

Evidence-Based and Evidence-Informed Psychosocial Treatments for Childhood Disorders

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Disclaimer: This *is not* a comprehensive list of all evidence-based psychosocial treatments for children. This document is *not* to be used as the definitive tool regarding treatment choice for youth, but rather as a starting point to further investigate appropriate and available evidence-based psychosocial treatments.

The information provided was primarily gleaned from the National Registry of Evidence-based Programs and Practices (see <http://www.nrepp.samhsa.gov/>); the American Academy of Child and Adolescent Psychiatry (see https://www.aacap.org/aacap/Resources_for_Primary_Care/Practice_Parameters_and_Resource_Centers/Practice_Parameters.aspx); articles retrieved from PsychInfo following a literature search (key words: Evidence based practices + DISORDER + child*); A. Kazdin & J. Weisz, *Evidence-Based Psychotherapies for Children and Adolescents* (Guilford Press); and from treatment developers' websites.

Notes on format of table:

Highlighted text indicates broader therapeutic interventions

Plain text indicates specific evidence-based program

Highlighted text indicates programs previously disseminated in the state of New Hampshire by the Dartmouth Trauma Interventions Research Center

*Indicates treatment endorsed by the National Registry of Evidence-based Programs and Practices (see <http://www.nrepp.samhsa.gov/ReviewSubmission.aspx> for overview of requirements)

Anxiety Disorders			
Treatment/ Developer(s)	Age range	Format	Brief Description
Cognitive Behavioral Therapy (CBT) for Anxiety	All ages	Individual	CBT for anxiety is effective in the treatment of Panic Disorder, Phobias, Social Anxiety Disorder, and Generalized Anxiety Disorder. Role play, modeling, and contingency management are used to address unhelpful thoughts and behaviors that contribute to the symptoms of anxiety.
Exposure and Response Prevention (ERP) (e.g., <i>Talking Back to OCD</i> by John March, <i>What to do When your Brain Gets Stuck</i> by Dawn Huebner, PhD)	All ages	Individual	ERP is a technique used to treat Obsessive Compulsive Disorder by gradually exposing clients to situations or cues that result in obsessive thinking or worrying, while encouraging relaxation and prevention of the compulsive behavior. Interventions help the client become sensitized to their fears and teach behavior strategies that decrease their fear response.
Habit Reversal Training (e.g., <i>What to Do When Bad Habits Take Hold</i> by Dawn Huebner, PhD)	All ages	Individual	Habit Reversal Training is a behavioral technique in which the client learns to respond to feared situations in a new way, while extinguishing previously learned maladaptive behavioral responses to cues or triggers. It is used to reduce unhelpful repetitive behaviors, such as tics, hair-pulling, and nervous habits.
Cool Kids Child and Adolescent Anxiety Management Program (Cool Kids)* Heidi Lyneham, Ph.D.	6-18	Individual	Cool Kids is a manualized treatment for anxiety disorders in children and adolescents that includes sessions on identifying anxious thoughts, feelings, and behaviors (psychoeducation); challenging anxious thoughts (cognitive restructuring); approaching avoided situations/events (exposure); and using additional coping skills such as systematic problem solving, social skills, assertiveness skills, and effective strategies for dealing with teasing and bullying (coping skills).
Coping Cat* Philip Kendall, PhD, ABPP	7-13	Individual, Group	Coping Cat is a manualized Cognitive-behavioral therapy treatment for Separation Anxiety, Generalized Anxiety Disorder, Panic Disorder, and Social Phobia. The goals of treatment include recognizing and coping with physical sensations of anxiety, recognizing and challenging unhelpful or distorted thinking, and developing individualized coping menus while confronting developmentally appropriate, challenging tasks.
FRIENDS program Paula Barrett B.Sc (Hons), M.Clin.Psych., MAPS, PhD	All ages	Individual, Family, Group	The FRIENDS program increases social and emotional skills, promote resilience, and prevent anxiety and depression across the lifespan. It is a resiliency focused program that incorporates physiological, cognitive, and behavioral strategies to assist children, youth, and adults in coping with stress and worry. The specific goals include: Increasing the client's ability to recognize and regulate emotions, thoughts, and behaviors; increasing perspective taking abilities; improving interpersonal functioning; and enhancing resilience.

Autism Spectrum Disorders			
Treatment/ Developer(s)	Age range	Format	Brief Description
Applied Behavior Analysis (ABA) <i>Ole Ivar Løvaas</i>	0-5	Individual, coaching	ABA interventions are based upon the principles of Learning Theory. Focus is placed on the observable relationship of behavior to the environment, including antecedents and consequences. By functionally assessing the relationship between a targeted behavior and the environment, the methods of ABA can be used to change that behavior.
Early Intensive Behavioral Intervention (EIBI) <i>Ole Ivar Løvaas</i>	0-5	Individual, coaching	EIBI provides behavior support that allows children to achieve their individual potential and may include language and communication, social skills and play, pre-academic skills and daily living activities, and partnerships between therapy teams and family members. The goal is to increase learning and generalization of skills across all areas of functioning. EIBI uses Applied Behavior Analysis principles to determine a young child's behavioral deficits and excesses. The program teaches appropriate behaviors through the use of EIBI theories, including: the analysis of verbal behavior, discrete trial teaching, applied verbal behavior methods, and natural environment teaching.
Social Skills Group Intervention-- High Functioning Autism (S.S.GRIN-HFA)* <i>Melissa DeRosier, PhD</i>	8-12	Group	S.S.GRIN-HFA is designed to improve social behaviors in children with high functioning Autism Spectrum Disorders by building basic behavioral and cognitive social skills, reinforcing prosocial attitudes and behaviors, and building adaptive coping strategies for social problems, such as teasing or isolation. The sessions, which are presented through didactic instruction and role-playing, modeling, and hands-on activities, are organized into three modules: (1) communication; (2) working with others; and (3) friendship skills.
Depressive Disorders			
Treatment/ Developer(s)	Age range	Format	Brief Description
Cognitive Behavioral Therapy (CBT) for Adolescent Depression* <i>Aaron Beck, MD</i>	12-18	Individual	Cognitive Behavioral Therapy (CBT) for Adolescent Depression is a developmental adaptation of the classic cognitive therapy model. CBT is a form of psychotherapy that integrates theories of cognition and learning with cognitive and behavioral techniques. CBT assumes that thoughts, behaviors, and emotions are related. Treatment is aimed at identifying and changing unhelpful thoughts and behaviors through cognitive restructuring and behavioral techniques.
Adolescent Coping with Depression (CWD-A)* <i>Paul Rohde, PhD</i>	12-18	Group	CWD-A is a cognitive behavioral group intervention that targets discomfort and anxiety, irrational/negative thoughts, poor social skills, and limited experiences of pleasant activities.

Attachment-Based Family Therapy (ABFT)* <i>Guy S. Diamond, PhD</i>	12-18	Family	ABFT is based on an interpersonal theory of depression, which states that the quality of family relationships is directly related to depression and suicidal ideation. ABFT aims to strengthen or repair parent-adolescent attachment bonds and improve family communication. Ultimately, parents become a resource to help the adolescent cope with stress, experience competency, and explore autonomy.
Interpersonal Psychotherapy for Depressed Adolescents (IPT-A)* <i>Laura Mufson, PhD</i>	12-18	Individual	IPT-A is a short-term, manual-driven outpatient treatment intervention that focuses on the current interpersonal problems of adolescents, and addresses the developmental and interpersonal needs of adolescents and their families. IPT-A attempts to improve the adolescents' communication and social problem-solving skills to increase their personal effectiveness and satisfaction with current relationships. IPT-A links the depression symptoms to problems or conflicts in interpersonal relationships while also considering possible genetic, biological, and personality factors. IPT-A helps adolescents understand the effects of interpersonal events and situations on their mood, and each adolescent chooses the focus of treatment by identifying one of four interpersonal problem areas--grief, role disputes, role transitions, or interpersonal deficits--temporally associated with the onset or continuation of the current depression episode.
Multi-Family Psychoeducational Psychotherapy (MF-PEP)* <i>Mary A. Fristad, PhD, ABPP</i>	8-12	Group	MF-PEP aims to address symptoms of depression/mood disorders by including the following elements: 1. Psychoeducation, 2. Social skills training and social support, 3. Symptom management skills, 4. Parent advocacy training. Treatment occurs in group settings for parents and for children.
Primary and Secondary Control Enhancement Training (PASCET) <i>John R. Weisz, PhD</i>	0-12	Individual	PASCET program is an eight-session child depression treatment program that manages depression through a two-process model of control. "Primary control" involves rewarding oneself by identifying enjoyable activities and making objective, modifiable goals (such as school achievement or relationships with peers). "Secondary control" involves rewarding oneself or avoiding negative thoughts or self-punishment by adjusting one's beliefs or interpretations in response to objective, unchangeable conditions. Clients are encouraged to apply primary control when faced with distressing conditions that can be changed, and to use secondary control when problems cannot be changed.

Disruptive Behavior Disorders (including Attention-Deficit/Hyperactivity Disorder and Oppositional Defiant Disorder)			
Treatment/ Developer(s)	Age range	Format	Brief Description
Behavioral Interventions <i>B.F. Skinner, PhD</i>	All ages	Individual, family, group	Behavior therapy applies principles of learning theory, such as classical conditioning, to eliminate symptoms and change ineffective or maladaptive patterns of behavior. Treatment involves an understanding of both the antecedents and consequences of the target behavior(s).
Parent Behavior Management Training <i>Robert Wahler, Constance Hanf, Martha E. Bernal, Gerald Patterson</i>	3-8	Parent sessions, dyadic sessions	Parent behavior management training (e.g., Triple P, Helping the Noncompliant Child, Parent Child Interaction Therapy, Parent Management Training, The Incredible Years) is a framework for therapy that focuses on teaching the parent effective strategies to use with children who are having behavioral difficulties.
Brief Strategic Family Therapy (BSFT)* <i>Family Therapy Training Institute of Miami</i>	6-17	Family	BSFT is designed to: (1) prevent, reduce, and/or treat adolescent behavior problems such as drug use, conduct problems, delinquency, sexually risky behavior, aggressive/violent behavior, and association with antisocial peers; (2) improve prosocial behaviors such as school attendance and performance; and (3) improve family functioning, including effective parental leadership and management, positive parenting, and parental involvement with the child. BSFT is typically delivered in 12-16 family sessions, but can be adapted depending on the severity of family issues. Sessions are held in locations convenient to the family, including the home, in some cases.
Cognitive Problem-Solving Skills Training (CPSST) <i>Deborah Rosch Eifert, PhD</i>	7-13	Individual	CPSST attempts to decrease a child's inappropriate or disruptive behaviors by teaching new skills in situations that previously provoked negative behavior. The child is the focus of treatment, and is helped to develop new perspectives and solutions. The goal of treatment is to teach by problem-solving and challenging dysfunctional thoughts.
Helping the Non-Compliant Child <i>Robert J. McMahon, PhD</i>	3-8	Parent training	HNC is a family-based skills training program for children with Oppositional Defiant Disorder. The goal is to improve parent-child interactions in order to reduce the escalation of problems into more serious disorders. HNC assumes that faulty parent-child interactions play a significant role in the development and maintenance of problem behaviors, and seeks to teach children acceptable behavior through positive attention from caregivers.

Incredible Years* <i>Carolyn Webster-Stratton, PhD</i>	0-12	Individual, group, parent training	The Incredible Years is designed for children with challenging behaviors, and focuses on building social and emotional skills. Interventions are delivered 2-3 times per week in a group setting that involves small-group activities, practicing skills throughout the day, and communicating with parents, focusing on identifying feelings, getting along with friends, anger management, problem solving, and behavior at school. <i>Parent training programs</i> focus on positive discipline, promoting learning and development, and involvement in children's life at school.
Multidimensional Treatment Foster Care (MTFC)* <i>Patricia Chamberlain, PhD</i>	3-17	Residential, family therapy	MTFC is an alternate treatment for youth in residential facilities, who are given a therapeutic environment in a foster home to improve their ability to live in the home rather than institutional settings and prepares caregivers for youth's return home. Outcomes include decrease in substance use and decrease in elopement of youth in the foster care system.
Multisystemic Therapy (MST) <i>Scott W. Henggeler, PhD</i>	12-17	Family, Individual sessions	MST is a family and community based treatment program that aims to change the systems (i.e., school, community) that impact chronic and violent juvenile offenders. To improve the quality of life for the child and their families, this treatment assumes that the systems play an important role in the child's behavior, and therefore should be the focus of the interventions.
Parent-Child Interactional Therapy (PCIT)* <i>Sheila Eyberg, PhD, ABPP</i>	0-8	Parent sessions, Dyadic sessions	PCIT is an empirically-supported treatment for young children with emotional and behavioral disorders that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns through live coaching during dyadic treatment.
Parent Management Training (PMT) <i>Alan E. Kazdin, PhD</i>	3-16	Family, Parent sessions	PMT teaches parents positive ways to manage their child's behavior, though discipline techniques and age-appropriate supervision. This approach embraces the following principles: <ul style="list-style-type: none"> • Increased positive parenting practices, such as providing supportive and consistent supervision and discipline • Decreased negative parenting practices, such as harsh punishment and focus on inappropriate behaviors • Consistent mild punishment for disruptive behavior • Predictable, immediate parental response
Parent Management Training-Oregon Model (PMTO)* <i>Gerald Patterson, PhD</i>	2-18	Parent sessions	PMTO is a behavior intervention program for children and teens with serious conduct problems. The five core parenting skills include (1) Encouragement: teaching through the use of praise and incentives, (2) Limit setting: use of negative, non-physical consequences, (3) Monitoring and Supervision: checking on behavior at home and elsewhere, (4) Family Problem Solving: making decisions with the family's input, and (5) Positive Parent: parent showing interest, care, and attention.

Parenting with Love and Limits (PLL)* <i>Scott P. Sells, Ph.D., LMFT, LCSW</i>	10-18	Group, Family	PLL combines group therapy and family therapy to treat children and adolescents with severe emotional and behavioral problems and frequently co-occurring problems such as depression, alcohol or drug use, chronic truancy, destruction of property, domestic violence, or suicidal ideation. PLL teaches families how to reestablish adult authority through consistent limit setting while reclaiming a loving relationship, and is designed to help families apply skills and concepts to real-life situations to prevent relapse.
Triple P- Positive Parenting Program* <i>Matthew Sanders, PhD</i>	0-16	Family, Parent Sessions	Triple P draws on social learning, cognitive behavioral and developmental theories, as well as research about risk factors for the development of social and behavioral problems in children. The main goal is to increase the knowledge, skills, and confidence of parents to reduce the prevalence of mental health, emotional, and behavioral problems in children and adolescents.
Eating Disorders			
Treatment/ Developer(s)	Age range	Format	Brief Description
Cognitive Behavioral Therapy (CBT)	All ages	Individual	CBT is based on the theory that how we think about a situation affects how we act and that, in turn, our actions can affect how we think and feel. The therapist demonstrates how anorexia is often associated with unhealthy and unrealistic thoughts and beliefs regarding food and diet. The therapist encourages the adoption of healthier, more realistic ways of thinking that lead to more positive behavior.
Behavioral Family Systems Therapy <i>Arthur L. Robin, PhD Sharon L. Foster, PhD</i>		Family	BFST is a multidisciplinary treatment in which the therapist works closely with the child's pediatrician and nutritionist. The goals of this treatment are to (1) restore the child's body weight, (2) change the child's eating habits and attitudes, (3) address body image issues, (4) change maladaptive family dynamics that have negatively affected the child's ability to attain developmental milestones and tasks, and (5) help the child achieve their developmental milestone of autonomy and individuation. BFST does not blame family dynamics for the development of the eating disorder, but puts the parents in charge of the adolescent's eating patterns.
Cognitive Analytic Therapy (CAT) <i>Anthony Ryle, MD</i>	All ages	Individual	CAT integrates psychodynamic and behavioral factors, and focuses on interpersonal issues. CAT involves a three-stage process: 1. Reformulation – looking for past events that may explain why the unhealthy patterns developed, 2. Recognition – helping people see how these patterns are contributing towards the anorexia, and 3. Revision – identifying changes that can break these unhealthy patterns.

Focal Psychodynamic Therapy (FPT)	All ages	Individual	FPT encourages people with anorexia to think about how early childhood experiences may have affected them. The aim is to find more successful ways of coping with stressful situations and negative thoughts and emotions.
Family Therapy- Maudsley Approach <i>Daniel Le Grange, PhD</i> <i>James Lock, MD, PhD</i>	All ages	Family	The treatment is a short term form of family therapy that enlists parents' aid in changing disordered eating patterns in children by structured monitoring as well as building positive associations with food and nutrition.
Interpersonal Therapy (IPT) <i>Gerald Klerman, MD</i>	All ages	Individual	During IPT, the therapist explores negative issues associated with one's interpersonal relationships and how these issues can be resolved. This treatment is particularly effective for adolescents with Bulimia.
Motivational Interviewing- Motivational Enhancement Training for Eating Disorders (MI-MET)	All ages	Individual	MI-MET Motivational Interviewing is a method that works on facilitating and engaging intrinsic motivation within the client in order to change behavior. MI is a goal-oriented, client-centered counseling style that elicits behavior change by helping clients to explore and resolve ambivalence.
Elimination Disorders			
Treatment/ Developer(s)	Age range	Format	Brief Description
Behavioral Treatment of Enuresis, Conditioning <i>Orval Hobart Mowrer, PhD</i> <i>Willie Mae Mowrer, PhD</i>	All ages	Parent support/ consultation	Behavioral interventions for children with enuresis utilize conditioning strategies (such as using a urine-sensitive alarm), regular monitoring of toileting practices, and intermittent reinforcements of the desired behavior. This treatment is used for children with nocturnal enuresis that involves night awakening to the sensation of a full bladder. Portable transitorized alarms respond to drops of urine and set off an alarm. Over time, the child awakens earlier and earlier until the sensation of a full bladder wakes the child before wetting occurs. Overlearning and intermittent replacement are the final stages of this treatment. This treatment is highly effective for children who do not have a conclusive medical explanation for enuresis.
Full Spectrum Home Training (FSHT) <i>Arthur Houts, PhD</i> <i>Robert Liebert, MD</i>	No age range	Parent consultation	FSHT is a manual-guided behavioral treatment that focuses on teaching parents/caregivers skills to implement with enuretic children in the home. Treatment includes bell-and-pad training, cleanliness training, retention control training, and overlearning.
Tic Disorders			
Treatment/ Developer(s)	Age range	Format	Brief Description
Exposure and Response Prevention (ERP) <i>Victor Meyer</i>	All ages	Individual	ERP involves gradual exposure to situations or cues that increase the occurrence of tics. Interventions are aimed at preventing compulsive behaviors by helping the client become sensitized to stress triggers and teaching behavior strategies that decrease their anxiety response.

Comprehensive Behavior Interventions for Tics (CBIT) <i>Lori Rappaport, PhD</i>	All ages	Individual	CBIT is a behavioral treatment that reduces tic severity. CBIT trains children to be more aware of tics, teaches them to engage in competing behavior when tic urges are felt, and supports them in making changes to daily activities that help reduce tics.
Habit Reversal Training (HRT) <i>Nathan Azrin, PhD,</i>	All ages	Individual	HRT is a behavioral technique in which the client learns a new way of responding to a feared situation and stops responding to a previously learned cue. It is used to reduce unhelpful repetitive behaviors, such as tics, hair-pulling, and nervous habits.
Trauma Related Disorders and Attachment Disorders			
Treatment/ Developer(s)	Age range	Format	Brief Description
Alternatives or Families: A Cognitive Behavioral Therapy (AF-CBT) <i>David J. Kolko, PhD, ABPP</i>	5-15	Individual, Parent, and Family sessions	AF-CBT is a treatment approach that incorporates cognitive therapy, behavior and learning theories, family therapy, developmental theory, and traumatology. It is designed to address issues of violence in families by improving interpersonal skills and reducing violent behaviors in school-age children and their families.
Attachment Self-Regulation and Competency (ARC) <i>Margaret Blaustein, PhD Kristine Kinneburgh, LICSW</i>	3-17	Individual, Parent, and Family sessions	The ARC framework is a flexible, component-based intervention for children and adolescents who have experienced complex trauma, and is theoretically grounded in attachment, trauma, and developmental theories. ARC specifically addresses three core domains impacted by exposure to chronic, interpersonal trauma: attachment, self-regulation, and developmental competencies.
Child and Family Traumatic Stress Intervention (CFTSI)* <i>Steven Marans, MSW, PhD Steven Berkowitz, PhD Steven Southwick, MD</i>	7-18	Family	CFTSI is a brief, acute intervention and aims to reduce early posttraumatic stress symptoms, to decrease the likelihood of traumatized children developing long-term posttraumatic psychiatric disorders, and to assess children's need for longer term treatment. The intervention focuses on increasing communication between the caregiver and child about the child's traumatic stress reactions, and on providing skills to the family to help cope with traumatic stress reactions.
Child Parent Psychotherapy (CPP)* <i>Alicia Liebermann, PhD Patricia van Horn, PhD, JD</i>	0-6	Dyadic, parent sessions	CPP integrates psychodynamic, attachment, trauma, cognitive-behavioral, and social-learning theories. The therapy includes the child and caregiver and it targets the effects of family violence on the parent-child relationship and the child's mental health.
Eye-Movement Desensitization and Reprocessing <i>Francine Shapiro, PhD</i>	13+	Individual	EMDR is a specific integrative psychotherapy approach for the treatment of trauma. The therapy involves visualizing the traumatic event while concentrating, for example, on the rapid horizontal movements of a therapist's finger.

Preschool PTSD Treatment (PPT)* <i>Michael Sheeringa, PhD</i>	3-6	Individual	PPT uses cognitive behavioral therapy (CBT) techniques, including psychoeducation, affect identification and modulation, relaxation skills, and exposure through narrative trauma processing. Caregivers are included in treatment process to support their attunement to, and understanding of, the child's trauma responses.
Real Life Heroes (RLH)* <i>Richard Kagan, PhD</i>	6-17	Individual, Family	RLH is based on cognitive behavioral therapy (CBT) models for treating posttraumatic stress disorder and includes safety planning, trauma psychoeducation, skill building in affect regulation and problem solving, cognitive restructuring of beliefs, nonverbal processing of events, and enhanced social support. Goals are accomplished using nonverbal creative arts, narrative interventions, and gradual exposure to help children process their traumatic memories and bolster their adaptive coping strategies.
Seeking Safety* <i>Lisa Najavits, PhD</i>	13+	Individual, Group	Seeking Safety is a present-focused treatment for trauma and substance abuse and focuses on coping skills and psychoeducation. It has five key principles: (1) safety as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions); (2) integrated treatment (working on both posttraumatic stress disorder (PTSD) and substance abuse at the same time); (3) a focus on ideals to counteract the loss of ideals in both PTSD and substance abuse; (4) four content areas: cognitive, behavioral, interpersonal, and case management; and (5) attention to clinician processes (helping clinicians work on countertransference, self-care, and other issues).
SITCAP-ART (Trauma Intervention Program for Adjudicated and At-Risk Youth)* <i>Caelan Kuban, LMSW</i>	12-17	Individual, Group	SITCAP-ART is a program for traumatized adolescents who are on probation for delinquent acts, and is based on structured sensory therapy, integrating sensory-based activities and cognitive-reframing strategies.
Trauma Affect Regulation: Guide for Education and Therapy (TARGET)* <i>Julian Ford, PhD</i>	13+	Individual, Group	TARGET is a strengths-based approach to education and therapy for survivors of physical, sexual, psychological, and emotional trauma. It teaches a set of seven skills (summarized by the acronym FREEDOM-- Focus, Recognize triggers, Emotion self-check, Evaluate thoughts, Define goals, Options, and Make a contribution) that can be used by traumatized children to regulate extreme emotion states, manage intrusive trauma memories, promote self-efficacy, and achieve lasting recovery from trauma.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)* <i>Judith Cohen, MD</i> <i>Esther Deblinger, PhD</i> <i>Anthony Mannarino, PhD</i>	0-17	Individual with Family sessions	TF-CBT is a manualized therapy approach for children and adolescents who are experiencing emotional and behavioral difficulties related to traumatic life events. It combines a trauma-lens with CBT, family therapy, and strength based principles and techniques. The modules are represented by the acronym PRACTICE: Psycho-education, Parenting Support, Affect Modulation, Cognitive Coping, Trauma Narrative, In Vivo practice, Conjoint Session, Enhancing Future Safety.
Trauma Focused Coping (TFC)* <i>Lisa Amaya-Jackson, MD, PhD</i> <i>Ernestine Briggs-King, PhD</i>	10-18	Group	TFC (or Multimodality Trauma Treatment), is a school-based group intervention that uses a skills-oriented, peer- and counselor-mediated, cognitive behavioral approach. The intervention provides youth with gradual exposure to stimuli that remind them of their trauma. The sessions move from psychoeducation, anxiety management skill building, and cognitive coping training to activities involving trauma narratives and cognitive restructuring.
Traumatic Incident Reduction (TIR)* <i>Frank. A. Gerbode, MD</i>	13+	Individual	TIR is a brief, memory-based, therapeutic intervention that is designed to resolve symptoms of posttraumatic stress disorder (PTSD), depression, anxiety, and low expectancy of success (i.e., low self-efficacy) by integrating dissociated cognitive and emotional aspects of traumatic memory. In session, the therapist facilitates the client's examination and resolution of a past trauma.
Substance Use Disorders			
Treatment/ Developer(s)	Age range	Format	Brief Description
Motivational Interviewing (MI) <i>William R. Miller, PhD</i>	All ages	Individual	MI is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. Compared with nondirective counselling, it is more focused and goal-directed.
Family Behavior Therapy (FBT) <i>Bradley Donohue, PhD</i>	13+	Individual, Dyadic	FBT is a behavioral treatment aimed at reducing drug and alcohol use in adults and youth along with common co-occurring problem behaviors such as depression, family discord, school and work attendance, and conduct problems. Interventions include (1) the use of behavioral contracting procedures to establish an environment that facilitates reinforcement for performance of behaviors that are associated with abstinence from drugs, (2) implementation of skill-based interventions to assist in spending less time with individuals and situations that involve drug use and other problem behaviors, (3) skills training to decrease impulsive behavior problems, including the urge to use drugs, (4) communication skills training to establish social relationships with others who do not use substances and effectively avoid substance abusers, and (5) training for skills that are associated with getting a job and/or attending school.

Motivational Enhancement Treatment/Cognitive Behavior Therapy (MET/CBT) <i>Susan Sampl, PhD</i> <i>Ronald Kadden, PhD</i>	12-18	Individual, Group	MET/CBT is a brief treatment program that focuses on factors motivating clients to change, and teaches adolescents skills to cope with problems and meet their needs in ways that do not involve reliance on marijuana or alcohol.
Seeking Safety <i>Lisa Najavits, PhD</i>	13+	Individual, Group	Seeking Safety is a present-focused treatment for trauma and substance abuse and focuses on coping skills and psychoeducation. It has five key principles: (1) safety as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions); (2) integrated treatment (working on both posttraumatic stress disorder (PTSD) and substance abuse at the same time); (3) a focus on ideals to counteract the loss of ideals in both PTSD and substance abuse; (4) four content areas: cognitive, behavioral, interpersonal, and case management; and (5) attention to clinician processes (helping clinicians work on countertransference, self-care, and other issues).
Other Presenting Problems and Cross-diagnostic Treatments			
Treatment/ Developer(s)	Age range	Format	Brief Description
Dialectical Behavioral Therapy (DBT) <i>Marsha Linehan, PhD</i>	13+	Individual, Group	DBT is used to treat problematic behaviors including self-harm, suicidal thinking, and substance abuse. It aims to increase the individual's ability to regulate emotions by learning to identify triggers and using effective coping skills (cognitive-behavioral and mindfulness techniques) to deal with distress and avoid the problematic behaviors.
Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC) <i>Bruce F. Chorpita, PhD</i> <i>John R. Weisz, PhD, ABPP</i>	7-15	Individual	MATCH-ADTC is a treatment that addresses anxiety, depression, conduct problems, and post-traumatic stress in youth. It uses common treatment elements of four established evidence-based treatments (CBT for Anxiety, CBT for Depression, CBT for trauma, and Behavior parents training for conduct disturbance). This information is condensed into modules and the decision which module to focus on is determined by the child's presenting problem and the indicated/suggested progression of treatment in the form a flowchart.