



# INTRODUCTION

Welcome to the 8<sup>th</sup> Edition of the *Collection of Evidence-Based Practices for Children and Adolescents with Mental Health Treatment Needs*. This update is designed to be a quick reference guide to evidence-based practices—interventions that have been proven, through scientific testing, to be effective. This short guide includes information that is most relevant to non-clinicians, including:

- A brief discussion of each disorder
- A description of treatments and interventions, with a focus on treatments that are evidence-based
- A list of resources and organizations for further information

## HOW TO USE THE 8TH EDITION OF THE *COLLECTION*

The 8<sup>th</sup> Edition is designed to provide a brief overview of evidence-based treatments and interventions for children and adolescent mental health disorders. It is intended as an educational tool to help inform non-clinicians about treatment options, and it should not be used as a substitute for consultation with a qualified mental health professional.

For more information about disorders and treatments, a comprehensive discussion can be found in the *Collection, 6<sup>th</sup> Edition*, published in 2017, which is available on the Commission on Youth's website at <http://vcoy.virginia.gov>.

## WHAT ARE EVIDENCE-BASED PRACTICES?

Evidence-based practices (EBP) refer to treatments and interventions that have been shown through clinical research to produce positive outcomes. In recent years there has been a shift away from relying on theory-driven treatments (treatments that clinicians believe *should* work, and that *seem to* work) and towards an emphasis on treatments that have been scientifically demonstrated to work in measurable, replicable ways. Identifying EBPs in mental health has significantly aided clinicians in the decision-making process by providing a fair, scientifically rigorous method of evaluating treatment options. In addition, with so many treatment options available, EBPs give parents a way to evaluate those treatments so that they can partner with their child's clinician to determine which intervention offers the best approach.

Although there are no standardized criteria used to determine if a treatment is evidenced-based, in general, EBPs have been tested in at least two randomized controlled trials (a rigorous type of scientific study) and found to be effective. In the *Collection*, these treatments are listed under the heading, “What Works.” Treatments that fall under the heading “What Seems to Work” have less scientific evidence to support their efficacy but are still considered by the medical community to be effective. Treatments that are designated as “Not Adequately Tested” may be effective, but rigorous scientific testing either has not, or cannot, be done. Treatments under the heading “What Does Not Work” have been shown to either not work or to have the potential for harm, and are not recommended. Table 1 describes these treatment categories in more detail.

**Table 1**  
**Treatment Categories Used in the *Collection*, 8th Edition**

Levels of Support	Description
<b>What Works (Evidence-based Treatment)</b>	Meets all of the following criteria: <ol style="list-style-type: none"> <li>1. Tested and found effective across two or more randomized controlled trials (RCTs);</li> <li>2. At least two different investigators (i.e., researcher);</li> <li>3. Use of a treatment manual in the case of psychological treatments; and</li> <li>4. At least one study demonstrates that the treatment is superior to an active treatment or placebo (i.e., not just studies comparing the treatment to a waitlist).</li> </ol>
<b>What Seems to Work</b>	Meets all but one of the criteria for “What Works” or Is commonly accepted as a valid practice supported by substantial evidence
<b>Not Adequately Tested</b>	Meets none of the criteria for any of the above categories. It is possible that such treatments have demonstrated effectiveness in non-RCT studies, but their potency compared to other treatments is unknown. It is also possible that these treatments were tested and tried with another treatment.
<b>What Does Not Work</b>	Meets none of the criteria above but meets either of the following criteria: <ol style="list-style-type: none"> <li>1. Found to be inferior to another treatment in an RCT; and/or</li> <li>2. Demonstrated to cause harm in a clinical study.</li> </ol>

### Limitations of Evidence-based Practices in Children’s Mental Health

The trend toward relying on EBPs in children’s mental health treatment has significant limitations, some of which are described in Figure 1. It is important to keep in mind that “evidence-based” does not necessarily mean that a treatment is superior to one with less evidence supporting it. For this reason, EBP designation should be viewed as just one tool in the evaluation of mental health interventions.

**Figure 1**  
**Limitations of Evidence-Based Practices**

- ▶ An effective treatment may not be classified as an EBP because it cannot be measured by a randomized controlled trial (RCT). For instance:
  - The treatment may produce results that are difficult to quantify scientifically.
  - It may be unethical to test the intervention in an RCT because it would be harmful to withhold treatment from the control group.
  - The nature of the treatment may make it difficult to create a RCT or to control for the placebo effect.
  
- ▶ Scientific testing may not be the best way to determine a treatment’s effectiveness. For example:
  - RCTs cannot measure whether the holistic needs of the individual are met over multiple domains.
  - RCTs are designed to isolate disorders and treatments and are often not the best way to measure the effect of a treatment on an individual with multiple disorders, or the effect of combined treatments.
  
- ▶ Evaluation of specific interventions is an evolving process; therefore, effective interventions may not yet have been thoroughly tested, or tested on children.
  
- ▶ Because there is no universal set of standards used to determine whether a practice is evidence-based, lists of EBPs often do not agree with each other. For this reason, there should not be an overreliance on any one organization’s list of EBPs.

## RESOURCES AND ORGANIZATIONS

**American Academy of Child & Adolescent Psychiatry (AACAP)**

<http://www.aacap.org/>

**Facts for Families Guides**

[https://www.aacap.org/aacap/families\\_and\\_youth/facts\\_for\\_families/fff-guide/fff-guide-home.aspx](https://www.aacap.org/aacap/families_and_youth/facts_for_families/fff-guide/fff-guide-home.aspx)

**American Academy of Family Physicians**

<https://www.aafp.org>

**American Psychiatric Association (APA)**

<http://www.psych.org>

<http://www.parentsmedguide.org>

**American Psychological Association (APA)**

<http://www.apa.org/>

**Centers for Disease Control and Prevention**

<https://www.cdc.gov/>

**Familydoctor.org**

<https://familydoctor.org/>

**Medscape**

<https://reference.medscape.com/>

**National Alliance on Mental Illness (NAMI)**

<https://www.nami.org/>

**National Institute of Mental Health (NIMH)**

<http://www.nimh.nih.gov/index.shtml>

**Psychology Today**

<http://www.psychologytoday.com/us>

**Substance Abuse and Mental Health Services Administration (SAMHSA)**

<https://www.samhsa.gov/children>

**U.S. Department of Education**

Office of Special Education and Rehabilitative Services

<https://www2.ed.gov/about/offices/list/osers/index.html?src=mr>

**U.S. National Library of Medicine and the National Institutes of Health**

Medline Plus

<https://medlineplus.gov/>

**VIRGINIA RESOURCES AND ORGANIZATIONS**

**Mental Health America of Virginia**

<https://mhav.org/>

**National Alliance on Mental Illness Virginia (NAMI Virginia)**

<https://namivirginia.org/>

**Virginia Department of Behavioral Health and Developmental Services (DBHDS)**

<http://www.dbhds.virginia.gov/>

**Virginia Office of Children’s Services**

<http://www.csa.virginia.gov/>

**Voices for Virginia’s Children**

<https://vakids.org/>

**EVIDENCE-BASED PRACTICE RESOURCES**

**Blueprints for Healthy Youth Development**

<https://www.blueprintsprograms.org/>

**California Evidence-Based Clearinghouse for Child Welfare**

<http://www.cebc4cw.org/>

**Casey Family Programs Evidence-Based Practices Catalog**

<https://caseyfamilypro-wpengine.netdna-ssl.com/media/Family-First-Interventions-Catalog.pdf>

**Evidence-based Prevention and Intervention Support (EPIS) Center (Pennsylvania)**

<http://www.episcenter.psu.edu/ebp>

**Office of Juvenile Justice and Delinquency Prevention’s (OJJDP’s) Model Programs Guide**

<https://www.ojjdp.gov/mpg/Program>

**SAMHSA Evidence-Based Practices Resource Center**

<https://www.samhsa.gov/ebp-resource-center>

**PRINT RESOURCES**

**Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).** American Psychiatric Association. Washington DC: American Psychiatric Publishing, 2013.

**The Oxford Handbook of Clinical Child and Adolescent Psychology,** by T. H. Ollendick, S. W. White, & B. A. White. Oxford: Oxford University Press, 2018.

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*The information contained herein is strictly for informational and educational purposes only and is not designed to replace the advice and counsel of a physician, mental health provider, or other medical professional. If you require such advice or counsel, you should seek the services of a licensed mental health provider, physician, or other medical professional. The Virginia Commission on Youth is not rendering professional advice and makes no representations regarding the suitability of the information contained herein for any purpose.*