COMMONWEALTH OF VIRGINIA

Commission on Youth

Collection of Evidence-based Practices:

Virginia's Nationally Recognized Evidence-based Services Document

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May 15, 2023

Collection of Evidence-based Practices

Collection of Evidence-based Practices for Children and Adolescents with Mental Health Treatment Needs

- In its 8th Edition. Last published in 2021.
- Currently being updated to the 9th Edition for publication this year.
- Available online at: http://vcoy.virginia.gov/collection.asp.

Why it Exists

- HJR 119 (2001) directed COY to study children and youth with serious emotional disturbance requiring out-of-home placement (SED-OH).
  - Finding: The need for improved data collection, evaluation, and information sharing about child mental health services.
- SJR 99 (2002) directed COY to:
  - Coordinate the collection of effective practices for children with mental health treatment needs, including juvenile offenders; and
  - Seek the assistance from an Advisory Group of experts.
- SJR 358 (2003) directed COY to:
  - Biennially update the *Collection*; and
  - Make the *Collection* available through web technologies.

Directing Resolution

***Collection of Evidence-based Practices for Children and Adolescents with Mental Health Treatment Needs* (Biennial Update)**

- SJR 358 (2003) directed the Commission on Youth to update biennially its publication, the *Collection of Evidence-based Practices for Children and Adolescents with Mental Health Treatment Needs* (*Collection*). The purpose of the *Collection* is to identify effective treatment modalities for children, including juvenile offenders, with mental health treatment needs. Utilization of evidence-based practices in the field of children's mental health promotes better patient outcomes and may offer the Commonwealth some cost savings.

Current State of Children's Mental Health

- 1 in 5 children experience a mental health disorder each year.
- About 1 in every 36 children has been identified with Autism Spectrum Disorder. ASD is more than 4 times more common among boys than girls.
- Among adolescents aged 12-17 years, 15% had a major depressive episode and 37% had persistent feelings of sadness or hopelessness during a reported year.
- Half of all adults with a mental health disorder reported that the disorder started before age 14.
- Among children the ages of 6 and 17 with a treatable mental health disorder such as depression, anxiety problems or ADHD, nearly half did not receive counseling or treatment from a mental health professional.

Sources: https://www.cdc.gov/childrensmentalhealth/data.html
https://www.cdc.gov/childrensmentalhealth/access.html
https://www.cdc.gov/ncbddd/autism/data.html
https://www.nami.org/Advocacy/Policy-Priorities/Improving-Health/Mental-Health-in-Schools

Covid-19's Impact on Youth Mental Health

What the research shows:

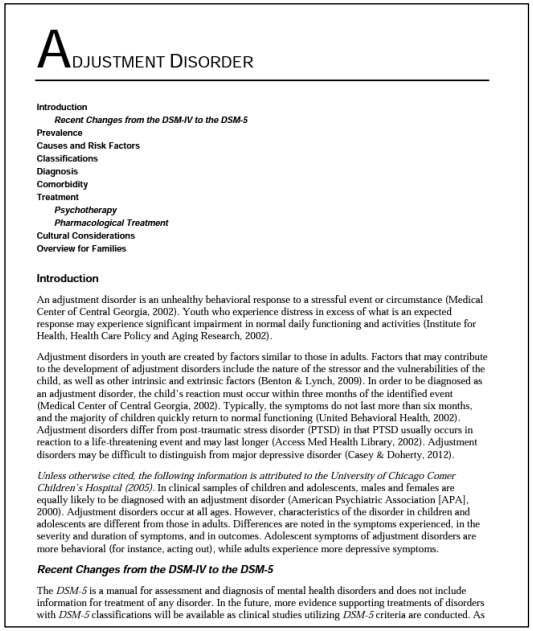
- More than a third of high school students in 2021 reported they experienced poor mental health during the pandemic, and 44% reported they persistently felt sad or hopeless during the past year.
- Monthly mental health service use among children covered under Medicaid declined by 5% during the pandemic.
- The rate of suspected suicide attempts by poisoning among children and adolescents ages 10 to 19 increased by 30% during 2021 versus 2019.
- At the end of 2020, Virginia pediatric providers reported an increase in newly diagnosed ADHD and a decline in social and behavioral progress in children with autism.

Sources: https://www.cdc.gov/mmwr/volumes/72/wr/mm7216a3.htm
https://www.cdc.gov/media/releases/2022/p0331-youth-mental-health-covid-19.html
http://www.virginiapediatrics.org/mt-content/uploads/2021/02/expanation-of-results.pdf
https://aspe.hhs.gov/sites/default/files/documents/a1b3d091f2a0568442f5235790093406/racial-ethnic-differences-children-mh.pdf

Evolution of the *Collection* Over the Years

- 6th Edition (2017) is 439 pages and written from a clinical perspective. The 6th edition includes citations throughout and references at the end.
- 7th Edition (2019) and editions going forward have been modified to address the needs of parents and non-clinicians. Most chapters now have three topics: Overview, Causes and Risk Factors, and Treatments. 7th Edition is 197 pages.

Then:



ADJUSTMENT DISORDER

Introduction

An adjustment disorder is an unhealthy behavioral response to a stressful event or circumstance (Medical Center of Central Georgia, 2002). Youth who experience distress in excess of what is an expected response may experience significant impairment in normal daily functioning and activities (Institute for Health, Health Care Policy and Aging Research, 2002).

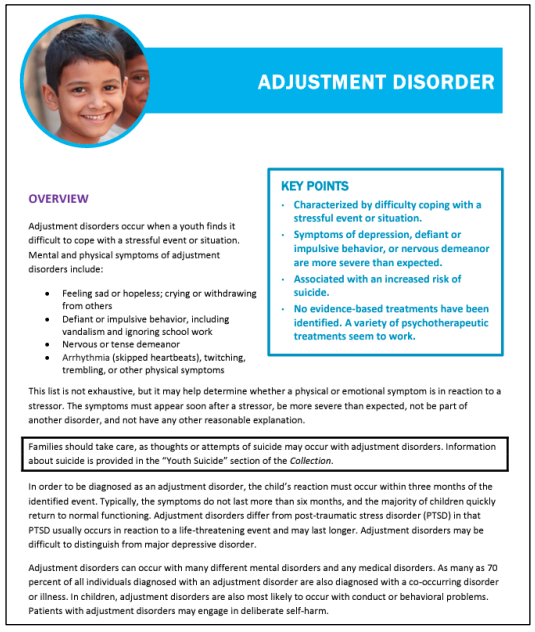
Adjustment disorders in youth are created by factors similar to those in adults. Factors that may contribute to the development of adjustment disorders include the nature of the stressor and the vulnerabilities of the child, as well as other intrinsic and extrinsic factors (Benton & Lynch, 2009). In order to be diagnosed as an adjustment disorder, the child's reaction must occur within three months of the identified event (Medical Center of Central Georgia, 2002). Typically, the symptoms do not last more than six months, and the majority of children quickly return to normal functioning (United Behavioral Health, 2002). Adjustment disorders differ from post-traumatic stress disorder (PTSD) in that PTSD usually occurs in reaction to a life-threatening event and may last longer (Access Med Health Library, 2002). Adjustment disorders may be difficult to distinguish from major depressive disorder (Casey & Doherty, 2012).

Unless otherwise cited, the following information is attributed to the University of Chicago Comer Children's Hospital (2005). In clinical samples of children and adolescents, males and females are equally likely to be diagnosed with an adjustment disorder (American Psychiatric Association [APA], 2000). Adjustment disorders occur at all ages. However, characteristics of the disorder in children and adolescents are different from those in adults. Differences are noted in the symptoms experienced, in the severity and duration of symptoms, and in outcomes. Adolescent symptoms of adjustment disorders are more behavioral (for instance, acting out), while adults experience more depressive symptoms.

Recent Changes from the DSM-IV to the DSM-5

The *DSM-5* is a manual for assessment and diagnosis of mental health disorders and does not include information for treatment of any disorder. In the future, more evidence supporting treatments of disorders with *DSM-5* classifications will be available as clinical studies utilizing *DSM-5* criteria are conducted. As

Now:



ADJUSTMENT DISORDER

KEY POINTS

- Characterized by difficulty coping with a stressful event or situation.
- Symptoms of depression, defiant or impulsive behavior, or nervous demeanor are more severe than expected.
- Associated with an increased risk of suicide.
- No evidence-based treatments have been identified. A variety of psychotherapeutic treatments seem to work.

OVERVIEW

Adjustment disorders occur when a youth finds it difficult to cope with a stressful event or situation. Mental and physical symptoms of adjustment disorders include:

- Feeling sad or hopeless; crying or withdrawing from others
- Defiant or impulsive behavior, including vandalism and ignoring school work
- Nervous or tense demeanor
- Arrhythmia (skipped heartbeats), twitching, trembling, or other physical symptoms

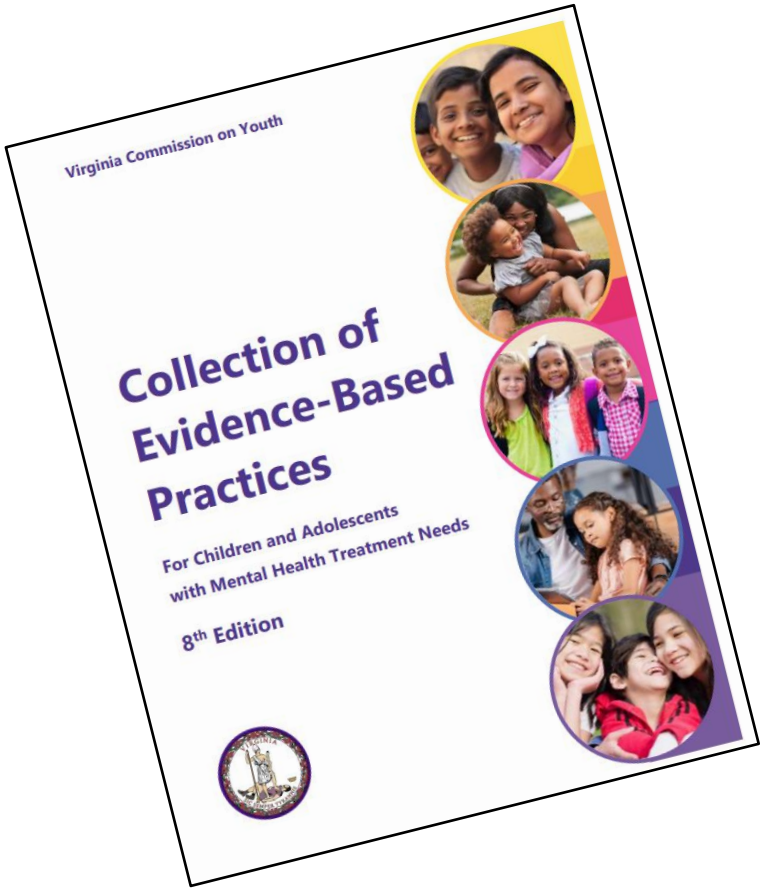
This list is not exhaustive, but it may help determine whether a physical or emotional symptom is in reaction to a stressor. The symptoms must appear soon after a stressor, be more severe than expected, not be part of another disorder, and not have any other reasonable explanation.

Families should take care, as thoughts or attempts of suicide may occur with adjustment disorders. Information about suicide is provided in the "Youth Suicide" section of the *Collection*.

In order to be diagnosed as an adjustment disorder, the child's reaction must occur within three months of the identified event. Typically, the symptoms do not last more than six months, and the majority of children quickly return to normal functioning. Adjustment disorders differ from post-traumatic stress disorder (PTSD) in that PTSD usually occurs in reaction to a life-threatening event and may last longer. Adjustment disorders may be difficult to distinguish from major depressive disorder.

Adjustment disorders can occur with many different mental disorders and any medical disorders. As many as 70 percent of all individuals diagnosed with an adjustment disorder are also diagnosed with a co-occurring disorder or illness. In children, adjustment disorders are also most likely to occur with conduct or behavioral problems. Patients with adjustment disorders may engage in deliberate self-harm.

Challenges Addressed



- Countless options for information.
- Difficulty accessing information about evidence-based practices.
- Research constantly evolving.
- No central statewide clearinghouse for service providers/families to access information.

Advisory Group for the *Collection*

- Advocacy Representatives
- Child Psychiatrist
- Clinical Psychologist
- Community Services Boards
- Department of Behavioral Health And Developmental Services
- Department of Education
- Department of Health
- Department of Juvenile Justice
- Department of Medical Assistance Services
- Department of Social Services (DSS)
- Independent Living Provider
- Local CSA
- Local DSS
- Office of Children's Services (CSA)
- Parent Representative
- Private Provider
- Secretary of Health and Human Resources
- Virginia Commonwealth University
- Virginia Tech University

Current Edition Highlights

- "Complex Trauma for Foster Parents." A new section to assist foster parents and other caregivers seeking assistance with children who have experienced complex trauma due to abuse and neglect.
- "Family First." Staff updated a section, first developed in 2019, that addresses Family First and describes evidence-based treatments included in the Family First Evidence-based Treatment Clearinghouse.

Every Section:

- **Key points and overview**
- **Updated resources and organizations**

Other features:

- **Hyperlinked glossary of terms used in mental health delivery**
- **Links to archive editions**

What will you find in the *Collection*

- Neurodevelopmental Disorders
  - Attention-Deficit/Hyperactivity Disorder
  - Autism Spectrum Disorder
  - Intellectual Disability
  - Motor Disorders
- Suicide and Self-Harm
  - Antidepressants and the Risk of Suicidal Behavior
  - Nonsuicidal Self-Injury
  - Youth Suicide
- Juvenile Offending
  - Juvenile Firesetting
  - Juvenile Offending
  - Sexual Offending
- Mental Health Disorders
  - Adjustment Disorder
  - Anxiety Disorders
  - Bipolar and Related Disorders
  - Depressive Disorders
  - Disruptive, Impulse-Control, and Conduct Disorders
  - Feeding and Eating Disorders
  - Obsessive-Compulsive and Related Disorders
  - Schizophrenia
  - Substance Use Disorders
  - Trauma- and Stressor-Related Disorders

Collection Treatment Categories

Levels of Support	Description
What Works **(Evidence-based Treatment)**	Meets all of the following criteria: 1. Tested and found effective across two or more randomized controlled trials (RCTs); 2. At least two different investigators (i.e., researcher); 3. Use of a treatment manual in the case of psychological treatments; and 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).
What Seems to Work	Meets all but one of the criteria for "What Works" or Is commonly accepted as a valid practice supported by substantial evidence
Not Adequately Tested	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.
What Does Not Work	Meets none of the criteria above but meets either of the following criteria: 1. Found to be inferior to another treatment in an RCT; and/or 2. Demonstrated to cause harm in a clinical study.

Summary of Treatments Example: PTSD

What Works	
Trauma-focused cognitive behavioral therapy (TF-CBT)	Treatment that involves reducing negative emotional and behavioral responses related to trauma by providing psychoeducation on trauma, addressing distorted beliefs and attributes related to trauma, introducing relaxation and stress management techniques, and developing a trauma narrative in a supportive environment.
What Seems to Work	
Family centered treatment (FCT) trauma treatment	FCT trauma treatment provides intensive in-home services and seeks to address the causes of trauma, including parental system breakdown, while integrating behavioral change.
School-based group cognitive behavioral therapy (CBT)	Similar components to TF-CBT, but in a group, school-based format.
Not Adequately Tested	
Child-centered play therapy	Therapy that utilizes child-centered play to encourage expression of feelings and healing.
Psychological debriefing	An approach in which youth talk about the facts of the trauma (and associated thoughts and feelings) and then are encouraged to re-enter into the present.
Medication	Includes treatment with selective serotonin reuptake inhibitors (SSRIs).

Upcoming changes

The 9th Edition of the *Collection* will be published in 2023.

- Include a section on the impact of Covid-19 on children's mental health.
- Use feedback from the advisory group to update promising treatments that are supported by criteria.
- Update section on Family First with current services included in the Prevention Services Clearinghouse.

Notable Document Award

Winner of the 2018 National Conference of State Legislatures Notable Document Award in the category of Youth Policy

Questions/Comments?

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http://vcoy.virginia.gov/collection.asp