Minds Matter
Ohio Psychotropic Medication Quality Improvement Collaborative

REFERENCE CHART OF DISORDERS AND EVIDENCE-BASED TREATMENTS FOR CHILDREN AND ADOLESCENTS[1]

Adjustment Disorders	
What Works	
Currently no medication or psychological treatments meet these criteria.	
What Seems to Work	
Interpersonal Psychotherapy (IPT)	IPT has the most support in that it helps children and adolescents address problems in their relationships so that they can become less depressed.
Cognitive Behavioral Therapy (CBT)	CBT is used to improve age-appropriate problem-solving skills, communication skills, and stress management skills. It also helps the child's emotional state and support systems to enhance adaptation and coping.
Stress Management	Stress management is particularly beneficial in cases of high stress.
Group Therapy	Group therapy is beneficial in cases of high stress.
Family Therapy	Family therapy helps in making needed changes within the family system. These changes may include improving communication skills and family interactions and increasing support among family members.
What Does Not Work	
Pharmacology Alone	Medication is seldom used as a singular treatment because it does not provide assistance to the child in learning how to cope with the stressor.

Anorexia Nervosa (AN)	
What Works	
Nutritional Rehabilitation	Developing meal plans and monitoring intake of adequate nutrition to promote healthy weight gain.
Family Psychotherapy	Family members are included in the therapeutic process to reduce symptoms and modify maladaptive interpersonal patterns.
In-Patient Behavioral Programs	Individuals are rewarded for engaging in healthy eating and weight-related behaviors.
Pharmacological Treatments	Used primarily after weight restoration to minimize symptoms associated with psychiatric comorbidities.
Individual Psychotherapy	While effectiveness is uncertain, it may be beneficial during the refeeding process (not starvation) and to minimize comorbid symptoms.
What Does Not Work	
Group Psychotherapy	May stimulate the transmission of unhealthy techniques among group members, particularly during acute phase of disorder.
12-Step Programs	Not yet tested for their efficacy and are discouraged as a sole form of treatment.
Somatic Treatments	To date, treatments such as vitamin and hormone treatments and electroconvulsive therapy have shown no therapeutic value.

[1] As Adapted from: Report of the Virginia Commission on Youth Collection of Evidence-based Practices for Children and Adolescents with Mental Health Treatment Needs, 4th Edition.

Attention Deficit Hyperactivity Disorder (ADHD)	
What Works	
Behavioral Classroom Management (BCM)	BCM uses contingency management strategies, including teacher-implemented reward programs, time-out procedures and daily report cards. Clinicians or parents work with teachers to develop a plan.
Behavioral Parent Training (BPT)	BPT teaches the parent to implement contingency management strategies similar to BCM techniques at home.
Intensive Behavioral Peer Intervention (BPI)	Intensive BPI is conducted in recreational settings, such as Summer Treatment Programs (STPs) have demonstrated.
Stimulant: Amphetamine, Dextroamphetamine	Short-acting: Adderall, Dexedrine, Procentra Long-acting: Dexedrine Spansule, Adderall XR, lisdexamfetamine
Stimulant Dexmethylphenidate, Methylphenidate	Atomoxetine (Strattera) is unique in its ability to act on the brain's norepinephrine transporters without carrying other medications' risk for addiction.
Alpha2-adrenergic Agonists: Clonidine Guanfacine	Kapvay, Intuniv.
What Does Not Work	
Cognitive, psychodynamic, client-centered	Traditional talk therapies and play therapy have been demonstrated to have little to no effect on ADHD symptoms.
Office-based social skills training	Neither once-weekly individual nor group office-based training have demonstrated significant improvement in social skills. (However, intensive group social skills training that uses behavioral interventions is considered well-established.)
Dietary Interventions	Interventions include elimination of food additives, elimination of allergens/sensitivities, and use of nutritional supplements.
Other Medications	Bupropion (i.e., Wellbutrin), imipramine (i.e., Tofranil), nortriptyline (i.e., Pamelor, Aventil).

Anxiety Disorders	
What Works	
Behavior and Cognitive Behavioral Therapy (CBT)	Treatments that involve learning how to replace negative thinking patterns and behaviors with positive ones including homework and exercises.
Selective Serotonin Reuptake Inhibitors (SSRIs)	Treatment with certain SSRIs.
What Seems to Work	
Educational support	Psychoeducational information provided to parents, usually in a group settling.
Not Adequately Tested	
Play Therapy	Therapy that uses self-guided play to encourage expression and healing.
Non-SSRI Medication	Treatment with antihistamines or neuroleptics
Psychodynamic Therapy	Therapy designed to uncover unconscious psychological processes.
Biofeedback	Minimal support.

Autism Spectrum Disorder (ASD)	
What Works	
Applied Behavior Analysis (ABA)	Behavioral intervention aimed at improving cognitive, language, communication, and socialization skills characterized by on-going and objective measurement of behaviors, implementation of individualized curricula, selection and systematic use of reinforcers, use of functional analysis to identify factors that increase or inhibit behaviors.
Discrete Trial Teaching (DTT)	Behavioral intervention based on principles of operant learning; incorporates units of instruction used to teach and assess acquisition of basic skills. Incorporates same sequential components regardless of skills taught.
Pivotal Response Training (PRT)	Focuses on the most disabling areas of a child's autism by teaching children to respond to multiple environmental cues, increasing motivation, increasing capacity for self-management, and increasing self-initiations.
Learning Experiences: An Alternative Program (LEAP)	Peer-mediated interventions in an educational setting with children with autism. Individualized, data-driven, and focused on generalizing learning skills across context through saturation of learning opportunities throughout day. Family involvement is a significant part of this intervention.
Pharmacological Treatments	May be considered for maladaptive behaviors when symptoms cause significant impairment. Antipsychotics may be used to treat aggression.
What Seems to Work	
Educational and Communication-focused Interventions (TEACCH)	TEACCH (Treatment and Education of Autistic and Communication related handicapped Children) provides strategies that support the individual throughout his or her lifespan, facilitates autonomy at all levels of functioning, and accommodates individual needs.
Natural Language Methods	Speech and language pathologists often integrate communication training with the child's behavior program to provide a coordinated opportunity for structured and naturalistic language learning. Instruction is designed to provide a generative tool that will serve needs throughout the child's life.
Picture Exchange Communication System (PECS)	Helps children with Autism Spectrum Disorders (ASD) acquire functional communication skills. Children using PECS are taught to give a picture of a desired item to a communication partner in exchange for the item, thus linking an outcome with communication.
Other Behavioral Interventions	Joint attention behavior training, which may be especially beneficial in young, pre-verbal children, shows promise for teaching children with autism behavioral skills. Social skills groups, social stories, visual cueing, social games, video modeling, scripts, peer-mediated techniques, and play and leisure curricula are also supported by the literature.
Occupational Therapy	Occupational therapy helps develop self-care skills and shows promise in promoting play skills and establishing routines to improve attention and organization.
What Does Not Work	
Hormone Therapy: Secretin	Research has shown secretin does not help with any autism symptoms.
Avoiding Immunizations	A new study evaluating parents' concerns of "too many vaccines too soon" and autism has been published online in the *Journal of Pediatrics* (March 29, 2013). It adds to the conclusion of a 2004 comprehensive review by the Institute of Medicine (IOM) that there is not a causal relationship between certain vaccine types and autism.

Bulimia Nervosa (BN)	
What Works	
Cognitive Behavioral Therapy (CBT)	The most effective independent treatment option; it is used to change underlying eating disorder cognitions and behaviors.
Pharmacological Treatments	Antidepressants, namely Selective Serotonin Reuptake Inhibitors (SSRIs), have effectively reduced binge/purging behaviors, as well as comorbid psychiatric symptoms.
Combined Treatments	A combination of CBT and pharmacotherapy seem to maximize treatment outcomes.
What Does Not Work	
Individual Psychotherapy	Compared to CBT, few individual therapeutic approaches have been effective in reducing symptoms.
Behavioral Therapy	Behavioral techniques, such as exposure, have been less effective than CBT techniques.
Twelve-Step Programs	Not yet tested for efficacy and are discouraged as a sole treatment.

Depression/Dysthymia - Interventions for Children	
What Works	
Stark's Cognitive Behavioral Therapy (CBT)	Stark's CBT - child- only group or child group plus parent component includes mood monitoring, mood education, increasing positive activities and positive self statements, and problem solving.
What Does Not Work	
Penn Prevention Program (PPP)	A CBT-based program that targets pre-adolescents and early adolescents who are at risk for depression.
Self-Control Therapy	A school-based CBT that focuses on self-monitoring, self-evaluating and causal attributions.
Behavioral Therapy	Includes pleasant activity monitoring, social skills training and relaxation.

Depression/Dysthymia - Interventions for Adolescents	
What Works	
Cognitive Behavioral Therapy (CBT) provided in a group setting	CBT for depression focuses on identifying thought and behavioral patterns that lead to or maintain the problematic symptoms.
Interpersonal therapy (IPT) provided individually	In IPT, the therapist and patient address the adolescent's interpersonal communication skills, interpersonal conflicts, and family relationship problems.
Selective Serotonin Reuptake Inhibitors (SSRIs)	Fluoxetine (Prozac, Sarafem, Fontex) and Escitalopram (Lexapro). Most effective when combined with CBT although there is debate about the use of SSRIs to treat depression in youth.
What Seems to Work	
CBT provided in a group or individual setting with a parent/family component	CBT for depression focuses on identifying thought and behavioral patterns that lead to or maintain the problematic symptoms.
Adolescent Coping with Depression (CWD-A)	Includes practicing relaxation and addressing maladaptive patterns in thinking, as well as scheduling pleasant activities and learning communication and conflict resolution skills.
Interpersonal Psychotherapy for Depressed Adolescents (IPT-A)	Addresses the adolescent's specific interpersonal relationships and conflicts, and helps the adolescent be more effective in his or her relationships with others.

Disruptive Behavior Disorders

What Works

Assertiveness training: Group Assertive Training	School-based group treatment for middle school youth
Parent Management Training (PMT) Programs	Programs that focus on teaching and practicing parenting skills with parents or caregivers include: • Helping the Noncompliant Child • Incredible Years Parent-Child Interaction Therapy • Parent Management Training to Oregon Model • Positive Parenting Program
Multisystemic Therapy (MST)	An integrative, family-based treatment for youth with serious antisocial and delinquent behavior. Interventions last three to five months and focus on improving psychosocial functioning for young people and families.
Cognitive Behavioral Therapy (CBT)	CBT emphasizes problem solving skills and anger control/coping strategies and includes: • Problem-Solving Skills Training • Anger Control Training
CBT & Parent Management Training (PMT)	Combines CBT and PMT

What Seems to Work

Multidimensional Treatment Foster Care (MTFC)	Community-based program alternative to institutional, residential and group care placements for use with severe chronic delinquent behavior. Foster parents receive training and provide intensive supported treatment within the foster home setting.

Disruptive Behavior Disorders

Notes About Medications

Assertiveness training: Group Assertive Training	School-based group treatment for middle-school youth

According to the American Academy of Pediatrics, the US Food and Drug Administration (FDA) has no approved indications for aggression in children and adolescents apart from irritability-associated aggression in children with autism. In other populations, recent federally supported, evidence-based reviews suggest efficacy for some psychotherapeutic agents, but primary care clinicians are urged to consult with mental health specialists before prescribing medications for aggression.

Medications are frequently used to treat comorbid conditions and are sometimes used off-label treat aggression.

Antipsychotics	Risperidone (risperdal), quetiapine (seroquel), olanzapine (zyprexa), and Abilify (aripiprazole). Limited evidence for effectiveness in youth with intellectual disability or pervasive developmental disorder.
Stimulant or Atomoxetine	Methylphenidate, d-Amphetamine, atomoxetine. Limited evidence when comorbid with primary diagnosis of ADHD.
Mood Stabilizers	Divalproex sodium, lithium carbonate. Limited evidence when comorbid with primary diagnosis of bipolar disorder.
Selective Serotonin Reuptake Inhibitors (SSRIs)	Limited evidence when comorbid with primary diagnosis of depressive disorder.

What Does Not Work

Boot camps, shock incarcerations	Ineffective at best; can lead worsening of symptoms.
Dramatic, short-term or talk therapy	Little to no effect as currently studied.

Early-onset Schizophrenia

What Works

Schizophrenia is a major psychiatric illness that calls for careful, often complex and lifelong treatment. A combination of therapies is usually necessary to effectively manage the disease. Since there is no known cure for schizophrenia, treatment is aimed at reducing the severity of the disorder's impact on life and helping the child manage symptoms.

What Seems to Work

Medication	According to National Alliance on Mental Illness, the following second generation antipsychotics are FDA approved for early onset schizophrenia in youth ages 13-17: rispiridone (Resperidol), aripipazole (Abilify), quetiapine (Seroquel) and olanzapine (Zyprexa). Several other medications are often used off-label to treat schizophrenia.
Individual Psychotherapy	Focused on coping with the stress and daily life challenges brought on by schizophrenia and reducing symptoms.
Family Psychotherapy and Support	Helps to improve family functioning, problem-solving, communication skills, and decrease relapse rates.
Social and Academic Skills Training	Includes social skills training, problem-solving, and self-help skills.

What Does Not Work

Psychodynamic Therapy	May be harmful for this population.

Habit Disorders

What Works

Habit Reversal Therapy for Tic Disorder	Treatment increases awareness of the feelings and context associated with the urges and implements a competing and inconspicuous habit in place of the tic.

What Seems to Work

Cognitive Behavioral Therapy (CBT) for recurrent hair-pulling (trichotillomania [TTM])	Treatment involves exposing children to the stimuli associated with the urge while challenging thoughts associated with high-risk situations.

Not Adequately Tested

Massed Negative Practice	Treatment involves over-rehearsal of target tic in high-risk ticking situations.
Pharmacotherapy	Prescription medications to treat habit disorders in children.

What Does Not Work

Plasma Exchange or Intravenous Immunoglobulin Treatment (IVIG)	Blood transfusions to alter levels of plasma or immunoglobulin.

Juvenile Fire Setting

What Works

Currently no medication or psychological treatments meet these criteria.

What Seems to Work

Cognitive Behavioral Therapy (CBT)	Structured treatments designed to intervene with children who set fires.

What Does Not Work

Ignoring the problem	Leaving youth untreated is not beneficial because they typically do not outgrow this behavior and ignoring these behaviors may even increase dysfunctional behavior patterns.
Satiation	The practice of repetitively lighting and extinguishing fire. Satiation may cause youth to feel more competent around fire and actually increase the behavior.

Youths in the Juvenile Justice System

What Works	
Multisystemic Therapy (MST)	Integrative, family-based treatment with a focus on improving psychosocial functioning for youth and families.
Functional Family Therapy (FFT)	Family-based program that focuses on delinquency, treating maladaptive and acting out behaviors, and identifying obtainable changes.
Multidimensional Treatment Foster Care (MTFC)	As an alternative to corrections, MTFC places juvenile offenders who require residential treatment with carefully trained foster families who provide youth with close supervision, fair and consistent limits, consequences and a supportive relationship with an adult.
Cognitive Behavioral Therapy (CBT)	Structured, therapeutic approach that involves teaching youth about the thought-behavior link and working with them to modify their thinking patterns in a way that will lead to more adaptive behavior in challenging situations.
Dialectical Behavior Therapy	Therapeutic approach that includes individual and group therapy components and specifically aims to increase self-esteem and decrease self-injurious behaviors and behaviors that interfere with therapy.
What Seems to Work	
Family Centered Treatment (FCT)	FCT seeks to address the causes of parental system breakdown while integrating behavioral change. FCT provides intensive in home services and is structured into four phases: joining and assessment; restructuring; value change; and generalization.
Brief Strategic Family Therapy	A short-term, family-focused therapy that focuses on changing family interactions and contextual factors that lead to behavior problems in youth.
Aggression Replacement Therapy (ART)	A short-term, educational program that focuses on anger management and provides youth with the skills to demonstrate non-aggressive behaviors, decrease antisocial behaviors, and use prosocial behaviors.

Non-Suicidal Self-Injurious Behavior (NSIB)

What Works	
Currently no medication or psychological treatments meets these criteria.	
What Seems to Work	
Cognitive Behavioral Therapy (CBT)	Involves providing skills designed to assist youth with affect regulation and problem solving skills.
Dialectical Behavior Therapy (DBT)	Similar to CBT, but additionally involves an emphasis on acceptance strategies.

Obsessive-compulsive Disorder

What Works	
Exposure and Response Prevention (ERP)	Individual child (probably efficacious); family-focused individual and family-focused group treatments (possibly efficacious). ERP meets well-established criteria for adult OCD.
Selective reuptake inhibitors (SRIs)	Clomipramine: Approved for children age 10 years of age and older. Recommend periodic ECG monitoring.
Selective Serotonin Reuptake Inhibitors (SSRIs)	Fluoxetine (Prozac): Approved for children 8 years of age and older. Sertraline (Zoloft): Approved for children 6 years of age and older. Fluvoxamine (Luvox): Approved for children 8 years of age and older.
Not Adequately Tested	
Cognitive Therapy only	
Psychodynamic Therapy	Systematic controlled studies have not been conducted using these approaches.
Client-centered Therapy	
What Does Not Works	
Antibiotic Treatments	Antibiotic treatments are only indicated when the presence of an autoimmune or strep-infection has been confirmed and coincided with onset or increased severity of OCD symptoms.
Herbal Therapies	Herbs such as St. John's Wort have not been rigorously tested and are not FDA-approved. In some instances, herbal remedies may make symptoms worse or interfere with pharmacological treatment.

Pediatric Bipolar Disorder (PBD)

What Works	
Lithium (sometimes known as Eskalith), risperidone (Risperdal), and aripiprazole (Abilify) are the only medications approved by the U.S. Food and Drug Administration (FDA) to treat bipolar disorder in young people.	
What Seems to Work	
Other Medications are sometimes used off-label to treat bipolar disorder.	
Anticonvulsants	Valproic acid or divalproex sodium (Depakote), lamotrigine (Lamictal), carbamazepine (Tegretol), valproate (Depakene).
Antipsychotics	Clozapine, olanzapine, quetiapine, ziprasidone
Family-focused Psychoeducational Therapy (FFT)	Family therapy format. Helps adolescents make sense of their illness, along with their medications. Also helps to manage stress, reduce negative life events and promote a positive family environment.
Child and family-focused Cognitive Behavioral Therapy (CFF-CBT)	Emphasizes individual psychotherapy with children and parents, parent training and support, and family therapy.
Multifamily Psychoeducation Groups (MFPG)	Child and parent group therapy has been shown to increase parental knowledge and social support and promote access to services.
Not Adequately Tested	
Interpersonal social rhythm therapy	No current evidence of its usefulness for youth, but has been found to be effective in adults.

Sexual Offending

What Works

Currently no medication or psychological treatments meets these criteria.

What Seems to Work

Multisystemic Therapy (MST)	Intensive family and community-based treatment addressing the multiple factors of serious antisocial behavior in juvenile sexual abusers.
Residential Sexual Offender Treatment	May be necessary for public safety; for offenders, addresses both sexual and non-sexual behaviors and provides milieu treatment that varies.
Community-based Programming	Effective element to treatment continuum; offers advantage of shortening residential lengths of stay, improving post-residential transitioning.

Not Adequately Tested

Selective Serotonin Reuptake Inhibitors (SSRIs)	Impacts sexual preoccupations, sex drive and arousal.

Substance Use Disorders

What Works

Cognitive Behavioral Therapy (CBT)	A structured therapeutic approach to teaching youth about the thought-behavior link and working with them to modify their thinking patterns in a way that leads to more adaptive behavior in challenging situations.
Family Therapy	Aimed at providing education, improving communication and functioning among family members, and reestablishing parental influence through parent management training. *NOTE: Only specific family therapies have been tested; not ALL family therapies are considered effective.*
Multisystemic Therapy (MST)	An integrative, family-based treatment focusing on improving psychosocial functioning for youth and families.
Motivational Interviewing Approaches	A brief treatment approach to increase motivation for behavior change. It focuses on expressing empathy, discrepancies, avoiding argumentation, rolling with resistance, and supporting self-efficacy.

What Seems to Work

Behavioral Therapies	Treatment that focuses on identifying specific problems and areas of deficit and working on improving these behaviors.
Some Medications	Psychopharmacological medication can be used for detoxification purposes, as directed by a doctor. Medication may also be used to treat co-existing psychological disorders.
Twelve-Step Programs	Uses steps as principles for treating addictive behaviors.

What Does Not Work

Ignoring the Problem	Signs of substance abuse should not be ignored in youth.
Blaming/Discounting	Substance abuse can be a serious disorder that requires treatment that is beyond an individual's willpower or control.
DARE	Raises awareness about chemical dependency through education and training.

Trauma	
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, and introducing relaxation and stress management techniques.
What Seems to Work	
School-Based Group Cognitive Behavioral Therapy (CBT)	Similar components to TF-CBT, but in a group, school-based format.
Psychodynamic Trauma-focused Psychotherapies	Individualized to meet the specific concerns and needs of each unique trauma survivor with goal of building coping skills.
Eye Movement Desensitization and Reprocessing (EMDR)	Uses eye movements, sounds, or pulsations to stimulate the brain. Can create changes in the brain that help the client overcome symptoms.
Not Adequately Tested	
Child-centered Play Therapy	Therapy that uses 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 reenter into the present.
Pharmacological Treatments	Treatment with selective serotonin reuptake inhibitors (SSRIs), betablockers or alpha agonsists.
What Does Not Work	
Restrictive rebirthing or holding techniques	Restrictive rebirthing or holding techniques may forcibly bind, restrict, coerce, or withhold food or water from children and have resulted in some cases of death and are not recommended.
Pharmacological Treatments	Treatment with Periactin

Youth Suicide	
What Works	
Currently no medications/psychological treatments meet this criteria.	
What Seems to Work	
Dialectical Behavior Therapy (DBT)	Outperformed the treatment for the control group in reducing suicide attempts. However, it did not help reduce depressive symptoms.
Cognitive Behavioral Therapy (CBT) Interpersonal Therapy Psychodynamic Therapy Family Therapy	Psychotherapy, while not by itself an evidence-based practice, is an important component to the treatment of suicidality in youth. All are options when choosing a treatment modality.
Selective serotonin reuptake inhibitors (SSRIs) for co-occurring disorders	Necessary to closely monitor youth taking SSRIs because of the risk that SSRIs can increase suicidality in youth and young adults.

Youth Suicide	
What Does Not Work	
No-suicide Contracts	Study findings are diverse; there have been results that have found that contracts reduce suicidal behavior and others suggesting that they increase it.
Tricyclic Antidepressants	Effectiveness has not been demonstrated. They can potentially be lethal due to the small difference between therapeutic and toxic doses.
Benzodiazepines	Should be used with great caution as they may result in impulsivity.
Barbiturates	Should be used with great caution as they may result in impulsivity.