PracticeWise®

Evidence-Based Child and Adolescent Psychosocial Interventions

This report is intended to guide practitioners, educators, youth, and families in developing appropriate plans using psychosocial interventions. It was created for the period April 2015– October 2015 using the PracticeWise Evidence-Based Services (PWEBS) Database, available at www.practicewise.com. If this is not the most current version, please check the American Academy of Pediatrics (AAP) mental health Web site (www.aap.org/mentalhealth) for updates.

Please note that this chart represents an independent analysis by PracticeWise and should not be construed as endorsement by the AAP. For an explanation of PracticeWise determination of evidence/level, please see below or visit www.practicewise.com/aap.

Problem Area	Level 1- BEST SUPPORT	Level 2- GOOD SUPPORT	Level 3- MODERATE SUPPORT	Level 4- MINIMAL SUPPORT	Level 5- NO SUPPORT
Anxious or Avoidant Behaviors	Cognitive Behavior Therapy (CBT), CBT and Medication, CBT with Parents, Education, Exposure, Modeling	Assertiveness Training, Attention, Attention Training, CBT for Child and Parent, Cultural Storytelling, Family Psychoeducation, Hypnosis, Relaxation, Stress Inoculation	Contingency Management, Group Therapy	Biofeedback, CBT with Parents Only, Play Therapy, Psychodynamic Therapy, Rational Emotive Therapy, Social Skills	Assessment/Monitoring, Attachment Therapy, Client Centered Therapy, Eye Movement Desensitization and Reprocessing (EMDR), Peer Pairing, Psychoeducation, Relationship Counseling, Teacher Psychoeducation
Autism Spectrum Disorders	Intensive Behavioral Therapy, Intensive Communication Training	Attention Training, Cognitive Behavior Therapy, Imitation, Parent Management Training, Peer Pairing, Physical/Social/Occupational Therapy, Social Skills	None	Massage, Play Therapy, Theory of Mind Training	Biofeedback, Communication Skills, Contingent Responding, Eclectic Therapy, Fine Motor Training, Modeling, Parent Psychoeducation, Parent Responsivity Training, Sensory Integration Training, Structured Listening
Delinquency and Disruptive Behavior	Anger Control, Assertiveness Training, CBT, Contingency Management, Multisystemic Therapy, Parent Management Training, Parent Management Training and Problem Solving, Social Skills, Therapeutic Foster Care	CBT and Teacher Training, Communication Skills, Family Therapy, Functional Family Therapy, Parent Management Training and CBT, Parent Management Training and Classroom Management, Problem Solving, Rational Emotive Therapy, Relaxation, Self Control Training, Transactional Analysis	Client Centered Therapy, Moral Reasoning Training, Outreach Counseling, Peer Pairing	CBT and Teacher Psychoeducation, Parent Management Training and Classroom Management and CBT, Parent Management Training and Self-Verbalization, Physical Exercise, Stress Inoculation	Behavioral Family Therapy, Catharsis, CBT with Parents, Collaborative Problem Solving, Education, Exposure, Family Empowerment and Support, Family Systems Therapy, Group Therapy, Imagery Training, Parent Management Training and Peer Support, Play Therapy, Psychodynamic Therapy, Self Verbalization, Skill Development, Wraparound
Depressive or Withdrawn Behaviors	CBT, CBT and Medication, CBT with Parents, Family Therapy	Client Centered Therapy, Cognitive Behavioral Psychoeducation, Expressive Writing/Journaling/Diary, Interpersonal Therapy, Relaxation	None	Problem Solving, Self Control Training, Self Modeling	Goal Setting, Life Skills, Play Therapy, Psychodynamic Therapy, Psychoeducation, Social Skills
Eating Disorders	CBT, Physical Exercise and Dietary Care and Behavioral Feedback	Family Therapy, Family Systems Therapy	None	Physical Exercise and Dietary Care	Behavioral Training and Dietary Care, Client Centered Therapy, Dietary Care, Education, Family Therapy with Parent Consultant, Goal Setting, Psychoeducation, Yoga
Elimination Disorders	Behavior Alert, Behavior Alert and Behavioral Training, Behavioral Training, Behavioral Training and Biofeedback and Dietary Care and Medical Care, Behavioral Training and Dietary Care and Medical Care	Behavioral Training and Dietary Care, Behavioral Training and Hypnosis and Dietary Care, CBT	Behavior Alert and Medication	None	Assessment/Monitoring, Assessment/Monitoring and Medication, Behavioral Training and Medical Care, Biofeedback, Contingency Management, Dietary Care, Dietary Care and Medical Care, Hypnosis, Medical Care, Psychoeducation
Mania	None	Cognitive Behavioral Psychoeducation	None	None	Family-Focused Therapy, Psychoeducation

Problem Area	Level 1- BEST SUPPORT	Level 2- GOOD SUPPORT	Level 3- MODERATE SUPPORT	Level 4- MINIMAL SUPPORT	Level 5- NO SUPPORT
Substance Use	CBT, Community Reinforcement, Contingency Management, Family Therapy	Assertive Continuing Care, CBT and Medication, CBT with Parents, Family Systems Therapy, Functional Family Therapy, Goal Setting/Monitoring, Motivational Interviewing/Engagement, Motivational Interviewing/Engagement and CBT, Motivational Interviewing/Engagement and Expressive Writing/Journaling, Multidimensional Family Therapy, Problem Solving, Purdue Brief Family Therapy	Drug Court, Drug Court and Multisystemic Therapy and Contingency Management	Goal Setting, Psychoeducation	Advice/Encouragement, Assessment/Monitoring, Behavioral Family Therapy, Case Management, CBT and Community Information Campaign, CBT and Functional Family Therapy, Client Centered Therapy, Drug Court and Multisystemic Therapy, Drug Education, Education, Family Court, Group Therapy, Motivational Interviewing/Engagement and CBT and Family Therapy, Multisystemic Therapy, Parent Psychoeducation, Project CARE
Suicidality	None	Attachment Therapy, Counselors Care, Counselors Care and Support Training, Interpersonal Therapy, Multisystemic Therapy, Parent Coping/Stress Management, Psychodynamic, Social Support	None	None	Accelerated Hospitalization, Counselors Care and Anger Management
Traumatic Stress	CBT, CBT with Parents	Exposure, EMDR	None	Play Therapy, Psychodrama	Client Centered Therapy, CBT and Medication, CBT with Parents Only, Education, Interpersonal Therapy, Psychodynamic Therapy, Psychoeducation, Relaxation, Structured Listening

Adapted with permission from PracticeWise.

Note: Level 5 refers to treatments whose tests were unsupportive or inconclusive. This report updates and replaces the “Blue Menu” originally distributed by the Hawaii Department of Health, Child and Adolescent Mental Health Division, Evidence-Based Services Committee from 2002–2009.

Background

The PracticeWise "Evidence-Based Child and Adolescent Psychosocial Interventions" tool is created twice each year and posted on the AAP Web site at www.aap.org/mentalhealth, using data from the PracticeWise Evidence-Based Services Database, available at www.practicewise.com. The table is based on an ongoing review of randomized clinical psychosocial and combined treatment trials for children and adolescents with mental health needs. The contents of the table represent the treatments that best fit a patient's characteristics, based on the primary problem (rows) and the strength of evidence behind the treatments (columns). Thus, when seeking an intervention with the best empirical support for an adolescent with depression, one might select from among cognitive behavior therapy (CBT) alone, CBT with medication, CBT with parents included, or family therapy. Each clinical trial must have been published in a peer-reviewed scientific journal, and each study is coded by 2 independent raters whose discrepancies are reviewed and resolved by a third expert judge. Prior to report development, data are subject to extensive quality analyses to identify and eliminate remaining errors, inconsistencies, or formatting problems.

Strength of Evidence Definitions

The strength of evidence classification uses a 5-level system that was originally adapted from the American Psychological Association Division 12 Task Force on the Promotion and Dissemination of Psychological Procedures.[1] These definitions can be seen in the Box below. Higher strength of evidence is an indicator of the reliability of the findings behind the treatment, not an index of the expected size of the effect.

Treatment Definitions

"Evidence-Based Child and Adolescent Psychosocial Interventions" uses a broad level of analysis for defining treatments, such that interventions sharing a majority of components with similar clinical strategies and theoretical underpinnings are considered to belong to a single treatment approach. For example, rather than list each CBT protocol for depression on its own, the tool handles these as a single group that collectively has achieved a particular level of scientific support. This approach focuses more on "generic" as opposed to "brand name" treatment modalities, and it also is designed to reduce the more than 500 distinct treatments that would otherwise be represented on this tool to a more practical level of analysis.

Problem Definition

The presenting problems represented in the table rows are coded using a checklist of 25 different problem areas (e.g., anxious or avoidant behaviors, eating disorders, substance use). The problem area refers to the condition that a treatment explicitly targeted and for which clinical outcomes were measured. These problem areas are inclusive of diagnostic conditions (e.g., all randomized trials targeting separation anxiety disorder are considered collectively within the "Anxious or Avoidant Behaviors" row) but also include the much larger number of research trials that tested treatments but did not use diagnosis as a study entry criterion. For example, many studies use elevated scores on behavior or emotion checklists or problems such as arrests or suicide attempts to define participants. Mental health diagnoses are therefore nested under these broader categories.

History of This Tool

This tool has its origins with the Child and Adolescent Mental Health Division of the Hawaii Department of Health. Under the leadership of then-division chief Christina Donkervoet, work was commissioned starting in 1999 to review child mental health treatment outcome literature and produce reports that could serve the mental health system in selecting appropriate treatments for its youth.[2] Following an initial review of more than 120 randomized clinical trials,[3] the division began to issue the results of these reviews in quarterly matrix reports known as the Blue Menu (named for the blue paper on which it was originally printed and distributed). This document was designed to be user-friendly and transportable, thereby making it amenable to broad and easy dissemination. As of 2010, the AAP supports the posting of the next generation of this tool. "Evidence-Based Child and Adolescent Psychosocial Interventions" now represents over 700 randomized trials of psychosocial treatments for youth. PracticeWise continues to identify, review, and code new research trials and plans to continue providing updates to this tool to the AAP for the foreseeable future.

References

1. American Psychological Association Task Force on Promotion and Dissemination of Psychological Procedures, Division of Clinical Psychology. Training in and dissemination of empirically-validated psychological treatments: report and recommendations. *Clin Psychol.* 1995;48:3–23

2. Chorpita BF, Donkervoet CM. Implementation of the Felix Consent Decree in Hawaii: the implementation of the Felix Consent Decree in Hawaii. In: Steele RG, Roberts MC, eds. *Handbook of Mental Health Services for Children, Adolescents, and Families.* New York, NY: Kluwer Academic/Plenum Publishers; 2005:317–332

3. Chorpita BF, Yim LM, Donkervoet JC, et al. Toward large-scale implementation of empirically supported treatments for children: a review and observations by the Hawaii Empirical Basis to Services Task Force. *Clin Psychol Sci Pract.* 2002;9(2):165–190

Strength of Evidence Definitions

Level 1: Best Support

I. At least 2 randomized trials demonstrating efficacy in one or more of the following ways:
   a. Superior to pill placebo, psychological placebo, or another treatment.
   b. Equivalent to all other groups representing at least one level 1 or level 2 treatment in a study with adequate statistical power (30 participants per group on average) that showed significant pre-study to post-study change in the index group as well as the group(s) being tied. Ties of treatments that have previously qualified only through ties are ineligible.

II. Experiments must be conducted with treatment manuals.

III. Effects must have been demonstrated by at least 2 different investigator teams.

Level 2: Good Support

I. Two experiments showing the treatment is (statistically significantly) superior to a waiting list or no-treatment control group. *Manuals, specification of sample, and independent investigators are not required.*

OR

II. One between-group design experiment with clear specification of group, use of manuals, and demonstrating efficacy by either
   a. Superior to pill placebo, psychological placebo, or another treatment
   b. Equivalent to an established treatment (See qualifying tie definition above.)

Level 3: Moderate Support

One between-group design experiment with clear specification of group and treatment approach and demonstrating efficacy by either
   a. Superior to pill placebo, psychological placebo, or another treatment
   b. Equivalent to an already established treatment in experiments with adequate statistical power (30 participants per group on average)

Level 4: Minimal Support

One experiment showing the treatment is (statistically significantly) superior to a waiting list or no-treatment control group. *Manuals, specification of sample, and independent investigators are not required.*

Level 5: No Support

The treatment has been tested in at least one study but has failed to meet criteria for levels 1 through 4.