

Evidence Based Practices for Children with Attention-Deficit and Disruptive Behavior Disorders
Recommendations for
CMHS Mental Health Block Grant Funds for Programs for Children or Adolescents with SED
State Fiscal Year 2008

(updated 3/6/07)

	The Incredible Years (IY)	Parent-Child Interaction Therapy (PCIT)
Overview	<p>The Incredible Years training series is a set of comprehensive, multi-faceted, and developmentally-based group interventions for parents (BASIC (young child and school-age versions), ADVANCE, and SCHOOL), teachers (TEACHER), and children (Child Dinosaur) designed to promote emotional and social competence and to prevent, reduce, and treat disruptive behavior in children.</p> <p>For children diagnosed with ADHD and/or disruptive disorders, the minimum core programs are the BASIC and ADVANCE parenting programs. The following additional programs may be offered: SCHOOL parenting program if child has academic problems, TEACHER program if child's problems are pervasive at home and school, Child Dinosaur Program if child's problems are pervasive at home and at school.</p>	<p>Parent-Child Interaction Therapy is an intervention that was developed to treat the parent-child dyad in families with children ages 2-7 who exhibit behavioral problems that are interfering with the child's success outside of the home and creating chaos in the home. The therapist works directly with the parent-child dyad by coaching the parent in interaction skills during the therapy session. The treatment is designed to help parents manage their child's behavior more effectively by building a warm and responsive relationship with their child and improving their ability to set limits and respond appropriately to misbehavior. PCIT has been adapted for older children (8 to 12) and children and parents from a variety of cultural backgrounds. It has also been adapted to be used by teachers to improve teacher-child interactions and children's behavior in the school setting.</p>
Reasons for Recommendation	<p>1) The Incredible Years training series is included in the following reviews of evidence-based practices:</p> <p>Kazdin, A. & Weisz, J. (2003) <i>Evidence-Based Psychotherapies for Children and Adolescents</i></p> <p>Kutash, Duchnowski, & Lynn (2006). <i>School-based mental health: An empirical guide for decision-makers</i>. (University of South Florida).</p> <p>Office of Juvenile Justice and Delinquency Prevention (2004) <i>Blueprints for Violence Prevention</i>.</p> <p>Promising Practices Network on Children, Families and Communities (Rand Corporation): http://www.promisingpractices.net/default.asp</p>	<p>1) Parent-Child Interaction Therapy is included in the following reviews of evidence-based practices:</p> <p>Kazdin, A. & Weisz, J. (2003) <i>Evidence-Based Psychotherapies for Children and Adolescents</i></p> <p>Kutash, Duchnowski, & Lynn (2006). <i>School-based mental health: An empirical guide for decision-makers</i>. (University of South Florida).</p> <p>2) Parent-Child Interaction Therapy combines elements of play therapy and traditional parent training approaches so should appeal to therapists with previous experience in either of these approaches.</p>

	Incredible Years (IY)	Parent-Child Interaction Therapy (PCIT)
	<p>2) Since there is research on the use of the Incredible Years BASIC parent training program as an effective prevention program for preventing behavior problems, it would be possible for programs trained in this approach to seek funding for a prevention group.</p> <p>3) Can be delivered by bachelor's level providers.</p>	
Diagnoses of Target Population	ADHD, ODD, CD, Behavior Disorder NOS	ADHD, ODD, CD
Age of Target Population	<p>2—12 years</p> <p>(There are two versions of the parenting training program – one for parents of 2- to 7-year-olds and one for parents of 5- to 12-year-olds.)</p>	<p>2—12 years</p> <p>(PCIT was originally developed for children aged 2 to 7 but has been adapted for use with children 8 to 12 years of age.)</p>
Theory	<p>IY is based on developmental research on the role of multiple interacting risk and protective factors (child, family, and school) in the development of conduct problems, social learning theory, and self-efficacy theory. According to the theoretical framework of this model, changes in parent and teacher management of the child's behavior problems mediate changes in the child's emotional and behavioral functioning.</p>	<p>The theoretical underpinnings of PCIT include Baumrind's (1967, 1991) developmental research associating parenting practices with child outcomes, attachment theory (Bowlby, 1969) and social learning theory (Patterson, 1982). Baumrind demonstrated the importance of parents meeting young children's dual needs for nurturance (parent responsiveness) and limits (parent demandingness). PCIT draws on both attachment theory (Bowlby, 1969) and social learning theories (e.g. Patterson, 1982) to teach parents to increase nurturance and demandingness. Attachment theory asserts that sensitive and responsive parenting provides the foundation for the child's sense of knowing that he or she will be responded to when necessary. Thus, young children whose parents show greater warmth, responsiveness, and sensitivity to the child's behaviors are more likely to develop a secure sense of their relationships and more effective emotional and behavioral regulation. Social learning theories emphasize the contingencies that shape the interactions of children with disruptive disorders and their parents. Patterson's (1982) coercion theory provides a transactional account of early child conduct problems in which child conduct problems and inappropriate parent management strategies are inadvertently established or maintained by the parent-child interactions. The theoretical underpinnings of PCIT emphasize the role of</p>

Incredible Years (IY)

Parent-Child Interaction Therapy (PCIT)

		<p>parents in the maintenance of disruptive behaviors in children and the importance of including parents in treatment.</p>
<p>Key Service Activities</p>	<p>BASIC and ADVANCE parent training are core components of treating children with disruptive disorders. Treatment occurs in groups of 8 – 12 parents and involves 27-28 2-hour weekly sessions. Leader-led group discussions of standardized video vignettes of modeled parenting skills are used to help parents understand normal variations in children’s development and temperaments. The BASIC program begins with a focus on enhancing positive relationships between parents and children. This is followed by sessions focusing on nonviolent discipline techniques and teaching children problem-solving skills. The ADVANCE parent training program addresses risk factors associated with disruptive disorders in children (e.g. parental depression, marital discord, lack of social support, and environmental stressors). Leader-led group discussions of standardized video vignettes of modeled parenting skills are used to teach personal self-control, communication skills, problem-solving skills, and strengthening social support and self-care.</p> <p>Additional components of the Incredible Years curriculum can be added depending on the type and extent of problems the child is exhibiting. The SCHOOL program for parents is a 4 to 6 week program is designed to follow the BASIC and ADVANCE parent training in order to address academic problems. It is recommended for parents of children who have academic or learning problems in addition to disruptive disorder. The six components that are addressed are: promoting children’s self-confidence, fostering good learning habits, dealing with children’s discouragement, participating in homework, using teacher-parent conferences to advocate for your child, and discussing a school problem with your child. The Teacher training program is recommended if the child’s problems are pervasive at home and at school or if the child has significant problems with attention. The teacher training program is a 4-day (32-hour) group-based program for teachers and other school personnel that targets classroom management, promoting positive relationships with difficult</p>	<p>Treatment generally lasts 12-to-20 weeks and is mastery-based rather than time limited.</p> <p>Generally, sessions are equally divided between relationship-enhancing skills and positive discipline and compliance skills. Homework sessions of 5-to-10 minutes each day are part of the treatment. These sessions are designed to reinforce skills coached in session. To enhance long-term maintenance of PCIT benefits, parenting skills, and associated behavioral and parent-child relationship improvements, a schedule of booster sessions has been developed. Therapists generally recommend that the family participate in one-month, three-month, six month, and one-year booster sessions.</p> <p>The intervention uses a two-stage approach aimed at relationship enhancement and child behavior management. The parent is taught and coached in relationship-building skills: Praise, Reflection, Imitation, Description, and Enthusiasm (PRIDE.) The parent/caregiver is coached while interacting with the child during relationship-enhancement treatment sessions until criteria are reached. The parent is then instructed and coached in a positive discipline program including effective delivery of commands, with an appropriate parent response for child compliance and strategies designed to increase compliance.</p> <p>The skills are gradually expanded for use from a structured implementation in treatment sessions to structured sessions in the home to more unstructured situations and finally to use in public situations. Skills are observed and coached through a one-way mirror at each treatment session. Specific behaviors are coded and charted on a graph at each session, and parents are provided with immediate feedback about progress and mastery of skills. Parents are given homework assignments to complete to enhance their skills between sessions. Efforts are made to incorporate ethnic and cultural practices and values.</p>

Incredible Years (IY)

Parent-Child Interaction Therapy (PCIT)

	<p>students, and strengthening positive communication with parents. The Child training program (Child Dinosaur Program) is recommended if the child's problems are pervasive at home and at school. This 22 week program uses video vignettes in weekly meetings with small groups of children and addresses the following components: introduction and rules, empathy training, problem-solving training, anger control, friendship skills, communication skills, and school training.</p>	
Primary Goals	<p>Reduce conduct problems in children:</p> <ul style="list-style-type: none"> • Decrease child negative behaviors with parents • Decrease peer aggression and disruptive behaviors in the classroom • Increase children's compliance with parents and teachers <p>Promote social, emotional, and academic competence in children:</p> <ul style="list-style-type: none"> • Increase children's social skills • Increase children's understanding of feelings • Increase children's conflict management skills • Increase children's academic engagement, school readiness, and cooperation with teachers • Increase parenting self-efficacy 	<ul style="list-style-type: none"> • Improve the quality of the parent-child relationship • Decrease child behavior problems • Increase child prosocial behaviors • Increase child compliance • Increase parenting skills, including positive discipline • Decrease parenting stress • Increase parent's parenting locus of control
Manual	<p>Information on purchasing manuals for each program is on the Incredible Years web site.</p>	<p>Manual is available free at the Parent-Child Interaction Therapy website under PCIT Integrity Checklists and Materials.</p>
Treatment Setting	<p>Parent training groups have been conducted in clinic settings. Teacher and child groups have been conducted in school settings.</p>	<p>Treatment was originally designed to be delivered in a clinic setting but has been adapted to be conducted in the home.</p>
Therapist Qualifications	<p>Group leader training is for those with education and/or experience in teaching, nursing, social work, psychology or psychiatry including child development courses.</p>	<p>Master's or Doctoral level</p>

Incredible Years (IY)

Parent-Child Interaction Therapy (PCIT)

<p>Training/ Certification</p>	<p>3-day group leader training workshop. Training experience includes self-study therapist manuals and videotapes and on-going peer review, consultation, supervision.</p> <p>If there is enough interest in IY, ICMH will try to schedule IY training in Iowa.</p>	<p>Training workshops are held over 5 days and are designed for child therapists, treatment researchers, and therapy trainers at the Masters or Doctoral level. Workshops are limited to 8 attendees.</p> <p>If there is enough interest in PCIT, ICMH will try to schedule PCIT training in Iowa.</p>
<p>Training Costs (estimated)</p>	<p>The costs of curriculum materials, including videotapes, comprehensive manuals, books and other teaching aids for the Parent Training Program are \$1,300 for the BASIC program, \$775 for the ADVANCE program, \$995 for the SCHOOL program; \$1,250 for the Teacher Training Program; and \$975 for the Child Training Program. Discounts are available for purchases of more than one set of any program. Training and technical assistance costs are charged based on a daily fee.</p> <p>The cost of the 3-day workshop is \$400 plus travel expenses. Location: Hotel, Seattle, WA. There is a certification fee of \$350. This fee includes videotape review and supervisory report, registration process, and certificate of certification. If the supervisory report has been approved by a certified mentor (rather than an Incredible Years trainer) then the cost of certification is \$150.</p>	<p>The cost of the 5-day workshop is \$3,000 plus travel expenses.</p> <p>Location: University of Florida Gainesville.</p>
<p>Website</p>	<p>www.incredibleyears.com</p>	<p>www.pcit.org</p>
<p>For more information</p>	<p>Lisa St. George The Incredible Years 1411 8th Avenue West Seattle, WA 98119 Toll-Free Phone: (888) 506-3562 Phone: (206) 285-7565 Email: lisastgeorge@comcast.net Website: www.incredibleyears.com</p>	<p>Sheila Eyberg, PhD Department of Clinical and Health Psychology University of Florida Gainesville, FL 32610 Phone: 352-273-6145 (Office) Fax: 352-273-6156 (Office) E-mail: seyberg@phhp.ufl.edu Webpage: www.pcit.org</p>
<p>Research</p>	<p>Randomized controlled trials by the original research group (Baydar, Reid, & Webster-Stratton, 2003; Beauchaine, Webster-Stratton, & Reid, 2005; Reid, Webster-Stratton, & Hammond, 2003) and independent research groups (August et al., 2001; Barrerra et al., 2002; Brotman Miller et al., 2003;</p>	<p>Outcome studies using randomized controlled trials and quasi-experimental designs (Borrego et al., 1999; Brestan et al., 1997; Edwards et al., 2002; Eisenstadt et al., 1993; Eyberg et al., 2001; Herschell et al., 2002; Hood & Eyberg, 2003; McNeil et al., 1999; Schuchmann et al., 1998; Timmer et al.,</p>

Incredible Years (IY)

Gardner, Phil, & Burton, 2006; Gross et al., 2003) have established the efficacy of the parent training groups. There have not been as many studies conducted on the teacher training and child training groups but initial studies indicate these components provide additional benefit for some children (Beauchaine, Webster-Stratton, & Reid, 2005). Long-term outcome studies indicate gains are maintained over time.

Positive outcomes associated with the parent training groups include:

- Increases in parent positive affect
- Increases in parent use of praise
- Reductions in parent use of criticism and negative commands
- Increases in parent use of effective limit-setting by replacing spanking and harsh discipline with non-violent discipline techniques and increased monitoring of children.
- Reductions in parental depression and increases in parental self-confidence.
- Increases in positive family communication and problem-solving.
- Reduced conduct problems in children's interactions with parents and increases in their positive affect and compliance to parental commands.

Positive outcomes associated with the teacher training groups include:

- Increases in teacher use of praise and encouragement and reduced use of criticism and harsh discipline.
- Increases in children's positive affect and cooperation with teachers, positive interactions with peers, school readiness and engagement with school activities.
- Reductions in peer aggression in the classroom.
- Additional benefit (beyond that provided by the parents' participation in training groups) for children with attention problems.

Parent-Child Interaction Therapy (PCIT)

2006) have established the efficacy of this approach in achieving clinically and statistically significant outcomes across a variety of settings and cultural backgrounds. Long-term outcome studies indicate gains are maintained over time.

Positive outcomes include:

- Increase in parent's reflective listening.
- Increase in parent's physical proximity to the child.
- Increase in parent's prosocial verbalization.
- Decrease in parent's sarcastic remarks to the child.
- Decrease in parent's criticism of the child.
- Decrease in child's conduct problems at home and school to the normal range.
- Decrease in parent's distress.
- Increase in parents' parenting locus of control.
- Generalization of treatment gains to siblings' behaviors.
- High parent satisfaction with process and outcome of treatment.

Incredible Years (IY)

Parent-Child Interaction Therapy (PCIT)

	<p>Positive outcomes associated with the child training group include:</p> <ul style="list-style-type: none"> • Increases in children's appropriate cognitive problem-solving strategies • Increases in prosocial conflict management strategies with peers. • Reductions in conduct problems at home and school. 	
Outcome measures - symptoms:	<p>Achenbach Child Behavior Checklist</p> <p>Dyadic Parent-Child Interaction Coding System (DPICS; Bessmer, 1998): The DPICS is a behavioral coding system that measures the quality of parent-child social interactions.</p> <p>Eyberg Child Behavior Inventory (ECBI): The ECBI is a 36-item parent report scale of conduct problem behaviors in children between the ages of 2 and 16.</p>	<p>Achenbach Child Behavior Checklist</p> <p>Eyberg Child Behavior Inventory (ECBI): The ECBI is a 36-item parent report scale of conduct problem behaviors in children between the ages of 2 and 16.</p> <p>Dyadic Parent-Child Interaction Coding System (DPICS; Bessmer, 1998): The DPICS is a behavioral coding system that measures the quality of parent-child social interactions.</p> <p>Sutter-Eyberg Student Behavior Inventory-Revised (SESBI-R; Funderburk & Eyberg, 1989). The SESBI-R is a 38-item teacher rating scale of conduct problem behaviors at school for children between the ages of 2 and 18.</p> <p>Revised Edition of the School Observation Coding System (REDSOCS; Jacobs et al., 2000): The REDSOCS is an interval coding system for recording disruptive classroom behaviors of preschool and elementary age children.</p>
Outcome measures - other:	<p>Parenting Self-Efficacy Scale (Johnston & Mash, 1989)</p> <p>Parenting Stress Index (Abidin, 1983)</p>	<p>Parenting Locus of Control-Short Form (PLOC-SF; Koeske & Koeske, 1992): The PLOC-SF is a 25-item parent report scale of the degree to which parents believe they can influence the behavior of their child.</p> <p>Therapy Attitude Inventory (TAI): The TAI is a 10-item parent-report scale of satisfaction with the process and outcome of therapy.</p>
Limitations	<p>Parent training groups are not currently covered by insurance.</p>	<p>Parent-only therapy sessions are not currently covered by insurance.</p>

References for reviews of evidence-based practices

Kazdin, A. & Weisz, J. (2003) *Evidence-Based Psychotherapies for Children and Adolescents*, New York: Guilford Press.

Kutash, Duchnowski, & Lynn (2006). *School-based mental health: An empirical guide for decision-makers*. <http://rtckids.fmhi.usf.edu>

Office of Juvenile Justice and Delinquency Prevention (2004) *Blueprints for Violence Prevention*.

<http://www.colorado.edu/cspv/blueprints/model/programs/FFT.html>

<http://www.promisingpractices.net/default.asp>

References for the Incredible Years

Abidin, R. (1983). *Parenting Stress Index Manual*. Charlottesville, VA: Pediatric Psychology Press.

August, G.J., Realmuto, G.M., Hektner, J.M., & Bloomquist, M.L. (2001). An integrated components preventive intervention for aggressive elementary school children: The Early Risers program. *Journal of Consulting and Clinical Psychology*. 69, 614-626.

Baydar, N., Reid, M. J., & Webster-Stratton, C. (2003). The Role of Mental Health Factors and Program Engagement in the Effectiveness of a Preventive Parenting Program for Head Start Mothers. *Child Development*. 74, 1433-1453.

Beauchaine, T. P., Webster-Stratton, C., & Reid, M. J. (2005). Mediators, Moderators, and Predictors of 1-Year Outcomes Among Children Treated for Early-Onset Conduct Problems: A Latent Growth Curve Analysis. *Journal of Consulting and Clinical Psychology*. 73, 371-388.

Brestan, E.V. & Eyberg, S. M. (1998). Effective psychosocial treatments of conduct-disordered children and adolescents: 29 years, 82 studies, and 5,272 kids. *Journal of Clinical Child Psychology*, 27, 180-189.

Brotman, L. M., Klein, R. G., Kamboukos, D., Brown, E. J., Coard, S. I.; Sosinsky, L. S. (2003). Preventive intervention for urban, low-income preschoolers at familial risk for conduct problems: A randomized pilot study. *Journal of Clinical Child and Adolescent Psychology*. 32, 246-257.

Chambless, D. L. & Hollon, S. D. (1998). Defining empirically supported therapies. *Journal of Consulting and Clinical Psychology*. 66, 7-18.

Gardner, F., Burton, J., & Klimes, I. (2006). Randomized controlled trial of a parenting intervention in the voluntary sector for reducing child conduct problems: outcomes and mechanisms of change. *Journal of Child Psychology and Psychiatry*. 47, 1123-1132.

Gross, D., Fogg, L., Webster-Stratton, C., Garvey, C., Julion, W., & Grady, J. (2003). Parent training of toddlers in day care in low-income urban communities. *Journal of Consulting and Clinical Psychology*. 71, 261-278.

Johnston, C., & Mash, E. (1989). A measure of parenting satisfaction and efficacy. *Journal of Clinical Child Psychology*, 25, 341 - 363.

Reid, M. J., Webster-Stratton, C., & Hammond, M. (2003). Follow-Up of Children Who Received the Incredible Years Intervention for Oppositional-Defiant Disorder: Maintenance and Prediction of 2-Year Outcome. *Behavior Therapy*, 34, 471-491.

References for Parent-Child Interaction Therapy

Baumrind, D. (1967). Child care practices anteceding three patterns of preschool behavior. *Genetic Psychology Monographs*, 75, 43-88.

Baumrind, D. (1991). The influence of parenting style on adolescent competence and substance use. *Journal of Early Adolescence*, 11, 56-95.

Bessmer, J. L. The Dyadic Parent-Child Interaction Coding System II (DPICS II): Reliability and validity. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 58(7-B), Jan 1998, pp. 3961

Brestan, E.V. & Eyberg, S. M. (1998). Effective psychosocial treatments of conduct-disordered children and adolescents: 29 years, 82 studies, and 5,272 kids. *Journal of Clinical Child Psychology*, 27, 180-189.

Brestan, E., Eyberg, S.M., Boggs, S., & Algina, J. (1997). Parent-child interaction therapy: Parent perceptions of untreated siblings. *Child and Family Behavior Therapy*, 19, 13-28.

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, 1-22.

Boggs, S.R.; Eyberg, S., & Reynolds, L. A. (1990). Concurrent validity of the Eyberg Child Behavior Inventory. *Journal of Clinical Child Psychology*, 19, 75-78.

Borrego, J., Urquiza, A., Rasmussen, R., & Zebell, N. (1999). Parent-Child interaction therapy with a family at high risk for sexual abuse. *Child Maltreatment*, 4, 331-342.

Bowlby, J. (1969). Attachment and loss. Vol. 1: Attachment. New York: Basic Books.

Chaffin, M., Silovsky, J.F., Funderburk, B., Valle, L. A., Brestan, E.V., Balachova, T., Jackson, S., Lensgraf, J., & Bonner, B.L. Parent-Child Interaction Therapy With Physically Abusive Parents: Efficacy for Reducing Future Abuse Reports. *Journal of Consulting and Clinical Psychology*, 72, 500-510.

Eisenstadt, T.H., Eyberg, S.M., McNeil, C.B., Newcomb, K., & Funderburk, B. (1993). Parent-child interaction therapy with behavior problem children: Relative effectiveness of two stages and overall treatment outcomes. *Journal of Clinical Child Psychology*, 22, 42-51.

Eyberg, Sheila M; Boggs, Stephen R; Algina, J. (1995). Parent/child interaction therapy: A psychosocial model for the treatment of young children with conduct problem behavior and their families. *Psychopharmacology Bulletin*, 31, 83-91.

- Eyberg, S.M., Funderbeck, B.W., Hembree-Kigen, T., McNeil, C.B., Querido, J., & Hood, K.K. (2001). Parent-child interaction therapy with behavior problem children: One and two year maintenance treatment effects in the school setting. *Child and Family Behavior Therapy*, 20, 17-38.
- Funderburk, B.W. & Eyberg, S. M. (1989). Psychometric characteristics of the Sutter-Eyberg Student Behavior Inventory: A school behavior rating scale for use with preschool children. *Behavioral Assessment*. 11, 297-313.
- Herschell, A.D., Calzada, E.J., Eyberg, S.M., & McNeil, C.B. (2002). Parent-child interaction therapy: New directions in research. *Cognitive and Behavioral Practice*. 9, 9-15.
- Hood, K.K. & Eyberg, S.M. (2003). Outcomes of Parent-Child Interaction therapy: Mother's report of maintenance three to six years later. *Journal of Clinical Child and Adolescent Psychotherapy*. 32, 419-429.
- McNeil, C.B., Eyberg, S.M., Eisenstadt, t., Newcomb, K., & Funderburk, B., (1991). Parent-child interaction therapy with problem children: Generalization of treatment effects to the school setting. *Journal of Clinical Child Psychology*, 20, 140-151.
- McNeil, C.B., Capage, L., Bahl, A., & Blanc, H. (1999). Importance of early intervention for disruptive behavior problems: Comparison of treatment and waitlist control groups. *Early Education and Development*, 10, 445-454.
- Schaefer, E.S. & Bell, R.Q. (1958). Development of a parental attitude research instrument. *Child Development*, 29, 339-361.
- Schuchmann, E.M., Foote, R., Eyberg, S.M., Boggs, S., & Algina, J. (1998). Parent-child interaction therapy: Interim report of a randomized trial with short-term maintenance. *Journal of Clinical Child and Adolescent Psychology*, 31, 272-277.
- Timmer, S., Urquiza, A., & Zebell, N. (2006). Challenging foster caregiver-maltreated child relationships: The effectiveness of parent-child interaction therapy. *Children and Youth Services Review*, 28, 1-19.