

Evidence Based Mental Health Care

Throughout this guide, the treatment options listed are based on both the best available research evidence, and expert opinions from Seattle Children’s Hospital Department of Psychiatry and the UW Division of Public Behavioral Health and Justice Policy. Evidence based care is a relative concept, not an absolute one. Evidence for treatment varies in its reliability: randomized controlled trials carry a different evidence weighting than individual provider experiences. As more information emerges, what is considered the most evidence based treatment is expected to evolve. Evidence based medication treatment advice is spread throughout this guide, in tables and care flow diagrams for each included disorder. Psychosocial treatment guidance is also listed briefly within each care flow diagram.

A common theme typically emerges in both clinical experience and in the results of formal research trials: that **a combination of medical treatment and social/behavioral care often ensures the best of outcomes.**

The importance of engaging both a child and family in treatment can not be underestimated. An “evidence based treatment” will not work if families can not make it to appointments, or if the treatment does not meet the child’s or family’s own goals. Engagement can be enhanced through educating your families about what to expect. “Wraparound” programs, where available, have a philosophy emphasizing engagement and shared setting of treatment goals, and can be a further asset in this regard. Families can find additional support from organizations like SAFE-WA (www.safewashington.org) and Youth ‘N Action (www.youthnaction.org).

Families wishing to learn more about Evidence Based Treatments for children are encouraged to look at a brochure on the subject from NAMI, the National Alliance on Mental Illness. That document called “A Family Guide: What Families Need to Know about Evidence-Based Practices” can be found by going to: http://www.nami.org/template.cfm?section=child_and_teen_support and selecting the header appearing on the upper right, “For Parents, Caregivers, & Youth.”

The following table shows, based on the best available evidence, examples of which psychosocial practices are recognized to work for particular problem areas. This table was prepared by a workgroup in the State of Hawaii, and is reproduced here due to its recent updating and their formalized process for making treatment categorizations.

“Blue Menu” - Evidence-Based Child and Adolescent Psychosocial Interventions

This tool has been developed to guide teams (inclusive of youth, family, educators and mental health practitioners) in developing appropriate plans using psychosocial interventions. Teams should use this information to prioritize promising options. For specific details about these interventions and their applications (e.g., age setting, gender) see the most recent Evidence Based Services Committee Biennial Report (<http://www.hawaii.gov/health/mental-health/camhd/library/webs/ebs/ebs-index.html>).

Problem Area	Level 1- BEST SUPPORT	Level 2- GOOD SUPPORT	Level 3- MODERATE SUPPORT	Level 4- MINIMAL SUPPORT	Level 5- NO SUPPORT
Anxious or Avoidant Behaviors	Cognitive Behavior Therapy, Cognitive Behavior Therapy and Medication, Education, Exposure, Modeling	Assertiveness Training, Cognitive Behavior Therapy for Child and Parent, Cognitive Behavior Therapy with Parents, Family Psychoeducation, Hypnosis, Relaxation	Contingency Management, Group Therapy	Biofeedback, Play Therapy, Psychodynamic Therapy, Rational Emotive Therapy	Attention, Client Centered Therapy, EMDR, Relationship Counseling, Teacher Psychoeducation [poorly tested: CBT with Parents Only]
Attention and Hyperactivity Behaviors	Behavior Therapy and Medication, Contingency Management, Self Verbalization	Biofeedback, Education, Parent Management Training (alone, with Problem Solving, or with Teacher Psychoeducation), Physical Exercise, Relaxation and Physical Exercise, Social Skills and Medication, Working Memory Training	None	Parent Management Training and Social Skills, Relaxation, Self-Verbalization and Contingency Management, Social Skills	Attention, Client Centered Therapy [poorly tested: Cognitive Behavior Therapy, Cognitive Behavior Therapy and Anger Control, Parent Coping/Stress Management, Parent Management Training and Self-Verbalization, Self Control Training, Self Verbalization and Medication, Skill Development]
Autistic Spectrum Disorders	Intensive Behavior Therapy, Intensive Communication Training	None	None	None	[poorly tested: Auditory Integration Training]
Delinquency and Disruptive Behavior	Assertiveness Training, Cognitive Behavior Therapy, Contingency Management, Multisystemic Therapy, Parent Management Training, Social Skills	Anger Control, Client Centered Therapy, Communication Skills, Functional Family Therapy, Multidimensional Treatment Foster Care, Parent Management Training and Problem Solving, Problem Solving, Rational Emotive Therapy, Relaxation, Transactional Analysis	Attention, Outreach Counseling, Peer Pairing, Self Control Training	Parent Management Training and Self-Verbalization, Physical Exercise, Stress Inoculation	CBT with Parents, Education, Exposure, Family Systems Therapy, Group Therapy (!), Life Skills, Project CARE (!), Skill Development [poorly tested: CBT and Anger Control, Catharsis, Collaborative Problem Solving, Family Empowerment, Psychodynamic Therapy, Self Verbalization]
Depressive or Withdrawn Behaviors	Cognitive Behavior Therapy, Cognitive Behavior Therapy and Medication, Family Therapy	Client Centered Therapy, Cognitive Behavior Therapy with Parents, Expressive Writing/Journaling/Diary, Interpersonal Therapy, Relaxation	None	Self Control Training, Self Modeling	Attention, Counselors Care, Counselors Care and Anger Management, Psychodynamic, Life Skills, Social Skills [poorly tested: Problem Solving]
Eating Disorders	None	Cognitive Behavior Therapy, Family Therapy, Family Systems Therapy	None	None	Client Centered Therapy, Education, Goal Setting
Substance Use	None	Cognitive Behavior Therapy, Contingency Management, Goal Setting/Monitoring, Purdue Brief Family Therapy, Family Therapy, Family Systems Therapy	None	Goal Setting, Motivational Interviewing/Engagement	Client Centered Therapy, Education, Group Therapy (!), Project CARE (!), Twelve Step Program
Traumatic Stress	Cognitive Behavior Therapy with Parents	Cognitive Behavior Therapy	None	Play Therapy, Psychodrama	Client Centered Therapy, Cognitive Behavior Therapy with Parents Only [poorly tested: Cognitive Behavior Therapy and Medication, EMDR]

Note: Level 5 refers to treatments that were tested and found ineffective. Risk of harm is noted by the symbol (!), which indicates that at least one study found negative effects on the main outcome measure. The risk of using such treatments should be weighed against potential benefits.

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Table last updated 4/1/09, and downloaded 11/1/09