations were in the expected direction. In a custody-mediation sample, four of the PCRI scale scores are more than half a standard deviation below the mean of the normative pattern, which would be consistent with problems often seen in families involved in custody disputes. In a high-risk adolescent sample, PCRI scores were also lower than the mean for the standardization sample. PCRI scores were also related to parents' ratings of the frequency with which they used 11 different discipline techniques. However, this study was conducted with a brief form of the PCRI.

The measure was developed using factor analysis, but the specific analyses and results are not detailed in the manual. The manual reports that principal components factor analysis, conducted using only White mothers and fathers in the normative sample, resulted in a 3-factor model. No details are provided regarding the factor structure.

Overall, the data provided in the manual regarding the PCRI appear to be questionable because results of factor analysis are not presented, and the PCRI is not compared to a gold standard or a well-known measure of parenting. In addition, when studies are presented, it is unclear which version of the PCRI they used.

A 2004 review article of parenting measures found that the PCRI did not meet

the Daubert standard of testimonial admissibility (Yañez & Fremouw, 2004), suggesting the measure has psychometric weaknesses.

A German study examining the validity of the PCRI and its usefulness for custody evaluations reported that means for the German sample differed from the American standardization sample, internal consistencies for some scales were lower than those published in the manual, and the factor analysis resulted in a 4-factor solution. They also reported that when individuals were asked to imagine that they were completing the measures as part of a custody evaluation, their scores were different, suggesting that it is easy to fake good on the measure (Steinmetz & Hommers, 2003).

Nevertheless, other studies, not cited in the manual, have used the PCRI and have reported on its correlations with other measures, ability to differentiate between groups, and ability to detect changes related to treatment. Many of these studies involved diverse ethnic and SES groups. These studies, summarized below, provide evidence for the validity of the measure. Many of them used only selected scales from the PCRI and not the full measure.

1. In a study of 44 African American caregivers of Head Start Children (Coolahan, McWayne, Fantuzzo, & Grim, 2002), the relation between factors of the Parenting Behavior Questionnaire Head Start (PBQ-HS) and PCRI Limit Setting Scale was examined. As expected, the Active-Responsive Parenting style dimension correlated positively with Limit Setting (r=.39), whereas the Passive-Permissive dimension correlated negatively with Limit Setting (r=-.41).

2. In a study on the validity of the Parent Authority Questionnaire-Revised, Reitman et al. (2002) examined correlations between the PAQ-R and the Communication and Limit Setting scales of the PCRI with a diverse sample of parents (see “Reliability” above). They found a significant negative correlation between Limit Setting and the Permissive scale of the PAQ-R (r=-.30). They also found significant positive correlations between Communication and both the Authoritarian and Authoritative scales of the PAQ-R (.25 and .34, respectively). Interestingly, Limit Setting was unrelated to either the Authoritarian or Authoritative scales. They also reported on the internal consistency of PCRI scales.

3. Suchman & Luthar (2000) used the PCRI with 69 opiate-addicted and 51 non-addicted SES-matched comparison mothers (47% African American or Latina sample). Limit Setting was negatively correlated with SES (r=-.21) and Externalizing (r=-.66, as assessed using the Behavior Assessment Scale for Children).

A composite of the Communication and Involvement scales (empirically and conceptually related) was negatively related to child’s age (r=-.30), externalizing behavior (r=-.27), and maternal addiction (r=-.23).

Autonomy was negatively related to maternal addiction status (r=-.20) and SES (r=-.36). Drug use and marital status were related to scores on Involvement and Autonomy.

4. Luthar & Suchman (2000) reported that maltreatment risk, as assessed using the maltreatment score of the Parental Acceptance/Rejection Questionnaire, was related to a composite score of Communication and Involvement (r=-.42), to

Limit Setting (r=-.49), and to Parenting Satisfaction (r=-.56). The composite core was also related to personal adjustment (r=.60) and school maladjustment (r=-.440) as assessed by the BASC.

5. The measure has been used in adoptive families of special needs children with PCRI scores relating to unmet needs and supports (Reilly & Platz, 2004).

6. In a sample of 249 adoptive families of special needs children, Satisfaction with Parenting, assessed using the PCRI, was significantly correlated with child behavior problems (Behavior Problem Index), but the correlation was of a small magnitude (r=-.19). The internal consistency of the scale reported in this sample was .70 (Reilly & Platz, 2003).

7. Although the article could not be obtained and reviewed, there is one article suggesting that a Spanish adaptation of the PCRI has good psychometrics, validity determined by comparisons to the CBCL and principal components factor analysis (Roa-Capilla & del Barrio, 2001).

SENSITIVITY TO INTERVENTION EFFECTS

1. One treatment-outcome study (Greene et al., 2004) with a sample of predominantly Caucasian children, randomly assigned to two different treatments for oppositional defiant disorder, found that the PCRI Limit Setting, Communication, and Autonomy scales were sensitive to change over time in one treatment group. For the Autonomy scale there was a strong trend for the measure to show a significant group x time interaction, suggesting its possible ability to detect differential change due to treatment.

2. Another treatment-outcome study (Suchman, McMahon, & Luthar, 2004) used three PCRI scales: Communication, Limit Setting, and Involvement with Heroin-addicted mothers (predominantly Caucasian) recruited from methadone clinics. Mothers were randomly assigned to a comparison condition or to a Relational Mother's Group. A composite of Communication and Involvement PCRI scales was sensitive to intervention effects at post-treatment, with a trend for an interaction effect for the Limit Setting scale at post-test and follow-up (24 weeks later).

3. Barron-McKeagney, Woody, & D'Souza (2002) used the PCRI to evaluate the effectiveness of a mentoring program for at-risk Latino children. They found that participation in the parent-group education predicted higher scores on support and communication.

Criterion Validity: (check all that apply)

Measures used as criterion:					
	Not known	Not found	Nonclinical Samples	Clinical Samples	Diverse Samples
Predictive Validity:					
Postdictive Validity:					

Sensitivity Rate(s):	
Specificity Rate(s):	
Positive Predictive Power:	
Negative Predictive Power:	
Notes:	

Limitations of Psychometrics and Other Comments Regarding Psychometrics:

1. Given the low response rate and the way the data were gathered, the normative sample does not appear to be a representative sample. It also appeared to include few individuals of diverse ethnic backgrounds, the majority of parents had at least a high school degree, and the majority were married.

2. Although analyses showed ethnic differences (African Americans and Whites), age of parent (specifically for parents aged 18-24), parental education, and age of child, the test developers chose not to develop separate norms for these groups. This suggests that caution must be used when using and interpreting the measure with these groups. In addition, the lack of age-specific norms (child and parent) may be problematic for longitudinal or treatment outcome studies because in some cases, maturational factors may contribute to change in "norm"-based scores.

3. There are few validity studies cited in the manual. One appeared to use a brief version of the PCRI. In addition, studies examining "at-risk" groups compared means to the standardization sample but did not compare them to means of demographically comparable low-risk groups. In addition, analyses of statistical differences between means were not reported.

4. Although reliabilities reported in the manual are acceptable, one study with three diverse samples of mothers, including African American mothers (Reitman et al., 2001) reported low internal consistencies for Involvement and Autonomy.

5. Although the measure is said to have been developed using factor analysis, the factor structure is not reported and has not been replicated in other studies.

6. There do not appear to be published studies that have used the measure specifically with trauma populations although the groups sampled (mothers addicted to heroin and Head Start children) may have high rates of trauma exposure.

7. Psychometrics have not been established in clinical samples.

Consumer Satisfaction

No data available.

Languages Other than English

	Language:	Translation Quality (check all that apply) 1= Has been translated 2= Has been translated and back translated - translation appears good and valid. 3= Measure has been found to be reliable with this language group. 4= Psychometric properties overall appear to be good for this language group. 5= Factor structure is similar for this language group as it is for the development group. 6 = Norms are available for this language group. 7= Measure was developed for this language group.						
		1	2	3	4	5	6	7
1.	Spanish	Yes		Yes	Yes			
2.	German	Yes						
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Use with Trauma Populations

Populations for which measure has demonstrated evidence of reliability and validity:

	Physical abuse		Natural disaster		Terrorism
	Sexual abuse		Accidents		Immigration related trauma
	Neglect		Imprisonment		Kidnapping/hostage
	Domestic Violence		Witness death		Traumatic loss (death)
	Community violence		Assault	Yes	Other
	Medical trauma		War/combat		

Use with Diverse Populations

USE WITH DIVERSE POPULATIONS RATING SCALE
1. Measure is known (personal communication, conference presentation) to have been used with members of this group.
2=Studies in peer-reviewed journals have included members of this group who have completed the measure.
3=Measures have been found to be reliable with this group.
4=Psychometric properties well established with this group.
5=Norms are available for this group (or norms include a significant proportion of individuals from this group)
6=Measure was developed specifically for this group.

	Population Type:	Degree of Usage: (check all that apply)					
		1	2	3	4	5	6
1.	Developmental disability						
2.	Disabilities						
3.	Lower socio-economic status						
4.	Rural populations						
5.	Substance-abusing mothers	Yes	Yes	Yes			
6.							

Notes (including other diverse populations):

WPS finds no record of authorizing a German translation.

Pros and Cons/Qualitative Impression

Pros:

1. The measure covers a number of important domains, and scores on the PCRI have been linked to risk for maltreatment and to children's behavior problems.

2. Although the psychometrics presented in the manual are somewhat flawed with regard to establishing the measure's validity, other published studies provide support for validity.

3. The measure appears to be able to detect change due to treatment.

Cons:

1. The measure is face valid, and individuals who are mandated for treatment appear to be able to fake good. There are validity indicators, which should help with detecting response bias.

2. The normative sample does not appear to be representative (see Notes under "Psychometrics")

3. Psychometrics have not been established in clinic samples.

4. The measure is long, and the font is very small, making it difficult for caregivers with visual impairment to read.

References (Representative sampling of publications, presentations, psychometric references)

Published References:

The reference for the manual is:
Gerard, A.B. (1994). Parent-Child Relationship Inventory (PCRI) Manual. Los Angeles, WPS.

A PsychInfo literature search (6/05) for "Parent-Child Relationship Inventory" or "PCRI" anywhere revealed the measure has been referenced in 27 peer-reviewed journal articles, but three articles were clearly not about the measure. One other article was identified through a review of the literature. A sampling of these articles is included below.

1. Coolahan, K., McWayne, C., Fantuzzo, J., & Grim, S. (2002). Validation of multidimensional assessment of parenting styles for low-income African-American families with preschool children. Early Childhood Research Quarterly, 17(3), 356-373.

2. Greene, R.W., Ablon, J.S., Goring, J.C., Raezer-Blakely, L., Markey, J., Monuteaux, M.C., et al. (2004). Effectiveness of collaborative problem solving in affectively dysregulated children with oppositional-defiant disorder: Initial findings. Journal of Consulting & Clinical Psychology, 72(6), 1157-1164.

3. Heinze, M.C., & Grisso, T. (1996). Review of instruments assessing parenting competencies used in child custody evaluations. Behavioral Sciences & the Law, 14(3), 293-313.

4. Luthar, S.S., & Suchman, N.E. (2000). Relational psychotherapy mother's group: A developmentally informed intervention for at-risk mothers. Development and Psychopathology, 12, 235-353.

5. Barron-McKeagney, T., Woody, J.D., & D'Souza, H.J. Mentoring at-risk Latino children and their parents: Analysis of the parent-child relationship and family strength. Families in Society, 83(3), 285-292.

5. Raver, C.C. (2003). Does work pay psychologically as well as economically? The role of employment in predicting depressive symptoms and parenting among low-income families. Child Development, 74(6), 1720-1736.

6. Reilly, T., & Platz, L. (2004). Post-adoption service needs of families with special needs children: Use, helpfulness, and unmet needs. Journal of Social Service Research, 30(4), 51-67.

7. Reilly, T., & Platz, L. (2003). Characteristics and challenges of families who adopt children with special needs: An empirical study. Children & Youth Services Review, 25(10), 781-803.

8. Reitman, D., Currier, R.O., Hupp, S. D.A., Rhode, P.C., Murphy, M.A., & O'Callaghan, P.M. (2001). Psychometric characteristics of the parenting scale in a Head Start population. Journal of Clinical Child Psychology, 30(4), 514-524.

9. Reitman, D., Rhode, P.C., Hupp, S.D.A., & Altobello, C. (2002). Development and validation of the Parental Authority Questionnaire-Revised. Journal of Psychopathology & Behavioral Assessment, 24(2), 119-127.

10. Roa-Capilla, L., & del Barrio, V. (2001). Adaptation of the parent-child relationship

inventory (PCRI) to the Spanish population/Adaptación del cuestionario de crianza parental (PCRI-M) a población Española. Revista Latino Americana de Psicologia, 33(3), 329-341.

11. Steinmetz, M., & Hommers, W. (2003). The parent-child relationship inventory for the assessment of German parents/Das "Parent-Child Relationship Inventory" als deutschsprachiges eltern-diagnostikum. Diagnostica, 49(3), 120-128.

12. Suchman, N. E., & Luthar, S. S. (2001). The mediating role of parenting stress in methadone-maintained mothers' parenting. Parenting: Science & Practice, 1(4), 285-315.

13. Suchman, N. E., & Luthar, S. S. (2000). Maternal addiction, child maladjustment and socio-demographic risks: Implications for parenting behaviors. Addiction, 95(9), 1417-1428.

14. Suchman, N. E., McMahon, T. J., & Luthar, S. S. (2004). Interpersonal maladjustment as predictor of mothers' response to a relational parenting intervention. Journal of Substance Abuse Treatment, 27(2), 135-143.

15. Yañez, Y. T., & Fremouw, W. (2004). The application of the Daubert standard to parental capacity measures. American Journal of Forensic Psychology, 22(3), 5-28.

Unpublished References:
A PsychInfo literature search (6/05) for “Parent-Child Relationship Inventory" or "PCRI” anywhere revealed the measure has been referenced in 1 conference and 10 dissertations.

Number of Published References: (based on author provided information and a PsychInfo search, not including dissertations)	27
Number of Unpublished References: (based on a PsychInfo search of unpublished doctoral dissertations)	11

Author Comments:

The author was not available for contact, but the publisher reviewed the report and provided feedback, which was integrated. The publishers also noted that they, WPS, "have no record of authorizing a German translation for this title."

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