Behavioral outcomes of parent-child interaction therapy and triple P-positive parenting program: Evidence and implications for public health

Review on which this evidence summary is based:

Review Focus

| P | Parents and/or caregivers of children age 3-12 years |
| I | Parent-Child Interaction Therapy and Triple P-Positive Parenting Program |
| C | Usual Care |
| O | Primary Outcomes: Parent reported and observed child-behavior problems |
|    | Secondary Outcomes: Parent reported and observed parenting behaviours |

Review Quality Rating: 5 (moderate) Details on the methodological quality are available here.

Considerations for Public Health Practice

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<th>Conclusions from Health Evidence</th>
<th>General Implications</th>
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<td>• This review of moderate methodological quality, based on 24 studies of unknown methodological quality, compares the effectiveness of the Parent Child Interaction Therapy (PCIT) and the Triple P Positive Parenting Program. In all trials, included children had identified behaviour problems prior to the intervention.</td>
<td>• Overall findings suggest that both PCIT and Triple P parenting programs could be used by public health to support families with children identified with behaviour problems.</td>
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<td>• Self-reported findings suggest parenting programs lead to improved parent and child behaviour. However, when behaviours are observed the evidence of effectiveness is mixed.</td>
<td>• Public health should advocate for parenting programs in general as a strategy to improve child behaviour and parenting skills.</td>
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<td>• At this time, given the limited number of studies comparing PCIT and Triple P, it is unclear if one approach is more effective than the other.</td>
<td>• Additional rigorous evaluation is needed, particularly measuring behaviour using observation rather than self report.</td>
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Evidence and Implications

What’s the evidence? Implications for practice and policy

Parent Child Interaction Therapy (PCIT)
13 studies, 9/13 RCT design, 2/13 cohort, 2/13 non-randomized trials, 632 sample

* Note: The effect sizes (ES) presented indicate a measured decline in negative behaviours unless otherwise noted

Child behavior outcomes
Standard PCIT compared to waitlist:
• When child behaviour was measured by parent-report, a large statistically significant decrease in negative behaviours was reported. (ES = -1.45, 95% CI -1.82, -

Parent Child Interaction Therapy (PCIT)
• Public Health may consider the PCIT parenting program as a strategy to improve child and parenting behaviours.
• Further evaluation of PCIT is needed, particularly with observed outcome measures rather than self report.
When child behaviour was observed, there was no impact on negative behaviour (2 studies, n=47)

**Parenting outcomes**

Standard PCIT compared to waitlist:
- When parent behaviour was measured through self-report, a large statistically significant decrease in negative parenting behaviours was reported (ES = -1.16, 95% CI -1.55, -0.78) (4 studies, n=125)
- When parent behaviour was observed, a small to large statistically significant decrease in negative behaviours was observed (ES -0.76, 95% CI -1.19, -0.34), while a very large increase in positive behaviours was observed (ES 1.66, 95% CI 2.97, 4.52) (3 studies, n=92). A very large statistically significant increase in father’s positive parenting behaviours was observed (ES 5.67, 95% CI 3.79, 7.54) (1 studies, n=22).

The review included comparisons of PCIT treatment to various groups. In general, consistent improvements in parent reported negative child and parent behaviour were reported, but no impact was reported when child behaviour was observed.

**Triple P Positive Parenting Program (11 RCT’s, sample 887)**

**Child behavior outcomes**

Triple P compared to waitlist
- When child behaviour was measured by parent-report, a small to large statistically significant decrease in negative behaviour was reported (ES -0.69, 95% CI -0.99, -0.38) (2 studies, n=178).

**Parenting outcomes**

Triple P compared to waitlist:
- When parent behaviour was measured through self-report, a large statistically significant decrease in negative parenting behaviours was reported (ES -1.07, 95% CI -1.43, -0.71) (1 study, n=136)
- When parent behaviour was observed, there was no impact on negative parenting behaviours (1 study, n=136)

The review included a summary of the effectiveness of variations of Triple P. In general consistent improvements in negative child and parent behaviour were reported when outcomes were parent reported. When child behaviour was observed only the enhanced Triple P program led to improved behaviour.

**Comparison of PCIT and Triple P**

**Effect size comparisons for PCIT and Triple P (with comparison groups)**

- Both programs reported a statistically significant decrease in parent-reported child negative behaviours, a larger decrease in negative behaviors was reported for PCIT compared to Triple P (-1.31)

- Public Health should support parenting programs such as PCIT and Triple P to reduce negative child behaviour and negative parenting behaviour.

- Both PCIT and Triple P are effective at improving parent-reported outcomes. However, PCIT is
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<th>vs. -0.73, p &lt;0.001).</th>
<th>more effective for improving observed parenting behaviour and parent-reported child negative behaviour.</th>
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<td><strong>No difference for observed</strong> child negative behaviour with PCIT compared to Triple P</td>
<td><strong>For self-reported</strong> reduction in negative parenting behaviours, a statistically significant larger effect was reported for PCIT (-1.11 vs. -0.71, p&lt;0.001).</td>
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<td><strong>For observed</strong> parent negative behaviours, a much larger statistically significant effect was observed, for PCIT compared to Triple P (-1.46 vs. -0.19, p&lt;0.001).</td>
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Legend:  
- P – Population; I – Intervention; C – Comparison group; O – Outcomes; CI – Confidence Interval; OR – Odds Ratio; RR – Relative Risk; ES – Effect Size  
**for definitions please see the healthevidence.org glossary of terms at** [http://www.healthevidence.org/glossary.aspx](http://www.healthevidence.org/glossary.aspx)

**Why this issue is of interest to public health in Canada**

Early childhood experiences have long lasting effects on health, wellbeing and competence, which are shown to be linked to an adult’s sense of identity and ability to cope with stress and problems. Children learn how to communicate, cope with stress, have healthy relationships, develop learning skills and a sense of self in the first five years of life. Parents who are engaged and interactive with their child and provide positive, consistent parenting at an early age may face fewer problems with adolescent mental health. However, parental stress and mental wellbeing may affect parent-child interactions and learning outcomes. Support for parenting programs with the aim of reducing parental stress, anxiety and depressive symptoms aligns with Health Canada’s prioritization of interventions targeting the early years.


*Other quality reviews on this topic are available on* [www.healthevidence.org](http://www.healthevidence.org)

**Suggested citation**


This evidence summary was written to condense the work of the authors of the review referenced on page one. The intent of this summary is to provide an overview of the findings and implications of the full review. For more information on individual studies included in the review, please see the review itself.

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