

**The use of brief child behavior assessments for weekly check-ins in PCIT:
WACB-N and WACB-P**

Lindsay A. Forte
UC Davis Children's Hospital
CAARE Center
Deanna K. Boys
Susan G. Timmer

Sheila Eyberg's PCIT International protocol calls for the use of a weekly Eyberg Child Behavior Inventory (ECBI). This is problematic for a few reasons: ECBI assessments are costly for providers, the weekly time commitment (36 questions; 10 minutes for good readers) can be tedious and takes away valuable clinical check-in time, and completing the assessment weekly may diminish its reliability (e.g., Ahava et al., 1998). In order to comply with the spirit of Eyberg's protocol but avoid these problems, we developed a Weekly Assessment of Child Behavior mirroring the ECBI and measuring negative affect (WACB-N) and one measuring positive affect (WACB-P). The nine WACB-N questions each measure one of the nine clinically meaningful behavior categories as determined by the UC Davis CAARE Center and taken from the ECBI (Forte et al., 2011). The nine WACB-P questions measure the positive opposites of the WACB-N questions, in order to prompt caregivers to notice and acknowledge child positive behaviors during treatment sessions. The purpose of this study is to determine whether these two measures reliably assess children's behavior, whether or not they are measuring opposite views of the same underlying factor, and whether they are sensitive enough to measure change over time.

WACB-N assessments were administered to a clinical sample of 36 parent-child dyads, and WACB-P assessments were administered to 29 parent-child dyads referred to PCIT. Pre-treatment ECBI and PSI-SF scores were examined along with scores on the WACB-N and WACB-P. Analyses indicated that over time, there was a significant decrease in parent responses to child negative behaviors on the WACB-N, and a significant increase in parent responses to child positive behaviors on the WACB-P. As expected, the WACB-N was positively correlated with the ECBI and PSI-SF, while the WACB-P was negatively correlated with those measures. Findings suggest that the WACB-N and WACB-P are useful assessment tools in determining child behavior over time and better defining clinical treatment goals.

First Author

Lindsay A. Forte
UC Davis Children's Hospital
CAARE Center
3671 Business Dr., Suite 100
Sacramento, CA 95820
Lindsay.forte@ucdmc.ucdavis.edu
(916) 734-7833

Subsequent Author

Deanna K. Boys
UC Davis Children's Hospital
CAARE Center
3671 Business Dr., Suite 100
Sacramento, CA 95820
deanna.boys@ucdmc.ucdavis.edu
(916) 734-4209