A Standardized Evaluation of PCIT Adapted for Older Children

Erinn J. Victory, Katherine Gibson, Hannah Hoch, Robin Han, Tara Motzenbecker, Caroline Harvey, Corey Lieneman, Rachel Funnell & Cheryl B. McNeil

INTRODUCTION

- PCIT has been adapted for children over the age of 7 years and resulted in improved disruptive behavior and parenting skills¹⁻³
- Adaptations have been unstandardized, with some removing time-outs², introducing incentive charts or restrictions of privileges³, or adjusting parent mastery criteria^{1,3}
- To standardize PCIT adaptations for older children, a research development manual was published⁴, but no studies have reported its treatment outcomes

Study Aim

• Evaluate effectiveness of the standardized adaptation of PCIT for Older Children (PCIT-OC)

METHOD

- Four PCIT clinicians provided treatment outcomes for 22 PCIT-OC cases
- Average length = 20.29 sessions
- 41% Graduated, 41% Dropped out, 18% Ongoing
- Abbreviated Demographics:

| Characteristic | % of Participants |
|--------------------------|-----------------------------------|
| Child Gender | 64% Female 36% Male |
| Child Race | 86% White 5% Black 5% Asian |
| Child Ethnicity | 96% Non-Hispanic |
| Child Referral Diagnoses | 41% ODD 36% ADHD |
| Caregiver Gender | 51% Male 47% Female |

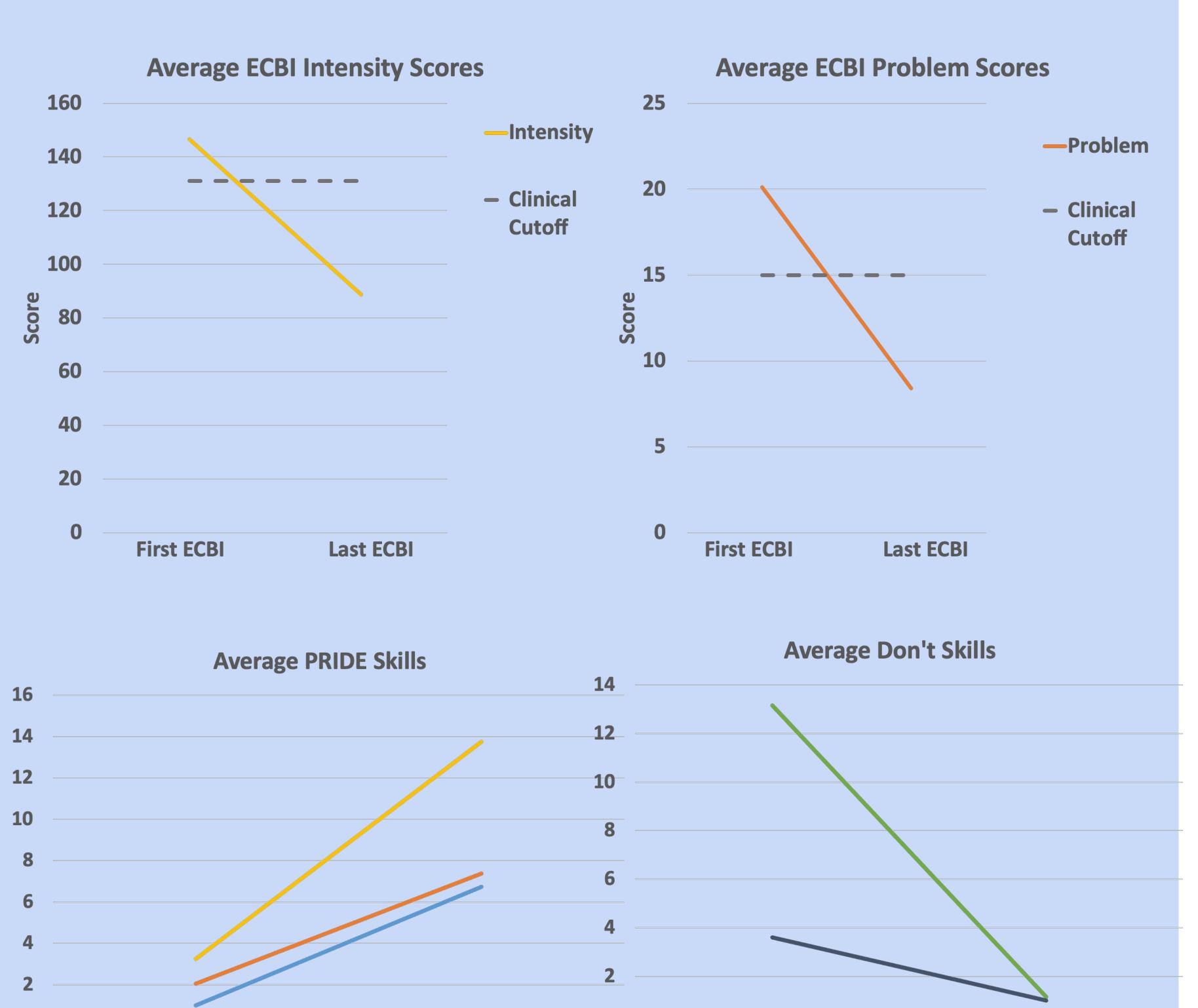
• Analyzed ECBI and DPICS data from pre-treatment to final assessment

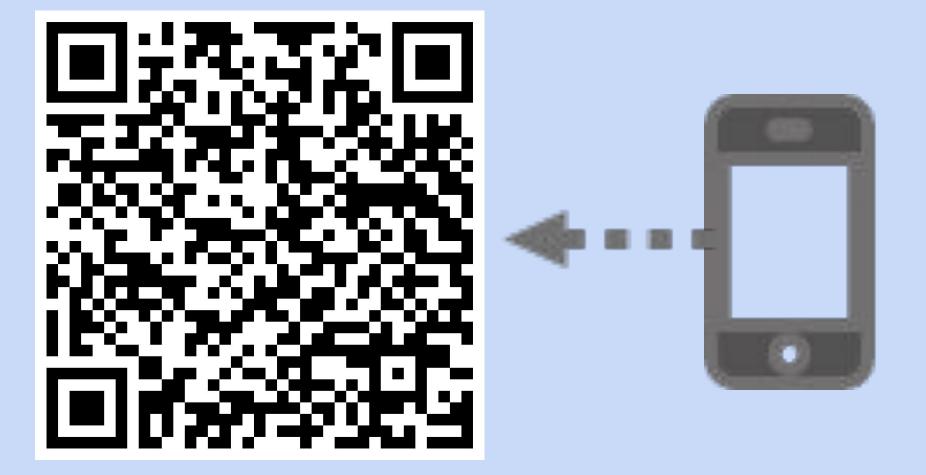
PCIT for Older Children

significantly improved

child behavior and

parenting skills





Last DPICS

—Reflections —Labeled praises

First DPICS

Behavior descriptions

Scan the QR code for more information! ejv00003@mix.wvu.edu

—Questions —Commands —Negative talks

First DPICS

Last DPICS

RESULTS

- Paired-samples t-tests
- Significant decrease in ECBI Intensity scores from pre-treatment to final assessment, t(17) = 9.19, p < .001, d = 2.17
- Significant decrease in ECBI Problem scores from pre-treatment to final assessment, t(17) = 8.64, p < .001, d = 2.04
- Significant increase in caregivers' use of PRIDE skills from pre-treatment to final observation, t (19) = -8.42, p < .001, d = -1.88
- Significant decrease in caregivers' use of negative parenting skills from pre-treatment to final observation, t(19) = 5.93, p < .001, d = 1.33
- Reasons for treatment drop out:
- Resolution of the presenting concern (33%)
- Transition to alternative treatments (33%)
- Scheduling difficulties (11%)
- Parent stress (11%)
- Dissatisfaction with treatment (11%)

DISCUSSION

- This investigation is the first to report family treatment outcomes using the standardized
 PCIT-OC protocol
- There were significant reductions in child disruptive behaviors and improvements in observed parenting skills, despite more than half of the reported cases not completing treatment
- Reasons for treatment termination varied, with approximately one-third of cases terminating due to the resolution of presenting concerns
- Future studies should
 - 1) Examine caregiver acceptance of PCIT-OC for families with children in this age range
 - 2) Investigate PCIT-OC using a control group and a more representative sample