EVIDENCE-BASED PRACTICE

Parent-child Interaction Therapy: An Evidence-based Treatment for Child Maltreatment

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Issue

Child welfare agencies are tasked with providing treatment and interventions to high-risk families to protect children from maltreatment. However, despite their best efforts and increased government funding for child protection, child maltreatment rates have remained high. There is a need for evidence-based treatment that increases parenting skills and decreases child behavior problems; however, interventions often lack a theoretical understanding of the causes of child maltreatment. Parent-Child Interaction Therapy (PCIT), is a well-known parenting program that has been adapted for use within the child welfare population. Arguably, risk of maltreatment increases as parent-child interactions increase in negativity and coerciveness. Further, parents' lack of knowledge for appropriate use of discipline increases the risk of maltreatment as well. PCIT is said to address negative interactions and increase appropriate discipline techniques. PCIT protocols are often adapted to fit with the population at risk, making it difficult to clearly identify which PCIT protocol to implement for high-risk and abusive parents. The purpose of this study was to examine the effectiveness of using a standard PCIT (S/PCIT) treatment protocol with mothers who had a high risk of maltreating their children.

Findings

There were two groups, the S/PCIT participants who received the standard PCIT treatment protocol and the Waitlist participants, who did not receive any treatment. The results indicate that, overall, the S/PCIT had positive outcomes for high-risk parents and their children when compared to a supported Waitlist control. The S/PCIT participants reported greater reductions in symptoms and problems from pre- to post-intervention, specifically in the areas of child externalizing and internalizing behaviors and parental stress. S/PCIT participants were also found to have reductions in negative interactions more so than Waitlist participants. S/PCIT participants had increased positive communication skills and maternal sensitivity compared to the Waitlist participants. All parents reported declines in depressive symptoms between the pre-assessment and 12-week assessment, which may have been influenced by the weekly contact each participant had with a psychologist, even when the contact was a non-active intervention as with the Waitlist participants.

			Pre-assessment	12-week assessment	
MEASURES	**GROUP**	***N***	**MEAN (*SD*)**	**MEAN (*SD*)**	**EFFECT SIZE**
Externalizing behaviors	S/PCIT	57	64.8 (9.8)	59 (12.6)	-0.38**
	Waitlist	89	64.5 (10.1)	62.9 (11.1)	
Internalizing symptoms	S/PCIT	57	54.6 (10.1)	49.8 (11.5)	-0.30*
	Waitlist	89	56.5 (10.9)	55.1 (12.2)	
Parent stress	S/PCIT	60	134.4 (25.5)	125.5 (36.4)	-0.24*
	Waitlist	91	132.5 (24.5)	130.5 (25.8)	
Praise	S/PCIT	59	3.6 (3.3)	12.4 (9.3)	1.4**
	Waitlist	81	3.7 (3.9)	4.3 (5.1)	
Reflection	S/PCIT	59	43.8 (11.3)	61.5 (12.8)	1.28**
	Waitlist	81	45.1 (12.9)	46.8 (12.9)	
Questions	S/PCIT	59	37.3 (12.5)	16.7 (12.4)	-1.50**
	Waitlist	81	36.9 (13.9)	35.7 (13.2)	
Negative talk	S/PCIT	59	1.7 (3.3)	0.8 (1.7)	-0.61**
	Waitlist	81	1.3 (2.1)	1.9 (2.9)	
Parent sensitivity	S/PCIT	59	5.6 (1.3)	6.3 (1.2)	-0.47**
	Waitlist	81	5.3 (1.5)	5.4 (1.4)	

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Implications

With the high-costs of interventions with children and their families, it is vital that interventions are effective with short treatment durations, particularly when implemented in busy, underfunded community welfare organizations. Rather than offer multiple training options for evidence-based treatments based on the subpopulation for the PCIT, training could focus on a standard protocol, reducing costs for organizations while potentially increasing the likelihood the organization would adopt the PCIT. This would then eliminate the need to fund subpopulation modifications of evidence-based treatments and would call for the funding of large scale trials of efficacious standard protocols before decisions regarding the necessity of intervention modifications are required.