

## Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC): AT-A-GLANCE

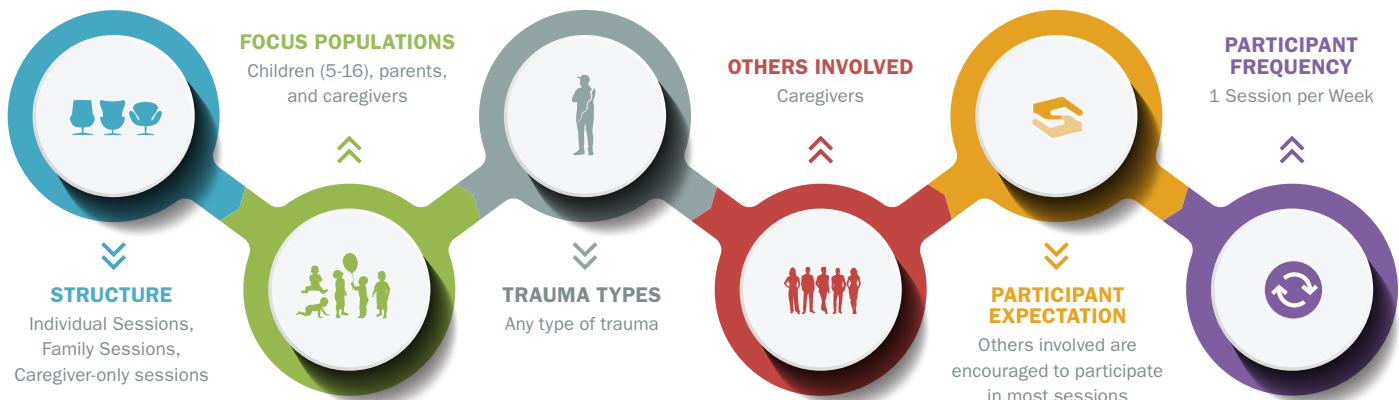
### What is MATCH?

MATCH-ADTC or MATCH is a modular approach to therapy designed to help youth who have comorbid concerns related to anxiety, depression, traumatic stress, or disruptive behavior problems. MATCH is made up of 33 modules developed from key components of well-established evidence-based practices. These modules are organized into flowcharts to guide individualized treatment planning and provide recommendations for handling comorbidity or other treatment challenges. Treatment materials include step-by-step instructions for each module, a dashboard tool to monitor progress and practices, and handouts for families/youth. In several randomized controlled trials, MATCH demonstrated effectiveness for youth ages 5-16 who showed improved clinical outcomes compared to single-disorder treatments and usual care, as well as shorter treatment duration and higher therapist satisfaction.

### What are the goals of MATCH?

1. Improve symptoms of anxiety, depression, traumatic stress, and disruptive behavior
2. Improve caregiver- and child-centered outcomes (i.e., Top Problems)
3. Improve youth positive functioning and adaptive skills while teaching techniques to caregivers to support the youth

### What does MATCH look like?



## MATCH-ADTC: AT-A-GLANCE

### ■ Additional Information

MATCH encourages inclusion of caregiver(s) with any of the four problem areas, but caregiver involvement in treatment is essential when conduct problems/disruptive behavior is the primary focus. Caregivers are the primary participants in therapy sessions in the conduct protocol.

### ■ What is the commitment?

The program is designed to be complete when specific outcome criteria are met as opposed to a recommended duration. Average duration across various contexts and symptom presentations varies, but it is typically around 7 months. Sessions are typically 45-60 minutes and can be held in-person or virtually in clinic, school, community, or home settings.

Caregivers and children will both participate in assessment, including weekly progress monitoring surveys.

### ■ How do we know it works?

MATCH has research evidence to support its benefits.

MATCH was developed by John Weisz and Bruce Chorpita in collaboration with Research Network on Youth Mental Health for children ages 5-16 with comorbid symptoms of anxiety, depression, traumatic stress, and disruptive behavior.

The majority of children, youth, and families involved in the development of this model identified as white, multiethnic, and Latine, lived in a Massachusetts, Hawaii, and California, and spoke English and Spanish at home.

Additionally, there have been adaptations of the practice MATCH for youth ages 3-18 with epilepsy.

There are translations of all MATCH materials in German and French, and in Spanish for the worksheets and handouts. Learn more on [page 4](#).

### ■ For more information explore the next several pages or check out:

[www.bakercenter.org/qci/our-interventions/match](http://www.bakercenter.org/qci/our-interventions/match)

<https://welcome.practicewise.com/product/modular-approach-to-therapy-for-children-match-adtc/>

**LOCATION:**  
Anywhere you and  
your provider decide

## MATCH: THE EVIDENCE

### ■ What types of evidence are available for MATCH?

- ✓ Evidence-based Treatment
- ✓ Randomized Clinical/Controlled Trial

### ■ Where can I learn more about the evidence?

- MATCH: Baker Center for Children and Families, <https://www.bakercenter.org/qci/our-interventions/match>
- MATCH: PracticeWise, LLC, <https://welcome.practicewise.com/product/modular-approach-to-therapy-for-children-match-adtc/>
- MATCH: California Evidence Based Clearinghouse, <https://www.cebc4cw.org/program/modular-approach-to-therapy-for-children-with-anxiety-depression-trauma-or-conduct-problems/>
- Weisz, J. R., Chorpita, B. F., Palinkas, L. A., Schoenwald, S. K., Miranda, J., Bearman, S. K., ... & Research Network on Youth Mental Health (2012). Testing standard and modular designs for psychotherapy treating depression, anxiety, and conduct problems in youth: A randomized effectiveness trial. Archives of General Psychiatry, 69(3), 274-282., <https://doi.org/10.1001/archgenpsychiatry.2011.147>
- Chorpita, B. F., Daleiden, E. L., Park, A. L., Ward, A. M., Levy, M. C., Cromley, T., ... & Krull, J. L. (2017). Child STEPs in California: A cluster randomized effectiveness trial comparing modular treatment with community implemented treatment for youth with anxiety, depression, conduct problems, or traumatic stress. Journal of Consulting and Clinical Psychology, 85(1), 13-25., <https://doi.org/10.1037/ccp0000133>
- Chorpita, B. F., Weisz, J. R., Daleiden, E. L., Schoenwald, S. K., Palinkas, L. A., Miranda, J., ... & Gibbons, R. D. (2013). Long-term outcomes for the Child STEPs randomized effectiveness trial: a comparison of modular and standard treatment designs with usual care. Journal of Consulting and Clinical Psychology, 81(6), 999-1009, <https://doi.org/10.1037/a0034200>
- Weisz, J. R., Bearman, S. K., Ugueto, A. M., Herren, J. A., Evans, S. C., Cheron, D. M., ... & Jensen-Doss, A. (2020). Testing robustness of child STEPs effects with children and adolescents: A randomized controlled effectiveness trial. Journal of Clinical Child & Adolescent Psychology, 49(6), 883-896., <https://doi.org/10.1080/15374416.2019.1655757>
- Community Publications PracticeWise, <https://www.practicewise.com/Community/Publications>

### ■ How is MATCH measured in real time?

Regular progress monitoring is a key component of MATCH. Clinicians can use any measure, but prior implementations have used the Brief Problem Monitor, Behavior and Feelings Survey, Top Problems Assessment, Strengths and Difficulties Questionnaire, and Revised Child Anxiety and Depression Scale (RCADS). Data can be tracked using systems available through the Baker Center, PracticeWise, or of the clinician's design.

### ■ What changes for the better as a result of MATCH?

As a modular CBT intervention designed to address comorbidity, MATCH is more effective than single-disorder interventions and usual care in reducing symptoms of internalizing, externalizing, and family-reported top problems among youth ages 5-16.

*"The structure of MATCH is what for me has been [helpful]. Having MATCH now that is so structured, so easy, you have everything there and you don't have to do that much work to be prepared because you have everything there."*

– MATCH clinician

### ■ What do the numbers tell us (i.e., quantitative data)?

MATCH is associated with a significant reduction in youth externalizing, internalizing, and parent-reported problems, with gains maintained up to two years. Youth in MATCH improve faster than youth in usual care. MATCH has been tested with racially diverse youth in schools, community mental health centers, and hospital clinics. MATCH has high rates of therapist satisfaction and is cost-effective.

### ■ What do the stories tell us (i.e., qualitative data)?

"If I had known this before, I would be a better mom. With MATCH techniques, I would be a better mom."

– Caregiver of MATCH client

"MATCH helped me to stay more organized which made me feel more confident. [...] I see the faster change in my clients."

– MATCH clinician

## MATCH: ADAPTABILITY AND ACCESSIBILITY

### ■ What is the history of MATCH?

Historically, manualized interventions have been designed to target a single disorder (e.g., anxiety). Although outcomes in research trials are strong, when these interventions are implemented in real-world settings, their effectiveness is less clear. This is because in typical youth outpatient settings, comorbidity is the rule rather than exception. In addition, symptoms can change quickly during treatment. Training clinicians in all relevant single-disorder treatments to address these changes and comorbidities is unrealistic. MATCH was developed by Bruce Chorpita and John Weisz to address these concerns. MATCH combines treatment procedures from common interventions for anxiety, depression, trauma, and conduct problems into a menu of options for therapists. Flowcharts guide module selection and sequencing while giving therapists the flexibility to move between different treatment modules to create a custom intervention driven by the individual needs of the family.

### ■ How did MATCH developers proactively seek, incorporate, and learn from the perspectives of individuals and communities to ensure the model reflects the experiences of those most affected by trauma and system challenges?

After the first trial, trauma was added as a problem area and Spanish materials were developed to better meet community needs. Studies were conducted with racially and ethnically diverse youth who showed clinically significant improvement. Three MATCH Learning Collaboratives through the NCTSN integrated MATCH into 14 agencies serving youth impacted by trauma and showed positive outcomes.

### ■ What is the role of MATCH providers in tailoring the model for individuals, families, and communities?

MATCH is designed to be flexible and responsive. MATCH's flowcharts and clinical decision-making tools are designed to help clinicians address comorbid symptoms, emergent life events, and challenges with engagement. MATCH's use of a measurement-based care model provides regular opportunities for collaborative decision-making and feedback with youth and families throughout treatment.

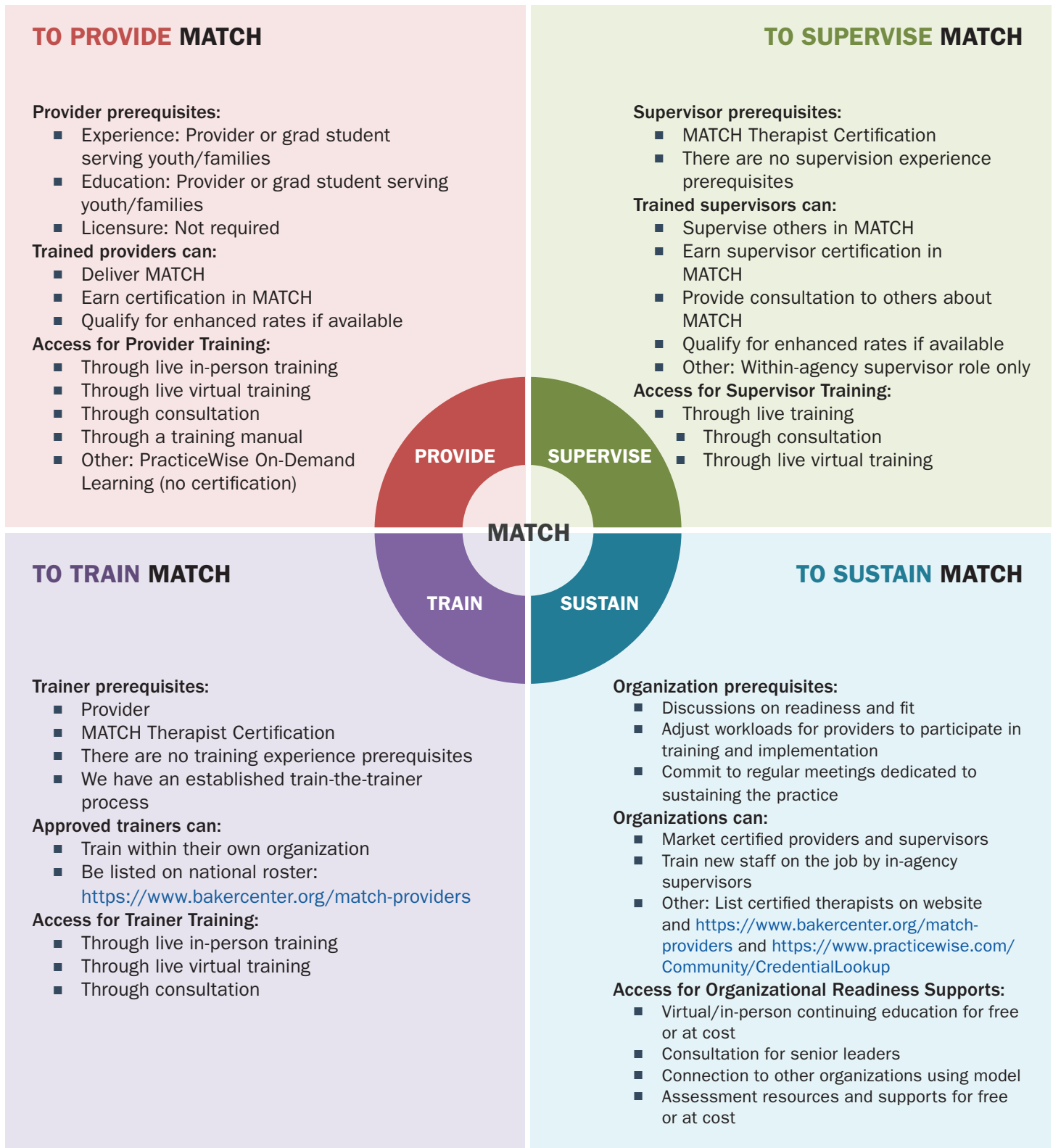
### ■ How are lessons learned from individuals, families, communities and providers used to keep improving MATCH?

Trainers collect data after each training and throughout Learning Collaboratives to assess acceptability, fit, motivation, process, and clinician self-efficacy using MATCH. Feedback is used to adjust the training to better meet clinician needs. Feedback has led to the development of Advanced MATCH content for specific populations and challenges. For more information, contact [qci@bakercenter.org](mailto:qci@bakercenter.org).

### ■ Resources and materials are available:

- MATCH materials are available in English, German, and French. Handouts and worksheets only are available in Spanish. Translations were made by academic translators followed by back-translation to ensure fidelity to material
- Materials are available in written and digital formats
- Closed captions are available for digital materials
- Media reflects the race and age of providers and families that use the model
- For more information on adaptation and access, please contact The Baker Center at [qci@bakercenter.org](mailto:qci@bakercenter.org) or PracticeWise at [support@practicewise.com](mailto:support@practicewise.com).

## MATCH: PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING



## MATCH: MORE ON PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

### PROVIDE MATCH

- **Training cost:** Training costs vary depending on training organization, cohort size, level of implementation support, in-person or virtual format, selected progress monitoring system, and whether providers are pursuing certification.
- **Time Commitment:** For certification: Five-day interactive training, attendance at 11-18 virtual 1-hour consultation calls (weekly to biweekly), and completion of a therapist portfolio, including the use of the MATCH model with a minimum of two qualifying cases.
- **Additional Details:** For more information, visit <https://www.bakercenter.org/qci/our-interventions/match/certification-requirements> and <https://welcome.practicewise.com/training/match/match-multi-agency-direct-services-training/>

### SUPERVISE MATCH

- **Training cost:** Training costs vary depending on trainer, cohort size, level of implementation support, and in-person or virtual format. MATCH Supervisor/Within-Agency Trainer training can range from \$4500-\$5200 per supervisor.
- **Time Commitment:** Two-day didactic training, attendance at 12 virtual consultation calls (weekly to biweekly), delivery of all 33 MATCH modules, delivery of 25 hours of consultation to 3 MATCH consultees, and support of 2 clinicians through MATCH certification.
- **Additional Details:** Supervisors can provide within-agency MATCH trainings. More information: [www.bakercenter.org/qci/our-interventions/match/supervisor-certification-requirements](http://www.bakercenter.org/qci/our-interventions/match/supervisor-certification-requirements) & [welcome.practicewise.com/training/match/match-multi-agency-supervisor-training/](https://welcome.practicewise.com/training/match/match-multi-agency-supervisor-training/)

### TRAIN MATCH

- **Training cost:** Training costs vary depending on trainer, cohort size, level of implementation support, and in-person or virtual format. MATCH Supervisor/Within-Agency Trainer training can range from \$4500-\$5200 per supervisor.
- **Time Commitment:** Two-day didactic training, attendance at 12 virtual consultation calls (weekly to biweekly), delivery of all 33 MATCH modules, delivery of 25 hours of consultation to 3 MATCH consultees, support of 2 clinicians through MATCH certification.
- **Additional Details:** Supervisors can provide within-agency MATCH trainings. More information: [www.bakercenter.org/qci/our-interventions/match/supervisor-certification-requirements](http://www.bakercenter.org/qci/our-interventions/match/supervisor-certification-requirements) & [welcome.practicewise.com/training/match/match-multi-agency-supervisor-training/](https://welcome.practicewise.com/training/match/match-multi-agency-supervisor-training/)

### SUSTAIN MATCH

- **Training cost:** Training costs vary depending on trainer, cohort size, level of implementation support, in-person or virtual format, and selected progress monitoring system. Costs include all materials, CE's, 5-day didactic training, and consultation series.
- **Time Commitment:** Five-day didactic training, attendance at 11 virtual consultation calls (weekly to biweekly), two qualifying cases (10 MATCH sessions each, 2 different protocols, use of progress monitoring), use of MATCH modules with clients.
- **Additional Details:** Once organizations have MATCH supervisors trained, they can provide internal trainings to further disseminate MATCH within their organization and sustain implementation. Organizations with a committed MATCH champion in leadership are most successful.

To learn more about providing, supervising, training, or sustaining: <https://www.bakercenter.org/qci/our-interventions/match> or email [qci@bakercenter.org](mailto:qci@bakercenter.org).

For additional resources and related products, please explore: <https://welcome.practicewise.com/product/modular-approach-to-therapy-for-children-match-adtc/>

The MATCH-ADTC was reviewed and approved for accuracy by Baker Center and PracticeWise (MATCH owners) in September 2026.

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