



Blue Menu of Evidence-Based Psychosocial Interventions for Youth

This report^a is intended to guide practitioners, educators, youth, and families in developing appropriate plans using psychosocial interventions. It was created for the period October 2024 – March 2025 using the PracticeWise Evidence-Based Services (PWEBS) Database, available at www.practicewise.com. Looking for the American Academy of Pediatrics (AAP) Evidence-Based Child and Adolescent Psychosocial Interventions tool? It is available on the AAP website.

Problem Area	Level 1- BEST SUPPORT	Level 2- GOOD SUPPORT	Level 3- MODERATE SUPPORT	Level 4- MINIMAL SUPPORT	Level 5 ^b - NO SUPPORT
Anxious or Avoidant Behaviors	Assessment/Monitoring, Attention Training, Cognitive Behavior Therapy (CBT), CBT and Medication, CBT for Child and for Parent, CBT with Parents, Education, Exposure, Modeling	Assertiveness Training, Attention Training and Biofeedback and Exposure, Behavior Therapy, Biofeedback, CBT and Expression, CBT and Family Therapy, CBT and Joint Attention/Empathetic & Emotional Engagement, CBT and Mindfulness, CBT and Parent Management Training (PMT), CBT with Parents and Medical Care, CBT with Parents and Medication, CBT with Parents and Social Skills, CBT with Parents and Supportive Listening for Parent, CBT with Parents Only, Cognitive Training, Cultural Storytelling, Hypnosis, Mindfulness, Mindfulness and Motivational Interviewing (MI)/Engagement, Play Therapy, PMT, Psychodynamic, Rational Emotive Therapy, Relaxation, Self Verbalization, Social Skills, Stress Inoculation	Attention Training and CBT, Contingency Management (CM), Expression, Group Therapy, Mindfulness and Physical Exercise, Psychoeducation: Family	Behavioral Activation and Exposure, Exposure and PMT, Expressive Play, Psychoeducation: Parent	Attachment Therapy, Attention Training and CBT with Parents, Attention Training and Exposure, Attention Training and Psychoeducation: Family, Biofeedback and CBT, Biofeedback and Relaxation, Case Management, CBT and Supportive Listening for Parent, Client Centered Therapy, Client Centered Therapy and Medical Care, Cognitive Behavioral Psychoeducation and Medication, Exposure and Relaxation, Exposure and Social Skills, Eye Movement Desensitization and Reprocessing, Joint Attention/Empathetic & Emotional Engagement, Peer Pairing, Problem Solving, Problem Solving and Relaxation, Psychoeducation, Psychoeducation: Teacher, Relationship Counseling
Attention and Hyperactivity Behaviors	Biofeedback, CBT, CM, Cognitive Training, Medication and PMT, PMT, Psychoeducation: Parent, Self Verbalization	Behavior Therapy, Behavior Therapy and Medication, Behavior Therapy and Peer Pairing and Social Skills, Behavioral Family Therapy, Behavioral Sleep Intervention, Biofeedback and Cognitive Training, CBT and Medication, CBT and Medication and PMT, CBT and PMT, CBT with Parents, Classroom Behavior Management and CBT and PMT, Classroom Behavior Management and Cognitive Training and PMT, CM and Self Verbalization, Cognitive Training and Education, Cognitive Training and Self Verbalization, Education, Education and Social Skills, Joint Attention/Empathetic & Emotional Engagement, Medication and Social Skills, MI/Engagement and PMT, Mindfulness, Parent Coping/Stress Management, Parent Coping/Stress Management and PMT, Physical Exercise, Physical Exercise and Relaxation, PMT and Problem Solving, PMT and Psychoeducation: Teacher, Psychoeducation: Family, Relaxation	Assertiveness Training and CBT, Biofeedback and Medication, Cognitive Training and Physical Exercise, Education and Medication and PMT, Medication and Physical Exercise, Medication and Psychoeducation: Family	Behavior Therapy and Classroom Behavior Management and PMT, CBT and Cognitive Training, CBT for Child and for Parent and Medication and Social Skills, Classroom Behavior Management, Cognitive Training and Psychoeducation: Parent, Education and Medication and Social Skills, Education and Psychoeducation: Parent and Social Skills, Feedback, Mindfulness and Parent Coping/Stress Management, Mindfulness and Relaxation, Organizational Intervention, Peer Pairing and Skill Development, PMT and Parent Responsivity Training, PMT and Social Skills, Psychodrama, Social Skills	Access Management Strategies, Access Management Strategies and Case Management, Anger Control and CBT, Attention and Psychoeducation: Parent, Attention Training, Attention Training and PMT, Classroom Behavior Management and Cognitive Training and Physical Exercise, Classroom Behavior Management and Medication and PMT, Classroom Behavior Management and PMT, Client Centered Therapy, CM and PMT and Skill Development, Cognitive Training and Electrical Stimulation, Cognitive Training and Joint Attention/Empathetic & Emotional Engagement, Cognitive Training and MI/Engagement and Psychoeducation: Parent, Cognitive Training and PMT, Communication Skills, Dialectical Behavior Therapy, Dietary Care and Medication, Education and PMT and Social Skills, Expression, Family Therapy, Medication and Psychoeducation, Medication and Psychoeducation: Parent, Medication and Self Verbalization, Modeling, Multimodal Treatment for Parent and PMT, Play Therapy, PMT and Self Verbalization, PMT and Skill Development, PMT and Supportive Listening for Parent, Problem Solving, Problem Solving and Self Verbalization, Psychoeducation, Self Control Training, Skill Development, Supportive Listening for Parent

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

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

Problem Area	Level 1- BEST SUPPORT	Level 2- GOOD SUPPORT	Level 3- MODERATE SUPPORT	Level 4- MINIMAL SUPPORT	Level 5 ^b - NO SUPPORT
Traumatic Stress	CBT, CBT with Parents, Exposure, Eye Movement Desensitization and Reprocessing	CBT with Parents and PMT, Cognitive Training and Exposure, Expression, Therapeutic Foster Care	None	Biofeedback, Expression and Relaxation, Play Therapy	Advice/Encouragement, CBT and Medication, CBT and PMT, CBT with Parents Only, Client Centered Therapy, Education, Expressive Play, Interpersonal Therapy, Problem Solving, Psychodynamic, Psychoeducation, Psychoeducation: Family, Relaxation, Structured Listening

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

^a 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.

^b Level 5 refers to treatments whose study findings were unsupportive or inconclusive.

The recommendations in this report do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

Background

The “Blue Menu of Evidence-Based Psychosocial Interventions for Youth” 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 youth’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 motivational interviewing/engagement, 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.¹ 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

The “Blue Menu of Evidence-Based Psychosocial Interventions for Youth” 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 many hundreds of 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.² Following an initial review of more than 120 randomized clinical trials,³ 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. The “Blue Menu of Evidence-Based Psychosocial Interventions for Youth” now represents over 1,800 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 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 our [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.