



This report<sup>a</sup> is intended to guide practitioners, educators, youth, and families in developing appropriate plans using psychosocial interventions. It was created for the period October 2022 – March 2023 using the PracticeWise Evidence-Based Services (PWEBS) Database, available at [www.practicewise.com](http://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](http://www.aap.org/mentalhealth)) for updates.

### Evidence-Based Child and Adolescent Psychosocial Interventions

Please note that this chart represents an independent analysis by PracticeWise and should not be construed as endorsement by the American Academy of Pediatrics. For an explanation of how PracticeWise determines the evidence/level, please see the strength of evidence definitions below or visit [www.practicewise.com/aap](http://www.practicewise.com/aap).

| Problem Area                              | Level 1-<br>BEST SUPPORT   | Level 2-<br>GOOD SUPPORT   | Level 3-<br>MODERATE SUPPORT   | Level 4-<br>MINIMAL SUPPORT   | Level 5 <sup>b</sup> -<br>NO SUPPORT  |
|---|--|--|--|---|---|
| <b>Anxious or Avoidant Behaviors</b>      | Attention Training, Cognitive Behavior Therapy (CBT), CBT and Medication, CBT for Child and for Parent, CBT with Parents, Education, Exposure, Modeling                                  | Assertiveness Training, Attention, Attention Training and Biofeedback and Exposure, Behavior Therapy, Biofeedback, CBT and Expression, CBT and Parent Management Training (PMT), CBT with Parents and Supportive Listening for Parent, CBT with Parents Only, Cultural Storytelling, Hypnosis, Mindfulness, Mindfulness and Motivational Interviewing (MI)/Engagement, Play Therapy, Psychodynamic, Relaxation, Stress Inoculation | Attention Training and CBT, Contingency Management (CM), Expression, Group Therapy, Psychoeducation: Family          | Behavioral Activation and Exposure, Expressive Play, PMT, Rational Emotive Therapy, Social Skills   | Assessment/Monitoring, Attachment Therapy, Attention Training and Exposure, Biofeedback and CBT, Case Management, CBT and Family Therapy, CBT and Supportive Listening for Parent, CBT with Parents and Medical Care, Client Centered Therapy, Cognitive Training, Eye Movement Desensitization and Reprocessing, Peer Pairing, Problem Solving, Psychoeducation, Psychoeducation: Teacher, Relationship Counseling   |
| <b>Autism Spectrum Disorders</b>          | CBT, Intensive Behavioral Treatment, Intensive Communication Training, Joint Attention/Empathetic & Emotional Engagement, PMT, Social Skills   | Imitation, Medication and PMT, Peer Pairing, Psychoeducation: Family, Theory of Mind Training  | None   | Behavior Therapy, CBT with Parents, Intensive Communication Training and Joint Attention/Empathetic & Emotional Engagement, Joint Attention/Empathetic & Emotional Engagement and Social Skills, Massage, Modeling and Peer Pairing, Play Therapy, Sensory Integration Training | Biofeedback, CBT and Social Skills, Client Centered Therapy, Cognitive Training, Communication Skills, Contingent Responding, Eclectic Therapy, Fine Motor Training, Modeling, Multisystemic Therapy, Peer Pairing and Social Skills, Physical/Social/Occupational Therapy, Psychoeducation, Psychoeducation: Parent, Psychoeducation: Teacher, Structured Listening  |
| <b>Depressive or Withdrawn Behaviors</b>  | CBT, CBT and Medication, CBT with Parents, Client Centered Therapy, Family Therapy   | Attention Training, CBT and MI/Engagement, Expression, Interpersonal Therapy, MI/Engagement, Mindfulness and MI/Engagement, Physical Exercise, Problem Solving, Relaxation   | None   | Behavioral Activation, CBT and Social Skills, Cognitive Behavioral Psychoeducation, Cultural Storytelling, Mindfulness, PMT, Self Control Training, Self Modeling, Social Skills  | Anger Control and CBT, Attention, Behavioral Sleep Intervention and CBT, CBT and PMT, CBT with Parents and Medical Care, Cognitive Training, Education, Emotion Regulation and Exposure, Emotion Regulation and PMT, Goal Setting, Interpersonal Therapy and Medication, Play Therapy, Psychodynamic, Psychoeducation, Skill Development  |
| <b>Disruptive Behavior or Delinquency</b> | Anger Control, Assertiveness Training, CBT, CBT and PMT, CM, MI/Engagement, Multisystemic Therapy, PMT, PMT and Problem Solving, Problem Solving, Social Skills, Therapeutic Foster Care | Attention Training, CBT and Teacher Training, Classroom Behavior Management and PMT, Communication Skills, Cooperative Problem Solving, Family Therapy, Functional Family Therapy, Medication and PMT, Mindfulness, PMT and Social Skills, Rational Emotive Therapy, Relaxation, Self Control Training, Transactional Analysis   | Assertiveness Training and CBT, Client Centered Therapy, Moral Reasoning Training, Outreach Counseling, Peer Pairing | CBT and Psychoeducation: Teacher, Classroom Behavior Management and CBT and PMT, Cooperative Problem Solving and Emotion Regulation, Education and PMT and Social Skills, Exposure, Physical Exercise, PMT and Self Verbalization, Psychoeducation: Parent, Stress Inoculation  | Anger Control and Moral Reasoning Training, Behavior Therapy, Behavior Therapy and Mentoring and Problem Solving, Behavioral Family Therapy, Catharsis, CBT and Family Empowerment and Support and Mentoring and Social Skills, CBT and Mentoring and Social Skills, CBT and MI/Engagement, CBT with Parents, Dietary Care, Education, Family Empowerment and Support, Family Systems Therapy, Group Therapy, Imagery Training, Juvenile Awareness/Deterrence, Mentoring, MI/Engagement and PMT, Parent Coping/Stress Management and PMT, Play Therapy, PMT and Peer Support, Psychodynamic, Psychoeducation, Self Verbalization, Skill Development, Wraparound |

| <b>Problem Area</b>          | <b>Level 1-<br/>BEST SUPPORT</b>  | <b>Level 2-<br/>GOOD SUPPORT</b>  | <b>Level 3-<br/>MODERATE<br/>SUPPORT</b>  | <b>Level 4-<br/>MINIMAL SUPPORT</b>                               | <b>Level 5<sup>b</sup>-<br/>NO SUPPORT</b>  |
|------------------------------|---|---|---|---|---|
| <b>Eating Disorders</b>      | Behavioral Feedback and Dietary Care and Physical Exercise, CBT, Family-Focused Therapy   | CBT for Child and for Parent, Expression and Family-Focused Therapy, Family Systems Therapy, Family Therapy with Parents Only   | Family Therapy and Usual Care   | Dietary Care and Physical Exercise                                | Behavioral Family Therapy, Behavioral Family Therapy and Dietary Care, Behavioral Training and Dietary Care, Case Management and MI/Engagement, CBT with Parents, Client Centered Therapy, Cognitive Training and Family-Focused Therapy, Dietary Care, Education, Family Therapy, Family Therapy with Parent Consultant, Family-Focused Therapy and Medical Care, Goal Setting, PMT, Psychodynamic, Psychoeducation, Yoga  |
| <b>Elimination Disorders</b> | Behavior Alert, Behavior Alert and Behavioral Training, Behavioral Training, Behavioral Training and Biofeedback and Dietary Care and Medical Care, Behavioral Training and Dietary Care and Medical Care | Behavioral Training and Dietary Care, Behavioral Training and Dietary Care and Hypnosis, CBT  | Behavior Alert and Medication, Behavioral Training and Medical Care                               | None  | Assessment/Monitoring, Assessment/Monitoring and Medication, Behavioral Training and Medical Care and Play Therapy, Behavioral Training and Medication, Biofeedback, CM, Dietary Care, Dietary Care and Medical Care, Hypnosis, Medical Care, Psychoeducation   |
| <b>Mania</b>                 | None  | CBT for Child and for Parent  | None  | Cognitive Behavioral Psychoeducation                              | Cognitive Behavioral Psychoeducation and Dietary Care, Dialectical Behavior Therapy and Medication, Family-Focused Therapy, Psychoeducation   |
| <b>Psychosis</b>             | None  | Case Management and CBT, Family-Focused Therapy, Psychoeducation  | Case Management and CBT and Medication, Client Centered Therapy                                   | Cognitive Training  | Attention, Case Management, CBT, CBT and MI/Engagement, Cognitive Behavioral Psychoeducation, Group Therapy, Psychoeducation: Family  |
| <b>Substance Use</b>         | CBT, CBT and MI/Engagement, CM, Community Reinforcement, Family Therapy, MI/Engagement  | Assertive Continuing Care, Case Management, CBT and CM, CBT and CM and MI/Engagement, CBT and Medication, CBT with Parents, Expression and MI/Engagement, Family Systems Therapy, Functional Family Therapy, Goal Setting, Goal Setting/Monitoring, Multidimensional Family Therapy, Problem Solving, Purdue Brief Family Therapy | CBT and Family Therapy, CM and Drug Court and Multisystemic Therapy, Drug Court, Eclectic Therapy | PMT, Psychoeducation  | Advice/Encouragement, Assessment/Monitoring, Behavioral Family Therapy, Behavioral Family Therapy and CM, CBT and CM and MI/Engagement and PMT, CBT and Community Information Campaign, CBT and Family Therapy and MI/Engagement, Client Centered Therapy, CM and Psychoeducation: Parent, Drug Court and Multisystemic Therapy, Drug Education, Drug Education and MI/Engagement, Education, Family Court, Feedback, Group Therapy, Mindfulness, Multisystemic Therapy, Psychoeducation: Parent, Therapeutic Vocational Training |
| <b>Suicidality</b>           | None  | Attachment Therapy, CBT with Parents, Counselors Care, Counselors Care and Support Training, Dialectical Behavior Therapy, Interpersonal Therapy, Multisystemic Therapy, Parent Coping/Stress Management, Psychodynamic, Social Support   | None  | CBT   | Accelerated Hospitalization, Anger Control and Counselors Care, Case Management, Client Centered Therapy, Communication Skills, Family Therapy, MI/Engagement, Psychoeducation  |
| <b>Traumatic Stress</b>      | CBT, CBT with Parents, Exposure, Eye Movement Desensitization and Reprocessing  | Therapeutic Foster Care   | None  | CBT with Parents and PMT, Expression and Relaxation, Play Therapy | Advice/Encouragement, CBT and Medication, CBT with Parents Only, Client Centered Therapy, Education, Expression, Expressive Play, Interpersonal Therapy, Problem Solving, Psychodynamic, Psychoeducation, Relaxation, Structured Listening  |

Abbreviations: CBT, Cognitive Behavior Therapy; CM, Contingency Management; MI, Motivational Interviewing; PMT, Parent Management Training.

<sup>a</sup> This report updates and replaces the “Blue Menu” originally distributed by the Hawaii State Department of Health, Child & Adolescent Mental Health Division, Evidence-Based Services Committee, from 2002–2009.

<sup>b</sup> Level 5 refers to treatments whose study findings were unsupportive or inclusive.

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## Background

The American Academy of Pediatrics (AAP) “Evidence-Based Child and Adolescent Psychosocial Interventions” tool is created twice each year and posted on the AAP Web site at [www.aap.org/mentalhealth](http://www.aap.org/mentalhealth), using data from the PracticeWise Evidence-Based Services Database, available at [www.practicewise.com](http://www.practicewise.com). The table is based on an ongoing review of randomized clinical psychosocial and combined treatment trials for children and adolescents with mental health needs. The contents of the table represent the treatments that best fit a patient’s characteristics, based on the primary problem (rows) and the strength of evidence behind the treatments (columns). Thus, when seeking an intervention with the best empirical support for an adolescent with depression, one might select from among cognitive behavior therapy (CBT) alone, CBT with medication, CBT with parents included, client centered therapy, or family therapy. Each clinical trial must have been published in a peer-reviewed scientific journal, and each study is coded by 2 independent raters whose discrepancies are reviewed and resolved by a third expert judge. Prior to report development, data are subject to extensive quality analyses to identify and eliminate remaining errors, inconsistencies, or formatting problems.

## Strength of Evidence Definitions

The strength of evidence classification uses a 5-level system that was originally adapted from the American Psychological Association Division 12 Task Force on the Promotion and Dissemination of Psychological Procedures.<sup>1</sup> These definitions can be seen in the Box below. Higher strength of evidence is an indicator of the reliability of the findings behind the treatment, not an index of the expected size of the effect.

## Treatment Definitions

“Evidence-Based Child and Adolescent Psychosocial Interventions” uses a broad level of analysis for defining treatments, such that interventions sharing a majority of components with similar clinical strategies and theoretical underpinnings are considered to belong to a single treatment approach. For example, rather than list each CBT protocol for depression on its own, the tool handles these as a single group that collectively has achieved a particular level of scientific support. This approach focuses more on “generic” as opposed to “brand name” treatment modalities, and it also is designed to reduce the more than 500 distinct treatments that would otherwise be represented on this tool to a more practical level of analysis.

## Problem Definition

The presenting problems represented in the table rows are coded using a checklist of 25 different problem areas (e.g., anxious or avoidant behaviors, eating disorders, substance use). The problem area refers to the condition that a treatment explicitly targeted and for which clinical outcomes were measured. These problem areas are inclusive of diagnostic conditions (e.g., all randomized trials targeting separation anxiety disorder are considered collectively within the “Anxious or Avoidant Behaviors” row) but also include the much larger number of research trials that tested treatments but did not use diagnosis as a study entry criterion. For example, many studies use elevated scores on behavior or emotion checklists or problems such as arrests or suicide attempts to define participants. Mental health diagnoses are therefore nested under these broader categories.

## History of This Tool

This tool has its origins with the Child and Adolescent Mental Health Division of the Hawaii Department of Health. Under the leadership of then-division chief Christina Donkervoet, work was commissioned starting in 1999 to review child mental health treatment outcome literature and produce reports that could serve the mental health system in selecting appropriate treatments for its youth.<sup>2</sup> Following an initial review of more than 120 randomized clinical trials,<sup>3</sup> the division began to issue the results of these reviews in quarterly matrix reports known as the Blue Menu (named for the blue paper on which it was originally printed and distributed). This document was designed to be user-friendly and transportable, thereby making it amenable to broad and easy dissemination. As of 2010, the AAP supports the posting of the next generation of this tool. “Evidence-Based Child and Adolescent Psychosocial Interventions” now represents over 1,400 randomized trials of psychosocial treatments for youth. PracticeWise continues to identify, review, and code new research trials and plans to continue providing updates to this tool to the AAP for the foreseeable future.

## References

1. American Psychological Association Task Force on Promotion and Dissemination of Psychological Procedures, Division of Clinical Psychology. Training in and dissemination of empirically-validated psychological treatments: report and recommendations. *Clin Psychol.* 1995;48:3–23
2. Chorpita BF, Donkervoet CM. Implementation of the Felix Consent Decree in Hawaii: the implementation of the Felix Consent Decree in Hawaii. In: Steele RG, Roberts MC, eds. *Handbook of Mental Health Services for Children, Adolescents, and Families*. New York, NY: Kluwer Academic/Plenum Publishers; 2005:317–332
3. Chorpita BF, Yim LM, Donkervoet JC, et al. Toward large-scale implementation of empirically supported treatments for children: a review and observations by the Hawaii Empirical Basis to Services Task Force. *Clin Psychol Sci Pract.* 2002;9(2):165–190

See more on the PracticeWise [publications page](#).

## Strength of Evidence Definitions

### Level 1: Best Support

- I. At least 2 randomized trials demonstrating efficacy in one or more of the following ways:
  - a. Superior to pill placebo, psychological placebo, or another treatment.
  - b. Equivalent to all other groups representing at least one level 1 or level 2 treatment in a study with adequate statistical power (30 participants per group on average) that showed significant pre-study to post-study change in the index group as well as the group(s) being tied. Ties of treatments that have previously qualified only through ties are ineligible.
- II. Experiments must be conducted with treatment manuals.
- III. Effects must have been demonstrated by at least 2 different investigator teams.

### Level 2: Good Support

- I. Two experiments showing the treatment is (statistically significantly) superior to a waiting list or no-treatment control group. *Manuals, specification of sample, and independent investigators are not required.*  
OR
- II. One between-group design experiment with clear specification of group, use of manuals, and demonstrating efficacy by either
  - a. Superior to pill placebo, psychological placebo, or another treatment
  - b. Equivalent to an established treatment (See qualifying tie definition above.)

### Level 3: Moderate Support

One between-group design experiment with clear specification of group and treatment approach and demonstrating efficacy by either

- a. Superior to pill placebo, psychological placebo, or another treatment
- b. Equivalent to an already established treatment in experiments with adequate statistical power (30 participants per group on average)

### Level 4: Minimal Support

One experiment showing the treatment is (statistically significantly) superior to a waiting list or no-treatment control group. *Manuals, specification of sample, and independent investigators are not required.*

### Level 5: No Support

The treatment has been tested in at least one study but has failed to meet criteria for levels 1 through 4.