SAMHSA – Assessing the Evidence Base: Individual articles

Service: Parent-Child Interaction Therapy (PCIT)

Name of Reviewer: Mary Cavaleri

Citation for Article	Service as Described in Article; Purpose of Study	Population /N/ Comparison Group	Provider Qualifications; Fidelity	Outcome(s) Measured; Instruments Used	Evidence of Effectiveness	Level of Evidence	Other Comments
Bagner, D.M., & Eyberg, S.M. (2007). Parent-child interaction therapy for disruptive behavior in children with mental retardation: A randomized controlled trial. *Journal of Clinical Child and Adolescent Psychology, 36*(3), 418-429.	Service: PCIT Purpose: To examine the efficacy of PCIT for children with mental retardation and their parents. Independent Evaluation: No NREPP: Yes	N=30 parent/child dyads Demographics: Mean age (both groups): 54.13 months; 77% male, 67% Caucasian Comparison: Random assignment to PCIT (n=15) vs WL control (n=15). .	Provider Qualifications: Graduate-level psychologists and psychology interns. Treatment Fidelity: 1) Coded 50% of videotaped sessions: accuracy with manual content was 97% 2) Interrater reliability was 97%.	Child 1) Child Behavior Checklist 2) Eyberg Child Behavior Inventory Parent 3) Parent Stress Index-Short Form 4) Therapy Attitude Inventory Parent/Child Relationship 5) Dyadic Parent-Child Interaction Coding System	At post-treatment, children in the PCIT group had significantly greater improvements in behavior, parents reported significantly greater reductions in stress, and parent/child interactions evidenced significantly improvements in comparison to the WL control group ($p<.05$). Parent satisfaction with treatment was very high.	RCT with small sample size Level of Evidence: Moderate	

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Bagner, D.M., Sheinkopf, S.J., Vohr, B.R., & Lester, B.M. (2010). Parenting intervention for externalizing behavior problems in children born premature: An initial examination. *Journal of Developmental & Behavioral Pediatrics, 31*(3), 209-216.	Service: PCIT Purpose: To examine the efficacy of PCIT for children born prematurely and their parents. Independent Evaluation: Yes NREPP: Yes	N=28 parent/child dyads Demographics Mean age (both groups): 38.1 months; 71% male, 82% Caucasian. Comparison Random assignment to PCIT (n=14) vs WL (n=14)	Provider Qualifications: Not reported Treatment Fidelity: Coded 50% of videotaped sessions; accuracy with manual content was 94%;	Child 1) Child Behavior Checklist 2) Eyberg Child Behavior Inventory Parent 3) Parenting Stress Index-Short Form 4) The Parenting Scale Parent/Child Relationship 5) Dyadic Parent-Child Interaction Coding System	At post-treatment, significantly greater improvements were found in the PCIT group with respect to child externalizing and internalizing symptoms; parents' stress and parenting skills, and parent/child interactions in comparison to the WL control group ($p<.05$). At eight months follow-up, 90% (n=9) of children who received PCIT maintained treatment gains (data were not collected for the WL group).	RCT with small sample size Level of Evidence: Moderate	

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Berkovits, M.D., O'Brien, K.A., Carter, C.G., & Eyberg, S.M. (2010). Early identification and intervention for behavior problems in primary care: A comparison of two abbreviated versions of parent-child interaction therapy. *Behavior Therapy, 41,* 375-387.	Service Provided: 1) Primary Care PCIT (PC-PCIT), a group prevention program: Groups met 90 minutes per week over four weeks in waiting rooms of pediatric offices. 2) PCIT Anticipatory Guidance (PCIT-AG), written materials that describe PCIT's skills and techniques (self-guided). Independent Evaluation: No NREPP: Yes	N=30 parent/child dyads Demographics Mean age (both groups): 48.47 months; 71% male, 65% Caucasian. Comparison Random assignment to PC-PCIT (n=17) vs PCIT-AG (n=13).	Provider Qualifications: Graduate-level psychologists with previous experience using PCIT and completed a course. Treatment Fidelity: 1) Coded 50% randomly selected audiotaped sessions; accuracy with manual content was 98% 2) Interrater reliability was 89%	Child 1) Eyberg Child Behavior Inventory Parent 2) Parent Locus of Control-Short Form 3) Parenting Scale 4) Therapist Attitude Inventory	At post-treatment, both groups evidenced significant improvements in all child and parent outcomes ($p<.05$). Both groups were highly satisfied with treatment. For all outcomes, treatment effects were maintained at follow-up. There were no significant differences between groups at post-treatment or follow-up.	RCT with small sample size and limited measurement. Level of Evidence: Moderate	

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Chaffin, M., Silovsky, J.F., Funderburk, B., Valle, L.A., Brestan, E.V., Balachova, T., Jackson, S., Lensgraf, J., & Bonner, B.L. (2004). Parent-child interaction therapy with physically abusive parents: Efficacy for reducing future abuse reports. *Journal of Consulting and Clinical Psychology, 72*(3), 500-510.	Service Provided: 1) PCIT, 2) Enhanced PCIT (EPCIT), or 3) a Standard Community Group. Enhanced PCIT offered additional services targeting psychosocial stressors (e.g. substance abuse, domestic violence Both the PCIT and Enhanced PCIT groups also received six session orientation group to enhance treatment motivation, and a four-session group to enforce use of skills. Families who received the standard community group received the orientation group, a parenting group, and an anger management group Purpose: To examine the efficacy of PCIT to prevent child abuse recidivism Independent Evaluation: Yes NREPP: Yes	N=110 parent/child dyads Demographics Eligible children were between four and 12 years of age. No other child demographic information provided. Comparison Random assignment to PCIT, EPCIT, or Standard community group. The number of participants per group was not reported.	Provider Qualifications: Graduate and doctoral level clinicians. Treatment Fidelity: 1) Completion of fidelity checklists 2) Coded 10% of videotaped sessions: 93% accuracy with manual content	Child 1) Child Behavior Assessment System for Children 2) Child Abuse Potential Inventory 3) Child Neglect Index 4) Abuse Dimensions Inventory Parent 5) Beck Depression Inventory Parent/Child Relationship 6) Dyadic Parent-Child Interaction Coding System	Parents in PCIT and EPCIT evidenced significantly greater reductions in negative parenting in comparison to the standard community group ($p<.05$). The PCIT group evidenced significantly greater reductions in physical abuse (19%) than EPCIT (36%) and the standard community groups (49%) ($p<.05$). No significant differences between EPCIT and standard community group: although nonsignificant, parents in EPCIT had a higher number of physical abuse reports than parents in PCIT. Parents were highly satisfied with PCIT and ECPI Benefits from PCIT were partially mediated by greater changes in negative parent/child interactions.	RCT Level of Evidence: High	

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Chaffin, M. F., Beverly; Bard, David; Valle, Linda Anne; Gurwitch, Robin. (2011). A combined motivation and parent-child interaction therapy package reduces child welfare recidivism in a randomized dismantling field trial. [Randomized Controlled Trial; Research Support, U.S. Gov't, P.H.S.]. *Journal of Consulting & Clinical Psychology, 79*(1), 84-95.	Service Provided: 1) A self-motivational (SM) pretreatment component, 2) a pretreatment informational group (pretreatment SAU), 3) PCIT, and 4) a weekly parenting group (treatment SAU). The self-motivational component is a six session program derived from motivational interviewing strategies. Purpose: To test the effectiveness of PCIT in a community setting and determine effective treatment components upon future child welfare reports. Independent Evaluation: Yes NREPP: Yes	N=153 parent/child dyads of original 192; attrition due to drop out and terminated custodial rights. Demographics Aside from the majority of parents (73%) having children who were of preschool age, no other child demographic data were reported. Comparison 2x2 randomized design to 1) pretreatment SM (n=99) or SAU (n=93) and 2) PCIT (n=70) or SAU treatment (n=83).	Provider Qualifications: Master's level therapists. Treatment Fidelity: Occasional observations and coding of session content; accuracy was not reported.	Parent: 1) Readiness for Parenting Change Scale 2) Child Abuse Potential Inventory Parent/Child Relationship 3) Dyadic Parent-Child Interaction Coding System-II Other 4) Child welfare reports	Parents who received SM+PCIT evidenced significantly greater reductions in future child welfare reports based on archival data in comparison to the other three conditions ($p<.05$). Families in SM+PCIT whose children were either in the home or had shorter absences from the home had the fewest future child welfare reports.	RCT with high attrition prior to randomization Level of Evidence: Moderate	

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Chase, R.M. & Eyberg, S.M. (2008). Clinical presentation and treatment outcome for children with comorbid externalizing and internalizing symptoms. *Anxiety Disorders, 22*, 273-282.	Service Provided: PCIT Purpose: To investigate the efficacy of PCIT for co-occurring behavior problems and separation anxiety disorder (SAD) and/or internalizing symptoms. Independent Evaluation: No NREPP: Yes	N=64 parent/child dyads Demographics Mean age 4.48 years; 66% male, 77% Caucasian. Comparison ODD+SAD (n=15) vs ODD (n=49)	Provider Qualifications: Not reported Treatment Fidelity: 1) Coded 50% randomly selected audiotaped sessions; accuracy with manual content was 90% 2) Interrater reliability was 94%	Child: 1) Child Behavior Checklist 2) Eyberg Child Behavior Inventory 3) Diagnostic Interview Schedule for Children	At post-treatment, both groups evidenced significant decreases in behavior problems; children in the ODD+SAD group evidenced significant decreases in anxiety ($p<.05$) .	Quasi-experimental with small sample size and lack of random assignment. Level of Evidence: Low	

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Eyberg, S.M., Funderburk, B.W., Hembree-Kigin, T.L., McNeil, C.B., Querido, J.G., & Hood, K.K. (2001). Parent-child interaction therapy with behavior problem children: One and two-year maintenance of treatment effects in the family. *Child & Family Behavior Therapy, 23*(4), 1-20.	Service Provided: PCIT. Half of the sample received Child-Directed Interaction (CDI) first, the other half received Parent-Directed Interaction (PDI) first). Purpose: To investigate the one and two-year treatment outcomes of PCIT for youth with conduct disorder, and to determine if treatment sequence was associated with maintenance of treatment gains. The original study was conducted by Eisenstadt et al. (1993). Both groups received PCIT. Independent Evaluation: No NREPP: Yes	N=13 of 20 parent/child dyads who participated in the original study (Eisenstadt et al., 1993). Demographics: Mean age 56.8 months; all were male and primarily Caucasian (84%). Comparison CDI first (n=7) PDI first (n=6)	Provider Qualifications: Doctoral-level therapists with one-year of PCIT training were the primary therapists; graduate-level co-therapists. Treatment Integrity: 1) Therapists completed checklists of manual content; 90% of the checklist items were checked.	Child 1) DSM-III-R Structured Interview for Disruptive Behavior Disorders 2) Eyberg Child Behavior Inventory 3) Child Behavior Checklist 4) Werry-Weiss Peters Activity Rating Scale 5) Pictorial Scale of Perceived Competence and Social Acceptance for Young Children Parent 6) Parenting Stress Index 7) Therapy Attitude Inventory Parent/Child Relationship 8) Dyadic Parent-Child Interaction Coding System	There was no significant difference in treatment sequence with respect to outcomes at all time points. At post-treatment, children in both groups evidenced statistically significant improvements in behavior ($p<.05$). No improvement was found for the child's perceived competence and acceptance by their mother and peers. At post-treatment, parents evidenced statistically significant decreases in parent stress ($p<.05$). At one-year follow-up, child outcomes were maintained; among caregivers, reductions in stress in their role as parents was maintained. At two-year follow-up, only child outcomes were maintained. Parents were highly satisfied with PCIT post-treatment. Satisfaction decreased significantly at one-year follow-up, and significantly increased again at two-years follow-up ($p<.05$)	Quasi-experimental with a small sample size and lack of random assignment.	

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Funderburk, B.W., Eyberg, S.M., Newcomb, K., McNeil, C.B., Hembree-Kigin, T., & Capage, L. (1998). Parent-child interaction therapy with behavior problem children: Maintenance of treatment effects in the school setting. *Child & Family Behavior Therapy, 20*(2), 17-38.	Service Provided: PCIT Purpose: The purpose of this study was to investigate the maintenance of therapeutic effects at 12 and 18 months follow-up from a previous study (McNeil et al., 1991). Eighty-four parent/child dyads who completed a prior treatment study of PCIT. Independent Evaluation: No NREPP: Yes	N=84 parent/child dyads Demographics Demographics were provided for the treatment group only: Children were 4.8 years of age on average: all were male, 92% Caucasian. Comparison: In the original study (McNeil et al., 1991), PCIT (n=12) vs (n=72) assigned to either: a) a low problem group, b) an average group, or c) a behavior problem group.	Provider Qualifications: Not reported. Treatment Integrity: Not reported.	Child 1) Eyberg Child Behavior Inventory 2) Revised Conners Teacher Rating Scale 3) Sutter-Eyberg Student Inventory 4) Walker-McConnell Scale of Social Competence and School Adjustment: A Social Skills Rating Scale for Teachers 5) Classroom Observation Coding System to measure behavior at school	At treatment completion, children receiving PCIT evidenced significant improvements in behavior as measured by the ECBI Intensity and Problem scores ($p<.05$), and conduct as measured by the Sutter-Eyberg Student Inventory Intensity and Problem scales, and the Conners Conduct Problem factor, based upon teacher report ($p<.05$). No change in hyperactivity or inattentiveness based on teacher report. All treatment gains were maintained at 12 months post-treatment, but had regressed to pretreatment levels at 18 months post-treatment with the exception of the Conners Conduct Problem factor At 12-month follow-up, there were no significant differences between PCIT versus the low problem group; among the PCIT versus the behavior problem group, PCIT youth scored lower on compliance ($p<.05$), better on-task behavior ($p<.05$), and appropriate behavior compared to the behavior problem and average groups ($p<.05$). At 18 month follow-up, PCIT youth scored lower on compliance compared to the behavior problem group ($p<.05$) and PCIT children scored lower on on-task behavior ($p<.05$).and appropriate behavior than the behavior problem and average groups ($p<.05$).	Quasi-experimental without a control group/random assignment. Level of Evidence: Low/Moderate	

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Leung, C., Tsang, S., Heung, K., & Yiu, I. (2009). Effectiveness of parent-child interaction therapy (PCIT) among Chinese families. *Research on Social Work Practice, 19*(3), 304-313.	Service Provided: PCIT Purpose: To investigate the effectiveness of PCIT among Chinese youth and parents living in Hong Kong. Independent Evaluation: Yes NREPP: Yes	N=110 parent/child dyads Demographics: Children who received PCIT were 5.48 years of age on average; 66.7% male. Youth in the comparison group were 5.13 years of age on average (SD=1.65); 83.9% male. Comparison Non-random assignment through separate recruitment to treatment group (n=48) vs matched comparison group (n=62).	Provider Qualifications: Social work clinicians who completed a PCIT training course. Treatment Fidelity: Not reported	Child 1) Eyberg Child Behavior Inventory Parent 2) Parenting Stress Index Parent/Child Relationship 3) Dyadic Parent-Child Interaction Coding System, Abbreviated Version.	At post-treatment, children in the treatment group evidenced significantly greater improvements in behavior compared to the comparison group ($p<.05$) Parents in the treatment group evidenced significantly greater reductions in parenting stress compared to the comparison group ($p<.05$). Parent/child interactions significantly improved among the PCIT group in comparison to the comparison group ($p<.05$). All treatment gains were maintained at follow-up (between three to six months post-treatment).	Quasi-experimental with nonrandom assignment and separate recruitment. Level of Evidence: Low	

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Lyon, A.R. & Budd, K.S. (2010). A community mental health implementation of parent-child interaction therapy. *Journal of Child and Family Studies, 19, 654-668.*	Service Provided: PCIT Purpose: To investigate the effectiveness of PCIT among ethnically diverse families of low socioeconomic status. Independent Evaluation: Yes NREPP: Yes	N=12 parent/child dyads Demographics: Children were 3.7 years on average; 64% were male, 50% were African American, 29% were multiracial, and 21% were of Latino descent. Comparison Completers (n=4) and Dropouts (n=8)	Provider Qualifications Doctoral students. Therapists received training in PCIT and completed a workshop conducted by the service developer. Treatment Fidelity: 1) Coded 25% randomly selected audiotaped sessions; accuracy with manual content was 91% 2) Interrater reliability was 89%	Child 1) Child Behavior Checklist 2) Eyberg Child Behavior Inventory Parent 3) Parenting Stress Index, Short Form Parent/Child Relationship 4) Dyadic Parent-Child Interaction Coding System-III Other 5) Session attendance 6) Therapy Attitude Inventory 7) The Barriers to Treatment Participation Scale	Completers demonstrated significantly greater improvements in behavioral problems and parent/child interactions ($p<.05$), satisfaction with treatment ($p<.05$); fewer barriers to treatment, lower mean barrier levels, and a higher number of critical events than the dropout group.	Quasi-experimental with small sample size and without random assignment. Level of Evidence: Low	

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Matos, M., Bauermeister, J.J., & Bernal, G. (2009). Parent-child interaction therapy for Puerto Rican preschool children with ADHD and behavior problems; A pilot efficacy study. *Family Process, 48*(2), 232-252.	Service Provided: PCIT, culturally adapted for Puerto Rican culture, plus two sessions of psychoeducation about ADHD and treatment. PCIT was tailored by dedicating time at the beginning of each session to build rapport, translating materials into Spanish, and with respect to familism, including information about how to involve family members in treatment. Purpose: To test the efficacy of PCIT for Puerto Rican children with ADHD, and to examine maintenance of treatment gains at 3.5 month follow-up. Independent Evaluation: Yes NREPP: Yes	N=32 parent/child dyads Demographics: All children were between four and six years of age, and of Puerto Rican descent. Additional demographic information was not provided. Comparison PCIT (n=20) vs WL control group (n=12).	Provider Qualifications: Graduate level clinicians with previous clinical experience. Treatment Fidelity: Coded a random sample of videotapes; 98% accuracy was obtained.	Child 1) Disruptive Behavior Scale for Children 2) Behavioral Assessment System for Children-Parent Rating Scale 3) Diagnostic Interview Schedule for Children IV-Parent Version 4) Children's Global Assessment Scale 5) Eyberg Child Behavior Inventory Parent 6) Parent Practices Inventory 7) Beck Depression Inventory (BDI) 8) Treatment Evaluation Scale 9) Therapist Attitude Inventory Parent/Child Relationship 10) Family Experience Inventory	At post-treatment, children who received PCIT evidenced significantly greater decreases in attention-deficit and behavior problems ($p<.05$); mothers in the PCIT group showed significantly greater reductions in parenting stress related to the child ($p<.05$); there was no change in parental depression. All treatment gains were maintained at follow-up.	RCT with small sample size and limited measurement. Level of Evidence: Moderate.	

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McCabe, K. & Yeh, M. (2009). Parent-child interaction therapy for Mexican Americans: A randomized clinical trial. *Journal of Clinical Child & Adolescent Psychology, 38*(5), 753-759.	Service Provided: 1) PCIT, 2) Guiando a Niños Activos (GANA), a culturally adapted version of PCIT for Mexican American families, 3) Treatment as usual (TAU) (eclectic therapy). GANA retained the core components of PCIT, but extended the duration of sessions to facilitate rapport, added an engagement protocol and content relevant to the Mexican American culture Purpose: To examine the effect of a culturally-adapted version of PCIT for Mexican American families Independent Evaluation: Yes NREPP: Yes	N=58 parent/child dyads Demographics: Children were 3 to 7 years of age, primarily male (76.2% of youth who received GANA, 73.7% of youth in PCIT, and 61.1% in the TAU group); all identified as Mexican American. Comparison: Random assignment to PCIT (n=19), GANA (n=21), or TAU (n=18).	Provider Qualifications: Bilingual masters and doctoral-level students in social work and psychology. Providers received 40 hours of training in GANA or PCIT. Treatment Fidelity: 1) Completion of session checklists, 77% items were checked 2) 25% of videotapes were coded by two coders: interrater reliability was 85%.	Child 1) Child Behavior Checklist 2) Eyberg Child Behavior Inventory 3) Early Childhood Inventory Parent 4) Parenting Stress Index 5) Parenting Practices Scale Parent/Child Relationship 6) Dyadic Parent-Child Interaction Coding System	At post-treatment, children in both PCIT and GANA groups evidenced significant improvements in behavior ($p<.05$), parents showed significant improvements in stress and parenting behaviors ($p<.05$), parent/child interactions showed greater improvements ($p<.05$); and treatment satisfaction was significantly higher than TAU ($p<.05$). Fathers in GANA were significantly more likely to attend more sessions than fathers receiving TAU ($p<.05$) There were no significant difference between GANA and PCIT on any measure.	RCT with small sample size. Level of Evidence: Moderate	

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McNeil, C.B., Capage, L.C., Bahl, A., & Blanc, H. (1999). Importance of early intervention for disruptive behavior problems: Comparison of treatment and waitlist-control groups. *Early Education & Development, 10*(4), 445-454.	Service Provided: PCIT Purpose: To examine the effectiveness of PCIT for youth with behavior problems. Independent Evaluation: Yes NREPP: Yes	N=32 parent/child dyads Demographics: Children were 60 months of age on average, 75% male, 88% Caucasian. Comparison: PCIT (n=18) vs WL (n=14) Assignment based upon provider availability.	Provider Qualifications: Doctoral-level psychology students and licensed psychologists. Licensed psychologists had previous experience with PCIT, but their level of experience was not noted. Treatment Fidelity: Not reported	Child 1) Child Behavior Checklist 2) Eyberg Child Behavior Inventory Parent 3) Parenting Stress Index	At post-treatment, children in the treatment group evidenced significantly greater improvements in behavior at ($p<.05$), and their parents evidenced significantly greater improvements in parent stress than the comparison group ($p<.05$).	Quasi-experimental, with non-random assignment, limited measurement, and small sample size Level of Evidence: Low	

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Nixon, R.D.V. (2001). Changes in hyperactivity and temperament in behaviourally disturbed preschoolers after Parent-Child Interaction Therapy (PCIT). *Behaviour Change, 18*(3), 168-176.	Service Provided: PCIT Purpose: To examine the effectiveness of PCIT for preschool youth and their parents. Independent Evaluation: Yes NREPP: Yes	N=34 parent/child dyads Demographics: Australian sample. Treatment and WL groups were 46.64 months old on average; 74% male. Race was not reported. The social validation group was 44.71 months on average; 71% male. Comparison Random assignment to PCIT (n=17) or WL control (n=21). Twenty-one (n=21) children served as a social validation (SV) comparison group.	Provider Qualifications: Not reported Treatment Fidelity: Not reported	Child 1) Structured Interview for Disruptive Behavior Disorders 2) Eyberg Child Behavior Inventory 3) The Short Temperament Scale for Children	At treatment completion, children in the PCIT group evidenced significantly greater improvements in behavior than the WL group ($p<.05$), both PCIT and WL children evidenced significantly greater problem behaviors and difficult temperaments in comparison to the SV group ($p<.05$); PCIT and SV youth were comparable with respect to ADHD symptoms, and significantly less severe than the WL group at post-treatment ($p<.05$). At six month follow-up, there was no significant differences between the PCIT an SV groups in behavior or severity of ADHD symptoms; however, youth in the PCIT condition were assessed as having more difficult temperaments in comparison to the SV group based on mother self report.	RCT with small sample size and limited measurement Level of Evidence: Moderate	

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Nixon, R.D.V., Sweeney, L., Erickson, D.B., & Touyz, S.W. (2003). Parent-child interaction therapy: A comparison of standard and abbreviated treatments for oppositional defiant preschoolers. *Journal of Consulting and Clinical Psychology, 71*(2), 251-260. Nixon, R.D., Sweeney, L., Erickson, D.B., & Touyz, S.W. (2004). Parent-child interaction therapy: One and two-year follow-up of standard and abbreviated treatments for oppositional preschoolers. *Journal of Abnormal Child Psychology, 32* (3), 263-271	Service Provided: 1) Standard PCIT (STD) 2) Abbreviated PCIT (ABB) ABB consisted of five telephone consultations and five in person meetings. Parents also viewed videotapes that demonstrated skills. Purpose (Nixon et al., 2003): To determine the effectiveness of PCIT for preschoolers with conduct problems Purpose (Nixon et al., 2004): To examine the maintenance of treatment gains at one and two-year follow-up. Independent Evaluation: Yes NREPP: Yes	Population of all studies are subsets of Nixon et al. (2003): N=54 parent/child dyads Demographics: Australian sample. STD and ABB youth were 46.75 months of age on average. 70% were male. Comparison: Random assignment to STD (n=17), ABB (n=20), or WL control (n=17). An additional 21 youth served as a social validation (SV) comparison group. Nixon et al. (2004) One-year follow-up sample: N=36 parent/child dyads Comparison PCIT (n=16) vs ABB (n=20). Two-year follow-up sample: N=35 parent/child dyads Comparison PCIT (n=16) vs ABB (n=19). Note: The WL group only provided pre and post-treatment data because they were offered the intervention. Data from the SV group were not analyzed at two-year follow-up	Provider Qualifications: Doctoral-student clinician Treatment Fidelity: 1) Coded 20% randomly selected video or audiotaped sessions; accuracy with manual content was 99.6%. 2) Interrater reliability was 98.9%	Nixon et al. (2003): Child 1) DSM-IV Structured Interview for Disruptive Behavior Disorders 2) Eyberg Child Behavior Inventory 3) Child Behavior Checklist 4) Home-Based Situations Questionnaire (Modified) Parent 5) Parenting Stress Index 6) Parenting Scale 7) Parent Sense of Competence 8) Parent Locus of Control Scale Parent/Child Relationship 9) Dyadic Parent-Child Interaction Coding System-II Nixon et al. (2004) *Instruments at one-year follow-up:* Child 1) Eyberg Child Behavior Inventory Parent 2) Parenting Stress Index 3) Parenting Scale Parent/Child Relationship 4) Dyadic Parent-Child Interaction Coding	At post-treatment (Nixon et al., 2003), children in the STD and ABB groups evidenced significantly greater improvements in behavior in comparison to the WL group (p<.05); Parental report was mixed across treatment conditions; for example, fathers reported significant decreases in ODD behaviors in contrast to the WL group (p<.05); this difference was not observed in the ABB group. No significant differences between groups were found with respect to the CBCL. At post-treatment, mothers in the ABB group reported significantly less stress related to parenting post-treatment in comparison to WL mothers (p<.05); this difference was not observed among the STD group. At post-treatment, both PCIT and ABB mothers evidence significantly greater parent/child interaction (p<.05, parenting satisfaction (p<.05, control (p<.05, and significantly greater decreases in overactive parenting in comparison to the WL condition (p<.05). No significant differences between STD and ABB mothers emerged. Treatment gains were maintained at six months follow-up for the PCIT and ABB groups. At one-year follow-up (Nixon et al., 2004), children in PCIT and ABB evidenced significant improvements in behavior based on mother and father report (p<.05). Clinical observation did not	RCT with small sample size. Level of Evidence: Moderate	

		because of a poor response rate.		System-II. *Instruments at two-year follow-up:* <u>Child</u> 1) The NIMH Diagnostic Interview Schedule for Children Version IV 2) Eyberg Child Behavior Inventory 3) Child Behavior Checklist <u>Parent</u> 4) Beck Depression Inventory	find a treatment effect for deviant behavior, child compliance, or maternal critical statements. At one-year follow-up, both treatment groups maintained improvements at post-treatment, although mothers in the ABB condition praised their children significantly more than mothers in the STD group ($p<.05$). At two-year follow-up, children in the treatment groups continued to evidence improvements in behavior; no significant differences between treatment groups was observed.		

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Pade, H., Taube, D.O., Aaloborg, A.E., & Reiser, P.J. (2006). An immediate and long-term study of a temperament and parent-child interaction therapy based community program for preschoolers with behavior problems. *Child & Family Behavior Therapy, 28*(3), 1-28.	Service Provided: Modified PCIT, called TOTS. TOTS retained the CDI and PDI phases of PCIT, but offered the treatment in a group setting, addressed temperament, and shortened the length of treatment to ten sessions, each two hours in length. Purpose: To evaluate the effectiveness of TOTS, a modified PCIT treatment for preschool children delivered in a community-based setting (Kaiser Permanente). Independent Evaluation: Yes NREPP: Yes	N=73 parent/child dyads at post-treatment N=23 at follow-up due to attrition. Demographics Children were four years of age on average; 79% were male; 88% were Caucasian. Comparison None	Provider Qualifications: Not reported Treatment Fidelity: Not reported	Child 1) Eyberg Child Behavior Inventory 2) Carey Temperament Scales Parent 3) Parenting Stress Index 4) Marlow-Crowne Social Desirability Scale. Parent/Child Relationship 5) Health Service Use Questionnaire	At treatment completion, children evidenced significant decreases in behavior problems ($p<.05$), parents evidenced significant decreases in stress ($p<.05$). At 5 to 6 years follow-up, children maintained significant decreases in problem behavior as measured by the ECBI intensity score, but did not evidence significant changes from pretreatment as measured by the ECBI Problem scores. Due to high attrition, follow-up data pertaining to parent stress were not analyzed. Greater than 75% of the follow-up sample utilized additional treatment after completing PCIT. Additional analyses of correlations between measures was conducted; results showed positive correlations between temperament intensity and behavior scores	One group pre-post design without a control group, limited measurement, and small sample size at follow-up.	

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Phillips, J., Morgan, S., Cawthorne, K., & Barnette, B. (2008). Pilot evaluation of parent-child interaction therapy delivered in an Australian community early childhood clinic setting. Australian and New Zealand *Journal of Psychiatry, 42*, 712-719.	Service Provided: PCIT Purpose: To examine the effectiveness of PCIT delivered in a community setting in Australia. Independent Evaluation: Yes NREPP: Yes	N=43 parent/child dyads Demographics: Australian sample. Children were 33.8 months of age on average; 67.4% were male. Racial characteristics were not described aside from stating that 34% were from a cultural background other than Australian. Comparison: None	Provider Qualifications: Not reported Treatment Fidelity: Not reported	Child 1) Child Behavior Checklist 2) Eyberg Child Behavior Inventory Parent 3) Parenting Stress Index 4) Depression, Anxiety, and Stress scale 5) Therapy Attitude Inventory	At treatment completion, children evidenced significant improvements in behavior ($p<.05$), parents evidenced significant reductions in stress, depression, and anxiety ($p<.05$). Effect sizes were in the moderate range for child behavior, small for parent stress, depression, and anxiety. . Parents were highly satisfied with treatment.	One group pre-post design with a small sample size, limited measurement, and lack of a comparison group.	

Citation for Article	Service as Described in Article; Purpose of Study	Population /N/ Comparison Group	Provider Qualifications; Fidelity	Outcome(s) Measured; Instruments Used	Evidence of Effectiveness	Level of Evidence	Other Comments
Schuhmann, E.M., Foote, R.C., Eyberg, S.M., Boggs, S.R., & Algina, J. (1998). Efficacy of parent-child interaction therapy: Interim report of a randomized trial with short-term maintenance. *Journal of Clinical Child Psychology, 27*(1), 34-45. Boggs, S.R., Eyberg, S.M., Edwards, D.L., Rayfield, A., Jacobs, J., Bagner, D., & Hood, K.K. (2004). Outcomes of parent-child interaction therapy: A comparison of treatment completers and study dropouts one to three years later. *Child & Family Behavior Therapy, 26*(4), 1-23. Hood, K.K. & Eyberg, S.M. (2003). Outcomes of parent-child interaction therapy: Mothers' reports of maintenance three to six years after treatment. *Journal of Clinical Child and Adolescent Psychology, 32*(3), 419-429. Fernandez, M.A., Butler,	Service Provided: PCIT Purpose (Schuhmann et al. 1998): To examine the effectiveness of PCIT for preschool children with behavioral problems Purpose (Boggs et al. 2004): To investigate maintenance effects among 23 parent/child dyads that completed PCIT in comparison to 23 dyads that dropped out prior to completion. Purpose (Hood & Eyberg, 2003): To study the stability of treatment effects three and six years post-treatment. The secondary purpose was to examine predictors of treatment effects. Purpose (Fernandez et al., 2011): The purpose of this study was to investigate the efficacy of PCIT for African American	Populations of Boggs et al. (2004) and Hood & Eyberg (1998) are subsets of Schuhmann et al. (1998). Fernandez et al.'s (2011) sample is a subset of Schuhmann et al. 1998 and Eyberg et al., 1995. Schuhmann et al. (1998): N=64 parent/child dyads Demographics Children were 59.2 months of age on average; 81% were male; 77% were Caucasian. Comparison Random assignment to either 1) PCIT (n=37), vs 2) WL control (n=27). Boggs et al. (2004) N=23 parent/child dyads Demographics Average age was 6.7 years of age; 78% male, 74% Caucasian. Comparison Completers (n=23) vs Dropouts (n=23) Hood & Eyberg (2003) Completers (n=23) parent/child	Provider Qualifications: Masters-level clinical psychologists with either prior experience delivering PCIT or had read the treatment protocol, and observed a case. Treatment Fidelity: 1) Coded 50% randomly selected videotaped sessions; accuracy with manual content was 97% 2) Interrater reliability was 96%	Schuhmann et al., 1998 Child 1) DSM-III Structured Interview for Disruptive Behavior Disorders 2) Eyberg Child Behavior Inventory 3) Early Childhood Inventory Parent 4) Parenting Stress Index 5) Beck Depression Inventory (BDI) 6) Dyadic Adjustment Scale 7) Parenting Practices Scale 8) Parent Locus of Control 9) Therapy Attitude Inventory Parent/Child Relationship 10) Dyadic Parent-Child Interaction Coding System Boggs et al., 2004 Child 1) DSM-III Structured Interview for Disruptive Behavior 2) Eyberg Child Behavior Inventory (ECBI) Parent 3) Parenting Stress Index 4) Parenting Locus of Control-Short Form 5) Therapist Attitude Inventory Hood & Eyberg, 2003 Child	At treatment completion (Schuhmann et al., 1998): Child behavior ($p<.05$), parent stress ($p<.05$), and parent/child interactions significantly improved in comparison to the WL control group ($p<.05$). No significant differences between groups with respect to the Beck Depression Inventory or the Dyadic Adjustment Scale, which is expected as parents did not report marital discord at pretreatment, and scored in the mild to not depressed range for depression. Consumer satisfaction was high; no significant differences between groups. At four months follow-up, treatment gains were maintained. However, analysis included only 25 families as the study was ongoing at the time of publication. At one to three years follow-up (Boggs et al. 2004): Completers evidenced significant improvements in child behavior ($p<.05$);and parenting stress at follow-up ($p<.05$); No improvement was found among the group that terminated prematurely. Completers rated satisfaction higher than those who dropped out. At three to six years follow-up (Hood & Eyberg, 2003), significant improvements in behavior ($p<.05$) and parent control ($p<.05$) was maintained, with large effect sizes for differences between pretreatment and	RCT with possible bias due to small sample size and high attrition at follow-up Level of Evidence: Moderate/High	

A.M., & Eyberg, S.M. (2011). Treatment outcome for low socioeconomic status African American families in parent-child interaction therapy: A pilot study. *Child & Family Behavior Therapy, 33,* 32-48.	families of low socioeconomic status. Independent Evaluation: No NREPP: Yes	dyads Demographics Average age was 115.04 months; 70% male, 83% Caucasian. Comparison None (Fernandez et al., 2011): N=18 parent/child dyads Demographics Children were 4.5 years of age; 89% male, 94% African American (one biracial).		1) Eyberg Child Behavior Inventory Parent 2) Parenting Locus of Control-Short Form 3) Beck Depression Inventory-II Fernandez et al., 2011 Child 1) DSM-III-R Structured Interview 2) Diagnostic Interview Schedule for Children 3) Eyberg Child Behavior Inventory Parent 4) Beck Depression Inventory-II 5) Parenting Stress Index Short Form	follow-up. No significant differences in parent depression between pre and post-treatment. (Fernandez et al., 2011): Results showed significant improvements in behavior from pre to post-treatment ($p<.05$); there were no significant changes in parent stress or depression.		

Citation for Article	Service as Described in Article; Purpose of Study	Population /N/ Comparison Group	Provider Qualifications; Fidelity	Outcome(s) Measured; Instruments Used	Evidence of Effectiveness	Level of Evidence	Other Comments
Solomon, M., Ono, M., Timmer, S., & Goodlin-Jones, B. (2008). The effectiveness of parent-child interaction therapy for families of children on the autism spectrum. *Journal of Autism and Developmental Disorders, 38*, 1767-1776.	Service Provided: PCIT Purpose: To determine the effectiveness of PCIT for boys between five and 12 years of age with comorbid autism spectrum disorders and behavioral problems. Independent Evaluation: Yes NREPP: Yes	N=19 parent/child dyads Demographics: Children were 8.2 years of age on average; all were male. Racial composition was not provided. Comparison: Matched pairs randomly assigned to PCIT first (n=10) or PCIT second (n=9). The PCIT second group served as the comparison group.	Provider Qualifications: Master's level therapists who either received training in PCIT or shadowed a therapist who received training. Treatment Fidelity: Authors report no formal methods of fidelity were used, although the authors mention regular meetings to review tapes and discuss coding.	Child 1) Eyberg Child Behavior Inventory 2) Behavior Assessment System for Children Parent Rating Scales Parent 3) Parenting Stress Index-Short Form Parent/Child Relationship 4) Shared Positive Affect Coding (to evaluate shared affect between parent and child)	At treatment completion, children who received PCIT evidenced significant improvements in behavior as measured by the ECBI Problem Scale ($p<.05$), adaptability ($p<.05$), and were rated as significantly less atypical in comparison to the comparison group ($p<.05$). No significant improvements in behavior in either group as measured by the ECBI Intensity Scale, the Attention Problems scale and the Aggression scale; no significant improvements in anxiety. Both groups evidenced significant improvements in Leadership and Social Skills. Parent Stress was high among both samples, at pretreatment and there was no change from pre to post-treatment, or between groups at post-treatment. Shared positive affect and parent positive affect increased as treatment progressed (the change in child positive affect was not significant, but was for the parent).	Experimental design, with random assignment to treatment sequence. Lack of true randomization and small sample size. Level of Evidence: Moderate	

Citation for Article	Service as Described in Article; Purpose of Study	Population /N/ Comparison Group	Provider Qualifications; Fidelity	Outcome(s) Measured; Instruments Used	Evidence of Effectiveness	Level of Evidence	Other Comments
Thomas, R. & Zimmer-Gembeck, M.J. (2009). Accumulating evidence for parent-child interaction therapy in the prevention of child maltreatment. *Child Development, 81*(1), 177-192.	Service Provided: 1) PCIT or 2) Attention Only (AO). Attention Only consisted of weekly check-ins with parents to discuss their concerns about their family and other issues. Purpose: The purpose of this study was to examine the effectiveness of PCIT for child maltreatment. Independent Evaluation: Yes NREPP: Yes	N=150 parent/child dyads Demographics: An Australian sample. Children were five years of age on average; 71% were male. Racial/ethnic characteristics were not provided. Comparison Random assignment to PCIT (n=99) vs AO (n=51).	Provider Qualifications: Master's level psychologists with prior practice experience. Treatment Fidelity: The authors state that integrity was provided by routine supervision.	Child 1) Eyberg Child Behavior Inventory Parent 2) Parenting Stress Index 3) Child Abuse Potential Inventory Parent/Child Relationship 4) Dyadic Parent-Child Interaction Coding System-III Other 5) Records of child welfare reports	At treatment completion, the PCIT group evidenced significantly greater improvements in behavior problems based on parent report than the AO group ($p<.05$), and moderate effect sizes were found. No change in behavior problems was found based on teacher report. Parents in the PCIT group evidenced significantly greater reductions in parenting stress (medium effect sizes) and greater improvements in parent/child interaction (large effect sizes) ($p<.05$) No change between groups with respect to child abuse potential from pre to post-treatment. At one month post-treatment, findings were similar to post-treatment, with the following exceptions: 1) there were also significant differences between groups with respect to parent-report internalizing symptoms ($p<.05$), and 2) a greater number of parents in the PCIT group evidenced clinically significant reductions in child abuse potential ($p<.05$). Parents who completed treatment were significantly less likely to be reported to child protective services than those who dropped out ($p<.05$).	RCT Level of Evidence: High	

Citation for Article	Service as Described in Article; Purpose of Study	Population /N/ Comparison Group	Provider Qualifications; Fidelity	Outcome(s) Measured; Instruments Used	Evidence of Effectiveness	Level of Evidence	Other Comments
Timmer, S.G., Urquiza, A.J., Zebell, N.M., & McGrath, J.M. (2005). Parent-child interaction therapy: Application to maltreating parent-child dyads. *Child Abuse & Neglect, 29,* 825-842.	Service Provided: PCIT Purpose: To examine the effectiveness of PCIT upon child maltreatment and problem behaviors among youth who have been maltreated versus those with no history of maltreatment. Both groups received PCIT. Independent Evaluation: Yes NREPP: Yes	N=136 parent/child dyads Demographics: Children were between 4.58 years on average; 67.1% were male; 42.3% were Caucasian, and 42.3% were Latino; the remainder were African American. Comparison: Maltreatment history (n=91) No history (n=45).	Provider Qualifications: Not reported Treatment Fidelity: Not reported	Child 1) Child Behavior Checklist 2) Eyberg Child Behavior Inventory Parent 3) Child Abuse Potential Inventory 4) Parenting Stress Index 5) Symptom Checklist 90-R Other 6) Records of child maltreatment from providers (e.g. social workers) and the legal system.	At treatment completion, both groups evidenced significant improvements in behavior ($p<.05$), and parenting stress ($p<.05$); no significant differences between groups, although maltreated children evidenced smaller improvements in behavior in comparison to children without a history of maltreatment. No significant difference between groups with respect to the parents' psychological functioning, child abuse potential, and risk for future abuse.	Quasi-experimental without random assignment, and limited measurement. Level of Evidence: Low	

Citation for Article	Service as Described in Article; Purpose of Study	Population /N/ Comparison Group	Provider Qualifications; Fidelity	Outcome(s) Measured; Instruments Used	Evidence of Effectiveness	Level of Evidence	Other Comments
Timmer, S.G., Urquiza, A.J., & Zebell, N. (2006). Challenging foster caregiver-maltreated child relationships: The effectiveness of parent-child interaction therapy. *Children and Youth Services Review, 28*, 1-19.	Service Provided: PCIT. Purpose: To determine the impact of PCIT upon reducing behavior problems among children in foster care. Both groups received PCIT. Independent Evaluation: Yes NREPP: Yes	N=163 of 385 parent/child dyads who participated in the original study. Demographics: Children were 4.47 years of age on average, 61.6% were male, 55% Caucasian. Note: demographics were provided for the original study only. Study Population: Biological parent/child dyads (n=98) vs foster parent/child dyads (n=75)	Provider Qualifications: Not reported Treatment Fidelity: Not reported	Child 1) Child Behavior Checklist 2) Eyberg Child Behavior Inventory Parent 3) Child Abuse Potential Inventory 4) Parenting Stress Index 5) The Symptom Checklist 90-R Other 6) Records of child maltreatment from providers (e.g. social workers, therapists) and the legal system.	At treatment completion, both groups evidenced significant improvements in behavior ($p<.05$); smaller gains were shown for children in foster care. At treatment completion, parents in both groups showed significant improvements in child abuse potential, psychological functioning, and symptoms ($p<.05$); foster parents made smaller gains in reducing child abuse potential than biological parents..	Quasi-experimental, without random assignment, attrition, and limited measurement. Level of Evidence: Low	

Citation for Article	Service as Described in Article; Purpose of Study	Population /N/ Comparison Group	Provider Qualifications; Fidelity	Outcome(s) Measured; Instruments Used	Evidence of Effectiveness	Level of Evidence	Other Comments
Timmer, S.G., Ware, L.M., Urquiza, A.J., & Zebell, N.M. (2010). The effectiveness of parent-child interaction therapy for victims of interparental violence. *Violence and Victims, 25*(4), 486-503.	Service Provided: PCIT Purpose: To examine the effectiveness of PCIT among child/mother dyads that experienced interpersonal violence (IPV). Both groups received PCIT. Independent Evaluation: Yes NREPP: Yes	N=129 parent/child dyads Demographics: Children were 4.6 years of age on average; 66.7% male, 61% Caucasian. Comparison Exposed to IPV (n=62) Not exposed to IPV (n=67).	Provider Qualifications: Not reported Treatment Fidelity: Not reported	Child 1) Child Behavior Checklist 2) Eyberg Child Behavior Inventory Parent 3) Parent Stress Index Short Form 4) Symptom Checklist 90-R 5) Brief Symptom Inventory Other 6) Records of child maltreatment from providers and the legal system.	At treatment completion, both groups evidenced significant improvements in child behavior ($p<.05$); parents' psychological distress ($p<.05$), and stress related to their child and their parenting role ($p<.05$). Parental distress was unchanged. Treatment completers reported significantly greater improvements in child behavior than those who only received the first phase of treatment ($p<.05$).	Quasi-experimental, with non-random assignment and limited measurement. Level of Evidence: Low	

SAMHSA – Assessing the Evidence Base: Reviews and meta-analyses

Service: Parent-Child Interaction Therapy (PCIT) Name of Reviewer: Mary Cavaleri

Citation for Article	Service as Described in Article; Purpose of Study	Population /N/ Comparison Group	Provider Qualifications; Fidelity	Outcome(s) Measured; Instruments Used	Evidence of Effectiveness	Level of Evidence	Other Comments
Thomas, R. & Zimmer-Gembeck, M.J. (2007). Behavioral outcomes of parent-child interaction therapy and triple p positive parenting program: A review and meta-analysis. *Journal of Abnormal Child Psychology, 35*, 475-495.	Service Provided: PCIT, Abbreviated PCIT, Enhanced PCIT. Purpose: This article was a meta-analysis of 24 outcome studies of PCIT and Triple P-Positive Parenting Program published between 1980 and 2004. Note: of 13 PCIT articles identified, reviewed here are the six articles that were published between 1995 and later and met inclusion criteria. 1) Nixon (2001) 2) Nixon et al. (2003) 3) Nixon et al. (2004) 4) Chaffin et al. (2004) 5) Schuhlmann et al. (1998) 6) Hood & Eyberg (2003) Independent Evaluation: Yes NREPP: Yes	Study Population: Children between the ages of three and 12 and their parents/primary caregivers.	Provider Qualifications: Most therapists are master's level clinicians or graduate students in training. Treatment Fidelity: For most studies, treatment integrity was maintained by calculating accuracy between sessions and the manual content by coding a random selection of videotapes, and enlisting a second researcher to code a random selection of already coded tapes to determine the interrater reliability between coders.	Child 1) Eyberg Child Behavior Inventory 2) Child Behavior Checklist 3) DSM Parent: 4) Parenting Stress Index 5) Parent Locus of Control 6) Parenting Satisfaction Parent/Child Relationship 7) Dyadic Parent-Child Interaction Coding System	Outcomes: Child: One group, pre-test/post-test Large effect sizes (ES) for child behavior from pre to post-treatment based on parent report (-1.31 and -.83); ES from pretreatment to follow-up changes in behavior was -1.10 for mother report, but negligible for father and teacher report, and clinical observation. Outcomes: Treatment versus comparison ES were medium to large (range .61 to 1.45) for children who received treatment for mother and father reports of child behavior, but negligible for clinically observed behavior. Mothers whose children were compared to nonclinical groups rated their children as evidencing significantly greater decreases in behavior; further, large ES (1.21-1.57) were found for teacher reports of child behavior (again, in comparison to nonclinical comparison groups). Teachers rated children in PCIT as evidencing significantly greater improvements in negative behaviors comparative to a clinical comparison group (-1.16), but no significant observations were found for positive school behaviors. Abbreviated PCIT No significant differences between abbreviated PCIT and wait list groups were found, except for comparisons between children in PCIT and a nonclinical comparison group: in these cases, mothers rated their children as significantly improved (-1.57), yet no observed effect was found.	Nine of the 13 studies were RCTs; two were nonrandom trials, and two studies had one sample, all of whom received the intervention. Limitations discussed individually, but many of the studies were limited by a small sample size and limited measurement. Level of Evidence: Moderate	

					Enhanced PCIT A large effect size was found for parents report of child behavior (-.83) among parents with a history of maltreatment and PCIT + a motivational component in comparison to services as usual (-2.16). Parent Change: One Group Pre-test/Post-test Effect sizes were large for changes in parent outcomes based on self-report (1.11-3.11) and medium to larger for clinic observations (.61 to .94) except for one study of negative parenting by fathers, which was nonsignificant. Parenting: Treatment versus Comparison group. Greater improvement was found for parents who participated in PCIT versus a waitlist control group: all ES for fathers were large and significant (.76 to 5.67), and for mothers (-1.03) compared to nonclinical community groups. Maternal self report of their parenting also produced large and significant ES (-1.59). Abbreviated PCIT Medium to large ES were found for positive changes in parenting (but not negative changes) and mother report of parenting (-.74). Moderate to large ES were found for clinically observed negative parenting behavior (-.82) and mother self-report of their behavior (-.75) in comparison to a community group. Enhanced PCIT Large ES (.86 to 4.79) were found with respect to all parent measures for Enhanced PCIT + a motivational component in comparison to a community group that received information, and for improvements in both positive and negative parenting based on parent self report and clinic observation (ranged from .86 to 4.79).		