NCTSN The National Child Traumatic Stress Network

GENERAL INFORMATION

MATCH: Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems

Treatment Description	**Acronym** *(abbreviation)* **for intervention:** MATCH or MATCH-ADTC **Average length/number of sessions:** The program is designed to be complete when specific outcome criteria are met as opposed to a recommended duration. Average duration across various contexts varies, but it is typically around 7 months. **Aspects of culture or group experiences that are addressed** *(e.g., faith/spiritual component, transportation barriers)*: Client engagement, barriers to treatment, caregiver involvement, clinical interference, emergent life events. **Trauma type** *(primary)*: All **Trauma type** *(secondary)*: All **Additional descriptors** *(not included above)*: MATCH or MATCH-ADTC is a protocol that organizes modular manualized practices for childhood anxiety, depression, trauma, and disruptive behavior problems. The program combines 33 procedures into a single, flexible system and uses expert-designed flowcharts to organize the treatment plan to fit a child's needs while fostering individualization to address comorbidity or therapeutic roadblocks. The protocol provides clear step-by-step instructions, activities, example scripts, time-saving tips, monitoring forms, and easy-to-read explanatory handouts and worksheets for individual sessions with children and their caregivers. Caregiver handouts are available in English, German, and Spanish. The MATCH Program is a trauma-informed approach that can be utilized to enhance the treatment skills of providers utilizing complementary trauma-focused evidence-based practices currently in use across the NCTSN.
Target Population	**Age range:** 6 **to** 17 **Gender:** ❐ **Males** ❐ **Females** ☒ **Both** **Ethnic/Racial Group** *(include acculturation level/immigration/refugee history–e.g., multinational sample of Latinos, recent immigrant Cambodians, multigeneration African Americans)*: All **Other cultural characteristics** *(e.g., SES, religion)*: All **Language**(s): English, German, Spanish **Region** *(e.g., rural, urban)*: All
Essential Components	**Theoretical basis:** *MATCH* is a modular approach to treatment grounded in cognitive and behavioral theories. The modules are referenced by flowcharts that select and arrange them according to guiding algorithms for anxiety, depression, conduct problems, and traumatic stress. The MATCH approach is flexible to accommodate individual and cultural differences and family voice in order to provide culturally sensitive care.

Essential Components continued

Key components: The treatment modules include:

- Getting Acquainted
- Learning Depression-Child
- Learning Depression-Parent
- Problem Solving
- Activity Selection
- Getting Acquainted
- Fear Ladder
- Learning Anxiety-Child
- Learning Anxiety-Parent
- Practicing
- Safety Planning
- Learning to Relax
- Trauma Narrative
- Maintenance
- Cognitive STOP
- Quick Calming
- Presenting a Positive Self
- Cognitive BLUE
- Cognitive TLC
- Plans for Coping
- Wrap Up
- Engaging Parents
- Learning about Behavior
- One-on-One Time
- Praise
- Active Ignoring
- Giving Effective Instructions
- Rewards
- Time Out
- Making a Plan
- Daily Report Card
- Looking Ahead
- Booster

Essential Components continued

- Specific modules that specify caregivers as the target audience include:
  - Active Ignoring
  - Booster Session
  - Daily Report Card
  - Engaging Parent
  - Giving Effective Instructions
  - Learning About Behavior
  - Learning About Depression-Parent
  - Looking Ahead
  - Making a Plan
  - One-on-One Time
  - Praise
  - Time Out
- Modules that specify the Family as the target audience and are implemented as a family session, when possible, include:
  - Fear Ladder
  - Rewards
  - Wrap Up
- Providers implementing *MATCH* will typically administer an indicated subset of these modules in an individual format to a youth and family, most commonly in outpatient, school-based, or home-based settings.
- *MATCH* emphasizes inclusion of the caregiver(s) with any of the four problem areas, but caregiver involvement around parenting practices is most pronounced when conduct problems/disruptive behavior is the primary focus.
- In addition, while caregivers are the target audience of disruptive behavior modules and the interventions can be delivered without the youth, modules do include directions for integrating youth should they come to a session with a parent.
- Caregivers are encouraged to understand and support their child's application of skills.

Clinical & Anecdotal Evidence

Are you aware of any suggestion/evidence that this treatment may be harmful?
❒ Yes ☒ No ❒ Uncertain

Extent to which cultural issues have been described in writings about this intervention *(scale of 1-5 where 1=not at all to 5=all the time)*. 3

Lyon, A. R., Lau, A. S., McCauley, E., Vander Stoep, A., & Chorpita, B. F. (2014). A case for modular design: Implications for implementing evidence-based interventions with culturally diverse youth. Professional Psychology: Research and Practice, 45(1), 57.

This intervention is being used on the basis of anecdotes and personal communications only *(no writings)* **that suggest its value with this group.**
❒ Yes ☒ No

Palinkas, L. A., Weisz, J. R., Chorpita, B. F., Levine, B., Garland, A. F., Hoagwood, K. E., & Landsverk, J. (2013). Continued use of evidence-based treatments after a randomized controlled effectiveness trial: A qualitative study. Psychiatric Services, 64(11), 1110-1118.

Are there any anecdotes describing satisfaction with treatment, drop-out rates *(e.g., quarterly/annual reports)***? ☒ Yes ❒ No**

If YES, please include citation:
Chorpita, B. F., Park, A., Tsai, K., Korathu-Larson, P., Higa-McMillan, C. K., Nakamura, B. J., ... & Krull, J. (2015). Balancing effectiveness with responsiveness: Therapist satisfaction across different treatment designs in the Child STEPs randomized effectiveness trial. Journal of Consulting and Clinical Psychology, 83, 709-718.

Has this intervention been presented at scientific meetings? ☒ Yes ❒ No

If YES, please include citation*(s)* **from last five presentations:**
Chorpita, B. F., Daleiden, E. L., Park, A., & Krull, J. (2016, May). Child STEPs in LA County: An RCT comparing a single modular treatment with countywide implementation of multiple standard evidence-based treatments. Symposium presented at the annual meeting of the Association for Psychological Science, Chicago, IL.

Chorpita, B. F. & Weisz, J. R. (2012, October). The Child STEPs Randomized Effectiveness Trial: Clinical, Diagnostic, and Therapist Outcomes. In Hoagwood, K. E., (Chair), MacArthur Foundation Youth Research Network Findings and Implications for Children's Services. Symposium presented at the annual meeting of the American Academy of Child and Adolescents Psychiatry, San Francisco, CA.

Are there any general writings which describe the components of the intervention or how to administer it? ☒ Yes ❒ No

If YES, please include citation:
Chorpita, B. F., & Weisz, J. R. (2009). Modular approach to therapy for children with anxiety, depression, trauma, or conduct problems (MATCH-ADTC). PracticeWise.

Has the intervention been replicated anywhere? ☒ Yes ❒ No
MATCH has been used in private and public behavioral health clinics, schools, and medical centers.

Research Evidence	**Sample Size (N) and Breakdown** *(by gender, ethnicity, other cultural factors)*	**Citation**
Randomized Controlled Trials		Weisz, J. R., Chorpita, B. F., Palinkas, L. A., Schoenwald, S. K., Miranda, J., Bearman, S. K., Daleiden, E. L., Ugueto, A. M., Ho, A., Martin, J., Gray, J., Alleyne, A., Langer, D. A., Southam-Gerow, M. A., Gibbons, R. D., & Research Network on Youth Mental Health (2012). Testing standard and modular designs for psychotherapy with youth depression, anxiety, and conduct problems: A randomized effectiveness trial. *Archives of General Psychiatry, 69*(3), 274–282. https://doi.org/10.1001/archgenpsychiatry.2011.147 Chorpita, B. F., Weisz, J. R., Daleiden, E. L., Schoenwald, S. K., Palinkas, L. A., Miranda, J., Higa-McMillan, C. K., Nakamura, B. J., Austin, A. A., Borntrager, C. F., Ward, A., Wells, K. C., Gibbons, R. D., & Research Network on Youth Mental Health (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 Chorpita, B. F., Daleiden, E. L., Park, A. L., Ward, A. M., Levy, M. C., Cromley, T., Chiu, A. W., Letamendi, A. M., Tsai, K. H., & 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 Weisz, J. R., Bearman, S. K., Ugueto, A. M., Herren, J. A., Evans, S. C., Cheron, D. M., Alleyne, A. R., Weissman, A. S., Tweed, J. L., Pollack, A. A., Langer, D. A., Southam-Gerow, M. A., Wells, K. C., & Jensen-Doss, A. (2019). 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
Other Research Evidence		Palinkas , L. A., Schoenwald, S. K., Hoagwood, K., Landsverk, J., Chorpita, B. F., & Weisz, J. R. (2008). An ethnographic study of implementation of evidence-based treatments in child mental health: First steps. *Psychiatric Services, 59*(7), 738–746. https://doi.org/10.1176/ps.2008.59.7.738

Other Research Evidence continued		Bearman, S. K., Weisz, J. R., Chorpita, B. F., Hoagwood, K., Ward, A., Ugueto, A. M., Bernstein, A., & The Research Network on Youth Mental Health (2013). More practice, less preach? The role of supervision processes and therapist characteristics in EBP implementation. *Administration and Policy in Mental Health and Mental Health Services Research, 40*, 518-529. https://doi.org/10.1007/s10488-013-0485-5 Park, A. L., Tsai, K. H., Guan, K., Reding, M. E. J., Chorpita, B. F., & Weisz, J. R., & the Research Network on Youth Mental Health. (2016). Service use findings from the Child STEPs effectiveness trial: Additional support for modular designs. *Administration and Policy in Mental Health and Mental Health Services Research, 43*, 135–140. https://doi.org/10.1007/s10488-015-0625-1 Okamura, K. H., Wolk, C. L. B., Kang-Yi, C. D., Stewart, R., Rubin, R. M., Weaver, S., ... & Mandell, D. S. (2017). The price per prospective consumer of providing therapist training and consultation in seven evidence-based treatments within a large public behavioral health system: An example cost-analysis metric. *Frontiers in Public Health, 5*, 1-8. https://doi.org/10.3389/fpubh.2017.00356 Cheron, D. M., Chiu, A. A., Stanick, C. F., Stern, H. G., Donaldson, A. R., Daleiden, E. L., & Chorpita, B. F. (2019). Implementing evidence based practices for children's mental health: A case study in implementing modular treatments in community mental health. *Administration and Policy in Mental Health and Mental Health Services Research, 46*, 391-410. https://doi.org/10.1007/s10488-019-00922-5 Cheron, D. M., Becker-Haimes, E. M., Stern, H. G., Dwight, A. R., Stanick, C. F., Chiu, A. W., ... & Chorpita, B. F. (2022). Assessing practical implementation of modular psychotherapy for youth in community-based settings using benchmarking. *Implementation Research and Practice, 3*, https://doi.org/10.1177/26334895221115216
Outcomes	**What assessments or measures are used as part of the intervention or for research purposes, if any?** Users implementing MATCH are free to use any assessment techniques and measure that appropriately capture the needs of the population being served. Prior MATCH implementations have utilized measures such as the Brief Problem Monitor and Top Problems Assessment.	

Outcomes continued

If research studies have been conducted, what were the outcomes?

Weisz, J. R., Chorpita, B. F., Palinkas, L. A., Schoenwald, S. K., Miranda, J., Bearman, S. K., Daleiden, E. L., Ugueto, A. M., Ho, A., Martin, J., Gray, J., Alleyne, A., Langer, D. A., Southam-Gerow, M. A., Gibbons, R. D., & Research Network on Youth Mental Health (2012) Testing standard and modular designs for psychotherapy with youth depression, anxiety, and conduct problems: A randomized effectiveness trial. *Archives of General Psychiatry, 69*(3), 274–282. https://doi.org/10.1001/archgenpsychiatry.2011.147

Type of Study: Randomized controlled trial

Number of Participants: 174

Population:

- Age — 7-13 years (Mean=10.59 years)
- Race/Ethnicity — 45% White, 32% Multiethnic, 9% African American, 6% Latino/Latina, 4% Asian American/Pacific Islander, 2% other, and 2% did not choose to classify
- Gender — 70% Male
- Status — Participants were youth that sought outpatient care and had primary disorders or referral problems involving anxiety, depression, or disruptive conduct.

Location/Institution: Ten outpatient clinical service organizations in Massachusetts and Hawaii

Summary: The purpose of the study was to compare standard/separate and modular/integrated arrangements of evidence-based treatments for depression, anxiety, and conduct problems in youth with usual care (UC). Practitioners were randomly assigned to 3 treatment conditions: modular (now called ***Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems [MATCH-ADTC]***), standard (i.e., the use of 3 established EBTs for anxiety, depression, and conduct problems), or usual care. Measures utilized include the *Brief Problem Checklist (BPC)*, the *Top Problems Assessment (TPA)*, the *Children's Interview for Psychiatric Syndromes*, and the *Services for Children and Adolescents–Parent Interview*. Results indicate ***MATCH-ADTC*** produced significantly steeper trajectories of improvement than usual care and standard treatment on multiple Brief Problem Checklist and Top Problems Assessment measures. Youths receiving ***MATCH-ADTC*** treatment also had significantly fewer diagnoses than youths receiving usual care after treatment. In contrast, outcomes of standard manual treatment did not differ significantly from outcomes of usual care. Limitations include constraints on the level of analysis imposed by sample size, only those who sought treatment on their own were included, and lack of follow-up.

Length of controlled postintervention follow-up: None

Outcomes continued

Chorpita, B. F., Weisz, J. R., Daleiden, E. L., Schoenwald, S. K., Palinkas, L. A., Miranda, J., Higa-McMillan, C. K., Nakamura, B. J., Austin, A. A., Borntrager, C. F., Ward, A., Wells, K. C., Gibbons, R. D., & Research Network on Youth Mental Health (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

Type of Study: Randomized controlled trial

Number of Participants: 174

Population:

- Age — 7-13 years (Mean=10.59 years)
- Race/Ethnicity — 45% White, 32% multiethnic, 9% African American, 6% Latino/Latina, 4% Asian American/Pacific Islander, and 2% other
- Gender — 70% Male
- Status — Participants were children whose primary clinical concerns involved diagnoses or clinical elevations related to anxiety, depression, or disruptive behavior.

Location/Institution: Ten different outpatient community and school-based settings in Massachusetts and Hawaii

Summary: This study used the sample from Weisz et al. (2012). The purpose of the study was to report outcomes from the Child STEPs trial to gauge the longer-term impact of protocol design on the effectiveness of evidence-based treatment procedures. Community therapists were randomly assigned to 1 of 3 conditions: (a) standard, which involved the use of 1 or more of 3 manualized evidence-based treatments, (b) modular, which involved a single modular protocol (Modular Approach to Therapy for Children [MATCH] – [now called ***Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems [MATCH-ADTC])***, and (c) usual care. Measures utilized include the *Child Behavior Checklist for Ages 6–18 (CBCL),* the *Youth Self-Report for Ages 11–18 (YSR)*, the *Brief Impairment Scale (BIS),* the *Children's Interview for Psychiatric Syndromes*, and the *Services Assessment for Children and Adolescents–Brief Parent Version (SACA)*. Results indicate that the rate of improvement for youth in the MATCH condition was significantly better than those in usual care. On a measure of functional impairment, no significant differences were found among the 3 conditions. Analysis of service utilization also showed no significant differences among conditions, with almost half of youth receiving some additional services in the 1st year after beginning treatment, and roughly one third of youth in the 2nd year. Limitations include sample generalizability and inadequate power to test for higher order interactions (e.g., moderating effects of age, gender, ethnicity, therapist background, internalizing vs. externalizing problems), a sample characterized by a high degree of heterogeneity, and chosen measure of functioning was administered only at 1-year intervals.

Length of controlled postintervention follow-up: Varies but at least 12 months

Outcomes continued

Chorpita, B. F., Daleiden, E. L., Park, A. L., Ward, A. M., Levy, M. C., Cromley, T., Chiu, A. W., Letamendi, A. M., Tsai, K. H., & 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

Type of Study: Randomized controlled trial

Number of Participants: 138

Population:

- Age — Youth: 5-15 years (Mean=9.30 years), Parents: Not specified
- Race/Ethnicity — Youth: 78% Latino/a, 10% African American, 8% Multiethnic, and 4% Caucasian; Parents: Not specified
- Gender — Youth: 55% Male, Parents: Not specified
- Status — Participants were youth whose primary clinical concerns involved diagnoses or clinical elevations related to anxiety, depression, disruptive behavior, and/or traumatic stress.

Location/Institution: Three different community agencies in Los Angeles County and San Bernardino County

Summary: The purpose of the study was to report outcomes testing modular treatment [now called *Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)]* versus multiple community-implemented evidence-based treatments for youth. Participants were randomly assigned to 1 of 2 conditions: (a) modular treatment, which involved a single modular protocol (*MATCH-ADTC*) and (b) community-implemented treatment (CIT). Measures utilized include the *Brief Problem Checklist (BPC)*, the *Top Problems Assessment (TPA),* the *Revised Child Anxiety and Depression Scales (RCADS)*, the *University of California at Los Angeles Post-traumatic Stress Disorder Reaction Index (UCLA PTSD Index*), the *Strength and Difficulties Questionnaire (SDQ)*, the *Services Assessment for Children and Adolescents (SACA),* the *Services for Children and Adolescents Parent Interview (SCAPI)*, and the *Client Satisfaction Questionnaire*. Results indicate youth treated with MATCH-ADTC showed significantly faster rates of improvement over time on clinical and functional outcomes relative to youth in the CIT condition and required significantly fewer sessions delivered over significantly fewer days. Caregiver-reported clinical improvement rates were significantly greater for *MATCH-ADTC* (60%) versus CIT (36.7%). Further, youth in the CIT condition were significantly more likely to receive additional psychosocial treatment services and were significantly more likely to use a variety of psychotropic medications during the active treatment phase. Limitations included the lack of study cases for which trauma was selected as the primary treatment focus, the current study was not a controlled test of alternative designs for evidence-based treatments, and lack of follow-up.

Length of controlled postintervention follow-up: None.

Outcomes continued	**Weisz, J. R., Bearman, S. K., Ugueto, A. M., Herren, J. A., Evans, S. C., Cheron, D. M., Alleyne, A. R., Weissman, A. S., Tweed, J. L., Pollack, A. A., Langer, D. A., Southam-Gerow, M. A., Wells, K. C., & Jensen-Doss, A.** 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 **Type of Study:** Randomized controlled trial **Number of Participants:** 156 youth, 50 therapists **Population:** • Age — Youth: 6-16 years (Mean=10.52 years), Therapists: Mean=43.36 years, Caregivers: Not specified • Race/Ethnicity — Youth: 80% Caucasian, 13% Multiracial, 5% Black, 2% Latino and 1% Other; Therapists: 40 White, 1 Hispanic, and 2 Other; Caregivers: Not specified • Gender — Youth: 48% Male; Therapists: 33 Female; Caregivers: Not specified • Status — Participants were youth with a primary problem or disorder of anxiety, depression, traumatic stress, and/or conduct problems. **Location/Institution:** Three large outpatient community mental health clinics in urban, suburban, and rural areas **Summary:** The purpose of the study was to test robustness of beneficial effects found in two previous trials of the modular Child STEPs treatment program [now called *Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)]*. Fifty community clinicians were randomly assigned to receive training and consultation in Child STEPs or to provide usual care (UC). Referred youths were randomly assigned to Child STEPs or UC. Measures utilized include the *Child Behavior Checklist (CBCL),* the *CBCL/Youth Self Report*, the *Brief Problem Checklist (BPC)*, and the *Top Problems Assessment*. Results indicate participants in both groups showed statistically significant improvement on all measures, leading to clinically meaningful problem reductions. However, in contrast to previous trials, Child STEPs was not superior to UC on any measure. Limitations include the number of youths referred and randomized but never appeared for treatment, the absence of a third study condition, and power was diminished for smaller effects. **Length of controlled postintervention follow-up:** 2 years.
Implementation Requirements & Readiness	**Space, materials or equipment requirements?** Typical service delivery capacity for community mental health organizations is needed. Computer access for providers is helpful, given that many prefer the online format of the program and digital progress monitoring systems are used to facilitate treatment planning and adaptation. **Supervision requirements** *(e.g., review of taped sessions)***?** Completion of 40-hour initial training and 11-18 consultation meetings with a certified MATCH Supervisor.

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Implementation Requirements & Readiness continued	**In order for successful implementation, support should be obtained from:** See training contacts below
Training Materials & Requirements	**List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained.** Chorpita, B. F., & Weisz, J. R. (2009). Modular approach to therapy for children with anxiety, depression, trauma, or conduct problems (MATCH-ADTC). PracticeWise. Amazon: https://www.amazon.com/MATCH-ADTC-Approach-Children-Depression-Problems/dp/0984311513/ **How/where is training obtained?** Training is available for MATCH through the following contacts: • The Center for Traumatic Stress and Comorbidity (NCTSN Category-2) at The Baker Center for Children and Families Harvard Medical School Affiliate 53 Parker Hill Avenue Boston, MA 02120 training@bakercenter.org • PracticeWise, LLC www.practicewise.com/portals/0/MATCH_public/index.html support@practicewise.com phone: (321) 426-4109 • John Weisz, PhD, ABPP, Professor Harvard University dept.: Department of Psychology weiszlab.fas.harvard.edu john_weisz@harvard.edu phone: (617) 877-7716 **What is the cost of training?** MATCH Direct Service Training is provided by the three separate entities listed above, which have different costs for the training and implementation support. The MATCH Professional Development Program offers training for those who wish to provide supervision, consultation, or training in the MATCH protocol. Credentialed models are available for MATCH Therapist, MATCH Supervisor, and MATCH Training Professional. The MATCH Therapist Training and Consultation Series includes 40 hours of in-person training, online live training, or a hybrid of the two followed by a maximum of 25 one-hour consultations (# of required are 12 or 18 depending upon the training organization) for a minimum of 6 months, and a MATCH Therapist Portfolio Promotion Review.

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Training Materials & Requirements continued	Once a person has become a MATCH Therapist, they can become a MATCH Supervisor by completing a MATCH Supervisor Workshop Series. This series includes a 16-hour workshop (online and/or in person) followed by 6-12 hours of calls for a minimum of 6 months as the MATCH Supervisor-in-Training begins training others within their agency in MATCH. Successful completion of these requirements and a MATCH Supervisor Portfolio Promotion Review results in a MATCH Supervisor credential. Custom training and consultation are also available. Please reach out to any of the training contacts for specific costs. **Are intervention materials** *(handouts)* **available in other languages?** ☒ **Yes** ❒ **No** **If YES, what languages?** English, German, and Spanish
Pros & Cons/ Qualitative Impressions	**What are the pros of this intervention over others for this specific group** *(e.g., addresses stigma re. treatment, addresses transportation barriers)***?** The MATCH modular approach allows for flexibility when implementing this intervention and provides guidance on addressing comorbid mental health concerns. It also incorporates trauma-informed treatment principles and techniques in core components to address traumatic stress. This can be especially useful when treating youth with traumatic stress and other co-occurring problems that might interfere with specific trauma-focused interventions without modular flexibility. **What are the cons of this intervention over others for this specific group** *(e.g., length of treatment, difficult to get reimbursement)***?** MATCH is a trauma-informed treatment approach designed to incorporate treatment of traumatic stress and other co-occurring problems. However, it is not a trauma-focused intervention. Other trauma-focused interventions may have more extensive instruction and materials for addressing traumatic stress specifically.
Contact Information	**Name:** Daniel M Cheron, Ph.D., ABPP **Address:** Center for Traumatic Stress and Comorbidity The Baker Center for Children and Families Harvard Medical School Affiliate 53 Parker Hill Avenue Boston, MA 02120 **Phone number:** (617) 232-8390 **Email:** training@bakercenter.org **Website:** www.bakercenter.org **Name:** PracticeWise, LLC **Address:** PO Box 372657 Satellite Beach, FL 32937 **Phone number:** (321) 426-4109 **Email:** support@practicewise.com **Website:** www.practicewise.com