



COMMONWEALTH OF VIRGINIA

Commission on Youth



Collection of Evidence-based Practices, 10th Edition

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December 2, 2025



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.



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

- In its 9th Edition. Last published in 2023.
- Currently being updated to the 10th Edition for publication this year.
- Available online at: <http://vcoy.virginia.gov/collection.asp>.

Current State of Children's Mental Health



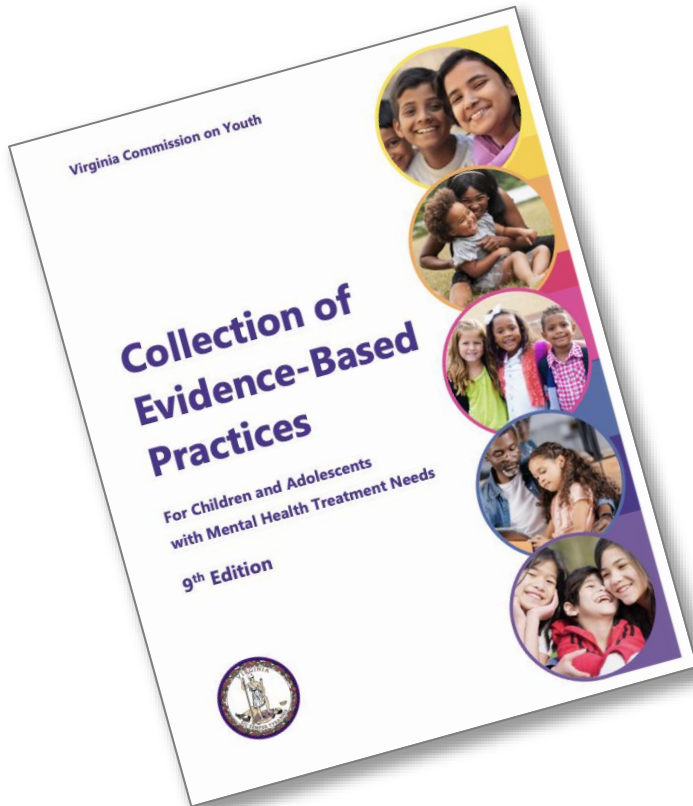
- **1 in 5** adolescents have a diagnosed mental health or behavioral health condition.
 - This represents a 5% increase since 2016, primarily driven by sharp increases in adolescents diagnosed with anxiety.
 - 61% of adolescents who needed mental health treatment or counseling had difficulty finding treatment, a nearly 20% increase since the onset of the COVID-19 pandemic.

Sources:

<https://mchb.hrsa.gov/sites/default/files/mchb/data-research/nsch-data-brief-adolescent-mental-behavioral-health-2023.pdf>

<https://www.ncbi.nlm.nih.gov/books/NBK608531/>

Challenges Addressed



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



- 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 online

Advisory Group for the *Collection*



- Department of Juvenile Justice (DJJ)
- Department of Behavioral Health and Developmental Services (DBHDS)
- Department of Social Services (DSS)
- Department of Medical Assistance Services (DMAS)
- Virginia Department of Education (VDOE)
- Virginia Department of Health (VDH)
- Office of Children's Services – Children's Services Act (CSA)
- Community Services Boards (CSBs)
- Commission on Youth Members
- Local Children's Services Act Programs (Local CSA)
- Advocacy Representatives
- Parents/Family Members
- One (1) Child Psychiatrist
- Two (2) Clinical Psychologists
- School Psychologist
- Parent Representatives
- Virginia Tech University
- Virginia Commonwealth University
- Private Providers
- Area Health Education Centers (AHEC)
- Independent Living Providers



- The new **“Social Media”** section discusses research developments into youth social media use and strategies for mitigating potential harm.
- **“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**
- **Up-to-date list of 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*?

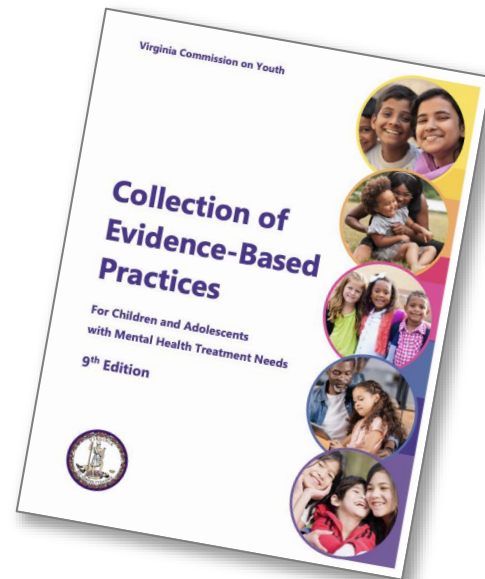


■ Mental Health Disorders

- 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
- Trauma- and Stressor-Related Disorders

■ Neurodevelopmental Disorders

- Attention-Deficit/Hyperactivity Disorder
- Autism Spectrum Disorder
- Intellectual Disability
- Motor Disorders



What Will You Find in the *Collection*?



- Suicide and Self-Harm
 - Antidepressants and the Risk of Suicidal Behavior
 - Non-suicidal Self-Injury
 - Youth Suicide
- Substance Use Disorders
- Juvenile Offending
 - Juvenile Fire-setting
 - Juvenile Offending
 - Sexual Offending
- COVID-19 Pandemic and Lockdown
- Effects of Social Media on Youth
- Other Resources
 - Family First: Foster Care Prevention Services
 - Complex Trauma: A Resource for Parents
 - Provider Descriptions
 - Terms Used in Virginia's Mental Health Delivery System



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Collection of Evidence-based Practices for Children and Adolescents with Mental Health Treatment Needs - 9th Edition



The Collection is available in its entirety as House Document 8 or by viewing the complete PDF document using the link below. Individual chapters, which include links to external resources, may also be explored by topic. If you are unable to view the PDF documents, you may need to download Adobe Reader.

[The Collection – 9th Edition \(complete PDF document\)](#)

Explore By Topic

[Introduction](#)

[Reference Charts of Disorders and Evidence-based Practices](#)

Neurodevelopmental Disorders

[Introduction to Neurodevelopmental Disorders](#)

[Attention-Deficit/Hyperactivity Disorder](#)

[Autism Spectrum Disorder](#)

[Intellectual Disability](#)

[Motor Disorders](#)

Mental Health Disorders

[Adjustment Disorder](#)

[Anxiety Disorders](#)

[Bipolar and Related Disorders](#)

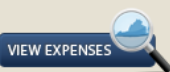
[Depressive Disorders](#)



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FORUM SOURCE

Juvenile Offending

[Juvenile Firesetting](#)

[Juvenile Offending](#)

[Sexual Offending](#)

Resources

[Covid-19 Pandemic and Lockdown](#)

[Family First: Foster Care Prevention Services](#)

[Complex Trauma: A Resource for Parents](#)

[Terms Used in Virginia's Mental Health Delivery System](#)

[Provider Descriptions](#)

[Advisory Group Members](#)

[Senate Joint Resolution 99 \(2002\)](#)

[Senate Joint Resolution 358 \(2003\)](#)

Archive

[Collection of Evidence-based Practices for Children and Adolescents with Mental Health Treatment Needs - 8th Edition](#)

[Collection of Evidence-based Practices for Children and Adolescents with Mental Health Treatment Needs - 7th Edition](#)

[Collection of Evidence-based Practices for Children and Adolescents with Mental Health Treatment Needs - 6th Edition](#)

[Collection of Evidence-based Practices for Children and Adolescents with Mental Health Treatment Needs - 5th Edition](#)

Treatment Categories, 10th Edition



Levels of Support	Description
What Works (Evidence-based Treatment)	Meets all of the following criteria: <ol style="list-style-type: none">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; and4. 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: <ol style="list-style-type: none">1. Found to be inferior to another treatment in an RCT; and/or2. 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 Trauma Treatment (FCTT)

FCTT 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).

End-of-Chapter Resources Example: Trauma and Stressor-Related Disorders



RESOURCES AND ORGANIZATIONS

Anxiety & Depression Association of America (ADAA)

<https://adaa.org/>

Association for Behavioral and Cognitive Therapies (ABCT)

<http://www.abct.org/Home/>

Child Welfare League of America (CWLA)

<http://www.cwla.org>

Georgetown University Center for Child and Human Development

Trauma Informed Care

<https://gucchd.georgetown.edu/TraumaInformedCare/>

International Society for Traumatic Stress Studies (ISTSS)

<https://istss.org/home>

Medical University of South Carolina (MUSC)

Trauma Focused-Cognitive Behavioral Therapy

<http://tfcbt.musc.edu>

National Child Traumatic Stress Network

<https://www.nctsn.org>

Prevent Child Abuse America

800-CHILDREN (244-5373) or (312) 663-3520

<http://preventchildabuse.org/>

Society of Clinical Child and Adolescent Psychology

<https://sccap53.org/>

Substance Abuse and Mental Health Services Administration (SAMHSA)

National Child Traumatic Stress Initiative (NCTSI)

<https://www.samhsa.gov/child-trauma>

VIRGINIA RESOURCES AND ORGANIZATIONS

Ainsworth Attachment Clinic & Circle of Security
(434) 984-2722

<http://theattachmentclinic.org>

Child Savers Guidance Clinic & Trauma Response
(804) 644-9590

<https://childsavers.org/>

Families Forward

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

University of Virginia Children's Hospital

<https://childrens.uvahealth.com/>

VCU Health – Children's Hospital of Richmond

Cameron K. Gallagher Mental Health Resource Center

<https://www.chrichmond.org/services/mental-health/cameron-k-gallagher-mental-health-resource-center>

Virginia Treatment Center for Children (VTCC)

<https://www.chrichmond.org/services/mental-health/virginia-treatment-center-for-children>

Virginia Child & Family Attachment Center

(434) 242-2960

<https://securechild.center/for-caregivers/>

Virginia Commonwealth University (VCU)

Center for Psychological Services and Development

<https://cpsd.vcu.edu/>

Virginia Department of Behavioral Health and Developmental Services

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

List of TF-CBT Certified Providers

<https://dbhds.virginia.gov/developmental-services/children-and-families/trauma-informed-care/>

Virginia Tech

Child Study Center

<http://childstudycenter.wixsite.com/childstudycenter>

Psychological Services Center

Terms Used



504 Plan – An individualized plan developed for a student with a disability that specifies what accommodations and/or services they will get in school to “level the playing field” so that they may derive as much benefit from their public educational program as their nondisabled peers. The plan follows from the requirements of Section 504 of the Rehabilitation Act of 1973. Section 504 applies to all public entities receiving federal monies or federal financial assistance. Students with disabilities that qualify them for an **individualized education program** (IEP) under the **Individuals with Disabilities Act** (IDEA) cannot also have a 504 plan.

adjustment disorder – A disorder that occurs when a child experiences emotional and behavioral symptoms that are clearly in response to an identifiable stressor or stressors. *See “Adjustment Disorders” section.*

anecdotal evidence – An informal account of evidence, often in the form of hearsay. For instance, when a patient reports he or she feels better after taking a drug, this is anecdotal evidence that the drug is effective. Anecdotal evidence has less authority than scientific evidence and is not used to support **evidence-based** treatments or practices.

anticonvulsant – A drug designed to prevent the seizures or convulsions typical of epilepsy or other convulsant disorders. Anticonvulsant medicines are also used to treat **bipolar disorder** and other disorders.

anxiety disorders – Disorders characterized by worries or fears that cause significant impairment in the child’s functioning. When fears do not fade and begin to interfere with daily life and activities, an anxiety disorder may be present. *See “Anxiety Disorders” section.*

anorexia nervosa – An eating disorder characterized by low body weight (less than 85% of normal weight) distorted body image, and an intense fear of gaining weight. *See “Feeding and Eating Disorders” section.*

antidepressants – Medications used in the treatment of **depression** and other psychiatric disorders. Includes **SSRIs**, **SNRIs**, and **tricyclic antidepressants**.

antipsychotics – Medications used to treat **psychotic** symptoms, such as **hallucinations**, bizarre behavior, and **delusions**. There are two classes of antipsychotics. *Neuroleptics* (e.g., Haldol) are older (typical) antipsychotic medications. *Atypical antipsychotics* (e.g., Seroquel) are a newer class of antipsychotics that have fewer side effects and are sometimes used in an **off-label** capacity to treat nonpsychotic symptoms such as aggression.

Acronyms & Abbreviations



COMMONLY USED ACRONYMS AND ABBREVIATIONS

AAA	Area Agency on Aging
AACAP	American Academy of Child & Adolescent Psychiatry
AAIDD	American Association on Intellectual and Developmental Disabilities
AAP	American Academy of Pediatrics
ABA	Applied Behavior Analysis
ACT	Assertive Community Treatment
ADA	American Dietetic Association or Americans with Disabilities Act
ADDM	Autism and Developmental Disabilities Monitoring
ADHD	Attention-Deficit/Hyperactivity Disorder
AFDC	Aid to Families with Dependent Children
ALF	Assisted Living Facility
ALOS	Average Length of Stay
AN	Anorexia Nervosa
ANRED	Anorexia Nervosa and Related Eating Disorders
APA	American Psychiatric Association or American Psychological Association
Arc (The)	formerly the Association for Retarded Citizens
ART	Aggression Replacement Therapy
AS	Asperger's Disorder
ASAS	Australian Scale for Asperger's Syndrome
ASD	Autism Spectrum Disorder
ASFA	Adoption and Safe Families Act of 1997
ASQ	Ages and Stages Questionnaire
AZT	Azidothymidine
BCM	Behavioral Classroom Management
BED	Binge Eating Disorder



MEDICAL AND PSYCHIATRIC SERVICES

Psychiatrist

Psychiatrists are medical doctors whose education includes a medical degree and at least four additional years of study and training. Psychiatrists are experts in the diagnosis and treatment of mental health disorders and in the use of psychotropic medication. Those who pass the national examination administered by the American Board of Psychiatry and Neurology become board certified in psychiatry. Psychiatrists provide medical/psychiatric evaluation and treatment for emotional and behavioral problems and psychiatric disorders. As physicians, psychiatrists can prescribe and monitor medications. **Child and adolescent psychiatrists** have two additional years of advanced training beyond general psychiatry in work with children, adolescents, and families. Psychiatrists are regulated by the Virginia Board of Medicine.

Education/training: MD or DO, as well as completion of a multi-year residency in psychiatry, usually in a hospital setting and under supervision of senior psychiatrists

Where found: Hospitals (regular and psychiatric), community services boards, private outpatient mental health clinics, and private practice

Discussed in this chapter:

Medical and Psychiatric Services

- Psychiatrist
- Pediatrician
- Nurse Practitioner (NP)
- Psychiatric Clinical Nurse Specialist

Psychological and Therapeutic Services

- Psychologist
- School Psychologist
- Licensed Professional Counselor (LPC)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Clinical Social Worker (LCSW)
- Licensed Social Worker

Specialized Therapeutic Services

- Certified Sex Offender Treatment Provider (CSOTP)
- Certified Substance Abuse Counselor (CSAC)
- Certified Substance Abuse Treatment Practitioner
- Certified Substance Abuse Counseling Assistant



- **Social media use among American teenagers is near universal.**
 - 95% of youth ages 13-17 report using a social media platform.
- **Time spent on social media is increasing across age groups.**
 - 77% of teenagers use social media more the 3 hours per day.
 - 40% of children ages 8-12 use social media daily.
- While social media can provide entertainment and connection, recent research demonstrates potential harms.

Sources:

<https://www.ncbi.nlm.nih.gov/books/NBK594759/>

<https://www.hhr.virginia.gov/initiatives/safe-kids-strong-families>



- **Inattentiveness:** Social media rewires the natural reward system in developing brains.
 - Increases in personalized short-form video content provides instant gratification
 - An estimated 5% to 20% of teenagers are addicted to social media.
- **Poor Mental Health:** Over 3 hours of social media use is associated with a twofold increase in negative mental health outcomes.
 - Social media use is associated with low self-esteem and poor body image, especially among girls.

Sources:

<https://www.hhs.gov/sites/default/files/sg-youth-mental-health-social-media-advisory.pdf>
<https://bmcpsy psychiatry.biomedcentral.com/articles/10.1186/s12888-024-05988-6>
<https://pmc.ncbi.nlm.nih.gov/articles/PMC12230358/>

Strategies to Reduce the Risks of Social Media



Strategies for Parents and Caregivers

Using Cognitive Behavioral Therapy, instead of turning to social media, is helpful in processing any impact from negative social media use. Young people may discuss concerns and issues with a therapist who is nonjudgmental and incorporates age-appropriate strategies, such as problem-solving and education.

Creating a Family Media Plan to establish clear guidelines about the amount of screen time, digital etiquette, and appropriate online behavior.

Enforcing tech-free areas at home or on vacation (dinner, breakfast, company).

Having a conversation with the child about harmful content, and about not really knowing who these online strangers are. Strangers may lie about their name, gender, age, situation, etc.

Role-modeling positive online behavior by commenting respectfully on social media and balancing social media with non-screen activities and personal connections.

Encouraging youth to participate in extracurricular activities, such as sports, theater, music performance, chorus, writing, cheering, or other school clubs.

Notable Document Award



Winner of the 2018 National Conference of State Legislatures Notable Document Award (category: Youth Policy)





Questions/Comments?

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