

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 2010–September 2010 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 mental health Web site (www.aap.org/mentalhealth) for updates.

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, Education, Exposure, Modeling	Assertiveness Training, CBT for Child and Parent, CBT with Parents, Family Psychoeducation, Hypnosis, Relaxation	Contingency Management, Group Therapy	Biofeedback, Play Therapy, Psychodynamic Therapy, Rational Emotive Therapy	Attachment Therapy, Client Centered Therapy, CBT with Parents Only, Eye Movement Desensitization and Reprocessing (EMDR), Relationship Counseling, Teacher Psychoeducation
Attention and Hyperactivity Behaviors	Behavior Therapy and Medication, Self-Verbalization	Biofeedback, Contingency Management, Education, Parent Management Training (alone, with Problem Solving, or with Teacher Psychoeducation), Physical Exercise, Relaxation and Physical Exercise, Social Skills and Medication, Working Memory Training	None	Parent Management Training and Social Skills, Relaxation, Self-Verbalization and Contingency Management, Social Skills	Attention, Client Centered Therapy, CBT, CBT and Anger Control, Parent Coping/Stress Management, Parent Management Training and Self-Verbalization, Problem Solving, Self-Control Training, Self-Verbalization and Medication, Skill Development
Autism Spectrum Disorders	Intensive Behavior Therapy, Intensive Communication Training	None	None	CBT, Parent Management Training, Peer Pairing	Auditory Integration Training, Hyperbaric Treatment
Delinquency and Disruptive Behavior	Assertiveness Training, CBT, Multisystemic Therapy, Parent Management Training, Parent Management Training and Problem Solving, Social Skills	Anger Control, Communication Skills, Contingency Management, Functional Family Therapy, Parent Management Training and Classroom Contingency Management, Problem Solving, Rational Emotive Therapy, Relaxation, Therapeutic Foster Care, Transactional Analysis	Attention, Outreach Counseling, Peer Pairing, Self-Control Training	Parent Management Training and Self-Verbalization, Physical Exercise, Stress Inoculation	Catharsis, CBT and Anger Control, CBT with Parents, Client Centered Therapy, Collaborative Problem Solving, Education, Exposure, Family Empowerment, Family Systems Therapy, Group Therapy (!), Life Skills, Play Therapy, Project CARE (!), Psychodynamic Therapy, Self-Verbalization, Skill Development, Wraparound
Depressive or Withdrawn Behaviors	CBT, CBT and Medication, CBT with Parents, Family Therapy	Client Centered Therapy, Expressive Writing/Journaling/Diary, Interpersonal Therapy, Relaxation	None	Self-Control Training, Self-Modeling	Life Skills, Problem Solving, Psychodynamic Therapy, Social Skills
Eating Disorders	None	CBT, Family Systems Therapy, Family Therapy	None	None	Client Centered Therapy, Education, Goal Setting
Mania	None	None	CBT	None	Family-Focused Therapy, Psychoeducation
Substance Use	Family Therapy	CBT, Contingency Management, Family Systems Therapy, Goal Setting/Monitoring, Motivational Interviewing/Engagement, Purdue Brief Family Therapy	None	Goal Setting	Client Centered Therapy, Education, Group Therapy (!), Project CARE (!), Twelve Step Program
Suicidality	None	Multisystemic Therapy, Social Support Team	None	None	Accelerated Hospitalization, Counselors Care, Counselors Care and Anger Management
Traumatic Stress	CBT with Parents	CBT	None	Play Therapy, Psychodrama	Client Centered Therapy, CBT and Medication, CBT with Parents Only, EMDR, Interpersonal Therapy, Relaxation

Note: Level 5 refers to treatments whose tests were unresponsive or inconclusive. The symbol (!) indicates that at least one study found negative effects on the main outcome measure. The risk of using treatments so designated should be weighed against potential benefits. 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.

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original document included as part of *Addressing Mental Health Concerns in Primary Care: A Clinician's Toolkit*. Copyright © 2010 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.

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