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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.

Parent-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 2
LEVELS OF EVIDENCE-BASED SUPPORT FOR TREATMENTS
(SOUTHAM-GEROW & PRINSTEIN, 2014)

Level 1: Well-established treatments. Evidence criteria:

- 1.1 Prove the efficacy of the treatment compared with other treatments:
 - 1.1.a Statistically significantly superior to another active treatment, or pharmacological treatment, or psychological placebo. Or
 - 1.1.b Equivalent to (or not significantly different from) the well-established treatment in experiments. And
 - 1.1.c Demonstrated efficacy in at least two independent research situations and by two independent research teams. And
- 1.2 Fulfill all methodological criteria (all 5).

Level 2: Probably efficacious treatments. Evidence criteria:

- 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
- 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
- 2.3 Fulfill all methodological criteria (all 5).

Level 3: Possibly efficacious treatments. Evidence criteria:

- 3.1 At least one good randomized controlled trial showing that the treatment is superior to a wait list or untreated control group. And
- 3.2 Fulfill all methodological criteria (all 5). Or
- 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.

Level 4: Experimental treatments. Evidence criteria:

- 4.1 Not yet tested in a randomized controlled trial. Or
- 4.2 Have been tested in one or more clinical trials but not sufficient to meet Level 3 criteria.

Level 5: Treatments of questionable efficacy. Evidence criteria:

- 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.

TABLE 1
METHODOLOGICAL CRITERIA FOR EVALUATING THE EVIDENCE
OF A TREATMENT
(SOUTHAM-GEROW & PRINSTEIN, 2014)

- M. 1. Group designs:** Studies with a randomized controlled design
- M. 2. Defined independent variable:** Having treatment manuals or equivalent logic that has been used for treatment.
- M. 3. Defined population:** study carried out in a population that has specific problems, with clearly described inclusion criteria.
- M. 4. Assessment of results:** Reliable and valid assessment of results. Using (as a minimum) tools that measure the specific problems.
- M. 5. Adequate data analysis:** Use of appropriate data analysis and a sufficient sample size to detect the desired effects.

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.

TABLE 3
EMPIRICAL STUDIES ON PCIT APPLIED TO BEHAVIORAL PROBLEMS, CLASSIFIED ACCORDING TO DESIGN AND RESULTS

Single case	
Pre-post differences	No difference
Agazzi, Tan, Knap et al. (2018) Ascanio y Ferro (2018) Bagner et al. (2009) Cambic 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)
Multiple Baseline	
Significant differences	Inconclusive results
Chengappa et al. (2017) Fawley et al. (2019) Filcheck et al. (2004) Mazza (2018)	Madigan (2011)
Within-group	
Significant differences	No difference
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)

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
(Continuation)

Between-group	
Significant differences	No difference
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)
Between-group with control group	
Significant differences	No difference
Funderburk et al. (1998) Leung et al. (2009) McNeil et al. (1999) Webb et al. (2017)	Solomon et al. (2008) Stokes et al. (2018)
Randomized between-group	
Significant Difference	No difference
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.

TABLA 4 EMPIRICAL STUDIES APPLIED TO OPPOSITIONAL DEFIANT DISORDER, CLASSIFIED ACCORDING TO DESIGN AND RESULTS		
Single case		
Pre-post differences		No difference
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)
Multiple Baseline		
Significant differences		
Ware et al. (2008)		
Within-group		
Significant differences		
Briegel et al. (2015) Chase & Eyberg (2008) Chronis-Tuscano 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)		
Between-group		
Significant differences		
Abrahamse et al. (2015) Boggs et al. (2005) Eisenstadt et al. (1993) Hood & Eyberg (2003) McCabe & Yeh (2009)		
Between-groups with control		
Significant differences		
Funderburk et al., 1998 McNeil et al. (1991)		
Randomized between-groups		
Significant Differences		
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)		

TABLE 5 EMPIRICAL STUDIES APPLIED TO ATTENTION DEFICIT HYPERACTIVITY DISORDER, CLASSIFIED ACCORDING TO DESIGN AND RESULTS		
Single case		
Pre-post differences		No difference
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)
Multiple Baseline		
Significant differences		
Ware et al. (2008)		
Within-group		
Significant differences		
Danko et al. (2016) Eyberg et al. (2001) Lieneman et al. (2019) Lyon & Budd (2010) Matos et al. (2006) Nieter et al. (2013)		
Between-group		
Significant differences		
Abrahamse et al. (2015) Boogs, et al. (2005) Eisenstadt et al. (1993) Hood & Eyberg (2003) McCabe & Yeh (2009)		
Between-groups with control group		
Significant differences		
Funderburk et al., 1998		
Randomized between-group		
Significant Difference		No difference
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

TABLE 6
EMPIRICAL STUDIES APPLIED TO THE PREVENTION OF CHILD ABUSE, CLASSIFIED ACCORDING TO DESIGN AND RESULTS

Single case	
<i>Pre-post differences</i>	
Borrego et al. (1999) Urquiza & Timmer (2012)	
Within-group	
<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)
Between-group	
<i>Significant differences</i>	
Foley et al. (2016) Lanier et al., (2011), (2014)	
Between-group with control	
<i>Significant differences</i>	
Solomon et al. (2008)	
Randomized between-group	
<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)

TABLE 7
EMPIRICAL STUDIES APPLIED TO CHILD ABUSE, CLASSIFIED ACCORDING TO DESIGN AND RESULTS

Single case	
<i>Pre-post differences</i>	
Dombrowski et al. (2005) Timmer, et al. (2006)	
Within-group	
<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)	
Between-group	
<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)
Randomized between-group	
<i>Significant differences</i>	
Chaffin et al., (2004) Hakman et al. (2009) Thomas & Zimmer-Gembeck (2011)	
Factorial Design	
<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.

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