

REFERENCE CHART OF DISORDERS AND EVIDENCE-BASED TREATMENTS

EVIDENCE-BASED CHILDREN’S MENTAL HEALTH Findings by Treatment Type¹

| Disorders/Behavior | Support for Treatment | Positive Effects Consistent Evidence | Inconsistent Evidence Unproven | Comments |
|----------------------|---------------------------|---|---|--|
| ADHD | Evidence-based Treatments | <i>Psychosocial</i> Parent Management Clinical behavior therapy <i>Pharmacological Treatments</i> Methylphenidate (MPH) | Dietary replacement, exclusion; various vitamin, mineral, or herbal regimens; biofeedback; and perceptual stimulation | Not necessary to select one treatment at the expense of the other. |
| Adjustment Disorders | Promising Treatments | <i>Psychosocial</i> Cognitive Behavioral Therapy Stress Management Family Therapy Group Therapy | | Medication is seldom used as a singular treatment for adjustment disorders because the child requires assistance in coping with the stressor causing the maladaptive behavior. |
| Anorexia Nervosa | Evidence-based Treatments | <i>Psychosocial</i> Nutritional Rehabilitation – Considerable evidence suggests that nutritional monitoring is effective in family psychotherapy inpatient behavioral programs <i>Pharmacological Treatments</i> SSRIs | Individual Psychotherapy Group Therapy 12 Step Programs Somatic Treatments | It is important to note that many patients display a limited response to treatment and will require long-term monitoring and intervention. |

¹ The information contained in herein is strictly for informational purposes and is not intended to replace the advice and counsel of a medical professional.

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| Binge Eating Disorder | None Available | | | Treatment goals and strategies for binge eating disorder are similar to those for bulimia nervosa except patients with binge eating disorder present difficulties associated with being overweight, rather than being malnourished. |
| Bipolar Disorders | Evidence-based Treatments | <i>Psychosocial</i> No consistent studies on psychosocial treatments with children <i>Pharmacological Treatments</i> Lithium | Electroconvulsive therapy (no research with children) | Some evidence supporting the use of lithium in the acute phase. No evidence for or against the use of electroconvulsive therapy. |
| Bulimia Nervosa | Evidence-based Treatments | <i>Psychosocial</i> Cognitive Behavioral Therapy Combined Treatments Group Therapy <i>Pharmacological Treatments</i> SSRIs | Bupropion Monoamine Oxidase Inhibitors (MAOIs) | Treatment includes treatment of co-occurring disorders, establishment of regular, non-binge meals, and improvement of attitudes related to the disorder. |
| Fire Setting | Promising Treatments | <i>Psychosocial</i> Cognitive Behavioral Therapy Fire Safety Education | | Leaving the child untreated is not beneficial, as child usually does not outgrow this behavior. |
| Mental Retardation | Evidence-based Treatments | <i>Psychosocial</i> Individual Therapy Family Therapy Social Skills Training Cognitive Therapy | | Treatment is tailored for co-occurring disorders and is based on two guiding principles: normalization and community-based care. |

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| Oppositional Defiant & Conduct Disorder | Evidence-based Treatments | <p><i>Psychosocial</i></p> <ul style="list-style-type: none"> Parent training based on Living with Children Videotape Modeling Parent Training Multisystemic Therapy Anger Coping Therapy Assertiveness Training Delinquency Prevention Program Rational Emotive Therapy <p><i>Pharmacological Treatments</i></p> <ul style="list-style-type: none"> Stimulants Mood Stabilizers | Boot camps; psychiatric hospitalization; medication trials; brief courses of Cognitive-Behavioral Therapy | Interventions are usually performed in school or home. Various treatment modalities are utilized for treating these disorders, as well as the comorbid disorders accompanying ODD and CD. Medications must only be prescribed in conjunction with psychological interventions, such as parent training. |
| Pervasive Developmental Disorders (Autism & Asperger's Disorders) | Promising Treatments | <p><i>Behavior Interventions</i></p> <ul style="list-style-type: none"> ▪ Educational and Communication-focused Interventions ▪ TEACCH (Treatment and Education of Autistic and related Communication handicapped Children) ▪ Natural Language Methods ▪ (PECS) Picture Exchange Communication System ▪ Behavior Intervention <p><i>Pharmacological Treatments</i></p> <ul style="list-style-type: none"> ▪ Antipsychotics ▪ Psychostimulants | | <p>TEACCH & Home Based Behavior Therapy are good options.</p> <p>Low prevalence of autism approaches to treatments are:</p> <ol style="list-style-type: none"> 1. Focus on specific symptoms or learning needs; 2. Focus on reversing the level of impairment. |

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| Self Injury | Promising Treatments | <i>Psychosocial</i> Cognitive Behavioral Therapy Behavior Modification Addictions Model <i>Pharmacological Treatments</i> SSRIs | | Research continuing on psychosocial interventions and medications. Hospitalization used as last resort. |
| Sex Offending | Promising Treatments | <i>Psychosocial</i> Multisystemic Therapy Residential Sex Offender Treatment | | Promising sex offender treatment programs often combine an intensive, multi-modal approach with early intervention. Comprehensive cognitive-behavior programs often focus on taking responsibility for one's sexual behavior, developing victim empathy, and developing skills to prevent future offending. Approaches to the treatment of juvenile sex offenders can vary. |
| Substance Abuse | Evidence-based Treatments | <i>Psychosocial</i> <ul style="list-style-type: none"> ▪ Cognitive Behavioral Therapy ▪ Group Therapy ▪ Behavioral Therapies ▪ Skills Development ▪ Family Therapy ▪ Multisystemic Therapy ▪ Individual Psychotherapy ▪ Medical Detoxification | | The use of medication should be pursued only as a last resort in the dually-diagnosed population, given the potential for misuse and overdose. |

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| Tourette's Disorder | Evidence-based Treatments | <i>Psychosocial</i> Habit Covariance Habit Reversal <i>Pharmacological Treatments</i> Neuroleptics | Plasma exchange or intravenous immunoglobulin (IVIG) | When tics interfere with functioning and/or there are other disorders present, medication may be helpful. |

EVIDENCE-BASED CHILDREN'S MENTAL HEALTH Findings by Service Setting

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|--|------------------------------|---|---|--|
| Juvenile Justice – Multi Modal Interventions | Evidence-based treatments | Multisystemic Therapy (MST) Wraparound Integrated Systems of Care Functional Family Therapy Cognitive Behavioral Therapy Multidimensional Treatment Foster Care | | MST is the most effective treatment for delinquent adolescents and MST shares strengths with other systemic family approaches. |
| School Setting Interventions | Promising Approaches | Integration of mental health professionals into the school environment Creation of a "System of Care" within the school environment Engagement of families in educational planning and services Consistent program implementation Other environmental and community factors | | Classroom contingency management methods are effective in controlling the behavior of children with conduct problems. Parent- administered reinforcements enhance classroom contingency management. |