

Purpose

The ECBI™:

- Is a **36-item** parent-report questionnaire that assesses parent perceptions of disruptive behaviors in children and adolescents **ages 2-16 years** (such as conduct, aggression, and attention problems)
- Provides information regarding the frequency and severity of problem behaviors in children and adolescents
- Is sensitive to short-term changes, thus it can be used to evaluate treatment progress through the course of brief, EBP treatment

Administration

The ECBI™:

- Can be administered and scored by non-clinical or clinical staff, but interpretation requires graduate training in psychology or a closely related field
- May be administered virtually
- Should be reviewed for completeness; parents should be encouraged to answer every item on both scales



ECBI™ Quick Guide

Eyberg Child Behavior Inventory™

Completed by parents of children **ages 2 to 16 years**, during the first and last EBP Treatment Sessions and every **6 months**, if treatment continues, for the following EBPs:

- Aggression Replacement Training (ART)
- Caring for Our Families (CFOF)
- Family Connections (FC)
- Incredible Years (IY)
- Loving Intervention Family Enrichment (LIFE)
- Managing and Adapting Practice (MAP) – Disruptive Behavior
- Nurturing Parenting Program (NPP)
- Parent-Child Interaction Therapy (PCIT)
- Promoting Alternative Thinking Strategies (PATHS)
- Reflective Parenting Program (RPP)
- Triple Positive Parenting (Triple P)
- UCLA TIES Transition Model (UCLA TTM)

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; LAC DMH **only** requires the administration of the SESBI-R™ when the parent is unavailable to complete the ECBI™.

Scoring Information

- Review questionnaire to ensure parent 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.