August 12, 2024

We are pleased to introduce a new resource designed to support the adoption of Collaborative Care for pediatric patients. While there is substantial evidence supporting Collaborative Care for adolescents, resources specifically tailored for younger children have been notably lacking.

Enclosed, you will find a comprehensive packet detailing the Pediatric Collaborative Care Pathway, specifically designed for patients aged 6 to 11. This includes essential behavioral health tools for primary care settings, as well as a structured approach to effective screening, differential diagnosis, and symptom monitoring within a primary care environment. Our goal is to equip pediatricians with the necessary tools to enhance Collaborative Care for this younger demographic, based on evidence-based practices and without financial or organizational incentives.

The packet includes:

- An introduction to the Collaborative Care Model (CoCM)
- A detailed workflow from initial screening to evidence-based treatment
- An overview of select behavioral health tools for pediatric primary care

We hope these resources will assist in improving Collaborative Care practices and contribute to advancements in pediatric healthcare. We anticipate ongoing updates and refinements as the field evolves.

For any questions or suggestions, please contact Dr. Virna Little at virna@concerthealth.io.

We extend our sincere gratitude to the dedicated collaborators who contributed to the development of these materials:

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Introduction to the Collaborative Care Model (CoCM)

Integrating behavioral health with general medical services has been shown to enhance patient outcomes, reduce costs, and diminish the stigma associated with mental health issues. For over 30 years, research has consistently demonstrated that the Collaborative Care Model (CoCM) is an effective approach to integrated care.

How It Works

The Collaborative Care team is led by a primary care provider (PCP) and includes behavioral health care managers, psychiatrists, and other mental health professionals, all working to their full capacity. This team implements a measurement-guided care plan based on evidence-based practice guidelines, specifically targeting patients who are not meeting their clinical goals.

The CoCM is distinguished by its robust evidence base, adherence to chronic care principles, and focus on accountability and quality improvement (QI). Expert consensus has identified five essential elements of the CoCM:
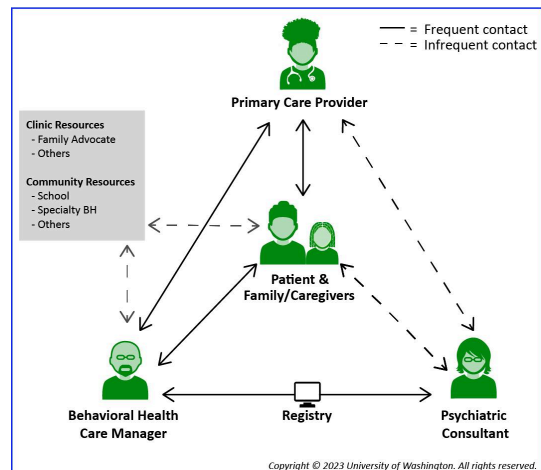
1. **Patient-Centered Team Care:** The care team, comprising primary care and behavioral health providers, collaborates using shared care plans. This integration enhances patient comfort and reduces the need for duplicate assessments, leading to a better healthcare experience and improved outcomes.

2. **Population-Based Care:** The team manages a defined patient population through a registry to ensure comprehensive care. This approach prevents patients from falling through the cracks by enabling proactive outreach and targeted interventions, with mental health specialists providing focused consultation rather than just ad-hoc advice.

3. **Measurement-Based Treatment to Target:** Each patient's treatment plan includes clear personal goals and clinical outcomes, which are regularly measured using evidence-based tools. If patients are not meeting their goals, treatment plans are adjusted until the desired clinical outcomes are achieved.

4. **Evidence-Based Care:** CoCM is grounded in treatments supported by strong research evidence for their efficacy. It stands out for its substantial evidence base, making it one of the few integrated care models with proven effectiveness.

5. **Accountable Care:** Providers are held accountable for the quality of care and clinical outcomes, rather than just the volume of services provided. This accountability ensures a focus on achieving positive patient outcomes and delivering high-quality care.

Key Findings

The Collaborative Care Model has proven effective in controlling costs, improving access to care, enhancing clinical outcomes, and increasing patient satisfaction across diverse primary

care settings. While most research focuses on adult populations, emerging evidence indicates that CoCM is also beneficial for pediatric populations (see articles below).

For additional information, visit:
https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/learn

Articles on Pediatric Applications of Collaborative Care:

- American Academy of Child and Adolescent Psychiatry (AACAP) Committee on Collaborative and Integrated Care & AACAP Committee on Quality Issues. (2023). Clinical update: Collaborative mental health care for children and adolescents in pediatric primary care. *Journal of the American Academy of Child and Adolescent Psychiatry, 62*(2), 91-119. https://doi.org/10.1016/j.jaac.2022.06.007

- Asarnow, J. R., Jaycox, L. H., Duan, N., LaBorde, A. P., Rea, M. M., Murray, P., … Wells, K. B. (2005). Effectiveness of a quality improvement intervention for adolescent depression in primary care clinics: A randomized controlled trial. *JAMA, 293*(3), 311-319. https://doi.org/10.1001/jama.293.3.311

- Kolko, D. J., Campo, J., Kilbourne, A. M., Hart, J., Sakolsky, D., & Wisniewski, S. (2014). Collaborative care outcomes for pediatric behavioral health problems: A cluster randomized trial. *Pediatrics, 133*(4), e981-e992. https://doi.org/10.1542/peds.2013-2516

- Parkhurst, J. T., Ballard, R. R., Lavigne, J. V., Von Mach, T., Romba, C., Perez-Reisler, M., & Walkup, J. T. (2022). Extending collaborative care to independent primary care practices: A chronic care model. *Clinical Practice in Pediatric Psychology, 10*(1), 32-43. https://doi.org/10.1037/cpp0000383

- Parkhurst, J. T., Garcia-Goetting, C., Peist, E., Ballard, R., Romba, C., & Lavigne, J. V. (2023). Pediatric collaborative care outcomes in a regional model. *Frontiers in Psychiatry, 14*, 1252505. https://doi.org/10.3389/fpsyt.2023.1252505

- Richardson, L. P., Ludman, E., McCauley, E., Lindenbaum, J., Larison, C., Zhou, C., Clarke, G., … Katon, W. (2014). Collaborative care for adolescents with depression in primary care: A randomized clinical trial. *JAMA, 312*(8), 809-816. https://doi.org/10.1001/jama.2014.9259

- Silverstein, M., Hironaka, L. K., Walter, H. J., Feinberg, E., Sandler, J., Pellicer, M., … Cabral, H. (2015). Collaborative care for children with ADHD symptoms: A randomized comparative effectiveness trial. *Pediatrics, 135*(4), e858-e867. https://doi.org/10.1542/peds.2014-3221

- Shippee, N. D., Mattson, A., Brennan, R., Huxsahl, J., Billings, M. L., & Williams, M. D. (2018). Effectiveness in regular practice of collaborative care for depression among adolescents: A retrospective cohort study. *Psychiatric Services, 69*(5), 536-541. https://doi.org/10.1176/appi.ps.201700298

- Vanderwood, K., Joyner, J., & Little, V. (2023). The effectiveness of collaborative care delivered via telehealth in a pediatric primary care population. *Frontiers in Psychiatry, 14*, 1240902. https://doi.org/10.3389/fpsyt.2023.1240902

- Yonek, J., Lee, C. M., Harrison, A., Mangurian, C., & Tolou-Shams, M. (2020). Key components of effective pediatric integrated mental health care models: A systematic review. *JAMA Pediatrics, 174*(5), 487-498. https://doi.org/10.1001/jamapediatrics.2020.0023

Pediatric CoCM Pathway (Ages 6 to 11)

Pathway Structure and Flow

1. **Screening:** Conducted during the primary care provider (PCP) appointment using the Pediatric Symptom Checklist (PSC). Variations in PSC usage among practices are acknowledged.

2. **Referral and Differential Diagnosis:** Guidelines for referral and differential diagnosis, addressing symptom overlap in pediatric populations.

3. **Ongoing Evaluation:** Ongoing monitoring and assessment of symptoms.

4. **Evidence-Based Treatment:** Application of tailored treatments based on individual needs.

Pediatric CoCM Pathway (Ages 6 to 11)

	Attention	**Anxiety/Depression (Internalizing)**	**Conduct (Externalizing)**
Initial Screening: [PSC (Pediatric Symptom Checklist)](#) **Subscales**	☐ Fidgety, unable to sit still ☐ Daydreams too much ☐ Easily distracted ☐ Trouble concentrating ☐ Acts as if driven by a motor	☐ Feels sad or unhappy ☐ Feels hopeless ☐ Has low self-esteem ☐ Worries a lot ☐ Less enjoyment in activities	☐ Fights with others ☐ Does not follow rules ☐ Does not understand others' feelings ☐ Teases others ☐ Blames others for their troubles ☐ Takes things that do not belong to them ☐ Refuses to share
PSC Scoring and Considerations	PSC-17 Total Score: Normal < 15 Attention Subscale: Normal < 7	PSC-17 Total Score: Normal < 15 Internalizing Subscale: Normal < 5	PSC-17 Total Score: Normal < 15 Externalizing Subscale: Normal < 7

	Attention	**Anxiety/Depression (Internalizing)**	**Conduct (Externalizing)**		**Trauma**	**Suicide**
Tools for Differential Diagnosis (indicates that the tool is available in multiple languages) *Please refer to the attached spreadsheet for a comprehensive list of behavioral health tools for pediatric primary care.*	Attention-deficit/hyperactivity disorder (ADHD): ● [NICHQ Vanderbilt Assessment Scale](#) (Q1-18) ● [NICHQ Vanderbilt Assessment Follow-up](#) (Q1-26)	Anxiety disorders: ● [SCARED (Screen for Child Anxiety Related Emotional Disorders)](#) ● [SCAS (Spence Children's Anxiety Scale)](#) Depressive disorders: ● [SMFQ (Short Mood and](#)	Conduct disorder: ● [NICHQ Vanderbilt Assessment Scale](#) (Q1-18)		Post-traumatic stress disorder (PTSD): ● [CTS (Child Trauma Screen)](#) ● [CATS (Child and Adolescent Trauma Screen)](#)	Suicide risk: ● [ASQ (Ask Suicide-Screening Questions)](#) ● [C-SSRS (Columbia-Suicide Severity Rating Scale)](#)

Only freely available resources are included due to the restricted availability of other tools.					
Symptom Monitoring (Indicators of Reliable Change)	PSC: Total Score: Change score of ≥ 6; Subscales: Change score of ≥ 2	PSC: Total Score: Change score of ≥ 6; Subscales: Change score of ≥ 2	PSC: Total Score: Change score of ≥ 6; Subscales: Change score of ≥ 2	CTS: Youth report: Cut-off ≥ 6; Caregiver report: Cut-off ≥ 8; Young child version: Cut-off ≥ 6	ASQ: "Yes" to any screening question indicates a positive screen for suicidal ideation/behavior
	NICHQ Vanderbilt Assessment Scale: 50% reduction in total score from baseline	SCARED: Total score of ≥ 25 may indicate anxiety; Scores > 30 are more specific SCAS: T-score < 60 (percentile score < 85%) is within the "normal" range; T-score ≥ 60 (top 15% or more) suggests "elevated" anxiety, though not necessarily clinical; T-score of 65: Top 6% of children; T-score of 70: Top 2% of children SMFQ: Caregiver report: Change score of ≥ 8; Self-report: Change score of ≥ 6		CATS: Ages 3–6: Cut-off ≥ 16; Ages 7–17: Cut-off ≥ 21	C-SSRS: Reduction in suicidal ideation, behaviors, or risk categorization
Care Manager Prep for Psychiatric Consultation (Questions to Consider)	Have you/ the patient, or has there been a formal evaluation for ADHD?	Have you/ the patient ever been to the hospital or emergency room for feeling down,	Legal problems, on probation or legal/criminal concerns?		

	Is there an educational plan that has been established with the school?	depressed or hopeless? Do you/ does the patient have trouble falling asleep or staying asleep? Do you/ does the patient have any physical health conditions? Do you have concerns that a physical health condition may be affecting sleep or appetite? Have you noticed any changes in your appetite – eating more or less than usual? Have you (has the patient) noticed any changes in their weight? If not aware, another question may be: Do clothes fit differently? Have there been any changes in your physical health or medications that could be affecting your appetite or weight gain/loss?	Is there an educational plan that has been established with the school?	

		Have you/ has the patient gone for long periods of time (8 waking hours or more) without eating anything at all in order to influence your/ their shape or weight?
		
		How often do you/ does the patient feel overly active and compelled to do things, like you/ they were driven by a motor? (ASRS Q6)
		    Never__
		    Rarely__
		    Sometimes__
		    Often__
		    Very__
		(Scoring & Interpretation: https://novopsych.com.au/assessments/diagnosis/adult-adhd-self-report-scale-asrs/)			

Evidence-Based Practices and Treatments *Brief skills-based interventions were selected for their proven effectiveness and fit with primary care settings.*	Programs and Therapies: ● FAST (First Approach Skills Training) Programs ● Problem-Solving Skills Training (PSST) ● 4 Rs and 2 Ss ● Motivational Interviewing	Programs and Therapies: ● FAST (First Approach Skills Training) Programs ● Behavioral Activation ● Brief Behavioral Therapy (BBT) (Weersing et al., 2017)	Programs and Therapies: ● FAST (First Approach Skills Training) Programs	Programs and Therapies: ● Psychological First Aid (PFA) ● Skills for Psychological Recovery (SPR)	Programs and Therapies: ● Stanley-Brown Safety Planning Intervention ● CALM (Counseling on Access to Lethal Means)

		• [Cognitive Behavioral Therapy (CBT)](#) • [DBT Skills](#)			
	Parent Management: • Skills training • Classroom behavior management	Parent Management: • [SPACE (Supportive Parenting for Anxious Childhood Emotions)](#)	Parent Management: • Classroom behavior management	Parent Management: •	Parent Management: •
Additional Resources	• [For Professionals | CHADD](#) • [For Parents | CHADD](#) • [ADHD Resource Center | AACAP](#) • [ADHD & Attention Resources | Child Mind Institute](#) • [Free Materials on ADHD | CDC](#) • [How To ADHD](#)	• [Anxiety Disorders Resource Center | AACAP](#) • [Depression Resource Center | AACAP](#) • [Depression & Mood Disorders | Child Mind Institute](#) • [Anxiety in Children and Teenagers | Child Mind Institute](#)	• [Conduct Disorder Resource Center | AACAP](#) • [Behavior Problems | Child Mind Institute](#)	• [Trauma and Child Abuse Resource Center | AACAP](#) • [Disaster and Trauma Resource Center | AACAP](#) • [Trauma and Grief in Children | Child Mind Institute](#)	• [Suicide Resource Center | AACAP](#) • [Suicide & Self-Harm Warning Signs | Child Mind Institute](#)

Tools for Differential Diagnosis: Psychometric Validation

PSC (Pediatric Symptom Checklist)

- Jellinek, M. S., Murphy, J. M., Robinson, J., Feins, A., Lamb, S., & Fenton, T. (1988). Pediatric Symptom Checklist: Screening school-age children for psychosocial dysfunction. *Journal of Pediatrics, 112*(2), 201-209. https://doi.org/10.1016/s0022-3476(88)80056-8
- Jellinek, M. S., Murphy, J. M., Little, M., Pagano, M. E., Comer, D. M., & Kelleher, K. J. (1999). Use of the Pediatric Symptom Checklist to screen for psychosocial problems in pediatric primary care: A national feasibility study. *Archives of Pediatrics & Adolescent Medicine, 153*(3), 254-260. https://doi.org/10.1001/archpedi.153.3.254
- Murphy, J. M., & Jellinek, M. (1988). Screening for psychosocial dysfunction in economically disadvantaged and minority group children: Further validation of the Pediatric Symptom Checklist. *American Journal of Orthopsychiatry, 58*(3), 450-456. https://doi.org/10.1111/j.1939-0025.1988.tb01605.x
- Murphy, J. M., Arnett, H. L., Bishop, S. J., Jellinek, M. S., & Reede, J. Y. (1992). Screening for psychosocial dysfunction in pediatric practice. A naturalistic study of the Pediatric Symptom Checklist. *Clinical Pediatrics, 31*(11), 660-667. https://doi.org/10.1177/000992289203101104
- Murphy, J. M., Ichinose, C., Hicks, R. C., Kingdon, D., Crist-Whitzel, J., Jordan, P., … Jellinek, M. S. (1996). Utility of the Pediatric Symptom Checklist as a psychosocial screen to meet the federal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) standards: A pilot study. *Journal of Pediatrics, 129*(6), 864-869. https://doi.org/10.1016/s0022-3476(96)70030-6

NICHQ Vanderbilt Assessment Scale

- Becker, S. P., Langberg, J. M., Vaughn, A. J., & Epstein, J. N. (2012). Clinical utility of the Vanderbilt ADHD diagnostic parent rating scale comorbidity screening scales. *Journal of Developmental and Behavioral Pediatrics, 33*(3), 221-228. https://doi.org/10.1097/DBP.0b013e318245615b
- Wolraich, M. L., Lambert, W., Doffing, M. A., Bickman, L., Simmons, T., & Worley, K. (2003). Psychometric properties of the Vanderbilt ADHD diagnostic parent rating scale in a referred population. *Journal of Pediatric Psychology, 28*(8), 559-567. https://doi.org/10.1093/jpepsy/jsg046
- Wolraich, M. L., Lambert, E. W., Bickman, L., Simmons, T., Doffing, M. A., & Worley, K. A. (2004). Assessing the impact of parent and teacher agreement on diagnosing attention-deficit hyperactivity disorder. *Journal of Developmental and Behavioral Pediatrics, 25*(1), 41-47. https://doi.org/10.1097/00004703-200402000-00007

SCARED (Scale Child Assessment of Anxiety and Related Emotional Disorders)

- Birmaher, B., Khetarpal, S., Brent, D., Cully, M., Balach, L., Kaufman, J., & Neer, S. M. (1997). The Screen for Child Anxiety Related Emotional Disorders (SCARED): Scale construction and psychometric characteristics. *Journal of the American Academy of Child & Adolescent Psychiatry, 36*(4), 545-553. https://doi.org/10.1097/00004583-199704000-00018
- Birmaher, B., Brent, D. A., Chiappetta, L., Bridge, J., Monga, S., & Baugher, M. (1999). Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED): A replication study. *Journal of the American Academy of Child and Adolescent Psychiatry, 38*(10), 1230-1236. https://doi.org/10.1097/00004583-199910000-00011

SCAS (Spence Children's Anxiety Scale)
- Ramme, R. (2018, April). *Spence Children's Anxiety Scale: An overview of psychometric findings*. School of Applied Psychology, Griffith University. https://www.scaswebsite.com/portfolio/scas-child-psychometric-properties/
- Spence, S. H. (1998). A measure of anxiety symptoms among children. *Behaviour Research and Therapy, 36*(5), 545-566. https://doi.org/10.1016/s0005-7967(98)00034-5
- Spence, S. H., Barrett, P. M., & Turner, C. M. (2003). Psychometric properties of the Spence Children's Anxiety Scale with young adolescents. *Journal of Anxiety Disorders, 17*(6), 605-625. https://doi.org/10.1016/s0887-6185(02)00236-0

SMFQ (Short Mood and Feelings Questionnaire)
- Angold, A., Costello, E. J., Messer, S. C., Pickles, A., Winder, F., & Silver, D. (1995). The development of a short questionnaire for use in epidemiological studies of depression in children and adolescents. *International Journal of Methods in Psychiatric Research, 5*, 237-249.
- Messer, S. C., Angold, A., Costello, E.J., Loeber, R., Van Kammen, W., & Stouthamer-Loeber, M. (1995). Development of a short questionnaire for use in epidemiological studies of depression in children and adolescents: Factor composition and structure across development. *International Journal of Methods in Psychiatric Research, 5*, 251-262

CTS (Child Trauma Screen)
- Lang, J. M., Connell, C. M., & Macary, S. (2021). Validating the Child Trauma Screen among a cross-sectional sample of youth and caregivers in pediatric primary care. *Clinical Pediatrics, 60*(4-5), 252-258. https://doi.org/10.1177/00099228211005302
- Lang, J. M., & Connell, C. M. (2018). The Child Trauma Screen: A follow-up validation. *Journal of Traumatic Stress, 31*(4), 540-548. https://doi.org/10.1002/jts.22310
- Lang, J. M., & Connell, C. M. (2017). Development and validation of a brief trauma screening measure for children: The Child Trauma Screen. *Psychological Trauma: Theory, Research, Practice and Policy, 9*(3), 390-398. https://doi.org/10.1037/tra0000235

CATS (Child and Adolescent Trauma Screen)
- Sachser, C., Berliner, L., Holt, T., Jensen, T. K., Jungbluth, N., Risch, E., … Goldbeck, L. (2017). International development and psychometric properties of the Child and Adolescent Trauma Screen (CATS). *Journal of Affective Disorders, 210*, 189-195. https://doi.org/10.1016/j.jad.2016.12.040

ASQ (Ask Suicide-Screening Questions)
- Horowitz, L. M., Bridge, J. A., Teach, S. J., Ballard, E., Klima, J., Rosenstein, D. L., … Pao, M. (2012). Ask Suicide-Screening Questions (ASQ): A brief instrument for the pediatric emergency department. *Archives of Pediatrics & Adolescent Medicine, 166*(12), 1170-1176. https://doi.org/10.1001/archpediatrics.2012.1276

C-SSRS (Columbia-Suicide Severity Rating Scale)
- The Columbia Lighthouse Project. (n.d.). *The Columbia Suicide Severity Rating Scale (C-SSRS): Psychometric evidence*. https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/evidence/
- Posner, K., Brown, G. K., Stanley, B., Brent, D. A., Yershova, K. V., Oquendo, M. A., … Mann, J. J. (2011). The Columbia-Suicide Severity Rating Scale: Initial validity and internal consistency findings from three multisite studies with adolescents and adults.

Evidence-Based Practices and Treatments: Evaluation Research

FAST (First Approach Skills Training) Programs
- Blossom, J. B., Jungbluth, N., Bolden, C., Woodruff, M. A., Pringle, W., Read, K. L., … Schoenfelder Gonzalez, E. (2024). Evaluation of the First Approach Skills Training (FAST) Integrated Pediatric Primary Care Program: Implementation and clinical effectiveness. *Evidence-Based Practice in Child and Adolescent Mental Health*, 1-10. https://doi.org/10.1080/23794925.2024.2330397
- Schweitzer, J., Bird, A., Bowers, H., Carr-Lee, N., Gibney, J., Schellinger, K., … Hollenbach, K. (2023). Developing an innovative pediatric integrated mental health care program: Interdisciplinary team successes and challenges. *Frontiers in Psychiatry, 14*. https://doi.org/10.3389/fpsyt.2023.1252037

Problem-Solving Skills Training (PSST)
- Zhou, T., Luo, Y., Xiong, W., Meng, Z., Zhang, H., & Zhang, J. (2024). Problem-Solving Skills Training for parents of children with chronic health conditions: A systematic review and meta-analysis. *JAMA Pediatrics, 178*(3), 226-236. https://doi.org/10.1001/jamapediatrics.2023.5753

4 Rs and 2 Ss
- Acri, M., Hamovitch, E., Mini, M., Garay, E., Connolly, C., & McKay, M. (2017). Testing the 4Rs and 2Ss Multiple Family Group intervention: Study protocol for a randomized controlled trial. *Trials, 18*(1), 588. https://doi.org/10.1186/s13063-017-2331-7
- Acri, M., Falek, I., Hamovitch, E., Gopalan, G., Bornheimer, L., & McKay, M. (2023). An examination of the 4 Rs 2 Ss for problem behaviors: A preventive approach. *Families in Society, 104*(2), 154-166. https://doi.org/10.1177/10443894221133419
- Chacko, A., Gopalan, G., Franco, L., Dean-Assael, K., Jackson, J., Marcus, S., Hoagwood, K., & McKay, M. (2015). Multiple family group service model for children with disruptive behavior disorders: Child outcomes at post-treatment. *Journal of Emotional and Behavioral Disorders, 23*(2), 67-77. https://doi.org/10.1177/1063426614532690
- Gopalan, G., Chacko, A., Franco, L., Dean-Assael, K. M., Rotko, L. E., Marcus, S. M., Hoagwood, K. E., & McKay, M. M. (2015). Multiple Family Groups for children with disruptive behavior disorders: Child outcomes at 6-month follow-up. *Journal of Child and Family Studies, 24*(9), 2721-2733. https://doi.org/10.1007/s10826-014-0074-6

Motivational Interviewing
- Desai N. (2019). The role of motivational interviewing in children and adolescents in pediatric care. *Pediatric Annals, 48*(9), e376-e379. https://doi.org/10.3928/19382359-20190816-01
- Erickson, S. J., Gerstle, M., & Feldstein, S. W. (2005). Brief interventions and motivational interviewing with children, adolescents, and their parents in pediatric health care settings: A review. *Archives of Pediatrics & Adolescent Medicine, 159*(12), 1173-1180. https://doi.org/10.1001/archpedi.159.12.1173

Behavioral Activation
- Martin, F., & Oliver, T. (2019). Behavioral activation for children and adolescents: A systematic review of progress and promise. *European Child & Adolescent Psychiatry, 28*(4), 427-441. https://doi.org/10.1007/s00787-018-1126-z
- Tindall, L., Kerrigan, P., Li, J., Hayward, E., & Gega, L. (2024). Is behavioural activation an effective treatment for depression in children and adolescents? An updated

systematic review and meta-analysis. *European Child & Adolescent Psychiatry*.
https://doi.org/10.1007/s00787-024-02429-3

Brief Behavioral Therapy (BBT)
- Weersing, V. R., Brent, D. A., Rozenman, M. S., Gonzalez, A., Jeffreys, M., Dickerson, J. F., … Iyengar, S. (2017). Brief Behavioral Therapy for pediatric anxiety and depression in primary care: A randomized clinical trial. *JAMA Psychiatry, 74*(6), 571-578. https://doi.org/10.1001/jamapsychiatry.2017.0429

Cognitive Behavioral Therapy (CBT)
- Krause, K., Zhang, X. C., & Schneider, S. (2024). Long-term effectiveness of cognitive behavioral therapy in routine outpatient care for youth with anxiety disorders. *Psychotherapy and Psychosomatics, 93*(3), 181-190. https://doi.org/10.1159/000537932
- Spirito, A., Esposito-Smythers, C., Wolff, J., & Uhl, K. (2011). Cognitive-behavioral therapy for adolescent depression and suicidality. *Child and Adolescent Psychiatric Clinics of North America, 20*(2), 191-204. https://doi.org/10.1016/j.chc.2011.01.012

SPACE (Supportive Parenting for Anxious Childhood Emotions)
- Lebowitz, E. R., Marin, C., Martino, A., Shimshoni, Y., & Silverman, W. K. (2020). Parent-based treatment as efficacious as cognitive-behavioral therapy for childhood anxiety: A randomized noninferiority study of supportive parenting for anxious childhood emotions. *Journal of the American Academy of Child and Adolescent Psychiatry, 59*(3), 362-372. https://doi.org/10.1016/j.jaac.2019.02.014

DBT (Dialectical Behavior Therapy) Skills
- Groves, S., Backer, H. S., van den Bosch, W., & Miller, A. (2011). Dialectical behaviour therapy with adolescents. *Child and Adolescent Mental Health, 17*(2), 65-75. https://doi.org/10.1111/j.1475-3588.2011.00611.x
- McCredie, M. N., Quinn, C. A., & Covington, M. (2017). Dialectical behavior therapy in adolescent residential treatment: Outcomes and effectiveness. *Residential Treatment for Children & Youth, 34*(2), 84-106. https://doi.org/10.1080/0886571X.2016.1271291
- Petsagourakis, D., Driscoll, C., Viswanadhan, K., & Lois, B. H. (2024). Promoting validation and acceptance: Clinical applications of dialectical behavior therapy with pediatric populations and systems. *Cognitive and Behavioral Practice, 31*(3), 299-312. https://doi.org/10.1016/j.cbpra.2023.12.014

Psychological First Aid (PFA)
- L, G., K, M., J, N., A, T. L., E, T., M, U., … E, C. V. (2021). Child and adolescent psychosocial support programs following natural disasters: A scoping review of emerging evidence. *Current Psychiatry Reports, 23*(12), 82. https://doi.org/10.1007/s11920-021-01293-1

Skills for Psychological Recovery (SPR)
- L, G., K, M., J, N., A, T. L., E, T., M, U., … E, C. V. (2021). Child and adolescent psychosocial support programs following natural disasters: A scoping review of emerging evidence. *Current Psychiatry Reports, 23*(12), 82. https://doi.org/10.1007/s11920-021-01293-1

Stanley-Brown Safety Planning Intervention
- Stanley, B., Brown, G. K., Brenner, L. A., Galfalvy, H. C., Currier, G. W., Knox, K. L., … Green, K. L. (2018). Comparison of the Safety Planning Intervention with follow-up vs

usual care of suicidal patients treated in the emergency department. *JAMA Psychiatry, 75*(9), 894-900. https://doi.org/10.1001/jamapsychiatry.2018.1776
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CALM (Counseling on Access to Lethal Means)
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