

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

First 5 LA Parent-Child
Interaction Therapy (PCIT)

Purpose

The ECBI™:

- Is a **36-item** parent/caregiver questionnaire that assesses parent/caregiver's perceptions of disruptive behaviors in children such as conduct, aggression and attention problems.
- Provides information regarding the frequency and severity of problem behaviors in children.
- Is sensitive to short-term changes, thus it can be used to evaluate treatment progress through the course of treatment.

Administration

- Is to be administered by a trained professional with a **minimum** of a bachelor's degree in psychology or a related field
- May be administered by phone or clinic, home or school setting.
- Should be reviewed for completeness; parent/caregiver should be encouraged to rate behaviors by completing all items on both scales.



Revised: January 9, 2014

ECBI Quick Guide

Eyberg Child Behavior Inventory™

The First 5 LA Parent-Child Interaction Therapy (PCIT) is unique from other Evidenced Based Practices (EBP's) in Los Angeles County. The source of funding for PCIT is First 5 LA, which is different from the Prevention and Early Intervention (PEI) EBP's funded by the Mental Health Services Act (MHSA). First 5 LA, UC Davis and DMH entered a five year strategic partnership in order to enhance the capacity and access of PCIT service delivery countywide. Therefore, it is significant to capture all the data of each client using the required outcome measures: ECBI, Sutter-Eyberg Student Behavior Inventory (SESBI), Parent Stress Index-4-Short Form (PSI-4-SF). And, the Trauma Symptom Checklist for Young Children (TSCYC) should be done when there is known trauma.

The ECBI should be completed by the Parent/Caregiver which is a report that assesses the Parent/Caregiver's perceptions of the disruptive behaviors of the child in treatment. It is required during the First, Midpoint, and Last EBP Treatment Sessions.

Clinical Utility

The ECBI™:

- Can be used to:
 - Measure behavior severity
 - Evaluate behavior change
 - Assess treatment progress
 - Aid in post-intervention treatment planning
- May yield important information regarding parenting styles
- May be used clinically in conjunction with the SESBI-R™ for cross-informant data gathering purposes; at this time, LAC DMH **only** requires the administration of the SESBI-R™ when the Parent/Caregiver is unavailable to complete the ECBI™.

Scoring Information

Review questionnaire to ensure Parent/Caregiver responded to all items

2 Scales

Intensity Scale: Measures the frequency (e.g., Never to Always) with which behaviors reportedly occur	<ul style="list-style-type: none"> ▫ Missed responses count as 1-"Never" ▫ Total the circled responses to derive the Raw Score (minimum score = 36, maximum score = 252) ▫ If four (4) or more items are unanswered, the scale is invalid and should not be scored.
	<ul style="list-style-type: none"> ▫ Raw Scores Cutoff for Clinical Significance: ≥ 131 ▫ T-Scores Cutoff for Clinical Significance: ≥ 60
Problem Scale: Allows parents to identify the degree to which the child/youth's behavior is problematic	<ul style="list-style-type: none"> ▫ Missed responses count as a "No" response ▫ Total "Yes" responses to derive the Raw Score (minimum score = 0, maximum score = 36) ▫ If four (4) or more items are unanswered, the scale is invalid and should not be scored
	<ul style="list-style-type: none"> ▫ Raw Scores Cutoff for Clinical Significance: ≥ 15 ▫ T-Scores Cutoff for Clinical Significance: ≥ 60

Note: Because scores are weighted, higher scores (over clinical cutoff) reflect greater concern about the client's behaviors.