American Psychologist
2017, Vol. 72, No. 2, 79–117

0003-066X/17/$12.00 http://dx.doi.org/10.1037/a0040360

What Five Decades of Research Tells Us About the Effects of Youth Psychological Therapy: A Multilevel Meta-Analysis and Implications for Science and Practice

John R. Weisz
Harvard University

Sofie Kuppens
KU Leuven

Mei Yi Ng
Harvard University

Dikla Eckshtain
Massachusetts General Hospital, Harvard Medical School

Ana M. Ugueto
University of Texas Health Sciences Center

Rachel Vaughn-Coaxum
Harvard University

Amanda Jensen-Doss
University of Miami

Kristin M. Hawley
University of Missouri

Lauren S. Krumholz Marchette
Cambridge Health Alliance, Harvard Medical School

Brian C. Chu
Rutgers University

V. Robin Weersing
San Diego State University and University of California San Diego

Samantha R. Fordwood
University of California San Francisco

Across 5 decades, hundreds of randomized trials have tested psychological therapies for youth internalizing (anxiety, depression) and externalizing (misconduct, attention deficit and hyperactivity disorder) disorders and problems. Since the last broad-based youth meta-analysis in 1995, the number of trials has almost tripled and data-analytic methods have been refined. We applied these methods to the expanded study pool (447 studies; 30,431 youths), synthesizing 50 years of findings and identifying implications for research and practice. We assessed overall effect size (ES) and moderator effects using multilevel modeling to address ES dependency that is common, but typically not modeled, in meta-analyses. Mean posttreatment ES was 0.46; the probability that a youth in the treatment condition would fare better than a youth in the control condition was 63%. Effects varied according to multiple moderators, including the problem targeted in treatment: Mean ES at posttreatment was strongest for anxiety (0.61), weakest for depression (0.29), and nonsignificant for multiprob-

John R. Weisz, Department of Psychology, Harvard University; Sofie Kuppens, HIVA-Research Institute for Work and Society, KU Leuven; Mei Yi Ng, Department of Psychology, Harvard University; Dikla Eckshtain, Department of Psychiatry, Massachusetts General Hospital, Harvard Medical School; Ana M. Ugueto, Judge Baker Children's Center, Harvard Medical School; Rachel Vaughn-Coaxum, Department of Psychology, Harvard University; Amanda Jensen-Doss, Department of Psychology, University of Miami; Kristin M. Hawley, Department of Psychological Sciences, University of Missouri; Lauren S. Krumholz Marchette, Department of Psychiatry, Cambridge Health Alliance, Harvard Medical School; Brian C. Chu, Department of Clinical Psychology, Graduate School of Applied and Professional Psychology, Rutgers University; V. Robin Weersing, Joint Doctoral Program in Clinical Psychology, San Diego State University and University of California San Diego; Samantha R. Fordwood, Department of Psychiatry, University of California San Francisco.

We acknowledge with thanks the funding provided by the Norlien Foundation and the National Institute of Mental Health (MH068806, MH085963, MH093511) to the first author. We are grateful to Katherine Corteselli, Margaret Crane, Katherine DiVasto, Rayna Edels, Natalia Gil, Melanie Hill, David Langer, Elizabeth Lewis, Nicole Long, Aliya Moreira, Angie Morssal, Louisa Michl, Katherine Nolan, Anushka Patel, Lea Petrovic, Aaron Rosales, Selma Sehovic, Saliha Selman, Esther Tung, and colleagues from the Harvard University Institute for Quantitative Social Sciences Research for their help in multiple aspects of this work.

Correspondence concerning this article should be addressed to John R. Weisz, Department of Psychology, William James Hall, Harvard University, 33 Kirkland Street, Cambridge, MA 02138. E-mail: john_weisz@harvard.edu

lem treatment (0.15). ESs differed across control conditions, with "usual care" emerging as a potent comparison condition, and across informants, highlighting the need to obtain and integrate multiple perspectives on outcome. Effects of therapy type varied by informant; only youth-focused behavioral therapies (including cognitive-behavioral therapy) showed similar and robust effects across youth, parent, and teacher reports. Effects did not differ for Caucasian versus minority samples, but more diverse samples are needed. The findings underscore the benefits of psychological treatments as well as the need for improved therapies and more representative, informative, and rigorous intervention science.

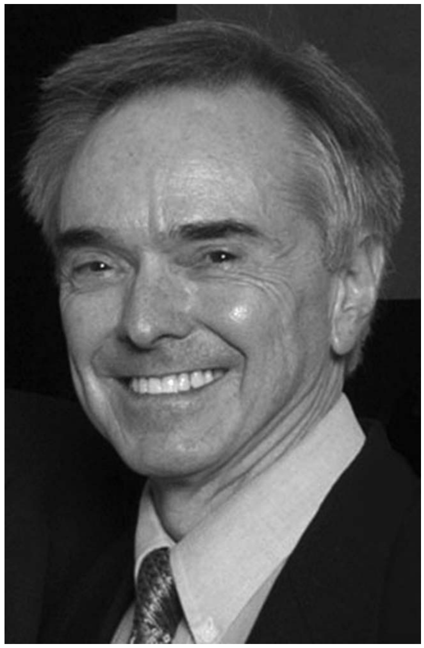
Keywords: children, youth, psychological therapy, treatment outcome, meta-analysis

Mental health problems are both prevalent and disabling in children and adolescents (herein "youths"). At any one time, about one in six will meet criteria for a disorder, and at least one in three will have a disorder by age 16 (Costello, Mustillo, Erkanli, Keeler, & Angold, 2003). A recent report in *The Lancet* (Gore et al., 2011) ranked neuropsychiatric disorders as the most prominent cause of the global burden of disease in young people, expressed in "years lost because of disability" (p. 2093). For many of these conditions, psychological therapy has been identified as the primary resource, highlighted as a path to promoting and protecting youth mental health, and advocated in government policy documents (U.S. Department of Health & Human Services, 2003; U.S. Public Health Service, 2000; Weisz, Sandler, Durlak, & Anton, 2005). Indeed, psychological therapy is often recommended as the first-line treatment of choice for young people, even within the practice guidelines of medical disciplines (e.g., Birmaher et al., 2007; A. H. Cheung et al., 2007; H. Steiner, 1997). But how effective *is* youth therapy, and what factors are associated with its level of effectiveness? Although these questions have been addressed in hundreds of randomized controlled trials (RCTs), spanning five decades, most of those trials have not yet been brought together within a single meta-analysis. A more complete and current synthesis of the evidence will clarify what is known about the impact of youth psychological therapy.

There have been previous meta-analyses of youth psychological therapy research, including four broad-based meta-analyses, encompassing a range of treatments for multiple disorders and problems. These four—Casey and Berman (1985), Kazdin, Bass, Ayers, and Rodgers (1990), Weisz, Weiss, Alicke, and Klotz (1987), and Weisz, Weiss, Han, Granger, and Morton (1995)—included 75 to 150 studies each and reported mean effect sizes (ESs) ranging from 0.54 to 0.88, medium to large effects by Cohen's (1988) standards. Other meta-analyses used smaller study pools to investigate more specialized clinical or theoretical questions, such as how youth therapies fare with a particular disorder or problem (e.g., S. Reynolds, Wilson, Austin, & Hooper, 2012; Sonuga-Barke et al., 2013; Weisz, McCarty, & Valeri, 2006), how well a particular type of youth therapy works and what variables moderate its effects (e.g., Lundahl, Risser, & Lovejoy, 2006), whether different youth therapies differ in their effects (S. Miller, Wampold, & Varhely, 2008), and how effective therapies are for ethnic minority youths (S. J. Huey & Polo, 2008). Broad-based meta-analysis can be seen as a useful complement to these more focused syntheses and to individual studies that provide precise tests of specific hypotheses. Because each approach has strengths and limitations, the combination of big-picture breadth and more narrowly focused precision offers the potential for valuable triangulation.

As stressed by many in the field (e.g., Atkins, Fink, Slutsky, Agency for Healthcare Research and Quality, & North American Evidence-Based Practice Centers, 2005; Eccles, Freemantle, & Mason, 2001), including the Cochrane Collaboration (Higgins, Green, & Scholten, 2011), meta-analyses and systematic reviews are most useful if periodically updated. Failure to publish updates may leave researchers, clinicians, and policymakers acting on out-of-date or misleading evidence. Cumulative knowledge is best reflected when current evidence synthesis incorporates and builds upon previous syntheses that are already in the evidence base. The overlap helps to reduce gaps and ensures a more complete picture of the state of knowledge, particularly when new candidate moderators (e.g., study variables evaluated for their impact on standardized mean differences between treatment and control conditions) are tested and refined data analytic methods are employed (see also Moher et al., 2007; Shojania et al., 2007).

The need for an updated synthesis is especially clear in the case of research on youth psychological therapy. Two decades have passed since the last broad-based synthesis of the youth therapy evidence base encompassing multiple problems and multiple treatments. During that time, the number of peer-reviewed youth RCTs has almost tripled, such that any conclusions derived from previous broad-based meta-analyses do not reflect even half of the evidence now available. Moreover, the previous findings were derived from meta-analytic methods of the time that could not directly address within-trial dependency among ESs, which is pervasive in therapy research. It is now possible to use a multilevel approach to directly address, and even model, the



John R. Weisz

dependency. The large, untapped evidence base and the recently refined methods make this an excellent time to examine what is known about youth therapy impact and to consider what future directions the findings suggest for research and practice.

We conducted a meta-analysis of the greatly expanded evidence base (447 studies vs. 150 studies in the most recent broad-based youth meta-analysis; Weisz et al., 1995) to learn what 50 years of research has shown. We included RCTs across multiple domains, encompassing internalizing and externalizing problems, to address questions that cannot be answered with a focus on only one disorder, one problem category, one therapy method, or one type of control condition. In its breadth of coverage, this synthesis complements more narrowly focused syntheses found in separate publications (e.g., S. J. Huey & Polo, 2008; Lundahl et al., 2006; S. Miller et al., 2008; S. Reynolds et al., 2012; Weisz et al., 2013). Our broad synthesis of studies was used to address four primary research questions:

1. What is the overall effect of youth psychological therapy? Previous broad-based meta-analyses (Casey & Berman, 1985; Kazdin et al., 1990; Weisz et al., 1987, 1995) generated mean ESs that may no longer be representative of the evidence base. Moreover, their accuracy may have been undermined by less-than-ideal methods for addressing ES dependency (Lipsey & Wilson, 2000). Most RCTs generate numerous ESs, in part because they include multiple outcome measures and multiple informants. In most previous meta-analyses, the resulting dependency—if addressed—has been dealt with by either choosing only one ES from many or averaging across ESs within studies. Such approaches lose information, rule out critical analyses of within-study factors (e.g., informant differences), artificially reduce the variance between ESs, and—importantly—risk inaccurate estimation of study ESs (Becker, 2000; S. F. Cheung & Chan, 2004, 2008). We used a three-level random effects model that permits incorporating all relevant ESs from each study while also accounting for dependency among these ESs (Van den Noortgate, Lopez-Lopez, Marin-Martinez, & Sanchez-Meca, 2013). Applying this approach to the 50-year RCT database helped to maximize the accuracy of the overall estimate of treatment impact and its variability between and within studies.

2. Does therapy impact differ by target problem? Previous broad-based meta-analyses have not addressed this question well because they have not reported effects for separate targeted problem areas, or they have merged distinct categories—for example, combining anxiety and depression within an "overcontrolled-internalizing" category (Weisz et al., 1995). We compared the findings of studies targeting anxiety, depression, attention-deficit hyperactivity disorder (ADHD), and conduct problems—the four most common youth problem domains (Weisz, 2004). Previous youth therapy reviews noted positive effects within problem areas (e.g., David-Ferdon & Kaslow, 2008; Eyberg, Nelson, & Boggs, 2008; Kendall, Settipani, & Cummings, 2012), but the present meta-analysis is the first comparison of effects across these four target problem domains drawing on a large representative pool of studies. As a complement, we added a fifth category: treatments targeting multiple problems concurrently. Clinically referred youths show high rates of comorbidity (Angold, Costello, & Erkanli, 1999; Costello et al., 2003). Most youth therapy studies, although their samples may have had high comorbidity, have focused on treatment of a particular target problem (e.g., anxiety). However, some investigators have dealt with comorbidity and co-occurring problems by attempting to treat multiple problem domains concurrently within the same treatment. Indeed, some have stressed that treatments focused on single disorders or problem areas may need to be replaced or complemented by treatments that encompass multiple different problems within the same protocol (see, e.g., Barlow & Carl, 2010). To find out how the multiproblem approaches tried thus far


Sofie Kuppens

have fared, we assessed the effects of the multiproblem treatments tested across five decades.

3. Does therapy impact differ according to type of therapy? There is some meta-analytic support for the view that different youth therapies differ in their effects; for example, analyses by Weiss and Weisz (1995) and Weisz et al. (1995) showed larger effects for behavioral (including cognitive–behavioral) than nonbehavioral therapies. But other evidence supports the view "that when psychological therapies intended to be therapeutic are compared, the true differences among all such treatments are 0" (Wampold et al., 1997, p. 203). This perspective has been named for the dodo bird's conclusion in *Alice in Wonderland* that "everybody has won, and all must have prizes" (Carroll, 1865/1962). Wampold et al. (1997) found support for the dodo bird view in a meta-analysis that included adult studies, and S. Miller et al. (2008) found mixed support in a meta-analysis of 23 youth therapy studies directly pitting active treatments against one another. Such treatment versus treatment studies can provide evidence directly relevant to the dodo bird hypothesis. However, the number of studies comparing any two treatment approaches tends to be small, limiting power to detect differences; and Miller et al. have found that investigator allegiance in such studies may bias findings and complicate their interpretation. Thus, it is useful to complement syntheses of treatment versus treatment studies with meta-analyses that compare treatment effects in treatment versus control studies. Such studies are numerous and less likely to be compromised by differential allegiance (because investigator bias favoring a control condition is unlikely). We examined the dodo bird hypothesis using youth treatment versus control condition RCTs and tested whether the effect of treatment type might depend on other factors, such as the source of outcome data.

4. Does therapy impact depend on the control condition employed? Although a treatment's ES is influenced by what that treatment is compared with, control condition effects have not been featured in many meta-analyses. One meta-analysis (Kazdin et al., 1990) found larger effects with passive versus active control conditions, and others (Spielmans, Gatlin, & McFall, 2010; Weisz et al., 2013) have suggested that "usual care" is an important externally valid control condition to evaluate. We compared effects for passive control conditions and four kinds of active controls, including usual care.

We tested three primary candidate moderators—targeted problem, therapy type, and control condition—and interactions between each pair of moderators. As a secondary focus, we tested eight additional candidate moderators highlighted in prior research (Casey & Berman, 1985; De Los Reyes et al., 2015; Kazdin et al., 1990; Weisz & Kazdin, 2010; Weisz et al., 1987, 1995, 2005): study year, study location, how study participants were identified, ethnicity, gender, developmental period, whether diagnosis was required, and which informant reported on outcome. We tested the effects of these eight variables and the relationship of each variable to the three primary candidate moderators.

Method

Data Sources and Study Selection

The literature search included peer-reviewed RCTs testing psychological therapies for youth psychopathology encompassing four broad domains that account for most mental health referrals (Weisz, 2004; Weisz & Kazdin, 2010)—depression (e.g., Mufson, Weissman, Moreau, & Garfinkel, 1999), anxiety (e.g., Kendall et al., 1997; the anxiety category included obsessive–compulsive disorder and posttraumatic stress disorder), conduct problems (e.g., Scott et al., 2010), and ADHD (e.g., MTA Cooperative Group, 1999a). Because we focused on peer-reviewed RCTs, we did not include unpublished dissertations. We searched multiple sources. These included PsycINFO and PubMed from Jan-

Mei Yi Ng

uary 1960 to December 2013.[1] For PsycINFO, we employed 21 key terms related to psychological therapy (e.g., "psychother-," "counseling") that had been used in previous youth therapy meta-analyses, crossed with outcome-assessment topic and age-group constraints. PubMed's indexing system (MeSH) searches publishers who may use different keywords for the same concepts; we used "Mental Disorders," with the following search limits: clinical trial, child, published in English, and human subjects. In addition, we searched youth therapy reviews and meta-analyses, followed reference trails in the reports we identified, and obtained additional studies identified by youth therapy researchers whom we contacted.

Inclusion Criteria

Criteria for study inclusion were as follows: (a) participants selected and treated for psychopathology; (b) random assignment of youths to treatment versus control conditions, in which at least one of the treatment conditions was psychological therapy (we excluded study conditions involving pharmacotherapy, including pharmacotherapy combined with psychotherapy); (c) mean participant age of 4 to 18 years; (d) outcome measures administered to both treatment and control conditions; and (e) published in English. We defined *psychopathology* as either meeting criteria for a *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.; *DSM-IV-TR*, American Psychiatric Association, 2000) disorder or showing elevated symptoms (e.g., scoring in the clinical range on standardized measures of psychopathology), for several reasons: (a) both definitions of psychopathology are common in the youth treatment outcome literature (Weisz, 2004; Weisz & Kazdin, 2010); (b) youths with elevated behavioral or emotional symptoms experience serious impairment (Angold, Costello, Farmer, Burns, & Erkanli, 1999; Costello, Angold, & Keeler, 1999; Silverman & Hinshaw, 2008; Weisz, 2004); (c) such youths are often referred for mental health services (A. L. Jensen & Weisz, 2002; Weisz, Ugueto, Cheron, & Herren, 2013); and (d) diagnostic categories and their definitions within the *DSM-IV-TR* system have varied markedly across the five decades encompassed in this meta-analysis. Figure 1 shows the study search and identification flowchart.

Data Extraction, Coding, and Processing

Studies were coded for study and sample characteristics, treatment procedures, study quality indicators, and multiple candidate outcome moderators (see Table 1). Clarity of authors' reporting varied from study to study, making it important to assess intercoder agreement. To assess agreement, eight coders independently coded 20 to 30 randomly selected studies each; the most experienced RCT coder (a RCT researcher with a doctoral degree in clinical psychology) served as the master coder against which responses of the other coders (graduate students and postdoctoral fellows in clinical psychology) were compared. Intercoder agreement is reported in the next paragraph. When coder disagreements arose, these were resolved by discussion, together with review of the relevant portions of articles being coded.

We coded the year and location of each study within versus outside North America ($k = .80$). The participant engagement variable ($k = .66$) included codes for samples that were either (a) recruited for the study, (b) clinically referred/treatment-seeking (i.e., at outpatient clinics, inpatient clinics, or school-based mental health services), or (c) receiving treatment on a nonvoluntary basis because of court mandate or incarceration. We coded the percent of Caucasian participants (intraclass correlation coefficient [ICC] = .87), percent of each gender (ICC = .95), and mean participant age (ICC = .99), and then dichotomized these variables into majority (>50%) Caucasian versus minority, majority (>50%) male versus female, and majority children (mean <12 years) versus adolescents for moderator analyses. We also coded whether study participants were required to have a diagnosis in the targeted problem area or not ($k = .79$), and type of targeted problem—ADHD, conduct, anxiety, depression, or multiple problems ($k = .89$). The informant variable ($k = .87$) included youths, parents, and teachers (other informants [e.g., therapists, siblings]

[1] Our search accessed the earliest available version of each relevant article; in recent years, this was often an online advance version. In the References for the present article, we provide publication year and details for the hard copy print version of those articles that have since been published.

Dikla Eckshtain

were excluded from moderator analyses because of low *n*). In addition, we coded the number of weeks from baseline to each assessment point (ICC = .98). Finally, we coded treatment and control conditions (k = .83). Treatment type codes were collapsed into four broad orientations: (a) youth-focused behavioral interventions (i.e., CBT, modeling, psychoeducation, operant or respondent conditioning, social skills training, biofeedback, behavioral activation, or a combination of these; the treatments could be individually or group-administered), (b) youth-focused nonbehavioral interventions (i.e., client-centered, psychodynamic, gestalt therapies, or a combination of these), (c) caregiver and family-focused behavioral treatment (i.e., behavioral parent training, behavioral parent–youth/family interventions, such as functional family therapy), (d) caregiver and family-focused nonbehavioral treatment (i.e., nonbehavioral parent, parent–youth, or family interventions, such as attachment-based family therapy) and multisystem treatment (i.e., multisystemic therapy, Treatment Foster Care Oregon—previously known as Multidimensional Treatment Foster Care, or other multisystem intervention). Moderator analyses involving treatment type excluded treatments that combined interventions across the four broad categories and treatments that appeared rarely and did not fit any of the broad categories (e.g., Interpersonal Therapy for Adolescents). However, studies of all treatment types were included in the analyses that did not test the treatment type variable (e.g., in analyses of ES for the different targeted problems). Control conditions were no-treatment/waitlist, therapy placebo, pill placebo, and usual clinical care, in which therapists used what-

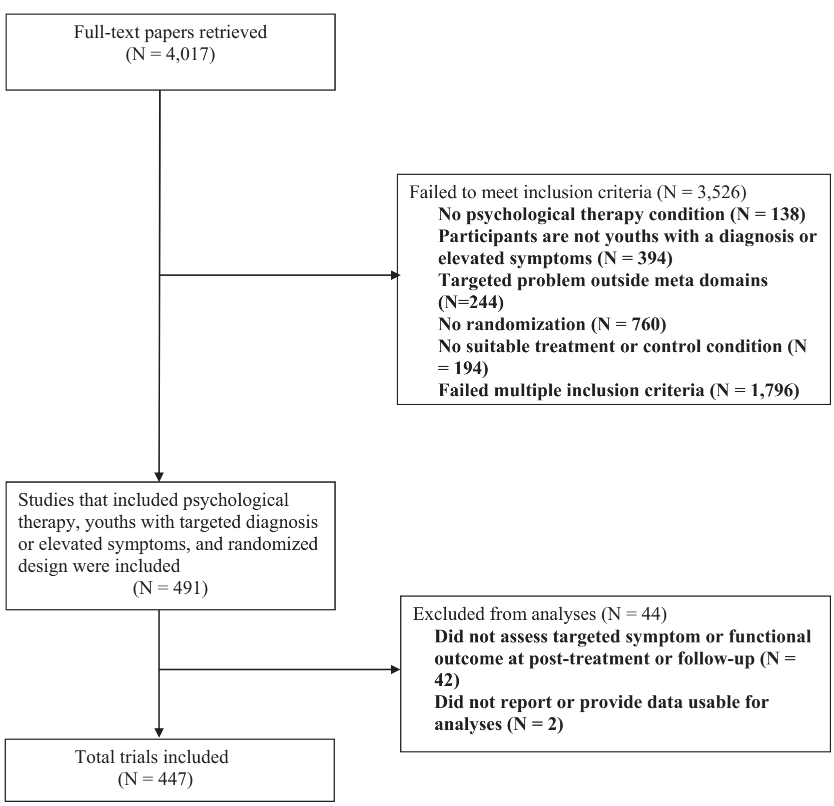


Figure 1. Flowchart showing study retrieval, review, exclusion, and inclusion.

Table 1
Results of Moderator Analyses Based on Three-Level Mixed Effects Models of 5,139 Dependent ESs From 443 Studies at Posttreatment

Moderator	*n* of studies	*n* of ESs	Subgroup analysis			Moderator test	
			ES (*g*)	95% CI		Test statistic	*p*
Study-level moderators (third level)							
Study year	443	5,139				$t(5137) = -.64$	.520
Study location	443	5,139				$t(5137) = 2.24$	.025
North America	303	3,680	.42***	.36	.48		
Outside North America	140	1,459	.54***	.45	.62		
Participant engagement	406	4,688				$F(2, 4485) = 2.00$	.135
Recruited	276	3,225	.50***	.44	.56		
Referred	92	1,087	.41***	.30	.52		
Nonvoluntary	38	376	.35***	.19	.52		
Ethnicity	224	2,763				$t(2761) = .40$	.691
Caucasian sample (≥50% Caucasian)	156	2,101	.46***	.37	.55		
Non-Caucasian sample (<50% Caucasian)	68	662	.49***	.36	.62		
Gender	384	4,696				$t(4694) = -.39$	.698
Majority male (>50% male)	269	3,557	.47***	.41	.53		
Majority female (>50% female)	115	1,139	.44***	.35	.54		
Developmental period	441	5,132				$t(5130) = -1.55$	.121
Childhood (mean age <12 years)	286	3,622	.49***	.42	.55		
Adolescence (mean age ≥12 years)	155	1,510	.40***	.32	.49		
Diagnosis requirement	193	2,768				$t(2766) = -.56$	.575
Required of all participants	149	2,272	.50***	.41	.59		
Not required	44	496	.45***	.27	.62		
Targeted problem	443	5,139				$F(4, 5134) = 6.62$	<.001
ADHD[a]	82	1,161	.34***	.23	.45		
Conduct[b,c,d]	158	1,952	.46***	.38	.54		
Anxiety[a,b,e,f]	143	1,493	.61***	.53	.70		
Depression[c,e]	47	443	.29***	.14	.43		
Multiple problems[d,f]	13	90	.15	−.14	.43		
ES-level moderators (second level)							
Informant	379	3,399				$F(2, 3396) = 23.27$	<.001
Youth[a,b]	239	1,342	.43***	.37	.49		
Parent[a,c]	209	1,598	.48***	.42	.54		
Teacher[b,c]	108	459	.27***	.20	.35		
Treatment type[†]	347	3,669				$F(3, 3694) = 1.46$	.123
Youth-focused behavioral	239	2,216	.48***	.41	.54		
Youth-focused nonbehavioral	29	148	.33***	.17	.50		
Caregiver/Family-focused behavioral	78	1,092	.44***	.35	.53		
Caregiver/Family-focused nonbehavioral	6	43	.45*	.04	.87		
Multisystem	15	200	.25	−.01	.51		
Control condition	443	5,139				$F(4, 5134) = 3.44$	.008
No treatment/waitlist[a,b]	234	2,776	.53***	.47	.59		
Psychotherapy placebo[a]	113	1,173	.41***	.33	.50		
Pill placebo	5	43	.37	−.08	.83		
Case management	34	322	.39***	.21	.57		
Usual care treatment[b]	59	597	.30***	.16	.43		

Note. Some moderators were missing for certain studies. Each study can contribute multiple ESs; thus, study sample size across subgroups can exceed the total study sample size for the ES-level moderators. Within each moderator having more than two subgroups, identical letter superscripts indicate significant ($p < .05$) pairwise comparisons between subgroups. ES = effect size; g = Hedges' g; CI = confidence interval; ADHD = attention-deficit hyperactivity disorder.
[†] The behavioral categories included behavioral and cognitive-behavioral therapies. *** $p < .001$.

ever treatments they used in their usual practice and the treatments could not be coded as a single treatment type.

In obtaining and processing the data and reporting findings, our procedures were consistent with PRISMA guidelines (Moher, Liberati, Tetzlaff, Altman, & PRISMA Group, 2009), derived from the earlier QUORUM statement on meta-analysis reports (Moher et al., 1999), with a few practical exceptions. For example, because of our inclusion of 447 studies, it was not feasible to include a table providing details of every separate study.

Effect Size Calculation

ESs were represented as Cohen's *d* (Cohen, 1988), reflecting the standardized mean difference between treatment and control conditions. Our standard ES calculations used

Ana M. Ugueto

data reported in the studies or provided by study authors whom we contacted to obtain data that were needed but not reported in the written reports. We calculated the difference between treatment and control condition means, divided by the pooled standard deviation (*SD*). For studies reporting other metrics (e.g., frequencies), we transformed data to *d* using Lipsey and Wilson's (2000) procedures. Studies reporting only *p* values or significant effects (assumed to reflect $p < .05$, if not otherwise stated) were assigned the minimum *d* that would produce that significance level, given the sample size (4.06% of our cases). Studies reporting only a nonsignificant effect were assigned $d = 0$ (M. L. Smith, 1980; 12.90% of our cases). All ES values were adjusted using Hedges's small sample correction (Hedges & Olkin, 1985), which yields an unbiased estimate of the population standardized mean difference (*g*).

Data Synthesis

Multilevel meta-analytic approach. Most studies (96%) yielded multiple ESs, so the assumption of independence of ESs that underlies traditional meta-analytic approaches was violated. As noted earlier, dependency among ESs has commonly been dealt with by either choosing only one ES from many or averaging across ESs within studies in order to obtain a single ES per study, and notable shortcomings have been associated with such approaches (see, e.g., Becker, 2000; S. F. Cheung & Chan, 2004, 2008). We addressed the dependency issue by using a multilevel approach that permitted us to include all ESs derived from measures of the targeted problems, in nonaggregated form for each study. The three-level model encompassed the sampling variation for each ES (Level 1), within-study variation (Level 2), and between-study variation (Level 3). The model consists of three regression equations, one for each level:

$$d_{jk} = \beta_{0jk} + r_{jk} \quad \text{with} \quad r_{jk} \sim N(0, \sigma^2_{r_{jk}}) \tag{1}$$

$$\beta_{0jk} = \theta_{00k} + u_{0jk} \quad \text{with} \quad u_{0jk} \sim N(0, \sigma^2_u) \tag{2}$$

$$\theta_{00k} = \gamma_{000} + v_{00k} \quad \text{with} \quad v_{00k} \sim N(0, \sigma^2_v) \tag{3}$$

Equation 1 indicates that the *j*th observed ES from study *k* equals its population value, plus a random deviation, which is assumed to be normally distributed. This residual variance is estimated before performing the meta-analysis, which comprised the mean observed sampling variance of the standardized mean difference (*d*) in this study. Equation 2 states that the population values comprise a study mean and random deviation from this mean, which is assumed to be normally distributed. In Equation 3, study mean effects are assumed to vary randomly around an overall mean. This extension of the commonly used random-effects meta-analytic model provided an overall estimate of the difference between treatment and control conditions.

We subsequently fitted a three-level mixed effects model to identify moderators that might explain variation in ESs between and within studies by adding study (Level 3) or outcome (Level 2) characteristics as fixed predictors. Examining treatment outcome in this meta-analysis of RCTs involved synthesizing standardized mean differences between treatment versus control condition and thus entailed comparison of conditions within each study. In this context, "treatment outcome" is in fact the relation between study condition and outcome. If this relationship varies according to a study or outcome characteristic, then study condition interacts with that characteristic, which is thus called a moderator (see Hedges & Pigott, 2004; Kraemer, Wilson, Fairburn, & Agras, 2002). In the present meta-analysis, we considered the three primary (i.e., target problem, type of treatment, control condition) and eight secondary candidate moderators (i.e., study year, study location, participant engagement, ethnicity, gender, developmental period, diagnosis requirement, informant). Simple moderator analyses were only conducted if each category contained at least five studies (parameter estimates are poor when number of studies is very small). Because including multiple categorical moderators may inflate Type II error rates (Raudenbush & Bryk, 2002; Van den Noortgate et al., 2013), separate three-level mixed models were fitted for each candidate moderator variable at each time point (i.e., posttreatment and follow-up). Although moderators are the keys to explaining ES differences, they may also be interrelated, complicating the interpretation of simple moderator effects. To examine possible relations among moderators, we examined interactions among moderators to test whether moderator effects differed as a function of each of the three main moderators

Rachel Vaughn-Coaxum

(i.e., target problem, type of treatment, control condition). We used a parsimonious modeling approach, testing these complex moderator effects one at a time, and applying a Bonferroni correction ($p < .005$) to the tests.

The parameters estimated in a multilevel meta-analysis are the regression coefficients of the highest level equations and the variances at the second and third level. Fixed model parameters are tested using a Wald test, which compares the difference in parameter estimate and the hypothesized population value, divided by the standard error, with a *t*-distribution. For categorical variables with more than two categories, the omnibus test follows an *F*-distribution and pairwise comparisons were used to test which subgroup mean ESs were significantly different. Similar to standard random effects meta-analysis, the between-study heterogeneity is reflected by the between-study (Level 3) variance, but the three-level model also yields an estimate of the within-study variance (Level 2). Likelihood ratio tests, comparing the deviance scores of the full model and models excluding the variance parameter at a certain level, were used to test the variation in ESs between and within studies. Parameters were estimated using the restricted maximum likelihood procedure implemented in SAS PROC HP-MIXED (Littell, Milliken, Stroup, Wolfinger, & Schabenberger, 2006). Observed ESs were weighted by the inverse of the sampling variance, and the residual degrees of freedom was used to compute the denominator degrees of freedom for the fixed effects.

Publication bias. The risk that studies with null or negative findings were less likely to be published (Begg, 1994; Lipsey & Wilson, 2000; Rosenthal, 1979) was addressed in three ways. First, we used a funnel plot (Torgerson, 2006), with standard error plotted on the vertical axis as a function of ES on the horizontal axis. In the absence of publication bias, the plot resembles an inverted funnel with studies distributed symmetrically around the mean ES (Begg, 1994). Egger's weighted regression test (Egger, Davey Smith, Schneider, & Minder, 1997) was used to assess plot asymmetry. Second, the trim-and-fill method was used to correct funnel plot asymmetry arising from publication bias (Duval & Tweedie, 2000). Third, we computed a fail-safe *N*, the number of additional "zero-effect" studies needed to increase the *p* value for the meta-analysis to above .05 (Rosenthal, 1979). These analyses were conducted using the R software package metafor (Viechtbauer, 2010).

Study quality. We coded each study using methodological quality variables employed in previous reviews (Higgins & Green, 2008; Kocsis et al., 2010; Moher et al., 1998; Weiss & Weisz, 1990) that were reported with sufficient frequency and clarity to be applied to the majority of studies and coded reliably. The variables that met these criteria were (a) subject blindness to assessment (that is, whether the person who was the focus of assessment was aware of being assessed and able to influence assessment ratings or scores; mean $k = .60$); (b) participant attrition (that is, the percentage of participants at randomization who were available for ES computation; mean ICC for group sample sizes = 0.98); (c) measurement objectivity (that is, subjective [e.g., youth report and parent report] versus objective [for example, task performance and behavior coding measures were coded as objective and self-report as not objective]; mean $k = .86$); and, for the treatment conditions, presence of pretherapy training (mean $k = .74$), adherence/fidelity checks (mean $k = .77$), and treatment manual or structured guide (mean $k = .60$). The impact of these six variables on treatment effects was assessed using three-level mixed models with Bonferroni adjustment ($p < .008$) to address the risk of chance findings.

Results

Study Pool

Four hundred forty-seven RCTs met inclusion criteria, generating 6,941 ESs (the studies are identified in the References with asterisks). At posttherapy assessment, the studies, spanning 1963 to 2013, included 30,431 participants (mean study $n = 68.69$; mean group $n = 27.63$). Mean age was 9.84 years ($SD = 3.85$); mean percent male was 63.75 ($SD = 24.00$). Some 443 studies assessed outcomes at posttherapy. The treatment protocols studied specified a mean of 16.54 sessions ($SD = 14.06$; number of sessions was not significantly related to ES, $t[4,347] = -1.44$, $p = .149$). Time in treatment averaged 15.81 weeks ($SD = 14.72$; number of weeks in treatment was significantly,

Amanda Jensen-Doss

negatively related to ES, $t[4,664] = -2.20$, $p = .028$). Some 140 studies included follow-up assessment, averaging 44.26 weeks after the end of treatment ($SD = 6.28$).

Posttreatment Results

The 443 studies reporting outcomes at posttreatment produced 5,139 dependent ESs. Mean posttreatment ES was 0.46 (95% confidence interval [CI] [0.41, 0.51]), $t(5138) = 18.11$, $p < .001$. Between-study variance was significant ($\sigma^2_v = 0.223$), $\chi^2(1) = 1{,}792.4$, $p < .001$, as was within-study variance ($\sigma^2_v = 0.143$), $\chi^2(1) = 3{,}437.4$, $p < .001$, with a mean observed sampling (residual) variance of 0.143. Of the total variance, 45% was attributable to between-study differences and 28% to within-study differences.

As shown in Table 1, there were significant effects for two of the three primary moderators. Pairwise comparisons showed that effects were larger for anxiety than ADHD, conduct, depression, or multiple problems, and larger for conduct than depression or multiple problems (see Figure 2); and larger with no-treatment or waitlist controls than with therapy placebo or usual care. Moderator analyses also indicated that effects were larger in studies done outside, than within, North America, and larger for outcomes reported by youths and parents than by teachers.

We found three Moderator × Moderator interactions, each involving the informant moderator. We dismantled these three interactions from both possible directions, beginning by examining informant effects at each level of the other three moderators (Table 2). First, the informant effect differed significantly by target problem. Significant differences between informants were found for depression, in which parent reports showed smaller effects than both teacher and youth reports. In fact, by teacher report, treatments for depression were less effective than control conditions. For ADHD and conduct, parent reports yielded larger effects than youth and teacher reports. Second, the informant effect differed by control condition; informant was significant only for no-treatment/waitlist controls, with parents and youths reporting larger effects than teachers, and for usual care controls, with teacher reports showing smaller effects than youth and parent reports. Third, the informant effect differed by treatment type, with significant

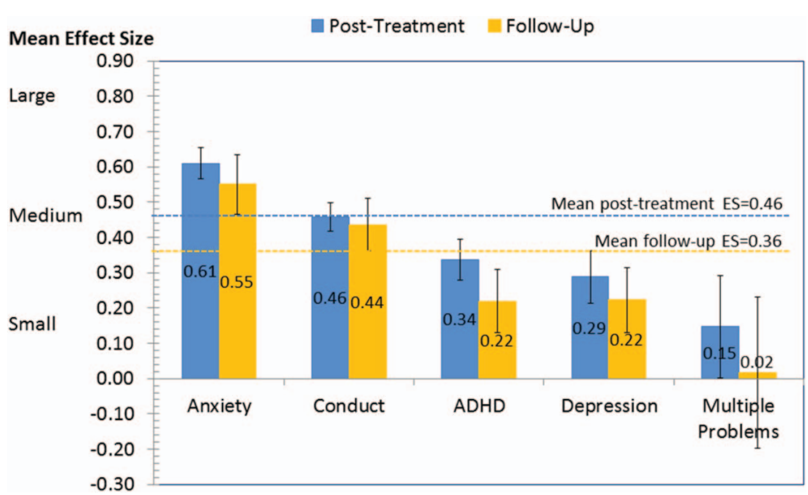


Figure 2. Mean effect sizes at posttreatment and follow-up by target problem. Dashed horizontal lines show mean effects for the full sample of studies reporting posttreatment assessments, and for the full sample of studies reporting follow-up assessments. Error bars represent standard error. Effect sizes at posttreatment and follow-up for anxiety, conduct, ADHD, and depression have error bars that do not cross the *x*-axis, indicating that all these effect sizes are significantly greater than zero. See the online article for the color version of this figure.

Kristin M. Hawley

differences found between informants for youth-focused nonbehavioral (only youth reports showed a significant effect) and for caregiver/family-focused behavioral interventions (only youth and parent reports showed a significant effect). In general, the significant interactions among moderators revealed that teachers, the most experimentally naïve (and thus arguably the most unbiased) informants, reported the most modest effects. Table 3 complements Table 2 by examining effects of targeted problems, control conditions, and treatment types within each type of informant. Both tables show that, of the different treatment types, only youth-focused behavioral therapies (including CBT) produced significant treatment effects across all three informants (see Figure 3).

To examine variance explained by study and outcome characteristics, we fitted a three-level mixed model including all significant moderator effects and all significant interactions among moderators. Between-study variance was reduced by 4%, and within-study variance by 12%.

Follow-Up Results

The 140 studies reporting follow-up assessments generated 1,802 dependent ESs. Mean follow-up ES was 0.36 (95% CI [0.27, 0.44]), $t(1801) = 8.30$, $p < .001$. This mean was not significantly different from the mean posttreatment ES across all studies, $t(6939) = -0.003$, $p = .998$, nor for the subset of studies ($n = 136$) that included both posttreatment and follow-up assessments, $t(3445) = -0.47$, $p = .635$. Between-study variance was significant ($\sigma^2_v = 0.218$), $\chi^2(1) = 700.4$, $p < .001$, as was within-study variance ($\sigma^2_v = 0.120$), $\chi^2(1) = 2040.2$, $p < .001$, with residual (sampling) variance of 0.121. Some 48% of the total variance was attributable to between-study differences, and 26% to within-study differences.

The same moderators tested in posttreatment analyses were examined for follow-up assessments. The analyses showed effects for target problem and informant (see Table

Table 2
Interactions Among Moderators at Posttreatment: Examined by Informant Effects

Informant effects for each target problem, treatment type, and control condition	Test statistic	p	Subgroup analysis by informant (ES)		
			Youth	Parent	Teacher
Informant effects for each targeted problem	$F(7, 3385) = 4.40$	<.001			
ADHD	$F(2, 3385) = 9.15$	<.001	$.11^{a}$	$.35^{a,b***}$	$.18^{b*}$
Conduct	$F(2, 3385) = 16.14$	<.001	$.40^{a,b***}$	$.51^{a,c***}$	$.26^{b,c***}$
Anxiety	$F(2, 3385) = 2.94$	.053	$.58^{***}$	$.64^{***}$	$.44^{***}$
Depression	$F(2, 3385) = 9.65$	<.001	$.32^{a,b***}$	$.15^{a,c}$	$(-.41)^{b,c*}$
Multiple problems	$F(1, 3385) = 1.03$	.311	.10	.25	—
Informant effects for each treatment type†	$F(6, 2340) = 7.25$	<.001			
Youth-focused behavioral	$F(2, 2340) = .10$	.909	$.43^{***}$	$.45^{***}$	$.44^{***}$
Youth-focused nonbehavioral	$F(2, 2340) = 4.87$	.008	$.50^{a***}$	(.18)	$-.05^{a}$
Caregiver/Family-focused behavioral	$F(2, 2340) = 35.80$	<.001	$.36^{a***}$	$.51^{b***}$	$-.06^{a,b}$
Caregiver/Family-focused nonbehavioral	$F(2, 2340) = .01$	.907	$.55^{*}$	$.58^{*}$	—
Multisystem	$F(1, 2340) = .10$	.753	.13	.11	—
Informant effects for each control condition	$F(8, 3384) = 4.27$	<.001			
No treatment/waitlist	$F(2, 3384) = 20.30$	<.001	$.51^{a,b***}$	$.60^{a,c***}$	$.36^{b,c***}$
Psychotherapy placebo	$F(2, 3384) = 2.13$	.119	$.35^{***}$	$.24^{***}$	$.34^{***}$
Pill placebo	$F(2, 3384) = .06$	.939	(.07)	(.02)	(.17)
Case management	$F(2, 3384) = .97$	.380	$.34^{**}$	$.27^{*}$	(−.001)
Usual care treatment	$F(2, 3384) = 16.89$	<.001	$.21^{a**}$	$.32^{b***}$	$-.11^{a,b}$

Note. Bonferroni correction was used (p set at <.005) when testing two-way interactions for each clinical variable. Asterisks denote that the ES was significantly different from zero; identical letter superscripts within each row denote significant pairwise comparisons; a dash denotes zero studies in that subgroup; ES estimates in parentheses are based on fewer than five studies. ES = effect size; ADHD = attention-deficit hyperactivity disorder.
† The behavioral categories included behavioral and cognitive-behavioral therapies. $^{*}p < .05$. $^{**}p < .01$. $^{***}p < .001$.

Lauren Krumholz Marchette

4). Pairwise comparisons revealed larger effects for anxiety than for ADHD, depression, and multiple problems, and smaller effects for teacher-reported outcomes than for youth- or parent-reported outcomes. Tests for interactions among moderators were not conducted at follow-up; parameter estimates would have been poor because more than one third of the cells contained fewer than five studies.

To examine variance explained by study and outcome characteristics, we fitted a three-level mixed model including all significant moderator effects. Between-study variance was reduced by 27%, and within-study variance by 45%.

Publication Bias and Study Quality

To test the robustness of the estimated effects, we assessed publication bias and study quality. Absent publication bias, the plot should resemble an inverted funnel with studies distributed symmetrically around the mean ES. Egger's weighted regression test showed our plot to be asymmetrical, $t(445) = 6.34$, $p < .001$; with increasing standard errors, more highly positive ESs were obtained. This could indicate some degree of publication bias, or an overestimate of treatment effects in smaller studies, which are generally less rigorous (Jüni, Holenstein, Sterne, Bartlett, & Egger, 2002). Importantly, when the trim-and-fill procedure was applied, the adjusted ES remained unchanged, suggesting minimal impact of publication bias. In addition, the fail-safe N showed that 90,654 studies with mean ES = .00 would need to be incorporated into the meta-analysis to yield a nonsignificant effect. This markedly exceeded the Rosenthal (1979) benchmark of 2,245 (5n + 10), suggesting that our findings are robust to the threat that excluded studies might have yielded a nonsignificant effect. In addition, none of the six study quality variables had a signif-

Table 3
Interactions Among Moderators at Posttreatment: Examined by Targeted Problem, Treatment Type, and Control Condition Effects

Moderator effects for each informant	Test statistic	p	Subgroup analysis (ES)				
			ADHD	Conduct	Anxiety	Depression	Multiple problems
TP effects by informant	$F(7, 3385) = 4.40$	<.001					
TP for youth	$F(4, 3385) = 6.91$	<.001	.11^{a,b}	.40^{a,c***}	.58^{b,c,d,e***}	.32^{d***}	.10^{e}
TP for parent	$F(4, 3385) = 6.38$	<.001	.35^{a***}	.51^{b***}	.64^{a,c,d***}	.15^{b,c}	.25^{d}
TP for teacher	$F(3, 3385) = 5.16$	.002	.18^{a,b*}	.26^{c***}	.44^{a,d***}	(−.41)^{b,c,d*}	—
			Youth-focused behavioral	Youth-focused nonbehavioral	Caregiver/Family-focused behavioral	Caregiver/Family-focused nonbehavioral	Multisystem
TT effects by informant[†]	$F(5, 2340) = 8.64$	<.001					
TT for youth	$F(4, 2340) = 1.33$	.257	.43^{a***}	.50^{c***}	.36***	.55*	.13^{a,c}
TT for parent	$F(4, 2340) = 2.21$	.065	.45^{a***}	(.18)	.51^{b***}	.58*	.11^{a,b}
TT for teacher	$F(2, 2340) = 17.47$	<.001	.44^{a,b***}	−.05^{a}	−.06^{b}	—	—
			No treatment/ waitlist	Psychotherapy placebo	Pill placebo	Case management	Usual care treatment
CC effects by informant	$F(8, 3384) = 4.27$	<.001					
CC for youth	$F(4, 3384) = 4.33$	.002	.51^{a,b***}	.35^{a***}	(.07)	.34**	.21^{b**}
CC for parent	$F(4, 3384) = 8.75$	<.001	.60^{a,b,c,d***}	.24^{a***}	(.02)^{b}	.27^{c*}	.32^{d***}
CC for teacher	$F(4, 3384) = 4.67$	<.001	.36^{a***}	.34^{b***}	(.17)	(−.001)	−.11^{a,b}

Note. Bonferroni correction was used (p set at <.005) when testing two-way interactions for each clinical variable. Asterisks denote that the ES was significantly different from zero; identical letter superscripts within each row denote significant pairwise comparisons; a dash denotes zero studies in that subgroup; ES estimates in parentheses are based on fewer than five studies. ES = effect size; TP = target problem; TT = treatment type; CC = control condition.
[†] The behavioral categories included behavioral and cognitive-behavioral therapies. $^{*}p < .05$. $^{**}p < .01$. $^{***}p < .001$.

Brian C. Chu

icant impact on ES. To assess whether these variables might relate to ES if combined, we aggregated them in two ways: (a) following Cochrane Collaboration guidelines (Higgins et al., 2011), we created a summary index for risk of bias, combining the six quality variables to classify each study as low risk, unclear risk, or high risk; and (b) we created a summary score for each study, ranging from 0 to 6, by summing across the six variables. Neither the summary index nor the summary score was significantly associated with ES.

Why the Drop in Mean ES?

The posttreatment mean ES of 0.45 in the current meta-analysis was substantially lower than the mean ESs (0.54 to 0.88) reported in all previous broad-based meta-analyses. We explored three possible explanations. One is that the many new studies added for the present meta-analysis showed more modest effects than prior studies. There is mixed evidence on this possibility: On one hand, study year was not significantly associated with ES (see Tables 1 and 4), but on the other hand, we found that studies in more recent decades were more likely to have larger samples and more rigorous control conditions, both characteristics associated with lower ES. A second possible explanation is that our use of multilevel modeling reduced ES in the present meta-analysis. This was not likely to be a major factor; multilevel models have been found to yield ES estimates comparable with traditional random-effects models (Van den Noortgate & Onghena, 2003). A third possible explanation is that differences in mean ES may result from changes over time in methods of synthesizing ES values. The older meta-analyses (from Casey & Berman, 1985; Kazdin et al., 1990; and Weisz et al., 1987) used an unweighted approach, but weighting ESs by the inverse of the sampling variance (see Hedges & Olkin, 1985) has subsequently become the norm in meta-analysis. Because larger ESs tend to have smaller weights (i.e., they tend to come from studies with

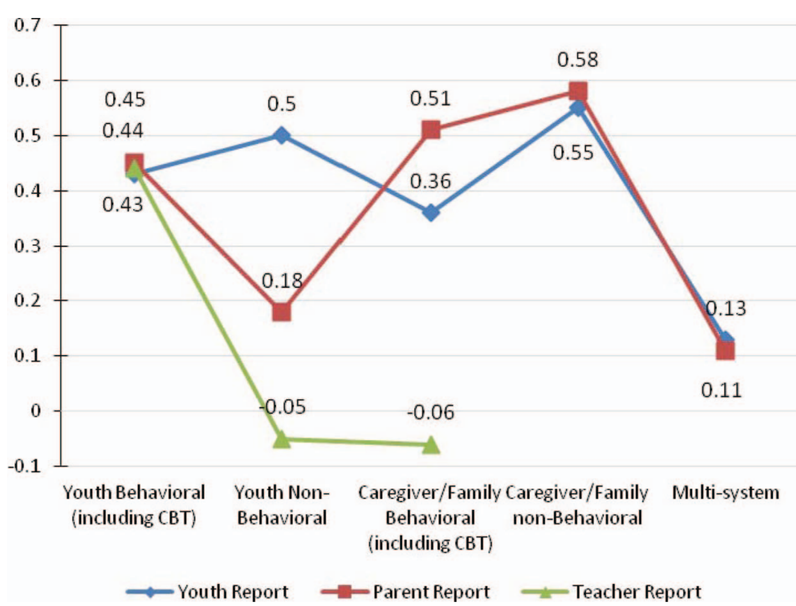


Figure 3. Treatment Type × Informant Interaction showing that treatment effects depend, in part, on who reports the outcome. Effects were consistent and substantial across all three informants for youth-focused behavioral treatments (including CBT), but more variable across informants for other treatments. Two missing data points reflect the fact that teacher reports were not included in any study of caregiver/family nonbehavioral treatment or multisystem treatment. See the online article for the color version of this figure.

Table 4
Results of Moderator Analyses Based on Three-Level Mixed Effects Models of 1,802 Dependent ESs From 140 Studies at Follow-Up

Moderator	*n* of studies	*n* of ESs	Subgroup analysis			Moderator test	
			ES (*g*)	95% CI		Test statistic	*p*
Study-level moderators (third level)							
Posttreatment lag time (weeks)	121	1,505				$t(1503) = -1.32$	.186
Study year	140	1,802				$t(1800) = -1.08$	.281
Study location	140	1,802				$t(1800) = .55$	.585
North America	100	1,431	.34***	.24	.44		
Outside North America	40	371	.40***	.24	.56		
Participant engagement	129	1,755				$F(2, 1752) = .75$	.475
Recruited	81	1,237	.42***	.31	.52		
Referred	32	396	.29***	.12	.46		
Nonvoluntary	16	122	.37**	.12	.61		
Ethnicity	82	1,086				$t(1084) = -.26$	.7889
Caucasian sample (≥50% Caucasian)	65	915	.39***	.26	.52		
Non-Caucasian sample (<50% Caucasian)	17	171	.35**	.08	.61		
Gender	127	1,670				$t(1668) = .37$	.708
Majority male (>50% male)	81	1,234	.36***	.25	.46		
Majority female (>50% female)	46	436	.39***	.25	.53		
Developmental period	139	1,801				$t(1799) = -1.42$	.155
Childhood (mean age <12 years)	87	1,356	.40***	.30	.51		
Adolescence (mean age ≥12 years)	52	445	.28***	.14	.42		
Diagnosis requirement	68	986				$t(984) = .12$	.901
Required of all participants	45	713	.37***	.22	.53		
Not required	23	273	.39***	.17	.60		
Targeted problem	140	1,802				$F(4, 797) = 3.32$	.010
ADHD[a]	28	492	.22*	.04	.40		
Conduct	46	550	.44***	.29	.58		
Anxiety[a,b,c]	34	419	.55***	.38	.72		
Depression[b]	27	295	.22*	.04	.40		
Multiple problems[c]	5	46	.02	−.41	.44		
ES-level moderators (second level)							
Informant	116	1,241				$F(2, 1238) = 4.31$	.014
Youth[a]	66	504	.33***	.22	.44		
Parent[b]	62	522	.36***	.24	.47		
Teacher[a,b]	36	215	.21**	.08	.34		
Treatment type[†]	104	1,173				$F(3, 1169) = .36$	.782
Youth-focused behavioral	73	764	.37***	.25	.49		
Youth-focused nonbehavioral	8	46	.29*	.06	.51		
Caregiver/Family-focused behavioral	24	292	.42***	.25	.59		
Multisystem	8	71	.40*	.04	.77		
Control condition[‡]	138	1,794				$F(3, 1790) = .18$	.911
No treatment/waitlist	58	661	.39***	.27	.50		
Psychotherapy placebo	43	715	.38***	.26	.50		
Case management	10	71	.36*	.02	.70		
Usual care treatment	35	347	.31***	.14	.48		

Note. Some moderators were missing for certain studies. Each study can contribute multiple ESs; thus, study sample size across subgroups can exceed the total study sample size for the ES-level moderators. Within each moderator having more than two subgroups, identical letter superscripts indicate significant ($p < .05$) pairwise comparisons between subgroups. ES = effect size; *g* = Hedges' *g*; CI = confidence interval; ADHD = attention-deficit hyperactivity disorder.
[†] The behavioral categories included behavioral and cognitive-behavioral therapies. [‡] The pill placebo ($n = 2$) and caregiver/family-focused nonbehavioral ($n = 2$) categories were excluded because they contained fewer than five studies, and parameter estimates are poor when number of studies is very small. * $p < .05$. ** $p < .01$. *** $p < .001$.

smaller sample sizes, yielding larger sampling variances), weighting can lower mean ES estimates. To illustrate, Weisz et al. (1995) found that switching from an unweighted to a weighted approach using the same data set reduced mean ES from 0.71 to 0.54. This difference suggests that failure to use weighting is a particularly credible factor in explaining the relatively large ES values found in the earliest meta-analyses. Notably, CI overlap indicates that the present ES mean of .45 (95% CI [.40, .50]) did not differ significantly from the mean ES of .54 (95% CI [.45, .63]) in Weisz et al., which did use ES weighting. By contrast, formal comparisons with the older ES values (from Casey & Berman, 1985; Kazdin et al., 1990; Weisz et al., 1987) are not meaningful, given the unweighted approach used in those meta-analyses. Thus, among possible reasons for the decline in mean ES, the shift to weighting ESs by the inverse of the sampling variance is especially plausible.

V. Robin Weersing

Discussion

By synthesizing 50 years of cumulative knowledge using a rigorous multilevel approach, this meta-analysis provided a particularly comprehensive and nuanced picture of the youth therapy evidence base, addressing some key questions for the field:

1. What is the overall effect of youth psychological therapy? We found a significant overall posttreatment ES of 0.46, which dropped nonsignificantly to 0.36 in follow-up assessments averaging 11 months later. Thus, five decades of research on youth psychological therapy points to beneficial effects that are moderate in magnitude and relatively durable. The posttreatment mean ES of 0.46 approached Cohen's (1988) threshold of 0.5 for a medium effect, but was lower than the mean ESs (0.54 to 0.88) obtained in all previous broad-based meta-analyses (Casey & Berman, 1985; Kazdin et al., 1990; Weisz et al., 1987, 1995). We considered three explanations for the drop in mean ES relative to the earliest meta-analyses. Our analysis suggested that the most plausible explanation may be the emergence of the standard practice of weighting ESs by the inverse of the sampling variance (see Hedges & Olkin, 1985), a practice not employed in the earliest meta-analyses.

2. Does therapy impact differ by target problem? Yes, and markedly so. Target problem was the most potent moderator of treatment benefit, and the effect was not qualified by interactions with treatment type or control condition. At both posttreatment and follow-up, treatment effects were larger for anxiety than for other target problems, and consistently so across different informants. Candidate explanations might include the historically close tie between basic research and anxiety treatment methods (e.g., extinction research and exposure), the existence of a dominant path to intervention success (i.e., graduated exposure), the availability of an objectively observable measure of outcome (i.e., behavioral approach), and the high level of motivation for change, and the treatment compliance, so often seen in anxious youths (see Weisz, 2004). Across the four specific targeted problems, treatment of depression showed the most disappointing effects; in fact, by teacher report (see Tables 2 and 3), treatments for depression actually fared *worse* than control conditions. This finding is noteworthy in light of professional guidelines that recommend psychological therapy as the first-line treatment for youth depression (Birmaher et al., 2007; A. H. Cheung et al., 2007). We checked whether the relatively weak effects might reflect disproportionate use of more rigorous control conditions in depression studies, but in fact no-treatment/waitlist was by far the most common control condition in those studies, and the Target Problem × Control Condition interaction did not approach significance. Of course there might be other methodological explanations for the disappointing effect of depression treatments, but we could not identify any reason to discount the finding. Together with previous evidence of weak effects in youth depression treatment (Weisz, Jensen-Doss, & Hawley, 2006), the findings suggest that depression may be an appropriate priority for future treatment development and evaluation.

   The target problem findings showed that treatment of multiple problems concurrently (i.e., within the same treatment episode) produced strikingly smaller mean ES than treatment of any single targeted problem, an effect that was not significantly different from zero at posttreatment or follow-up. It is possible that outcome assessment may be more complicated in multiproblem treatment, and this might have influenced the ES for this approach. It should also be noted that the finding was based on only 10 studies, so more evidence is needed. However, these studies combined do suggest that initial efforts to treat multiple problems concurrently have been less effective than focusing more narrowly (see Craske et al., 2007). To the extent that studies of a target problem exclude comorbidities,

Samantha R. Fordwood

this may be a concern because the evidence indicates that co-occurring problems are pervasive in clinically referred youths (Angold et al., 1999; Costello et al., 2003). The weak effects for multiproblem treatment may suggest a need for new ways to address youth comorbidity (see Barlow et al., 2010; Bearman & Weisz, 2015; Ehrenreich-May & Chu, 2013; Weisz, Krumholz, Santucci, Thomassin, & Ng, 2015).

3. Does therapy impact differ according to the therapy used? Our findings offer mixed evidence, with no overall treatment type moderator effect, but an intriguing interaction between treatment type and informant. The interaction, when broken down into component tests, showed that youth-focused behavioral treatments (including CBT) produced the most robust cross-informant evidence of beneficial effects (see Figure 3). These youth-focused behavioral therapies were alone among the intervention categories in showing significant effects across youth, parent, and teacher informants (see Weiss & Weisz, 1995; Weisz et al., 1995). That said, effects of other treatment approaches were significant according to some informant reports, producing a mixed picture. The absence of across-the-board superiority for behavioral treatments, combined with the moderate mean ES for caregiver/family-focused nonbehavioral treatments, certainly warrants attention in future research. Taken together, the findings suggest that different treatments may differ in their effects, but in highly specific ways that require precise analysis and close attention to the source of outcome information. Ideally, such analysis should include direct comparisons between active competing treatments, but such comparisons are few in number for most pairwise comparisons. This argues for triangulating strategies, complementing treatment–treatment comparisons with treatment–control meta-analyses that test treatment type and its interaction with other candidate moderators, as we have done here.

4. Does therapy impact depend on the control condition employed? Because RCTs and meta-analyses emphasize interventions and their effects, the control condition employed is often a kind of stealth moderator. Our findings suggest that this potent factor should be brought out of hiding. We found that treatments looked stronger when compared with relatively inert control conditions (e.g., waitlist) than when compared with active controls (see Kazdin et al., 1990), and comparisons with usual care generated the smallest treatment effects in both posttreatment and follow-up comparisons, with only one exception: Pill placebo control conditions produced smaller ES in follow-up tests, but this was based on an *N* of only two studies. Recent arguments have stressed the ecological validity of usual care control conditions and the importance of testing whether treatments can improve on current practice in clinical care (Spielmans et al., 2010; Weisz et al., 2013); the present findings suggest, further, that usual care may be a particularly rigorous standard of comparison.

5. Does it matter who reports the outcome? Evidently, it matters a lot. "Informant" was a remarkably pervasive moderator, showing significant effects in both posttreatment and follow-up analyses, and entering into multiple interactions with other moderators. This finding is consistent with evidence that interinformant agreement is modest, at best, on many measures of youth functioning and mental health (De Los Reyes et al., 2015). We found that youths and parents, the informants most likely to know the youth well *and* to know the treatment condition, generally reported larger effects than teachers; but the informant effect differed according to the target problem, treatment, and control condition. For example, there was no significant effect of informant on outcomes in anxiety treatment, which showed substantial ES for all three informants, but a strong ($p < .001$) informant effect on outcomes in depression treatment, which showed substantial positive effects according to

youth self-reports but *negative* effects (with depression treatments faring *worse* than control conditions) according to teachers. The fact that there were more effects involving informant than any other moderator underscores the need for both researchers and clinicians to obtain outcome information from multiple informants *and* to characterize outcome reports according to their source. The findings highlight the fact that youth therapy outcome is always, to some extent, in the eye of the beholder, and that different informants observe different samples of a youth's behavior, in different contexts, and bring different perspectives to what they observe. This being the case, much could be gained by linking therapy research and practice to the burgeoning effort to build multi-informant approaches to youth mental health assessment (De Los Reyes et al., 2015).

Recent perspectives in both scientific (e.g., Drysdale et al., 2014) and popular media (e.g., Friedman, 2014) suggest the hypothesis that adolescents might show poor therapy response compared with other age groups. Some evidence suggests that adolescent neurological, social, and lifestyle factors may undermine emotion regulation and hamper attentional focus, and adolescent autonomy striving might undermine cooperation with a therapist and completion of therapy homework (Drysdale et al., 2014). However, our findings did not show majority adolescent samples to be significantly less responsive to therapy than majority child samples. This conclusion is consistent with a recent review by Kendall and Peterman (2015) focused on anxiety treatment, and with findings of separate meta-analyses focused on treatment of depression (Weisz et al., 2006) and disruptive behavior (Lundahl et al., 2006; and see mixed findings in S. Reynolds et al., 2012). The fact that well-developed therapies often use approaches designed to fit youth developmental level might mitigate age differences in outcome. In any event, our evidence does not indicate that psychological therapies have been less successful with adolescents than with children.

Two other findings warrant mention. First, study year was not associated with ES. This finding is consistent with other reports of little historical increase in treatment benefit (e.g., Johnsen & Friborg, 2015; Weisz et al., 2006). At first blush, this might be read as evidence that treatments have not become more effective, but multiple alternative interpretations merit consideration. It is possible that true increases in treatment efficacy over time may have been masked by temporal changes in the nature and design of research. For example, a more mature evidence base may be likely to include increased numbers of replication and extension studies rather than initial discovery trials. ESs for high impact discovery trials tend to be larger, especially if the initial studies were done with small samples (Ioannidis, 2005). Our data suggested that time trends in sample size might also have played a role. Across our study pool at posttreatment, mean group sample size grew larger over time (mean group n from the first to the last decade was 13.53, 12.01, 18.30, 35.80, and 37.67, respectively), $F(4, 5134) = 11.80$, $p < .001$; and larger study group samples were associated with smaller ES, $t(5137) = -2.46$, $p = .014$. Other aspects of study design may warrant attention as well. For example, increases over time in the use of more rigorous control conditions could affect time trends in ES. Use of the four types of control conditions did differ across the five decades, $\chi^2(16) = 564.66$, $p < .001$, with a striking increase in the use of usual care in the most recent two decades. Usual care may often include active treatment ingredients; in the present meta-analysis, it is the control condition associated with the lowest ES in most comparisons. That said, it is fair to note that our analyses revealed no significant effect of the interaction between study year and control condition on ES. Our data do not provide a definitive explanation for the absence of a significant increase in ES over the years, but multiple methodological explanations should be explored. If intensive examination were to reveal no viable artifactual or methodological explanation, then the flatlining of ESs over time might suggest a need to rethink the very research strategy through which psychological therapies for youths have been developed across five decades.

Our ethnicity moderator tests found no significant difference in treatment benefit between majority Caucasian samples and majority non-Caucasian samples. This finding is consistent with findings of a recent review (S. J. Huey, Tilley, Jones, & Smith, 2014) indicating that psychological therapy is efficacious for ethnic minority youths and adults across multiple problem areas, and about equally efficacious for minorities and Caucasians. Although our findings are in harmony with those results, enthusiasm is tempered by the fact that many studies failed to report sample ethnicity, and that minorities were underrepresented; only 12.08% of our study pool reported a majority non-Caucasian sample. With more than 45% of American youths now ethnic minorities (Mather, Pollard, & Jacobson, 2011), youth therapy research is in need of more diverse samples, paired with full reporting of race/ethnicity and related results, if clinical science is to properly inform clinical practice.

Limitations of our findings reflect, in part, trade-offs associated with the inherent nature of meta-analysis (e.g., forming comparison groups by lumping fine-grained categories together) and the five-decade span of our study collection. Differences across the decades in study methods, reporting conventions, and author access limited prospects for fully addressing certain questions. For example, reporting limitations in the studies ruled out fine-grained analysis of race and ethnicity; and changes over the decades in diagnostic categories, and in the nature and categories of professional clinical training, ruled out meaningful analyses of those factors (cf. Levenson, 2014). Some of the limitations might be addressed in the future by narrowing the focus and the range of study years, with the trade-off that the data set would then be less representative of the full body of youth treatment outcome research. Some limitations reflect the design of studies in the field, thus highlighting research needs for the future (e.g., the fact that so few studies complemented youth and parent-report outcome measures with teacher report underscores the need for more unbiased informants). Another limitation is that focusing our search on English language reports may have constrained the picture of youth therapy effects, particularly in light of our finding that posttreatment ES was larger in studies conducted outside the United States than in those within the United States. In addition, excluding unpublished dissertations may have limited the representativeness of our findings, potentially eliminating some studies with relatively low ES (see McLeod & Weisz, 2004). These limitations might be usefully addressed in future meta-analyses. In addition, future work could be enriched by comparing an array of treatment outcome assessment methods that are increasingly a part of randomized trials, including behavioral observations, performance tasks, and independent evaluator assessments of symptoms and functioning. Finally, the fact that our findings left substantial amounts of variance in treatment efficacy unexplained strongly suggests that influential moderators not identified here remain to be discovered in future research.

As noted, findings from the past 50 years suggest both benefits of psychological therapy and important directions for the future in youth therapy research and clinical practice. Perhaps the broadest implication derives from translating our overall mean ES of 0.46 at posttreatment into a "common language effect size" (McGraw & Wong, 1992): The probability that a randomly selected youth in the treatment condition would be better off after treatment than a randomly selected youth in the control condition was 63%—only moderately better than chance at 50%. This suggests that, although youth therapies have produced beneficial effects over the years, there is much room for improvement—ample opportunity for clinical scientists and practitioners, working together, to strengthen clinical care for young people and their families, who deserve the best interventions our collaborative efforts can produce.

References

References marked with an asterisk indicate studies included in the meta-analysis.

*Abedi, M. R., & Vostanis, P. (2010). Evaluation of quality of life therapy for parents of children with obsessive-compulsive disorders in Iran. *European Child & Adolescent Psychiatry, 19,* 605–613. http://dx.doi.org/10.1007/s00787-010-0098-4

*Abikoff, H., Gallagher, R., Wells, K. C., Murray, D. W., Huang, L., Lu, F., & Petkova, E. (2013). Remediating organizational functioning in children with ADHD: Immediate and long-term effects from a randomized controlled trial. *Journal of Consulting and Clinical Psychology, 81,* 113–128. http://dx.doi.org/10.1037/a0029648

*Ackerson, J., Scogin, F., McKendree-Smith, N., & Lyman, R. D. (1998). Cognitive bibliotherapy for mild and moderate adolescent depressive symptomatology. *Journal of Consulting and Clinical Psychology, 66,* 685–690. http://dx.doi.org/10.1037/0022-006X.66.4.685

*Ahmad, A., Larsson, B., & Sundelin-Wahlsten, V. (2007). EMDR treatment for children with PTSD: Results of a randomized controlled trial. *Nordic Journal of Psychiatry, 61,* 349–354. http://dx.doi.org/10.1080/08039480701643464

*Ahrens, J., & Rexford, L. (2002). Cognitive processing therapy for incarcerated adolescents with PTSD. *Journal of Aggression, Maltreatment & Trauma, 6,* 201–216. http://dx.doi.org/10.1300/J146v06n01_10

*Alexander, J. F., & Parsons, B. V. (1973). Short-term behavioral intervention with delinquent families: Impact on family process and recidivism. *Journal of Abnormal Psychology, 81,* 219–225. http://dx.doi.org/10.1037/h0034537

*Alper, T. G., & Kranzler, G. D. (1970). Comparison of effectiveness of behavioral and client-centered approaches for behavior problems of elementary school children. *Elementary School Guidance & Counseling, 5,* 35–43.

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.

*Andrews, W. R. (1971). Behavioral and client-centered counseling of high school underachievers. *Journal of Counseling Psychology, 18,* 93–96. http://dx.doi.org/10.1037/h0030620

Angold, A., Costello, E. J., & Erkanli, A. (1999). Comorbidity. *Journal of Child Psychology and Psychiatry, 40,* 57–87. http://dx.doi.org/10.1111/1469-7610.00424

Angold, A., Costello, E. J., Farmer, E. M. Z., Burns, B. J., & Erkanli, A. (1999). Impaired but undiagnosed. *Journal of the American Academy of Child & Adolescent Psychiatry, 38,* 129–137. http://dx.doi.org/10.1097/00004583-199902000-00011

*Arbuthnot, J., & Gordon, D. A. (1986). Behavioral and cognitive effects of a moral reasoning development intervention for high-risk behavior-disordered adolescents. *Journal of Consulting and Clinical Psychology, 54,* 208–216. http://dx.doi.org/10.1037/0022-006X.54.2.208

*Arnold, L. E., Abikoff, H. B., Cantwell, D. P., Conners, C. K., Elliott, G. R., Greenhill, L. L., . . . Wells, K. C. (1997). NIMH collaborative mulitimodal treatment study of children with ADHD (MTA): Design, methodology, and protocol evolution. *Journal of Attention Disorders, 2,* 141–158. http://dx.doi.org/10.1177/108705479700200301

*Arnold, L. E., Chuang, S., Davies, M., Abikoff, H. B., Conners, C. K., Elliott, G. R., . . . Wigal, T. (2004). Nine months of multicomponent behavioral treatment for ADHD and effectiveness of MTA fading procedures. *Journal of Abnormal Child Psychology, 32,* 39–51. http://dx.doi.org/10.1023/B:JACP.0000007579.61289.31

*Asarnow, J. R., Baraff, L. J., Berk, M., Grob, C. S., Devich-Navarro, M., Suddath, R., . . . Tang, L. (2011). An emergency department intervention for linking pediatric suicidal patients to follow-up mental health treatment. *Psychiatric Services, 62,* 1303–1309. http://dx.doi.org/10.1176/ps.62.11.pss6211_1303

*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: Journal of the American Medical Association, 293,* 311–319. http://dx.doi.org/10.1001/jama.293.3.311

*Asarnow, J. R., Jaycox, L. H., Tang, L., Duan, N., LaBorde, A. P., Zeledon, L. R., . . . Wells, K. B. (2009). Long-term benefits of short-term quality improvement interventions for depressed youths in primary care.

The American Journal of Psychiatry, 166, 1002–1010. http://dx.doi.org/10.1176/appi.ajp.2009.08121909

*Asarnow, J. R., Scott, C. V., & Mintz, J. (2002). A combined cognitive-behavioral family education intervention for depression in children: A treatment development study. *Cognitive Therapy and Research, 26,* 221–229. http://dx.doi.org/10.1023/A:1014573803928

*Asscher, J., Deković, M., Manders, W., Laan, P., & Prins, P. (2013). A randomized controlled trial of the effectiveness of multisystemic therapy in the Netherlands: Post-treatment changes and moderator effects. *Journal of Experimental Criminology, 9,* 169–187. http://dx.doi.org/10.1007/s11292-012-9165-9

Atkins, D., Fink, K., & Slutsky, J., Agency for Healthcare Research and Quality, & North American Evidence-Based Practice Centers. (2005). Better information for better health care: The Evidence-based Practice Center program and the Agency for Healthcare Research and Quality. *Annals of Internal Medicine, 142,* 1035–1041. http://dx.doi.org/10.7326/0003-4819-142-12_Part_2-200506211-00002

*Augimeri, L. K., Farrington, D. P., Koegl, C. J., & Day, D. M. (2007). The SNAP™ Under 12 Outreach Project: Effects of a community based program for children with conduct problems. *Journal of Child and Family Studies, 16,* 799–807. http://dx.doi.org/10.1007/s10826-006-9126-x

*Axberg, U., & Broberg, A. G. (2012). Evaluation of "the incredible years" in Sweden: The transferability of an American parent-training program to Sweden. *Scandinavian Journal of Psychology, 53,* 224–232. http://dx.doi.org/10.1111/j.1467-9450.2012.00955.x

*Aydin, G., & Yerin, O. (1994). The effect of a story-based cognitive behavior modification procedure on reducing children's test anxiety before and after cancellation of an important examination. *International Journal for the Advancement of Counselling, 17,* 149–161. http://dx.doi.org/10.1007/BF01407971

*Azevedo, A. F., Seabra-Santos, M. J., Gaspar, M. F., & Homem, T. C. (2013). The Incredible Years basic parent training for Portuguese preschoolers with AD/HD behaviors: Does it make a difference? *Child & Youth Care Forum, 42,* 403–424. http://dx.doi.org/10.1007/s10566-013-9207-0

*Azevedo, A. F., Seabra-Santos, M. J., Gaspar, M. F., & Homem, T. C. (2014). A parent-based intervention programme involving preschoolers with AD/HD behaviors: Are children's and mothers' effects sustained over time? *European Child & Adolescent Psychiatry, 23,* 437–450. http://dx.doi.org/10.1007/s00787-013-0470-2

*Bacow, T. L., May, J. E., Choate-Summers, M., Pincus, D. B., & Mattis, S. G. (2010). Concordance between measures of anxiety and physiological arousal following treatment of panic disorder in adolescence. *Child & Family Behavior Therapy, 32,* 322–333. http://dx.doi.org/10.1080/07317107.2010.515843

*Baer, S., & Garland, E. J. (2005). Pilot study of community-based cognitive behavioral group therapy for adolescents with social phobia. *Journal of the American Academy of Child & Adolescent Psychiatry, 44,* 258–264. http://dx.doi.org/10.1097/00004583-200503000-00010

*Bandura, A., & Menlove, F. L. (1968). Factors determining vicarious extinction of avoidance behavior through symbolic modeling. *Journal of Personality and Social Psychology, 8,* 99–108. http://dx.doi.org/10.1037/h0025260

*Barbe, R. P., Bridge, J. A., Birmaher, B., Kolko, D. J., & Brent, D. A. (2004a). Lifetime history of sexual abuse, clinical presentation, and outcome in a clinical trial for adolescent depression. *Journal of Clinical Psychiatry, 65,* 77–83. http://dx.doi.org/10.4088/JCP.v65n0113

*Barbe, R. P., Bridge, J., Birmaher, B., Kolko, D., & Brent, D. A. (2004b). Suicidality and its relationship to treatment outcome in depressed adolescents. *Suicide and Life-Threatening Behavior, 34,* 44–55. http://dx.doi.org/10.1521/suli.34.1.44.27768

*Barkley, R. A., Shelton, T. L., Crosswait, C., Moorehouse, M., Fletcher, K., Barrett, S., . . . Metevia, L. (2000). Multi-method psycho-educational intervention for preschool children with disruptive behavior: Preliminary results at post-treatment. *Journal of Child Psychology and Psychiatry, 41,* 319–332. http://dx.doi.org/10.1111/1469-7610.00616

Barlow, D., & Carl, J. (2010). The future of clinical psychology: Promises, perspectives, and predictions. In D. Barlow (Ed.), *The Oxford handbook of clinical psychology* (pp. 891–911). New York, NY: Oxford University Press. http://dx.doi.org/10.1093/oxfordhb/9780195366884.001.0001

Barlow, D. H., Farchione, T. J., Fairholme, C. P., Ellard, K. K., Boisseau, C. L., Allen, L. B., & May, J. T. E. (2010). *Unified protocol for transdiagnostic treatment of emotional disorders: Therapist guide*. New York, NY: Oxford University Press. http://dx.doi.org/10.1093/med:psych/9780199772667.001.0001

*Barrett, P. M. (1998). Evaluation of cognitive-behavioral group treatments for childhood anxiety disorders. *Journal of Clinical Child Psychology, 27,* 459–468. http://dx.doi.org/10.1207/s15374424jccp2704_10

*Barrett, P. M., Dadds, M. R., & Rapee, R. M. (1996). Family treatment of childhood anxiety: A controlled trial. *Journal of Consulting and Clinical Psychology, 64,* 333–342. http://dx.doi.org/10.1037/0022-006X.64.2.333

*Barrett, P. M., Duffy, A. L., Dadds, M. R., & Rapee, R. M. (2001). Cognitive-behavioral treatment of anxiety disorders in children: Long-term (6-year) follow-up. *Journal of Consulting and Clinical Psychology, 69,* 135–141. http://dx.doi.org/10.1037/0022-006X.69.1.135

*Barrett, P., Farrell, L., Dadds, M., & Boulter, N. (2005). Cognitive-behavioral family treatment of childhood obsessive-compulsive disorder: Long-term follow-up and predictors of outcome. *Journal of the American Academy of Child & Adolescent Psychiatry, 44,* 1005–1014. http://dx.doi.org/10.1097/01.chi.0000172555.26349.94

*Barrett, P., Healy-Farrell, L., & March, J. S. (2004). Cognitive-behavioral family treatment of childhood obsessive-compulsive disorder: A controlled trial. *Journal of the American Academy of Child & Adolescent Psychiatry, 43,* 46–62. http://dx.doi.org/10.1097/00004583-200401000-00014

*Barrett, P., Turner, C., Rombouts, S., & Duffy, A. (2000). Reciprocal skills training in the treatment of externalising behaviour disorders in childhood: A preliminary investigation. *Behaviour Change, 17,* 221–234. http://dx.doi.org/10.1375/bech.17.4.221

*Barrington, J., Prior, M., Richardson, M., & Allen, K. (2005). Effectiveness of CBT versus standard treatment for childhood anxiety disorders in a community clinic setting. *Behaviour Change, 22,* 29–43. http://dx.doi.org/10.1375/bech.22.1.29.66786

*Basile, V. C., Motta, R. W., & Allison, D. B. (1995). Antecedent exercise as a treatment for disruptive behavior: Testing hypothesized mechanisms of action. *Behavioral Interventions, 10,* 119–140. http://dx.doi.org/10.1002/bin.2360100302

*Bean, A. W., & Roberts, M. W. (1981). The effect of time-out release contingencies on changes in child noncompliance. *Journal of Abnormal Child Psychology, 9,* 95–105. http://dx.doi.org/10.1007/BF00917860

Bearman, S. K., & Weisz, J. R. (2015). Review: Comprehensive treatments for youth comorbidity—Evidence-guided approaches to a complicated problem. *Child and Adolescent Mental Health, 20,* 131–141. http://dx.doi.org/10.1111/camh.12092

*Beck, S. J., Hanson, C. A., Puffenberger, S. S., Benninger, K. L., & Benninger, W. B. (2010). A controlled trial of working memory training for children and adolescents with ADHD. *Journal of Clinical Child and Adolescent Psychology, 39,* 825–836. http://dx.doi.org/10.1080/15374416.2010.517162

Becker, B. J. (2000). *Handbook of applied multivariate statistics and mathematical modeling*. San Diego, CA: Academic Press.

Begg, C. B. (1994). Publication bias. In H. Cooper & L. V. Hedges (Eds.), *The handbook of research synthesis* (pp. 399–409). New York, NY: Russell Sage Foundation.

*Beidel, D. C., Turner, S. M., & Morris, T. L. (2000). Behavioral treatment of childhood social phobia. *Journal of Consulting and Clinical Psychology, 68,* 1072–1080. http://dx.doi.org/10.1037/0022-006X.68.6.1072

*Beidel, D. C., Turner, S. M., Sallee, F. R., Ammerman, R. T., Crosby, L. A., & Pathak, S. (2007). SET-C versus fluoxetine in the treatment of childhood social phobia. *Journal of the American Academy of Child & Adolescent Psychiatry, 46,* 1622–1632. http://dx.doi.org/10.1097/chi.0b013e318154bb57

*Bender, N. N. (1976). Self-verbalization versus tutor verbalization in modifying impulsivity. *Journal of Educational Psychology, 68,* 347–354. http://dx.doi.org/10.1037/0022-0663.68.3.347

*Bergman, R. L., Gonzalez, A., Piacentini, J., & Keller, M. L. (2013). Integrated behavior therapy for selective mutism: A randomized controlled pilot study. *Behaviour Research and Therapy, 51,* 680–689. http://dx.doi.org/10.1016/j.brat.2013.07.003

Birmaher, B., Brent, D., Bernet, W., Bukstein, O., Walter, H., Benson, R. S., . . . AACAP Work Group on Quality Issues. (2007). Practice parameter for the assessment and treatment of children and adolescents with depressive disorders. *Journal of the American Academy of Child & Adolescent Psychiatry, 46,* 1503–1526. http://dx.doi.org/10.1097/chi.0b013e318145ae1c

*Bleck, R. T., & Bleck, B. L. (1982). The disruptive child's play group. *Elementary School Guidance & Counseling, 17,* 137–141.

*Block, J. (1978). Effects of a rational-emotive mental health program on poorly achieving, disruptive high school students. *Journal of Counseling Psychology, 25,* 61–65. http://dx.doi.org/10.1037/0022-0167.25.1.61

*Bolton, D., & Perrin, S. (2008). Evaluation of exposure with response-prevention for obsessive compulsive disorder in childhood and adolescence. *Journal of Behavior Therapy and Experimental Psychiatry, 39,* 11–22. http://dx.doi.org/10.1016/j.jbtep.2006.11.002

*Bolton, D., Williams, T., Perrin, S., Atkinson, L., Gallop, C., Waite, P., & Salkovskis, P. (2011). Randomized controlled trial of full and brief cognitive-behaviour therapy and wait-list for paediatric obsessive-compulsive disorder. *Journal of Child Psychology and Psychiatry, 52,* 1269–1278. http://dx.doi.org/10.1111/j.1469-7610.2011.02419.x

*Bolton, P., Bass, J., Betancourt, T., Speelman, L., Onyango, G., Clougherty, K. F., . . . Verdeli, H. (2007). Interventions for depression symptoms among adolescent survivors of war and displacement in northern Uganda: A randomized controlled trial. *JMA: Journal of the American Medical Association, 298,* 519–527. http://dx.doi.org/10.1001/jama.298.5.519

*Bradley, S. J., Jadaa, D. A., Brody, J., Landy, S., Tallett, S. E., Watson, W., . . . Stephens, D. (2003). Brief psychoeducational parenting program: An evaluation and 1-year follow-up. *Journal of the American Academy of Child & Adolescent Psychiatry, 42,* 1171–1178. http://dx.doi.org/10.1097/00004583-200310000-00007

*Braswell, L., Kendall, P. C., Braith, J., Carey, M. P., & Vye, C. S. (1985). "Involvement" in cognitive-behavioral therapy with children: Process and its relationship to outcome. *Cognitive Therapy and Research, 9,* 611–630. http://dx.doi.org/10.1007/BF01173021

*Brent, D. A., Holder, D., Kolko, D., Birmaher, B., Baugher, M., Roth, C., . . . Johnson, B. A. (1997). A clinical psychotherapy trial for adolescent depression comparing cognitive, family, and supportive therapy. *Archives of General Psychiatry, 54,* 877–885. http://dx.doi.org/10.1001/archpsyc.1997.01830210125017

*Brent, D. A., Kolko, D. J., Birmaher, B., Baugher, M., & Bridge, J. (1999). A clinical trial for adolescent depression: Predictors of additional treatment in the acute and follow-up phases of the trial. *Journal of the American Academy of Child & Adolescent Psychiatry, 38,* 263–270. http://dx.doi.org/10.1097/00004583-199903000-00012

*Brent, D. A., Kolko, D. J., Birmaher, B., Baugher, M., Bridge, J., Roth, C., & Holder, D. (1998). Predictors of treatment efficacy in a clinical trial of three psychosocial treatments for adolescent depression. *Journal of the American Academy of Child & Adolescent Psychiatry, 37,* 906–914. http://dx.doi.org/10.1097/00004583-199809000-00010

*Brown, R. T. (1980). Impulsivity and psychoeducational intervention in hyperactive children. *Journal of Learning Disabilities, 13,* 19–24. http://dx.doi.org/10.1177/002221948001300505

*Brown, R. T., & Conrad, K. J. (1982). Impulse control or selective attention: Remedial programs for hyperactivity. *Psychology in the Schools, 19,* 92–97. http://dx.doi.org/10.1002/1520-6807(19820108)19:1<92::AID-PITS2310190117>3.0.CO;2-T

*Butler, R. W., Copeland, D. R., Fairclough, D. L., Mulhern, R. K., Katz, E. R., Kazak, A. E., . . . Sahler, O. J. Z. (2008). A multicenter, randomized clinical trial of a cognitive remediation program for childhood survivors of a pediatric malignancy. *Journal of Consulting and Clinical Psychology, 76,* 367–378. http://dx.doi.org/10.1037/0022-006X.76.3.367

*Butler, S., Baruch, G., Hickey, N., & Fonagy, P. (2011). A randomized controlled trial of multisystemic therapy and a statutory therapeutic intervention for young offenders. *Journal of the American Academy of Child & Adolescent Psychiatry, 50,* 1220–1235.e2. http://dx.doi.org/10.1016/j.jaac.2011.09.017

*Byford, S., Harrington, R., Torgerson, D., Kerfoot, M., Dyer, E., Harrington, V., . . . McNiven, F. (1999). Cost-effectiveness analysis of a home-based social work intervention for children and adolescents who have deliberately poisoned themselves. Results of a randomised controlled trial. *The British Journal of Psychiatry, 174,* 56–62. http://dx.doi.org/10.1192/bjp.174.1.56

*Bywater, T., Hutchings, J., Linck, P., Whitaker, C., Daley, D., Yeo, S. T., & Edwards, R. T. (2011). Incredible Years parent training support for foster carers in Wales: A multi-centre feasibility study. *Child: Care, Health and Development, 37,* 233–243. http://dx.doi.org/10.1111/j.1365-2214.2010.01155.x

*Camp, B. W., Blom, G. E., Hebert, F., & van Doorninck, W. J. (1977). "Think aloud": A program for developing self-control in young aggressive boys. *Journal of Abnormal Child Psychology, 5,* 157–169. http://dx.doi.org/10.1007/BF00913091

*Campbell, D. S., Neill, J., & Dudley, P. (1989). Computer-aided self-instruction training with hearing-impaired impulsive students. *American Annals of the Deaf, 134,* 227–231. http://dx.doi.org/10.1353/aad.2012.0650

*Carbonell, D. M., & Parteleno-Barehmi, C. (1999). Psychodrama groups for girls coping with trauma. *International Journal of Group Psychotherapy, 49,* 285–306.

*Cardinale, P., & Fish, J. M. (1994). Treating children's writing apprehension with word processing. Special Section: Relaxation techniques and psychological management. *Journal of Personality and Clinical Studies, 10,* 1–15.

*Carnes-Holt, K. (2012). Child–parent relationship therapy for adoptive families. *The Family Journal, 20,* 419–426.

Carroll, L. (1962). *Alice's adventures in wonderland*. Harmondsworth, UK: Penguin Books. (Original work published 1865).

*Cartwright-Hatton, S., McNally, D., Field, A. P., Rust, S., Laskey, B., Dixon, C., . . . Woodham, A. (2011). A new parenting-based group intervention for young anxious children: Results of a randomized controlled trial. *Journal of the American Academy of Child & Adolescent Psychiatry, 50,* 242–251.e6. http://dx.doi.org/10.1016/j.jaac.2010.12.015

Casey, R. J., & Berman, J. S. (1985). The outcome of psychotherapy with children. *Psychological Bulletin, 98,* 388–400. http://dx.doi.org/10.1037/0033-2909.98.2.388

*Castellanos-Ryan, N., Séguin, J. R., Vitaro, F., Parent, S., & Tremblay, R. E. (2013). Impact of a 2-year multimodal intervention for disruptive 6-year-olds on substance use in adolescence: Randomised controlled trial. *The British Journal of Psychiatry, 203,* 188–195. http://dx.doi.org/10.1192/bjp.bp.112.123182

*Cavell, T. A., & Hughes, J. N. (2000). Secondary prevention as context for assessing change processes in aggressive children. *Journal of School Psychology, 38,* 199–235. http://dx.doi.org/10.1016/S0022-4405(99)00040-0

*Chacko, A., Wymbs, B. T., Wymbs, F. A., Pelham, W. E., Swanger-Gagne, M. S., Girio, E., . . . O'Connor, B. (2009). Enhancing traditional behavioral parent training for single mothers of children with ADHD. *Journal of Clinical Child & Adolescent Psychology, 38,* 206–218. http://dx.doi.org/10.1080/15374410802698388

*Chalfant, A. M., Rapee, R., & Carroll, L. (2007). Treating anxiety disorders in children with high functioning autism spectrum disorders: A controlled trial. *Journal of Autism and Developmental Disorders, 37,* 1842–1857. http://dx.doi.org/10.1007/s10803-006-0318-4

*Chamberlain, P., Leve, L. D., & Degarmo, D. S. (2007). Multidimensional treatment foster care for girls in the juvenile justice system: 2-year follow-up of a randomized clinical trial. *Journal of Consulting and Clinical Psychology, 75,* 187–193. http://dx.doi.org/10.1037/0022-006X.75.1.187

*Chamberlain, P., & Reid, J. B. (1998). Comparison of two community alternatives to incarceration for chronic juvenile offenders. *Journal of Consulting and Clinical Psychology, 66,* 624–633. http://dx.doi.org/10.1037/0022-006X.66.4.624

*Charles, J. M., Bywater, T. J., Edwards, R. T., Hutchings, J., & Zou, L. (2013). Parental depression and child conduct problems: Evaluation of parental service use and associated costs after attending the Incredible Years Basic Parenting Programme. *BMC Health Services Research, 13,* 523. http://dx.doi.org/10.1186/1472-6963-13-523

*Chemtob, C. M., Nakashima, J., & Carlson, J. G. (2002). Brief treatment for elementary school children with disaster-related posttraumatic stress disorder: A field study. *Journal of Clinical Psychology, 58,* 99–112. http://dx.doi.org/10.1002/jclp.1131

Cheung, A. H., Zuckerbrot, R. A., Jensen, P. S., Ghalib, K., Laraque, D., Stein, R. E., & GLAD-PC Steering Group. (2007). Guidelines for adolescent depression in primary care (GLAD-PC): II. Treatment and ongoing management. *Pediatrics, 120,* e1313–e1326. http://dx.doi.org/10.1542/peds.2006-1395

Cheung, S. F., & Chan, D. K.-S. (2004). Dependent effect sizes in meta-analysis: Incorporating the degree of interdependence. *Journal of Applied Psychology, 89,* 780–791. http://dx.doi.org/10.1037/0021-9010.89.5.780

Cheung, S. F., & Chan, D. K.-S. (2008). Dependent correlations in meta-analysis: The case of heterogeneous dependence. *Educational and Psychological Measurement, 68,* 760–777. http://dx.doi.org/10.1177/0013164408315263

*Chiu, A. W., Langer, D. A., McLeod, B. D., Har, K., Drahota, A., Galla, B. M., . . . Wood, J. J. (2013). Effectiveness of modular CBT for child anxiety in elementary schools. *School Psychology Quarterly, 28,* 141–153. http://dx.doi.org/10.1037/spq0000017

*Cho, B.-H., Kim, S., Shin, D. I., Lee, J. H., Lee, S. M., Kim, I. Y., & Kim, S. I. (2004). Neurofeedback training with virtual reality for inattention and impulsiveness. *CyberPsychology & Behavior, 7,* 519–526. http://dx.doi.org/10.1089/cpb.2004.7.519

*Cho, B. H., Ku, J., Jang, D. P., Kim, S., Lee, Y. H., Kim, I. Y., . . . Kim, S. I. (2002). The effect of virtual reality cognitive training for attention enhancement. *CyberPsychology & Behavior, 5,* 129–137. http://dx.doi.org/10.1089/109493102753770516

*Cho, B. H., Ku, J., Jang, D., Lee, J., Oh, M., Kim, H., . . . Kim, S. (2002). Clinical test for attention enhancement system. *Studies in Health Technology and Informatics, 85,* 89–95.

*Clark, D. L., Arnold, L. E., Crowl, L., Bozzolo, H., Peruggia, M., Ramadan, Y., . . . Cook, A. (2008). Vestibular Stimulation for ADHD: Randomized controlled trial of Comprehensive Motion Apparatus. *Journal of Attention Disorders, 11,* 599–611. http://dx.doi.org/10.1177/1087054707311042

*Clarke, G. N., Hawkins, W., Murphy, M., Sheeber, L. B., Lewinsohn, P. M., & Seeley, J. R. (1995). Targeted prevention of unipolar depressive disorder in an at-risk sample of high school adolescents: A randomized trial of a group cognitive intervention. *Journal of the American Academy of Child & Adolescent Psychiatry, 34,* 312–321. http://dx.doi.org/10.1097/00004583-199503000-00016

*Clarke, G., Hops, H., Lewinsohn, P. M., Andrews, J., Seeley, J. R., & Williams, J. (1992). Cognitive-behavioral group treatment of adolescent depression: Prediction of outcome. *Behavior Therapy, 23,* 341–354. http://dx.doi.org/10.1016/S0005-7894(05)80162-5

*Clarke, G. N., Hornbrook, M., Lynch, F., Polen, M., Gale, J., Beardslee, W., . . . Seeley, J. (2001). A randomized trial of a group cognitive intervention for preventing depression in adolescent offspring of depressed parents. *Archives of General Psychiatry, 58,* 1127–1134. http://dx.doi.org/10.1001/archpsyc.58.12.1127

*Clarke, G. N., Hornbrook, M., Lynch, F., Polen, M., Gale, J., O'Connor, E., . . . Debar, L. (2002). Group cognitive-behavioral treatment for depressed adolescent offspring of depressed parents in a health maintenance organization. *Journal of the American Academy of Child & Adolescent Psychiatry, 41,* 305–313. http://dx.doi.org/10.1097/00004583-200203000-00010

*Clarke, G. N., Rohde, P., Lewinsohn, P. M., Hops, H., & Seeley, J. R. (1999). Cognitive-behavioral treatment of adolescent depression: Efficacy of acute group treatment and booster sessions. *Journal of the American Academy of Child & Adolescent Psychiatry, 38,* 272–279. http://dx.doi.org/10.1097/00004583-199903000-00014

*Clement, P. W., Fazzone, R. A., & Goldstein, B. (1970). Tangible reinforcers and child group therapy. *Journal of the American Academy of Child Psychiatry, 9,* 409–427. http://dx.doi.org/10.1016/S0002-7138(09)61850-1

*Clement, P. W., & Milne, D. C. (1967). Group play therapy and tangible reinforcers used to modify the behavior of 8-yr-old boys. *Behaviour Research and Therapy, 5,* 301–312. http://dx.doi.org/10.1016/0005-7967(67)90021-6

*Coats, K. I. (1979). Cognitive self-instructional training approach for reducing disruptive behavior of young children. *Psychological Reports, 44,* 127–134. http://dx.doi.org/10.2466/pr0.1979.44.1.127

*Cobham, V. E. (2012). Do anxiety-disordered children need to come into the clinic for efficacious treatment? *Journal of Consulting and Clinical Psychology, 80,* 465–476. http://dx.doi.org/10.1037/a0028205

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences*. New York, NY: Erlbaum.

*Coleman, M., Pfeiffer, S., & Oakland, T. (1992). Aggression replacement training with behaviorally disordered adolescents. *Behavioral Disorders, 18,* 54–66.

*Connell, S., Sanders, M. R., & Markie-Dadds, C. (1997). Self-directed behavioral family intervention for parents of oppositional children in rural and remote areas. *Behavior Modification, 21,* 379–408. http://dx.doi.org/10.1177/01454455970214001

*Conniff, K. M., Scarlett, J. M., Goodman, S., & Appel, L. D. (2005). Effects of a pet visitation program on the behavior and emotional state of adjudicated female adolescents. *Anthrozoos: A Multidisciplinary Journal of the Interactions of People & Animals, 18,* 379–395. http://dx.doi.org/10.2752/089279305785593974

*Cooper, M., Rowland, N., McArthur, K., Pattison, S., Cromarty, K., & Richards, K. (2010). Randomised controlled trial of school-based humanistic counselling for emotional distress in young people: Feasibility study and preliminary indications of efficacy. *Child and Adolescent Psychiatry and Mental Health, 4,* 12. http://dx.doi.org/10.1186/1753-2000-4-12

*Coplan, R. J., Schneider, B. H., Matheson, A., & Graham, A. (2010). "Play skills" for shy children: Development of a social skills facilitated play early intervention program for extremely inhibited preschoolers. *Infant and Child Development, 19,* 223–237.

*Cornwall, E., Spence, S. H., & Schotte, D. (1996). The effectiveness of emotive imagery in the treatment of darkness phobia in children. *Behaviour Change, 13,* 223–229.

Costello, E. J., Angold, A., & Keeler, G. P. (1999). Adolescent outcomes of childhood disorders: The consequences of severity and impairment. *Journal of the American Academy of Child & Adolescent Psychiatry, 38,* 121–128. http://dx.doi.org/10.1097/00004583-199902000-00010

Costello, E. J., Mustillo, S., Erkanli, A., Keeler, G., & Angold, A. (2003). Prevalence and development of psychiatric disorders in childhood and adolescence. *Archives of General Psychiatry, 60,* 837–844. http://dx.doi.org/10.1001/archpsyc.60.8.837

*Cotgrove, A. J., Zirinsky, L., Black, D., & Weston, D. (1995). Secondary prevention of attempted suicide in adolescence. *Journal of Adolescence, 18,* 569–577. http://dx.doi.org/10.1006/jado.1995.1039

*Cradock, C., Cotler, S., & Jason, L. A. (1978). Primary prevention: Immunization of children for speech anxiety. *Cognitive Therapy and Research, 2,* 389–396. http://dx.doi.org/10.1007/BF01172656

Craske, M. G., Farchione, T. J., Allen, L. B., Barrios, V., Stoyanova, M., & Rose, R. (2007). Cognitive behavioral therapy for panic disorder and comorbidity: More of the same or less of more? *Behaviour Research and Therapy, 45,* 1095–1109. http://dx.doi.org/10.1016/j.brat.2006.09.006

*Cubberly, W. E., Weinstein, C. E., & Cubberly, R. D. (1986). The interactive effects of cognitive learning strategy training and test anxiety on paired-associate learning. *The Journal of Educational Research, 79,* 163–168. http://dx.doi.org/10.1080/00220671.1986.10885670

*Cullinan, D., Epstein, M. H., & Silver, L. (1977). Modification of impulsive tempo in learning-disabled pupils. *Journal of Abnormal Child Psychology, 5,* 437–444. http://dx.doi.org/10.1007/BF00915091

*Cunningham, C. E., Bremner, R., & Boyle, M. (1995). Large group community-based parenting programs for families of preschoolers at risk for disruptive behaviour disorders: Utilization, cost effectiveness, and outcome. *Child Psychology & Psychiatry & Allied Disciplines, 36,* 1141–1159. http://dx.doi.org/10.1111/j.1469-7610.1995.tb01362.x

*Curry, J., Silva, S., Rohde, P., Ginsburg, G., Kennard, B., Kratochvil, C., . . . March, J. (2012). Onset of alcohol or substance use disorders following treatment for adolescent depression. *Journal of Consulting and Clinical Psychology, 80,* 299–312. http://dx.doi.org/10.1037/a0026929

*Curry, J., Silva, S., Rohde, P., Ginsburg, G., Kratochvil, C., Simons, A., . . . March, J. (2011). Recovery and recurrence following treatment for adolescent major depression. *Archives of General Psychiatry, 68,* 263–269. http://dx.doi.org/10.1001/archgenpsychiatry.2010.150

*Dadds, M. R., Heard, P. M., & Rapee, R. M. (1992). The role of family intervention in the treatment of child anxiety disorders: Some preliminary findings. *Behaviour Change, 9,* 171–177.

*Daley, D., & O'Brien, M. (2013). A small-scale randomized controlled trial of the self-help version of the New Forest Parent Training Programme for children with ADHD symptoms. *European Child & Adolescent Psychiatry, 22,* 543–552. http://dx.doi.org/10.1007/s00787-013-0396-8

*Danielson, C. K., McCart, M. R., Walsh, K., de Arellano, M. A., White, D., & Resnick, H. S. (2012). Reducing substance use risk and mental health problems among sexually assaulted adolescents: A pilot randomized controlled trial. *Journal of Family Psychology, 26,* 628–635. http://dx.doi.org/10.1037/a0028862

David-Ferdon, C., & Kaslow, N. J. (2008). Evidence-based psychosocial treatments for child and adolescent depression. *Journal of Clinical Child and Adolescent Psychology, 37,* 62–104. http://dx.doi.org/10.1080/15374410701817865

*Davidson, W. S., II, Redner, R., Blakely, C. H., Mitchell, C. M., & Emshoff, J. G. (1987). Diversion of juvenile offenders: An experimental comparison. *Journal of Consulting and Clinical Psychology, 55,* 68–75. http://dx.doi.org/10.1037/0022-006X.55.1.68

*Day, C., Michelson, D., Thomson, S., Penney, C., & Draper, L. (2012). Evaluation of a peer led parenting intervention for disruptive behaviour problems in children: Community based randomised controlled trial. *BMJ: British Medical Journal, 344,* e1107. http://dx.doi.org/10.1136/bmj.e1107

*Deblinger, E., Lippmann, J., & Steer, R. (1996). Sexually abused children suffering posttraumatic stress symptoms: Initial treatment outcome findings. *Child Maltreatment, 1,* 310–321. http://dx.doi.org/10.1177/1077559596001004003

*Deblinger, E., Steer, R. A., & Lippmann, J. (1999). Two-year follow-up study of cognitive behavioral therapy for sexually abused children suffering post-traumatic stress symptoms. *Child Abuse & Neglect, 23,* 1371–1378. http://dx.doi.org/10.1016/S0145-2134(99)00091-5

*De Cuyper, S., Timbremont, B., Braet, C., De Backer, V., & Wullaert, T. (2004). Treating depressive symptoms in schoolchildren: A pilot study. *European Child & Adolescent Psychiatry, 13,* 105–114. http://dx.doi.org/10.1007/s00787-004-0366-2

*Deffenbacher, J. L., Lynch, R. S., Oetting, E. R., & Kemper, C. C. (1996). Anger reduction in early adolescents. *Journal of Counseling Psychology, 43,* 149–157. http://dx.doi.org/10.1037/0022-0167.43.2.149

*Deković, M., Asscher, J. J., Manders, W. A., Prins, P. J. M., & van der Laan, P. (2012). Within-intervention change: Mediators of intervention effects during multisystemic therapy. *Journal of Consulting and Clinical Psychology, 80,* 574–587. http://dx.doi.org/10.1037/a0028482

De Los Reyes, A., Augenstein, T. M., Wang, M., Thomas, S. A., Drabick, D. A., Burgers, D. E., & Rabinowitz, J. (2015). The validity of the multi-informant approach to assessing child and adolescent mental health. *Psychological Bulletin, 141,* 858–900. http://dx.doi.org/10.1037/a0038498

*Dembo, R., Seeberger, W., Shemwell, M., Klein, L., Rollie, M., Pacheco, K., . . . Wothke, W. (2000). Psychosocial functioning among juvenile offenders 12 months after family empowerment intervention. *Journal of Offender Rehabilitation, 32,* 1–56. http://dx.doi.org/10.1300/J076v32n01_01

*Dembo, R., Shemwell, M., Guida, J., Schmeidler, J., Pacheco, K., & Seeberger, W. (1999). A longitudinal study of the impact of a family empowerment intervention on juvenile offender psychosocial functioning: A first assessment. *Journal of Child & Adolescent Substance Abuse, 8,* 15–54. http://dx.doi.org/10.1300/J029v08n01_02

*Dembo, R., Shemwell, M., Pacheco, K., Seeberger, W., Rollie, M., Schmeidler, J., & Wothke, W. (2000). A longitudinal study of the impact of a family empowerment intervention on juvenile offender psychosocial functioning: An expanded assessment. *Journal of Child & Adolescent Substance Abuse, 10,* 1–7. http://dx.doi.org/10.1300/J029v10n02_01

*Dembo, R., Wothke, W., Livingston, S., & Schmeidler, J. (2002). The impact of a family empowerment intervention on juvenile offender heavy drinking: A latent growth model analysis. *Substance Use & Misuse, 37,* 1359–1390. http://dx.doi.org/10.1081/JA-120014082

*Denkowski, K. M., & Denkowski, G. C. (1984). Is group progressive relaxation training as effective with hyperactive children as individual EMG biofeedback treatment? *Biofeedback & Self-Regulation, 9,* 353–364. http://dx.doi.org/10.1007/BF00998978

*Dewis, L. M., Kirkby, K. C., Martin, F., Daniels, B. A., Gilroy, L. J., & Menzies, R. G. (2001). Computer-aided vicarious exposure versus live graded exposure for spider phobia in children. *Journal of Behavior Therapy and Experimental Psychiatry, 32,* 17–27. http://dx.doi.org/10.1016/S0005-7916(01)00019-2

*Diament, C., & Colletti, G. (1978). Evaluation of behavioral group counseling for parents of learning-disabled children. *Journal of Abnormal Child Psychology, 6,* 385–400. http://dx.doi.org/10.1007/BF00924741

*Diamond, G. S., Reis, B. F., Diamond, G. M., Siqueland, L., & Isaacs, L. (2002). Attachment-based family therapy for depressed adolescents: A treatment development study. *Journal of the American Academy of Child*

& Adolescent Psychiatry, 41, 1190–1196. http://dx.doi.org/10.1097/00004583-200210000-00008

*Diamond, G., Siqueland, L., & Diamond, G. M. (2003). Attachment-based family therapy for depressed adolescents: Programmatic treatment development. *Clinical Child and Family Psychology Review, 6,* 107–127. http://dx.doi.org/10.1023/A:1023782510786

*Diamond, G. S., Wintersteen, M. B., Brown, G. K., Diamond, G. M., Gallop, R., Shelef, K., & Levy, S. (2010). Attachment-based family therapy for adolescents with suicidal ideation: A randomized controlled trial. *Journal of the American Academy of Child & Adolescent Psychiatry, 49,* 122–131.

*Dong, Y. L., Hallberg, E. T., & Hassard, J. H. (1979). Effects of assertion training on aggressive behavior of adolescents. *Journal of Counseling Psychology, 26,* 459–461. http://dx.doi.org/10.1037/0022-0167.26.5.459

*Downing, C. J. (1977). Teaching children behavior change techniques. *Elementary School Guidance & Counseling, 11,* 277–283.

*Drahota, A., Wood, J. J., Sze, K. M., & Van Dyke, M. (2011). Effects of cognitive behavioral therapy on daily living skills in children with high-functioning autism and concurrent anxiety disorders. *Journal of Autism and Developmental Disorders, 41,* 257–265. http://dx.doi.org/10.1007/s10803-010-1037-4

*Drugli, M. B., & Larsson, B. (2006). Children aged 4–8 years treated with parent training and child therapy because of conduct problems: Generalisation effects to day-care and school settings. *European Child & Adolescent Psychiatry, 15,* 392–399. http://dx.doi.org/10.1007/s00787-006-0546-3

*Drugli, M. B., Larsson, B., & Clifford, G. (2007). Changes in social competence in young children treated because of conduct problems as viewed by multiple informants. *European Child & Adolescent Psychiatry, 16,* 370–378. http://dx.doi.org/10.1007/s00787-007-0609-0

Drysdale, A. T., Hartley, C. A., Pattwell, S. S., Ruberry, E. J., Somerville, L. H., Compton, S. N., . . . Walkup, J. T. (2014). Fear and anxiety from principle to practice: Implications for when to treat youth with anxiety disorders. *Biological Psychiatry, 75,* e19–e20. http://dx.doi.org/10.1016/j.biopsych.2013.08.015

*DuPaul, G. J., Kern, L., Volpe, R., Caskie, G. I. L., Sokol, N., Arbolino, L., . . . Pipan, M. (2013). Comparison of parent education and functional assessment-based intervention across 24 months for young children with attention deficit hyperactivity disorder. *School Psychology Review, 42,* 56–75.

Duval, S., & Tweedie, R. (2000). Trim and fill: A simple funnel-plot-based method of testing and adjusting for publication bias in meta-analysis. *Biometrics, 56,* 455–463. http://dx.doi.org/10.1111/j.0006-341X.2000.00455.x

Eccles, M., Freemantle, N., & Mason, J. (2001). Using systematic reviews in clinical guideline development. In M. Egger, G. D. Smith, & D. G. Altman (Eds.), *Systematic reviews in healthcare: Meta-analysis in context* (2nd ed., pp. 400–409). London, UK: British Medical Journal. http://dx.doi.org/10.1002/9780470693926.ch21

*Eddy, J. M., & Chamberlain, P. (2000). Family management and deviant peer association as mediators of the impact of treatment condition on youth antisocial behavior. *Journal of Consulting and Clinical Psychology, 68,* 857–863. http://dx.doi.org/10.1037/0022-006X.68.5.857

*Eddy, J. M., Whaley, R. B., & Chamberlain, P. (2004). The prevention of violent behavior by chronic and serious male juvenile offenders: A 2-year follow-up of a randomized clinical trial. *Journal of Emotional and Behavioral Disorders, 12,* 2–8. http://dx.doi.org/10.1177/10634266040120010101

*Egeland, B. (1974). Training impulsive children in the use of more efficient scanning techniques. *Child Development, 45,* 165–171. http://dx.doi.org/10.2307/1127763

*Egeland, J., Aarlien, A. K., & Saunes, B. K. (2013). Few effects of far transfer of working memory training in ADHD: A randomized controlled trial. *PLoS ONE, 8,* e75660. http://dx.doi.org/10.1371/journal.pone.0075660

Egger, M., Davey Smith, G., Schneider, M., & Minder, C. (1997). Bias in meta-analysis detected by a simple, graphical test. *BMJ: British Medical Journal, 315,* 629–634. http://dx.doi.org/10.1136/bmj.315.7109.629

Ehrenreich-May, J., & Chu, B. C. (2013). *Transdiagnostic treatments for children and adolescents: Principles and practice*. New York, NY: Guilford Press.

*Eldar, S., Apter, A., Lotan, D., Edgar, K. P., Naim, R., Fox, N. A., . . . Bar-Haim, Y. (2012). Attention bias modification treatment for pediatric anxiety disorders: A randomized controlled trial. *The American Journal of Psychiatry, 169,* 213–220. http://dx.doi.org/10.1176/appi.ajp.2011.11060886

*Emshoff, J. G., & Blakely, C. H. (1983). The diversion of delinquent youth: Family focused intervention. *Children and Youth Services Review, 5,* 343–356. http://dx.doi.org/10.1016/0190-7409(83)90002-6

*Emslie, G., Kratochvil, C., Vitiello, B., Silva, S., Mayes, T., McNulty, S., . . . TADS Team. (2006). Treatment for adolescents with depression study (TADS): Safety results. *Journal of the American Academy of Child & Adolescent Psychiatry, 45,* 1440–1455. http://dx.doi.org/10.1097/01.chi.0000240840.63737.1d

*Enebrink, P., Högström, J., Forster, M., & Ghaderi, A. (2012). Internet-based parent management training: A randomized controlled study. *Behaviour Research and Therapy, 50,* 240–249. http://dx.doi.org/10.1016/j.brat.2012.01.006

*Evans, S. W., Schultz, B. K., Demars, C. E., & Davis, H. (2011). Effectiveness of the challenging horizons after-school program for young adolescents with ADHD. *Behavior Therapy, 42,* 462–474. http://dx.doi.org/10.1016/j.beth.2010.11.008

*Eyberg, S. M., Boggs, S. R., & Algina, J. (1995). Parent-child interaction therapy: A psychosocial model for the treatment of young children with conduct problem behavior and their families. *Psychopharmacology Bulletin, 31,* 83–91.

Eyberg, S. M., Nelson, M. M., & Boggs, S. R. (2008). Evidence-based psychosocial treatments for children and adolescents with disruptive behavior. *Journal of Clinical Child and Adolescent Psychology, 37,* 215–237. http://dx.doi.org/10.1080/15374410701820117

*Fabiano, G. A., Pelham, W. E., Cunningham, C. E., Yu, J., Gangloff, B., Buck, M., . . . Gera, S. (2012). A waitlist-controlled trial of behavioral parent training for fathers of children with ADHD. *Journal of Clinical Child and Adolescent Psychology, 41,* 337–345. http://dx.doi.org/10.1080/15374416.2012.654464

*Fantuzzo, J. W., Jurecic, L., Stovall, A., Hightower, A. D., Goins, C., & Schachtel, D. (1988). Effects of adult and peer social initiations on the social behavior of withdrawn, maltreated preschool children. *Journal of Consulting and Clinical Psychology, 56,* 34–39. http://dx.doi.org/10.1037/0022-006X.56.1.34

*Fantuzzo, J., Sutton-Smith, B., Atkins, M., Meyers, R., Stevenson, H., Coolahan, K., . . . Manz, P. (1996). Community-based resilient peer treatment of withdrawn maltreated preschool children. *Journal of Consulting and Clinical Psychology, 64,* 1377–1386. http://dx.doi.org/10.1037/0022-006X.64.6.1377

*Fehlings, D. L., Roberts, W., Humphries, T., & Dawe, G. (1991). Attention deficit hyperactivity disorder: Does cognitive behavioral therapy improve home behavior? *Journal of Developmental and Behavioral Pediatrics, 12,* 223–228. http://dx.doi.org/10.1097/00004703-199108000-00002

*Feindler, E. L., Marriott, S. A., & Iwata, M. (1984). Group anger control training for junior high school delinquents. *Cognitive Therapy and Research, 8,* 299–311. http://dx.doi.org/10.1007/BF01173000

*Feinfield, K. A., & Baker, B. L. (2004). Empirical support for a treatment program for families of young children with externalizing problems. *Journal of Clinical Child and Adolescent Psychology, 33,* 182–195. http://dx.doi.org/10.1207/S15374424JCCP3301_17

*Firestone, P., Kelly, M. J., & Fike, S. (1980). Are fathers necessary in parent training groups? *Journal of Clinical Child Psychology, 9,* 44–47. http://dx.doi.org/10.1080/15374418009532943

*Flannery-Schroeder, E., Choudhury, M. S., & Kendall, P. C. (2005). Group and individual cognitive-behavioral treatments for youth with anxiety disorders: 1-year follow-up. *Cognitive Therapy and Research, 29,* 253–259. http://dx.doi.org/10.1007/s10608-005-3168-z

*Flannery-Schroeder, E. C., & Kendall, P. C. (2000). Group and individual cognitive-behavioral treatments for youth with anxiety disorders: A randomized clinical trial. *Cognitive Therapy and Research, 24,* 251–278. http://dx.doi.org/10.1023/A:1005500219286

*Flatt, N., & King, N. (2010). Brief psycho-social interventions in the treatment of specific childhood phobias: A controlled trial and a 1-year follow-up. *Behaviour Change, 27,* 130–153. http://dx.doi.org/10.1375/bech.27.3.130

*Fleming, T., Dixon, R., Frampton, C., & Merry, S. (2012). A pragmatic randomized controlled trial of computerized CBT (SPARX) for symptoms of depression among adolescents excluded from mainstream education. *Behavioural and Cognitive Psychotherapy, 40,* 529–541. http://dx.doi.org/10.1017/S1352465811000695

*Fling, S., & Black, P. (1984–1985). Relaxation covert rehearsal for adaptive functioning in fourth-grade children. *Psychology & Human Development, 1,* 113–123.

*Forehand, R. L., Merchant, M. J., Parent, J., Long, N., Linnea, K., & Baer, J. (2011). An examination of a group curriculum for parents of young children with disruptive behavior. *Behavior Modification, 35,* 235–251. http://dx.doi.org/10.1177/0145445510393731

*Forman, S. G. (1980). A comparison of cognitive training and response cost procedures in modifying aggressive behavior of elementary school children. *Behavior Therapy, 11,* 594–600. http://dx.doi.org/10.1016/S0005-7894(80)80075-X

*Fox, J. E., & Houston, B. K. (1981). Efficacy of self-instructional training for reducing children's anxiety in an evaluative situation. *Behaviour Research and Therapy, 19,* 509–515. http://dx.doi.org/10.1016/0005-7967(81)90077-2

*Franklin, M., Foa, E., & March, J. S. (2003). The pediatric obsessive-compulsive disorder treatment study: Rationale, design, and methods. *Journal of Child and Adolescent Psychopharmacology, 13*(Suppl. 1), S39–S51. http://dx.doi.org/10.1089/104454603322126331

*Friedling, C., & O'Leary, S. G. (1979). Effects of self-instructional training on second- and third-grade hyperactive children: A failure to replicate. *Journal of Applied Behavior Analysis, 12,* 211–219. http://dx.doi.org/10.1901/jaba.1979.12-211

Friedman, R. A. (2014, June 29). Why teenagers act crazy. *New York Times Sunday Review,* SR1.

*Fujii, C., Renno, P., McLeod, B., Lin, D., Decker, C., Zielinski, E., & Wood, K. (2013). Intensive cognitive behavioral therapy for anxiety disorders in school-aged children with autism: A preliminary comparison with treatment-as-usual. *School Mental Health, 5,* 25–37. http://dx.doi.org/10.1007/s12310-012-9090-0

*Fung, A. L. C., & Tsang, S. K. M. (2007). Anger coping method and skill training for Chinese children with physically aggressive behaviors. *Early Child Development and Care, 177,* 259–273. http://dx.doi.org/10.1080/03004430500456180

*Furman, W., Rahe, D. F., & Hartup, W. W. (1979). Rehabilitation of socially withdrawn preschool children through mixed-age and same-age socialization. *Child Development, 50,* 915–922. http://dx.doi.org/10.2307/1129315

*Galla, B. M., Wood, J. J., Chiu, A. W., Langer, D. A., Jacobs, J., Ifekwunigwe, M., & Larkins, C. (2012). One year follow-up to modular cognitive behavioral therapy for the treatment of pediatric anxiety disorders in an elementary school setting. *Child Psychiatry and Human Development, 43,* 219–226. http://dx.doi.org/10.1007/s10578-011-0258-x

*Gallagher, H. M., Rabian, B. A., & McCloskey, M. S. (2004). A brief group cognitive-behavioral intervention for social phobia in childhood. *Journal of Anxiety Disorders, 18,* 459–479.

*Gallart, S. C., & Matthey, S. (2005). The effectiveness of group Triple P and the impact of the four telephone contacts. *Behaviour Change, 22,* 71–80. http://dx.doi.org/10.1375/bech.2005.22.2.71

*Gardner, F., Burton, J., & Klimes, I. (2006). Randomised controlled trial of a parenting intervention in the voluntary sector for reducing child conduct problems: Outcomes and mechanisms of change. *Journal of Child Psychology and Psychiatry, 47,* 1123–1132. http://dx.doi.org/10.1111/j.1469-7610.2006.01668.x

*Ghasemian, D., D'Souza, L., & Ebrahimi, S. (2012). Effectiveness of rational emotive therapy on shyness: Influence of gender. *Journal of the Indian Academy of Applied Psychology, 38,* 169–173.

*Gillham, J. E., Hamilton, J., Freres, D. R., Patton, K., & Gallop, R. (2006). Preventing depression among early adolescents in the primary care setting: A randomized controlled study of the Penn Resiliency Program. *Journal of Abnormal Child Psychology, 34,* 195–219. http://dx.doi.org/10.1007/s10802-005-9014-7

*Gillham, J. E., Reivich, K. J., Brunwasser, S. M., Freres, D. R., Chajon, N. D., Kash-Macdonald, V. M., . . . Seligman, M. E. P. (2012). Evaluation of a group cognitive-behavioral depression prevention program for young adolescents: A randomized effectiveness trial. *Journal of Clinical Child and Adolescent Psychology, 41,* 621–639. http://dx.doi.org/10.1080/15374416.2012.706517

*Gillham, J. E., Reivich, K. J., Freres, D. R., Chaplin, T. M., Shatté, A. J., Samuels, B., . . . Seligman, M. E. P. (2007). School-based prevention of depressive symptoms: A randomized controlled study of the effectiveness and specificity of the Penn Resiliency Program. *Journal of Consulting and Clinical Psychology, 75,* 9–19. http://dx.doi.org/10.1037/0022-006X.75.1.9

*Ginsburg, G. S., Becker, E. M., Keeton, C. P., Sakolsky, D., Piacentini, J., Albano, A. M., . . . Kendall, P. C. (2014). Naturalistic follow-up of youths treated for pediatric anxiety disorders. *Journal of the American Medical Association Psychiatry, 71,* 310–318.

*Ginsburg, G. S., & Drake, K. L. (2002). School-based treatment for anxious African-American adolescents: A controlled pilot study. *Journal of the American Academy of Child & Adolescent Psychiatry, 41,* 768–775. http://dx.doi.org/10.1097/00004583-200207000-00007

*Ginther, L. J., & Roberts, M. C. (1983). A test of mastery versus coping modeling in the reduction of children's dental fears. *Child & Family Behavior Therapy, 4,* 41–52. http://dx.doi.org/10.1300/J019v04n04_04

*Glisson, C., Schoenwald, S. K., Hemmelgarn, A., Green, P., Dukes, D., Armstrong, K. S., & Chapman, J. E. (2010). Randomized trial of MST and ARC in a two-level evidence-based treatment implementation strategy. *Journal of Consulting and Clinical Psychology, 78,* 537–550. http://dx.doi.org/10.1037/a0019160

*Gordon, J. S., Staples, J. K., Blyta, A., Bytyqi, M., & Wilson, A. T. (2008). Treatment of posttraumatic stress disorder in postwar Kosovar adolescents using mind-body skills groups: A randomized controlled trial. *Journal of Clinical Psychiatry, 69,* 1469–1476. http://dx.doi.org/10.4088/JCP.v69n0915

Gore, F. M., Bloem, P. J., Patton, G. C., Ferguson, J., Joseph, V., Coffey, C., . . . Mathers, C. D. (2011). Global burden of disease in young people aged 10–24 years: A systematic analysis. *Lancet, 377,* 2093–2102. http://dx.doi.org/10.1016/S0140-6736(11)60512-6

*Graybill, D., Jamison, M., & Swerdlik, M. E. (1984). Remediation of impulsivity in learning disabled children by special education resource teachers using verbal self-instruction. *Psychology in the Schools, 21,* 252–254. http://dx.doi.org/10.1002/1520-6807(198404)21:2<252::AID-PITS2310210218>3.0.CO;2-I

*Graziano, A. M., & Mooney, K. C. (1980). Family self-control instruction for children's nighttime fear reduction. *Journal of Consulting and Clin-*

ical Psychology, 48, 206–213. http://dx.doi.org/10.1037/0022-006X.48.2.206

*Green, C. T., Long, D. L., Green, D., Iosif, A.-M., Dixon, J. F., Miller, M. R., . . . Schweitzer, J. B. (2012). Will working memory training generalize to improve off-task behavior in children with attention-deficit/hyperactivity disorder? *Neurotherapeutics, 9,* 639–648. http://dx.doi.org/10.1007/s13311-012-0124-y

*Green, J. M., Wood, A. J., Kerfoot, M. J., Trainor, G., Roberts, C., Rothwell, J., . . . Harrington, R. (2011). Group therapy for adolescents with repeated self harm: Randomised controlled trial with economic evaluation. *BMJ: British Medical Journal, 342,* d682. http://dx.doi.org/10.1136/bmj.d682

*Guerney, B. G. J., Jr, & Flumen, A. B. (1970). Teachers as psychotherapeutic agents for withdrawn children. *Journal of School Psychology, 8,* 107–113. http://dx.doi.org/10.1016/0022-4405(70)90029-4

*Guerra, N. G., & Slaby, R. G. (1990). Cognitive mediators of aggression in adolescent offenders: II. Intervention. *Developmental Psychology, 26,* 269–277. http://dx.doi.org/10.1037/0012-1649.26.2.269

*Gullone, E., King, N. J., Tonge, B., Heyne, D., & Ollendick, T. H. (2000). The fear survey schedule for children-II (FSSC-II): Validity data as a treatment outcome measure. *Australian Psychologist, 35,* 238–243. http://dx.doi.org/10.1080/00050060008257485

*Gundel, R. C. (1981). The interaction of locus of control with three behavioral procedures in the modification of disruptive behavior in emotionally disturbed boys. *Multivariate Experimental Clinical Research, 5,* 99–108.

*Hagen, K. A., Ogden, T., & Bjørnebekk, G. (2011). Treatment outcomes and mediators of parent management training: A one-year follow-up of children with conduct problems. *Journal of Clinical Child and Adolescent Psychology, 40,* 165–178. http://dx.doi.org/10.1080/15374416.2011.546050

*Hampe, E., Noble, H., Miller, L. C., & Barrett, C. L. (1973). Phobic children one and two years posttreatment. *Journal of Abnormal Psychology, 82,* 446–453. http://dx.doi.org/10.1037/h0035377

*Harold, G. T., Kerr, D. C., Van Ryzin, M., DeGarmo, D. S., Rhoades, K. A., & Leve, L. D. (2013). Depressive symptom trajectories among girls in the juvenile justice system: 24-month outcomes of an RCT of Multidimensional Treatment Foster Care. *Prevention Science, 14,* 437–446. http://dx.doi.org/10.1007/s11121-012-0317-y

*Harrington, R., Kerfoot, M., Dyer, E., Mcniven, F., Gill, J., Harrington, V., & Woodham, A. (2000). Deliberate self-poisoning in adolescence: Why does a brief family intervention work in some cases and not others? *Journal of Adolescence, 23,* 13–20. http://dx.doi.org/10.1006/jado.1999.0293

*Harrington, R., Kerfoot, M., Dyer, E., McNiven, F., Gill, J., Harrington, V., . . . Byford, S. (1998). Randomized trial of a home-based family intervention for children who have deliberately poisoned themselves. *Journal of the American Academy of Child & Adolescent Psychiatry, 37,* 512–518. http://dx.doi.org/10.1016/S0890-8567(14)60001-0

*Harris, K. R., & Brown, R. D. (1982). Cognitive behavior modification and informed teacher treatments for shy children. *Journal of Experimental Education, 50,* 137–143. http://dx.doi.org/10.1080/00220973.1982.11011814

*Havighurst, S. S., Wilson, K. R., Harley, A. E., Kehoe, C., Efron, D., & Prior, M. R. (2013). "Tuning into Kids": Reducing young children's behavior problems using an emotion coaching parenting program. *Child Psychiatry and Human Development, 44,* 247–264. http://dx.doi.org/10.1007/s10578-012-0322-1

*Hawkins, J. D., Jenson, J. M., Catalano, R. F., & Wells, E. A. (1991). Effects of a skills training intervention with juvenile delinquents. *Research on Social Work Practice, 1,* 107–121. http://dx.doi.org/10.1177/104973159100100201

Hedges, L., & Olkin, I. (1985). *Statistical methods for meta-analysis*. New York, NY: Academic Press.

Hedges, L. V., & Pigott, T. D. (2004). The power of statistical tests for moderators in meta-analysis. *Psychological Methods, 9,* 426–445.

*Heinrich, H., Gevensleben, H., Freisleder, F. J., Moll, G. H., & Rothenberger, A. (2004). Training of slow cortical potentials in attention-deficit/hyperactivity disorder: Evidence for positive behavioral and neurophysiological effects. *Biological Psychiatry, 55,* 772–775. http://dx.doi.org/10.1016/j.biopsych.2003.11.013

*Henggeler, S. W., Borduin, C. M., Melton, G. B., Mann, B. J., Smith, L., Hall, J. A., . . . Fucci, B. R. (1991). Effects of multisystemic therapy on drug use and abuse in serious juvenile offenders: A progress report from two outcome studies. *Family Dynamics of Addiction Quarterly, 1,* 40–51.

*Henggeler, S. W., Melton, G. B., Brondino, M. J., Scherer, D. G., & Hanley, J. H. (1997). Multisystemic therapy with violent and chronic juvenile offenders and their families: The role of treatment fidelity in successful dissemination. *Journal of Consulting and Clinical Psychology, 65,* 821–833. http://dx.doi.org/10.1037/0022-006X.65.5.821

*Henggeler, S. W., Melton, G. B., & Smith, L. A. (1992). Family preservation using multisystemic therapy: An effective alternative to incarcerating serious juvenile offenders. *Journal of Consulting and Clinical Psychology, 60,* 953–961. http://dx.doi.org/10.1037/0022-006X.60.6.953

*Henggeler, S. W., Melton, G. B., Smith, L. A., Schoenwald, S. K., & Hanley, J. H. (1993). Family preservation using multisystemic treatment: Long-term follow-up to a clinical trial with serious juvenile offenders. *Journal of Child and Family Studies, 2,* 283–293. http://dx.doi.org/10.1007/BF01321226

*Herbert, S. D., Harvey, E. A., Roberts, J. L., Wichowski, K., & Lugo-Candelas, C. I. (2013). A randomized controlled trial of a parent training and emotion socialization program for families of hyperactive preschool-aged children. *Behavior Therapy, 44,* 302–316. http://dx.doi.org/10.1016/j.beth.2012.10.004

*Hiebert, B., Kirby, B., & Jaknavorian, A. (1989). School-based relaxation: Attempting primary prevention. *Canadian Journal of Counselling, 23,* 273–287.

Higgins, J. P. T., & Green, S. (Eds.). (2008). *Cochrane handbook for systematic reviews of interventions*. Chichester, UK: Wiley-Blackwell. http://dx.doi.org/10.1002/9780470712184

Higgins, J. P. T., Green, S., & Scholten, R. J. P. M. (2011). Maintaining reviews: Updates, amendments and feedback. In J. P. T. Higgins & S. Green (Eds.), *Cochrane handbook for systematic reviews of interventions* (Version 5.1.0). The Cochrane Collaboration. Retrieved from http://www.cochrane-handbook.org

*Hilyer, J. C., Wilson, D. G., Dillon, C., Caro, L., Jenkins, C., Spencer, W. A., . . . Booker, W. (1982). Physical fitness training and counseling as treatment for youthful offenders. *Journal of Counseling Psychology, 29,* 292–303. http://dx.doi.org/10.1037/0022-0167.29.3.292

*Hinds, W. C., & Roehlke, H. J. (1970). A learning theory approach to group counseling with elementary school children. *Journal of Counseling Psychology, 17,* 49–55. http://dx.doi.org/10.1037/h0028640

*Hinshaw, S. P., Owens, E. B., Wells, K. C., Kraemer, H. C., Abikoff, H. B., Arnold, L. E., . . . Wigal, T. (2000). Family processes and treatment outcome in the MTA: Negative/ineffective parenting practices in relation to multimodal treatment. *Journal of Abnormal Child Psychology, 28,* 555–568. http://dx.doi.org/10.1023/A:1005183115230

*Hirshfeld-Becker, D. R., Masek, B., Henin, A., Blakely, L. R., Pollock-Wurman, R. A., McQuade, J., . . . Biederman, J. (2010). Cognitive behavioral therapy for 4- to 7-year-old children with anxiety disorders: A randomized clinical trial. *Journal of Consulting and Clinical Psychology, 78,* 498–510. http://dx.doi.org/10.1037/a0019055

*Hoath, F. E., & Sanders, M. R. (2002). A feasibility study of enhanced group Triple T - Positive parenting program for parents of children with attention-deficit/hyperactivity disorder. *Behaviour Change, 19,* 191–206. http://dx.doi.org/10.1375/bech.19.4.191

*Hops, H., & Lewinsohn, P. M. (1995). A course for the treatment of depression among adolescents. In K. D. Craig & K. S. Dobson (Eds.), *Depression: Assessment and Management* (pp. 230–245). Thousand Oaks, CA: Sage Publications, Inc.

*Horn, W. F., Ialongo, N. S., Pascoe, J. M., Greenberg, G., Packard, T., Lopez, M., . . . Puttler, L. (1991). Additive effects of psychostimulants, parent training, and self-control therapy with ADHD children. *Journal of the American Academy of Child & Adolescent Psychiatry, 30,* 233–240. http://dx.doi.org/10.1097/00004583-199103000-00011

*Hovik, K. T., Saunes, B. K., Aarlien, A. K., & Egeland, J. (2013). RCT of working memory training in ADHD: Long-term near-transfer effects. *PLoS ONE, 8,* e80561.

Huey, S. J., Jr., & Polo, A. J. (2008). Evidence-based psychosocial treatments for ethnic minority youth. *Journal of Clinical Child and Adolescent Psychology, 37,* 262–301. http://dx.doi.org/10.1080/15374410701820174

Huey, S. J., Jr., Tilley, J. L., Jones, E. O., & Smith, C. A. (2014). The contribution of cultural competence to evidence-based care for ethnically diverse populations. *Annual Review of Clinical Psychology, 10,* 305–338. http://dx.doi.org/10.1146/annurev-clinpsy-032813-153729

*Huey, W. C., & Rank, R. C. (1984). Effects of counselor and peer-led group assertive training on black adolescent aggression. *Journal of Counseling Psychology, 31,* 95–98. http://dx.doi.org/10.1037/0022-0167.31.1.95

*Hughes, R. C., & Wilson, P. H. (1988). Behavioral parent training: Contingency management versus communication skills training with or without the participation of the child. *Child & Family Behavior Therapy, 10,* 11–23. http://dx.doi.org/10.1300/J019v10n04_02

*Hutchings, J., Gardner, F., Bywater, T., Daley, D., Whitaker, C., Jones, K., . . . Edwards, R. T. (2007). Parenting intervention in Sure Start services for children at risk of developing conduct disorder: Pragmatic randomised controlled trial. *BMJ: British Medical Journal, 334,* 678. http://dx.doi.org/10.1136/bmj.39126.620799.55

*Ialongo, N. S., Horn, W. F., Pascoe, J. M., Greenberg, G., Packard, T., Lopez, M., . . . Puttler, L. (1993). The effects of a multimodal intervention with attention-deficit hyperactivity disorder children: A 9-month follow-up. *Journal of the American Academy of Child & Adolescent Psychiatry, 32,* 182–189. http://dx.doi.org/10.1097/00004583-199301000-00026

*Idowu, A. I., Durosaro, I., & Esere, M. O. (2010). Efficacy of group counselling interventions (positive reinforcement and self-control techniques) in remedying truancy among school- going adolescents in Ilorin, Nigeria. *IFE Psychologia: An International Journal, 18,* 45–54. http://dx.doi.org/10.4314/ifep.v18i1.51651

*Ingul, J. M., Aune, T., & Nordahl, H. M. (2013). A randomized controlled trial of individual cognitive therapy, group cognitive behaviour therapy and attentional placebo for adolescent social phobia. *Psychotherapy and Psychosomatics, 83,* 54–61.

Ioannidis, J. P. A. (2005). Contradicted and initially stronger effects in highly cited clinical research. *JAMA: Journal of the American Medical Association, 294,* 218–228. http://dx.doi.org/10.1001/jama.294.2.218

*Ison, M. S. (2001). Training in social skills: An alternative technique for handling disruptive child behavior. *Psychological Reports, 88,* 903–911. http://dx.doi.org/10.2466/pr0.2001.88.3.903

*Jackson, R. L., & Beers, P. A. (1988). Focused videotape feedback psychotherapy: An integrated treatment for emotionally and behaviorally disturbed children. *Counselling Psychology Quarterly, 1,* 11–23. http://dx.doi.org/10.1080/09515078808251417

*Jacobs, R. H., Silva, S. G., Reinecke, M. A., Curry, J. F., Ginsburg, G. S., Kratochvil, C. J., & March, J. S. (2009). Dysfunctional attitudes scale perfectionism: A predictor and partial mediator of acute treatment outcome among clinically depressed adolescents. *Journal of Clinical Child and Adolescent Psychology, 38,* 803–813. http://dx.doi.org/10.1080/15374410903259031

*Jakibchuk, Z., & Smeriglio, V. L. (1976). The influence of symbolic modeling on the social behavior of preschool children with low levels of social responsiveness. *Child Development, 47,* 838–841. http://dx.doi.org/10.2307/1128203

Jensen, A. L., & Weisz, J. R. (2002). Assessing match and mismatch between practitioner-generated and standardized interview-generated diagnoses for clinic-referred children and adolescents. *Journal of Consulting and Clinical Psychology, 70,* 158–168.

*Jensen, P. S., Arnold, L. E., Swanson, J. M., Vitiello, B., Abikoff, H. B., Greenhill, L. L., . . . Hur, K. (2007). 3-year follow-up of the NIMH MTA study. *Journal of the American Academy of Child & Adolescent Psychiatry, 46,* 989–1002. http://dx.doi.org/10.1097/CHI.0b013e3180686d48

*Jensen, P. S., Hinshaw, S. P., Swanson, J. M., Greenhill, L. L., Conners, C. K., Arnold, L. E., . . . Wigal, T. (2001). Findings from the NIMH Multimodal Treatment Study of ADHD (MTA): Implications and applications for primary care providers. *Journal of Developmental and Behavioral Pediatrics, 22,* 60–73. http://dx.doi.org/10.1097/00004703-200102000-00008

*Jensen, T. K., Holt, T., Ormhaug, S. M., Egeland, K., Granly, L., Hoaas, L. C., . . . Wentzel-Larsen, T. (2014). A randomized effectiveness study comparing trauma-focused cognitive behavioral therapy with therapy as usual for youth. *Journal of Clinical Child and Adolescent Psychology, 43,* 356–369. http://dx.doi.org/10.1080/15374416.2013.822307

*Jeong, Y.-J., Hong, S.-C., Lee, M. S., Park, M.-C., Kim, Y.-K., & Suh, C.-M. (2005). Dance movement therapy improves emotional responses and modulates neurohormones in adolescents with mild depression. *International Journal of Neuroscience, 115,* 1711–1720. http://dx.doi.org/10.1080/00207450590958574

Johnsen, T. J., & Friborg, O. (2015). The effects of cognitive behavioral therapy as an anti-depressive treatment is falling: A meta-analysis. *Psychological Bulletin, 141,* 747–768. http://dx.doi.org/10.1037/bul0000015

*Johnson, T., Tyler, V., Thompson, R., & Jones, E. (1971). Systematic desensitization and assertive training in the treatment of speech anxiety in middle-school students. *Psychology in the Schools, 8,* 263–267. http://dx.doi.org/10.1002/1520-6807(197107)8:3<263::AID-PITS2310080312>3.0.CO;2-M

*Johnstone, S. J., Roodenrys, S., Blackman, R., Johnston, E., Loveday, K., Mantz, S., & Barratt, M. F. (2012). Neurocognitive training for children with and without AD/HD. *Attention Deficit and Hyperactivity Disorders, 4,* 11–23. http://dx.doi.org/10.1007/s12402-011-0069-8

*Jones, K., Daley, D., Hutchings, J., Bywater, T., & Eames, C. (2007). Efficacy of the Incredible Years Basic parent training programme as an early intervention for children with conduct problems and ADHD. *Child: Care, Health and Development, 33,* 749–756. http://dx.doi.org/10.1111/j.1365-2214.2007.00747.x

*Jouriles, E. N., McDonald, R., Rosenfield, D., Stephens, N., Corbitt-Shindler, D., & Miller, P. C. (2009). Reducing conduct problems among children exposed to intimate partner violence: A randomized clinical trial examining effects of Project Support. *Journal of Consulting and Clinical Psychology, 77,* 705–717. http://dx.doi.org/10.1037/a0015994

*Jouriles, E. N., McDonald, R., Spiller, L., Norwood, W. D., Swank, P. R., Stephens, N., . . . Buzy, W. M. (2001). Reducing conduct problems among children of battered women. *Journal of Consulting and Clinical Psychology, 69,* 774–785. http://dx.doi.org/10.1037/0022-006X.69.5.774

Jüni, P., Holenstein, F., Sterne, J., Bartlett, C., & Egger, M. (2002). Direction and impact of language bias in meta-analyses of controlled trials: Empirical study. *International Journal of Epidemiology, 31,* 115–123. http://dx.doi.org/10.1093/ije/31.1.115

*Jurbergs, N., Palcic, J. L., & Kelley, M. L. (2010). Daily behavior report cards with and without home-based consequences: Improving classroom behavior in low income, African American children with ADHD. *Child*

& Family Behavior Therapy, 32, 177–195. http://dx.doi.org/10.1080/07317107.2010.500501

*Kaduson, H. G., & Finnerty, K. (1995). Self-control game interventions for attention-deficit hyperactivity disorder. *International Journal of Play Therapy, 4,* 15–29. http://dx.doi.org/10.1037/h0089359

*Kahn, J. S., Kehle, T. J., Jenson, W. R., & Clark, E. (1990). Comparison of cognitive-behavioral, relaxation, and self-modeling interventions for depression among middle-school students. *School Psychology Review, 19,* 196–211.

*Kanfer, F. H., Karoly, P., & Newman, A. (1975). Reduction of children's fear of the dark by competence-related and situational threat-related verbal cues. *Journal of Consulting and Clinical Psychology, 43,* 251–258. http://dx.doi.org/10.1037/h0076531

*Karoly, P., & Rosenthal, M. (1977). Training parents in behavior modification: Effects on perceptions of family interaction and deviant child behavior. *Behavior Therapy, 8,* 406–410. http://dx.doi.org/10.1016/S0005-7894(77)80076-2

*Kass, R. G., & Fish, J. M. (1991). Positive reframing and the test performance of test anxious children. *Psychology in the Schools, 28,* 43–52. http://dx.doi.org/10.1002/1520-6807(199101)28:1<43::AID-PITS2310280108>3.0.CO;2-I

*Kassam-Adams, N., García-España, J. F., Marsac, M. L., Kohser, K. L., Baxt, C., Nance, M., & Winston, F. (2011). A pilot randomized controlled trial assessing secondary prevention of traumatic stress integrated into pediatric trauma care. *Journal of Traumatic Stress, 24,* 252–259. http://dx.doi.org/10.1002/jts.20640

Kazdin, A. E., Bass, D., Ayers, W. A., & Rodgers, A. (1990). Empirical and clinical focus of child and adolescent psychotherapy research. *Journal of Consulting and Clinical Psychology, 58,* 729–740. http://dx.doi.org/10.1037/0022-006X.58.6.729

*Kazdin, A. E., Esveldt-Dawson, K., French, N. H., & Unis, A. S. (1987a). Effects of parent management training and problem-solving skills training combined in the treatment of antisocial child behavior. *Journal of the American Academy of Child & Adolescent Psychiatry, 26,* 416–424. http://dx.doi.org/10.1097/00004583-198705000-00024

*Kazdin, A. E., Esveldt-Dawson, K., French, N. H., & Unis, A. S. (1987b). Problem-solving skills training and relationship therapy in the treatment of antisocial child behavior. *Journal of Consulting and Clinical Psychology, 55,* 76–85. http://dx.doi.org/10.1037/0022-006X.55.1.76

*Keeton, C. P., Ginsburg, G. S., Drake, K. L., Sakolsky, D., Kendall, P. C., Birmaher, B., . . . Walkup, J. T. (2013). Benefits of child-focused anxiety treatments for parents and family functioning. *Depression and Anxiety, 30,* 865–872. http://dx.doi.org/10.1002/da.22055

*Keller, M. F., & Carlson, P. M. (1974). The use of symbolic modeling to promote social skills in preschool children with low levels of social responsiveness. *Child Development, 45,* 912–919. http://dx.doi.org/10.2307/1128076

*Kelley, C. K. (1976). Play desensitization of fear of darkness in preschool children. *Behaviour Research and Therapy, 14,* 79–81. http://dx.doi.org/10.1016/0005-7967(76)90050-4

*Kelley, T. M., Kennedy, D. B., & Homant, R. J. (2003). Evaluation of an individualized treatment program for adolescent shoplifters. *Adolescence, 38,* 725–733.

*Kendall, P. C. (1981). One-year follow-up of concrete versus conceptual cognitive-behavioral self-control training. *Journal of Consulting and Clinical Psychology, 49,* 748–749. http://dx.doi.org/10.1037/0022-006X.49.5.748

*Kendall, P. C. (1982). Individual versus group cognitive-behavioral self-control training: 1-year follow-up. *Behavior Therapy, 13,* 241–247. http://dx.doi.org/10.1016/S0005-7894(82)80068-3

*Kendall, P. C. (1994). Treating anxiety disorders in children: Results of a randomized clinical trial. *Journal of Consulting and Clinical Psychology, 62,* 100–110. http://dx.doi.org/10.1037/0022-006X.62.1.100

*Kendall, P. C., & Braswell, L. (1982). Cognitive-behavioral self-control therapy for children: A components analysis. *Journal of Consulting and Clinical Psychology, 50,* 672–689. http://dx.doi.org/10.1037/0022-006X.50.5.672

*Kendall, P. C., & Finch, A. J., Jr. (1978). A cognitive-behavioral treatment for impulsivity: A group comparison study. *Journal of Consulting and Clinical Psychology, 46,* 110–118. http://dx.doi.org/10.1037/0022-006X.46.1.110

*Kendall, P. C., & Finch, A. J., Jr. (1979a). Analyses of changes in verbal behavior following a cognitive-behavioral treatment for impulsivity. *Journal of Abnormal Child Psychology, 7,* 455–463. http://dx.doi.org/10.1007/BF00917615

*Kendall, P. C., & Finch, A. J., Jr. (1979b). Reanalysis: A reply. *Journal of Consulting and Clinical Psychology, 47,* 1107–1108. http://dx.doi.org/10.1037/0022-006X.47.6.1107

*Kendall, P. C., Flannery-Schroeder, E., Panichelli-Mindel, S. M., Southam-Gerow, M., Henin, A., & Warman, M. (1997). Therapy for youths with anxiety disorders: A second randomized clinical trial. *Journal of Consulting and Clinical Psychology, 65,* 366–380. http://dx.doi.org/10.1037/0022-006X.65.3.366

*Kendall, P. C., Hudson, J. L., Gosch, E., Flannery-Schroeder, E., & Suveg, C. (2008). Cognitive-behavioral therapy for anxiety disordered youth: A randomized clinical trial evaluating child and family modalities. *Journal of Consulting and Clinical Psychology, 76,* 282–297. http://dx.doi.org/10.1037/0022-006X.76.2.282

Kendall, P. C., & Peterman, J. S. (2015). CBT for adolescents with anxiety: Mature yet still developing. *The American Journal of Psychiatry, 172,* 519–530. http://dx.doi.org/10.1176/appi.ajp.2015.14081061

Kendall, P. C., Settipani, C. A., & Cummings, C. M. (2012). No need to worry: The promising future of child anxiety research. *Journal of Clinical Child and Adolescent Psychology, 41,* 103–115. http://dx.doi.org/10.1080/15374416.2012.632352

*Kendall, P. C., & Wilcox, L. E. (1980). Cognitive-behavioral treatment for impulsivity: Concrete versus conceptual training in non-self-controlled problem children. *Journal of Consulting and Clinical Psychology, 48,* 80–91. http://dx.doi.org/10.1037/0022-006X.48.1.80

*Kendall, P. C., & Zupan, B. A. (1981). Individual versus group application of cognitive-behavioral self-control procedures with children. *Behavior Therapy, 12,* 344–359. http://dx.doi.org/10.1016/S0005-7894(81)80123-2

*Kennard, B., Silva, S., Vitiello, B., Curry, J., Kratochvil, C., Simons, A., . . . TADS Team. (2006). Remission and residual symptoms after short-term treatment in the Treatment of Adolescents with Depression Study (TADS). *Journal of the American Academy of Child & Adolescent Psychiatry, 45,* 1404–1411. http://dx.doi.org/10.1097/01.chi.0000242228.75516.21

*Kennel, S., Taylor, A. G., Lyon, D., & Bourguignon, C. (2010). Pilot feasibility study of binaural auditory beats for reducing symptoms of inattention in children and adolescents with attention-deficit/hyperactivity disorder. *Journal of Pediatric Nursing, 25,* 3–11. http://dx.doi.org/10.1016/j.pedn.2008.06.010

*Kent, R. N., & O'Leary, K. D. (1977). Treatment of conduct problem children: BA and/or PhD therapists. *Behavior Therapy, 8,* 653–658. http://dx.doi.org/10.1016/S0005-7894(77)80195-0

*Kern, L., DuPaul, G. J., Volpe, R. J., Sokol, N. G., Lutz, J. G., Arbolino, L. A., . . . VanBrakle, J. D. (2007). Multisetting assessment-based intervention for young children at risk for attention deficit hyperactivity disorder: Initial effects on academic and behavioral functioning. *School Psychology Review, 36,* 237–255.

*Kerr, D. C. R., Leve, L. D., & Chamberlain, P. (2009). Pregnancy rates among juvenile justice girls in two randomized controlled trials of multidimensional treatment foster care. *Journal of Consulting and Clinical Psychology, 77,* 588–593. http://dx.doi.org/10.1037/a0015289

*Kettlewell, P. W., & Kausch, D. F. (1983). The generalization of the effects of a cognitive-behavioral treatment program for aggressive children. *Journal of Abnormal Child Psychology, 11,* 101–114. http://dx.doi.org/10.1007/BF00912181

*Khilnani, S., Field, T., Hernandez-Reif, M., & Schanberg, S. (2003). Massage therapy improves mood and behavior of students with attention-deficit/hyperactivity disorder. *Adolescence, 38,* 623–638.

*Kierfeld, F., Ise, E., Hanisch, C., Görtz-Dorten, A., & Döpfner, M. (2013). Effectiveness of telephone-assisted parent-administered behavioural family intervention for preschool children with externalizing problem behaviour: A randomized controlled trial. *European Child & Adolescent Psychiatry, 22,* 553–565. http://dx.doi.org/10.1007/s00787-013-0397-7

*King, C. A., Kramer, A., Preuss, L., Kerr, D. C. R., Weisse, L., & Venkataraman, S. (2006). Youth-Nominated Support Team for suicidal adolescents (Version 1): A randomized controlled trial. *Journal of Consulting and Clinical Psychology, 74,* 199–206. http://dx.doi.org/10.1037/0022-006X.74.1.199

*King, N. J., Tonge, B. J., Heyne, D., Pritchard, M., Rollings, S., Young, D., . . . Ollendick, T. H. (1998). Cognitive-behavioral treatment of school-refusing children: A controlled evaluation. *Journal of the American Academy of Child & Adolescent Psychiatry, 37,* 395–403. http://dx.doi.org/10.1097/00004583-199804000-00017

*King, N. J., Tonge, B. J., Mullen, P., Myerson, N., Heyne, D., Rollings, S., . . . Ollendick, T. H. (2000). Treating sexually abused children with posttraumatic stress symptoms: A randomized clinical trial. *Journal of the American Academy of Child & Adolescent Psychiatry, 39,* 1347–1355. http://dx.doi.org/10.1097/00004583-200011000-00008

*Kjøbli, J., & Bjørnebekk, G. (2013). A randomized effectiveness trial of brief parent training: Six-month follow-up. *Research on Social Work Practice, 23,* 603–612. http://dx.doi.org/10.1177/1049731513492860

*Kjøbli, J., Hukkelberg, S., & Ogden, T. (2013). A randomized trial of group parent training: Reducing child conduct problems in real-world settings. *Behaviour Research and Therapy, 51,* 113–121. http://dx.doi.org/10.1016/j.brat.2012.11.006

*Kjøbli, J., & Ogden, T. (2012). A randomized effectiveness trial of brief parent training in primary care settings. *Prevention Science, 13,* 616–626. http://dx.doi.org/10.1007/s11121-012-0289-y

*Klarreich, S. H. (1981). A study comparing two treatment approaches with adolescent probationers. *Corrective & Social Psychiatry & Journal of Behavior Technology, Methods & Therapy, 27,* 1–13.

*Klein, N. C., Alexander, J. F., & Parsons, B. V. (1977). Impact of family systems intervention on recidivism and sibling delinquency: A model of primary prevention and program evaluation. *Journal of Consulting and Clinical Psychology, 45,* 469–474. http://dx.doi.org/10.1037/0022-006X.45.3.469

*Klein, S. A., & Deffenbacher, J. L. (1977). Relaxation and exercise for hyperactive impulsive children. *Perceptual and Motor Skills, 45,* 1159–1162. http://dx.doi.org/10.2466/pms.1977.45.3f.1159

Kocsis, J. H., Gerber, A. J., Milrod, B., Roose, S. P., Barber, J., Thase, M. E., . . . Leon, A. C. (2010). A new scale for assessing the quality of randomized clinical trials of psychotherapy. *Comprehensive Psychiatry, 51,* 319–324. http://dx.doi.org/10.1016/j.comppsych.2009.07.001

*Kolko, D. J., Brent, D. A., Baugher, M., Bridge, J., & Birmaher, B. (2000). Cognitive and family therapies for adolescent depression: Treatment specificity, mediation, and moderation. *Journal of Consulting and Clinical Psychology, 68,* 603–614. http://dx.doi.org/10.1037/0022-006X.68.4.603

*Kolko, D. J., Watson, S., & Faust, J. (1991). Fire safety/prevention skills training to reduce involvement with fire in young psychiatric inpatients: Preliminary findings. *Behavior Therapy, 22,* 269–284. http://dx.doi.org/10.1016/S0005-7894(05)80182-0

Kraemer, H. C., Wilson, G. T., Fairburn, C. G., & Agras, W. S. (2002). Mediators and moderators of treatment effects in randomized clinical trials. *Archives of General Psychiatry, 59,* 877–883. http://dx.doi.org/10.1001/archpsyc.59.10.877

*Kratochvil, C., Emslie, G., Silva, S., McNulty, S., Walkup, J., Curry, J., . . . TADS Team. (2006). Acute time to response in the treatment for adolescents with depression study (TADS). *Journal of the American Academy of Child & Adolescent Psychiatry, 45,* 1412–1418. http://dx.doi.org/10.1097/01.chi.0000237710.73755.14

*Kushnir, J., & Sadeh, A. (2012). Assessment of brief interventions for nighttime fears in preschool children. *European Journal of Pediatrics, 171,* 67–75. http://dx.doi.org/10.1007/s00431-011-1488-4

*Lacourse, E., Côté, S., Nagin, D. S., Vitaro, F., Brendgen, M., & Tremblay, R. E. (2002). A longitudinal-experimental approach to testing theories of antisocial behavior development. *Development and Psychopathology, 14,* 909–924. http://dx.doi.org/10.1017/S0954579402004121

*Landy, S., & Menna, R. (2006). An evaluation of a group intervention for parents with aggressive young children: Improvements in child functioning, maternal confidence, parenting knowledge and attitudes. *Early Child Development and Care, 176,* 605–620. http://dx.doi.org/10.1080/03004430500147425

*Lane, J., Turner, S., Fain, T., & Sehgal, A. (2007). The effects of an experimental intensive juvenile probation program on self-reported delinquency and drug use. *Journal of Experimental Criminology, 3,* 201–219.

*Langberg, J. M., Arnold, L. E., Flowers, A. M., Epstein, J. N., Altaye, M., Hinshaw, S. P., . . . Hechtman, L. (2010). Parent-reported homework problems in the MTA study: Evidence for sustained improvement with behavioral treatment. *Journal of Clinical Child and Adolescent Psychology, 39,* 220–233. http://dx.doi.org/10.1080/15374410903532700

*Langberg, J. M., Epstein, J. N., & Becker, S. P. (2012). Evaluation of the Homework, Organization, and Planning Skills (HOPS) intervention for middle school students with attention deficit hyperactivity disorder as implemented by school mental health providers. *School Psychology Review, 41,* 342–364.

*Langberg, J. M., Epstein, J. N., Urbanowicz, C. M., Simon, J. O., & Graham, A. J. (2008). Efficacy of an organization skills intervention to improve the academic functioning of students with attention-deficit/hyperactivity disorder. *School Psychology Quarterly, 23,* 407–417. http://dx.doi.org/10.1037/1045-3830.23.3.407

*Lansbergen, M. M., van Dongen-Boomsma, M., Buitelaar, J. K., & Slaats-Willemse, D. (2011). ADHD and EEG-neurofeedback: A double-blind randomized placebo-controlled feasibility study. *Journal of Neural Transmission, 118,* 275–284. http://dx.doi.org/10.1007/s00702-010-0524-2

*Larkin, R., & Thyer, B. A. (1999). Evaluating cognitive-behavioral group counseling to improve elementary school students' self-esteem, self-control and classroom behavior. *Behavioral Interventions, 14,* 147–161. http://dx.doi.org/10.1002/(SICI)1099-078X(199907/09)14:3<147::AID-BIN32>3.0.CO;2-H

*Larson, K. A., & Gerber, M. M. (1987). Effects of social metacognitive training for enhancing overt behavior in learning disabled and low achieving delinquents. *Exceptional Children, 54,* 201–211.

*Larsson, B., Fossum, S., Clifford, G., Drugli, M. B., Handegård, B. H., & Mørch, W. T. (2009). Treatment of oppositional defiant and conduct problems in young Norwegian children: Results of a randomized controlled trial. *European Child & Adolescent Psychiatry, 18,* 42–52. http://dx.doi.org/10.1007/s00787-008-0702-z

*Last, C. G., Hansen, C., & Franco, N. (1998). Cognitive-behavioral treatment of school phobia. *Journal of the American Academy of Child & Adolescent Psychiatry, 37,* 404–411. http://dx.doi.org/10.1097/00004583-199804000-00018

*Lau, W. Y., Chan, C. K., Li, J. C., & Au, T. K. (2010). Effectiveness of group cognitive-behavioral treatment for childhood anxiety in community clinics. *Behaviour Research and Therapy, 48,* 1067–1077. http://dx.doi.org/10.1016/j.brat.2010.07.007

*Laxer, R. M., Quarter, J., Kooman, A., & Walker, K. (1969). Systematic desensitization and relaxation of high-test-anxious secondary school students. *Journal of Counseling Psychology, 16,* 446–451. http://dx.doi.org/10.1037/h0028009

*Laxer, R. M., & Walker, K. (1970). Counterconditioning versus relaxation in the desensitization of test anxiety. *Journal of Counseling Psychology, 17,* 431–436. http://dx.doi.org/10.1037/h0029876

*Leal, L. L., Baxter, E. G., Martin, J., & Marx, R. W. (1981). Cognitive modification and systematic desensitization with test anxious high school students. *Journal of Counseling Psychology, 28,* 525–528. http://dx.doi.org/10.1037/0022-0167.28.6.525

*Lee, R., & Haynes, N. M. (1978). Counseling juvenile offenders: An experimental evaluation of Project Crest. *Community Mental Health Journal, 14,* 267–271. http://dx.doi.org/10.1007/BF00778601

*Lee, R., & Olejnik, S. (1981). Professional outreach counseling can help the juvenile probationer: A two year follow-up study. *Personnel & Guidance Journal, 59,* 445–449. http://dx.doi.org/10.1002/j.2164-4918.1981.tb00592.x

*Leeman, L. W., Gibbs, J. C., & Fuller, D. (1993). Evaluation of a multi-component group treatment program for juvenile delinquents. *Aggressive Behavior, 19,* 281–292. http://dx.doi.org/10.1002/1098-2337(1993)19:4<281::AID-AB2480190404>3.0.CO;2-W

*Leitenberg, H., & Callahan, E. J. (1973). Reinforced practice and reduction of different kinds of fears in adults and children. *Behaviour Research and Therapy, 11,* 19–30. http://dx.doi.org/10.1016/0005-7967(73)90065-X

*Letourneau, E. J., Henggeler, S. W., Borduin, C. M., Schewe, P. A., McCart, M. R., Chapman, J. E., & Saldana, L. (2009). Multisystemic therapy for juvenile sexual offenders: 1-year results from a randomized effectiveness trial. *Journal of Family Psychology, 23,* 89–102. http://dx.doi.org/10.1037/a0014352

*Leung, C., Sanders, M. R., Leung, S., Mak, R., & Lau, J. (2003). An outcome evaluation of the implementation of the Triple P-Positive Parenting Program in Hong Kong. *Family Process, 42,* 531–544. http://dx.doi.org/10.1111/j.1545-5300.2003.00531.x

*Leve, L. D., & Chamberlain, P. (2007). A randomized evaluation of multidimensional treatment foster care: Effects on school attendance and homework completion in juvenile justice girls. *Research on Social Work Practice, 17,* 657–663. http://dx.doi.org/10.1177/1049731506293971

*Leve, L. D., Chamberlain, P., & Reid, J. B. (2005). Intervention outcomes for girls referred from juvenile justice: Effects on delinquency. *Journal of Consulting and Clinical Psychology, 73,* 1181–1184. http://dx.doi.org/10.1037/0022-006X.73.6.1181

*Leve, L. D., Chamberlain, P., Smith, D. K., & Harold, G. T. (2012). Multidimensional treatment foster care as an intervention for juvenile justice girls in out-of-home care. In S. Miller, L. D. Leve, & P. K. Kerig (Eds.), *Delinquent girls: Contexts, relationships, and adaptation* (pp. 147–160). New York, NY: Springer Science+Business Media. http://dx.doi.org/10.1007/978-1-4614-0415-6_9

*Leve, L. D., Kerr, D. C., & Harold, G. T. (2013). Young adult outcomes associated with teen pregnancy among high-risk girls in a randomized controlled trial of multidimensional treatment foster care. *Journal of Child & Adolescent Substance Abuse, 22,* 421–434. http://dx.doi.org/10.1080/1067828X.2013.788886

Levenson, R. W. (2014). The future of clinical science training: New challenges and opportunities. *Clinical Psychological Science, 2,* 35–45. http://dx.doi.org/10.1177/2167702613499330

*Lévesque, J., Beauregard, M., & Mensour, B. (2006). Effect of neurofeedback training on the neural substrates of selective attention in children with attention-deficit/hyperactivity disorder: A functional magnetic resonance imaging study. *Neuroscience Letters, 394,* 216–221. http://dx.doi.org/10.1016/j.neulet.2005.10.100

*Lewinsohn, P. M., Clarke, G. N., Hops, H., & Andrews, J. (1990). Cognitive-behavioral treatment for depressed adolescents. *Behavior Therapy, 21,* 385–401. http://dx.doi.org/10.1016/S0005-7894(05)80353-3

*Lewis, R. V. (1983). Scared straight—California style: Evaluation of the San Quentin Squires Program. *Criminal Justice and Behavior, 10,* 209–226. http://dx.doi.org/10.1177/0093854883010002005

*Lewis, R. E. (2005). The effectiveness of Families First services: An experimental study. *Children and Youth Services Review, 27,* 499–509. http://dx.doi.org/10.1016/j.childyouth.2004.10.009

*Liddle, B., & Spence, S. H. (1990). Cognitive-behaviour therapy with depressed primary school children: A cautionary note. *Behavioural Psychotherapy, 18,* 85–102. http://dx.doi.org/10.1017/S0141347300018218

*Linden, M., Habib, T., & Radojevic, V. (1996). A controlled study of the effects of EEG biofeedback on cognition and behavior of children with attention deficit disorder and learning disabilities. *Biofeedback and Self-Regulation, 21,* 35–49. http://dx.doi.org/10.1007/BF02214148

Lipsey, M., & Wilson, D. (2000). *Practical meta-analysis*. Thousand Oaks, CA: Sage.

Littell, R., Milliken, G., Stroup, W., Wolfinger, R., & Schabenberger, O. (2006). *SAS for mixed models*. Cary, NC: SAS Press.

*Lloyd, A., Brett, D., & Wesnes, K. (2010). Coherence training in children with attention-deficit hyperactivity disorder: Cognitive functions and behavioral changes. *Alternative Therapies in Health and Medicine, 16,* 34–42.

*Lochman, J. E., Coie, J. D., Underwood, M. K., & Terry, R. (1993). Effectiveness of a social relations intervention program for aggressive and nonaggressive, rejected children. *Journal of Consulting and Clinical Psychology, 61,* 1053–1058. http://dx.doi.org/10.1037/0022-006X.61.6.1053

*Lochman, J. E., & Wells, K. C. (2002). The Coping Power program at the middle-school transition: Universal and indicated prevention effects. *Psychology of Addictive Behaviors, 16*(Suppl.), S40–S54. http://dx.doi.org/10.1037/0893-164X.16.4S.S40

*Lochman, J. E., & Wells, K. C. (2004). The coping power program for preadolescent aggressive boys and their parents: Outcome effects at the 1-year follow-up. *Journal of Consulting and Clinical Psychology, 72,* 571–578. http://dx.doi.org/10.1037/0022-006X.72.4.571

*Lowenstein, L. F. (1982). The treatment of extreme shyness in maladjusted children by implosive, counselling and conditioning approaches. *Acta Psychiatrica Scandinavica, 66,* 173–189. http://dx.doi.org/10.1111/j.1600-0447.1982.tb00926.x

*Luk, E. S. L., Staiger, P., Mathai, J., Field, D., & Adler, R. (1998). Comparison of treatments of persistent conduct problems in primary school children: A preliminary evaluation of a modified cognitive-behavioural approach. *Australian and New Zealand Journal of Psychiatry, 32,* 379–386. http://dx.doi.org/10.3109/00048679809065530

*Luk, E. S. L., Staiger, P. K., Mathai, J., Wong, L., Birleson, P., & Adler, R. (2001). Children with persistent conduct problems who dropout of treatment. *European Child & Adolescent Psychiatry, 10,* 28–36. http://dx.doi.org/10.1007/s007870170044

Lundahl, B., Risser, H. J., & Lovejoy, M. C. (2006). A meta-analysis of parent training: Moderators and follow-up effects. *Clinical Psychology Review, 26,* 86–104. http://dx.doi.org/10.1016/j.cpr.2005.07.004

*Lyshak-Stelzer, F., Singer, P., Patricia, S. J., & Chemtob, C. M. (2007). Art therapy for adolescents with posttraumatic stress disorder symptoms: A pilot study. *Art Therapy, 24,* 163–169. http://dx.doi.org/10.1080/07421656.2007.10129474

*Mann, J. (1972). Vicarious desensitization of test anxiety through observation of videotaped treatment. *Journal of Counseling Psychology, 19,* 1–7. http://dx.doi.org/10.1037/h0032024

*Manning, B. H. (1988). Application of cognitive behavior modification: First and third graders' self-management of classroom behaviors. *American Educational Research Journal, 25,* 193–212. http://dx.doi.org/10.3102/00028312025002193

*March, J., Silva, S., Petrycki, S., Curry, J., Wells, K., Fairbank, J., . . . Treatment for Adolescents With Depression Study (TADS) Team. (2004). Fluoxetine, cognitive-behavioral therapy, and their combination for adolescents with depression: Treatment for Adolescents With Depression Study (TADS) randomized controlled trial. *JAMA: Journal of the American Medical Association, 292,* 807–820. http://dx.doi.org/10.1001/jama.292.7.807

*March, J., Silva, S., Vitiello, B., & TADS Team. (2006). The Treatment for Adolescents with Depression Study (TADS): Methods and message at 12 weeks. *Journal of the American Academy of Child & Adolescent Psychiatry, 45,* 1393–1403. http://dx.doi.org/10.1097/01.chi.0000237709.35637.c0

*March, S., Spence, S. H., & Donovan, C. L. (2009). The efficacy of an internet-based cognitive-behavioral therapy intervention for child anxiety disorders. *Journal of Pediatric Psychology, 34,* 474–487. http://dx.doi.org/10.1093/jpepsy/jsn099

*Markie-Dadds, C., & Sanders, M. R. (2006). A controlled evaluation of an enhanced self-directed behavioural family intervention for parents of children with conduct problems in rural and remote areas. *Behaviour Change, 23,* 55–72. http://dx.doi.org/10.1375/bech.23.1.55

*Martin, A. J., & Sanders, M. R. (2003). Balancing work and family: A controlled evaluation of the Triple P-Positive Parenting Program as a work-site intervention. *Child and Adolescent Mental Health, 8,* 161–169. http://dx.doi.org/10.1111/1475-3588.00066

*Masia-Warner, C., Fisher, P. H., Shrout, P. E., Rathor, S., & Klein, R. G. (2007). Treating adolescents with social anxiety disorder in school: An attention control trial. *Journal of Child Psychology and Psychiatry, 48,* 676–686. http://dx.doi.org/10.1111/j.1469-7610.2007.01737.x

*Masia-Warner, C., Klein, R. G., Dent, H. C., Fisher, P. H., Alvir, J., Albano, A. M., & Guardino, M. (2005). School-based intervention for adolescents with social anxiety disorder: Results of a controlled study. *Journal of Abnormal Child Psychology, 33,* 707–722. http://dx.doi.org/10.1007/s10802-005-7649-z

*Massimo, J. L., & Shore, M. F. (1963). The effectiveness of a comprehensive, vocationally oriented psychotherapeutic program for adolescent delinquent boys. *American Journal of Orthopsychiatry, 33,* 634–642. http://dx.doi.org/10.1111/j.1939-0025.1963.tb01011.x

Mather, M., Pollard, K., & Jacobson, L. A. (2011). *First results from the 2010 census*. Retrieved from http://www.prb.org/Publications/Reports/2011/census-2010.aspx

*Matos, M., Bauermeister, J. J., & Bernal, G. (2009). Parent-child interaction therapy for Puerto Rican preschool children with ADHD and behavior problems: A pilot efficacy study. *Family Process, 48,* 232–252. http://dx.doi.org/10.1111/j.1545-5300.2009.01279.x

*May, D. E., Kratochvil, C. J., Puumala, S. E., Silva, S. G., Rezac, A. J., Hallin, M. J., . . . March, J. S. (2007). A manual-based intervention to address clinical crises and retain patients in the Treatment of Adolescents With Depression Study (TADS). *Journal of the American Academy of Child & Adolescent Psychiatry, 46,* 573–581. http://dx.doi.org/10.1097/chi.0b013e3180323342

*McCabe, K., & Yeh, M. (2009). Parent-child interaction therapy for Mexican Americans: A randomized clinical trial. *Journal of Clinical Child and Adolescent Psychology, 38,* 753–759. http://dx.doi.org/10.1080/15374410903103544

*McCabe, K., Yeh, M., Lau, A., & Argote, C. B. (2012). Parent-child interaction therapy for Mexican Americans: Results of a pilot randomized clinical trial at follow-up. *Behavior Therapy, 43,* 606–618. http://dx.doi.org/10.1016/j.beth.2011.11.001

*McCarty, C. A., Violette, H. D., Duong, M. T., Cruz, R. A., & McCauley, E. (2013). A randomized trial of the Positive Thoughts and Action program for depression among early adolescents. *Journal of Clinical Child and Adolescent Psychology, 42,* 554–563. http://dx.doi.org/10.1080/15374416.2013.782817

*McCord, J., Tremblay, R. E., Vitaro, F., & Desmarais-Gervais, L. (1994). Boys' disruptive behaviour, school adjustment, and delinquency: The Montreal prevention experiment. *International Journal of Behavioral Development, 17,* 739–752. http://dx.doi.org/10.1177/016502549401700410

*McGilloway, S., Ni Mhaille, G., Bywater, T., Furlong, M., Leckey, Y., Kelly, P., . . . Donnelly, M. (2012). A parenting intervention for childhood behavioral problems: A randomized controlled trial in disadvantaged community-based settings. *Journal of Consulting and Clinical Psychology, 80,* 116–127. http://dx.doi.org/10.1037/a0026304

*McGrath, P. J., Lingley-Pottie, P., Thurston, C., MacLean, C., Cunningham, C., Waschbusch, D. A., . . . Chaplin, W. (2011). Telephone-based mental health interventions for child disruptive behavior or anxiety disorders: Randomized trials and overall analysis. *Journal of the American Academy of Child & Adolescent Psychiatry, 50,* 1162–1172. http://dx.doi.org/10.1016/j.jaac.2011.07.013

McGraw, K. O., & Wong, S. P. (1992). A common language effect size statistic. *Psychological Bulletin, 111,* 361–365. http://dx.doi.org/10.1037/0033-2909.111.2.361

McLeod, B. D., & Weisz, J. R. (2004). Using dissertations to examine potential bias in child and adolescent clinical trials. *Journal of Consulting and Clinical Psychology, 72,* 235–251.

*McMurray, N. E., Bell, R. J., Fusillo, A. D., Morgan, M., & Wright, F. A. C. (1986). Relationship between locus of control and effects of coping strategies on dental stress in children. *Child & Family Behavior Therapy, 8,* 1–18. http://dx.doi.org/10.1300/J019v08n03_01

*McMurray, N. E., Lucas, J. O., Arbres-Duprey, V., & Wright, F. A. C. (1985). The effects of mastery and coping models on dental stress in young children. *Australian Journal of Psychology, 37,* 65–70. http://dx.doi.org/10.1080/00049538508256386

*McNally Keehn, R. H., Lincoln, A. J., Brown, M. Z., & Chavira, D. A. (2013). The Coping Cat program for children with anxiety and autism spectrum disorder: A pilot randomized controlled trial. *Journal of Autism and Developmental Disorders, 43,* 57–67. http://dx.doi.org/10.1007/s10803-012-1541-9

*McNeilly, R. A., & Yorke, C. (1990). Social skills training and the role of a cognitive component in developing school assertion in adolescents. *Canadian Journal of Counselling/Revue Canadienne de Counseling, 24,* 217–229.

*Meichenbaum, D. H., & Goodman, J. (1971). Training impulsive children to talk to themselves: A means of developing self-control. *Journal of Abnormal Psychology, 77,* 115–126. http://dx.doi.org/10.1037/h0030773

*Merry, S. N., Stasiak, K., Shepherd, M., Frampton, C., Fleming, T., & Lucassen, M. F. G. (2012). The effectiveness of SPARX, a computerised self help intervention for adolescents seeking help for depression: Randomised controlled non-inferiority trial. *BMJ: British Medical Journal, 344,* e2598. http://dx.doi.org/10.1136/bmj.e2598

*Miller, D. (1986). Effect of a program of therapeutic discipline on the attitude, attendance, and insight of truant adolescents. *Journal of Experimental Education, 55,* 49–53. http://dx.doi.org/10.1080/00220973.1986.10806435

*Miller, L. C., Barrett, C. L., Hampe, E., & Noble, H. (1972). Comparison of reciprocal inhibition, psychotherapy, and waiting list control for phobic children. *Journal of Abnormal Psychology, 79,* 269–279. http://dx.doi.org/10.1037/h0033224

Miller, S., Wampold, B., & Varhely, K. (2008). Direct comparisons of treatment modalities for youth disorders: A meta-analysis. *Psychotherapy Research, 18,* 5–14. http://dx.doi.org/10.1080/10503300701472131

*Milos, M. E., & Reiss, S. (1982). Effects of three play conditions on separation anxiety in young children. *Journal of Consulting and Clinical Psychology, 50,* 389–395. http://dx.doi.org/10.1037/0022-006X.50.3.389

*Miran, M., Lehrer, P. M., Koehler, R., & Miran, E. (1974). What happens when deviant behavior begins to change? The relevance of a social systems approach for behavioral programs with adolescents. *Journal of Community Psychology, 2,* 370–375. http://dx.doi.org/10.1002/1520-6629(197410)2:4<370::AID-JCOP2290020410>3.0.CO;2-R

*Miranda, A., Presentación, M. J., Siegenthaler, R., & Jara, P. (2013). Effects of a psychosocial intervention on the executive functioning in children with ADHD. *Journal of Learning Disabilities, 46,* 363–376. http://dx.doi.org/10.1177/0022219411427349

Moher, D., Cook, D. J., Eastwood, S., Olkin, I., Rennie, D., & Stroup, D. F. (1999). Improving the quality of reports of meta-analyses of randomised controlled trials: The QUOROM statement. Quality of Reporting of Meta-analyses. *Lancet, 354,* 1896–1900. http://dx.doi.org/10.1016/S0140-6736(99)04149-5

Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G., & PRISMA Group. (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *PLoS Medicine, 6,* e1000097. http://dx.doi.org/10.1371/journal.pmed.1000097

Moher, D., Pham, B., Jones, A., Cook, D. J., Jadad, A. R., Moher, M., . . . Klassen, T. P. (1998). Does quality of reports of randomised trials affect estimates of intervention efficacy reported in meta-analyses? *Lancet, 352,* 609–613. http://dx.doi.org/10.1016/S0140-6736(98)01085-X

Moher, D., Tsertsvadze, A., Tricco, A. C., Eccles, M., Grimshaw, J., Sampson, M., & Barrowman, N. (2007). A systematic review identified few methods and strategies describing when and how to update systematic reviews. *Journal of Clinical Epidemiology, 60,* 1095–1104. http://dx.doi.org/10.1016/j.jclinepi.2007.03.008

*Molina, B. S. G., Flory, K., Bukstein, O. G., Greiner, A. R., Baker, J. L., Krug, V., & Evans, S. W. (2008). Feasibility and preliminary efficacy of an after-school program for middle schoolers with ADHD: A randomized trial in a large public middle school. *Journal of Attention Disorders, 12,* 207–217. http://dx.doi.org/10.1177/1087054707311666

*Molina, B. S. G., Hinshaw, S. P., Swanson, J. M., Arnold, L. E., Vitiello, B., Jensen, P. S., . . . MTA Cooperative Group. (2009). The MTA at 8 years: Prospective follow-up of children treated for combined-type ADHD in a multisite study. *Journal of the American Academy of Child & Adolescent Psychiatry, 48,* 484–500. http://dx.doi.org/10.1097/CHI.0b013e31819c23d0

*Moracco, J., & Kazandkian, A. (1977). Effectiveness of behavior counseling and consulting with non-Western elementary school children. *Elementary School Guidance & Counseling, 11,* 244–251.

*Morawska, A., Haslam, D., Milne, D., & Sanders, M. R. (2011). Evaluation of a brief parenting discussion group for parents of young children. *Journal of Developmental and Behavioral Pediatrics, 32,* 136–145. http://dx.doi.org/10.1097/DBP.0b013e3181f17a28

*Moynahan, L., & Strømgren, B. (2005). Preliminary results of Aggression Replacement Training for Norwegian youth with aggressive behaviour and with a different diagnosis. *Psychology, Crime & Law, 11,* 411–419. http://dx.doi.org/10.1080/10683160500256784

*MTA Cooperative Group. (1999a). A 14-month randomized clinical trial of treatment strategies for attention-deficit/hyperactivity disorder. The MTA Cooperative Group. Multimodal Treatment Study of Children with ADHD. *Archives of General Psychiatry, 56,* 1073–1086. http://dx.doi.org/10.1001/archpsyc.56.12.1073

*MTA Cooperative Group. (1999b). Moderators and mediators of treatment response for children with attention-deficit/hyperactivity disorder: The Multimodal Treatment Study of children with attention-deficit/hyperactivity disorder. *Archives of General Psychiatry, 56,* 1088–1096. http://dx.doi.org/10.1001/archpsyc.56.12.1088

*MTA Cooperative Group. (2004). National Institute of Mental Health Multimodal Treatment Study of ADHD follow-up: 24-month outcomes of treatment strategies for attention-deficit/hyperactivity disorder. *Pediatrics, 113,* 754–761. http://dx.doi.org/10.1542/peds.113.4.754

*Mufson, L., Weissman, M. M., Moreau, D., & Garfinkel, R. (1999). Efficacy of interpersonal psychotherapy for depressed adolescents. *Archives of General Psychiatry, 57,* 573–579. http://dx.doi.or/10-1001/pubs.ArchGenPsychiatry-ISSN-0003-990x-56-6-yoa8163

*Muller, S. D., & Madsen, C. H. (1970). Group desensitization for "anxious" children with reading problems. *Psychology in the Schools, 7,* 184–189. http://dx.doi.org/10.1002/1520-6807(197004)7:2<184::AID-PITS2310070215>3.0.CO;2-Z

*Muris, P., Meesters, C., & van Melick, M. (2002). Treatment of childhood anxiety disorders: A preliminary comparison between cognitive-behavioral group therapy and a psychological placebo intervention. *Journal of Behavior Therapy and Experimental Psychiatry, 33,* 143–158. http://dx.doi.org/10.1016/S0005-7916(02)00025-3

*Muris, P., Merckelbach, H., Holdrinet, I., & Sijsenaar, M. (1998). Treating phobic children: Effects of EMDR versus exposure. *Journal of Consulting and Clinical Psychology, 66,* 193–198. http://dx.doi.org/10.1037/0022-006X.66.1.193

*Murphy, C. M., & Bootzin, R. R. (1973). Active and passive participation in the contact desensitization of snake fear in children. *Behavior Therapy, 4,* 203–211. http://dx.doi.org/10.1016/S0005-7894(73)80029-2

*Najavits, L. M., Gallop, R. J., & Weiss, R. D. (2006). Seeking safety therapy for adolescent girls with PTSD and substance use disorder: A randomized controlled trial. *The Journal of Behavioral Health Services & Research, 33,* 453–463. http://dx.doi.org/10.1007/s11414-006-9034-2

*Nakaya, N., Kumano, H., Minoda, K., Koguchi, T., Tanouchi, K., Kanazawa, M., & Fukudo, S. (2004). Preliminary study: Psychological effects of muscle relaxation on juvenile delinquents. *International Journal of Behavioral Medicine, 11,* 176–180. http://dx.doi.org/10.1207/s15327558ijbm1103_6

*Nelson, W. J., & Birkimer, J. C. (1978). Role of self-instruction and self-reinforcement in the modification of impulsivity. *Journal of Consulting and Clinical Psychology, 46,* 183. http://dx.doi.org/10.1037/0022-006X.46.1.183

*Nickel, M. K., Müehlbacher, M., Kaplan, P., Krawczyk, J., Buschmann, W., Kettler, C., . . . Nickel, C. (2006). Influence of family therapy on bullying behaviour, cortisol secretion, anger, and quality of life in bullying male adolescents: A randomized, prospective, controlled study. *The Canadian Journal of Psychiatry, 51,* 355–362.

*Nixon, R. D. V. (2001). Changes in hyperactivity and temperament in behaviourally disturbed preschoolers after parent–child interaction therapy (PCIT). *Behaviour Change, 18,* 168–176. http://dx.doi.org/10.1375/bech.18.3.168

*Nixon, R. D. V., Sweeney, L., Erickson, D. B., & Touyz, S. W. (2003). Parent-child interaction therapy: A comparison of standard and abbreviated treatments for oppositional defiant preschoolers. *Journal of Consulting and Clinical Psychology, 71,* 251–260. http://dx.doi.org/10.1037/0022-006X.71.2.251

*Nixon, R. D. V., Sweeney, L., Erickson, D. B., & Touyz, S. W. (2004). Parent-child interaction therapy: One- and two-year follow-up of standard and abbreviated treatments for oppositional preschoolers. *Journal of Abnormal Child Psychology, 32,* 263–271. http://dx.doi.org/10.1023/B:JACP.0000026140.60558.05

*Obler, M., & Terwilliger, R. F. (1969). Pilot study on the effectiveness of systematic desensitization among children with phobic disorders. *Proceedings of the Annual Convention of the American Psychological Association, 4,* 501–502. http://dx.doi.org/10.1037/e463452008-010

*Obler, M., & Terwilliger, R. F. (1970). Pilot study on the effectiveness of systematic desensitization with neurologically impaired children with phobic disorders. *Journal of Consulting and Clinical Psychology, 34,* 314–318. http://dx.doi.org/10.1037/h0029367

*Ogden, T., & Hagen, K. A. (2008). Treatment effectiveness of Parent Management Training in Norway: A randomized controlled trial of children with conduct problems. *Journal of Consulting and Clinical*

Psychology, 76, 607–621. http://dx.doi.org/10.1037/0022-006X.76.4.607

*Ogden, T., & Halliday-Boykins, C. A. (2004). Multisystemic treatment of antisocial adolescents in Norway: Replication of clinical outcomes outside of the US. *Child and Adolescent Mental Health, 9,* 77–83. http://dx.doi.org/10.1111/j.1475-3588.2004.00085.x

*Oldfield, D. (1986). The effects of the relaxation response on self-concept and acting out behaviors. *Elementary School Guidance & Counseling, 20,* 255–260.

*O'Leary, K. D., Pelham, W. E., Rosenbaum, A., & Price, G. H. (1976). Behavioral treatment of hyperkinetic children. An experimental evaluation of its usefulness. *Clinical Pediatrics, 15,* 510–515. http://dx.doi.org/10.1177/000992287601500603

*Ollendick, T. H., Ost, L.-G., Reuterskiöld, L., Costa, N., Cederlund, R., Sirbu, C., . . . Jarrett, M. A. (2009). One-session treatment of specific phobias in youth: A randomized clinical trial in the United States and Sweden. *Journal of Consulting and Clinical Psychology, 77,* 504–516. http://dx.doi.org/10.1037/a0015158

*Omizo, M. M., Hershberger, J. M., & Omizo, S. A. (1988). Teaching children to cope with anger. *Elementary School Guidance & Counseling, 22,* 241–245.

*Omizo, M. M., & Michael, W. B. (1982). Biofeedback-induced relaxation training and impulsivity, attention to task, and locus of control among hyperactive boys. *Journal of Learning Disabilities, 15,* 414–416. http://dx.doi.org/10.1177/002221948201500708

*Öst, L.-G., Svensson, L., Hellström, K., & Lindwall, R. (2001). One-session treatment of specific phobias in youths: A randomized clinical trial. *Journal of Consulting and Clinical Psychology, 69,* 814–824. http://dx.doi.org/10.1037/0022-006X.69.5.814

*Östberg, M., & Rydell, A.-M. (2012). An efficacy study of a combined parent and teacher management training programme for children with ADHD. *Nordic Journal of Psychiatry, 66,* 123–130. http://dx.doi.org/10.3109/08039488.2011.641587

*Ostrom, T. M., Steele, C. M., Rosenblood, L. K., & Mirels, H. L. (1971). Modification of delinquent behavior. *Journal of Applied Social Psychology, 1,* 118–136. http://dx.doi.org/10.1111/j.1559-1816.1971.tb00357.x

*Packman, J., & Bratton, S. C. (2003). A school-based group play/activity therapy intervention with learning disabled preadolescents exhibiting behavior problems. *International Journal of Play Therapy, 12,* 7–29. http://dx.doi.org/10.1037/h0088876

*Palkes, H., Stewart, M., & Freedman, J. (1971). Improvement in maze performance of hyperactive boys as a function of verbal-training procedures. *The Journal of Special Education, 5,* 337–342. http://dx.doi.org/10.1177/002246697100500404

*Palkes, H., Stewart, M., & Kahana, B. (1968). Porteus maze performance of hyperactive boys after training in self-directed verbal commands. *Child Development, 39,* 817–826. http://dx.doi.org/10.2307/1126985

*Pantin, H., Prado, G., Lopez, B., Huang, S., Tapia, M. I., Schwartz, S. J., . . . Branchini, J. (2009). A randomized controlled trial of Familias Unidas for Hispanic adolescents with behavior problems. *Psychosomatic Medicine, 71,* 987–995. http://dx.doi.org/10.1097/PSY.0b013e3181bb2913

*Parrish, J. M., & Erickson, M. T. (1981). A comparison of cognitive strategies in modifying the cognitive style of impulsive third-grade children. *Cognitive Therapy and Research, 5,* 71–84. http://dx.doi.org/10.1007/BF01172327

*Parsons, B. V., Jr., & Alexander, J. F. (1973). Short-term family intervention: A therapy outcome study. *Journal of Consulting and Clinical Psychology, 41,* 195–201. http://dx.doi.org/10.1037/h0035181

*Patterson, G. R., Chamberlain, P., & Reid, J. B. (1982). A comparative evaluation of a parent-training program. *Behavior Therapy, 13,* 638–650. http://dx.doi.org/10.1016/S0005-7894(82)80021-X

*Patterson, J., Barlow, J., Mockford, C., Klimes, I., Pyper, C., & Stewart-Brown, S. (2002). Improving mental health through parenting programmes: Block randomised controlled trial. *Archives of Disease in Childhood, 87,* 472–477. http://dx.doi.org/10.1136/adc.87.6.472

*Pediatric OCD Treatment Study (POTS) Team. (2004). Cognitive-behavior therapy, sertraline, and their combination for children and adolescents with obsessive-compulsive disorder: The Pediatric OCD Treatment Study (POTS) randomized controlled trial. *JAMA: Journal of the American Medical Association, 292,* 1969–1976. http://dx.doi.org/10.1001/jama.292.16.1969

*Perreau-Linck, E., Lessard, N., Lévesque, J., & Beauregard, M. (2010). Effects of neurofeedback training on inhibitory capacities in ADHD children: A single-blind, randomized, placebo-controlled study. *Journal of Neurotherapy, 14,* 229–242. http://dx.doi.org/10.1080/10874208.2010.501514

*Persons, R. W. (1966a). Psychological and behavioral change in delinquents following psychotherapy. *Journal of Clinical Psychology, 22,* 337–340. http://dx.doi.org/10.1002/1097-4679(196607)22:3<337::AID-JCLP2270220328>3.0.CO;2-0

*Persons, R. W. (1966b). Relationship between psychotherapy with institutionalized delinquent boys and subsequent community adjustment. *Proceedings of the 74th Annual Convention of the American Psychological Association,* 187–188.

*Persons, R. W. (1967). Relationship between psychotherapy with institutionalized boys and subsequent community adjustment. *Journal of Consulting Psychology, 31,* 137–141. http://dx.doi.org/10.1037/h0024443

*Pfeiffer, B., Henry, A., Miller, S., & Witherell, S. (2008). Effectiveness of Disc 'O' Sit cushions on attention to task in second-grade students with attention difficulties. *American Journal of Occupational Therapy, 62,* 274–281. http://dx.doi.org/10.5014/ajot.62.3.274

*Pfiffner, L. J., Yee Mikami, A., Huang-Pollock, C., Easterlin, B., Zalecki, C., & McBurnett, K. (2007). A randomized, controlled trial of integrated home-school behavioral treatment for ADHD, predominantly inattentive type. *Journal of the American Academy of Child & Adolescent Psychiatry, 46,* 1041–1050. http://dx.doi.org/10.1097/chi.0b013e318064675f

*Pincus, D. B., May, J. E., Whitton, S. W., Mattis, S. G., & Barlow, D. H. (2010). Cognitive-behavioral treatment of panic disorder in adolescence. *Journal of Clinical Child and Adolescent Psychology, 39,* 638–649. http://dx.doi.org/10.1080/15374416.2010.501288

*Pineda, J., & Dadds, M. R. (2013). Family intervention for adolescents with suicidal behavior: A randomized controlled trial and mediation analysis. *Journal of the American Academy of Child & Adolescent Psychiatry, 52,* 851–862. http://dx.doi.org/10.1016/j.jaac.2013.05.015

*Pisterman, S., Firestone, P., McGrath, P., Goodman, J. T., Webster, I., Mallory, R., & Goffin, B. (1992a). The effects of parent training on parenting stress and sense of competence. *Canadian Journal of Behavioural Science/Revue canadienne des sciences du comportement, 24,* 41–58. http://dx.doi.org/10.1037/h0078699

*Pisterman, S., Firestone, P., McGrath, P., Goodman, J. T., Webster, I., Mallory, R., & Goffin, B. (1992b). The role of parent training in treatment of preschoolers with ADDH. *American Journal of Orthopsychiatry, 62,* 397–408. http://dx.doi.org/10.1037/h0079356

*Pisterman, S., McGrath, P., Firestone, P., Goodman, J. T., Webster, I., & Mallory, R. (1989). Outcome of parent-mediated treatment of preschoolers with attention deficit disorder with hyperactivity. *Journal of Consulting and Clinical Psychology, 57,* 628–635. http://dx.doi.org/10.1037/0022-006X.57.5.628

*Porter, B. A., & Hoedt, K. C. (1985). Differential effects of an Adlerian counseling approach with preadolescent children. *Individual Psychology: Journal of Adlerian Theory, Research & Practice, 41,* 372–385.

*Porter, S. S., & Omizo, M. M. (1984). The effects of group relaxation training/large muscle exercise, and parental involvement on attention to task, impulsivity, and locus of control among hyperactive boys. *Exceptional Child, 31,* 54–64. http://dx.doi.org/10.1080/0156655840310107

*Poythress, N. G., Dembo, R., Dudell, G., & Wareham, J. (2006). Arbitration Intervention Worker (AIW) services: Case management overlay in a juvenile diversion program. *Journal of Offender Rehabilitation, 43,* 7–26. http://dx.doi.org/10.1300/J076v43n04_02

*Rabiner, D. L., Murray, D. W., Skinner, A. T., & Malone, P. S. (2010). A randomized trial of two promising computer-based interventions for students with attention difficulties. *Journal of Abnormal Child Psychology, 38,* 131–142. http://dx.doi.org/10.1007/s10802-009-9353-x

*Randell, B. P., Eggert, L. L., & Pike, K. C. (2001). Immediate post intervention effects of two brief youth suicide prevention interventions. *Suicide and Life-Threatening Behavior, 31,* 41–61. http://dx.doi.org/10.1521/suli.31.1.41.21308

*Randolph, D. L., & Hardage, N. C. (1973). Behavioral consultation and group counseling with potential dropouts. *Elementary School Guidance & Counseling, 7,* 204–209.

*Rapee, R. M., Abbott, M. J., & Lyneham, H. J. (2006). Bibliotherapy for children with anxiety disorders using written materials for parents: A randomized controlled trial. *Journal of Consulting and Clinical Psychology, 74,* 436–444. http://dx.doi.org/10.1037/0022-006X.74.3.436

Raudenbush, S., & Bryk, A. (2002). *Hierarchical linear models: Applications and data analysis methods*. Thousand Oaks, CA: Sage.

*Raue, J., & Spence, S. H. (1985). Group versus individual applications of reciprocity training for parent-youth conflict. *Behaviour Research and Therapy, 23,* 177–186. http://dx.doi.org/10.1016/0005-7967(85)90026-9

*Ray, D. C., Schottelkorb, A., & Tsai, M.-H. (2007). Play therapy with children exhibiting symptoms of attention deficit hyperactivity disorder. *International Journal of Play Therapy, 16,* 95–111. http://dx.doi.org/10.1037/1555-6824.16.2.95

*Reaven, J., Blakeley-Smith, A., Culhane-Shelburne, K., & Hepburn, S. (2012). Group cognitive behavior therapy for children with high-functioning autism spectrum disorders and anxiety: A randomized trial. *Journal of Child Psychology and Psychiatry, 53,* 410–419. http://dx.doi.org/10.1111/j.1469-7610.2011.02486.x

*Redfering, D. L. (1972). Group counseling with institutionalized delinquent females. *American Corrective Therapy Journal, 26,* 160–163.

*Redfering, D. L. (1973). Durability of effects of group counseling with institutionalized delinquent females. *Journal of Abnormal Psychology, 82,* 85–86. http://dx.doi.org/10.1037/h0034973

*Redfering, D. L., & Bowman, M. J. (1981). Effects of a meditative-relaxation exercise on non-attending behaviors of behaviorally disturbed children. *Journal of Clinical Child Psychology, 10,* 126–127. http://dx.doi.org/10.1080/15374418109533030

*Reid, M. K., & Borkowski, J. G. (1987). Causal attributions of hyperactive children: Implications for teaching strategies and self-control. *Journal of Educational Psychology, 79,* 296–307. http://dx.doi.org/10.1037/0022-0663.79.3.296

*Reid, M. J., Webster-Stratton, C., & Hammond, M. (2003). Follow-up of children who received the Incredible Years Intervention for oppositional-defiant disorder: Maintenance and prediction of 2-year outcome. *Behavior Therapy, 34,* 471–491. http://dx.doi.org/10.1016/S0005-7894(03)80031-X

*Renaud, J., Brent, D. A., Baugher, M., Birmaher, B., Kolko, D. J., & Bridge, J. (1998). Rapid response to psychosocial treatment for adolescent depression: A two-year follow-up. *Journal of the American Academy of Child & Adolescent Psychiatry, 37,* 1184–1190. http://dx.doi.org/10.1097/00004583-199811000-00019

Reynolds, S., Wilson, C., Austin, J., & Hooper, L. (2012). Effects of psychotherapy for anxiety in children and adolescents: A meta-analytic review. *Clinical Psychology Review, 32,* 251–262. http://dx.doi.org/10.1016/j.cpr.2012.01.005

*Reynolds, W. M., & Coats, K. I. (1986). A comparison of cognitive-behavioral therapy and relaxation training for the treatment of depression in adolescents. *Journal of Consulting and Clinical Psychology, 54,* 653–660. http://dx.doi.org/10.1037/0022-006X.54.5.653

*Rickson, D. J. (2006). Instructional and improvisational models of music therapy with adolescents who have attention deficit hyperactivity disorder (ADHD): A comparison of the effects on motor impulsivity. *Journal of Music Therapy, 43,* 39–62. http://dx.doi.org/10.1093/jmt/43.1.39

*Rickson, D. J., & Watkins, W. G. (2003). Music therapy to promote prosocial behaviors in aggressive adolescent boys—A pilot study. *Journal of Music Therapy, 40,* 283–301. http://dx.doi.org/10.1093/jmt/40.4.283

*Ridberg, E. H., Parke, R. D., & Hetherington, E. M. (1971). Modification of impulsive and reflective cognitive styles through observation of film-mediated models. *Developmental Psychology, 5,* 369–377. http://dx.doi.org/10.1037/h0031613

*Ritter, B. (1968a). Effect of contact desensitization on avoidance behavior, fear ratings, and self-evaluative statements. *Proceedings of the 76th Annual Convention of the American Psychological Association, 3,* 527S40–528.

*Ritter, B. (1968b). The group desensitization of children's snake phobias using vicarious and contact desensitization procedures. *Behaviour Research and Therapy, 6,* 1–6. http://dx.doi.org/10.1016/0005-7967(68)90033-8

*Rivera, E., & Omizo, M. M. (1980). The effects of relaxation and biofeedback on attention to task and impulsivity among male hyperactive children. *Exceptional Child, 27,* 41–51. http://dx.doi.org/10.1080/0156655800270104

*Roberts, M. W., Hatzenbuehler, L. C., & Bean, A. W. (1981). The effects of differential attention and time out on child noncompliance. *Behavior Therapy, 12,* 93–99. http://dx.doi.org/10.1016/S0005-7894(81)80109-8

*Roberts, M. W., McMahon, R. J., Forehand, R., & Humphreys, L. (1978). The effect of parental instruction-giving on child compliance. *Behavior Therapy, 9,* 793–798. http://dx.doi.org/10.1016/S0005-7894(78)80009-4

*Rohde, P., Clarke, G. N., Mace, D. E., Jorgensen, J. S., & Seeley, J. R. (2004). An efficacy/effectiveness study of cognitive-behavioral treatment for adolescents with comorbid major depression and conduct disorder. *Journal of the American Academy of Child & Adolescent Psychiatry, 43,* 660–668. http://dx.doi.org/10.1097/01.chi.0000121067.29744.41

*Rohde, P., Jorgensen, J. S., Seeley, J. R., & Mace, D. E. (2004). Pilot evaluation of the Coping Course: A cognitive-behavioral intervention to enhance coping skills in incarcerated youth. *Journal of the American Academy of Child & Adolescent Psychiatry, 43,* 669–676. http://dx.doi.org/10.1097/01.chi.0000121068.29744.a5

*Rohde, P., Lewinsohn, P. M., & Seeley, J. R. (1994). Response of depressed adolescents to cognitive-behavioral treatment: Do differences in initial severity clarify the comparison of treatments? *Journal of Consulting and Clinical Psychology, 62,* 851–854. http://dx.doi.org/10.1037/0022-006X.62.4.851

*Rohde, P., Stice, E., Gau, J. M., & Marti, C. N. (2012). Reduced substance use as a secondary benefit of an indicated cognitive-behavioral adolescent depression prevention program. *Psychology of Addictive Behaviors, 26,* 599–608. http://dx.doi.org/10.1037/a0028269

*Rosal, M. L. (1993). Comparative group art therapy research to evaluate changes in locus of control in behavior disordered children. *The Arts in Psychotherapy, 20,* 231–241. http://dx.doi.org/10.1016/0197-4556(93)90018-W

*Rosenfarb, I., & Hayes, S. C. (1984). Social standard setting: The Achilles heel of informational accounts of therapeutic change. *Behavior Therapy, 15,* 515–528. http://dx.doi.org/10.1016/S0005-7894(84)80053-2

Rosenthal, R. (1979). The file drawer problem and tolerance for null results. *Psychological Bulletin, 86,* 638–641. http://dx.doi.org/10.1037/0033-2909.86.3.638

*Rosselló, J., & Bernal, G. (1999). The efficacy of cognitive-behavioral and interpersonal treatments for depression in Puerto Rican adolescents. *Journal of Consulting and Clinical Psychology, 67,* 734–745. http://dx.doi.org/10.1037/0022-006X.67.5.734

*Rowland, M. D., Halliday-Boykins, C. A., Henggeler, S. W., Cunningham, P. B., Lee, T. G., Kruesi, M. J. P., & Shapiro, S. B. (2005). A randomized trial of multisystemic therapy with Hawaii's Felix Class youths. *Journal of Emotional and Behavioral Disorders, 13,* 13–23. http://dx.doi.org/10.1177/10634266050130010201

*Ruf, M., Schauer, M., Neuner, F., Catani, C., Schauer, E., & Elbert, T. (2010). Narrative exposure therapy for 7- to 16-year-olds: A randomized controlled trial with traumatized refugee children. *Journal of Traumatic Stress, 23,* 437–445. http://dx.doi.org/10.1002/jts.20548

*Saigh, P. A., & Antoun, F. T. (1984). Endemic images and the desensitization process. *Journal of School Psychology, 22,* 177–183. http://dx.doi.org/10.1016/0022-4405(84)90037-2

*Sánchez-García, R., & Olivares Rodríguez, J. (2009). Effectiveness of a program for early detection/intervention in children/adolescents with generalized social phobia. *Anales de Psicología, 25,* 241–249.

*Sanders, M. R., Montgomery, D. T., & Brechman-Toussaint, M. L. (2000). The mass media and the prevention of child behavior problems: The evaluation of a television series to promote positive outcomes for parents and their children. *Journal of Child Psychology and Psychiatry, 41,* 939–948. http://dx.doi.org/10.1111/1469-7610.00681

*Sanford, M., Boyle, M., McCleary, L., Miller, J., Steele, M., Duku, E., & Offord, D. (2006). A pilot study of adjunctive family psychoeducation in adolescent major depression: Feasibility and treatment effect. *Journal of the American Academy of Child & Adolescent Psychiatry, 45,* 386–395. http://dx.doi.org/10.1097/01.chi.0000198595.68820.10

*Santacruz, I., Méndez, F. J., & Sánchez-Meca, J. (2006). Play therapy applied by parents for children with darkness phobia: Comparison of two programmes. *Child & Family Behavior Therapy, 28,* 19–35. http://dx.doi.org/10.1300/J019v28n01_02

*Santisteban, D. A., Coatsworth, J. D., Perez-Vidal, A., Kurtines, W. M., Schwartz, S. J., LaPerriere, A., & Szapocznik, J. (2003). Efficacy of brief strategic family therapy in modifying Hispanic adolescent behavior problems and substance use. *Journal of Family Psychology, 17,* 121–133. http://dx.doi.org/10.1037/0893-3200.17.1.121

*Santucci, L. C., & Ehrenreich-May, J. (2013). A randomized controlled trial of the child anxiety multi-day program (CAMP) for separation anxiety disorder. *Child Psychiatry and Human Development, 44,* 439–451. http://dx.doi.org/10.1007/s10578-012-0338-6

*Sayger, T. V., Horne, A. M., Walker, J. M., & Passmore, J. L. (1988). Social learning family therapy with aggressive children: Treatment outcome and maintenance. *Journal of Family Psychology, 1,* 261–285. http://dx.doi.org/10.1037/h0080461

*Saylor, C. F., Benson, B., & Einhaus, L. (1985). Evaluation of an anger management program for aggressive boys in inpatient treatment. *Journal of Child & Adolescent Psychotherapy, 2,* 5–15.

*Scahill, L., Sukhodolsky, D. G., Bearss, K., Findley, D., Hamrin, V., Carroll, D. H., & Rains, A. L. (2006). Randomized trial of parent management training in children with tic disorders and disruptive behavior. *Journal of Child Neurology, 21,* 650–656. http://dx.doi.org/10.1177/08830738060210080201

*Scharfstein, L. A., Beidel, D. C., Finnell, L. R., Distler, A., & Carter, N. T. (2011). Do pharmacological and behavioral interventions differentially affect treatment outcome for children with social phobia? *Behavior Modification, 35,* 451–467. http://dx.doi.org/10.1177/0145445511408590

*Scheeringa, M. S., Weems, C. F., Cohen, J. A., Amaya-Jackson, L., & Guthrie, D. (2011). Trauma-focused cognitive-behavioral therapy for posttraumatic stress disorder in three-through six year-old children: A randomized clinical trial. *Journal of Child Psychology and Psychiatry, 52,* 853–860. http://dx.doi.org/10.1111/j.1469-7610.2010.02354.x

*Scherer, D. G., Brondino, M. J., Henggeler, S. W., Melton, G. B., & Hanley, J. H. (1994). Multisystemic family preservation therapy: Preliminary findings from a study of rural and minority serious adolescent offenders. *Journal of Emotional and Behavioral Disorders, 2,* 198–206. http://dx.doi.org/10.1177/106342669400200402

*Schleser, R., Meyers, A. W., Cohen, R., & Thackwray, D. (1983). Self-instruction interventions with non-self-controlled children: Effects of discovery versus faded rehearsal. *Journal of Consulting and Clinical Psychology, 51,* 954–955. http://dx.doi.org/10.1037/0022-006X.51.6.954

*Schlichter, K. J., & Horan, J. J. (1981). Effects of stress inoculation on the anger and aggression management skills of institutionalized juvenile delinquents. *Cognitive Therapy and Research, 5,* 359–365. http://dx.doi.org/10.1007/BF01173687

*Schneider, B. H., & Byrne, B. M. (1987). Individualizing social skills training for behavior-disordered children. *Journal of Consulting and Clinical Psychology, 55,* 444–445. http://dx.doi.org/10.1037/0022-006X.55.3.444

*Schneider, S., Blatter-Meunier, J., Herren, C., Adornetto, C., In-Albon, T., & Lavallee, K. (2011). Disorder-specific cognitive-behavioral therapy for separation anxiety disorder in young children: A randomized waiting-list-controlled trial. *Psychotherapy and Psychosomatics, 80,* 206–215. http://dx.doi.org/10.1159/000323444

*Schuhmann, E. M., Foote, R. C., Eyberg, S. M., Boggs, S. R., & Algina, J. (1998). Efficacy of parent-child interaction therapy: Interim report of a randomized trial with short-term maintenance. *Journal of Clinical Child Psychology, 27,* 34–45. http://dx.doi.org/10.1207/s15374424jccp2701_4

*Scott, S., Sylva, K., Doolan, M., Price, J., Jacobs, B., Crook, C., & Landau, S. (2010). Randomised controlled trial of parent groups for child antisocial behaviour targeting multiple risk factors: The SPOKES project. *Journal of Child Psychology and Psychiatry, 51,* 48–57. http://dx.doi.org/10.1111/j.1469-7610.2009.02127.x

*Sexton, T., & Turner, C. W. (2010). The effectiveness of functional family therapy for youth with behavioral problems in a community practice setting. *Journal of Family Psychology, 24,* 339–348. http://dx.doi.org/10.1037/a0019406

*Shaffer, R. J., Jacokes, L. E., Cassily, J. F., Greenspan, S. I., Tuchman, R. F., & Stemmer, P. J. J., Jr. (2001). Effect of interactive metronome training on children with ADHD. *American Journal of Occupational Therapy, 55,* 155–162. http://dx.doi.org/10.5014/ajot.55.2.155

*Shalev, L., Tsal, Y., & Mevorach, C. (2007). Computerized progressive attentional training (CPAT) program: Effective direct intervention for children with ADHD. *Child Neuropsychology, 13,* 382–388. http://dx.doi.org/10.1080/09297040600770787

*Shechtman, Z. (1999). Bibliotherapy: An indirect approach to treatment of childhood aggression. *Child Psychiatry and Human Development, 30,* 39–53. http://dx.doi.org/10.1023/A:1022671009144

*Shechtman, Z. (2000). An innovative intervention for treatment of child and adolescent aggression: An outcome study. *Psychology in the Schools, 37,* 157–167. http://dx.doi.org/10.1002/(SICI)1520-6807(200003)37:2<157::AID-PITS7>3.0.CO;2-G

*Shechtman, Z. (2006). The contribution of bibliotherapy to the counseling of aggressive boys. *Psychotherapy Research, 16,* 645–651. http://dx.doi.org/10.1080/10503300600591312

*Shechtman, Z., & Ben-David, M. (1999). Individual and group psychotherapy of childhood aggression: A comparison of outcomes and processes. *Group Dynamics: Theory, Research, and Practice, 3,* 263–274. http://dx.doi.org/10.1037/1089-2699.3.4.263

*Sheslow, D. V., Bondy, A. S., & Nelson, R. O. (1983). A comparison of graduated exposure, verbal coping skills, and their combination in the treatment of children's fear of the dark. *Child & Family Behavior Therapy, 4,* 33–45. http://dx.doi.org/10.1300/J019v04n02_03

Shojania, K. G., Sampson, M., Ansari, M. T., Jun, J., Doucette, S., & Moher, D. (2007). *Updating systematic reviews* (Prepared by the University of Ottawa Evidence-based Practice Centre under Contract No. 290–02-0017). Rockville, MD: Agency for Healthcare Research and Quality. (AHRQ Publication No. 07–0087)

*Shore, M. F., & Massimo, J. L. (1966). Comprehensive vocationally oriented psychotherapy for adolescent delinquent boys: A follow-up study. *American Journal of Orthopsychiatry, 36,* 609–615. http://dx.doi.org/10.1111/j.1939-0025.1966.tb02312.x

*Shore, M. F., & Massimo, J. L. (1969). Five years later: A followup study of compehensive vocationally oriented pyschotherapy. *American Journal of Orthopsychiatry, 39,* 769–773. http://dx.doi.org/10.1111/j.1939-0025.1969.tb00658.x

*Shore, M. F., & Massimo, J. L. (1973). After ten years: A follow-up study of comprehensive vocationally oriented psychotherapy. *American Journal of Orthopsychiatry, 43,* 128–132. http://dx.doi.org/10.1111/j.1939-0025.1973.tb00793.x

*Shortt, A. L., Barrett, P. M., & Fox, T. L. (2001). Evaluating the FRIENDS program: A cognitive-behavioral group treatment for anxious children and their parents. *Journal of Clinical Child Psychology, 30,* 525–535. http://dx.doi.org/10.1207/S15374424JCCP3004_09

*Sigmarsdóttir, M., Degarmo, D. S., Forgatch, M. S., & Guðmundsdóttir, E. V. (2013). Treatment effectiveness of PMTO for children's behavior problems in Iceland: Assessing parenting practices in a randomized controlled trial. *Scandinavian Journal of Psychology, 54,* 468–476. http://dx.doi.org/10.1111/sjop.12078

Silverman, W. K., & Hinshaw, S. P. (Eds.). (2008). Evidence-based psychosocial treatments for children and adolescents: A ten year update [Special issue]. *Journal of Clinical Child and Adolescent Psychology, 37,* 1–7. http://dx.doi.org/10.1080/15374410701817725

*Silverman, W. K., Kurtines, W. M., Ginsburg, G. S., Weems, C. F., Lumpkin, P. W., & Carmichael, D. H. (1999). Treating anxiety disorders in children with group cognitive-behaviorial therapy: A randomized clinical trial. *Journal of Consulting and Clinical Psychology, 67,* 995–1003. http://dx.doi.org/10.1037/0022-006X.67.6.995

*Silverman, W. K., Kurtines, W. M., Ginsburg, G. S., Weems, C. F., Rabian, B., & Serafini, L. T. (1999). Contingency management, self-control, and education support in the treatment of childhood phobic disorders: A randomized clinical trial. *Journal of Consulting and Clinical Psychology, 67,* 675–687. http://dx.doi.org/10.1037/0022-006X.67.5.675

*Simon, E., Bögels, S. M., & Voncken, J. M. (2011). Efficacy of child-focused and parent-focused interventions in a child anxiety prevention study. *Journal of Clinical Child and Adolescent Psychology, 40,* 204–219. http://dx.doi.org/10.1080/15374416.2011.546039

*Simon, E., Dirksen, C., Bögels, S., & Bodden, D. (2012). Cost-effectiveness of child-focused and parent-focused interventions in a child anxiety prevention program. *Journal of Anxiety Disorders, 26,* 287–296. http://dx.doi.org/10.1016/j.janxdis.2011.12.008

*Sinha, U. K., & Kapur, M. (1999). Psychotherapy with emotionally disturbed adolescent boys: Outcome and process study. *NIMHANS Journal, 17,* 113–130.

*Siu, A. F. Y. (2007). Using friends to combat internalizing problems among primary school children in Hong Kong. *Journal of Evidence-Based Psychotherapies, 7,* 11–26.

Smith, M. L. (1980). *The benefits of psychotherapy*. Baltimore, MD: Johns Hopkins Press.

*Smith, P., Yule, W., Perrin, S., Tranah, T., Dalgleish, T., & Clark, D. M. (2007). Cognitive-behavioral therapy for PTSD in children and adolescents: A preliminary randomized controlled trial. *Journal of the American Academy of Child & Adolescent Psychiatry, 46,* 1051–1061. http://dx.doi.org/10.1097/CHI.0b013e318067e288

*Snyder, J. J., & White, M. J. (1979). The use of cognitive self-instruction in the treatment of behaviorally disturbed adolescents. *Behavior Therapy, 10,* 227–235. http://dx.doi.org/10.1016/S0005-7894(79)80040-4

*Snyder, K. V., Kymissis, P., & Kessler, K. (1999). Anger management for adolescents: Efficacy of brief group therapy. *Journal of the American Academy of Child & Adolescent Psychiatry, 38,* 1409–1416. http://dx.doi.org/10.1097/00004583-199911000-00016

*Sofronoff, K., Attwood, T., & Hinton, S. (2005). A randomised controlled trial of a CBT intervention for anxiety in children with Asperger syndrome. *Journal of Child Psychology and Psychiatry, 46,* 1152–1160. http://dx.doi.org/10.1111/j.1469-7610.2005.00411.x

*Solomon, M., Ono, M., Timmer, S., & Goodlin-Jones, B. (2008). The effectiveness of parent-child interaction therapy for families of children on the autism spectrum. *Journal of Autism and Developmental Disorders, 38,* 1767–1776. http://dx.doi.org/10.1007/s10803-008-0567-5

*Somech, L. Y., & Elizur, Y. (2012). Promoting self-regulation and cooperation in pre-kindergarten children with conduct problems: A randomized controlled trial. *Journal of the American Academy of Child & Adolescent Psychiatry, 51,* 412–422. http://dx.doi.org/10.1016/j.jaac.2012.01.019

Sonuga-Barke, E. J., Brandeis, D., Cortese, S., Daley, D., Ferrin, M., Holtmann, M., . . . European ADHD Guidelines Group. (2013). Nonpharmacological interventions for ADHD: Systematic review and meta-analyses of randomized controlled trials of dietary and psychological treatments. *The American Journal of Psychiatry, 170,* 275–289. http://dx.doi.org/10.1176/appi.ajp.2012.12070991

*Southam-Gerow, M. A., Weisz, J. R., Chu, B. C., McLeod, B. D., Gordis, E. B., & Connor-Smith, J. K. (2010). Does cognitive behavioral therapy for youth anxiety outperform usual care in community clinics? An initial effectiveness test. *Journal of the American Academy of Child & Adolescent Psychiatry, 49,* 1043–1052. http://dx.doi.org/10.1016/j.jaac.2010.06.009

*Spaccarelli, S., Cotler, S., & Penman, D. (1992). Problem-solving skills training as a Suppl. to behavioral parent training. *Cognitive Therapy and Research, 16,* 1–17. http://dx.doi.org/10.1007/BF01172953

*Spence, S. H., Donovan, C., & Brechman-Toussaint, M. (2000). The treatment of childhood social phobia: The effectiveness of a social skills training-based, cognitive-behavioural intervention, with and without parental involvement. *Journal of Child Psychology and Psychiatry, 41,* 713–726. http://dx.doi.org/10.1111/1469-7610.00659

*Spence, S. H., Donovan, C. L., March, S., Gamble, A., Anderson, R. E., Prosser, S., & Kenardy, J. (2011). A randomized controlled trial of online versus clinic-based CBT for adolescent anxiety. *Journal of Consulting and Clinical Psychology, 79,* 629–642. http://dx.doi.org/10.1037/a0024512

*Spence, S. H., Holmes, J. M., March, S., & Lipp, O. V. (2006). The feasibility and outcome of clinic plus internet delivery of cognitive-behavior therapy for childhood anxiety. *Journal of Consulting and Clinical Psychology, 74,* 614–621. http://dx.doi.org/10.1037/0022-006X.74.3.614

*Spence, S. H., & Marzillier, J. S. (1981). Social skills training with adolescent male offenders—II. Short-term, long-term and generalized effects. *Behaviour Research and Therapy, 19,* 349–368. http://dx.doi.org/10.1016/0005-7967(81)90056-5

Spielmans, G. I., Gatlin, E. T., & McFall, J. P. (2010). The efficacy of evidence-based psychotherapies versus usual care for youths: Controlling confounds in a meta-reanalysis. *Psychotherapy Research, 20,* 234–246. http://dx.doi.org/10.1080/10503300903311293

*Spijkers, W., Jansen, D. E., & Reijneveld, S. A. (2013). Effectiveness of Primary Care Triple P on child psychosocial problems in preventive child healthcare: A randomized controlled trial. *BMC Medicine, 11,* 240. http://dx.doi.org/10.1186/1741-7015-11-240

*Stallard, P., Richardson, T., Velleman, S., & Attwood, M. (2011). Computerized CBT (Think, Feel, Do) for depression and anxiety in children and adolescents: Outcomes and feedback from a pilot randomized controlled trial. *Behavioural and Cognitive Psychotherapy, 39,* 273–284. http://dx.doi.org/10.1017/S135246581000086X

*Stanton, H. E. (1994). Self-hypnosis: One path to reduced test anxiety. *Contemporary Hypnosis, 11,* 14–18.

*Stark, K. D., Reynolds, W. M., & Kaslow, N. J. (1987). A comparison of the relative efficacy of self-control therapy and a behavioral problem-solving therapy for depression in children. *Journal of Abnormal Child Psychology, 15,* 91–113. http://dx.doi.org/10.1007/BF00916468

*Stein, B. D., Jaycox, L. H., Kataoka, S. H., Wong, M., Tu, W., Elliott, M. N., & Fink, A. (2003). A mental health intervention for schoolchildren exposed to violence: A randomized controlled trial. *JAMA: Journal of the American Medical Association, 290,* 603–611. http://dx.doi.org/10.1001/jama.290.5.603

Steiner, H. (1997). Practice parameters for the assessment and treatment of children and adolescents with conduct disorder. *Journal of the American Academy of Child & Adolescent Psychiatry, 36*(Suppl.), 122S–139S. http://dx.doi.org/10.1097/00004583-199710001-00008

*Steiner, N. J., Sheldrick, R. C., Gotthelf, D., & Perrin, E. C. (2011). Computer-based attention training in the schools for children with attention deficit/hyperactivity disorder: A preliminary trial. *Clinical Pediatrics, 50,* 615–622. http://dx.doi.org/10.1177/0009922810397887

*Stice, E., Burton, E., Bearman, S. K., & Rohde, P. (2007). Randomized trial of a brief depression prevention program: An elusive search for a psychosocial placebo control condition. *Behaviour Research and Therapy, 45,* 863–876. http://dx.doi.org/10.1016/j.brat.2006.08.008

*Stice, E., Rohde, P., Gau, J. M., & Wade, E. (2010). Efficacy trial of a brief cognitive-behavioral depression prevention program for high-risk adolescents: Effects at 1- and 2-year follow-up. *Journal of Consulting and Clinical Psychology, 78,* 856–867. http://dx.doi.org/10.1037/a0020544

*Stice, E., Rohde, P., Seeley, J. R., & Gau, J. M. (2008). Brief cognitive-behavioral depression prevention program for high-risk adolescents outperforms two alternative interventions: A randomized efficacy trial. *Journal of Consulting and Clinical Psychology, 76,* 595–606. http://dx.doi.org/10.1037/a0012645

*Storch, E. A., Arnold, E. B., Lewin, A. B., Nadeau, J. M., Jones, A. M., De Nadai, A. S., . . . Murphy, T. K. (2013). The effect of cognitive-behavioral therapy versus treatment as usual for anxiety in children with autism spectrum disorders: A randomized, controlled trial. *Journal of the American Academy of Child & Adolescent Psychiatry, 52,* 132–142.e2. http://dx.doi.org/10.1016/j.jaac.2012.11.007

*Storch, E. A., Caporino, N. E., Morgan, J. R., Lewin, A. B., Rojas, A., Brauer, L., . . . Murphy, T. K. (2011). Preliminary investigation of web-camera delivered cognitive-behavioral therapy for youth with obsessive-compulsive disorder. *Psychiatry Research, 189,* 407–412. http://dx.doi.org/10.1016/j.psychres.2011.05.047

*Stuart, R. B., Tripodi, T., Jayaratne, S., & Camburn, D. (1976). An experiment in social engineering in serving the families of predelinquents. *Journal of Abnormal Child Psychology, 4,* 243–261. http://dx.doi.org/10.1007/BF00917762

*Sud, A. (1994). Attentional skills training/cognitive modeling: Short term therapeutic cognitive interventions for test anxiety. *Psychological Studies, 39,* 1–7.

*Sud, A., & Sharma, S. (1990). Two short-term, cognitive interventions for the reduction of test anxiety. *Anxiety Research, 3,* 131–147. http://dx.doi.org/10.1080/08917779008248748

*Sukhodolsky, D. G., Vitulano, L. A., Carroll, D. H., McGuire, J., Leckman, J. F., & Scahill, L. (2009). Randomized trial of anger control training for adolescents with Tourette's syndrome and disruptive behavior. *Journal of the American Academy of Child & Adolescent Psychiatry, 48,* 413–421. http://dx.doi.org/10.1097/CHI.0b013e3181985050

*Sundell, K., Hansson, K., Löfholm, C. A., Olsson, T., Gustle, L.-H., & Kadesjö, C. (2008). The transportability of multisystemic therapy to Sweden: Short-term results from a randomized trial of conduct-disordered youths. *Journal of Family Psychology, 22,* 550–560. http://dx.doi.org/10.1037/a0012790

*Suveg, C., Hudson, J. L., Brewer, G., Flannery-Schroeder, E., Gosch, E., & Kendall, P. C. (2009). Cognitive-behavioral therapy for anxiety-disordered youth: Secondary outcomes from a randomized clinical trial evaluating child and family modalities. *Journal of Anxiety Disorders, 23,* 341–349. http://dx.doi.org/10.1016/j.janxdis.2009.01.003

*Swanson, J. M., Kraemer, H. C., Hinshaw, S. P., Arnold, L. E., Conners, C. K., Abikoff, H. B., . . . Wu, M. (2001). Clinical relevance of the primary findings of the MTA: Success rates based on severity of ADHD and ODD symptoms at the end of treatment. *Journal of the American Academy of Child & Adolescent Psychiatry, 40,* 168–179. http://dx.doi.org/10.1097/00004583-200102000-00011

*Szigethy, E., Kenney, E., Carpenter, J., Hardy, D. M., Fairclough, D., Bousvaros, A., . . . DeMaso, D. R. (2007). Cognitive-behavioral therapy for adolescents with inflammatory bowel disease and subsyndromal depression. *Journal of the American Academy of Child & Adolescent Psychiatry, 46,* 1290–1298. http://dx.doi.org/10.1097/chi.0b013e3180f6341f

*Tamm, L., Epstein, J. N., Peugh, J. L., Nakonezny, P. A., & Hughes, C. W. (2013). Preliminary data suggesting the efficacy of attention training for school-aged children with ADHD. *Developmental Cognitive Neuroscience, 4,* 16–28. http://dx.doi.org/10.1016/j.dcn.2012.11.004

*Tanner, V. L., & Holliman, W. B. (1988). Effectiveness of assertiveness training in modifying aggressive behaviors of young children. *Psychological Reports, 62,* 39–46. http://dx.doi.org/10.2466/pr0.1988.62.1.39

*Taylor, A. J. (1967). An evaluation of group psychotherapy in girl's borstal. *International Journal of Group Psychotherapy, 17,* 168–177.

*Taylor, T. K., Schmidt, F., Pepler, D., & Hodgins, C. (1998). A comparison of eclectic treatment with Webster-Stratton's parents and children series in a children's mental health center: A randomized controlled trial. *Behavior Therapy, 29,* 221–240. http://dx.doi.org/10.1016/S0005-7894(98)80004-X

*Taylor, W. F., & Hoedt, K. C. (1974). Classroom-related behavior problems: Counsel parents, teachers, or children? *Journal of Counseling Psychology, 21,* 3–8. http://dx.doi.org/10.1037/h0036076

*Thirlwall, K., Cooper, P. J., Karalus, J., Voysey, M., Willetts, L., & Creswell, C. (2013). Treatment of child anxiety disorders via guided parent-delivered cognitive-behavioural therapy: Randomised controlled trial. *The British Journal of Psychiatry, 203,* 436–444. http://dx.doi.org/10.1192/bjp.bp.113.126698

*Thompson, M. J. J., Laver-Bradbury, C., Ayres, M., Le Poidevin, E., Mead, S., Dodds, C., . . . Sonuga-Barke, E. J. S. (2009). A small-scale randomized controlled trial of the revised new forest parenting programme for preschoolers with attention deficit hyperactivity disorder. *European Child & Adolescent Psychiatry, 18,* 605–616. http://dx.doi.org/10.1007/s00787-009-0020-0

*Thompson, R. D., Craig, A., Crawford, E. A., Fairclough, D., Gonzalez-Heydrich, J., Bousvaros, A., . . . Szigethy, E. (2012). Longitudinal results of cognitive behavioral treatment for youths with inflammatory bowel disease and depressive symptoms. *Journal of Clinical Psychology in Medical Settings, 19,* 329–337. http://dx.doi.org/10.1007/s10880-012-9301-8

*Timmons-Mitchell, J., Bender, M. B., Kishna, M. A., & Mitchell, C. C. (2006). An independent effectiveness trial of multisystemic therapy with juvenile justice youth. *Journal of Clinical Child and Adolescent Psychology, 35,* 227–236. http://dx.doi.org/10.1207/s15374424jccp3502_6

Torgerson, C. J. (2006). Publication bias: The achilles' heel of systematic reviews? *British Journal of Educational Studies, 54,* 89–102. http://dx.doi.org/10.1111/j.1467-8527.2006.00332.x

*Tosi, D. J., Swanson, C., & McLean, P. (1970). Group counseling with nonverbalizing elementary school children. *Elementary School Guidance & Counseling, 4,* 260–266.

*Tosi, D. J., Upshaw, K., Lande, A., & Waldron, M. A. (1971). Group counseling with nonverbalizing elementary students: Differential effects of Premack and social reinforcement techniques. *Journal of Counseling Psychology, 18,* 437–440. http://dx.doi.org/10.1037/h0031523

*Treatment for Adolescents With Depression Study Team. (2003). Treatment for Adolescents With Depression Study (TADS): Rationale, design, and methods. *Journal of the American Academy of Child & Adolescent Psychiatry, 42,* 531–542. http://dx.doi.org/10.1097/01.CHI.0000046839.90931.0D

*Tremblay, R. E., Pagani-Kurtz, L., Mâsse, L. C., Vitaro, F., & Pihl, R. O. (1995). A bimodal preventive intervention for disruptive kindergarten boys: Its impact through mid-adolescence. *Journal of Consulting and Clinical Psychology, 63,* 560–568. http://dx.doi.org/10.1037/0022-006X.63.4.560

Tremblay, R. E., Vitaro, F., Bertrand, L., LeBlanc, M., Beauchesne, H., Boileau, H., & David, L. (1992). Parent and child training to prevent early onset of delinquency: The Montréal longitudinal-experimental study. In J. McCord & R. E. Tremblay (Eds.), *Preventing antisocial behavior: Interventions from birth through adolescence* (pp. 117–138). New York, NY: Guilford Press.

*Truax, C. B., Wargo, D. G., & Silber, L. D. (1966). Effects of group psychotherapy with high accurate empathy and nonpossessive warmth upon female institutionalized delinquents. *Journal of Abnormal Psychology, 71,* 267–274. http://dx.doi.org/10.1037/h0023590

*Tutty, S., Gephart, H., & Wurzbacher, K. (2003). Enhancing behavioral and social skill functioning in children newly diagnosed with attention-deficit hyperactivity disorder in a pediatric setting. *Journal of Developmental and Behavioral Pediatrics, 24,* 51–57. http://dx.doi.org/10.1097/00004703-200302000-00010

*Ultee, C. A., Griffioen, D., & Schellekens, J. (1982). The reduction of anxiety in children: A comparison of the effects of 'systematic desensitization in vitro' and 'systematic desensitization in vivo'. *Behaviour Research and Therapy, 20,* 61–67. http://dx.doi.org/10.1016/0005-7967(82)90009-2

U.S. Department of Health and Human Services. (2003). *Achieving the promise: Transforming mental health care in America* (DHHS Publication No. SMA 03–3822). Rockville, MD: U.S. Government Printing Office.

U.S. Public Health Service. (2000). *Report of the surgeon general's conference on children's mental health: A national action agenda*. Washington, DC: U. S. Department of Health and Human Services. Retrieved from http://www.ncbi.nlm.nih.gov/books/NBK44233/

*van den Hoofdakker, B. J., Nauta, M. H., van der Veen-Mulders, L., Sytema, S., Emmelkamp, P. M. G., Minderaa, R. B., & Hoekstra, P. J. (2010). Behavioral parent training as an adjunct to routine care in children with attention-deficit/hyperactivity disorder: Moderators of treatment response. *Journal of Pediatric Psychology, 35,* 317–326. http://dx.doi.org/10.1093/jpepsy/jsp060

*van den Hoofdakker, B. J., van der Veen-Mulders, L., Sytema, S., Emmelkamp, P. M. G., Minderaa, R. B., & Nauta, M. H. (2007). Effectiveness of behavioral parent training for children with ADHD in routine clinical practice: A randomized controlled study. *Journal of the American Academy of Child & Adolescent Psychiatry, 46,* 1263–1271. http://dx.doi.org/10.1097/chi.0b013e3181354bc2

Van den Noortgate, W., López-López, J. A., Marín-Martínez, F., & Sánchez-Meca, J. (2013). Three-level meta-analysis of dependent effect sizes. *Behavior Research Methods, 45,* 576–594. http://dx.doi.org/10.3758/s13428-012-0261-6

Van den Noortgate, W., & Onghena, P. (2003). Multilevel meta-analysis: A comparison with traditional meta-analytical procedures. *Educational and Psychological Measurement, 63,* 765–790. http://dx.doi.org/10.1177/0013164403251027

*van de Wiel, N. M. H., Matthys, W., Cohen-Kettenis, P., & Van Engeland, H. (2003). Application of the Utrecht Coping Power Program and care as usual to children with disruptive behavior disorders in outpatient clinics: A comparative study of cost and course of treatment. *Behavior Therapy, 34,* 421–436. http://dx.doi.org/10.1016/S0005-7894(03)80028-X

*van Manen, T. G., Prins, P. J. M., & Emmelkamp, P. M. G. (2004). Reducing aggressive behavior in boys with a social cognitive group treatment: Results of a randomized, controlled trial. *Journal of the American Academy of Child & Adolescent Psychiatry, 43,* 1478–1487. http://dx.doi.org/10.1097/01.chi.0000142669.36815.3e

*Van Ryzin, M. J., & Leve, L. D. (2012). Affiliation with delinquent peers as a mediator of the effects of multidimensional treatment foster care for delinquent girls. *Journal of Consulting and Clinical Psychology, 80,* 588–596. http://dx.doi.org/10.1037/a0027336

Viechtbauer, W. (2010). Conducting meta-analyses in R with the metafor package. *Journal of Statistical Software, 36,* 1–48. http://dx.doi.org/10.18637/jss.v036.i03

*Vitaro, F., Brendgen, M., & Tremblay, R. E. (1999). Prevention of school dropout through the reduction of disruptive behaviors and school failure in elementary school. *Journal of School Psychology, 37,* 205–226. http://dx.doi.org/10.1016/S0022-4405(99)00006-0

*Vitaro, F., Brendgen, M., & Tremblay, R. E. (2001). Preventive intervention: Assessing its effects on the trajectories of delinquency and testing for mediational processes. *Applied Developmental Science, 5,* 201–213. http://dx.doi.org/10.1207/S1532480XADS0504_02

*Vitaro, F., & Tremblay, R. E. (1994). Impact of a prevention program on aggressive children's friendships and social adjustment. *Journal of Abnormal Child Psychology, 22,* 457–475. http://dx.doi.org/10.1007/BF02168085

*Vitiello, B., Elliott, G. R., Swanson, J. M., Arnold, L. E., Hechtman, L., Abikoff, H., . . . Gibbons, R. (2012). Blood pressure and heart rate over 10 years in the multimodal treatment study of children with ADHD. *The American Journal of Psychiatry, 169,* 167–177. http://dx.doi.org/10.1176/appi.ajp.2011.10111705

*Vitiello, B., Kratochvil, C. J., Silva, S., Curry, J., Reinecke, M., Pathak, S., . . . March, J. S. (2007). Research knowledge among the participants in the treatment for adolescents with depression study (TADS). *Journal of the American Academy of Child & Adolescent Psychiatry, 46,* 1642–1650. http://dx.doi.org/10.1097/chi.0b013e318153f8c7

*Vitiello, B., Rohde, P., Silva, S., Wells, K., Casat, C., Waslick, B., . . . TADS Team. (2006). Functioning and quality of life in the treatment for adolescents with depression study (TADS). *Journal of the American Academy of Child & Adolescent Psychiatry, 45,* 1419–1426. http://dx.doi.org/10.1097/01.chi.0000242229.52646.6e

*Vitiello, B., Silva, S. G., Rohde, P., Kratochvil, C. J., Kennard, B. D., Reinecke, M. A., . . . March, J. S. (2009). Suicidal events in the treatment for adolescents with depression study (TADS). *Journal of Clinical Psychiatry, 70,* 741–747. http://dx.doi.org/10.4088/JCP.08m04607

*Vostanis, P., Feehan, C., & Grattan, E. (1998). Two-year outcome of children treated for depression. *European Child & Adolescent Psychiatry, 7,* 12–18. http://dx.doi.org/10.1007/s007870050039

*Vostanis, P., Feehan, C., Grattan, E., & Bickerton, W.-L. (1996a). A randomised controlled out-patient trial of cognitive-behavioural treatment for children and adolescents with depression: 9-month follow-up. *Journal of Affective Disorders, 40,* 105–116. http://dx.doi.org/10.1016/0165-0327(96)00054-7

*Vostanis, P., Feehan, C., Grattan, E., & Bickerton, W.-L. (1996b). Treatment for children and adolescents with depression: Lessons from a controlled trial. *Clinical Child Psychology and Psychiatry, 1,* 199–212. http://dx.doi.org/10.1177/1359104596012003

*Walkup, J. T., Albano, A. M., Piacentini, J., Birmaher, B., Compton, S. N., Sherrill, J. T., . . . Kendall, P. C. (2008). Cognitive behavioral therapy, sertraline, or a combination in childhood anxiety. *The New England Journal of Medicine, 359,* 2753–2766. http://dx.doi.org/10.1056/NEJMoa0804633

Wampold, B. E., Mondin, G. W., Moody, M., Stich, F., Benson, K., & Ahn, H. (1997). A meta-analysis of outcome studies comparing bona fide psychotherapies: Empirically, "all must have prizes." *Psychological Bulletin, 122,* 203–215. http://dx.doi.org/10.1037/0033-2909.122.3.203

*Warner, C. M., Colognori, D., Kim, R. E., Reigada, L. C., Klein, R. G., Browner-Elhanan, K. J., . . . Benkov, K. (2011). Cognitive-behavioral treatment of persistent functional somatic complaints and pediatric anxiety: An initial controlled trial. *Depression and Anxiety, 28,* 551–559. http://dx.doi.org/10.1002/da.20821

*Warren, R., Deffenbacher, J. L., & Brading, P. (1976). Rational-emotive therapy and the reduction of test anxiety in elementary school students. *Rational Living, 11,* 26–29.

*Warren, R., Smith, G., & Velten, E. (1984). Rational-emotive therapy and the reduction of interpersonal anxiety in junior high school students. *Adolescence, 19,* 893–902.

*Waters, A. M., Ford, L. A., Wharton, T. A., & Cobham, V. E. (2009). Cognitive-behavioural therapy for young children with anxiety disorders: Comparison of a Child + Parent condition versus a Parent Only condition. *Behaviour Research and Therapy, 47,* 654–662. http://dx.doi.org/10.1016/j.brat.2009.04.008

*Waters, A. M., Pittaway, M., Mogg, K., Bradley, B. P., & Pine, D. S. (2013). Attention training towards positive stimuli in clinically anxious children. *Developmental Cognitive Neuroscience, 4,* 77–84. http://dx.doi.org/10.1016/j.dcn.2012.09.004

*Webster-Stratton, C. (1981). Modification of mothers' behaviors and attitudes through a videotape modeling group discussion program. *Behavior Therapy, 12,* 634–642. http://dx.doi.org/10.1016/S0005-7894(81)80135-9

*Webster-Stratton, C. (1982a). The long-term effects of a videotape modeling parent-training program: Comparison of immediate and 1-year follow-up results. *Behavior Therapy, 13,* 702–714. http://dx.doi.org/10.1016/S0005-7894(82)80026-9

*Webster-Stratton, C. (1982b). Teaching mothers through videotape modeling to change their children's behavior. *Journal of Pediatric Psychology, 7,* 279–294. http://dx.doi.org/10.1093/jpepsy/7.3.279

*Webster-Stratton, C. (1984). Randomized trial of two parent-training programs for families with conduct-disordered children. *Journal of Consulting and Clinical Psychology, 52,* 666–678. http://dx.doi.org/10.1037/0022-006X.52.4.666

*Webster-Stratton, C. (1989). Systematic comparison of consumer satisfaction of three cost-effective parent training programs for conduct problem children. *Behavior Therapy, 20,* 103–115. http://dx.doi.org/10.1016/S0005-7894(89)80121-2

*Webster-Stratton, C. (1990a). Enhancing the effectiveness of self-administered videotape parent training for families with conduct-problem children. *Journal of Abnormal Child Psychology, 18,* 479–492. http://dx.doi.org/10.1007/BF00911103

*Webster-Stratton, C. (1990b). Long-term follow-up of families with young conduct problem children: From preschool to grade school. *Journal of Clinical Child Psychology, 19,* 144–149. http://dx.doi.org/10.1207/s15374424jccp1902_6

*Webster-Stratton, C. (1992). Individually administered videotape parent training: "Who benefits? *Cognitive Therapy and Research, 16,* 31–52. http://dx.doi.org/10.1007/BF01172955

*Webster-Stratton, C., & Hammond, M. (1997). Treating children with early-onset conduct problems: A comparison of child and parent training interventions. *Journal of Consulting and Clinical Psychology, 65,* 93–109. http://dx.doi.org/10.1037/0022-006X.65.1.93

*Webster-Stratton, C., Hollinsworth, T., & Kolpacoff, M. (1989). The long-term effectiveness and clinical significance of three cost-effective training programs for families with conduct-problem children. *Journal of Consulting and Clinical Psychology, 57,* 550–553. http://dx.doi.org/10.1037/0022-006X.57.4.550

*Webster-Stratton, C., Kolpacoff, M., & Hollinsworth, T. (1988). Self-administered videotape therapy for families with conduct-problem children: Comparison with two cost-effective treatments and a control group. *Journal of Consulting and Clinical Psychology, 56,* 558–566. http://dx.doi.org/10.1037/0022-006X.56.4.558

*Webster-Stratton, C., Reid, M. J., & Hammond, M. (2004). Treating children with early-onset conduct problems: Intervention outcomes for parent, child, and teacher training. *Journal of Clinical Child and Adolescent Psychology, 33,* 105–124. http://dx.doi.org/10.1207/S15374424JCCP3301_11

*Wehr, S. H., & Kaufman, M. E. (1987). The effects of assertive training on performance in highly anxious adolescents. *Adolescence, 22,* 195–205.

Weiss, B., & Weisz, J. R. (1990). The impact of methodological factors on child psychotherapy outcome research: A meta-analysis for researchers. *Journal of Abnormal Child Psychology, 18,* 639–670. http://dx.doi.org/10.1007/BF01342752

Weiss, B., & Weisz, J. R. (1995). Relative effectiveness of behavioral versus nonbehavioral child psychotherapy. *Journal of Consulting and Clinical Psychology, 63,* 317–320. http://dx.doi.org/10.1037/0022-006X.63.2.317

Weisz, J. R. (2004). *Psychotherapy for children and adolescents: Evidence-based treatments and case examples*. New York, NY: Cambridge University Press. http://dx.doi.org/10.1017/CBO9780511734960

Weisz, J. R., Jensen-Doss, A., & Hawley, K. M. (2006). Evidence-based youth psychotherapies versus usual clinical care: A meta-analysis of direct comparisons. *American Psychologist, 61,* 671–689. http://dx.doi.org/10.1037/0003-066X.61.7.671

Weisz, J. R., & Kazdin, A. E. (2010). *Evidence-based psychotherapies for children and adolescents* (2nd ed.). New York, NY: Guilford Press.

Weisz, J. R., Krumholz, L. S., Santucci, L., Thomassin, K., & Ng, M. Y. (2015). Shrinking the gap between research and practice: Tailoring and testing youth psychotherapies in clinical care contexts. *Annual Review of Clinical Psychology, 11,* 139–163. http://dx.doi.org/10.1146/annurev-clinpsy-032814-112820

Weisz, J. R., Kuppens, S., Eckshtain, D., Ugueto, A. M., Hawley, K. M., & Jensen-Doss, A. (2013). Performance of evidence-based youth psychotherapies compared with usual clinical care: A multilevel meta-analysis. *Journal of the American Medical Association Psychiatry, 70,* 750–761. http://dx.doi.org/10.1001/jamapsychiatry.2013.1176

Weisz, J. R., McCarty, C. A., & Valeri, S. M. (2006). Effects of psychotherapy for depression in children and adolescents: A meta-analysis. *Psychological Bulletin, 132,* 132–149. http://dx.doi.org/10.1037/0033-2909.132.1.132

Weisz, J. R., Sandler, I. N., Durlak, J. A., & Anton, B. S. (2005). Promoting and protecting youth mental health through evidence-based prevention and treatment. *American Psychologist, 60,* 628–648. http://dx.doi.org/10.1037/0003-066X.60.6.628

*Weisz, J. R., Southam-Gerow, M. A., Gordis, E. B., Connor-Smith, J. K., Chu, B. C., Langer, D. A., . . . Weiss, B. (2009). Cognitive-behavioral therapy versus usual clinical care for youth depression: An initial test of transportability to community clinics and clinicians. *Journal of Consulting and Clinical Psychology, 77,* 383–396. http://dx.doi.org/10.1037/a0013877

*Weisz, J. R., Thurber, C. A., Sweeney, L., Proffitt, V. D., & LeGagnoux, G. L. (1997). Brief treatment of mild-to-moderate child depression using primary and secondary control enhancement training. *Journal of Consulting and Clinical Psychology, 65,* 703–707. http://dx.doi.org/10.1037/0022-006X.65.4.703

Weisz, J. R., Ugueto, A. M., Cheron, D. M., & Herren, J. (2013). Evidence-based youth psychotherapy in the mental health ecosystem. *Journal of Clinical Child and Adolescent Psychology, 42,* 274–286. http://dx.doi.org/10.1080/15374416.2013.764824

Weisz, J. R., Weiss, B., Alicke, M. D., & Klotz, M. L. (1987). Effectiveness of psychotherapy with children and adolescents: A meta-analysis for clinicians. *Journal of Consulting and Clinical Psychology, 55,* 542–549. http://dx.doi.org/10.1037/0022-006X.55.4.542

Weisz, J. R., Weiss, B., Han, S. S., Granger, D. A., & Morton, T. (1995). Effects of psychotherapy with children and adolescents revisited: A meta-analysis of treatment outcome studies. *Psychological Bulletin, 117,* 450–468. http://dx.doi.org/10.1037/0033-2909.117.3.450

*Wells, K. C., Chi, T. C., Hinshaw, S. P., Epstein, J. N., Pfiffner, L., Nebel-Schwalm, M., . . . Wigal, T. (2006). Treatment-related changes in objectively measured parenting behaviors in the multimodal treatment study of children with attention-deficit/hyperactivity disorder. *Journal of Consulting and Clinical Psychology, 74,* 649–657.

*Wells, K. C., Epstein, J. N., Hinshaw, S. P., Conners, C. K., Klaric, J., Abikoff, H. B., . . . Wigal, T. (2000). Parenting and family stress treatment outcomes in attention deficit hyperactivity disorder (ADHD): An empirical analysis in the MTA study. *Journal of Abnormal Child Psychology, 28,* 543–553. http://dx.doi.org/10.1023/A:1005131131159

*Wen, S.-S. (1974). Modifying children's impulsivity through redundancy and variability training. *Psychology in the Schools, 11,* 440–444. http://dx.doi.org/10.1002/1520-6807(197410)11:4<440::AID-PITS2310110414>3.0.CO;2-P

*Wenck, L. S., Leu, P. W., & D'Amato, R. C. (1996). Evaluating the efficacy of a biofeedback intervention to reduce children's anxiety. *Journal of Clinical Psychology, 52,* 469–473. http://dx.doi.org/10.1002/(SICI)1097-4679(199607)52:4<469::AID-JCLP13>3.0.CO;2-E

*Wessel, I., & Mersch, P. P. A. (1994). A cognitive-behavioural group treatment for test-anxious adolescents. *Anxiety, Stress & Coping, 7,* 149–160. http://dx.doi.org/10.1080/10615809408249341

*Westermark, P., Hansson, K., & Olsson, M. (2011). Multidimensional treatment foster care (MTFC): Results from an independent replication. *Journal of Family Therapy, 33,* 20–41. http://dx.doi.org/10.1111/j.1467-6427.2010.00515.x

*White, S. W., Ollendick, T., Albano, A. M., Oswald, D., Johnson, C., Southam-Gerow, M. A., . . . Scahill, L. (2013). Randomized controlled trial: Multimodal Anxiety and Social Skill Intervention for adolescents with autism spectrum disorder. *Journal of Autism and Developmental Disorders, 43,* 382–394. http://dx.doi.org/10.1007/s10803-012-1577-x

*White, W. C. J., Jr., & Davis, M. T. (1974). Vicarious extinction of phobic behavior in early childhood. *Journal of Abnormal Child Psychology, 2,* 25–32. http://dx.doi.org/10.1007/BF00919350

*Whitfield, G. W. (1999). Validating school social work: An evaluation of a cognitive-behavioral approach to reduce school violence. *Research on Social Work Practice, 9,* 399–426. http://dx.doi.org/10.1177/104973159900900402

*Williams, C. E., & Jones, R. T. (1989). Impact of self-instructions on response maintenance and children's fear of fire. *Journal of Clinical Child Psychology, 18,* 84–89. http://dx.doi.org/10.1207/s15374424jccp1801_10

*Williams, T. I., Salkovskis, P. M., Forrester, L., Turner, S., White, H., & Allsopp, M. A. (2010). A randomised controlled trial of cognitive behavioural treatment for obsessive compulsive disorder in children and adolescents. *European Child & Adolescent Psychiatry, 19,* 449–456. http://dx.doi.org/10.1007/s00787-009-0077-9

*Wilson, N. H., & Rotter, J. C. (1986). Anxiety management training and study skills counseling for students on self-esteem and test anxiety and performance. *School Counselor, 34,* 18–31.

*Windheuser, H. J. (1977). Anxious mothers as models for coping with anxiety. *Behavioral Analysis & Modification, 2,* 39–58.

*Wood, A., Trainor, G., Rothwell, J., Moore, A., & Harrington, R. (2001). Randomized trial of group therapy for repeated deliberate self-harm in adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry, 40,* 1246–1253. http://dx.doi.org/10.1097/00004583-200111000-00003

*Wood, J. J., Drahota, A., Sze, K., Har, K., Chiu, A., & Langer, D. A. (2009). Cognitive behavioral therapy for anxiety in children with autism spectrum disorders: A randomized, controlled trial. *Journal of Child Psychology and Psychiatry, 50,* 224–234. http://dx.doi.org/10.1111/j.1469-7610.2008.01948.x

*Wuthrich, V. M., Rapee, R. M., Cunningham, M. J., Lyneham, H. J., Hudson, J. L., & Schniering, C. A. (2012). A randomized controlled trial of the Cool Teens CD-ROM computerized program for adolescent anxiety. *Journal of the American Academy of Child & Adolescent Psychiatry, 51,* 261–270. http://dx.doi.org/10.1016/j.jaac.2011.12.002

*Yu, D. L., & Seligman, M. E. P. (2002). Preventing depressive symptoms in Chinese children. *Prevention & Treatment, 5*(1), 9. http://dx.doi.org/10.1037/1522-3736.5.1.59a

Received March 21, 2015
Revision received December 14, 2015
Accepted December 16, 2015 ■