



## A SYSTEMATIC REVIEW OF THE EFFECTIVENESS AND EFFICACY OF PARENT-CHILD INTERACTION THERAPY

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*La Terapia de Interacción Padres-Hijos (Parent-Child Interaction Therapy, PCIT) es una terapia breve para tratar de forma efectiva los problemas de conducta en niños de 2 a 7 años. Se ha realizado una revisión sistemática de la efectividad y eficacia de la PCIT a través de estas bases de datos: Scopus, Web of Science, PsycLit, Google Scholar, ResearchGate, Dialnet, y las de la propia terapia. Se han revisado 165 estudios experimentales seleccionados de un total de 225. Para establecer la eficacia de la terapia se han usado los criterios propuestos por la Society of Clinical Child and Adolescent Psychology. Los resultados de esta revisión indican que PCIT es un tratamiento bien establecido para cinco problemáticas infantiles: problemas de conducta, Trastorno Negativista Desafiante, Trastorno por Déficit de Atención con Hiperactividad, prevención del maltrato y para el tratamiento del maltrato infantil.*

**Palabras clave:** Revisión sistemática, Eficacia, Efectividad, Terapia de Interacción Padres-Hijos, PCIT.

*Parent-Child Interaction Therapy (PCIT) is a brief therapy to effectively treat behavioral problems in children aged 2 to 7. A systematic review of the effectiveness and efficacy of Parent-Child Interaction Therapy (PCIT) has been carried out using the following databases: Scopus, Web of Science, PsycLit, Google Scholar, ResearchGate, Dialnet, and those of the therapy itself. From a total of 225 studies, 165 experimental studies were selected and reviewed. The criteria proposed by the Society of Clinical Child and Adolescent Psychology were used to establish the efficacy of the therapy. The results of this review indicate that PCIT is a well-established treatment for five problems in childhood: behavioral problems, oppositional defiant disorder, attention deficit hyperactivity disorder, prevention of child maltreatment, and treatment of child maltreatment.*

**Key words:** Systematic review, Efficacy, Effectiveness, Parent-child Interaction Therapy, PCIT.

**P**arent-Child Interaction Therapy (PCIT; Eyberg, 1988, 1999; Eyberg & Funderburk, 2011; Hembree-Kigin & McNeil, 1995; McNeil & Hembree-Kigin, 2011) is an intervention of proven efficacy for children ages 2-7 with behavioral problems. Over the years, there has been an increase in studies dedicated to measuring its effectiveness, efficacy, and efficiency, and it has been adapted to various problems, formats, cultures, contexts, and ages, with successful results.

PCIT is a brief intervention that takes as a starting point the fact that the problematic behaviors presented by children who come to consultation for this reason have two functions: to get attention or stimulation and/or to escape from demands (Ferro & Ascanio, 2017), and its two phases are aimed at intervening on these two functions. The objective of PCIT is to establish a warm and loving relationship between parents and children, in which parents learn to decrease their children's disruptive behaviors, and all this through the most natural situation for a child, which is play (Eyberg, 1988). In the first phase called Child-Directed Interaction (CDI), treatment focuses on teaching parents to use selective attention, through

a series of skills (praising, paraphrasing, imitating, describing, and showing enthusiasm) and avoiding a series of common attitudes in parents (giving orders, asking questions and/or criticizing) and this is done live in a play situation. In the second phase, called Parent-Directed Interaction (PDI), therapy focuses on discipline strategies. Parents are taught live how to address their children and how to apply consistent consequences to their behaviors, how to give instructions and enforce them, agree on consequences for obedience and disobedience, and how to apply time-out effectively. The logic of play is explained to them and they are assigned tasks, for which they have received training during a live session, in order to apply them at home.

The main characteristics that differentiate PCIT from other parent training (PT) programs are the following: 1) it is an ideographic intervention, adapted to each family, 2) live training is carried out, directly on the parent-child interaction, allowing practice of the skills and giving immediate feedback to the parents, and 3) it involves the use of play as a natural situation in relationships with children (Ferro & Ascanio, 2014).

There are several PCIT manuals (Eyberg, 1999; Eyberg & Funderburk, 2011; Ferro & Ascanio, 2017; Hembree-Kigin & McNeil, 1995; McNeil & Hembree-Kigin, 2011; Niec, 2018) and also, an interactive book online (Jent et al., 2014). In addition, manuals have recently been published that adapt the therapy to children under the age of two (Girard et al., 2018)

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and to autism spectrum disorder (McNeil et al., 2018).

Recently, in the area of child psychology, the criteria have been modified to consider the evidence of therapies. In this study, we have used the criteria used by the Society of Clinical Child and Adolescent Psychology (SCCAP, 2017), which are based on those of Southam-Gerow and Prinstein (2014). Five methodological criteria and five levels of evidence support are proposed. The methodological criteria (see Table 1) are: the experimental designs used, the definition of the independent variable, the definition of the population to which it applies, a valid and reliable evaluation of the results, and an adequate analysis of the data. The levels of evidence (see Table 2) are divided as follows: well-established treatments, probably efficacious, possibly efficacious, undergoing experimentation, and of questionable efficacy, with their respective criteria.

There are several reviews on PCIT—but they are not systematic or exhaustive, nor are they up to date—and there is even a meta-analysis on it. Some of these meta-analyses have been dedicated to behavioral problems, demonstrating good results regarding its effectiveness, but in terms of its efficacy there is more variability in the results (Cooley et al., 2014; Gallagher, 2003; Ward et al., 2016). There are two other such studies of efficacy in the treatment of child maltreatment, but they present inconclusive results (Euser et al., 2015; Kennedy et al., 2016).

The present work is a systematic review of the empirical studies of the efficacy and effectiveness of PCIT. We have updated a previous review (Ferro & Ascanio, 2017) up to and including the year 2019. Our review focuses on the following five problems: behavioral problems, oppositional defiant disorder, attention deficit hyperactivity disorder, prevention, and treatment of child abuse. Furthermore, within each problem, the studies are divided into effectiveness and efficacy studies. The effectiveness studies are classified according to the type of design: single case studies and group studies that group within-group design with pre-post measures, multiple base line designs, and other group designs that intercalate intervention phases. Efficacy studies are also classified as follows: between-group design with pre-post

measures, between-group with control group, between-group randomized, and factorial designs. The studies that show comorbidity in the diagnoses are considered in several categories, providing they measure the problem specifically.

**1. METHOD**

Numerous articles in different languages (English, Spanish, and German) were reviewed, published in the following databases: Scopus, Web of Science, PsycLit, Google Scholar, ResearchGate, Dialnet; as well as others pertaining to the therapy itself, such as PCIT International, UF Health, and UC Davis; and also in recent manuals, such as Girard et al. (2018) and McNeil et al. The databases were searched using key words in English: «parent-child interaction therapy» and «PCIT». The main criterion for the selection of the articles was that they presented data and specific measures on the effectiveness or efficacy of PCIT in the abovementioned problems and in samples of participants with defined problems. In the first instance, 225 articles were obtained, of

TABLE 1 METHODOLOGICAL CRITERIA FOR EVALUATING THE EVIDENCE OF A TREATMENT (SOUTHAM-GEROW & PRINSTEIN, 2014)
<p><b>M. 1. Group designs:</b> Studies with a randomized controlled design</p> <p><b>M. 2. Defined independent variable:</b> Having treatment manuals or equivalent logic that has been used for treatment.</p> <p><b>M. 3. Defined population:</b> study carried out in a population that has specific problems, with clearly described inclusion criteria.</p> <p><b>M. 4. Assessment of results:</b> Reliable and valid assessment of results. Using (as a minimum) tools that measure the specific problems.</p> <p><b>M. 5. Adequate data analysis:</b> Use of appropriate data analysis and a sufficient sample size to detect the desired effects.</p>

TABLE 2 LEVELS OF EVIDENCE-BASED SUPPORT FOR TREATMENTS (SOUTHAM-GEROW & PRINSTEIN, 2014)
<p><b>Level 1: Well-established treatments. Evidence criteria:</b></p> <p>1.1 Prove the efficacy of the treatment compared with other treatments:</p> <p>1.1.a Statistically significantly superior to another active treatment, or pharmacological treatment, or psychological placebo. Or</p> <p>1.1.b Equivalent to (or not significantly different from) the well-established treatment in experiments. And</p> <p>1.1.c Demonstrated efficacy in at least two independent research situations and by two independent research teams. And</p> <p>1.2 Fulfill all methodological criteria (all 5).</p> <p><b>Level 2: Probably efficacious treatments. Evidence criteria:</b></p> <p>2.1 There must be at least two good experiments that prove that the treatment is superior (statistically significant) to a wait list control group. Or</p> <p>2.2 One (or more) experiments meeting the well-established treatment level criteria, except for criterion 1.1.c (will not involve independent research teams). And</p> <p>2.3 Fulfill all methodological criteria (all 5).</p> <p><b>Level 3: Possibly efficacious treatments. Evidence criteria:</b></p> <p>3.1 At least one good randomized controlled trial showing that the treatment is superior to a wait list or untreated control group. And</p> <p>3.2 Fulfill all methodological criteria (all 5). Or</p> <p>3.3 Two or more clinical trials demonstrating that the treatment is efficacious, meeting the last four (of five) methodological criteria, but none of them are randomized controlled trials.</p> <p><b>Level 4: Experimental treatments. Evidence criteria:</b></p> <p>4.1 Not yet tested in a randomized controlled trial. Or</p> <p>4.2 Have been tested in one or more clinical trials but not sufficient to meet Level 3 criteria.</p> <p><b>Level 5: Treatments of questionable efficacy. Evidence criteria:</b></p> <p>5.1 Have been tested in good group design experiments and found to be inferior to another treatment group or equal to a wait list control group. Available evidence from experimental studies suggests that the treatment does not produce any beneficial effects.</p>



which 60 were excluded because they did not meet the criteria, were theoretical, or did not apply the full protocol of the therapy. Thus, a total of 165 empirical studies were selected. Subsequently, 20 of them were excluded because they presented negative data or no significant differences, and another eight were dedicated to studying the efficiency of the therapy and were also excluded. Finally, 137 empirical works with positive results were selected. Some of these studies were considered in several categories of the problems analyzed, for the reasons explained above.

**2. RESULTS**

Next, the results are described of the empirical studies on the application of PCIT for different problems in childhood: behavior problems, oppositional defiant disorder, attention deficit hyperactivity disorder, and prevention and treatment of child abuse.

**2.1. Childhood behavior problems**

The area where PCIT has been most applied is with disruptive behavior problems in childhood. Among the studies of effectiveness are single case studies with differences in pre-post measures, of which 20 were found to have positive results, as shown in Table 3. In this same table, four multiple base line studies with significant differences in the results are presented, and 28 studies with a within-group design and statistically significant changes. As can be seen in Table 3, in the efficacy studies regarding this problem, 11 were found with a between-group design with pre-post intervention measures and statistically significant differences. The number of studies with a between-group design that had a control group with statistically significant differences was four. There were 17 studies with an experimental between-group randomized design with

TABLE 3 EMPIRICAL STUDIES ON PCIT APPLIED TO BEHAVIORAL PROBLEMS, CLASSIFIED ACCORDING TO DESIGN AND RESULTS		
<b>Single case</b>		
<i>Pre-post differences</i>		<i>No difference</i>
Agazzi, Tan, Knap et al. (2018) Ascanio y Ferro (2018) Bagner et al. (2009) Cambric y Agazzi (2019) Cohen et al. (2012) Datlyner et al. (2016) Dickinson y Agazzi (2019) Fleming et al. (2017) Hosogane et al. (2018) Kohlhoff et al. (2019) Lesack et al. (2014) Lieneman et al. (2018) Masse et al. (2016) McIntosh et al. (2000) Montes-Vu & Girard (2018) Rowley & Masse (2018) Scattone et al. (2018) Shafi et al. (2018) Sharma et al. (2019) Weinstein et al. (2015)	Fricker-Elhai et al. (2005)	
<b>Multiple Baseline</b>		
<i>Significant differences</i>		<i>Inconclusive results</i>
Chengappa et al. (2017) Fawley et al. (2019) Filcheck et al. (2004) Mazza (2018)		Madigan (2011)
<b>Within-group</b>		
<i>Significant differences</i>		<i>No difference</i>
Bagner et al. (2013) Budd et al. (2016) Chase et al. (2019) Chen & Fortson (2015) Eyberg & Robinson (1982) Fernández et al. (2011) Funderburk et al. (2015) Garbacz et al. (2014) Graziano et al. (2015) Hatamzadeh et al. (2010) Herschell et al. (2017) Legato (2015) Lenze et al. (2011) Lieneman, Girard et al. (2019) Mersky et al. (2017) Nieter et al. (2013) Pade et al. (2006) Pearl et al. (2012) Phillips et al. (2008) Ros & Graziano (2019) Rothenberg et al. (2018) Scudder et al. (2018) Stokes et al. (2016) Timmer et al. (2005), (2016) Timmer, Urquiza, & Zebell (2006) Zimmer-Gembeck et al. (2019) Zlomke et al. (2017)	Riley (2014)	

TABLE 3 EMPIRICAL STUDIES ON PCIT APPLIED TO BEHAVIORAL PROBLEMS, CLASSIFIED ACCORDING TO DESIGN AND RESULTS (Continuation)		
<b>Between-group</b>		
<i>Significant differences</i>		<i>No difference</i>
Abrahamse et al. (2015) Allen et al. (2016) Bagner & Eyberg (2003) Barnett et al., (2015) Foley et al. (2016) Gresl et al. (2014) Kanine et al. (2018) Kohlhoff & Morgan, (2014) Timmer, Ware, et al. (2010) Timmer et al. (2011) Wallace et al. (2018)		Capage et al. (2001) Lieneman, Quetsch, et al. (2019)
<b>Between-group with control group</b>		
<i>Significant differences</i>		<i>No difference</i>
Funderburk et al. (1998) Leung et al. (2009) McNeil et al. (1999) Webb et al. (2017)		Solomon et al. (2008) Stokes et al. (2018)
<b>Randomized between-group</b>		
<i>Significant Difference</i>		<i>No difference</i>
Allen et al. (2018) Bagner et al. (2010), (2012), (2015) Bagner, Coxé et al. (2016) Bagner, Garcia et al. (2016) Timmer et al. (2018) Fernández et al. (2015) Ginn et al. (2017) Gross et al. (2014) Leung et al. (2015) Luby et al. (2018) McCabe & Yeh, (2009) Mersky et al. (2016) Niec et al. (2016) Nixon et al. (2003), (2004) Ros et al. (2016)		Bjørseth & Wichstrøm (2016) Gross et al. (2018), (2019) Luby et al. (2012)



statistically significant differences. These between-group studies compare PCIT with various alternative treatments (Chicago Parent Program, systemic therapy, positive psychology, standard pediatric consultation, psychoeducation, cognitive behavioral therapy, behavioral discipline techniques) and a control group (no treatment, waitlist).

On the other hand, there were 12 studies found in which there were no positive results for this problem, and these were excluded. There was one case study in which there were no differences between pre-post measures (Fricker-Elhai et al. 2005) and one study with a multiple baseline design that did not present conclusive results due to methodological limitations (Madigan, 2011). The study that had a within-group design of four repeated measures did not obtain significant results either (Riley, 2014). We found 4 studies with a between-group design that did not have statistically significant results compared to treatment as usual and with complete and incomplete treatment (Bjørseth & Wichstrøm, 2016; Capage et al., 2001; Lieneman et al., 2019; Stokes et al., 2018), although there were significant differences within the PCIT groups. Two studies that had a between-group design with a control group showed a reduction in problem behaviors, but it was not statistically significant (Solomon et al., 2008; Timmer et al., 2018). There were 3 randomized between-group studies (Gross et al., 2018; 2019; Luby et al., 2012) that did not show differences in problem behaviors between PCIT groups versus alternative treatments (standardized treatment, psychoeducation, Chicago Parent Program).

There were also eight studies that were excluded because they did not present significant differences between the groups, although they cannot be considered to add negative data to the efficacy of PCIT, since they study efficiency, usually comparing different adaptations or applications of it. The study by Nixon et al. (2004) with a between-group design with a wait list, compares PCIT against a brief form of the therapy, finding no significant differences in the PCIT groups. The study by Berkovits et al. (2010), presents a between-group design of two brief adaptations of the treatment, and although the results between the two groups were not significant, significant differences were obtained in each group in pre-post measures. In the study by Comer et al. (2017), using a between-group design of two types of application of PCIT (via internet and standard application in the clinic), no significant changes were obtained between the two groups. Fowles et al. (2018), conducted a between-group study comparing standard and home-adapted PCIT, and found no differences between the groups. The study by French et al. (2018) showed no significant differences between treatment applied at home and in the clinic. The study by Veen-Mulders et al. (2018) compared three groups and was randomized (PCIT, methylphenidate, and a standard treatment). The PCIT and methylphenidate groups had positive results with behavioral problems, although the latter had better results on the scale of problem intensity. Zlomke and Jeter (2019) conducted a study

with a between-group design comparing children with and without a diagnosis of autism, in which there were no significant differences between the groups. Also, Blair et al. (2019) compared the results of the application of PCIT for the behavior problems of children of parents who suffered intense traumatic experiences in childhood with those of parents who suffered these experiences less, with significant results being obtained only in the first group.

## **2.2. Oppositional defiant disorder (ODD)**

As can be seen in Table 4, there were 18 effectiveness studies with a single case design found that had pre-post measures and differences between them. There was one single multiple baseline study across subjects with clinically significant differences between pre-post measures. There were 14 studies found that had a within-group design with significant differences. Five efficacy studies were found that had a between-group design in which the pre-post results showed statistically significant differences. In the same table, it can be seen that there are two studies that had a between-group design with a wait list control group and statistically significant differences. We also found seven studies with randomized between-group designs that had statistically significant differences. The single case study by Wallace and Sly (2018) was excluded from the effectiveness studies, as it did not present any post data.

## **2.3. Attention Deficit Hyperactivity Disorder (ADHD)**

All the studies reviewed on this issue can be seen in Table 5. There were 10 single case studies with pre-post measures that were clinically significant. There was only one study with a multiple baseline design across families, which obtained significant differences. With regard to the studies with within-group designs that had statistically significant changes, six were found. There were five efficacy studies with between-group designs and statistically significant differences, one between-group study with a control group, and three experimental studies with randomized between-group designs, all of them with statistically significant differences.

Four studies were found to have poor or negative results regarding this problem; these were not included in the review and are shown in Table 5. Of these, three were single case studies in which—although they did show changes in behavioral problems—the ADHD scores stayed the same (Briegel, 2017; Garcia et al. 2016; Hosogane et al., 2018). The between-group randomized study by Veen-Mulders et al. (2018) compares three randomized groups (PCIT, methylphenidate, and standard treatment), and results show that on measures of ADHD, the methylphenidate group approaches a medium effect size while the PCIT group approaches a small effect size, and the standard treatment group did not have positive results.



### 2.4. Prevention of child abuse

The studies reviewed on this issue are shown in Table 6. With regard to the studies of effectiveness in families at risk of abuse, we found two single case studies with significant changes in pre-post measures, and four with a within-group design with statistically significant changes. We found three efficacy studies with a between-group

design that had statistically significant changes. Only one study was found with a between-group design and a control group; in this study the risk of abuse was significantly improved. There were four randomized between-group trials of families at high risk of abuse with statistically significant changes.

Two studies were excluded for not presenting significant differences, as can be seen in Table 6. Also excluded was a study with a within-group design in which there were no statistically significant differences. And a randomized between-group design in which PCIT was compared with parenting education classes. The results showed statistically significant changes in the PCIT group compared to the alternative treatment in the improvement of parenting skills and in the level of satisfaction with the treatment, but there were no differences in the reduction of parental stress or parental abuse in the two groups.

<b>TABLE 4 EMPIRICAL STUDIES APPLIED TO OPPOSITIONAL DEFIANT DISORDER, CLASSIFIED ACCORDING TO DESIGN AND RESULTS</b>		
<b>Single case</b>		
<i>Pre-post differences</i>		<i>No difference</i>
Agazzi et al. (2017) Armstrong et al. (2014) Armstrong & Kimonis (2013) Ascanio & Ferro (2018) Bagner et al. (2004) Borrego et al. (2006) Briegel (2017) Choate et al. (2005) Dickmann & Allen (2017) Ferro et al. (2010); (2017) Fleming et al. (2017) Garcia et al. (2016) Gordon & Cooper (2015) Stokes et al. (2017) Tan et al. (2018) Urquiza & Timmer (2012) Verduin et al. (2008)		Wallace & Sly (2018)
<b>Multiple Baseline</b>		
<i>Significant differences</i>		
Ware et al. (2008)		
<b>Within-group</b>		
<i>Significant differences</i>		
Briegel et al. (2015) Chase & Eyberg (2008) Chronis-Tusciano et al. (2016) Danko et al. (2016) Eyberg et al., (2001) Fernández et al. (2011) Graziano et al. (2014); (2017) Harwood & Eyberg (2006) Kimonis et al. (2018) Lieneman et al. (2019) Lyon & Budd (2010) Nieter et al. (2013)Pade et al. (2006)		
<b>Between-group</b>		
<i>Significant differences</i>		
Abrahamse et al. (2015) Boggs et al. (2005) Eisenstadt et al. (1993) Hood & Eyberg (2003) McCabe & Yeh (2009)		
<b>Between-groups with control</b>		
<i>Significant differences</i>		
Funderburk et al., 1998 McNeil et al. (1991)		
<b>Randomized between-groups</b>		
<i>Significant Differences</i>		
Bagner & Eyberg (2007) Eyberg et al. (2014) Luby et al. (2018) Matos et al. (2009) Niec et al. (2016) Nixon et al. (2003) Schuhmann et al. (1998)		

<b>TABLE 5 EMPIRICAL STUDIES APPLIED TO ATTENTION DEFICIT HYPERACTIVITY DISORDER, CLASSIFIED ACCORDING TO DESIGN AND RESULTS</b>		
<b>Single case</b>		
<i>Pre-post differences</i>		<i>No difference</i>
Agazzi et al. (2017) Armstrong et al. (2014); (2015) Armstrong & Kimonis (2013) Dickmann & Allen (2017) Kimonis & Armstrong (2012) Shinn (2013) Tan et al. (2018) Timmer et al. (2006) Verduin et al. (2008)		Briegel (2017) Garcia et al. (2016) Hosogane et al. (2018)
<b>Multiple Baseline</b>		
<i>Significant differences</i>		
Ware et al. (2008)		
<b>Within-group</b>		
<i>Significant differences</i>		
Danko et al. (2016) Eyberg et al. (2001) Lieneman et al. (2019) Lyon & Budd (2010) Matos et al. (2006) Nieter et al. (2013)		
<b>Between-group</b>		
<i>Significant differences</i>		
Abrahamse et al. (2015) Boogs, et al. (2005) Eisenstadt et al. (1993) Hood & Eyberg (2003) McCabe & Yeh (2009)		
<b>Between-groups with control group</b>		
<i>Significant differences</i>		
Funderburk et al., 1998		
<b>Randomized between-group</b>		
<i>Significant Difference</i>		<i>No difference</i>
Leung et al. (2017) Matos et al. (2009) Nixon (2001)		Veen-Mulders et al. (2018)



**2.5. Treatment of child abuse victims**

Table 7 shows the empirical studies reviewed in the treatment of child abuse. With regard to the studies with a single case design that presented significant clinical differences, we found two. Six studies were located that had within-group designs and statistically significant differences. Of the efficacy studies with between-group designs that had statistically significant differences, we found four. There were three studies with a randomized between-group design that presented statistically significant differences. There was one study with a double-blind factorial design that had statistically significant results.

Only one between-group study was excluded from the review on this problem, and this was because, although it presented significant differences in the improvement of positive parenting skills, there were no significant results in negative parenting skills.

**3. CONCLUSIONS**

The systematic review of PCIT that was carried out produced a total of 225 articles of which a number were discarded, leaving 165 selected experimental studies, of which 137 presented positive data and 20 were rejected. In addition, there were eight studies that—whilst they did demonstrate the efficacy of PCIT—showed no differences between the groups, since they compared different applications or in different contexts, etc. In view of these results, we can say that PCIT is a robust therapy in terms of its research.

The application of this treatment to behavioral problems in

childhood is the most productive area. All the selected studies of this application met the methodological criteria proposed by the SCCAP. That is, the use of group designs, the well-defined independent variable, the definition of the population to which it is applied, with a reliable and valid evaluation of the results, adequate data analysis, and a sufficient sample size. In this area, of the 96 studies found, there were 52 with good results of effectiveness: 20 of them were single case studies, four were multiple base line studies, and 28 were within-group studies. With regard to efficacy, a total of 32 studies were found, of which 11 were between-group studies with good results; there were also four between-group studies superior to the control group and 17 between-group randomized studies with independent research teams. Additionally, we found a group of eight studies that compared different adaptations or applications of the therapy and that did not obtain significant differences between the groups, but that cannot be considered a threat to the efficacy of PCIT. We also found 12 studies in which there were no significant differences, and some had methodological problems (small sample size, lack of reliability in measurements, etc). It can be concluded that PCIT meets the evidence criteria endorsed by the SCCAP in order to be considered a well-established treatment for the treatment of behavioral problems in children.

The studies selected as positive regarding PCIT for ODD, met the five methodological criteria for evaluating evidence, i.e., the use of group designs, the well-defined independent

<b>Single case</b>	
<i>Pre-post differences</i>	
Borrego et al. (1999) Urquiza & Timmer (2012)	
<b>Within-group</b>	
<i>Significant differences</i>	<i>No difference</i>
Allen et al. (2014) Bagner et al. (2013) Galanter et al. (2012) Stokes et al. (2016)	Riley (2014)
<b>Between-group</b>	
<i>Significant differences</i>	
Foley et al. (2016) Lanier et al., (2011), (2014)	
<b>Between-group with control</b>	
<i>Significant differences</i>	
Solomon et al. (2008)	
<b>Randomized between-group</b>	
<i>Significant difference</i>	<i>No difference</i>
Chaffin et al. (2004) Hakman et al. (2009) Luby et al. (2018) Thomas & Zimmer-Gembeck (2011)	Scudder et al. (2014)

<b>Single case</b>	
<i>Pre-post differences</i>	
Dombrowski et al. (2005) Timmer, et al. (2006)	
<b>Within-group</b>	
<i>Significant differences</i>	
Herschell et al. (2017) Nieter et al. (2013) Pearl et al. (2012) Timmer et al. (2005); (2016) Timmer, Urquiza, & Zebell (2006)	
<b>Between-group</b>	
<i>Significant differences</i>	<i>No difference</i>
Allen et al. (2016) Kanine et al. (2018) Lanier et al. (2014) Timmer et al. (2010)	Foley et al. (2016)
<b>Randomized between-group</b>	
<i>Significant differences</i>	
Chaffin et al., (2004) Hakman et al. (2009) Thomas & Zimmer-Gembeck (2011)	
<b>Factorial Design</b>	
<i>Significant differences</i>	
Chaffin et al. (2011)	



variable, the definition of the population to which it is applied using a reliable and valid evaluation of the results, adequate statistical analysis of the data, and a sufficient sample size. We found 47 studies, 33 effectiveness studies with positive results, 18 case studies, one multiple baseline study, and 14 studies with a within-group design. As for the efficacy studies, there were 14 studies selected that had statistically significant differences, six with a between-group design, plus two with a control group, and also seven with a randomized design. We found one case study in which there were no post-intervention data, so this study was excluded. In the studies with between-group designs there were independent research teams between them. Thus, it can also be concluded that PCIT meets the evidence criteria proposed by the SCCAP to be a well-established treatment for ODD.

The studies selected as positive for the application of PCIT in ADHD met the proposed methodological criteria, ie, the use of group designs, well-defined independent variable, describing the population to which it is applied, a reliable and valid assessment of results, also adequate data analysis, and a sufficient sample size. Of the 30 studies collected in this field, 26 met the proposed criteria. There were 17 effectiveness studies selected: 10 single case studies, one multiple base line, and six studies with a within-group design, all with significant differences. As for the efficacy studies, nine were selected, of which five were between-group studies, one with a control group, and three more with a randomized design, carried out by various independent research groups. As for those that did not present positive data, four were rejected, of which three were single case studies in which there were no significant differences in the measures and the other was a randomized between-groups study, in which PCIT presented worse data than the methylphenidate group. It can be concluded that PCIT meets the SCCAP criteria to be considered a well-established treatment for treating ADHD. It should be noted that this area has a strong comorbidity with other problems, in particular with behavioral problems and ODD.

One of the most interesting lines of research found is that dedicated to the study of prevention of child abuse. The studies selected meet the methodological criteria proposed by the SCCAP, use of group design, definition of the independent variable, definition of the population, use of a reliable and valid evaluation, and adequate data analysis. Sixteen studies were reviewed, of which six were effectiveness studies, two were single case studies, and four were studies with a within-group design. As for the efficacy studies, eight were selected, of which three were between-group studies, another one had a control group, and four were randomized studies. These studies were carried out by various independent research groups. There was one within-group study which had no significant differences and another randomized study that did not show conclusive data, both of which were rejected. With these data, again it can be said that PCIT is a well-established treatment for the prevention of child abuse.

In the treatment of child maltreatment, studies of PCIT meet the methodological criteria defined above, use of group designs, well-defined treatment, description of the population, reliable and valid assessment, and adequate data analysis. Of the 17 studies selected, eight were effectiveness studies, two of which were single case studies and six had a within-group design. With regard to efficacy, eight studies were selected, four of them with a between-group design, three were randomized, and one had a factorial design. These studies were carried out by at least two independent research teams. There was one study with a between-group design that did not show significant results in negative parenting skills but did show significant results in positive ones. It was not included, but we believe that it does not invalidate the efficacy of the PCIT in this field. It can be said that PCIT meets the evidence criteria to be considered a well-established treatment for the treatment of child abuse.

There are other clinical problems for which PCIT is being applied. It would be interesting later to carry out a systematic review in these areas and see what results are concluded. The area in which most research is being done is the application of PCIT for autism spectrum disorder. There is also a line of research on childhood depression, for which there is a specific adaptation called parent-child interaction therapy emotion development (PCIT-ED). Another area of childhood problems currently under investigation is that of anxiety and separation anxiety, and the adaptation of PCIT to these problems has been denominated the «CARD protocol» (Center for Anxiety and Related Disorders) or the CALM program (coaching approach and leading by modeling). In addition, PCIT is being applied to children with trauma, with language problems (delay in this area, stuttering, mutism), developmental problems, with parents who present different problems or pathologies, and even with families that do not present problems but wish to prevent them. Although the studies are scarcer, in recent years it has been applied to sleep problems, internalizing problems, and sexual abuse, with promising results. These adaptations and applications are described in Ferro-García and Ascanio-Velasco (2017). For reasons of space, these areas of application have not been considered in this review.

The California Department of Social Services created the California Evidence-Based Clearinghouse for Child Welfare (CEBC), and in July 2017 it considered PCIT to be an evidence-based treatment for treating disruptive behavior. In February 2020, the Prevention Services Clearinghouse of the U.S. Department of Health and Human Services also rated PCIT as a well-established treatment with a favorable impact on the wellbeing of children (behavioral and emotional functioning) and adults (positive parenting and mental/emotional health practices of parents or caregivers).

We found 60 studies that were discarded, despite appearing in the searches of the aforementioned pages, and these are not referred to for the following reasons: the



application of PCIT was aimed at problems not covered in this study, the objectives were different from those included in this study, they were theoretical articles, or the studies had not been completed at the time of publication.

Behavioral PT programs are treatments that are presented as evidence-based (SCCAP), and specifically PCIT as demonstrated in this review is a treatment of choice for the problems presented herein, and one that has very good potential for other applications. The authors of this work plan to carry out a meta-analysis of the experimental studies of PCIT, which we hope will soon come to fruition. Six years ago (Ferro & Ascanio, 2014), we stated that PCIT was an unknown therapy in our country, and we believe that this is unfortunately still the case, although the occasional publication has appeared in Spanish during this time. Once again, we hope that with this study empirical evidence and clinical potential of PCIT will be recognized.

#### CONFLICTS OF INTEREST

No conflict of interest

#### NOTE:

The empirical studies used in the review are marked with an asterisk in the references.

#### REFERENCES

- \*Abrahamse, M.E., Junger, M., Van-Wouwe, M.A.M.M., Boer, F., & Lindauer, R.J.L. (2015). Treating Child Disruptive Behavior in High-Risk Families: A Comparative Effectiveness Trial from a Community-Based Implementation. *Journal of Child & Family Studies*, 24, 1-18. <https://doi.org/10.1007/s10826-015-0322-4>.
- \*Agazzi, H., Tan, S.Y., Knap, K. & Armstrong, K. (2018). Lessons Learned from the Application of Parent-Child Interaction Therapy with children with Autism Spectrum Disorder. In C.B. McNeil, L.B. Questsch & Anderson, C.M. (eds.), *Handbook of Parent-Child Interaction Therapy for Children on the Autism Spectrum*, (pp. 517-530). Cham: Springer. [https://doi.org/10.1007/978-3-030-03213-5\\_28](https://doi.org/10.1007/978-3-030-03213-5_28).
- \*Agazzi, H., Tan, S.Y., Ogg, J., Armstrong, K. & Kirby, R.S. (2017). Does Parent-Child Interaction Therapy reduce maternal Stress, Anxiety, and Depression Among Mothers of Children with Autism Spectrum disorder?. *Child & Family Behavior Therapy*, 39, 4, 283-303. <https://doi.org/10.1080/07317107.2017.1375622>.
- \*Allen, K., Harrington, J.W. & Cooke, C. (2018). PCIT for Children with Severe Behavior Problems and Autism Spectrum Disorder. In C.B. McNeil, L.B. Questsch & Anderson, C.M. (eds.). *Handbook of Parent-Child Interaction Therapy for Children on the Autism Spectrum*, (pp. 531-544). Cham: Springer. [https://doi.org/10.1007/978-3-030-03213-5\\_29](https://doi.org/10.1007/978-3-030-03213-5_29).
- \*Allen, B., Timmer, S.G., & Urquiza, A.J. (2014). Parent-Child Interaction Therapy as an attachment-based intervention: Theoretical rationale and pilot data with adopted children. *Children and Youth Services Review*, 4, 334-341. <https://doi.org/10.1016/j.childyouth.2014.10.009>.
- \*Allen, B., Timmer, S.G., & Urquiza, A.J. (2016). Parent-Child Interaction Therapy for sexual concerns of maltreated children: A preliminary investigation. *Child Abuse & Neglect*, 56, 80-88. <https://doi.org/10.1016/j.chiabu.2016.04.008>.
- \*Armstrong, K., David, A., & Goldberg, K. (2014). Parent-Child Interaction Therapy with Deaf Parents and Their Hearing Child: A Case Study. *Clinical Case Studies*, 13(2), 115-127. <https://doi.org/10.1177/1534650113502705>.
- \*Armstrong, K., DeLoatche, K.J., Preece, K.K., & Agazzi, H. (2015). Combining Parent-Child Interaction Therapy and Visual Supports for the Treatment of Challenging Behavior in a Child With Autism and Intellectual Disabilities and Comorbid Epilepsy. *Clinical Case Studies*, 14(1), 3-14. <https://doi.org/10.1177/1534650114531451>.
- \*Armstrong, K., & Kimonis, E.R. (2013). Parent-Child Interaction Therapy for the Treatment of Asperger's Disorder in Early Childhood: A Case Study. *Clinical Case Studies*, 12(1), 60-72. <https://doi.org/10.1177/1534650112463429>.
- \*Ascanio Velasco, L. & Ferro Garcia, R. (2018). Combinando la Terapia de Aceptación y Compromiso con la Terapia de Interacción Padres-Hijos en un niño con graves problemas de conducta [Combining acceptance and commitment therapy with parent-child interaction therapy for a child with severe behavioral problems]. *Revista de Psicología Clínica con Niños y Adolescentes*, 5(1), 57-62. <https://doi.org/10.21134/rpcna.2018.05.1.8>.
- \*Bagner, D.M., Coxe, S., Hungerford, G.M., García, D., Barroso, N.E., Hernández, J., & Rosa-Olivares, J. (2015). Behavioral Parent Training in Infancy: A Window of Opportunity for High-Risk Families. *Journal of Abnormal Child Psychology*, 43(7), 1-12. <https://doi.org/10.1007/s10802-015-0089-5>.
- \*Bagner, D.M., Coxe, S., Hungerford, G.M., García, D., Barroso, N.E., Hernández, J., & Rosa-Olivares, J. (2016). Behavioral Parent Training in Infancy: A Window of Opportunity for High-Risk Families. *Journal of Abnormal Child Psychology*, 44(5), 902-912. <https://doi.org/10.1007/s10802-015-0089-5>.
- \*Bagner, D.M. & Eyberg, S.M. (2003). Father Involvement in Parent Training: When Does it Matter? *Journal of Clinical Child and Adolescent Psychology*, 32(4), 599-605. [https://doi.org/10.1207/s15374424jccp3204\\_13](https://doi.org/10.1207/s15374424jccp3204_13).
- \*Bagner, D.M., & Eyberg, S.M. (2007). Parent-Child Interaction Therapy for disruptive behavior in child with mental retardation: A randomized controlled trial. *Journal of Clinical Child and Adolescent Psychology*, 36(3), 418-429. <https://doi.org/10.1080/15374410701448448>.
- \*Bagner, D.M., Fernández, M.A., & Eyberg, S.M. (2004). Parent-Child Interaction Therapy and Chronic Illness: A Case Study. *Journal of Clinical Psychology in Medical Settings*, 11,1, 1-6. <https://doi.org/10.1023/b:jocs.0000016264.02407.fd>
- \*Bagner, D.M., García, D. & Hill, R. (2016). Direct and



- Indirect Effects of Behavioral Parent Training on Infant Language Production. *Behavior Therapy*, 47, 2, 184-197. <https://doi.org/10.1016/j.beth.2015.11.001>.
- \*Bagner, D.M., Graziano, P.A., Jaccard, J., Sheinkopf, S.J., Vohr, B.R., & Lester, B.M. (2012). An Initial Investigation of Baseline Respiratory Sinus Arrhythmia as a Moderator of Treatment Outcome for Young Children Born Premature With Externalizing Behavior Problems. *Behavior Therapy*, 43, 652-665. <https://doi.org/10.1016/j.beth.2011.12.002>.
- \*Bagner, D.M., Rodriguez, G.M., Blake, C.A., & Rosa-Olivares, J. (2013). Home-Based Preventive Parenting Intervention for at-Risk Infants and Their Families: An Open Trial. *Cognitive and Behavioral Practice*, 20, 334-348. <https://doi.org/10.1016/j.cbpra.2012.08.001>.
- \*Bagner, D.M., Sheinkopf, S.J., Miller-Loncar, C.L., Vohr, B.R., Hinckley, M., Eyberg, S.M., & Lester, B.M. (2009). Parent-Child Interaction Therapy for Children Born Premature: A Case Study and Illustration of Vagal Tone as a Physiological Measure of Treatment Outcome. *Cognitive and Behavioral Practice*, 16, 468-477. <https://doi.org/10.1016/j.cbpra.2009.05.002>.
- \*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 Pediatric*, 31(3), 209-216. <https://doi.org/10.1097/dbp.0b013e3181d5a294>.
- \*Barnett, M.L., Niec, L.N., Peer, S.O., Jent, J.F., Weinstein, A., Gisbert, P. & Simpson, G. (2015). Successful Therapist-Parent Coaching: How in Vivo Feedback Relates to Parent Engagement in Parent-Child Interaction Therapy. *Journal of Clinical Child & Adolescent Psychology*, 46(6), 895-902. <https://doi.org/10.1080/15374416.2015.1063428>.
- 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(3), 375-387. <https://doi.org/10.1016/j.beth.2009.11.002>.
- \*Bjørseth, Å. & Wichstrøm, L. (2016). Effectiveness of Parent-Child Interaction Therapy (PCIT) in the Treatment of Young Children's Behavior Problems. A Randomized Controlled Study. *PLoS ONE* 11(9): e0159845. <https://doi.org/10.1371/journal.pone.0159845>.
- Blair, K., Topitzes, J. & Mersky, J.P. (2019). Do Parents' Adverse Childhood Experiences Influence Treatment Responses to Parent-Child Interaction Therapy? An exploratory Study with a Child Welfare Sample. *Child & Family Behavior Therapy*, 41(2), 73-83. <https://doi.org/10.1080/07317107.2019.1599255>.
- \*Boggs, S.R., Eyberg, S.M., Edwards, D.L., Rayfield, A., Jacobs, J., Bagner, D. & Hood, K.K. (2005). 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, 1-22. [https://doi.org/10.1300/j019v26n04\\_01](https://doi.org/10.1300/j019v26n04_01).
- \*Borrego, J., Anhalt, K., Terao, S.Y., Vargas, E.C., & Urquiza, A.J. (2006). Parent-Child Interaction Therapy with a Spanish-Speaking Family. *Cognitive and Behavioral Practice*, 13, 121-133. <https://doi.org/10.1016/j.cbpra.2005.09.001>.
- \*Borrego, J., Urquiza, A.J., Rasmussen, R.A., & Zebell, N. (1999). Parent-Child Interaction Therapy with a Family at High Risk for Physical Abuse. *Child Maltreatment*, 4, 331-342. <https://doi.org/10.1177/1077559599004004006>.
- \*Briegel, W. (2017). Tailoring Parent-Child Interaction Therapy (PCIT) for Older Children: A Case Study. *Zeitschrift für Kinder-und Jugendpsychiatrie und Psychotherapie*, 1-5. <https://doi.org/10.1024/1422-4917/a000536>.
- \*Briegel, W., Walter, T., Schimek, M., Knapp, D., & Bussing, R. (2015). Parent-Child Interaction Therapy in In-room-Coaching. *Kindheit und Entwicklung*, 24, 1, 47-54. <https://doi.org/10.1026/0942-5403/a000158>.
- \*Budd, K.S., Garbacz, L.L., & Carter, J.S. (2016). Collaborating with Public School Partners to Implement Teacher-Child Interaction Training (TCIT) as Universal Prevention. *School Mental Health*, 8(2), 207-221. <https://doi.org/10.1007/s12310-015-9158-8>.
- California Evidence-Based Clearinghouse (2017). *Parent-Child Interaction Therapy*. Retrieved from <http://www.cebc4cw.org/program/parent-child-interaction-therapy/detailed>.
- \*Cambric, M. & Agazzi, H. (2019). A Case Study of Parent-Child Interaction Therapy for the Treatment of High-Functioning Autism Spectrum Disorder. *Clinical Case Studies*, 18(4), 270-281. <https://doi.org/10.1177/1534650119843591>.
- \*Capage, L.C., Bennet, G.M., & McNeil, C.B. (2001). A Comparison Between African and Caucasian Children Referred for Treatment of Disruptive Behavior Disorders. *Child & Family Behavior Therapy*, 23(1), 1-14. [https://doi.org/10.1300/j019v23n01\\_01](https://doi.org/10.1300/j019v23n01_01).
- \*Chaffin, M., Funderburk, B., Bard, D., Valle, L.A., & Gurwitch, R. (2011). A Combined Motivation and Parent-Child Interaction Therapy Package Reduces Child Welfare Recidivism in a Randomized Dismantling Field Trial. *Journal of Consulting and Clinical Psychology*, 79(1), 84-95. <https://doi.org/10.1037/a0021227>.
- \*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 Parent: Efficacy for Reducing Future Abuse Reports. *Journal of Consulting and Clinical Psychology*, 72(3), 500-510. <https://doi.org/10.1037/0022-006x.72.3.500>.
- \*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. <https://doi.org/10.1016/j.janxdis.2007.03.006>.
- \*Chase, R.M., Carmody, K.A., Lent, M., Murphy, R., Amaya-Jackson, L. Wray, E., Ake III, G.S., Sullivan, K., White, D.,



- Gurwitsch, R., Murray, K. (2019). Disseminating parent-child interaction therapy through the learning collaborative model on the adoption and implementation of an evidence-based treatment. *Children and Youth Services Review, 101*, 131-141. <https://doi.org/10.1016/j.chilcyouth.2019.03.043>.
- \*Chen, Y., & Fortson, B.L. (2015). Predictors of treatment attrition and treatment length in Parent-Child Interaction Therapy in Taiwanese families. *Children and Youth Services Review, 59*, 28-37. <https://doi.org/10.1016/j.chilcyouth.2015.10.009>.
- \*Chengappa, K., McNeil, C.B., Norman, M., Quetsch, L.B., & Travers, R.M. (2017). Efficacy of Parent-Child Interaction Therapy with Parent with Intellectual Disability. *Child & Family Behavior Therapy, 39*(4), 253-282. <https://doi.org/10.1080/07317107.2017.1375680>.
- \*Choate, M.L., Pincus, D.B., Eyberg, S.M., & Barlow, D.H. (2005). Parent-Child Interaction Therapy for Treatment of Separation Anxiety Disorder in Young Children: A Pilot Study. *Cognitive and Behavioral Practice, 12*, 126-135. [https://doi.org/10.1016/s1077-7229\(05\)80047-1](https://doi.org/10.1016/s1077-7229(05)80047-1).
- \*Chronis-Tuscano, A., Lewis-Morrarty, E., Woods, K.E., O'Brien, K.A., Mazursky-Horowitz, H., & Thomas, S.R. (2016). Parent-Child Interaction Therapy With Emotion Coaching for Preschoolers with Attention-Deficit/Hyperactivity Disorder. *Cognitive and Behavioral Practice, 23*(1), 62-78. <https://doi.org/10.1016/j.cbpra.2014.11.001>.
- \*Cohen, M.L., Heaton, S.C., Ginn, N., & Eyberg, S.M. (2012). Parent-Child Interaction Therapy as a Family-Oriented Approach to Behavioral Management Following Pediatric Traumatic Brain Injury: A Case Report. *Journal of Pediatric Psychology, 37*(3), 251-261. <https://doi.org/10.1093/jpepsy/jsr086>.
- Comer, J.S., Furr, J.M., Miguel, E.M., Cooper-Vice, C.E., Carpenter, A.L., Elkins, R.M., Kerns, C.E., Cornacchio, D., Chou, T., Coxe, S., DeSerisy, M., Sanchez, A.L., Golik, A., Martín J., Myers, K.M., & Chase, R. (2017). Remotely delivering real-time parent training to the home: A initial randomized trial of Internet-delivered parent-child interaction therapy (I-PCIT). *Journal of Consulting and Clinical Psychology, 85*(9), 909-917. <https://doi.org/10.1037/ccp0000230>.
- Cooley, M.E., Veldorale-Griffin, A., Petren, R.E., & Mullis, A.K. (2014). Parent-Child Interaction Therapy: a Meta-Analysis of Child Behavior Outcomes and Parent Stress. *Journal of Family Social Work, 17*, 191-208. <https://doi.org/10.1080/10522158.2014.888696>.
- \*Danko, C.M., Garbacz, L.L., & Budd, K.S. (2016). Outcomes of Parent-Child Interaction Therapy in an urban community clinic: A comparison of treatment completers and dropouts. *Children and Youth Services Review, 60*, 42-51. <https://doi.org/10.1016/j.chilcyouth.2015.11.007>.
- \*Datyner, A., Kimonis, E.R., Hunt, E., & Armstrong, K. (2016). Using a Novel Emotional Skills Module to Enhance Empathic Responding for a Child with Conduct Disorder with limited Prosocial Emotion. *Clinical Case Studies, 15*(1), 35-52. <https://doi.org/10.1177/1534650115588978>.
- \*Dickinson, S., & Agazzi, H. (2019). A Father with Posttraumatic Stress Disorder and a Son with Autism Spectrum Disorder: A Parent-Child Interaction Therapy Case Study. *Military Behavioral Health, 7*(3), 345-353. <https://doi.org/10.1080/21635781.2018.1530624>.
- \*Dickmann, C.R., & Allen, B. (2017). Parent-Child Interaction Therapy for the Treatment of Disinhibited Social Engagement Disorder: A Case Report. *Journal Evidence-Based Practice in Child and Adolescent Mental Health, 2*(1), 19-29. <https://doi.org/10.1080/23794925.2017.1286959>.
- \*Dombrowski, S.C., Timmer, S.G., Blacker, D.M., & Urquiza, A.J. (2005). A Positive Behavioural Intervention for Toddlers: Parent-Child Attunement Therapy. *Child Abuse Review, 14*, 132-151. <https://doi.org/10.1002/car.888>.
- \*Eisenstadt, T.H., Eyberg, S., McNeil, C.B., Newcomb, K., & Funderburk, B. (1993). Parent-Child Interaction Therapy with Behavior Problem children: Relative Effectiveness of Two Stages and Overall Treatment Outcome. *Journal of Clinical Child Psychology, 22*(1), 42-51. [https://doi.org/10.1207/s15374424jccp2201\\_4](https://doi.org/10.1207/s15374424jccp2201_4).
- Euser, S., Alink, L.R.A., Stoltenborgh, M., Bakermans-Kranenburg, M.J., & Van Ijzendoorn, M.H. (2015). A gloomy picture: a meta-analysis of randomized controlled trials reveals disappointing effectiveness of programs aiming at preventing child maltreatment. *BioMed Central Public Health, 15*:1068, 1-14. <https://doi.org/10.1186/s12889-015-2387-9>.
- Eyberg, S.M. (1988). Parent-Child Interaction Therapy: Integration of traditional and behavioral concerns. *Child & Family Behavior Therapy, 10*, 33-46. [https://doi.org/10.1300/j019v10n01\\_04](https://doi.org/10.1300/j019v10n01_04).
- Eyberg, S.M. (1999). *Parent-Child Interaction Therapy (PCIT). Integrity Checklists and Session Materials*. Retrieved from <http://pcit.pphhp.ufl.edu/>
- \*Eyberg, S.M., Boggs, S., & Jaccard, J. (2014). Does Maintenance Treatment Matter? *Journal Abnormal Child Psychology, 42*, 355-366. <https://doi.org/10.1007/s10802-013-9842-9>.
- Eyberg, S.M., & Funderburk, B. (2011). *Parent Child Interaction Therapy Protocol 2011*. Retrieved from: [www.pcit.org](http://www.pcit.org).
- \*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. [https://doi.org/10.1300/j019v23n04\\_01](https://doi.org/10.1300/j019v23n04_01).
- \*Eyberg, S.M., & Robinson, E.A. (1982). Parent-Child Interaction Training: Effects on Family Functioning. *Journal of Clinical Child Psychology, 11*(2), 130-137. [https://doi.org/10.1207/s15374424jccp1102\\_6](https://doi.org/10.1207/s15374424jccp1102_6).
- \*Fawley, K.D., Stokes, T.F., Rainear, C.A., Rossi, J.L., & Budd, K.S. (2019). Universal TCIT improves Teacher-Child Interactions and Management of Child Behavior. *Journal of*



- Behavioral Education*, 28, 1-22. <https://doi.org/10.1007/s10864-019-09337-6>.
- \*Fernandez, M.A., Adelstein, J.S., Miller, S.P., Areizaga, M.J., Gold, D.C., Sanchez, A.L.,...Gudiño, O.G. (2015). Teacher-Child Interaction Training: A Pilot Study with Random Assignment. *Behavior Therapy*, 46, 463-477. <https://doi.org/10.1016/j.beth.2015.02.002>.
- \*Fernandez, M.A., Butler, A.M., & Eyberg, S.M. (2011). Treatment Outcome for Low Socioeconomic Status African American Families in Parent-Child Interaction Therapy: A Pilot Study. *Child & Behavior Therapy*, 33(1), 32-48. <https://doi.org/10.1080/07317107.2011.545011>.
- Ferro García, R., & Ascanio Velasco, L. (2014). Terapia de Interacción Padres-Hijos (PCIT) [Parent-child interaction therapy (PCIT)]. *Papeles del Psicólogo*, 35(3), 169-180.
- Ferro García, R., & Ascanio Velasco, L. (2017). *Terapia de Interacción Padres-Hijos. Un tratamiento basado en la evidencia [Parent-child interaction therapy. An evidence-based treatment]*. Madrid: Síntesis. <https://doi.org/10.21134/rpcna.2018.05.1.8>.
- \*Ferro García, R., Ascanio Velasco, L., & Valero Aguayo, L. (2017). Integrando la Terapia de Aceptación y Compromiso con la Terapia de Interacción Padres-Hijos en un niño con Trastorno Negativista Desafiante [Integrating Acceptance and Commitment Therapy with Parent-Child Interaction Therapy in a child with Oppositional Defiant Disorder]. *Revista de Psicología Clínica con Niños y Adolescentes*, 4(1), 33-40. <https://doi.org/10.21134/rpcna.2018.05.1.8>.
- \*Ferro García, R., Vives Montero, C., & AscanioVelasco, L. (2010). Aplicación de la Terapia de Interacción Padres-Hijos en un caso de Trastorno Negativista Desafiante [Application of Parent-Child Interaction Therapy in a case of Oppositional Defiant Disorder]. *Revista de Psicopatología y Psicología Clínica*, 15(3), 205-214. <https://doi.org/10.5944/rppc.vol.15.num.3.2010.40.98>.
- \*Filcheck, H., McNeil, C.B., Greco, L., & Bernard, R. (2004). Using a whole-class token economy and coaching of teacher skills in a preschool classroom to manage disruptive behavior. *Psychology in the Schools*, 41(3), 351-361. <https://doi.org/10.1002/pits.10168>.
- \*Fleming, G.E., Kimonis, E.R., Datyner, A., & Comer, J.S. (2017). Adapting Internet-Delivered Parent-Child Interaction Therapy to Treat Co-Occurring Disruptive Behavior and Callous-Unemotional Traits: A Case Study. *Clinical case Studies*, 16(5), 370-387. <https://doi.org/10.1177/1534650117699471>.
- \*Foley, K., McNeil, C.B., Norman, M., & Wallace, N.M. (2016). Effectiveness of Group Format Parent-Child Interaction Therapy Compared to Treatment as Usual in a Community Outreach Organization. *Child & Family Behavior Therapy*, 38(4), 279-298. <https://doi.org/10.1080/07317107.2016.1238688>.
- Fowles, T.R., Mase, J.J., McGoron, L., Beveridge, R.M., Williamson, A.A., Smith, M.A., & Parrish, B.P. (2018). Home-Based vs. Clinic-Based Parent-Child Interaction Therapy: Comparative Effectiveness in the Context of Dissemination and Implementation. *Journal of Child and Family Studies*, 27(4), 1115-1129. <https://doi.org/10.1007/s10826-017-0958-3>.
- French, A.N., Yates, B.T., & Fowles, T.R. (2018). Cost-Effectiveness of Parent-Child Interaction Therapy in Clinics versus Homes: Client, Provider, Administrator, and Overall Perspectives. *Journal of Child and Family Studies*, 27(10), 3329-3344. <https://doi.org/10.1007/s10826-018-1159-4>.
- \*Fricker-Elhai, A.E., Ruggiero, K.J., & Smith, D.W. (2005). Parent-Child Interaction Therapy with Two Maltreated Siblings in Foster Care. *Clinical Case Studies*, 4(1), 13-39. <https://doi.org/10.1177/1534650103259671>.
- \*Funderburk, B., Chaffin, M., Bard, E., Shanley, J., Bard, D., & Berliner, L. (2015). Comparing Client Outcomes for Two Evidence-Based Treatment Consultation Strategies. *Journal of Clinical Child & Adolescent Psychology*, 44(5), 730-741. <https://doi.org/10.1080/15374416.2014.910790>.
- \*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 & Behavior Therapy*, 20(2), 17-38. [https://doi.org/10.1300/j019v20n02\\_02](https://doi.org/10.1300/j019v20n02_02).
- \*Galanter, R., Self-Brown, S., Valente, J.R., Dorsey, S., Whitaker, D.J., Bertuglia-Haley, M., & Prieto, M. (2012). Effectiveness of Parent-Child Interaction Therapy Delivered to At-Risk Families in the Home Setting. *Child & Family Behavior Therapy*, 34, 177-196. <https://doi.org/10.1080/07317107.2012.707079>.
- Gallagher, N. (2003). Effects of Parent-Child Interaction Therapy on Young Children with Disruptive Behavior Disorders. *Bridges*, 1(4), 1-17.
- \*Garbacz, L.L., Zychinski, K.E., Feuer, R.M., Carter, J.S., & Budd, K.S. (2014). Effects of Teacher-Child Interaction Training (TCIT) on Teacher Ratings of Behavior Change. *Psychology in the School*, 51(8), 850-865. <https://doi.org/10.1002/pits.21788>.
- \*Garcia, D., Barroso, N.E., Kuluz, J., & Bagner, D.M. (2016). Parent-Child Interaction Therapy and Moderate Pediatric Traumatic Brain Injury: A Case Study. *Journal Evidence-Based Practice in child and Adolescent Mental Health*, 1(1), 40-50. <https://doi.org/10.1080/23794925.2016.1191977>.
- \*Ginn, N.C., Clionsky, L.N., Eyberg, S.M., Warner-Metzger, C., & Abner, J.P. (2017). Child-Directed Interaction Training for Young Children with Autism Spectrum Disorders: Parent and Child Outcomes. *Journal of Clinical Child & Adolescent Psychology*, 46(1), 101-109. <https://doi.org/10.1080/15374416.2015.1015135>.
- Girard, E.I., Wallace, N.M., Kohlhoff, J.R., Morgan, S.S.J., & McNeil, C.B. (2018). *Parent-Child Interaction Therapy with*



- Toddlers. *Improving Attachment and Emotion Regulation*. Cham: Springer. [https://doi.org/10.1007/978-3-319-93251-4\\_9](https://doi.org/10.1007/978-3-319-93251-4_9).
- \*Gordon, H.M., & Cooper, L.D. (2015). A Case Study of Parent-Child Interaction Therapy. Flexible Client-Centered Adaptation of an EST. *Clinical Case Studies, 14*, 1-17. <https://doi.org/10.1177/1534650115603819>.
- \*Graziano, P.A., Bagner, D.M., Slavec, J., Hungerford, G., Kent, K., Babinski, D., Derefinko, K., & Pasalich, D. (2014). Feasibility of Intensive Parent-Child Interaction Therapy (I-PCIT): Results from an Open Trial. *Journal of Psychopathology & Behavioral Assessment, 37*(1), 1-12. <https://doi.org/10.1007/s10862-014-9435-0>.
- \*Graziano, P.A., Bagner, D.M., Slavec, J., Hungerford, G., Kent, K., Babinski, D., Berefinko, K., & Pasalich, D. (2015). Feasibility of Intensive Parent-Child Interaction Therapy (I-PCIT): Results from an Open Trial. *Journal of Psychopathology & Behavioral Assessment, 7*, 38-49. <https://doi.org/10.1007/s10862-014-9435-0>.
- \*Graziano, P.A., Ros, R., Hart, K.C., & Slavec, J. (2017). Summer Treatment Program for Preschoolers with Externalizing Behavior Problems: A preliminary examination of parenting outcomes. *Journal of Abnormal Child Psychology, 46*, 1253-1265. <https://doi.org/10.1007/s10802-017-0358-6>.
- \*Gresl, B.L., Fox, R.A., & Fleischmann, A. (2014). Home-Based Parent-Child Therapy in Low-Income African American, Caucasian, and Latino Families: A Comparative Examination of Treatment Outcomes. *Child & Family Behavior Therapy, 36*, 33-50. <https://doi.org/10.1080/07317107.2014.878193>.
- \*Gross, D., Belcher, H.M.E., Budhathoki, C., Ofonedu, M.E., & Uveges, M.K. (2018). Does Parent Training Format Affect Treatment Engagement? A Randomized Study of Families at Social Risk. *Journal of Child and Family Studies, 27*(5), 1579-1593. <https://doi.org/10.1007/s10826-017-0984-1>.
- \*Gross, D.A., Belcher, H.M.E., Budhathoki, C., Ofonedu, M.E., Dutrow, D., Uveges, M.K., & Slade, E. (2019). Reducing Preschool Behavior Problems in an Urban Mental Health Clinic: A Pragmatic, Non-Inferiority Trial. *Journal of the American Academy of Child & Adolescent Psychiatry, 58*(6), 572-581. <https://doi.org/10.1016/j.jaac.2018.08.013>.
- \*Gross, D.A., Belcher, H.M.E., Ofonedu, M.E., Breitenstein, S., Frick, K.D., & Budhathoki, C. (2014). Study protocol for a comparative effectiveness trial of two parent training programs in a fee-for-service mental health clinic: can we improve mental health services to low-income families? *Trials, 15*(70), 1-10. <https://doi.org/10.1186/1745-6215-15-70>.
- \*Hakman, M., Chaffin, M., Funderburk, B., & Silovsky, J.F. (2009). Change Trajectories for Parent-Child Interaction Sequences During Parent-Child Interaction Therapy. *Child Abuse & Neglect, 33*, 461-470. <https://doi.org/10.1016/j.chiabu.2008.08.003>.
- \*Harwood, M.D., & Eyberg, S.M. (2006). Child-Directed Interaction: Prediction of Change in Impaired Mother-Child Functioning. *Journal of Abnormal Child Psychology, 34*(3), 335-347. <https://doi.org/10.1007/s10802-006-9025-z>.
- \*Hatamzadeh, A., Pouretamad, H., & Hassanabadi, H. (2010). The effectiveness of parent-child interaction therapy for children with high functioning autism. *Procedia-Social and Behavioral Sciences, 5*, 994-997. <https://doi.org/10.1016/j.sbspro.2010.07.224>.
- Hembree-Kigin, T.L., & McNeil, C.B. (1995). *Parent-Child Interaction Therapy*. New York: Plenum Press. <https://doi.org/10.1007/978-1-4899-1439-2>.
- \*Herschell, A.D., Scudder, A.B., Schaffner, K.F., & Slagel, L.A. (2017). Feasibility and Effectiveness of Parent-Child Interaction Therapy with Victims of Domestic Violence: A Pilot Study. *Journal of Child and Family Studies, 26*(1), 271-283. <https://doi.org/10.1007/s10826-016-0546-y>.
- \*Hood, K.K., & Eyberg, S.M. (2003). Outcomes of Parent-Child Interaction Therapy: Mothers' Reports Maintenance Three to Six Years After Treatment. *Journal of Clinical Child and Adolescent Psychology, 32*(3), 419-429. [https://doi.org/10.1207/s15374424jccp3203\\_10](https://doi.org/10.1207/s15374424jccp3203_10).
- \*Hosogane, N., Kodaira, M., Kihara, N., Saito, K., & Kamo, T. (2018). Parent-Child Interaction Therapy (PCIT) for young children with Attention-Deficit Hyperactivity Disorder (ADHD) in Japan. *Annals of General Psychiatry, 17*(9), 2-7. <https://doi.org/10.1186/s12991-018-0180-8>.
- Jent, J., Weinstein, A., Simpson, G., Gisbert, P., & Simmons, S. (2014). *Pocket PCIT. Child Directed Interaction*. Retrieved from <https://itunes.apple.com/us/book/pocket-pcit/id933980011?l=es&mt=11>.
- \*Kanine, R., Jackson, Y., Huffhines, L., Barnett, A., & Stone, K.J. (2018). A Pilot Study of Universal Teacher-Child Interaction Training at a Therapeutic Preschool for Young Maltreated Children. *Topics in Early Childhood Special Education, 38*(3), 146-161. <https://doi.org/10.1177/0271121418790012>.
- Kennedy, S.C., Kim, J., Tripodi, S.J., Brown, S.M., & Gowdy, G. (2016). Does Parent-Child Interaction Therapy Reduce Future Physical Abuse? A Meta-Analysis. *Research on Social Work Practice, 26*(2), 147-156. <https://doi.org/10.1177/1049731514543024>.
- \*Kimonis, E.R., & Armstrong, K. (2012). Adapting Parent-Child Interaction Therapy to Treat Severe Conduct Problems with Callous-Unemotional Traits: A Case Study. *Clinical Case Studies, 11*(3), 234-252. <https://doi.org/10.1177/1534650112448835>.
- \*Kimonis, E.R., Fleming, G., Briggs, N., Brouwer-French, L., Frick, P.J., Hawes, D.J., Bagner, D.M., Thomas, R., & Dadds, M. (2018). Parent-Child Interaction Therapy Adapted for Preschoolers with Callous-Unemotional Traits: An Open Trial Pilot Study. *Journal of Clinical Child & Adolescent Psychology, 48*(1), 347-361. <https://doi.org/10.1080/15374416.2018.1479966>.



- \*Kohlhoff, J., & Morgan, S. (2014). Parent-Child Interaction Therapy for Toddlers: A Pilot Study. *Child & Family Behavior Therapy, 36*, 121-139. <https://doi.org/10.1080/07317107.2014.910733>.
- \*Kohlhoff, J., Wallace, N., Morgan, S., Maiuolo, M., & Turnell, A. (2019). Internet-delivered Parent-Child Interaction Therapy: Two clinical case reports. *Clinical Psychologist, 23*(3), 271-282. <https://doi.org/10.1111/cp.12184>.
- \*Lanier, P., Kohl, P.L., Benz, J., Swinger, D., & Drake, B. (2014). Preventing Maltreatment with a Community-Based Implementation of Parent-Child Interaction Therapy. *Journal of Child & Families Studies, 23*, 449-460. <https://doi.org/10.1007/s10826-012-9708-8>.
- \*Lanier, P., Kohl, P.L., Benz, J., Swinger, D., Moussette, P., & Drake, B. (2011). Parent-Child Interaction Therapy in a Community Setting: Examining Outcomes, Attrition, and Treatment Setting. *Research on Social Work Practice, 21*(6), 689-698. <https://doi.org/10.1177/1049731511406551>.
- \*Legato, L.J. (2015). *Early Patterns of Change in Parent-Child Interaction Therapy* (unpublished doctoral thesis). DePaul University, Chicago, Illinois. Retrieved from: [https://via.library.depaul.edu/csh\\_etd/116](https://via.library.depaul.edu/csh_etd/116).
- \*Lenze, S.N., Pautsch, J., & Luby, J. (2011). Parent-child interaction therapy emotion development: a novel treatment for depression in preschool children, *Depression and Anxiety, 28*(2), 153-159. <https://doi.org/10.1002/da.20770>.
- \*Lesack, R., Bearss, K., Celano, M., & Sharp, W.G. (2014). Parent-Child Interaction Therapy and autism spectrum disorder: Adaptations with a child with severe developmental delays. *Clinical Practice in Pediatric Psychology 2*(1), 68-82. <https://doi.org/10.1037/cpp0000047>.
- \*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. <https://doi.org/10.1177/1049731508321713>.
- \*Leung, C., Tsang, S., Ng, G.S.H., & Choi, S.Y. (2017). Efficacy of Parent-Child Interaction Therapy with Chinese ADHD Children: Randomized Controlled Trial. *Research on Social Work Practice, 27*(1), 36-47. <https://doi.org/10.1177/1049731516643837>.
- \*Leung, C., Tsang, S., Sin, S., & Choi, S.Y. (2015). The Efficacy of Parent-Child Interaction Therapy With Chinese Families: Randomized Controlled Trial. *Research on Social Work Practice, 25*(1), 117-128. <https://doi.org/10.1177/1049731513519827>.
- \*Lieneman, C.C., Girard, E.I., Quetsch, L.B., & McNeil, C.B. (2019). Emotion Regulation and Attrition in Parent-Child Interaction Therapy. *Journal of Child and Family Studies, 28*(1), 1-19. <https://doi.org/10.1007/s10826-019-01674-4>.
- \*Lieneman, C.C., Quetsch, L.B., Theodorou, L.L., Newton, K.A., & McNeil, C.B. (2019). Reconceptualizing attrition in Parent-Child Interaction Therapy: «dropouts» demonstrate impressive improvements. *Psychology Research and Behavior Management, 12*, 543-555. <https://doi.org/10.2147/prbm.s207370>.
- \*Lieneman, C.C., Ruckle, M.M., & McNeil, C.B. (2018). Parent-Child Interaction Therapy for a Child with Autism Spectrum Disorder: A Case Study Examining Effects on ASD Symptoms, Social Engagement, Pretend Play, and Disruptive Behavior. In C.B. McNeil, L.B., Quetsch & Anderson, C.M. (eds.). *Handbook of Parent-Child Interaction Therapy for Children on the Autism Spectrum*, (pp. 677-696). Cham: Springer. [https://doi.org/10.1007/978-3-030-03213-5\\_39](https://doi.org/10.1007/978-3-030-03213-5_39).
- \*Luby, J.L., Barch, D.M., Whalen, D., Tillman, R., & Freedland, K.E. (2018). A Randomized Controlled Trial of Parent-Child Psychotherapy Targeting Emotion Development for Early Childhood Depression. *The American Journal of Psychiatry, 175*(11), 1102-1110. <https://doi.org/10.1176/appi.ajp.2018.18030321>.
- \*Luby, J., Lenze, S., & Tillman, R. (2012). A novel early intervention for preschool depression: findings from a pilot randomized controlled trial. *The Journal of Child Psychology and Psychiatry, 53*(3), 313-322. <https://doi.org/10.1111/j.1469-7610.2011.02483.x>.
- \*Lyon, A.R., & Budd, K.S. (2010). A Community Mental Health Implementation of Parent-Child Interaction Therapy (PCIT). *Journal Child & Family Studies, 19*, 654-668. <https://doi.org/10.1007/s10826-010-9353-z>.
- \*Madigan, R.J. (2011). *Effectiveness of Teacher-Child Interaction Training (TCIT): A Multiple Probe Design across classrooms in a day-treatment*. (PhD thesis). New Jersey: The State University of New Jersey.
- \*Masse, J.J., McNeil, C.B., Wagner, S. & Quetsch, L.B. (2016). Examining the Efficacy of Parent-Child Interaction Therapy with Children on the Autism Spectrum. *Journal of Child and Family Studies, 25*(8), 2508-2525. <https://doi.org/10.1007/s10826-016-0424-7>.
- \*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. <https://doi.org/10.1111/j.1545-5300.2009.01279.x>.
- \*Matos, M., Torres, R., Santiago, R., Jurado, M., & Rodríguez, I. (2006). Adaptation of Parent-Child Interaction Therapy for Puerto Rican Families: A Preliminary Study. *Family Process, 45*(2), 205-222. <https://doi.org/10.1111/j.1545-5300.2006.00091.x>.
- \*Mazza, S.J. (2018). *Effects of a PCIT-Informed Modular Treatment Program on Anxiety Disorders with Comorbid Disruptive Behavior in Early Childhood*. (PhD thesis). Hofstra University, New York. Retrieved from: <https://search.proquest.com/openview/89cc17f8b756e219b7df22cc635d8147/1?pq-origsite=gscholar&cbl=18750&diss=y>.
- \*McCabe, K., & Yeh, M. (2009). Parent-Child Interaction Therapy for Mexican Americans: A Randomized Clinical Trial. *Journal of Clinical Child and Adolescent Psychology, 38*(5), 753-759.



- <https://doi.org/10.1080/15374410903103544>.
- \*McIntosh, D.E., Rizza, M.G., & Bliss, L. (2000). Implementing Empirically Supported Interventions: Teacher-Child Interaction Therapy. *Psychology in the School, 37*(5), 453-462. [https://doi.org/10.1002/1520-6807\(200009\)37:5%3C453::aid-pits5%3E3.0.co;2-2](https://doi.org/10.1002/1520-6807(200009)37:5%3C453::aid-pits5%3E3.0.co;2-2).
- \*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. [https://doi.org/10.1207/s15566935eed1004\\_2](https://doi.org/10.1207/s15566935eed1004_2).
- \*McNeil, C.B., Eyberg, S., Eisenstadt, T.H., Newcomb, K., & Funderburk, B. (1991). Parent-Child Interaction Therapy with Behavior Problem Children: Generalization of Treatment Effects to the School Setting. *Journal of Clinical Child Psychology, 20*(2), 140-151. [https://doi.org/10.1207/s15374424jccp2002\\_5](https://doi.org/10.1207/s15374424jccp2002_5).
- McNeil, C.B., & Hembree-Kigin, T.L. (2011). *Parent-Child Interaction Therapy. Second Edition*. New York: Springer.
- McNeil, C.B., Quetsch, L.B., & Anderson, C.M. (2018). *Handbook of Parent-Child Interaction Therapy for Children on the Autism Spectrum*. Cham: Springer. <https://doi.org/10.1007/978-3-030-03213-5>.
- \*Mersky, J.P., Topitzes, J. & Blair, K. (2017). Translating evidence-based treatment into child welfare services through communicat-university partnerships: a case example of parent-child interaction therapy. *Children and Youth Services Review, 82*, 427-433. <https://doi.org/10.1016/j.childyouth.2017.10.002>.
- \*Mersky, J.P., Topitzes, J., Grant-Savela, S.D., Brondino, M.J., & McNeil, C.B. (2016). Adapting Parent-Child Interaction Therapy to Foster Care: Outcomes from a Randomized Trial. *Research on Social Work Practice, 26*(2), 157-167. <https://doi.org/10.1177/1049731514543023>.
- \*Montes-Vu, V.E., & Girard, E. (2018). Parent-Child Interaction Therapy-Toddler (PCIT-T): Case Overview for a Child on the Spectrum with a Comorbid Developmental Disability. In C.B. McNeil, L.B. Quetsch & Anderson, C.M. (eds.). *Handbook of Parent-Child Interaction Therapy for Children on the Autism Spectrum*, (pp. 665-675). Cham: Springer. [https://doi.org/10.1007/978-3-030-03213-5\\_38](https://doi.org/10.1007/978-3-030-03213-5_38).
- Niec, L. (2018). *Handbook of Parent-Child Interaction Therapy. Innovations and Applications for Research and Practice*. Cham: Springer. <https://doi.org/10.1007/978-3-319-97698-3>.
- \*Niec, L., Barnett, M.L., Prewett, M.S., & Shanley, J. (2016). Group Parent-Interaction Therapy: A Randomized Control Trial for the Treatment of Conduct Problems in Young Children. *Journal of Consulting and Clinical Psychology, 84*(8), 682-698. <https://doi.org/10.1037/a0040218>.
- \*Nieter, L., Thornberry, T., & Brestan-Knight, E. (2013). The Effectiveness of Group Parent-Child Interaction Therapy with Community Families. *Journal of Child and Families Studies, 22*, 490-501. <https://doi.org/10.1007/s10826-012-9601-5>.
- \*Nixon, R.D.V. (2001). Changes in Hyperactivity and Temperament in Behaviourally Disturbed Preschoolers after Parent-Child Interaction Therapy (PCIT). *Behavior Change, 18*(3), 168-176. <https://doi.org/10.1375/behc.18.3.168>.
- \*Nixon, R.D., Sweeney, L., Erikson, D.B., & Touyz, S.W. (2003). Parent-Child Interaction Therapy: A Comparison of Standard and Abbreviated Treatment for Oppositional Preschoolers. *Journal of Consulting and Clinical Psychology, 71*, 251-260. <https://doi.org/10.1037/0022-006x.71.2.251>.
- \*Nixon, R.D., Sweeney, L., Erikson, D.B., & Touyz, S.W. (2004). One-and-Two-Year Follow-up of Standard and Abbreviated Treatments for Oppositional Preschoolers. *Journal of Abnormal Child Psychology, 32*(3), 263-271. <https://doi.org/10.1023/b:jacp.0000026140.60558.05>.
- \*Pade, H., Taube, D.O., Aalborg, 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. [https://doi.org/10.1300/j019v28n03\\_01](https://doi.org/10.1300/j019v28n03_01).
- \*Pearl, E., Thieken, L., Olafson, E., Boat, B., Connelly, L., Barnes, J., & Putnam, F. (2012). Effectiveness of Community Dissemination of Parent-Child Interaction Therapy. *Psychological Trauma: Theory, Research, Practice and Policy, 4*(2), 204-213. <https://doi.org/10.1037/a0022948>.
- \*Phillips, J., Morgan, S., Cawthorne, K., & Barnett, 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. <https://doi.org/10.1080/00048670802206320>.
- \*Riley, V.T. (2014). The Effect of Parent-Child Interaction Therapy on Caregiver Rigidity, Job Satisfaction and Childhood Misbehavior. *USC Aiken Psychology Theses. 3*. [https://scholarcommons.sc.edu/aiken\\_psychology\\_theses/3](https://scholarcommons.sc.edu/aiken_psychology_theses/3).
- \*Ros, R., & Graziano, P.A. (2019). Group PCIT for Preschoolers with Autism Spectrum Disorder and Externalizing Behavior Problems. *Journal of Child and Family Studies, 28*(5), 1294-1303. <https://doi.org/10.1007/s10826-019-01358-z>.
- \*Ros, R., Hernandez, J., Graziano, P.A., & Bagner, D.M. (2016). Parent Training for Children with or at Risk for Developmental Delay: The Role of Parent Homework Completion. *Behavior Therapy, 47*(1), 1-13. <https://doi.org/10.1016/j.beth.2015.08.004>.
- \*Rothenberg, W.A., Weinstein, A., Dandes, E.A., & Jent, J.F. (2018). Improving Child Emotion Regulation: Effects of Parent-Child Interaction Therapy and Emotion Socialization Strategies. *Journal of Child and Family Studies, 28*(3), 720-731. <https://doi.org/10.1007/s10826-018-1302-2>.
- \*Rowley, A.M., & Masse, J.J. (2018). PCIT and Autism: A Case Study. In C.B. McNeil, L.B. Quetsch & Anderson,



- C.M. (eds.), *Handbook of Parent-Child Interaction Therapy for Children on the Autism Spectrum*, (pp. 633-649). Springer. [https://doi.org/10.1007/978-3-030-03213-5\\_36](https://doi.org/10.1007/978-3-030-03213-5_36).
- \*Scattone, D., Sarver, D.E., & Cox, A.D. (2018). Parent-Child Interaction Therapy (PCIT): Autism Case Study 4. In C.B. McNeil, L.B. Questsch & C.M. Anderson (Eds.), *Handbook of Parent-Child Interaction Therapy for Children on the Autism Spectrum*, (pp. 651-664). Springer. [https://doi.org/10.1007/978-3-030-03213-5\\_37](https://doi.org/10.1007/978-3-030-03213-5_37).
- \*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. [https://doi.org/10.1207/s15374424jccp2701\\_4](https://doi.org/10.1207/s15374424jccp2701_4).
- \*Scudder, A.T., McNeil, C.B., Chengappa, K., & Costello, A.H. (2014). Evaluation of an existing parenting class within a women's state correctional facility and a parenting class modeled from Parent-Child Interaction Therapy. *Children and Youth Services Review*, 46, 238-247. <https://doi.org/10.1016/j.childyouth.2014.08.015>.
- \*Scudder, A.T., Wong, C.B., Mendoza-Burcham, M., & Handen, B. (2018). Summary of Lessons Learned from Two Studies: An Open Clinical Trial and a Randomized Controlled Trial of PCIT and Young Children with Autism Spectrum Disorders. In C.B. McNeil, L.B. Questsch & C.M. Anderson, (Eds.), *Handbook of Parent-Child Interaction Therapy for Children on the Autism Spectrum*, (pp. 443-456). Springer. [https://doi.org/10.1007/978-3-030-03213-5\\_24](https://doi.org/10.1007/978-3-030-03213-5_24).
- \*Shafi, R.M.A., Vande Voort, J.L., Croarkin, P.E., & Romanowicz, M. (2018). Parent-Child Interaction Therapy in a Case of Global Developmental Delay and Leukoencephalopathy. *Frontiers in Psychiatry*, 9, 1-5. <https://doi.org/10.3389/fpsy.2018.00427>.
- \*Sharma, V., Shikhu, L.P., & Jha, M. (2019). Sibling rivalry disorder: Issues of diagnosis and management. A case report. *Journal of Indian Association for Child & Adolescent Mental Health*, 15(2), 140-153.
- \*Shinn, M. (2013). Parent-Child Interaction Therapy with a Deaf and Hard of Hearing Family. *Clinical Case Studies*, 20(10), 1-17. <https://doi.org/10.1177/1534650113500065>.
- Society of Clinical Child and Adolescent Psychology. (2017). *Effective Child Therapy. Evidence-based mental health treatment for children and adolescents*. United States: Effective Child Therapy. Retrieved from: <https://effectivechildtherapy.org/concerns-symptoms-disorders/>.
- \*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(9), 1767-1776. <https://doi.org/10.1007/s10803-008-0567-5>.
- Southam-Gerow, M.A., & Prinstein, M.J. (2014). Evidence Base Updates: The Evolution of the Evaluation of Psychological Treatments for Children and Adolescents. *Journal of Clinical Child & Adolescent Psychology*, 43(1), 1-6. <https://doi.org/10.1080/15374416.2013.855128>.
- \*Stokes, J.O., Jent, J.F., Weinstein, A., Davis, E.M., Brown, T.M., Cruz, L., & Wavering, H. (2016). Does Practice Make Perfect? The Relationship Between Self-Reported Treatment Homework Completion and Parental Skill Acquisition and Child Behaviors. *Behavior Therapy*, 47, 538-549. <https://doi.org/10.1016/j.beth.2016.04.004>.
- \*Stokes, J.O., Scudder, A., Costello, A.H. & McNeil, C.B. (2017). Parent-Child Interaction Therapy With an Eight-Year-Old Child: A Case Study. *Journal of Evidence-Based Practice in Child and Adolescent Mental Health*, 2(1), 1-11. <https://doi.org/10.1080/23794925.2016.1268938>.
- \*Stokes, J.O., Wallace, N.M., & McNeil, C.B. (2018). Effectiveness of Community-Delivered Parent-Child Interaction Therapy Compared to Usual Care. *Child & Family Behavior Therapy*, 40(4) 279-305. <https://doi.org/10.1080/07317107.2018.1522232>.
- \*Tan, S.Y., Steding, L.H., Coates, E.E., & Agazzi, H. (2018). Parent-Child Interaction Therapy and ADHD: A Case Study With a Hearing Child of a Deaf Father and a Hearing Mother. *Child & Family Behavior Therapy*, 40(1), 65-83. <https://doi.org/10.1080/07317107.2018.1428071>.
- \*Thomas, R., & Zimmer-Gembeck, M.J. (2011). Accumulating Evidence for Parent-Child Interaction Therapy in the Prevention of Child Maltreatment. *Child Development*, 82(1), 177-192. <https://doi.org/10.1111/j.1467-8624.2010.01548.x>.
- \*Timmer, S.G., Hawk, B., Tudor, M.E., & Solomon, M. (2018). Reflections on the First Efficacy Study of Parent-Child Interaction Therapy with Children Diagnosed with Autism Spectrum Disorder. In C.B. McNeil, L.B. Questsch & Anderson, C.M. (eds.), *Handbook of Parent-Child Interaction Therapy for Children on the Autism Spectrum*, (pp. 501-515). Springer. [https://doi.org/10.1007/978-3-030-03213-5\\_27](https://doi.org/10.1007/978-3-030-03213-5_27).
- \*Timmer, S.G., Ho, L.K.L., Urquiza, A.J., Zebell, N.M., Fernandez-Garcia, E., & Boys, D. (2011). The Effectiveness of Parent-Child Interaction Therapy with Depressive Mothers: The Changing Relationship as the Agent of Individual Change. *Child Psychiatry Human Development Journals*, 42, 406-423. <https://doi.org/10.1007/s10578-011-0226-5>.
- \*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. <https://doi.org/10.1016/j.childyouth.2005.01.006>.
- \*Timmer, S.G., Urquiza, A.J., Zebell, N.M., & McGraw, J.M. (2005). Parent-Child Interaction Therapy: application to



- maltreating parent-child dyads. *Child Abuse & Neglect*, 29, 825-842. <https://doi.org/10.1016/j.chiabu.2005.01.003>.
- \*Timmer, S.G., Urquiza, A.J., Herschell, A.D., McGrath, J.M., Zebell, N.M., Porter, A.L., & Vargas, E.C. (2006). Parent-Child Interaction Therapy: Application of an Empirically Supported Treatment to Maltreated Children in Foster Care. *Child Welfare*, 85, 919-939. <https://doi.org/10.1016/j.chilyouth.2005.01.006>.
- \*Timmer, S.G., Urquiza, A.J., Boys, D.K., Forte, L.A., Quick-Abdullah, D., Chan, S., & Gould, W. (2016). Filling potholes on the implementation highway: Evaluating the Implementation of Parent-Child Interaction Therapy in Los Angeles County. *Child Abuse & Neglect*, 53, 40-50. <https://doi.org/10.1016/j.chiabu.2015.11.011>.
- \*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. <https://doi.org/10.1891/0886-6708.25.4.486>.
- \*Urquiza, A., & Timmer, S.G. (2012). Un programa para la Mejora de las Relaciones Padres-Hijos. La Terapia de Interacción Padres-Hijos [A Program for Improving Parent-Child Relationships. Parent-Child Interaction Therapy]. *Psychosocial Intervention*, 21, 145-156. <https://doi.org/10.1787/leo-2011-graph66-es>.
- \*Veen-Mulders, L., Hoofdakker, B.J., Nauta, M.H., Emmelkamp, P., & Hoekstra, P.J. (2018). Methylphenidate Has Superior Efficacy Over Parent-Child Interaction Therapy for Preschool Children with Disruptive Behaviors. *Journal of Child and Adolescent Psychopharmacology*, 28(1), 66-73. <https://doi.org/10.1089/cap.2017.0123>.
- \*Verduin, T.L., Abikoff, H., & Kurtz, S.M.S. (2008). Evidence-Based Treatment of Attention Deficit/Hyperactivity Disorder in a Preschool-Age Child: A Case Study. *Journal of Clinical Child and Adolescent Psychology*, 37(2), 477-485. <https://doi.org/10.1080/15374410801955904>.
- \*Wallace N.M., & Sly, H.G. (2018) Parent-Child Interaction Therapy with a Child on the Autism Spectrum: A Case Study. In C.B. McNeil, L.B. Quetsch & Anderson, C.M. (eds.), *Handbook of Parent-Child Interaction Therapy for Children on the Autism Spectrum*, (pp. 609-618). Cham: Springer. [https://doi.org/10.1007/978-3-030-03213-5\\_34](https://doi.org/10.1007/978-3-030-03213-5_34).
- \*Wallace, N.M., Quetsch, L.B., Robinson, C., McCoy K.M., & McNeil, C.B. (2018). Infusing Parent-Child Interaction Therapy Principles into Community-based Wraparound Services: An Evaluation of Feasibility, Child Behavior Problems, and Staff Sense of Competence. *Children and Youth Services Review*, 88, 567-581. <https://doi.org/10.1016/j.chilyouth.2018.04.007>.
- Ward, M.A., Theule, J., & Cheung, K. (2016). Parent-Child Interaction Therapy for Child Disruptive Behaviour Disorders: A Meta-analysis. *Child Youth Care Forum*, 45, 675-690. <https://doi.org/10.1007/s10566-016-9350-5>.
- \*Ware, L.M., McNeil, C.B., Masse, J., & Stevens, S. (2008). Efficacy of In-Home Parent-Child Interaction Therapy. *Child & Family Behavior Therapy*, 30(2), 99-126. <https://doi.org/10.1080/07317100802060302>.
- \*Webb, H.J., Thomas, R., McGregor, L., Avdagic, E., & Zimmer-Gembeck, M.J. (2017). An Evaluation of Parent-Child Interaction Therapy with and without Motivational Enhancement to Reduce Attrition. *Journal of Clinical Child & Adolescent Psychology*, 46(4), 537-550. <https://doi.org/10.1080/15374416.2016.1247357>.
- \*Weinstein, A., Jent, J.F., Cejas, I., & De la Asuncion, M. (2015). Improving behavior using child-directed interaction skills: A case study determining cochlear implant candidacy. *Cochlear Implant International*, 16(5), 285-289. <https://doi.org/10.1179/1754762815y.0000000007>.
- \*Zimmer-Gembeck, M.J., Kerin, J.L., Webb, H.J., Gardner, A.A., Campbell, S.M., Swan, K., & Timmer, S.G. (2019). Improved Perceptions of Emotion Regulation and Reflective Functioning in Parents: Two Additional Positive Outcomes of Parent-Child Interaction Therapy. *Behavior Therapy*, 50(2), 340-352. <https://doi.org/10.1016/j.beth.2018.07.002>.
- Zlomke, K.R., & Jeter, K. (2019). Comparative Effectiveness of Parent-Child Interaction Therapy for Children with and without Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders*, 49, 1-12. <https://doi.org/10.1007/s10803-019-03960-y>.
- \*Zlomke, K.R., Jeter, K., & Murphy, J. (2017). Open-Trial Pilot of Parent-Child Interaction Therapy for Children With Autism Spectrum Disorder. *Child & Family Behavior Therapy*, 39(1), 1-18. <https://doi.org/10.1080/07317107.2016.1267999>.