NKR angst Pico 1 Psykoterapi vs kontrol

Review information

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Dates

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What's new

Date / Event	Description

History

Date / Event	Description

Characteristics of studies

Characteristics of included studies

Baer 2005

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *Number with primary social phobia (n, %)*: 6, 100% ● *Number with primary generalized anxiety disorder (n, %)*: 0, 0% ● *Number with primary separation anxiety disorder (n, %)*: 0, 0% ● *Number with other types of primary anxiety disorders (n, %)*: 0, 0% ● *Age in years (mean, SD)*: 14.5 (no sd reported) ● *Age range and proportion of children and adolescents*: 13-18 (100% adolescents) Control (WL) ● *Number with primary social phobia (n, %)*: 6, 100% ● *Number with primary generalized anxiety disorder (n, %)*: 0, 0% ● *Number with primary separation anxiety disorder (n, %)*: 0, 0% ● *Number with other types of primary anxiety disorders (n, %)*: 0, 0% ● *Age in years (mean, SD)*: 16.5 (no sd reported) ● *Age range and proportion of children and adolescents*: 13-18 (100% adolescents) **Included criteria:** Ages 13 to 18, with a primary diagnosis of social phobia. Subjects had to meet DSM-IV criteria for social phobia using the Anxiety Disorders Interview Schedule for Children (ADIS-C). Additional inclusion criterion was fluency in English.

	Excluded criteria: Exclusion criteria included substanceabuse, psychosis, organic mental disorder, and current diagnosis ofa major depressive episode. Previous episodes of depression and comorbidanxiety disorders were allowed, as was treatment with psychotropicmedication. However, it was requested that, if clinicallypossible, medication changes not be made in the 8 weeks before orduring the study **Pretreatment:** None reported
Interventions	**Intervention Characteristics** Intervention ● *Description of type of intervention/control*: The intervention was a behavioral treatment module consisting of12 weekly 1.5-hour group sessions with six adolescents and threegroup leaders. Group leaders included a psychiatric social workerwith extensive experience in adolescent group therapy and two childand adolescent psychiatry residents under the supervision of anexperienced child and adolescent psychiatrist. The program was modified and condensed from the SET-C treatment manual (Beidelet al., 2004), decreasing the number of weekly sessions from three(group social skills training, individual exposure therapy, and grouppeer generalization sessions) to one. Revisions made to SET-C forthis study are available from the authors. ● *Length of intervention/control (weeks and sessions)*: 12 weekly 1.5-hour group sessions. ● *Length of follow-up (in months)*: No follow-up Control (WL) ● *Description of type of intervention/control*: 12 week waitlist ● *Length of intervention/control (weeks and sessions)*: 12 weeks ● *Length of follow-up (in months)*: No follow-up
Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Direction**: Higher is better ● **Data value**: Endpoint *Youth reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: SPAI-C ● **Range**: 0-52 ● **Unit of measure**: Points

- **Direction**: Lower is better
- **Data value**: Endpoint

Parent reported anxiety symptoms (EoT)

- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported

Remission of primary anxiety diagnosis (longest FU, at least 3 months)

- **Outcome type**: DichotomousOutcome
- **Reporting**: Not reported

Youth reported anxiety symptoms (longest FU, at least 3 months)

- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported
- **Direction**: Lower is better
- **Data value**: Endpoint

Parent reported anxiety symptoms (longest FU, at least 3 months)

- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported

Youth reported functioning (EoT)

- **Outcome type**: ContinuousOutcome
- **Reporting**: Fully reported
- **Scale**: ADIS-C
- **Range**: 0-8
- **Unit of measure**: Points
- **Direction**: Lower is better
- **Data value**: Endpoint

Observer reported functioning (EoT)

- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported
- **Direction**: Higher is better
- **Data value**: Endpoint

Combined youth and observer reported functioning (EoT)

	● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Number that discontinued treatment or control (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** Funded by a grant from the Vancouver Foundation (nonprofit communityfoundation) **Country:** Canada **Setting:** community psychiatry setting **Comments:** 66% of participants received medication (no difference between groups). Subjects in the waitlist and treatment groups continued to receive standard community medical care by their treating physicians, mostly consisting of psychiatric follow-up and medication management, throughout the period of investigation. Concurrent treatment with psychotropic medication was also common, with 66% of subjects on medication at the time of inclusion in the study. Medications included paroxetine, fluvoxamine, citalopram, fluoxetine, venlafaxine, and dextroamphetamine. **Authors name:** Baer et al 2005 **Institution:** Anxiety Disorders Clinic, British Columbia Children's Hospital **Email:** sbaer@cw.bc.ca **Address:** 4480 Oak Street, Vancouver, BC V6H 3V4, Canada
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	Quote: "After obtaining consent, subjects were randomized to the active treat- ment group (group A) or the waitlist group (group B). To have gender- balanced groups, males and females were randomized separately, taking a simple random sample by pulling names from a hat."
Allocation concealment	Unclear risk	

Blinding of participants and personnel	High risk	Judgement Comment: Impossible to blid participants
Blinding of outcome assessors	High risk	Quote: "Participants were assessed by independent nonblinded clinical evaluators (experienced staff child psychiatrists) with the ADIS-C, a semistructured interview protocol (Silverman and Albano, 1996) used to assess child and adolescent anxiety disorders, using DSM-IV criteria."
Incomplete outcome data	Low risk	Judgement Comment: No ITT results available, only per protocol. Good explanation of the one participant who dropped out: "One male participant in group A dropped out of treatment at week 11 due to hospitalization for a first episode of psychosis. He was excluded from the data analysis. All 11 other adolescents completed the treatmentprogram and the pre- and posttreatment assessments.Two adolescents in group B did not complete the posttreatment BDI-II. One adolescent in group A denied any anxiety or depressive symptoms on selfreport questionnaires, yielding a score of 0 on the posttreatmentSPAI total and BDI-II. This was thought to be of questionable reliability, and therefore his posttreatment SPAI and BDI-II scores were not included in the statistical analysis.
Selective outcome reporting	Low risk	Judgement Comment: Outcomes discussed in methods are reported, however, only per protocol. Outcomes discussed in methods are reported, however, only per protocol.
Other sources of bias	Unclear risk	Judgement Comment: Concurrent treatment with psychotropic medication was also common,with 66% of subjects on medication at the time of inclusion inthe study. Medications included paroxetine, fluvoxamine, citalopram,fluoxetine, venlafaxine, and dextroamphetamine. Previous episodes of depression and comorbid anxiety disorders were allowed, as was treatment with psychotropic medication. However, it was requested that, if clinically possible, medication changes not be made in the 8 weeks before or during the study.No between group difference, but not described whether medication changes did take place and whether this differed between the groups.

Barrett 1996

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**

Participants	**Baseline Characteristics** Intervention (parents+) ● *Number with primary social phobia (n, %)*: Not reported by condition (se note) ● *Number with primary generalized anxiety disorder (n, %)*: Not reported by condition (se note) ● *Number with primary separation anxiety disorder (n, %)*: Not reported by condition (se note) ● *Number with other types of primary anxiety disorders (n, %)*: 0,0% ● *Age in years (mean, SD)*: Not reported ● *Age range and proportion of children and adolescents*: 7-14 Control ● *Number with primary social phobia (n, %)*: Not reported by condition (se note) ● *Number with primary generalized anxiety disorder (n, %)*: Not reported by condition (se note) ● *Number with primary separation anxiety disorder (n, %)*: Not reported by condition (se note) ● *Number with other types of primary anxiety disorders (n, %)*: 0,0% ● *Age in years (mean, SD)*: 7-14 ● *Age range and proportion of children and adolescents*: 7-14 Wait-list ● *Number with primary social phobia (n, %)*: Not reported by condition (se note) ● *Number with primary generalized anxiety disorder (n, %)*: Not reported by condition (se note) ● *Number with primary separation anxiety disorder (n, %)*: Not reported by condition (se note) ● *Number with other types of primary anxiety disorders (n, %)*: 0,0% ● *Age in years (mean, SD)*: Not reported ● *Age range and proportion of children and adolescents*: 7-14 **Included criteria:** only children with a principal diagnosis of overanxietydisorder (n = 30), separation anxiety disorder (n = 30), orsocial phobia (n = 19) were included. 7-14 year **Excluded criteria:** Children who had intellectual or physical disabilities, who were currentlytaking antianxiety or depression medication, or whose parentswere involved in acute marital breakdown (n - 2), were referred elsewhereand not included in the study **Pretreatment:** There was a significant difference across treatmentconditions for child's age (CBT, M = 9.7, SD = 2.5; CBT+ FAM, M = 10.1, SD= 1.9; WL, M= 8.2, SD = 1.9), F(2,76) = 5.43, p < .01. No further. Analyzed with ANOVA or chi-square.

Interventions	**Intervention Characteristics** Intervention (parents+) ● *Description of type of intervention/control*: Child assigned to Kendall's CBT program (CopingCat Workbook; Kendall, 1990), which specifically targets the child'sanxiety using exposure and cognitive restructuring strategies. The family interventionis designed to be completed in 12 sessions; 4 sessions are devotedto each of the discipline, anxiety management, and parental communicationsections. ● *Length of intervention/control (weeks and sessions)*: 12 sessions weekly basis á 60 - 80 minutes intervention ● *Length of follow-up (in months)*: 6 years Control ● *Description of type of intervention/control*: All children in the active treatment conditions (i.e., CBT delivered inthe form of individual therapy) received the Coping Koala Workbook,which included recognizing anxious feelings and somatic reactions toanxiety, cognitive restructuring in anxiety-provoking situations, copingself-talk, exposure to feared stimuli, evaluating performance, and administeringself-reinforcement as appropriate ● *Length of intervention/control (weeks and sessions)*: 12 sessions weekly basis á 60 - 80 minutes intervention ● *Length of follow-up (in months)*: 6 years Wait-list ● *Description of type of intervention/control*: Families whosought alternative treatment during the waiting period (n ~ 2) wereexcluded from the analysis ● *Length of intervention/control (weeks and sessions)*: 12 weeks ● *Length of follow-up (in months)*: No follow-up
Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Direction**: Higher is better ● **Data value**: Endpoint *Youth reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: RCMAS ● **Range**: 0 -74 ● **Unit of measure**: Points

- **Direction**: Lower is better
- **Data value**: Endpoint

Parent reported anxiety symptoms (EoT)

- **Outcome type**: ContinuousOutcome
- **Reporting**: Fully reported
- **Scale**: CBCL-internalizing
- **Range**: 0 – 64
- **Unit of measure**: Points
- **Direction**: Lower is better
- **Data value**: Endpoint
- **Notes**: Mother report

Remission of primary anxiety diagnosis (longest FU, at least 3 months)

- **Outcome type**: DichotomousOutcome
- **Reporting**: Partially reported
- **Scale**: ADIS-C
- **Direction**: Higher is better
- **Data value**: Endpoint
- **Notes**: 6 year FU. No FU for WL

Youth reported anxiety symptoms (longest FU, at least 3 months)

- **Outcome type**: ContinuousOutcome
- **Reporting**: Partially reported
- **Scale**: RCMAS
- **Range**: 0 -74
- **Unit of measure**: Points
- **Direction**: Lower is better
- **Data value**: Endpoint
- **Notes**: 6 year FU. no FU for WL

Parent reported anxiety symptoms (longest FU, at least 3 months)

- **Outcome type**: ContinuousOutcome
- **Reporting**: Partially reported
- **Scale**: CBCL-internalizing

	● **Range**: 0-64 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint ● **Notes**: 6 year FU. Mother report. No FU for WL *Youth reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Partially reported ● **Scale**: Overall Functioning ● **Range**: 0-6 ● **Direction**: Higher is better ● **Data value**: Endpoint *Combined youth and observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Number that discontinued treatment or control (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** This research was supported by grants from The National Health andMedical Research Council of Australia, and The Myer Foundation ofAustralia **Country:** Australia **Setting:** **Comments:** **Authors name:** Barrett et al 1996 **Institution:** School of Applied Psychology, Griffith University

	Email: p.barrett@mailbox. gu.edu.au. **Address:** School of Applied Psychology, Griffith University, GoldCoast Campus, PMB50 Gold Coast Mail Centre, Queensland, 4217Australia
Notes	*Nkr 43 Angst* on 07/05/2016 22:15 **Population** only children with a principal diagnosis of overanxietydisorder (n = 30), separation anxiety disorder (n = 30), orsocial phobia (n = 19) were included

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	Judgement Comment: Based on Cochrane review by James et al 2015
Allocation concealment	Unclear risk	Judgement Comment: Based on Cochrane review by James et al 2015
Blinding of participants and personnel	High risk	Judgement Comment: Not possible to blind participants
Blinding of outcome assessors	Low risk	Judgement Comment: Based on Cochrane review by James et al 2015
Incomplete outcome data	Low risk	Judgement Comment: Based on Cochrane review by James et al 2015
Selective outcome reporting	Low risk	Judgement Comment: Based on Cochrane review by James et al 2015
Other sources of bias	Low risk	Judgement Comment: Based on Cochrane review by James et al 2015

Barrett 1998

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention (parents+) ● *Number with primary social phobia (n, %)*: Not reported by condition (but see note) ● *Number with primary generalized anxiety disorder (n, %)*: Not reported by condition (but see note)

- *Number with primary separation anxiety disorder (n, %)*: Not reported by condition (but see note)
- *Number with other types of primary anxiety disorders (n, %)*: 0, 0%
- *Age in years (mean, SD)*: Not reported
- *Age range and proportion of children and adolescents*: 7-14 years

Control

- *Number with primary social phobia (n, %)*: Not reported by condition (but see note)
- *Number with primary generalized anxiety disorder (n, %)*: Not reported by condition (but see note)
- *Number with primary separation anxiety disorder (n, %)*: Not reported by condition (but see note)
- *Number with other types of primary anxiety disorders (n, %)*: 0, 0%
- *Age in years (mean, SD)*: Not reported
- *Age range and proportion of children and adolescents*: 7-14 years

Wait-list

- *Number with primary social phobia (n, %)*: Not reported by condition (but see note)
- *Number with primary generalized anxiety disorder (n, %)*: Not reported by condition (but see note)
- *Number with primary separation anxiety disorder (n, %)*: Not reported by condition (but see note)
- *Number with other types of primary anxiety disorders (n, %)*: 0,0%
- *Age in years (mean, SD)*: Not reported
- *Age range and proportion of children and adolescents*: 7-14

Included criteria: only children with aprincipal diagnosis of overanxious disorder (OAD; n =301, separalion anxiety disorder (SAD; n = 26), or socialphobia (n = 4) were included in the treatment.
Excluded criteria: Childrbn with intellectual or physical disabilities,those who were currently taking antianxiety or depressionmedication, and those whose parents were involvedin acute marital breakdown (N = 2) werereferred elsewhere and not included in the study.
Pretreatment: To ensure there were no significant dem~ographicdifferences across treatment conditions at pretreatment,one-way analyses of variance (ANOVA) tests orchi-square tests were performed comparing both treatmentsand WL conditions. There were no si<gnificantdifferences across conditions for child's sex, mother'sand father's ages, number of siblings, socioeconomicstatus, or marital status. All dependent measures(self-report measures for both children and parents)were compared across both treatment conditions andthe WL condition. Again, no significant diff l erenceswere revealed.

Interventions	**Intervention Characteristics** Intervention (parents+) ● *Description of type of intervention/control*: All children in the active treatment conditions receivedthe Coping Koala Group Workbook (Barrett,1995a), which is an Australian adaptation of Kendall'sCognitive-Behavioural Treatment program (CopingCat Workbook; Kendall et al., 1990). The Group Family Anxiety Management Workbook(Barrett, 1995b) was used in parallel with the CopingKoala Workbook in the GROUP-FAM condition. Thatis, after children completed each of the Coping Koalasessions with the help of parents and therapists, theyworked together through a Group Family AnxietyManagement session. In summary, two therapists andsix families-parents and children-met together ingroups for 2 hr on a weekly basis, Hence, botb treatmentmanuals were used in the GROUP-FAM condition,with parents, children, and therapisw wakingtogether as a group in the therapy room. ● *Length of intervention/control (weeks and sessions)*: 12 weeks and 12 seesions ● *Length of follow-up (in months)*: 12 Control ● *Description of type of intervention/control*: All children in the active treatment conditions receivedthe Coping Koala Group Workbook (Barrett,1995a), which is an Australian adaptation of Kendall'sCognitive-Behavioural Treatment program (CopingCat Workbook; Kendall et al., 1990) ● *Length of intervention/control (weeks and sessions)*: 12 weeks and 12 sessions ● *Length of follow-up (in months)*: 12 Wait-list ● *Description of type of intervention/control*: ● *Length of intervention/control (weeks and sessions)*: 12 weeks ● *Length of follow-up (in months)*: No follow-up
Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Direction**: Higher is better ● **Data value**: Endpoint *Youth reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: The Fear Survey Schedule for Children-Revised (FSSC-R

- **Range**: 0-160
- **Unit of measure**: Points
- **Direction**: Lower is better
- **Data value**: Endpoint

Parent reported anxiety symptoms (EoT)

- **Outcome type**: ContinuousOutcome
- **Reporting**: Fully reported
- **Scale**: CBCL-internalizing
- **Range**: 0-64
- **Unit of measure**: Points
- **Direction**: Lower is better
- **Data value**: Endpoint
- **Notes**: Mother report

Remission of primary anxiety diagnosis (longest FU, at least 3 months)

- **Outcome type**: DichotomousOutcome
- **Reporting**: Fully reported
- **Direction**: Higher is better
- **Data value**: Endpoint

Youth reported anxiety symptoms (longest FU, at least 3 months)

- **Outcome type**: ContinuousOutcome
- **Reporting**: Fully reported
- **Scale**: The Fear Survey Schedule for Children-Revised (FSSC-R
- **Range**: 0-160
- **Unit of measure**: Points
- **Direction**: Lower is better
- **Data value**: Endpoint

Parent reported anxiety symptoms (longest FU, at least 3 months)

- **Outcome type**: ContinuousOutcome
- **Reporting**: Fully reported
- **Scale**: CBCL-internalizing
- **Range**: 0-64

	● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint ● **Notes**: Mother report *Youth reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: Improvement ● **Range**: 0-6 ● **Unit of measure**: Points ● **Direction**: Higher is better ● **Data value**: Endpoint ● **Notes**: Clinician rating *Combined youth and observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Number that discontinued treatment or control (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** This research was supported by grants from the National Healthand Medical Research Council of Australiaand Griffith University. **Country:** Australia **Setting:** **Comments:** **Authors name:** Barrett 1998

	Institution: **Email:** Not reported **Address:** School ofApplied Psychology, Griffith University, Gold Coast Campus, Australia4217.
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	Judgement Comment: No methods stated, the participants 'were randomly allocated three treatment strategies'
Allocation concealment	Unclear risk	Judgement Comment: Method of concealment not described
Blinding of participants and personnel	High risk	Not blinded
Blinding of outcome assessors	Low risk	Judgement Comment: Based on Cochrane review by James et al., 2015
Incomplete outcome data	Low risk	Judgement Comment: Dropout rates 4/23, 2/17 and 4/19 resp.Authors claim no significant differences between completers and drop-outs verified by ANOVA comparisons.
Selective outcome reporting	Low risk	Judgement Comment: No study protocol available, but publication includes all expected outcomes
Other sources of bias	Low risk	Judgement Comment: None known

Bernstein 2005

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:** YES
Participants	**Baseline Characteristics** Intervention ● *Number with primary social phobia (n, %)*: Not reported (see note) ● *Number with primary generalized anxiety disorder (n, %)*: Not reported (see note)

- *Number with primary separation anxiety disorder (n, %)*: Not reported (see note)
- *Number with other types of primary anxiety disorders (n, %)*: 0,0%
- *Age in years (mean, SD)*: Not reported by condition (total: M= 9.0 SD= 1.0)
- *Age range and proportion of children and adolescents*: 7 to 11 years old (total group, no data on group age)

Control (WL)

- *Number with primary social phobia (n, %)*: Not reported (see note)
- *Number with primary generalized anxiety disorder (n, %)*: Not reported (see note)
- *Number with primary separation anxiety disorder (n, %)*: Not reported (see note)
- *Number with other types of primary anxiety disorders (n, %)*: 0,0%
- *Age in years (mean, SD)*: Not reported by condition (total: M= 9.0 SD= 1.0)
- *Age range and proportion of children and adolescents*: 7 to 11 years old (total group, no data on group age)

Intervention 2 Parent +child

- *Number with primary social phobia (n, %)*: Not reported (see note)
- *Number with primary generalized anxiety disorder (n, %)*: Not reported (see note)
- *Number with primary separation anxiety disorder (n, %)*: Not reported (see note)
- *Number with other types of primary anxiety disorders (n, %)*: 0,0%
- *Age in years (mean, SD)*: Not reported by condition (total: M= 9.0 SD= 1.0)
- *Age range and proportion of children and adolescents*: 7 to 11 years

Included criteria: Inclusion criteria required DSM-IV diagnoses of SAD, GAD,and/or SP or ‘‘features’’ (one or more, but not all criteria) of oneof these anxiety disorders and associated composite CSR of 2 to6 on the ADIS. Range of CSR is 0 to 8.
Excluded criteria: Exclusion criteria were current diagnoses of obsessive-compulsive disorder, posttraumatic stress disorder, attention-deficit/hyperactivity disorder, conduct disorder, schizophrenia, pervasive developmental disorder, major depression, or alcohol or drug abuse on the ADIS; current suicidal or homicidal intent or plan; current psychotropic medication; parent and/or child do not speak English; recent or current trial of CBT; and composite CSR >6 on any anxiety diagnosis.Because this investigation was an intervention study for anxious children with mild to moderate symptomatology, the most symptomatic children (CSR of7–8) were excluded. Only one potential participant was excluded for CSR >6 and was referred for treatment elsewhere. Dadds and colleagues (1997) included participants with CSRs of 1–5. In this study, 13 children with CSR <2 were excluded.
Pretreatment: A series of x2 (sex, baseline diagnostic status), oneway ANOVA (age, continuous measures of anxiety), and Kruskal-Wallis (ordinal measures of anxiety) tests was conducted to ensure equivalency across groups on baseline measures. Analyses indicated that groups were balanced on demographic variables: sex, x2 = 0.58, p = .75; age, F2,55

	= 0.33, p = .72; and socioeconomic status, F2, 54 = 0.07, p = .94. Groups were also equivalent at baseline on diagnostic status, x2 = 1.58, p = .45; and composite CSR, Kruskal-Wallis = 3.1, p = .31. Analyses further indicated that groups were comparable at baseline on MASC, F2, 55 = 0.35, p = .71; parent MASC, F2, 55 = 0.14, p = .87; and parent SCARED, F2, 54 = 1.02, p = .37.WL group were less ill at baseline. "The percentage of participants meeting diagnostic criteria in the child CBT plus parent training group decreased from 80% at baseline to 33% posttreatment, child-only CBT group decreased from 82% at baseline to29% posttreatment, and no-treatment control decreased from 67% at baseline to 46% posttreatment.
Interventions	**Intervention Characteristics** Intervention ● *Description of type of intervention/control*: The FRIENDS program is a manual-based group CBT programfor anxious children (Barrett et al., 2000). The program was developedfrom the Coping Koala Group Program (Barrett, 1995), whichwas the Australian version of the Coping Cat Program (Kendall,1990). The FRIENDS program has demonstrated efficacy in a randomizedclinical trial (Shortt et al., 2001). The program consists of10 weekly sessions and 2 booster sessions. The present study combinedsessions 9 and 10 because of time constraints. Because a largeportion of session 10 includes a party, no session content was lost ● *Length of intervention/control (weeks and sessions)*: 60-minute sessions. 9weeks + booster sessions at 1 and 3months ● *Length of follow-up (in months)*: 6months (12months but WL was offered treatment at 6months) Control (WL) ● *Description of type of intervention/control*: WL, no treatment ● *Length of intervention/control (weeks and sessions)*: 9 weeks ● *Length of follow-up (in months)*: 6months (12months but WL was offered treatment at 6months) Intervention 2 Parent +child ● *Description of type of intervention/control*: Child and parent groups were conducted separately but simultaneously. At least one parent for each childwas required to attend the parent training group. ● *Length of intervention/control (weeks and sessions)*: 60-minute sessions. 9weeks + booster sessions at 1 and 3months ● *Length of follow-up (in months)*: 6months (12months but WL was offered treatment at 6months)

Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome *Youth reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Scale**: Child MASC ● **Range**: 0 - 117 ● **Direction**: Lower is better *Parent reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Scale**: Parent MASC ● **Range**: 0-117 ● **Direction**: Lower is better *Remission of primary anxiety diagnosis (longest FU, at least 3 months)* ● **Outcome type**: DichotomousOutcome ● **Scale**: 6month follow-up *Youth reported anxiety symptoms (longest FU, at least 3 months)* ● **Outcome type**: ContinuousOutcome ● **Scale**: Child MASC ● **Range**: 0-117 ● **Direction**: Lower is better *Parent reported anxiety symptoms (longest FU, at least 3 months)* ● **Outcome type**: ContinuousOutcome ● **Scale**: Parent MASC ● **Range**: 0-117 ● **Direction**: Lower is better *Youth reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Scale**: ADIS CSR ● **Range**: 0-8 ● **Direction**: Lower is better

	Observer reported functioning (EoT) ● **Outcome type**: ContinuousOutcome ● **Scale**: Not reported *Combined youth and observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Scale**: ADIS CSR ● **Range**: 0-8 ● **Direction**: Lower is better *Number that discontinued treatment or control (EoT)* ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** Funded by grants from the National Institute of Mental Health (MH065369), the University of Minnesota Academic Health Center, andthe Minnesota Medical Foundation (G.A.B.). **Country:** USA **Setting:** School. Groups met in classrooms at the children's schools after school hours. Participants at each school were divided into two groups to keep the number of children per group manageable with 8 to 10 children per group. Child and parent groups were conducted separately but simultaneously. **Comments:** Used the 6 month FU since half the WL got CBT after 6 month fu **Authors name:** Bernstein et al 2005 **Institution:** Division of Child and Adolescent Psychiatry, University of Minnesota Medical School, Minneapolis **Email:** berns001@umn.edu **Address:** Division of Child and Adolescent Psychiatry, University of Minnesota Medical School, F256/2B West, 2450Riverside Avenue, Minneapolis, MN 55454
Notes	*Kristine Rasmussen* on 06/05/2016 05:01 **Outcomes** All results are per protocolRemission of primary diagnosis (EoT) results calculated by subtracting % meeting diagnosis pre-intervention by % meeting diagnosis post-intervention. Youth reported anxiety symptoms (EoT) scale: Child MASCParent reported anxiety symptoms (EoT) scale: Parent MASCNB! At 3 and 6months the two intervention groups were collapsed. Means reported in intervention are therefore collapsed and can't be used in PICO 7. Longest FU used is 6months as 50% of WL participants received CBT from 6months onwards.Youth reported anxiety symptoms (6m-FU) scale: Child MASC, uncertainty about number of participants at 6months. N is taken from remission of primary anxiety diagnosisParent reported anxiety symptoms (6m-FU) scale: Parent MASC, uncertainty about number of participants at

	6months. N is taken from remission of primary anxiety diagnosis

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	Judgement Comment: Method of randomisation not mentioned. Only mentions that schools were randomised to one of 3 conditions
Allocation concealment	Unclear risk	Judgement Comment: Not mentioned
Blinding of participants and personnel	High risk	Judgement Comment: Impossible to blind participants
Blinding of outcome assessors	Low risk	Judgement Comment: Several procedures helped to maintain the blind for the independent evaluators. Because of anticipated research staff turnover, participants were randomly assigned to independent evaluators at baseline and again posttreatment. All independent evaluators conducted interviews with children from each of the three schools. Families were instructed not to mention their condition assignment to the independent evaluators.
Incomplete outcome data	Unclear risk	Judgement Comment: Good flow diagram in 2005 paper, but difficult to follow participants at 6months FU reported in the 2008. Fx at 6 months 12 WL participants chose CBT treatment and 12 remained in the study. However, the remission of the primary diagnosis outcome reports results for 15 WL participants. The other outcomes are reported without participant figures.
Selective outcome reporting	Low risk	Judgement Comment: All outcomes reported on, but not all outcomes have easily interpretable data reported.
Other sources of bias	Unclear risk	Judgement Comment: Cluster RCT and there was no account for group effects in the interpretation and presentation of results

Cobham 2012

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *Number with primary social phobia (n, %)*: Not reported by condition (see note) ● *Number with primary generalized anxiety disorder (n, %)*: Not reported by condition (see note) ● *Number with primary separation anxiety disorder (n, %)*: Not reported by condition (see note) ● *Number with other types of primary anxiety disorders (n, %)*: 2, 8.7% ● *Age in years (mean, SD)*: 9.70 (2.51) ● *Age range and proportion of children and adolescents*: 7–14 years (total, no individual group results) Control (WL) ● *Number with primary social phobia (n, %)*: Not reported by condition (see note) ● *Number with primary generalized anxiety disorder (n, %)*: Not reported by condition (see note) ● *Number with primary separation anxiety disorder (n, %)*: Not reported by condition (see note) ● *Number with other types of primary anxiety disorders (n, %)*: 1, 8.3% ● *Age in years (mean, SD)*: 9.83 (2.69) ● *Age range and proportion of children and adolescents*: 7–14 years (total, no individual group results) **Included criteria:** Inclusion criteriaincluded being aged 7–14 years and meeting criteria for a primarydiagnosis of an anxiety disorder of clinical severity **Excluded criteria:** Children wereexcluded if they were currently involved in an alternative treatmentfor anxiety (whether psychological or pharmacological), ifthey had a psychotic disorder, or if they had a significant intellectualdisability. Children were not excluded if they had a comorbid,secondary non-anxiety diagnosis. **Pretreatment:** There were no significant differencesbetween the three groups on child's age, child's gender,mother's age, mother's occupation, father's age, or father's occupation(all ps .10). Demographic data are presented in Table 1.Between parents in the two active treatment conditions, there wereno differences at pretreatment in Initial Expectations . On measures of anxiety symptomatology, there were nosignificant differences between the three groups at pretreatmenton their primary diagnosis, severity of primary diagnosis,number of diagnoses, or scores on the SCAS, RCMAS, orCBCL-int (as completed by mothers and fathers).

Interventions	**Intervention Characteristics** Intervention ● *Description of type of intervention/control*: IT consisted of the integrated 12-session family-focusedCBT intervention referred to previously. The intervention consistsof two components or programs—the first involving parents only(“Do as I Do”; Cobham, 2006a) and the second involving thechildren (“Facing your Fears”; Cobham, 2006b). Both programsare manualized, with parents and children each receiving workbooksthat are used in session and for home-based tasks. Eachprogram consists of six weekly sessions, with the parent programbeing completed first. The parent program focuses on (a) increasingparents’ awareness of the role they may play in the developmentand maintenance of their child’s anxiety disorder; (b) teachingparents the principles of effective anxiety management in orderthat they can provide the best possible model to their children; and(c) teaching parents effective parenting strategies for managingtheir children’s anxiety. The child program aims to teach childrena two-step plan for overcoming anxiety, “Helpful Thoughts” and“Brave Behaviors.” ● *Length of intervention/control (weeks and sessions)*: 12-session over 12 weeks ● *Length of follow-up (in months)*: no follow-up extracted Control (WL) ● *Description of type of intervention/control*: Parents in the WL condition were told that they had beenassigned to wait for an intervention and that they would be recontactedin 12 weeks time in order to be reassessed. Children in thiscondition who continued to meet criteria for a clinically significantprimary anxiety disorder were then offered treatment. From thispoint, families in this condition were no longer part of the presentstudy ● *Length of intervention/control (weeks and sessions)*: 12 weeks ● *Length of follow-up (in months)*: no follow-up
Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome *Youth reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Scale**: RCMAS ● **Range**: 0 -74 ● **Direction**: Lower is better *Parent reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Scale**: Mother CBCL Int T score

	● **Range**: 0 – 64 ● **Direction**: Lower is better *Remission of primary anxiety diagnosis (longest FU, at least 3 months)* ● **Outcome type**: DichotomousOutcome *Youth reported anxiety symptoms (longest FU, at least 3 months)* ● **Outcome type**: ContinuousOutcome ● **Scale**: 6-month FU *Parent reported anxiety symptoms (longest FU, at least 3 months)* ● **Outcome type**: ContinuousOutcome *Youth reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome *Observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome *Combined youth and observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Scale**: ADIS CSR ● **Range**: 0-8 ● **Direction**: Lower is better *Number that discontinued treatment or control (EoT)* ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** Not reported **Country:** Australia **Setting:** The University of Queensland Psychology Clinic. **Comments:** **Authors name:** Cobham et al 2012 **Institution:** School of Psychology, University of Queensland, Australia **Email:** vanessa@psy.uq.edu.au **Address:** School of Psychology, University of Queensland, Australia

Notes	*Kristine Rasmussen* on 07/05/2016 01:31 **Outcomes** Intervention group results are from individual therapy group. Bibliography group results are not reported.Youth reported anxiety symptoms (EoT): RCMAS total scoreParent reported anxiety symptoms (EoT): Mother CBCL Int T scoreYouth and parent reported anxiety symptoms at 3 and 6months do not include WL so are not reported.

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	Judgement Comment: James et al. Used modified random assignment. Randomsequence generation not mentioned
Allocation concealment	Unclear risk	
Blinding of participants and personnel	High risk	Judgement Comment: Impossible to blind
Blinding of outcome assessors	Low risk	Judgement Comment: James et al.: Independent clinicians who were blind tothe treatment group carried out follow-upassessments
Incomplete outcome data	Low risk	Judgement Comment: James et al: Consort flowdiagramprovided; no familiesdropped out once they were aware of theallocation group. Two families dropped outduring allocation. The study states the fateof all participants and dropout data werenoted
Selective outcome reporting	Low risk	Judgement Comment: Outcomes mentioned in methods are all reported
Other sources of bias	Low risk	

Flannery Schroeder 2000

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *Number with primary social phobia (n, %)*: n=5, 14% (both groups) ● *Number with primary generalized anxiety disorder (n, %)*: n= 21, 57% (both groups) ● *Number with primary separation anxiety disorder (n, %)*: n=11, 30% (both groups) ● *Number with other types of primary anxiety disorders (n, %)*: 0% ● *Age in years (mean, SD)*: Not reported ● *Age range and proportion of children and adolescents*: 38% were age 8–10 years and 62% were 11–14 years Control ● *Number with primary social phobia (n, %)*: ● *Number with primary generalized anxiety disorder (n, %)*: ● *Number with primary separation anxiety disorder (n, %)*: ● *Number with other types of primary anxiety disorders (n, %)*: ● *Age in years (mean, SD)*: ● *Age range and proportion of children and adolescents*: 83% were age 8–10 years and 17% were age 11–14 years. **Included criteria:** The purpose of the present research was to evaluate a cognitive-behavioral group treatment for 8- to 14-year-old children diagnosed with a childhood anxiety disorder (i.e., Generalized Anxiety Disorder, Separation Anxious Disorder, Social Phobia). **Excluded criteria:** Exclusion criteria for participation included a disabling physical condition,psychotic symptoms, or current use of antianxiety or antidepressant medication.Children whose primary diagnosis was simple phobia were not included; childrenwho had simple phobia as secondary problems were included **Pretreatment:** In a comparison of pretreatment dependent variable scores across conditions, some means on child-reported measures were found to differ significantly. Scores on the STAIC-A-State,F(2, 34)13.53,p.001, and the STAIC-A-Trait,F(2, 34)6.81,p.01, were significantly lower in the GCBT compared to the ICBT and WL conditions.

Interventions	**Intervention Characteristics** Intervention ● *Description of type of intervention/control*: Treated participants received the cognitive-behavioral treatment protocol ineither an individual or group format. The treatment consisted of 18 weeks of 50-to 60-min sessions for the individual treatment, 18 weeks of 90-min sessions for thegroup treatment, both typically meeting once a week. The treatment was largelychild-centered; however, several parent sessions were included in both treatmentformats ● *Length of intervention/control (weeks and sessions)*: 18 weeks of 50-to 60-min sessions, typically meeting once a week ● *Length of follow-up (in months)*: 12 months Control ● *Description of type of intervention/control*: Treated participants received the cognitive-behavioral treatment protocol ineither an individual or group format. The treatment consisted of 18 weeks of 50-to 60-min sessions for the individual treatment, 18 weeks of 90-min sessions for thegroup treatment, both typically meeting once a week. The treatment was largelychild-centered; however, several parent sessions were included in both treatmentformats ● *Length of intervention/control (weeks and sessions)*: 18 weeks of 90-min sessions, typically meeting once a week ● *Length of follow-up (in months)*: 12 months
Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome ● **Direction**: Higher is better ● **Data value**: Endpoint *Youth reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: Revised Children's Manifest Anxiety Scale (RCMAS) ● **Range**: 0-74 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Parent reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported

- **Scale**: CBCL-internalizing
- **Unit of measure**: Points
- **Direction**: Lower is better
- **Data value**: Endpoint

Remission of primary anxiety diagnosis (longest FU, at least 3 months)

- **Outcome type**: DichotomousOutcome
- **Reporting**: Fully reported
- **Direction**: Higher is better
- **Data value**: Endpoint

Youth reported anxiety symptoms (longest FU, at least 3 months)

- **Outcome type**: ContinuousOutcome
- **Reporting**: Fully reported
- **Scale**: Revised Children's Manifest Anxiety Scale (RCMAS)
- **Range**: 0-74
- **Unit of measure**: Points
- **Direction**: Lower is better
- **Data value**: Endpoint

Parent reported anxiety symptoms (longest FU, at least 3 months)

- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported
- **Direction**: Lower is better
- **Data value**: Endpoint
- **Notes**: Not reported

Youth reported functioning (EoT)

- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported

Observer reported functioning (EoT)

- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported
- **Notes**: Not reported

	Number that discontinued treatment or control (EoT) ● **Outcome type**: DichotomousOutcome ● **Direction**: Lower is better ● **Data value**: Endpoint *Combined youth and observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported ● **Direction**: Lower is better ● **Data value**: Endpoint ● **Notes**: Not reported
Identification	**Sponsorship source:** Not reported **Country:** USA **Setting:** Child and Adolescent Anxiety Disorders Clinic (CAADC) of the Clinical Psychology Program at Temple University. **Comments:** **Authors name:** Flannery-Schroeder 2000 **Institution:** Department of Psychology, Temple University, Philadelphia, Pennsylvania **Email:** No email address supplied **Address:** Correspondence should be directed to Ellen C. Flannery-Schroeder, Department of Psychology, TempleUniversity, Weiss Hall, Philadelphia, Pennsylvania 19122.
Notes	*Nkr 43 Angst* on 03/04/2016 23:39 **Population** Prumary diagnosis not split on interventions.For the total sample: All children met DSM-IV diagnostic criteria for a childhood anxiety disorder (Generalized Anxiety Disorder, n 21; Separation Anxious Disorder, n 11; Social Phobia, n 5) *Britta Tendal* on 04/04/2016 21:31 **Outcomes** N was very hard to determine. They state in the paper that the total sample was 45. 8 dropped out leaving 37, 2 dropped out from WL, 2 withdrew prior to first treatment and 4 during treatment. 13 were randomised to ICBT, 12 to GCBT and 12 to WL. The WL group (n=12) was then randomised to either ICBT or GCBT, it is not stated how many in each group. They write later that 4 children in the ICBT group dropped out p 254 and none in the GCBT, but on p 274 they write it as

	4 out of 17 (ICBT) and 0 out of 12 (GCBT) dropped out during treatment. Making it 29 children in the sample. On p 267 they write about 6 non-completers (post treatment) included in the ITT analyses.On p 269 they write about 8 children not being available for FU analyses, leaving 29 children: 14 ICBT and 15 GCBTI assume that at post treatment they have 17 (ICBT) and 12 (GCBT)I assume that at FU they have 14 (ICBT) and 15 (GCBT). For 1 year Fu I assume 19 (ICBT) and 19 (GCBT) as the WL group was added.

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	Quote: "participants were then randomly assigned to either group or individual treatment. A restricted randomization procedure was used in which participants assigned to the GCBT (either immediately or following wait-list) were assigned in blocks of four." Judgement Comment: Probably low risk
Allocation concealment	Unclear risk	Judgement Comment: No details
Blinding of participants and personnel	High risk	Judgement Comment: Not blinded
Blinding of outcome assessors	High risk	Judgement Comment: Not blinded
Incomplete outcome data	High risk	Judgement Comment: Approximately 29 out of 45 were included in the analyses
Selective outcome reporting	Low risk	Judgement Comment: None detected
Other sources of bias	Low risk	Judgement Comment: None detected

Hayward 2000

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *Number with primary social phobia (n, %)*: ● *Number with primary generalized anxiety disorder (n, %)*: ● *Number with primary separation anxiety disorder (n, %)*: ● *Number with other types of primary anxiety disorders (n, %)*: ● *Age in years (mean, SD)*: ● *Age range and proportion of children and adolescents*: Control (WL) ● *Number with primary social phobia (n, %)*: ● *Number with primary generalized anxiety disorder (n, %)*: ● *Number with primary separation anxiety disorder (n, %)*: ● *Number with other types of primary anxiety disorders (n, %)*: ● *Age in years (mean, SD)*: ● *Age range and proportion of children and adolescents*: **Included criteria:** The socially phobic subjects were required to meet diagnostic criteria forDSM-IV social phobia. **Excluded criteria:** Subjects were excluded if they currently had major depression; if they had a currentor previous history of panic disorder, agoraphobia, substance abuse, or psychotic disorder; or if they wereusing a psychotropic medication. **Pretreatment:** Pretreatment differences across treatment conditions were examined with [chi]2 tests and t tests. Variablesassessed included age, previous history of major depression, and scores on the interference from the ADISand on the SPAI. There were no significant pretreatment differences across conditions. One subjectassigned to CBGT-A did not complete treatment.
Interventions	**Intervention Characteristics** Intervention ● *Description of type of intervention/control*: Clinic-based group CBT. The 16-week CBGT-A protocol we used was developed by one of us (A.M.A.), who trained the groupleaders in the delivery of this protocol. Each session was

	approximately 1.5 hours in duration. Sessions 1and 2 focused on providing group members with information about social anxiety and the rationale providedfor treatment. Sessions 3 to 8 involved the introduction of skill-building, including social skills, socialproblem-solving skills, assertiveness, and cognitive restructuring. Sessions 9 through 15 involved in vivoand simulated within-session exposure to feared social situations. Each group member worked through ahierarchy of feared social situations. During these exposures, group members were encouraged to applycoping strategies reviewed in previous meetings. There were homework assignments for between-sessionin vivo exposures. Session 16 consisted of a final exposure, discussion of termination, and plans for followup.This treatment protocol did not include parental involvement. ● *Length of intervention/control (weeks and sessions)*: 16 * 1.5 hours. 16weeks ● *Length of follow-up (in months)*: 12 months. Control (WL) ● *Description of type of intervention/control*: No treatment ● *Length of intervention/control (weeks and sessions)*: Average of 5months between pre and posttreatment assessments ● *Length of follow-up (in months)*: 12 months
Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome *Youth reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome *Parent reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: ADIS-P ● **Range**: 0-8 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Remission of primary anxiety diagnosis (longest FU, at least 3 months)* ● **Outcome type**: DichotomousOutcome *Youth reported anxiety symptoms (longest FU, at least 3 months)*

	● **Outcome type**: ContinuousOutcome *Parent reported anxiety symptoms (longest FU, at least 3 months)* ● **Outcome type**: ContinuousOutcome *Youth reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: ADIS-C ● **Range**: 0-8 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome *Combined youth and observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome *Number that discontinued treatment or control (EoT)* ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** This research was made possible by grants from the Stanford Center on Adolescence, the W.T. GrantFoundation Faculty Scholars Award (Dr. Hayward), and the Pritzker Consortium (Dr. Schatzberg). **Country:** USA **Setting:** **Comments:** **Authors name:** Hayward et al 2000 **Institution:** Department of Psychiatry and Behavioral Sciences, Stanford University, Stanford, CA **Email:** Hayward@Leland.Stanford.Edu **Address:** Department of Psychiatry and Behavioral Sciences, Room 1316, StanfordUniversity, Stanford, CA 94305-5722
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	High risk	Judgement Comment: Based on Cochrane review by James et al 2015 James et al: ”Twelve subjects were recruited for eachrandomisation, with 6 subjects randomlyassigned to the CBGT-C condition and 6to an untreated condition. After 2 treatmentgroups were completed, a third set of11 subjects were included in the untreatedcondition“
Allocation concealment	Unclear risk	Judgement Comment: Based on Cochrane review by James et al 2015
Blinding of participants and personnel	High risk	Judgement Comment: Impossible to blind
Blinding of outcome assessors	Low risk	Judgement Comment: James et al: ”At the post-treatment and 1-year follow-up assessments, interviewers were keptblind to information regarding treatmentstatus“
Incomplete outcome data	Low risk	Judgement Comment: James et al: The study states the fate of all participants,and dropouts were noted
Selective outcome reporting	Low risk	Judgement Comment: All outcomes specified in methods were reported Based on Cochrane review by James et al 2015
Other sources of bias	High risk	Judgement Comment: Inquiries at posttreatment indicated that none of the untreated subjects received treatmentbetween the baseline and posttreatment, preserving the integrity of the untreated condition. However, 4 ofthe untreated subjects received treatment in the community between posttreatment and the 1-year followup.Three of these 4 received combined pharmacotherapy and psychotherapy, and 1 receivedpharmacotherapy alone.

Holmes 2014

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *Number with primary social phobia (n, %)*: 0, 0% ● *Number with primary generalized anxiety disorder (n, %)*: 20, 100%

	● *Number with primary separation anxiety disorder (n, %)*: 0, 0% ● *Number with other types of primary anxiety disorders (n, %)*: 0, 0% ● *Age in years (mean, SD)*: 9.65 (1.66) ● *Age range and proportion of children and adolescents*: 7-12 Control ● *Number with primary social phobia (n, %)*: 0, 0% ● *Number with primary generalized anxiety disorder (n, %)*: 22, 100% ● *Number with primary separation anxiety disorder (n, %)*: 0, 0% ● *Number with other types of primary anxiety disorders (n, %)*: 0, 0% ● *Age in years (mean, SD)*: 9.64 (1.18) ● *Age range and proportion of children and adolescents*: 7-12 **Included criteria:** Children were included in the study if they were aged between 7and 12 years, had a minimum reading level of 7 years and metDSM-IV-TR criteria (APA, 2000) for a primary diagnosis of GADaccording to the Anxiety Disorder Interview Schedule e ChildInterview Schedule (ADIS-C/P; Silverman & Albano, 1996). Asdetermined by the clinician administering the ADIS-C/P, the GADdiagnosis was required to have a Clinical Severity Rating (CSR) of atleast 4 (on a 0 to 8 scale) for inclusion in the study. Comorbiditywith other anxiety disorders, depression, and externalising disorderswas permissible, providing that GAD was considered to be theprimary diagnosis (i.e., most severe and interfering) **Excluded criteria:** Children werenot permitted to enter the study if they were diagnosed with apervasive developmental disorder, intellectual handicap orlearning disability, or if they were found to have behaviouralproblems more impairing than anxiety, substance abuse, self-harmor suicidal ideation. Children were also excluded if they werecurrently receiving psychological assistance or medical treatment.Children excluded due to these criteria were provided with referralsto appropriate mental health services. All clinicians administeringthe ADIS-C/P were blind to both experimental conditionand client history. **Pretreatment:** No diffferences
Interventions	**Intervention Characteristics** Intervention ● *Description of type of intervention/control*: Group-based, disorder-specific treatment program for GAD. "The No Worries! program is a manualised, group-based, cognitively-focussed treatment program. Parents concurrentlycomplete seven sessions, each of 90 min duration, as well as twobooster sessions. Three therapists are required to facilitate the NoWorries! Program; two for the child sessions and one for the parentsessions." ● *Length of intervention/control (weeks and sessions)*: 10 90-minute session (plus 2 booster sessions at 1 and 3months post-treatment).

	● *Length of follow-up (in months)*: No follow-up extracted Control ● *Description of type of intervention/control*: Wait list ● *Length of intervention/control (weeks and sessions)*: 3 months ● *Length of follow-up (in months)*: No follow-up
Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Direction**: Higher is better ● **Data value**: Endpoint *Youth reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: SCAS-C ● **Range**: 0-114 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Parent reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: SCAS-P ● **Range**: 0-114 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Remission of primary anxiety diagnosis (longest FU, at least 3 months)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Not reported ● **Direction**: Higher is better

- **Data value**: Endpoint

Youth reported anxiety symptoms (longest FU, at least 3 months)
- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported

Parent reported anxiety symptoms (longest FU, at least 3 months)
- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported
- **Direction**: Lower is better
- **Data value**: Endpoint

Youth reported functioning (EoT)
- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported

Observer reported functioning (EoT)
- **Outcome type**: ContinuousOutcome
- **Reporting**: Fully reported
- **Scale**: CGAS
- **Range**: 1-100
- **Unit of measure**: Points
- **Direction**: Higher is better
- **Data value**: Endpoint

Combined youth and observer reported functioning (EoT)
- **Outcome type**: ContinuousOutcome
- **Reporting**: Fully reported
- **Scale**: ADIS-C/P CSR
- **Range**: 0-8
- **Unit of measure**: Points
- **Direction**: Lower is better
- **Data value**: Endpoint

Number that discontinued treatment or control (EoT)
- **Outcome type**: DichotomousOutcome

	● **Reporting**: Fully reported ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** Griffith UniversityBehavioural Basis of Health who provided some funding for thisproject. Importantly, the sponsors were not involved in: datacollection, analysis or interpretation; the writing of the report or;the decision to submit the article for publication. **Country:** Australia **Setting:** All treatment was conducted face-to-face, onsite at the Griffith University psychology clinics by provisionally registered Psychologists who were post-graduate students receiving advanced clinical training. All therapists were supervised weekly by registered Clinical Psychologists. **Comments:** Participants were referred by parents, teachers, guidance officer networks, school newsletters, child and youth mental health services as well as through social media forums (i.e., Facebook) **Authors name:** Holmes et al 2014 **Institution:** Griffith University **Email:** m.holmes@griffith.edu.au **Address:** School of Applied Psychology and the Behavioural Basis of Health, Griffith University, Mount Gravatt Campus, Mount Gravatt, QLD, 4122, Australia
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	Judgement Comment: Following diagnostic assessment and after the family had beendeemed eligible to participate, the family was randomly allocatedto either the treatment condition (TX) or the waitlist control (WLC)condition via a computer generated, blocked randomisation list. Ablock size of eight that was stratified according to treatment condition(TX or WLC) was used, and all families were informed of theircondition by the primary researcher
Allocation concealment	Unclear risk	Judgement Comment: Not mentioned how the computer generated list was concealed
Blinding of participants and personnel	High risk	Judgement Comment: Unable to blind patients and personnel Not possible to blind

Blinding of outcome assessors	Low risk	Judgement Comment: Finally, all clinical interviewers were blind toboth experimental condition and client history, thus ensuring thatthe interviews were valid, unbiased assessments of the child'scurrent functioning.
Incomplete outcome data	Low risk	Judgement Comment: As hasbeen used by prominent researchers in the field, missing data wasreplaced using the last observation carried forward (LOCF) methodfor the ITT sample Only per protocol results for function and severity. But good reporting of attrition and reasons for drop-out. Equal and relatively small number of drop-outs (3 patients) in each group of 20 and 22 in intervention and control group respectively.
Selective outcome reporting	Low risk	Judgement Comment: All outcomes mentioned in methods were reported in one way or another. However, means and SDs were not available for all outcomes and likewise ITT figures were missing for all outcomes apart from remission of diagnosis
Other sources of bias	Low risk	

Kendall 1994

Methods	**Study design:** **Study grouping:** **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *Number with primary social phobia (n, %)*: ● *Number with primary generalized anxiety disorder (n, %)*: ● *Number with primary separation anxiety disorder (n, %)*: ● *Number with other types of primary anxiety disorders (n, %)*: ● *Age in years (mean, SD)*: ● *Age range and proportion of children and adolescents*: Control (WL) ● *Number with primary social phobia (n, %)*: ● *Number with primary generalized anxiety disorder (n, %)*: ● *Number with primary separation anxiety disorder (n, %)*: ● *Number with other types of primary anxiety disorders (n, %)*: ● *Age in years (mean, SD)*:

	● *Age range and proportion of children and adolescents*: **Included criteria:** **Excluded criteria:** **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention ● *Description of type of intervention/control*: ● *Length of intervention/control (weeks and sessions)*: ● *Length of follow-up (in months)*: Control (WL) ● *Description of type of intervention/control*: ● *Length of intervention/control (weeks and sessions)*: ● *Length of follow-up (in months)*:
Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome *Youth reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome *Parent reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: CBCL-internalizing ● **Range**: 0-64 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Remission of primary anxiety diagnosis (longest FU, at least 3 months)* ● **Outcome type**: DichotomousOutcome *Youth reported anxiety symptoms (longest FU, at least 3 months)* ● **Outcome type**: ContinuousOutcome

	Parent reported anxiety symptoms (longest FU, at least 3 months) ● **Outcome type**: ContinuousOutcome *Youth reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: Coping Questionnaire—Child ● **Range**: 1-7 ● **Direction**: Higher is better ● **Data value**: Endpoint *Observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: behavioural observation ● **Range**: 1-5 ● **Direction**: Lower is better ● **Data value**: Endpoint *Combined youth and observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome *Number that discontinued treatment or control (EoT)* ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** This research was supported by National Institute ofMental Health Grant MH 44042 to Philip C. Kendall. **Country:** USA **Setting:** **Comments:** **Authors name:** Kendall 1994 **Institution:** Department of Psychology, Weiss Hall, Temple University **Email:** N/A **Address:** Department of Psychology, Weiss Hall, Temple University,Philadelphia, Pennsylvania 19122

Notes	*Nkr 43 Angst* on 25/04/2016 02:41 **Select** 64% of participants had a primary diagnosis of overanxious disorder *Kristine Rasmussen* on 27/04/2016 01:38 **Select** Overanxious disorder, n = 30; separation anxiety disorder, n - 8; avoidant disorder, n = 9)Different duration of Intervention and WL: 16-week cognitive-behavioral therapy condition or the 8-week wait-list control condition. For risk of bias assesment see the Cocrane review by James et al 2015

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	
Allocation concealment	Unclear risk	
Blinding of participants and personnel	Unclear risk	
Blinding of outcome assessors	Unclear risk	
Incomplete outcome data	Unclear risk	
Selective outcome reporting	Unclear risk	
Other sources of bias	Unclear risk	

Kendall 1997

Methods	**Study design:** **Study grouping:** **Open Label:** **Cluster RCT:**

Participants	**Baseline Characteristics** Intervention ● *Number with primary social phobia (n, %)*: ● *Number with primary generalized anxiety disorder (n, %)*: ● *Number with primary separation anxiety disorder (n, %)*: ● *Number with other types of primary anxiety disorders (n, %)*: ● *Age in years (mean, SD)*: ● *Age range and proportion of children and adolescents*: Control (WL) ● *Number with primary social phobia (n, %)*: ● *Number with primary generalized anxiety disorder (n, %)*: ● *Number with primary separation anxiety disorder (n, %)*: ● *Number with other types of primary anxiety disorders (n, %)*: ● *Age in years (mean, SD)*: ● *Age range and proportion of children and adolescents*: **Included criteria:** **Excluded criteria:** **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention ● *Description of type of intervention/control*: ● *Length of intervention/control (weeks and sessions)*: ● *Length of follow-up (in months)*: Control (WL) ● *Description of type of intervention/control*: ● *Length of intervention/control (weeks and sessions)*: ● *Length of follow-up (in months)*:

Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome *Youth reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome *Parent reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: STAIC-A-Trait-P ● **Range**: 20-80 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Remission of primary anxiety diagnosis (longest FU, at least 3 months)* ● **Outcome type**: DichotomousOutcome *Youth reported anxiety symptoms (longest FU, at least 3 months)* ● **Outcome type**: ContinuousOutcome *Parent reported anxiety symptoms (longest FU, at least 3 months)* ● **Outcome type**: ContinuousOutcome *Youth reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: Coping Questionnaire-child version ● **Range**: 1-7 ● **Unit of measure**: Points ● **Direction**: Higher is better ● **Data value**: Endpoint *Observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported

	● **Scale**: child coping scale ● **Range**: 1-7 ● **Unit of measure**: Points ● **Direction**: Higher is better ● **Data value**: Endpoint *Combined youth and observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome *Number that discontinued treatment or control (EoT)* ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** This research was supported by Grant MH 44042 from the NationalInstitute of Mental Health **Country:** USA **Setting:** **Comments:** **Authors name:** Kendall 1997 **Institution:** Department of Psychology, Temple University. **Email:** **Address:** Department of Psychology, Temple University, 1701 North13th Street, Weiss Hall, Philadelphia, Pennsylvania 19122
Notes	*Nkr 43 Angst* on 25/04/2016 02:44 **Select** 59% had overanxious disorder as primary diagnosis *Kristine Rasmussen* on 27/04/2016 01:42 **Select** Controls (n = 34) were treated after the waiting-list period: they were not included in the treatment group for analyses of outcome but were included in other analyses that did not use the control condition comparison. For risk of bias assesment see the Cocrane review by James et al 2015

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	
Allocation concealment	Unclear risk	
Blinding of participants and personnel	Unclear risk	
Blinding of outcome assessors	Unclear risk	
Incomplete outcome data	Unclear risk	
Selective outcome reporting	Unclear risk	
Other sources of bias	Unclear risk	

Lau 2010

Methods	**Study design:** **Study grouping:** **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *Number with primary social phobia (n, %)*: ● *Number with primary generalized anxiety disorder (n, %)*: ● *Number with primary separation anxiety disorder (n, %)*: ● *Number with other types of primary anxiety disorders (n, %)*: ● *Age in years (mean, SD)*: ● *Age range and proportion of children and adolescents*: Control (WL) ● *Number with primary social phobia (n, %)*: ● *Number with primary generalized anxiety disorder (n, %)*: ● *Number with primary separation anxiety disorder (n, %)*: ● *Number with other types of primary anxiety disorders (n, %)*:

	● *Age in years (mean, SD)*: ● *Age range and proportion of children and adolescents*: **Included criteria:** **Excluded criteria:** **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention ● *Description of type of intervention/control*: ● *Length of intervention/control (weeks and sessions)*: ● *Length of follow-up (in months)*: Control (WL) ● *Description of type of intervention/control*: ● *Length of intervention/control (weeks and sessions)*: ● *Length of follow-up (in months)*:
Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome *Youth reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome *Parent reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: SCAS-P ● **Range**: 0-114 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Remission of primary anxiety diagnosis (longest FU, at least 3 months)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Not reported

Youth reported anxiety symptoms (longest FU, at least 3 months)
- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported

Parent reported anxiety symptoms (longest FU, at least 3 months)
- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported

Youth reported functioning (EoT)
- **Outcome type**: ContinuousOutcome
- **Reporting**: Fully reported
- **Scale**: Coping Questionnaire
- **Range**: 3-21
- **Unit of measure**: Points
- **Direction**: Higher is better
- **Data value**: Endpoint

Observer reported functioning (EoT)
- **Outcome type**: ContinuousOutcome
- **Reporting**: Fully reported
- **Scale**: coping questionnaire
- **Range**: 3-21
- **Unit of measure**: Points
- **Direction**: Higher is better
- **Data value**: Endpoint

Combined youth and observer reported functioning (EoT)
- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported

Number that discontinued treatment or control (EoT)
- **Outcome type**: DichotomousOutcome

Identification	**Sponsorship source:** **Country:** Hong Kong, China **Setting:** **Comments:** **Authors name:** Lau 2010 **Institution:** Department of Psychology, The University of Hong Kong, Pokfulam Road, Hong Kong **Email:** terryau@hku.hk **Address:** Department of Psychology, The University of Hong Kong, Pokfulam Road, Hong Kong
Notes	*Nkr 43 Angst* on 25/04/2016 03:15 **Select** Among these 45 children, 38% were diagnosed with generalizedanxiety disorder, 24% with separation anxiety disorder, and 51%with social phobia. Eight children (18%) did not meet DSM-IV-TRcriteria but had sub-clinical symptoms of anxiety disorders thatinterfered with daily functioning. (Children with only specificphobias were excluded *Kristine Rasmussen* on 27/04/2016 02:05 **Select** 18% did not meet DSM-IVTR criteria but had subclinical symptoms of anxiety disorders that interfered with daily functioning. *Kristine Rasmussen* on 07/05/2016 03:23 **Outcomes** Parent reported anxiety symptoms (EoT) scale: Spence's Children's Anxiety Scale e Parent (PSCAS)No FU data as WL received treatment: "After their second assessment, children in the control group were given the same 9-session treatment that children in the treatment condition had received and then a post-treatment assessment (Time 3)" For risk of bias assesment see the Cocrane review by James et al 2015

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	
Allocation concealment	Unclear risk	
Blinding of participants and personnel	Unclear risk	
Blinding of outcome assessors	Unclear risk	
Incomplete outcome data	Unclear risk	
Selective outcome reporting	Unclear risk	
Other sources of bias	Unclear risk	

Masia Warner 2005

Methods	**Study design:** **Study grouping:** **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *Number with primary social phobia (n, %)*: ● *Number with primary generalized anxiety disorder (n, %)*: ● *Number with primary separation anxiety disorder (n, %)*: ● *Number with other types of primary anxiety disorders (n, %)*: ● *Age in years (mean, SD)*: ● *Age range and proportion of children and adolescents*: Control (WL) ● *Number with primary social phobia (n, %)*: ● *Number with primary generalized anxiety disorder (n, %)*: ● *Number with primary separation anxiety disorder (n, %)*: ● *Number with other types of primary anxiety disorders (n, %)*: ● *Age in years (mean, SD)*:

	● *Age range and proportion of children and adolescents*: **Included criteria:** **Excluded criteria:** **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention ● *Description of type of intervention/control*: ● *Length of intervention/control (weeks and sessions)*: ● *Length of follow-up (in months)*: Control (WL) ● *Description of type of intervention/control*: ● *Length of intervention/control (weeks and sessions)*: ● *Length of follow-up (in months)*:
Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome *Youth reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome *Parent reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Scale**: SAS-FNE ● **Range**: 0-40 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Remission of primary anxiety diagnosis (longest FU, at least 3 months)* ● **Outcome type**: DichotomousOutcome *Youth reported anxiety symptoms (longest FU, at least 3 months)* ● **Outcome type**: ContinuousOutcome

	Parent reported anxiety symptoms (longest FU, at least 3 months) ● **Outcome type**: ContinuousOutcome *Youth reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome *Observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: CGAS ● **Range**: 1-100 ● **Unit of measure**: Points ● **Direction**: Higher is better ● **Data value**: Endpoint *Combined youth and observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: ADIS-C/P CSR ● **Range**: 0-8 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Number that discontinued treatment or control (EoT)* ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** **Country:** **Setting:** **Comments:** **Authors name:** Masia-Warner 2005 **Institution:** New York University Child Study Center, NYU School of Medicine, New York **Email:** carrie.masia@med.nyu.edu **Address:** NYU Child Study Center, 215 Lexington Avenue, 13th floor, New York 10016

Notes	For risk of bias assesment see the Cocrane review by James et al 2015

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	
Allocation concealment	Unclear risk	
Blinding of participants and personnel	Unclear risk	
Blinding of outcome assessors	Unclear risk	
Incomplete outcome data	Unclear risk	
Selective outcome reporting	Unclear risk	
Other sources of bias	Unclear risk	

Melfsen 2011

Methods	**Study design:** **Study grouping:** **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *Number with primary social phobia (n, %)*: ● *Number with primary generalized anxiety disorder (n, %)*: ● *Number with primary separation anxiety disorder (n, %)*: ● *Number with other types of primary anxiety disorders (n, %)*: ● *Age in years (mean, SD)*: ● *Age range and proportion of children and adolescents*: Control (WL) ● *Number with primary social phobia (n, %)*:

	● *Number with primary generalized anxiety disorder (n, %)*: ● *Number with primary separation anxiety disorder (n, %)*: ● *Number with other types of primary anxiety disorders (n, %)*: ● *Age in years (mean, SD)*: ● *Age range and proportion of children and adolescents*: **Included criteria:** **Excluded criteria:** **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention ● *Description of type of intervention/control*: ● *Length of intervention/control (weeks and sessions)*: ● *Length of follow-up (in months)*: Control (WL) ● *Description of type of intervention/control*: ● *Length of intervention/control (weeks and sessions)*: ● *Length of follow-up (in months)*:
Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome *Youth reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome *Parent reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Remission of primary anxiety diagnosis (longest FU, at least 3 months)* ● **Outcome type**: DichotomousOutcome *Youth reported anxiety symptoms (longest FU, at least 3 months)* ● **Outcome type**: ContinuousOutcome

	Parent reported anxiety symptoms (longest FU, at least 3 months) ● **Outcome type**: ContinuousOutcome *Youth reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome *Observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: CGAS ● **Range**: 1-100 ● **Unit of measure**: Points ● **Direction**: Higher is better ● **Data value**: Endpoint *Combined youth and observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: ADIS CSR ● **Range**: 0-8 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Number that discontinued treatment or control (EoT)* ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** **Country:** Germany **Setting:** **Comments:** **Authors name:** Melfsen 2011 **Institution:** Clinic and Polyclinic for Psychiatry, Psychosomatic and Psychotherapy for Children and Adolescents, University of Wuerzburg **Email:** siebke.melfsen@online.de

	Address: Clinic and Polyclinic for Psychiatry, Psychosomatic and Psychotherapy for Children and Adolescents, University of Wuerzburg, Fuechsleinstr. 15, 97080 Wuerzburg, Germany
Notes	For risk of bias assesment see the Cocrane review by James et al 2015

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	
Allocation concealment	Unclear risk	
Blinding of participants and personnel	Unclear risk	
Blinding of outcome assessors	Unclear risk	
Incomplete outcome data	Unclear risk	
Selective outcome reporting	Unclear risk	
Other sources of bias	Unclear risk	

Muris 2002

Methods	**Study design:** **Study grouping:** **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *Number with primary social phobia (n, %)*: ● *Number with primary generalized anxiety disorder (n, %)*: ● *Number with primary separation anxiety disorder (n, %)*: ● *Number with other types of primary anxiety disorders (n, %)*: ● *Age in years (mean, SD)*: ● *Age range and proportion of children and adolescents*:

	Control (WL) ● *Number with primary social phobia (n, %)*: ● *Number with primary generalized anxiety disorder (n, %)*: ● *Number with primary separation anxiety disorder (n, %)*: ● *Number with other types of primary anxiety disorders (n, %)*: ● *Age in years (mean, SD)*: ● *Age range and proportion of children and adolescents*: **Included criteria:** **Excluded criteria:** **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention ● *Description of type of intervention/control*: ● *Length of intervention/control (weeks and sessions)*: ● *Length of follow-up (in months)*: Control (WL) ● *Description of type of intervention/control*: ● *Length of intervention/control (weeks and sessions)*: ● *Length of follow-up (in months)*:
Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Not reported *Youth reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: STAIC ● **Direction**: Lower is better *Parent reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported

	Remission of primary anxiety diagnosis (longest FU, at least 3 months) ● **Outcome type**: DichotomousOutcome *Youth reported anxiety symptoms (longest FU, at least 3 months)* ● **Outcome type**: ContinuousOutcome *Parent reported anxiety symptoms (longest FU, at least 3 months)* ● **Outcome type**: ContinuousOutcome *Youth reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Combined youth and observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Number that discontinued treatment or control (EoT)* ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** **Country:** The Netherlands **Setting:** **Comments:** **Authors name:** Muris 2002 **Institution:** Department of Medical, Clinical, and Experimental Psychology, Maastricht University **Email:** p.muris@dep.unimaas.nl **Address:** Department of Medical, Clinical, and Experimental Psychology, Maastricht University, P.O. Box 616,6200 MD Maastricht, The Netherlands
Notes	For risk of bias assesment see the Cocrane review by James et al 2015

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	
Allocation concealment	Unclear risk	
Blinding of participants and personnel	Unclear risk	
Blinding of outcome assessors	Unclear risk	
Incomplete outcome data	Unclear risk	
Selective outcome reporting	Unclear risk	
Other sources of bias	Unclear risk	

Nauta 2003

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention (parents+) ● *Number with primary social phobia (n, %)*: Not reported by condition (see note) ● *Number with primary generalized anxiety disorder (n, %)*: Not reported by condition (see note) ● *Number with primary separation anxiety disorder (n, %)*: Not reported by condition (see note) ● *Number with other types of primary anxiety disorders (n, %)*: Not reported by condition (see note) ● *Age in years (mean, SD)*: Not reported by condition (total sample: M= 11.0, SD 2.4) ● *Age range and proportion of children and adolescents*: 7-18(unknown % adolescents) Control ● *Number with primary social phobia (n, %)*: Not reported by condition (see note) ● *Number with primary generalized anxiety disorder (n, %)*: Not reported by condition (see note) ● *Number with primary separation anxiety disorder (n, %)*: Not reported by condition (see note) ● *Number with other types of primary anxiety disorders (n, %)*: Not reported by condition (see note)

	● *Age in years (mean, SD)*: Not reported by condition (total sample: M= 11.0, SD 2.4 ● *Age range and proportion of children and adolescents*: 7-18(unknown % adolescents) Wait-list ● *Number with primary social phobia (n, %)*: Not reported by condition (see note) ● *Number with primary generalized anxiety disorder (n, %)*: Not reported by condition (see note) ● *Number with primary separation anxiety disorder (n, %)*: Not reported by condition (see note) ● *Number with other types of primary anxiety disorders (n, %)*: Not reported by condition (see note) ● *Age in years (mean, SD)*: Not reported by condition (total sample: M= 11.0, SD 2.4 ● *Age range and proportion of children and adolescents*: 7-18(unknown % adolescents) **Included criteria:** Inclusion criteria were as follows: (1) meeting the criteria of a primary diagnosis of separationanxiety, social phobia, generalized anxiety, or panic with or withoutagoraphobia (by the Anxiety Disorder Interview Schedule), (2) IQ> 80, (3) age 7 to 18 years, (4) no current psychotherapy or medi-cation for anxiety problems, (5) no CBT in the past 2 years. Co-morbid disorders, such as depression, obsessive-compulsivedisorder, or attention-deficit/hyperactivity disorder (ADHD), werenot exclusion criteria for participation **Excluded criteria:** Exclusion criteria: principal diagnosis of simple phobia or other (non-anxiety) diagnoses; intellectual or physical disabilities; antianxiety or depression medication; parents involved in acute marital breakdown **Pretreatment:** The only difference found was that children in the CPT condition hadlonger histories of anxiety than children in the child-only condition (means of 44 months and 30 months,respectively;F1,74= 5.7,p< .05). In the comparisonbetween the 48 referred children and the 28 recruitedchildren, we found no significant difference betweenthe groups on any demographic variable or any pre-treatment outcome measure in child or parent reports
Interventions	**Intervention Characteristics** Intervention (parents+) ● *Description of type of intervention/control*: CPT comprised a short, seven-session intervention, addressingparents' behavior and their thoughts and feelings regarding theiranxious child.The program was developed to runparallel with the child CBT program, with a different therapist. Thefirst sessions provided psychoeducation on anxiety disorders in children,followed by behavioral advice and pragmatic parenting skills.The counseling included encouraging coping behavior, stimulatingindependent behavior, and considering intermediate steps in conqueringdifficult situations. Parents were also trained in problemsolvingskills ● *Length of intervention/control (weeks and sessions)*: 12 weeks. Children: 12 sessions, parents: 7 sessions ● *Length of follow-up (in months)*: 3 Control

	● *Description of type of intervention/control*: The CBT was a 12-session Dutch adaptation of the Coping Catprogram (Kendall, 1994). The key ingredient in this program isgraduated-exposure in vivo exercises that are practiced during sessionsand at home. Children learn tools to help them cope withanxiety, including relaxation exercises, formulation of helpingthoughts, coping techniques, and appropriate self-reinforcement. ● *Length of intervention/control (weeks and sessions)*: 12 weeks, 12 sessions ● *Length of follow-up (in months)*: 3 Wait-list ● *Description of type of intervention/control*: For practical reasons regarding therapistavailability and the absence of a natural waiting list in thesettings, children were not assigned to the wait-list condition in thefirst 3 months of the study. For ethical reasons, children with full school absence (n = 5) were not assigned to the wait-list condition ● *Length of intervention/control (weeks and sessions)*: ● *Length of follow-up (in months)*: No follow-up
Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Direction**: Higher is better ● **Data value**: Endpoint *Youth reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Parent reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Remission of primary anxiety diagnosis (longest FU, at least 3 months)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Direction**: Higher is better ● **Data value**: Endpoint *Youth reported anxiety symptoms (longest FU, at least 3 months)* ● **Reporting**: Not reported

	Parent reported anxiety symptoms (longest FU, at least 3 months) ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: SCAS-P ● **Range**: 0-114 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Youth reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Combined youth and observer reported functioning (EoT)* ● **Reporting**: Not reported *Number that discontinued treatment or control (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** Not reported **Country:** The Netherlands **Setting:** Children were either referred for anxiety problems to one of two mental health centers, or were recruited through GPs, schools, ormedia for participation in this study. **Comments:** **Authors name:** Nauta et al 2003 **Institution:** Department of Clinical Psychology, University of Groningen, and therapist, Academic Centre for Child and Adolescent Psychiatry, Groningen (ACCAPG). **Email:** m.h.nauta@ppsw.rug.nl

	Address: Grote Kruisstraat 2/1, 9712 TS Groningen, the Netherlands;
Notes	*Nkr 43 Angst* on 02/04/2016 04:59 **Select** The randomization seems a bit strange:Participants were randomly assigned to one of three treatmentconditions: (1) CBT only (n = 29), (2) CBT + CPT (n = 30), and(3) wait-list control (n = 20). For practical reasons regarding therapistavailability and the absence of a natural waiting list in thesettings, children were not assigned to the wait-list condition in thefirst 3 months of the study. For ethical reasons, children with fullschool absence (n = 5) were not assigned to the wait-list condition.These two factors led to a relatively low number of children in thewait-list condition. Of these 20 children, 2 (10%) no longer metthe criteria for an anxiety disorder after the wait-list period. Onefamily did not continue with the treatment study. These threechildren were included only in the wait-list analyses. The 17 postwait-listchildren were randomized across the two treatment conditions,leading to a total of 37 children receiving CBT only and 39children receiving CBT + CPT

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	Judgement Comment: Based on Cochrane review by James et al., 2015
Allocation concealment	Unclear risk	Judgement Comment: No info to permit judgement
Blinding of participants and personnel	High risk	Not blinded
Blinding of outcome assessors	Unclear risk	Judgement Comment: No information to permit judgement
Incomplete outcome data	Low risk	Judgement Comment: ITT analysis and drop outs accounted for
Selective outcome reporting	Low risk	Judgement Comment: All stated data are presented
Other sources of bias	Low risk	Judgement Comment: The study seems free other other sources for introducing bias

Rapee 2006

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *Number with primary social phobia (n, %)*: Not reported by condition (see note) ● *Number with primary generalized anxiety disorder (n, %)*: Not reported by condition (see note) ● *Number with primary separation anxiety disorder (n, %)*: Not reported by condition (see note) ● *Number with other types of primary anxiety disorders (n, %)*: Not reported by condition (see note) ● *Age in years (mean, SD)*: 9.48 (1.7) ● *Age range and proportion of children and adolescents*: 6-12 (0% adolescents) Control (WL) ● *Number with primary social phobia (n, %)*: Not reported by condition (see note) ● *Number with primary generalized anxiety disorder (n, %)*: Not reported by condition (see note) ● *Number with primary separation anxiety disorder (n, %)*: Not reported by condition (see note) ● *Number with other types of primary anxiety disorders (n, %)*: Not reported by condition (see note) ● *Age in years (mean, SD)*: 9.5 (1.59) ● *Age range and proportion of children and adolescents*: 6-12 (0% adolescents) **Included criteria:** Participants were included if they were in Years 1 through 6 at school (ages6–12 years), they met criteria for an anxiety disorder as their principal(most interfering) disorder, and their parent or parents were able to read astandard, English-language newspaper. To maximize external validity,children with comorbid nonanxiety disorders were not excluded unlessthese disorders demanded immediate attention (e.g., severe school nonattendance,suicidal risk). Children on medication were included if themedication had been stable for the previous month. **Excluded criteria:** Not specified **Pretreatment:** On demographicvariables, there were no significant differences betweengroups on child's age, parent marital status, percentage on a lowfamily income, number of siblings, or use of medication (all ps.10). Child's sex differed significantly between groups, 2(2, N 267) 11.13, p .01, with the group treatment condition havinga greater proportion of female children. Therefore, all analysesdescribed below were repeated with sex included as a covariate. Inno case was sex a significant covariate, and hence, it is notdescribed further. Demographic data are presented in Table 1. Onmeasures of psychopathology, there was no significant differencebetween groups on their principal

	diagnosis, severity of principaldiagnosis, number of comorbid diagnoses, or scores on the SCAS,CATS, SCASp, CBCL-int, or CBCL-ext
Interventions	**Intervention Characteristics** Intervention ● *Description of type of intervention/control*: Group treatment. Group treatment was based on the Cool Kids Program,a nine-session cognitive–behavioral program for the management ofbroad-based childhood anxiety disorders. . Parents and childrenattend all nine sessions of the program on a weekly basis over 12 weeks(the final few sessions are biweekly) and cover recognition of emotion andanxiety, realistic thinking, child management strategies, exposure to fearedcues, and additional skills such as assertiveness and dealing with teasing.Each session lasts for approximately 2 hours and is conducted in groups ofaround seven families. The program is manualized, and both child andparents receive written summaries, worksheets, and guides for home practiceduring sessions. In the present study, groups were conducted by pairsof therapists who were mostly graduate students in clinical psychology,with at least one having had previous experience conducting Cool Kids groups. ● *Length of intervention/control (weeks and sessions)*: 9 sessions of 2hours over 12weeks ● *Length of follow-up (in months)*: No FU data extracted Control (WL) ● *Description of type of intervention/control*: Participants in waitlist were simply told that they had beenrandomly assigned to wait for treatment and that they would be recontactedfor additional assessment in 3 months' time, after which they would beoffered the next available treatment group. ● *Length of intervention/control (weeks and sessions)*: 12 weeks ● *Length of follow-up (in months)*: No follow-up
Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Direction**: Higher is better ● **Data value**: Endpoint ● **Notes**: ITT *Youth reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: SCAS-C

- **Range**: 0-114
- **Unit of measure**: Points
- **Direction**: Lower is better
- **Data value**: Endpoint
- **Notes**: ITT

Parent reported anxiety symptoms (EoT)

- **Outcome type**: ContinuousOutcome
- **Reporting**: Fully reported
- **Scale**: SCAS-P
- **Range**: 0-114
- **Unit of measure**: Points
- **Direction**: Lower is better
- **Data value**: Endpoint
- **Notes**: ITT

Remission of primary anxiety diagnosis (longest FU, at least 3 months)

- **Outcome type**: DichotomousOutcome
- **Reporting**: Not reported

Youth reported anxiety symptoms (longest FU, at least 3 months)

- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported

Parent reported anxiety symptoms (longest FU, at least 3 months)

- **Outcome type**: ContinuousOutcome

Youth reported functioning (EoT)

- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported

Observer reported functioning (EoT)

- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported

Combined youth and observer reported functioning (EoT)

- **Outcome type**: ContinuousOutcome

	● **Reporting**: Fully reported ● **Scale**: ADIS-C/P CSR ● **Range**: 0-8 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Number that discontinued treatment or control (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** This research was supported by a grant from the AustralianRotary Health Research Fund **Country:** Australia **Setting:** Participants contacted the Macquarie University Anxiety Research Unit (Sydney, New South Wales, Australia) **Comments:** **Authors name:** Rapee et al 2006 **Institution:** Department of Psychology, Macquarie University, Sydney, New South Wales, Australia **Email:** ron.rapee@mq.edu.au **Address:** Department of Psychology, Macquarie University, SydneyNSW 2109, Australia
Notes	*Kristine Rasmussen* on 27/04/2016 02:44 **Select** Diagnosis: generalized anxiety disorder (N 103), social phobia (N 64), separation anxiety disorder (N 51), specific phobia (N 33), obsessive–compulsive disorder (N 13), and panic disorder (N 3). The main comorbid diagnostic groups included anxiety disorder (N 219; 82.0%), externalizing disorder (N 72; 27.0%), and mood disorder (N 23; 8.6%).Borderline too many with different diagnosis from those specified in PICO

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	Judgement Comment: Randomization occurred in blocks ofeight to allow allocation to group treatment based on a predeterminedrandom number schedule known only to the study coordinator (Maree J.Abbott)
Allocation concealment	Unclear risk	Judgement Comment: Randomization occurred in blocks ofeight to allow allocation to group treatment based on a predetermined random number schedule known only to the study coordinator (Maree J.Abbott)
Blinding of participants and personnel	High risk	Judgement Comment: Impossible to blind
Blinding of outcome assessors	Low risk	Judgement Comment: Repeated interviewswere conducted by clinicians who were masked to the child's allocatedtreatment condition but who were told the child's pretreatment diagnoses.This was done to ensure that clinicians completed a measure of diagnosticseverity on each diagnosis even if the child no longer met criteria.
Incomplete outcome data	High risk	Judgement Comment: Drop-outs are well accounted for but there were significant differences between groups and the patients who dropped out were more ill. A total of 55 participants (20.6%) failed to return posttreatmentdata or attended fewer than seven group treatment sessions.Among these participants, 12 (13.8%) were from waitlist, 29(32.2%) were from bibliotherapy, and 14 (15.6%) were from grouptreatment. There was a significant difference between conditions inthe proportion of those who did not return posttreatment data, x2(2, N 267) 11.30, p .01.Participants who dropped out at posttreatment were comparedwith those who did not drop out on demographic and psychopathologymeasures. Those who dropped out had a significantlygreater number of comorbid diagnoses (M dropout 2.2, SD 1.3; M nondropout 1.8, SD 1.3), F(1, 265) 4.71, p .05, and scored significantly higher on several measures of psychopathology: CATS (M dropout 48.9, SD 33.8; M nondropout 34.3, SD 26.7), F(1, 254) 11.18, p .001; CBCL-ext (M dropout 57.8, SD 9.1; M nondropout 54.4, SD 9.7), F(1,262) 5.29, p .05; and SCAS (M dropout 39.6, SD 18.6;M nondropout 31.8, SD 18.2), F(1, 246) 7.64, p .01.Several other measures did not differ significantly between groups,including child's age, child's sex, child's medication use, parents'marital status, number of siblings, SCASp, and CBCL-int.Among participants in the bibliotherapy and group treatments,45 (25.0%) failed to return any data at 3-month follow-up. Amongthese participants, 29 (32.2%) were from bibliotherapy, and 16(17.7%) were from group treatment, x2 (1, N 180) 5.01 p.05.
Selective outcome reporting	Low risk	Judgement Comment: All outcomes specified in methods were reported
Other sources of bias	Low risk	

Schneider 2011

Methods	**Study design:** **Study grouping:** **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *Number with primary social phobia (n, %)*: ● *Number with primary generalized anxiety disorder (n, %)*: ● *Number with primary separation anxiety disorder (n, %)*: ● *Number with other types of primary anxiety disorders (n, %)*: ● *Age in years (mean, SD)*: ● *Age range and proportion of children and adolescents*: Control (WL) ● *Number with primary social phobia (n, %)*: ● *Number with primary generalized anxiety disorder (n, %)*: ● *Number with primary separation anxiety disorder (n, %)*: ● *Number with other types of primary anxiety disorders (n, %)*: ● *Age in years (mean, SD)*: ● *Age range and proportion of children and adolescents*: **Included criteria:** **Excluded criteria:** **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention ● *Description of type of intervention/control*: ● *Length of intervention/control (weeks and sessions)*: ● *Length of follow-up (in months)*: Control (WL) ● *Description of type of intervention/control*:

	● *Length of intervention/control (weeks and sessions)*: ● *Length of follow-up (in months)*:
Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome *Youth reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome *Parent reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: SAI-P ● **Range**: 0-44 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Remission of primary anxiety diagnosis (longest FU, at least 3 months)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Not reported *Youth reported anxiety symptoms (longest FU, at least 3 months)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Parent reported anxiety symptoms (longest FU, at least 3 months)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Youth reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: Impairment/distress (SDS) ● **Range**: 0-9 ● **Unit of measure**: Points

	● **Direction**: Lower is better ● **Data value**: Endpoint *Observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: Impairment/distress (SDS) ● **Range**: 0-9 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Combined youth and observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome *Number that discontinued treatment or control (EoT)* ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** This study was supported by grant 105314-116517, 'Etiologyand Psychological Treatment of Separation Anxiety Disorder inChildhood', awarded to Silvia Schneider by the Swiss NationalScience Foundation. **Country:** **Setting:** **Comments:** **Authors name:** Schneider 2011 **Institution:** Ruhr-Universität Bochum, Fakultät für Psychologie Klinische Kinder- und Jugendpsychologie and Department of Psychology, University of Basel, and b Kinder- und Jugendpsychiatrische Klinik Basel, Basel , Switzerland **Email:** silvia.schneider @ rub.de **Address:** Ruhr-Universität Bochum, Fakultät für Psychologie Klinische Kinder- und Jugendpsychologie Universitätsstrasse 150, DE−44789 Bochum (Germany)
Notes	*Kristine Rasmussen* on 27/04/2016 02:53 **Select** The mean age of the children was 6.29 years (SD = 1.01) in thetreatment group and 6.18 years (SD = 0.73) in the waiting listgroup For risk of bias assesment see the Cocrane review by James et al 2015

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	
Allocation concealment	Unclear risk	
Blinding of participants and personnel	Unclear risk	
Blinding of outcome assessors	Unclear risk	
Incomplete outcome data	Unclear risk	
Selective outcome reporting	Unclear risk	
Other sources of bias	Unclear risk	

Shortt 2001

Methods	**Study design:** **Study grouping:** **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *Number with primary social phobia (n, %)*: ● *Number with primary generalized anxiety disorder (n, %)*: ● *Number with primary separation anxiety disorder (n, %)*: ● *Number with other types of primary anxiety disorders (n, %)*: ● *Age in years (mean, SD)*: ● *Age range and proportion of children and adolescents*: Control (WL) ● *Number with primary social phobia (n, %)*: ● *Number with primary generalized anxiety disorder (n, %)*: ● *Number with primary separation anxiety disorder (n, %)*:

	● *Number with other types of primary anxiety disorders (n, %)*: ● *Age in years (mean, SD)*: ● *Age range and proportion of children and adolescents*: **Included criteria:** **Excluded criteria:** **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention ● *Description of type of intervention/control*: ● *Length of intervention/control (weeks and sessions)*: ● *Length of follow-up (in months)*: Control (WL) ● *Description of type of intervention/control*: ● *Length of intervention/control (weeks and sessions)*: ● *Length of follow-up (in months)*:
Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome *Youth reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome *Parent reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: CBCL Internalizing ● **Range**: 0 – 64 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Remission of primary anxiety diagnosis (longest FU, at least 3 months)* ● **Outcome type**: DichotomousOutcome

	Youth reported anxiety symptoms (longest FU, at least 3 months) ● **Outcome type**: ContinuousOutcome *Parent reported anxiety symptoms (longest FU, at least 3 months)* ● **Outcome type**: ContinuousOutcome *Youth reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Combined youth and observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Number that discontinued treatment or control (EoT)* ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** **Country:** Australia **Setting:** **Comments:** **Authors name:** Shortt 2001 **Institution:** School of Applied Psychology Griffith University **Email:** p.barrett@mailbox.gu.edu.au **Address:** School of Applied Psychology, Faculty of Health Science, Psychology Building Mt. Gravatt, Griffith University, Brisbane, Australia 4111
Notes	*Kristine Rasmussen* on 27/04/2016 02:55 **Select** waiting list controls: 10 weeks, then offered treatment For risk of bias assesment see the Cocrane review by James et al 2015

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	
Allocation concealment	Unclear risk	
Blinding of participants and personnel	Unclear risk	
Blinding of outcome assessors	Unclear risk	
Incomplete outcome data	Unclear risk	
Selective outcome reporting	Unclear risk	
Other sources of bias	Unclear risk	

Silverman 1999

Methods	**Study design:** **Study grouping:** **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *Number with primary social phobia (n, %)*: ● *Number with primary generalized anxiety disorder (n, %)*: ● *Number with primary separation anxiety disorder (n, %)*: ● *Number with other types of primary anxiety disorders (n, %)*: ● *Age in years (mean, SD)*: ● *Age range and proportion of children and adolescents*: Control (WL) ● *Number with primary social phobia (n, %)*: ● *Number with primary generalized anxiety disorder (n, %)*:

	● *Number with primary separation anxiety disorder (n, %)*: ● *Number with other types of primary anxiety disorders (n, %)*: ● *Age in years (mean, SD)*: ● *Age range and proportion of children and adolescents*: **Included criteria:** **Excluded criteria:** **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention ● *Description of type of intervention/control*: ● *Length of intervention/control (weeks and sessions)*: ● *Length of follow-up (in months)*: Control (WL) ● *Description of type of intervention/control*: ● *Length of intervention/control (weeks and sessions)*: ● *Length of follow-up (in months)*:
Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome *Youth reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome *Parent reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: RCMAS-P ● **Range**: 0-74 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Remission of primary anxiety diagnosis (longest FU, at least 3 months)*

	● **Outcome type**: DichotomousOutcome *Youth reported anxiety symptoms (longest FU, at least 3 months)* ● **Outcome type**: ContinuousOutcome *Parent reported anxiety symptoms (longest FU, at least 3 months)* ● **Outcome type**: ContinuousOutcome *Youth reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: PGRS (like ADIS CSR) ● **Range**: 0-8 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Combined youth and observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Number that discontinued treatment or control (EoT)* ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** This research was funded by Grant R01 49680 from the NationalInstitute of Mental Health **Country:** USA **Setting:** **Comments:** **Authors name:** Silverman 1999 **Institution:** Child and Family Psychosocial Research Center, Department of Psychology, Florida International University. **Email:** Silverw@fiu.edu **Address:** Child andFamily Psychosocial Research Center, Department of Psychology, FloridaInternational University,

	Miami, Florida 33199.
Notes	*Nkr 43 Angst* on 26/04/2016 04:14 **Select** 46 - 63 % overanxious disorder. 21 - 22 % generalized anxiety disorder *Kristine Rasmussen* on 27/04/2016 02:58 **Select** OAD now considered GAD For risk of bias assesment see the Cocrane review by James et al 2015

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	
Allocation concealment	Unclear risk	
Blinding of participants and personnel	Unclear risk	
Blinding of outcome assessors	Unclear risk	
Incomplete outcome data	Unclear risk	
Selective outcome reporting	Unclear risk	
Other sources of bias	Unclear risk	

Spence 2000

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**

Participants	**Baseline Characteristics** Intervention (parents+) ● *Number with primary social phobia (n, %)*: 17, 100% ● *Number with primary generalized anxiety disorder (n, %)*: 0, 0% ● *Number with primary separation anxiety disorder (n, %)*: 0, 0% ● *Number with other types of primary anxiety disorders (n, %)*: 0, 0% ● *Age in years (mean, SD)*: 10.94 (1.92) ● *Age range and proportion of children and adolescents*: 7-14, no info by condition Control ● *Number with primary social phobia (n, %)*: 19 (100%) ● *Number with primary generalized anxiety disorder (n, %)*: 0, 0% ● *Number with primary separation anxiety disorder (n, %)*: 0, 0% ● *Number with other types of primary anxiety disorders (n, %)*: 0, 0% ● *Age in years (mean, SD)*: 11 (2.45) ● *Age range and proportion of children and adolescents*: 7-14, no info by condition Wait-list ● *Number with primary social phobia (n, %)*: 14 (100%) ● *Number with primary generalized anxiety disorder (n, %)*: 0, 0% ● *Number with primary separation anxiety disorder (n, %)*: 0, 0% ● *Number with other types of primary anxiety disorders (n, %)*: 0, 0% ● *Age in years (mean, SD)*: 9.93 (1.77) ● *Age range and proportion of children and adolescents*: 7-14, no info by condition **Included criteria:** Meeting criteria for social phobia **Excluded criteria:** Children were excluded from the study if, despite a diagnosis of social phobia from the parental interview, they did not report any avoidance or worry relating to any social situation on the SWQ-PU (Spence, 1995 : see below). Two potential participants were excluded on this basis. Additional exclusion criteria included severe learning difficulties, medication for a psychological disorder, or clinical levels (severity rating of 4 or higher) of other emotional or behavioural disorders **Pretreatment:** No differences

Interventions	**Intervention Characteristics** Intervention (parents+) ● *Description of type of intervention/control*: Standard CBT components with additional social skill training. Parents observed child sessions, and reieved 30 min sessions afterwards ● *Length of intervention/control (weeks and sessions)*: 12 weeks, 12 sessions ● *Length of follow-up (in months)*: 12 months Control ● *Description of type of intervention/control*: Standard CBT components with additional social skill training. ● *Length of intervention/control (weeks and sessions)*: 12 weeks, 12 sessions ● *Length of follow-up (in months)*: 12 months Wait-list ● *Description of type of intervention/control*: ● *Length of intervention/control (weeks and sessions)*: 12 weeks ● *Length of follow-up (in months)*: no follow-up
Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Direction**: Higher is better ● **Data value**: Endpoint *Youth reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: RCMAS ● **Range**: 0-74 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Parent reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported

- **Scale**: ADIS-P CSR
- **Range**: 0-8
- **Unit of measure**: Points
- **Direction**: Lower is better
- **Data value**: Endpoint

Remission of primary anxiety diagnosis (longest FU, at least 3 months)

- **Outcome type**: DichotomousOutcome
- **Reporting**: Fully reported
- **Direction**: Higher is better
- **Data value**: Endpoint

Youth reported anxiety symptoms (longest FU, at least 3 months)

- **Outcome type**: ContinuousOutcome
- **Reporting**: Fully reported
- **Scale**: RCMAS
- **Range**: 0-74
- **Unit of measure**: Points
- **Direction**: Lower is better
- **Data value**: Endpoint

Parent reported anxiety symptoms (longest FU, at least 3 months)

- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported

Youth reported functioning (EoT)

- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported

Observer reported functioning (EoT)

- **Outcome type**: ContinuousOutcome
- **Reporting**: Fully reported
- **Scale**: BAT-C
- **Range**: 0-24
- **Unit of measure**: Points
- **Direction**: Lower is better

	● **Data value**: Endpoint *Combined youth and observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Number that discontinued treatment or control (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** Not reported **Country:** Australia **Setting:** Outpatient - Kids Coping Project at the Behaviour Research and TherapyCentre, University of Queensland **Comments:** **Authors name:** Spene et al 2000 **Institution:** School ofPsychology, University of Queensland **Email:** Not reported **Address:** Brisbane, Qld 4072, Australia
Notes	*Henning Keinke Andersen* on 11/05/2016 01:36 **Outcomes** The study mention that two participants dropped out, but not clear from which group

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	Not described
Allocation concealment	Unclear risk	Not described
Blinding of participants and personnel	High risk	Judgement Comment: Participants must know - personell might not - It is stated that observers are blinded to the treatmnet for the children, but no further info provided

Blinding of outcome assessors	Unclear risk	Judgement Comment: Outcome assesors were only blinded at the final interview after 12 months FU. Not sufficient info to make prober judgement
Incomplete outcome data	Low risk	Judgement Comment: drop out's 1 and 4 resp. but accounted for in this ITT analyses
Selective outcome reporting	Low risk	Judgement Comment: All stated data are reported
Other sources of bias	Low risk	Judgement Comment: Study seems free of other types of bias

Spence 2006

Methods	**Study design:** **Study grouping:** **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *Number with primary social phobia (n, %)*: ● *Number with primary generalized anxiety disorder (n, %)*: ● *Number with primary separation anxiety disorder (n, %)*: ● *Number with other types of primary anxiety disorders (n, %)*: ● *Age in years (mean, SD)*: ● *Age range and proportion of children and adolescents*: Control (WL) ● *Number with primary social phobia (n, %)*: ● *Number with primary generalized anxiety disorder (n, %)*: ● *Number with primary separation anxiety disorder (n, %)*: ● *Number with other types of primary anxiety disorders (n, %)*: ● *Age in years (mean, SD)*: ● *Age range and proportion of children and adolescents*: **Included criteria:** **Excluded criteria:** **Pretreatment:**

Interventions	**Intervention Characteristics** Intervention ● *Description of type of intervention/control*: ● *Length of intervention/control (weeks and sessions)*: ● *Length of follow-up (in months)*: Control (WL) ● *Description of type of intervention/control*: ● *Length of intervention/control (weeks and sessions)*: ● *Length of follow-up (in months)*:
Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome *Youth reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome *Parent reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: SCAS-P ● **Range**: 0-114 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Remission of primary anxiety diagnosis (longest FU, at least 3 months)* ● **Outcome type**: DichotomousOutcome *Youth reported anxiety symptoms (longest FU, at least 3 months)* ● **Outcome type**: ContinuousOutcome *Parent reported anxiety symptoms (longest FU, at least 3 months)* ● **Outcome type**: ContinuousOutcome *Youth reported functioning (EoT)*

	● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: ADIS-P CSR ● **Range**: 0-8 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Combined youth and observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Number that discontinued treatment or control (EoT)* ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** **Country:** Australia **Setting:** **Comments:** **Authors name:** Spence 2006 **Institution:** University of Queensland **Email:** sue.spence@mq.edu.au **Address:** Division of Linguistics and Psychology, MacquarieUniveristy, North Ryde, Sydney, New South Wales 2109, Australia.
Notes	*Nkr 43 Angst* on 26/04/2016 04:18 **Select** Only 4,5% with another primary anxiety diagnosis For risk of bias assesment see the Cocrane review by James et al 2015

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	
Allocation concealment	Unclear risk	
Blinding of participants and personnel	Unclear risk	
Blinding of outcome assessors	Unclear risk	
Incomplete outcome data	Unclear risk	
Selective outcome reporting	Unclear risk	
Other sources of bias	Unclear risk	

Sánchez García 2009

Methods	**Study design:** **Study grouping:** **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *Number with primary social phobia (n, %)*: ● *Number with primary generalized anxiety disorder (n, %)*: ● *Number with primary separation anxiety disorder (n, %)*: ● *Number with other types of primary anxiety disorders (n, %)*: ● *Age in years (mean, SD)*: ● *Age range and proportion of children and adolescents*: Control (WL) ● *Number with primary social phobia (n, %)*: ● *Number with primary generalized anxiety disorder (n, %)*: ● *Number with primary separation anxiety disorder (n, %)*: ● *Number with other types of primary anxiety disorders (n, %)*:

	● *Age in years (mean, SD)*: ● *Age range and proportion of children and adolescents*: **Included criteria:** **Excluded criteria:** **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention ● *Description of type of intervention/control*: ● *Length of intervention/control (weeks and sessions)*: ● *Length of follow-up (in months)*: Control (WL) ● *Description of type of intervention/control*: ● *Length of intervention/control (weeks and sessions)*: ● *Length of follow-up (in months)*:
Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Not reported *Youth reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome *Parent reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Remission of primary anxiety diagnosis (longest FU, at least 3 months)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Not reported *Youth reported anxiety symptoms (longest FU, at least 3 months)* ● **Outcome type**: ContinuousOutcome *Parent reported anxiety symptoms (longest FU, at least 3 months)*

	● **Outcome type**: ContinuousOutcome *Youth reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Combined youth and observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Number that discontinued treatment or control (EoT)* ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** This study was financed by the Ministry of Scienceand Education (SEJ2004-01471/PSIC) and the help of theSeneca Foundation, a private center within the Plan of Science andTechnology of the Region of Murcia (01116/FPI/03). **Country:** Spain **Setting:** 5th and 6th year primary and 1st and 2nd year secondary in 17 public and semi-public educational centers in the Region of Murcia **Comments:** **Authors name:** Sánchez-García 2009 **Institution:** Departamento de Personalidad Evaluación y Tratamiento Psicológicos. Facultad de Psicología. Universidad de Murcia. **Email:** jorelx@um.es **Address:** Departamento de Personalidad Evaluación y TratamientoPsicológicos. Facultad de Psicología. Universidad de Murcia. Aptdo.4021, 30100 Espinardo, Murcia (Spain)
Notes	*Kristine Rasmussen* on 27/04/2016 02:48 **Select** WLCG members began to receive psychological treatment after taking part in the first follow-up evaluation For risk of bias assesment see the Cocrane review by James et al 2015

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	
Allocation concealment	Unclear risk	
Blinding of participants and personnel	Unclear risk	
Blinding of outcome assessors	Unclear risk	
Incomplete outcome data	Unclear risk	
Selective outcome reporting	Unclear risk	
Other sources of bias	Unclear risk	

Warner 2011

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *Number with primary social phobia (n, %)*: 7 (35%) ● *Number with primary generalized anxiety disorder (n, %)*: 3 (15%) ● *Number with primary separation anxiety disorder (n, %)*: 8 (40%) ● *Number with other types of primary anxiety disorders (n, %)*: 2 (10%) ● *Age in years (mean, SD)*: Not reported by condition (total sample: 12.4 years (SD 5 2.6)) ● *Age range and proportion of children and adolescents*: 8–16 years (total, no individual group data) Control (WL) ● *Number with primary social phobia (n, %)*: 4 (20%) ● *Number with primary generalized anxiety disorder (n, %)*: 7 (35%) ● *Number with primary separation anxiety disorder (n, %)*: 6 (30%)

	● *Number with other types of primary anxiety disorders (n, %)*: 3 (15%) ● *Age in years (mean, SD)*: Not reported by condition (total sample: 12.4 years (SD 5 2.6)) ● *Age range and proportion of children and adolescents*: 8–16 years (total, no individual group data) **Included criteria:** Youth with aDSM-IV principal (most impairing) anxiety diagnosis were enrolledexcepting principal obsessive–compulsive disorder or posttraumaticstress disorder.Youth who were taking regular medication for somatic complaints(i.e., antacids) were also included in the study **Excluded criteria:** OCD og PTSD. Children receiving psychiatric medication for morethan 6 months were included, provided it remained stable duringthe study's intervention phase; no one was excluded on this basis. **Pretreatment:** The two groups did not differ significantly on anydemographic, somatic, or psychiatric characteristics except, comparedto controls, the treated group had a significantly higher severityrating (on a scale of 0–8) for their principal anxiety diagnosis(M 5 6.2, SD 5 1.0 for TAPS and M 5 5.3, SD 5 0.8 for control),t(38) 5 3.2, Po.01, and greater rate of comorbid disorders (95% forTAPS and 60% for control), w2 5 7.0, Po.01. However, the numberof comorbid diagnoses did not differ significantly across groups(M 5 1.8, SD 5 0.9 for TAPS and M 5 1.1, SD 5 1.2 for control)
Interventions	**Intervention Characteristics** Intervention ● *Description of type of intervention/control*: Treatment of anxiety and physical symptoms. TAPSis a 10-week systematic intervention that jointly addresses anxiety andphysical symptoms through identifying contexts in which symptomsoccur and interact, and applying relaxation, cognitive restructuring,and exposure exercises to target fears related to physical pain andanxiety-inducing situations. It consists of 12 individual sessions(approximately 45–60 min each), with 3 parent meetings followingthe individual sessions (45 min each) conducted over 10 weeks.Following treatment completion, 2 monthly boosters are conducted. ● *Length of intervention/control (weeks and sessions)*: 12 x 45-60min sessions over 10 weeks + 2 monthly boosters post treatment ● *Length of follow-up (in months)*: No FU extracted Control (WL) ● *Description of type of intervention/control*: Given this preliminary stage oftreatment evaluation, we chose a waiting list as the control groupin order to obtain an initial estimate of potential efficacy. Because thiswas a medical treatment-seeking population, the waiting period waslimited to 8 weeks due to ethical concerns. In addition, controlparticipants were offered intervention immediately following postassessments. ● *Length of intervention/control (weeks and sessions)*: 8 weeks ● *Length of follow-up (in months)*: No FU

Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Direction**: Higher is better ● **Data value**: Endpoint *Youth reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: Pain (related to anxiety) ● **Range**: 0-8 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Parent reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: Pain (related to anxiety) ● **Range**: 0-8 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Remission of primary anxiety diagnosis (longest FU, at least 3 months)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Not reported *Youth reported anxiety symptoms (longest FU, at least 3 months)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Parent reported anxiety symptoms (longest FU, at least 3 months)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported

	Youth reported functioning (EoT) ● **Outcome type**: ContinuousOutcome *Observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: CGAS ● **Range**: 0-100 ● **Unit of measure**: Points ● **Direction**: Higher is better ● **Data value**: Endpoint *Combined youth and observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: ADIS-C/P ● **Range**: 0-8 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Number that discontinued treatment or control (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** Contract grant sponsor: National Institute of MentalHealth; Contract grant number: R34, MH073554. **Country:** USA **Setting:** Paediatricians' office or psychiatric out patient clinic **Comments:** **Authors name:** Warner 2011 **Institution:** Department of Child and Adolescent Psychiatry, NYU Child Study Center, New York, New York **Email:** carrie.masia@nyumc.org

	Address: NYU Child Study Center, 215 Lexington Avenue, 13th floor, New York, NY 10016.
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	Judgement Comment: Participants were randomly assigned to eitherTAPS (n 5 20) or a waiting list control (n 5 20), using a table ofrandom numbers with predetermined assignment to ensure equalgroup numbers.
Allocation concealment	Low risk	Judgement Comment: Based on Cochrane review by James et al 2015
Blinding of participants and personnel	High risk	Judgement Comment: Impossible to blind
Blinding of outcome assessors	Low risk	Judgement Comment: Trained Ph.D. level psychologists, who were uninvolved in treatmentdelivery and blind to participants' study condition, conductedall clinical assessments. In addition, families were instructed not todisclose whether or not they had received intervention.
Incomplete outcome data	Low risk	Judgement Comment: Good description of attrition. 1 WL drop out and 3 missing questionnaires.
Selective outcome reporting	Low risk	Judgement Comment: Based on Cochrane review by James et al 2015 Described outcomes are reported
Other sources of bias	Low risk	

Wergeland 2014

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *Number with primary social phobia (n, %)*: 43 (47.2%) ● *Number with primary generalized anxiety disorder (n, %)*: 19 (20.9%) ● *Number with primary separation anxiety disorder (n, %)*: 29 (31.9%)

	● *Number with other types of primary anxiety disorders (n, %)*: 0 ● *Age in years (mean, SD)*: 11.4 (2.1) ● *Age range and proportion of children and adolescents*: 8-15 (67, 73.6% between 8-12) Control ● *Number with primary social phobia (n, %)*: 41 (46.5%) ● *Number with primary generalized anxiety disorder (n, %)*: 18 (20.5) ● *Number with primary separation anxiety disorder (n, %)*: 29 (33%) ● *Number with other types of primary anxiety disorders (n, %)*: 0 ● *Age in years (mean, SD)*: 11.7 (2.1) ● *Age range and proportion of children and adolescents*: 8-15 (51, 58.0% betweeen 8-12) **Included criteria:** Parents of youth with anxiety symptomswere invited to enroll their children in the study and those youthmeeting DSM-IV (American Psychiatric Association, 1994) criteriafor a principal disorder of SAD, SOP, or GAD were included. **Excluded criteria:** Exclusion criteria were pervasive developmental disorder, psychotic disorder, and/or mental retardation. Youth on psychotropic medication were included if the dosage had been stable for at least three months prior to study entry and kept constant during the treatment(n=11,6.0%) **Pretreatment:** None detected
Interventions	**Intervention Characteristics** Intervention ● *Description of type of intervention/control*: Children and adolescents were treated with the FRIENDS pro-gram (Barrett, 2004, 2008). FRIENDS is a 10-week manual-based CBT program addressing cognitive, physiological, and behavioral components that interact in the development and maintenance of anxiety. ... The manual was used both for ICBTand GCBT, and the therapists were instructed to complete the same agenda and session tasks in both formats. [group and individual] ● *Length of intervention/control (weeks and sessions)*: 10 weekly sessions, lasting 60 min (ICBT) ● *Length of follow-up (in months)*: 12 months Control ● *Description of type of intervention/control*: Children and adolescents were treated with the FRIENDS program (Barrett, 2004, 2008). FRIENDS is a 10-week manual-based CBT program addressing cognitive, physiological, and behavioral components that interact in the development and maintenance of anxiety. The manual was used both for ICBT and GCBT, and the therapistswere instructed to complete the same agenda and session tasks in both formats.

	● *Length of intervention/control (weeks and sessions)*: 10 weekly sessions, lasting 90 min (GCBT) ● *Length of follow-up (in months)*: 12 months
Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome ● **Direction**: Higher is better ● **Data value**: Endpoint *Youth reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: SCAS-C ● **Range**: 0-114 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Parent reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: SCAS-P ● **Range**: 0-114 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Remission of primary anxiety diagnosis (longest FU, at least 3 months)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reportednt *Youth reported anxiety symptoms (longest FU, at least 3 months)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Parent reported anxiety symptoms (longest FU, at least 3 months)* ● **Outcome type**: ContinuousOutcome

	● **Reporting**: Not reported *Youth reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported ● **Direction**: Lower is better ● **Data value**: Endpoint ● **Notes**: Not reported *Number that discontinued treatment or control (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Direction**: Lower is better ● **Data value**: Endpoint *Combined youth and observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: ADIS-CSR ● **Range**: 0-8 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint ● **Notes**: Based on interviews with youth and parents separately
Identification	**Sponsorship source:** The study received support from the Western Norway RegionalHealth Authority, through project number 911366 and 911253. Theproject received additionalfinancial support from the MeltzerResearch Foundation at the University of Bergen, Norway; Josef andHaldis Andresen's Foundation, Solveig and Johan P. Sommer'sFoundation for promotion of research on clinical psychiatry, andMaja and John Nilsen's Foundation. **Country:** Norway **Setting:** public child and adolescent mental health outpatient clinics

	Comments: **Authors name:** Wergeland et al 2014 **Institution:** Anxiety Research Network, Haukeland University Hospital, N-5021 Bergen, Norway **Email:** gjwergeland@gmail.com **Address:**
Notes	*Nkr 43 Angst* on 03/04/2016 16:48 **Study Design** The mean durationof the waitlist period was equal to the treatment period (10 weeks).There was no use of mental health services during the waitlistperiod. Of the 38 youth randomized to WLC, one participant (2.6%)no longer met inclusion criteria post-waitlist, and two participants(5.3%) did not want to be randomized to treatment. These threeyouth were included in the waitlist analyses only. The other 35youth were subsequently randomized to ICBT or GCBT.

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	Quote: "used in which groups of 6 youth included at a clinic, either from the younger age group (8e12 years) or from the older age group (12e15 years), were randomized to ICBT, GCBT, or WLC." Quote: "A block randomization was" Judgement Comment: No other information about randomization
Allocation concealment	Unclear risk	Judgement Comment: No information on this
Blinding of participants and personnel	High risk	Quote: "Blinding of the as- sessors for treatment approach was not possible, since they worked in the same clinics where treatment was offered." Judgement Comment: Impossible to blind participants to wether they recieve group or individual therapy
Blinding of outcome assessors	High risk	Quote: "Blinding of the as- sessors for treatment approach was not possible, since they worked in the same clinics where treatment was offered."
Incomplete outcome data	Low risk	Quote: "Missing data on the item and measure level were examined using the missing value analysis in SPSS 20 (IBM Statistics, Chicago, USA). Missing data occurred randomly and did not exceed 11% for any measure across all time points and informants, with the exception of four youth and one parent with higher levels of missing data (M ¼ 16.7%). Missing data originated from treatment dropouts, and to a smaller degree from lacking or incomplete

		measures from treatment completers. Little's MCAR test was not significant concerning missing data on the measure level. Missing data on continuous variables were accommodated in structural equation modeling (SEM) by full information maximum likelihood (FIML) missing data methodology (Wothke, 2000). Thus a missing data point did not result in deletion of the participant. Missing diagnostic data at post-waitlist, post-treatment and at one year follow-up were handled using the diagnostic status at the last available assessment."
Selective outcome reporting	Low risk	Judgement Comment: None detected
Other sources of bias	Low risk	Judgement Comment: None detected

Öst 2015

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *Number with primary social phobia (n, %)*: 28, 100% ● *Number with primary generalized anxiety disorder (n, %)*: 0,0 ● *Number with primary separation anxiety disorder (n, %)*: 0,0 ● *Number with other types of primary anxiety disorders (n, %)*: 0,0 ● *Age in years (mean, SD)*: Only reported for the total sample M=11.6(SD=1.99) ● *Age range and proportion of children and adolescents*: Only reported for the total sample 8-14 Control ● *Number with primary social phobia (n, %)*: 24, 100% ● *Number with primary generalized anxiety disorder (n, %)*: 0,0 ● *Number with primary separation anxiety disorder (n, %)*: 0,0 ● *Number with other types of primary anxiety disorders (n, %)*: 0,0 ● *Age in years (mean, SD)*: Only reported for the total sample M=11.6(SD=1.99) ● *Age range and proportion of children and adolescents*: Only reported for the total sample 8-14 Wait-list ● *Number with primary social phobia (n, %)*: 23, 100%

	● *Number with primary generalized anxiety disorder (n, %)*: 0,0 ● *Number with primary separation anxiety disorder (n, %)*: 0,0 ● *Number with other types of primary anxiety disorders (n, %)*: 0,0 ● *Age in years (mean, SD)*: Only reported for the total sample M=11.6(SD=1.99) ● *Age range and proportion of children and adolescents*: Only reported for the total sample 8-14 **Included criteria:** Be between 8 and 14 years of age.2. Presenting with social phobia according to the DSM-IV (APA,1994) criteria and this had to be the child's primary diagnosis.3. The severity of the phobia had to be at least 4 on the 0e8clinician severity scale (ADIS-C/P, Silverman & Albano, 1996).4. The duration of the phobia had to be at least one year.5. Be motivated for treatment.6. The patient must not fulfill criteria for any of the disordersleading to exclusion, i.e. primary depression, drug or alcoholabuse, developmental disorder or displaying psychoticsymptoms.7. The parents and participants had to agree to discontinue anyother form of psychotherapy or antianxiety medication for theduration of the treatment. **Excluded criteria:** The primary exclusion criterion was fulfilling another psychiatricdisorder with a higher clinician severity rating than that forsocial phobia. A second criterion was if the participant lacked amotivation for treatment in him-/herself. **Pretreatment:** One-way ANOVA was used to compare the three conditions onthe demographic and outcome measures at pre-treatment. Theonly variable showing a significant difference was the SPAI-C($F(2,52) = 3.26$, $p = .046$), on which the Child only condition hada significantly lower mean (19.27) than the Child plus parent condition(28.69).
Interventions	**Intervention Characteristics** Intervention ● *Description of type of intervention/control*: A) Psychoeducation individual, Exposure in vivo - individual with homework, social skill training, B) C/P - parents underwent a course with their children's treatment and how to help the child overcome anxiety, encourage child to carry out assignments og social activities ● *Length of intervention/control (weeks and sessions)*: 14 weeks. Child: 2 individual sessions and 12 group sessions. Parents: 12 weeks, 8 sessions ● *Length of follow-up (in months)*: 12 Control ● *Description of type of intervention/control*: The first two sessions were devoted to gathering information inorder to enable an individual behavior analysis. Information wasgathered from the child and the parents but also from self-reportscales and from the ADIS-C/P interviews. The child also receivedpsycho-education about social phobia during these first sessions.The following components were included in the social skillstraining: to introduce oneself, to start a conversation, to posequestions to strangers, to join in with a group, to make phone calls,to order at a

	restaurant, assertiveness training, and verbal performancesof different kinds. The topics were worked through in thefollowing way: First the “skill” of the day was discussed, why thisskill was important, and what to think about when performing thisskill. Then the therapists demonstrated the skill by roleplaying itbefore the children went on to practice the skill. This was oftendone in the form of role plays but also through “live” exercises, e.g.going to fast food restaurants to order food, pose questions tostrangers, etc ● *Length of intervention/control (weeks and sessions)*: 14 weeks. Child: 2 individual sessions and 12 group sessions. ● *Length of follow-up (in months)*: 12 months follow up Wait-list ● *Description of type of intervention/control*: 12 week wait-list ● *Length of intervention/control (weeks and sessions)*: 12 weeks ● *Length of follow-up (in months)*: no follow-up
Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Direction**: Higher is better ● **Data value**: Endpoint ● **Notes**: WL included *Youth reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: Social Phobia and Anxiety Inventory for Children ● **Range**: 0-52 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint ● **Notes**: WL included *Parent reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: SPAI-P ● **Range**: 0-52

- **Unit of measure**: Points
- **Direction**: Lower is better
- **Data value**: Endpoint

Remission of primary anxiety diagnosis (longest FU, at least 3 months)

- **Outcome type**: DichotomousOutcome
- **Reporting**: Fully reported
- **Direction**: Higher is better
- **Data value**: Endpoint
- **Notes**: WL included

Youth reported anxiety symptoms (longest FU, at least 3 months)

- **Outcome type**: ContinuousOutcome
- **Reporting**: Fully reported
- **Scale**: Social Phobia and Anxiety Inventory for Children
- **Range**: 0-52
- **Direction**: Lower is better
- **Data value**: Endpoint
- **Notes**: 12 month fu

Parent reported anxiety symptoms (longest FU, at least 3 months)

- **Outcome type**: ContinuousOutcome
- **Reporting**: Fully reported
- **Scale**: Social Phobia and Anxiety Inventory for Children
- **Range**: 0-52
- **Unit of measure**: Points
- **Direction**: Lower is better
- **Data value**: Endpoint
- **Notes**: 12 mth fu

Youth reported functioning (EoT)

- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported

Observer reported functioning (EoT)

- **Outcome type**: ContinuousOutcome

	● **Reporting**: Not reported *Number that discontinued treatment or control (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Direction**: Lower is better ● **Data value**: Endpoint *Combined youth and observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: ADIS CSR ● **Range**: 0-8 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint ● **Notes**: Based on combined ADIS CSR
Identification	**Sponsorship source:** This research was supported by grants from the Swedish Councilfor Working Life and Social Research (F0129/2001) and from theSwedish Research Council (421-2001-4740). **Country:** Sweden **Setting:** Most likely university clinic **Comments:** **Authors name:** Öst et al., 2015 **Institution:** Department of Psychology, Stockholm University, Sweden **Email:** ost@psychology.su.se **Address:**
Notes	*Gitte Moth* on 25/04/2016 22:58 **Study Design** 1. group: C2. group: C/P3. group: WLCGroup 3 made a cross over and randomized to group 1 + 2, and participated in 1 yr follow up. *Gitte Moth* on 06/05/2016 22:15 **Population**

	Comorbidity on all groups:27 (39.7%) specific phobias14 (20.6%) GAD8 (11.8%) SAD3 (4.4%) OCD2 (2.9%) panic disorder8 (11.8%) Major depression

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	Judgement Comment: www.randomizer.org
Allocation concealment	Low risk	Judgement Comment: The randomization wascarried out by the principal investigator (first author) beforeincluding any of the participants, and the condition each participantwas randomized to was written on a piece of paper, and put inan opaque envelop. These were numbered 1e55 signifying the orderof which the participants were included in the study
Blinding of participants and personnel	High risk	Judgement Comment: Not possible
Blinding of outcome assessors	Unclear risk	Not described
Incomplete outcome data	Low risk	Judgement Comment: There was a total of 7% missing data which were replaced withthe use of the missing data module (5 imputations) in SPSS 22.0.The analyses are done as intent-to-treat analyses. There was a total of 7% missing data which were replaced withthe use of the missing data module (5 imputations) in SPSS 22.0.The analyses are done as intent-to-treat analyses.
Selective outcome reporting	Low risk	Judgement Comment: All types of outcomes are reported. No reason to suspect selective outcome reporting
Other sources of bias	Low risk	

Footnotes

Characteristics of excluded studies

Arendt 2016

Reason for exclusion	Wrong patient population

Chalfant 2007

Reason for exclusion	Wrong patient population

Chan 2015

Reason for exclusion	Wrong intervention

Chu 2016

Reason for exclusion	Wrong patient population

Dadds 1997

Reason for exclusion	Wrong patient population

DeCastella 2015

Reason for exclusion	Adult population

DeVoogd 2014

Reason for exclusion	Wrong patient population

Flannery Schroeder 2005

Reason for exclusion	Wrong comparator

Galla 2012

Reason for exclusion	Wrong study design

Gallagher 2004

Reason for exclusion	Wrong intervention

Garcia Lopez 2006

Reason for exclusion	Wrong comparator

Gil Bernal 2009

Reason for exclusion	Wrong language

Goldin 2014

Reason for exclusion	Adult population

Gottken 2014

Reason for exclusion	Wrong study design

Hirshfeld Becker 2010

Reason for exclusion	Wrong patient population

Infantino 2016

Reason for exclusion	Wrong intervention

Kendall 2007

Reason for exclusion	Wrong patient population

King 1998

Reason for exclusion	Wrong patient population

Lowry Webster 2001

Reason for exclusion	Wrong patient population

Mendlowitz 1999

Reason for exclusion	Wrong study design

Mifsud 2005

Reason for exclusion	Wrong patient population

Olivars 2005

Reason for exclusion	Wrong language

Queen 2014

Reason for exclusion	Wrong patient population

ReinholdtDunne 2015

Reason for exclusion	Wrong study design

Rodgers 2015

Reason for exclusion	Wrong patient population

Swain 2013

Reason for exclusion	Protocol

Treadwell 1996

Reason for exclusion	Wrong study design

Waters 2009

Reason for exclusion	Wrong patient population

Waters 2015

Reason for exclusion	Wrong patient population

Wood 2009

Reason for exclusion	Wrong comparator

Wood 2009a

Reason for exclusion	Wrong patient population

Footnotes

Characteristics of studies awaiting classification

Footnotes

Characteristics of ongoing studies

Footnotes

Summary of findings tables

Additional tables

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Studies awaiting classification

Ongoing studies

Other references

Additional references

Other published versions of this review

Data and analyses

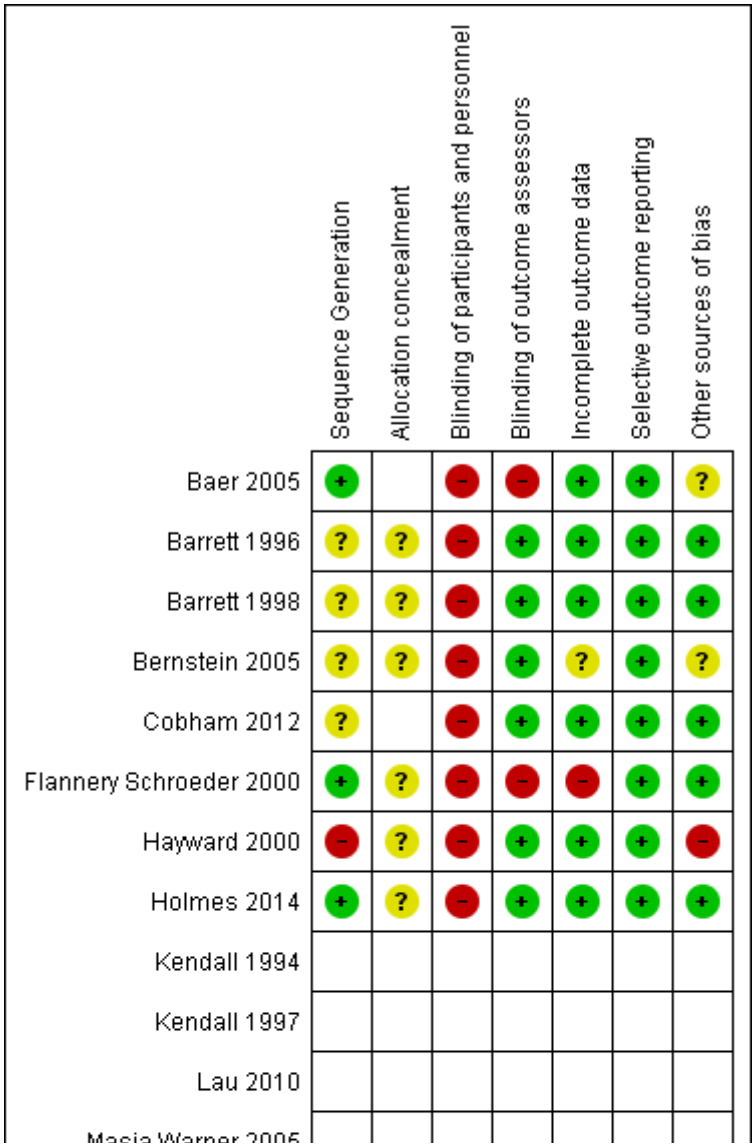
1 Psychotherapy vs Control

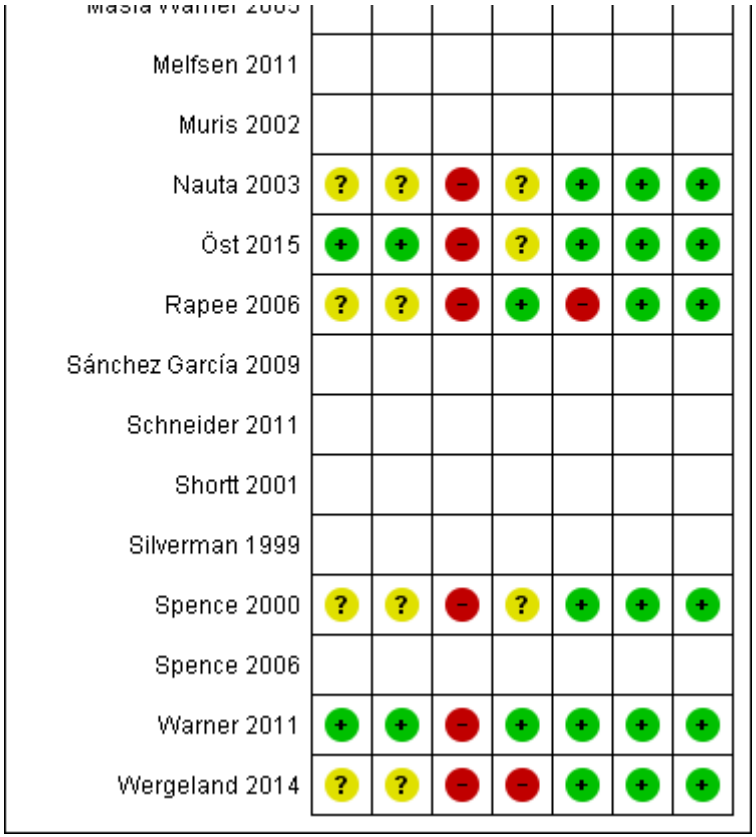
Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 Youth reported anxiety symptoms (EoT)	24		Std. Mean Difference (IV, Random, 95% CI)	Subtotals only
1.1.1 Time	24	1329	Std. Mean Difference (IV, Random, 95% CI)	-0.91 [-1.19, -0.63]
1.2 Parent reported anxiety symptoms (EoT)	20		Std. Mean Difference (IV, Random, 95% CI)	Subtotals only
1.2.1 Time	20	1253	Std. Mean Difference (IV, Random, 95% CI)	-1.17 [-1.55, -0.80]
1.3 Youth reported anxiety symptoms (longest FU, at least 3 months)	3		Std. Mean Difference (IV, Random, 95% CI)	Subtotals only
1.3.1 Time	3	122	Std. Mean Difference (IV, Random, 95% CI)	-1.03 [-2.86, 0.79]

1.4 Parent reported anxiety symptoms (longest FU, at least 3 months)	1		Mean Difference (IV, Random, 95% CI)	Subtotals only
1.4.1 Time	1	41	Mean Difference (IV, Random, 95% CI)	-9.09 [-18.95, 0.77]
1.5 Youth reported functioning (EoT)	7		Std. Mean Difference (IV, Random, 95% CI)	Subtotals only
1.5.1 Time	7	329	Std. Mean Difference (IV, Random, 95% CI)	-0.84 [-1.18, -0.49]
1.6 Observer reported functioning (EoT)	12		Std. Mean Difference (IV, Random, 95% CI)	Subtotals only
1.6.1 Time	12	566	Std. Mean Difference (IV, Random, 95% CI)	-1.42 [-1.89, -0.96]
1.7 Combined youth and observer reported functioning ADIS C/P (EoT)	9		Mean Difference (IV, Random, 95% CI)	Subtotals only
1.7.1 Time	9	679	Mean Difference (IV, Random, 95% CI)	-2.37 [-3.16, -1.57]
1.8 Remission of primary anxiety diagnosis (EoT)	23		Risk Ratio (IV, Random, 95% CI)	Subtotals only
1.8.1 Time	23	1465	Risk Ratio (IV, Random, 95% CI)	4.27 [2.97, 6.13]
1.9 Remission of primary anxiety diagnosis (longest FU, at least 3 months)	2		Risk Ratio (IV, Fixed, 95% CI)	Subtotals only
1.9.1 Time	2	69	Risk Ratio (IV, Fixed, 95% CI)	1.35 [0.92, 1.98]
1.10 Number that discontinued treatment or control (EoT)	23		Risk Ratio (IV, Random, 95% CI)	Subtotals only
1.10.1 Time	23	1463	Risk Ratio (IV, Random, 95% CI)	0.81 [0.50, 1.29]

Figures

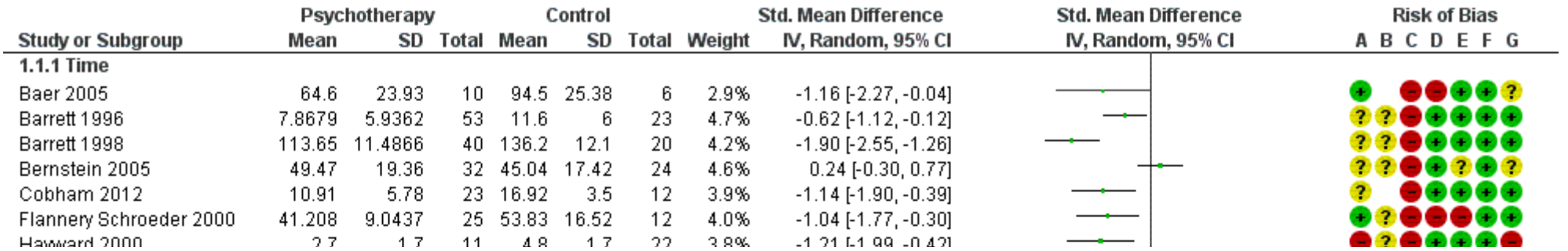
Figure 1





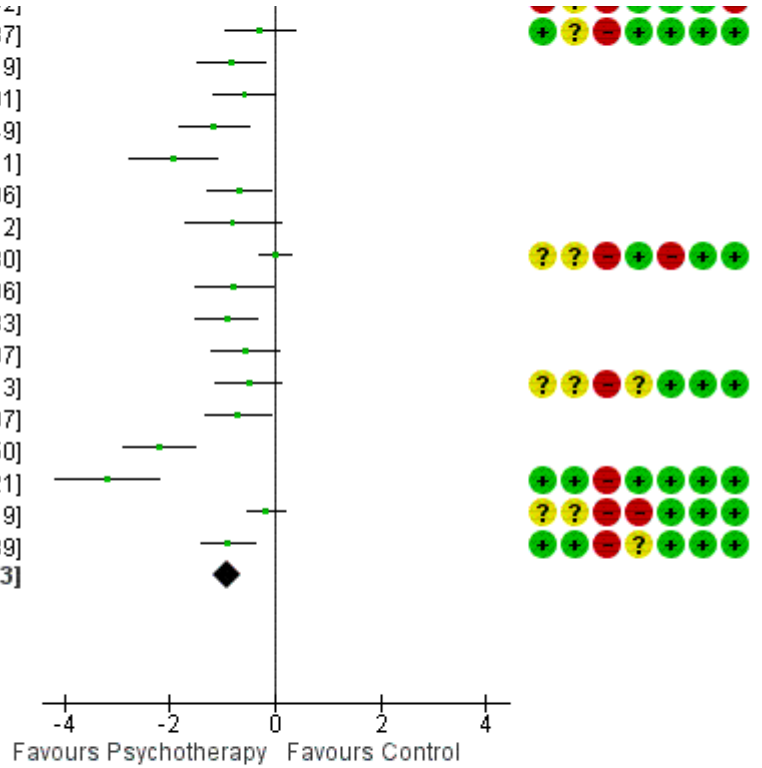
Risk of bias summary: review authors' judgements about each risk of bias item for each included study.

Figure 2 (Analysis 1.1)



Holmes 2014	34.88	20.25	17	40.84	19.93	19	4.2%	-0.29 [-0.95, 0.37]
Kendall 1994	41.43	10.9	20	51.9	13.5	20	4.2%	-0.84 [-1.49, -0.19]
Kendall 1997	43.05	11.89	27	49.67	10.16	20	4.4%	-0.58 [-1.17, 0.01]
Lau 2010	24.6	10.5	23	38.8	13.7	18	4.2%	-1.16 [-1.83, -0.49]
Masia Warner 2005	3.1	1.1	18	5.8	1.6	17	3.7%	-1.93 [-2.75, -1.11]
Melfsen 2011	12.3	9.13	20	18.41	8.53	23	4.3%	-0.68 [-1.30, -0.06]
Muris 2002	31.6	8.3	10	37.6	5.9	10	3.4%	-0.80 [-1.72, 0.12]
Rapee 2006	25.6	16.7	90	25.5	15.9	87	5.1%	0.01 [-0.29, 0.30]
Schneider 2011	0.87	0.9	14	1.65	1	17	4.0%	-0.79 [-1.53, -0.06]
Shortt 2001	8.62	0.97	48	9.82	2	16	4.4%	-0.91 [-1.50, -0.33]
Silverman 1999	8.87	6.19	25	12.79	7.53	16	4.3%	-0.57 [-1.21, 0.07]
Spence 2000	10.1919	5.1529	36	13.36	8.69	14	4.3%	-0.49 [-1.12, 0.13]
Spence 2006	41	8	19	48.91	13.05	23	4.3%	-0.70 [-1.33, -0.07]
Sánchez García 2009	15.45	7.77	28	30.8	5.75	25	4.1%	-2.19 [-2.89, -1.50]
Warner 2011	4.5	0.8	20	7.1	0.8	19	3.3%	-3.18 [-4.16, -2.21]
Wergeland 2014	27.05	14.71	144	29.61	16.23	38	5.0%	-0.17 [-0.53, 0.19]
Öst 2015	14.0692	9.7161	52	22.8	9.4	23	4.6%	-0.90 [-1.41, -0.39]
Subtotal (95% CI)			**805**			**524**	**100.0%**	**-0.91 [-1.19, -0.63]**

Heterogeneity: Tau² = 0.38; Chi² = 117.09, df = 23 (P < 0.00001); I² = 80%
Test for overall effect: Z = 6.33 (P < 0.00001)



Test for subgroup differences: Not applicable

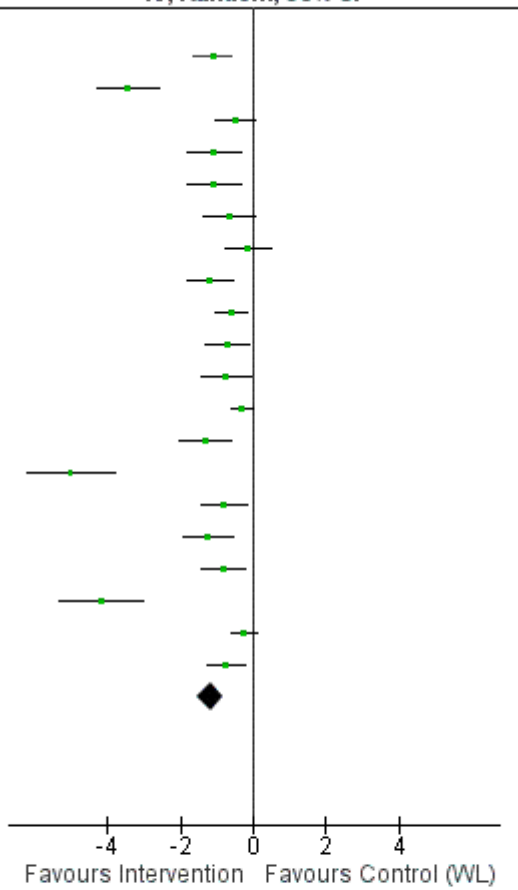
Risk of bias legend
(A) Sequence Generation
(B) Allocation concealment
(C) Blinding of participants and personnel
(D) Blinding of outcome assessors
(E) Incomplete outcome data
(F) Selective outcome reporting
(G) Other sources of bias

Forest plot of comparison: 1 Intervention vs Control (WL), outcome: 1.1 Youth reported anxiety symptoms (EoT).

Figure 3 (Analysis 1.2)

Study or Subgroup	Psychotherapy Mean	SD	Total	Control Mean	SD	Total	Weight	Std. Mean Difference IV, Random, 95% CI
1.2.1 Time								
Barrett 1996	57.0566	8.1895	53	66.6	9.5	23	5.4%	-1.10 [-1.62, -0.58]
Barrett 1998	53.3575	4.1536	40	68.3	4.6	20	4.6%	-3.43 [-4.26, -2.60]
Bernstein 2005	45.78	16.21	32	53	12.7	24	5.3%	-0.48 [-1.02, 0.06]
Cobham 2012	59.21	9.4	23	69	7.62	12	4.8%	-1.08 [-1.83, -0.33]
Flannery Schroeder 2000	58.6948	11.8148	25	70.46	7.8	12	4.9%	-1.07 [-1.81, -0.34]
Hayward 2000	3.5	2.5	12	4.8	1.6	23	4.9%	-0.65 [-1.37, 0.06]
Holmes 2014	29.94	12.7	17	31.47	8.79	19	5.0%	-0.14 [-0.79, 0.52]
Kendall 1994	58.07	10.32	27	69.33	7.43	20	5.1%	-1.20 [-1.83, -0.57]
Kendall 1997	44.25	8.88	60	49.56	8.73	34	5.5%	-0.60 [-1.03, -0.17]
Lau 2010	28.8	10.3	23	36.5	11	21	5.2%	-0.71 [-1.32, -0.10]
Masia Warner 2005	21.5	3.6	18	25.2	5.8	17	5.0%	-0.75 [-1.44, -0.07]
Rapee 2006	23.7	13.6	90	27.7	13.8	87	5.8%	-0.29 [-0.59, 0.01]
Schneider 2011	1.53	0.69	15	2.5	0.74	21	4.8%	-1.32 [-2.05, -0.58]
Shortt 2001	58.38	1.34	46	66.78	2.83	9	3.7%	-5.01 [-6.21, -3.80]
Silverman 1999	12.96	4.61	25	16.94	5.31	16	5.1%	-0.80 [-1.45, -0.14]
Spence 2000	3.0967	1.733	36	5.07	1.03	14	5.0%	-1.23 [-1.90, -0.57]
Spence 2006	19.53	7.91	20	26.04	7.69	23	5.1%	-0.82 [-1.45, -0.19]
Warner 2011	2.3	0.4	20	4	0.4	19	3.8%	-4.16 [-5.32, -3.00]
Wergeland 2014	27.28	13.19	144	30.53	12.36	38	5.7%	-0.25 [-0.61, 0.11]
Öst 2015	22.2769	10.5277	52	29.8	8.7	23	5.4%	-0.74 [-1.25, -0.24]
Subtotal (95% CI)			**778**			**475**	**100.0%**	**-1.17 [-1.55, -0.80]**

Heterogeneity: Tau² = 0.60; Chi² = 151.81, df = 19 (P < 0.00001); I² = 87%
Test for overall effect: Z = 6.20 (P < 0.00001)



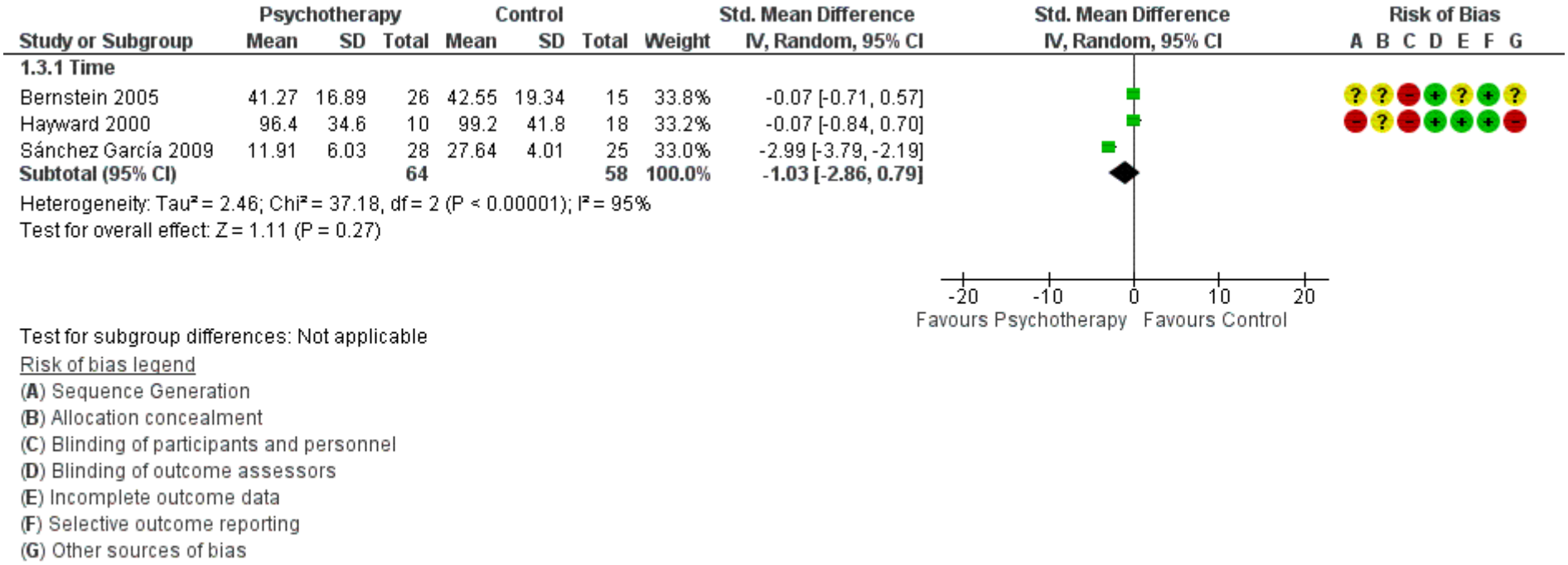
Test for subgroup differences: Not applicable

Risk of bias legend

(**A**) Sequence Generation
(**B**) Allocation concealment
(**C**) Blinding of participants and personnel
(**D**) Blinding of outcome assessors
(**E**) Incomplete outcome data
(**F**) Selective outcome reporting
(**G**) Other sources of bias

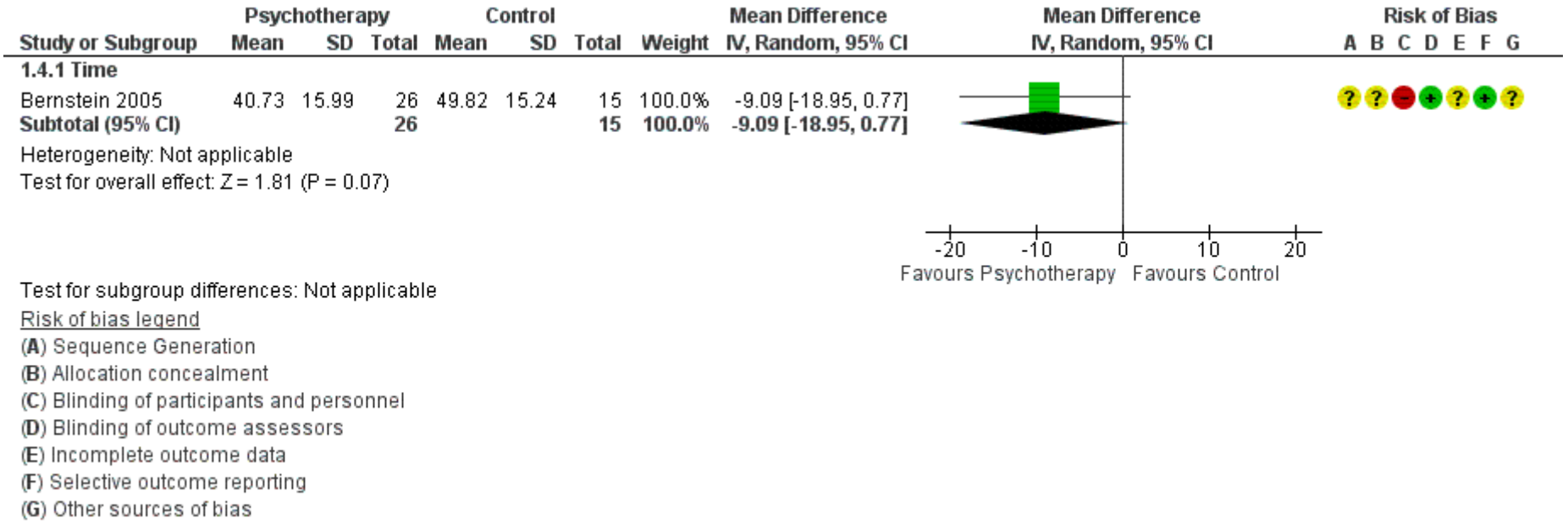
Forest plot of comparison: 1 Intervention vs Control (WL), outcome: 1.2 Parent reported anxiety symptoms (EoT).

Figure 4 (Analysis 1.3)



Forest plot of comparison: 1 Intervention vs Control (WL), outcome: 1.3 Youth reported anxiety symptoms (longest FU, at least 3 months).

Figure 5 (Analysis 1.4)



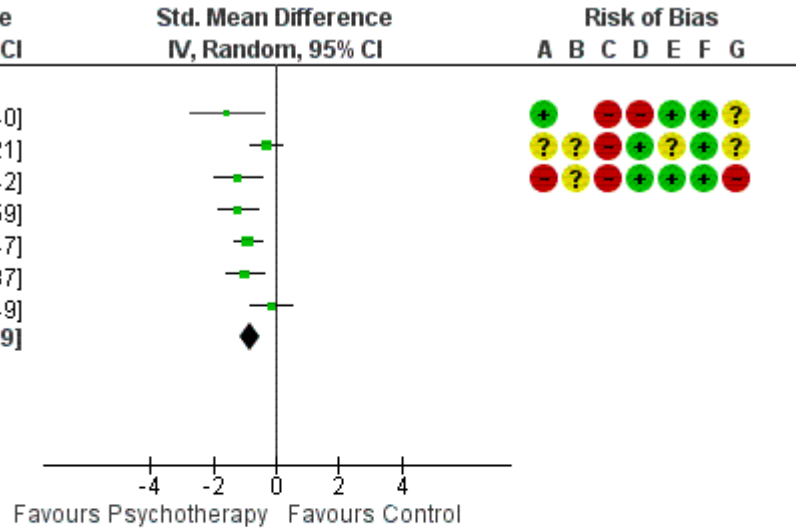
Forest plot of comparison: 1 Intervention vs Control (WL), outcome: 1.4 Parent reported anxiety symptoms (longest FU, at least 3 months).

Figure 6 (Analysis 1.5)

Study or Subgroup	Psychotherapy Mean	SD	Total	Control Mean	SD	Total	Weight	Std. Mean Difference IV, Random, 95% CI
1.5.1 Time								
Baer 2005	3.27	1.35	11	5.33	1.03	6	6.7%	-1.56 [-2.72, -0.40]
Bernstein 2005	1.54	1.73	32	2.13	1.92	24	17.4%	-0.32 [-0.85, 0.21]
Hayward 2000	2.7	1.7	11	4.8	1.7	22	11.6%	-1.21 [-1.99, -0.42]
Kendall 1994	-5.65	0.88	27	-4.37	1.2	20	14.8%	-1.23 [-1.86, -0.59]
Kendall 1997	-5.31	1.11	60	-4.17	1.44	34	20.0%	-0.91 [-1.35, -0.47]
Lau 2010	-4.29	1.3	23	-2.97	1.3	21	14.9%	-1.00 [-1.63, -0.37]
Schneider 2011	0.34	0.41	16	0.43	0.64	22	14.5%	-0.16 [-0.80, 0.49]
Subtotal (95% CI)			**180**			**149**	**100.0%**	**-0.84 [-1.18, -0.49]**

Heterogeneity: Tau² = 0.10; Chi² = 11.93, df = 6 (P = 0.06); I² = 50%

Test for overall effect: Z = 4.79 (P < 0.00001)



Test for subgroup differences: Not applicable

Risk of bias legend

(**A**) Sequence Generation

(**B**) Allocation concealment

(**C**) Blinding of participants and personnel

(**D**) Blinding of outcome assessors

(**E**) Incomplete outcome data

(**F**) Selective outcome reporting

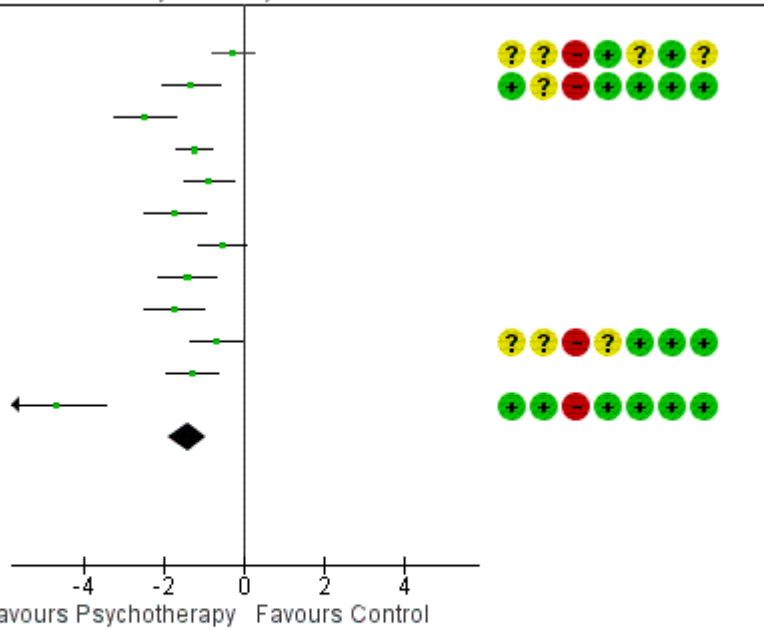
(**G**) Other sources of bias

Forest plot of comparison: 1 Intervention vs Control (WL), outcome: 1.5 Youth reported functioning (EoT).

Figure 7 (Analysis 1.6)

Study or Subgroup	Psychotherapy Mean	SD	Total	Control Mean	SD	Total	Weight	Std. Mean Difference IV, Random, 95% CI
1.6.1 Time								
Bernstein 2005	2.03	1.79	32	2.58	2.08	24	9.1%	-0.28 [-0.81, 0.25]
Holmes 2014	-63.82	11.03	17	-51.05	7.66	19	8.3%	-1.33 [-2.06, -0.60]
Kendall 1994	0.69	0.1	27	0.99	0.14	20	8.0%	-2.49 [-3.27, -1.71]
Kendall 1997	-4.43	1.22	60	-2.96	1.09	34	9.4%	-1.24 [-1.70, -0.78]
Lau 2010	-4.08	1.2	23	-3.03	1.1	21	8.7%	-0.89 [-1.52, -0.27]
Masia Warner 2005	-73.1	10.1	18	-51.5	14.2	17	8.0%	-1.72 [-2.51, -0.93]
Melfsen 2011	-61.19	14.31	21	-55.43	5.62	23	8.8%	-0.53 [-1.13, 0.07]
Schneider 2011	0.42	0.32	16	1.23	0.69	21	8.2%	-1.41 [-2.14, -0.68]
Silverman 1999	2.47	1.56	25	5.2	1.48	16	8.2%	-1.75 [-2.49, -1.01]
Spence 2000	3.6761	2.6394	36	5.85	3.96	14	8.7%	-0.70 [-1.33, -0.07]
Spence 2006	2	2.34	20	5	2.2	23	8.6%	-1.30 [-1.96, -0.63]
Warner 2011	-67.2	2.1	20	-57.1	2.1	19	5.9%	-4.71 [-5.98, -3.44]
Subtotal (95% CI)			**315**			**251**	**100.0%**	**-1.42 [-1.89, -0.96]**

Heterogeneity: Tau² = 0.55; Chi² = 63.67, df = 11 (P < 0.00001); I² = 83%
Test for overall effect: Z = 5.98 (P < 0.00001)

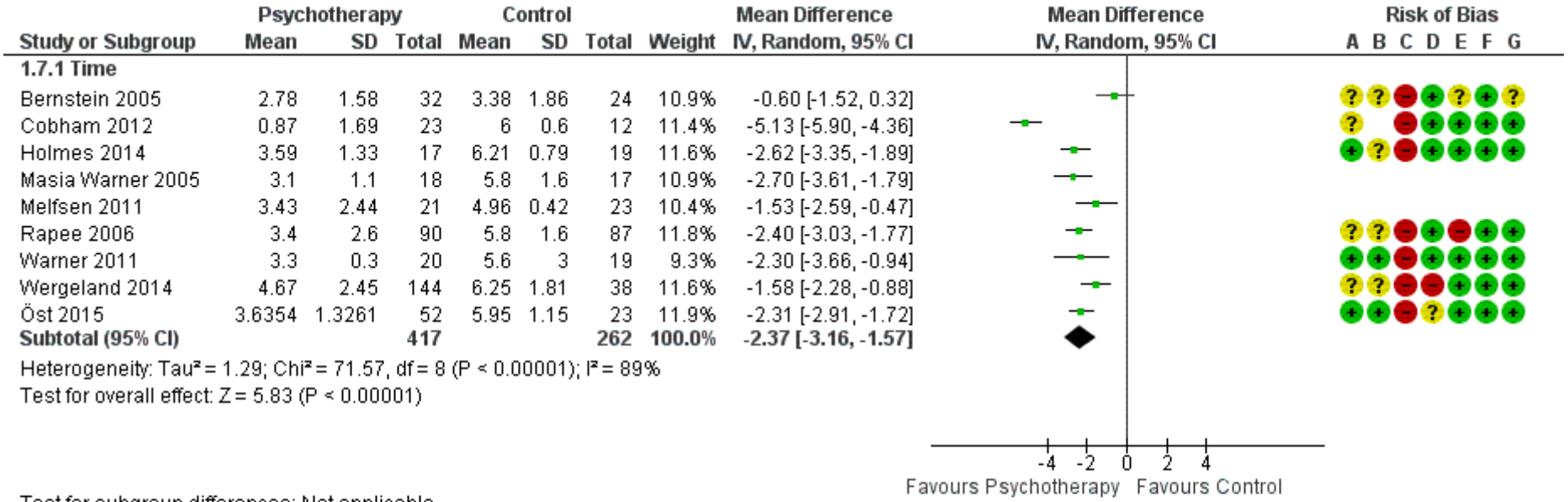


Test for subgroup differences: Not applicable

Risk of bias legend
(**A**) Sequence Generation
(**B**) Allocation concealment
(**C**) Blinding of participants and personnel
(**D**) Blinding of outcome assessors
(**E**) Incomplete outcome data
(**F**) Selective outcome reporting
(**G**) Other sources of bias

Forest plot of comparison: 1 Intervention vs Control (WL), outcome: 1.6 Observer reported functioning (EoT).

Figure 8 (Analysis 1.7)



Test for subgroup differences: Not applicable

Risk of bias legend

(**A**) Sequence Generation
(**B**) Allocation concealment
(**C**) Blinding of participants and personnel
(**D**) Blinding of outcome assessors
(**E**) Incomplete outcome data
(**F**) Selective outcome reporting
(**G**) Other sources of bias

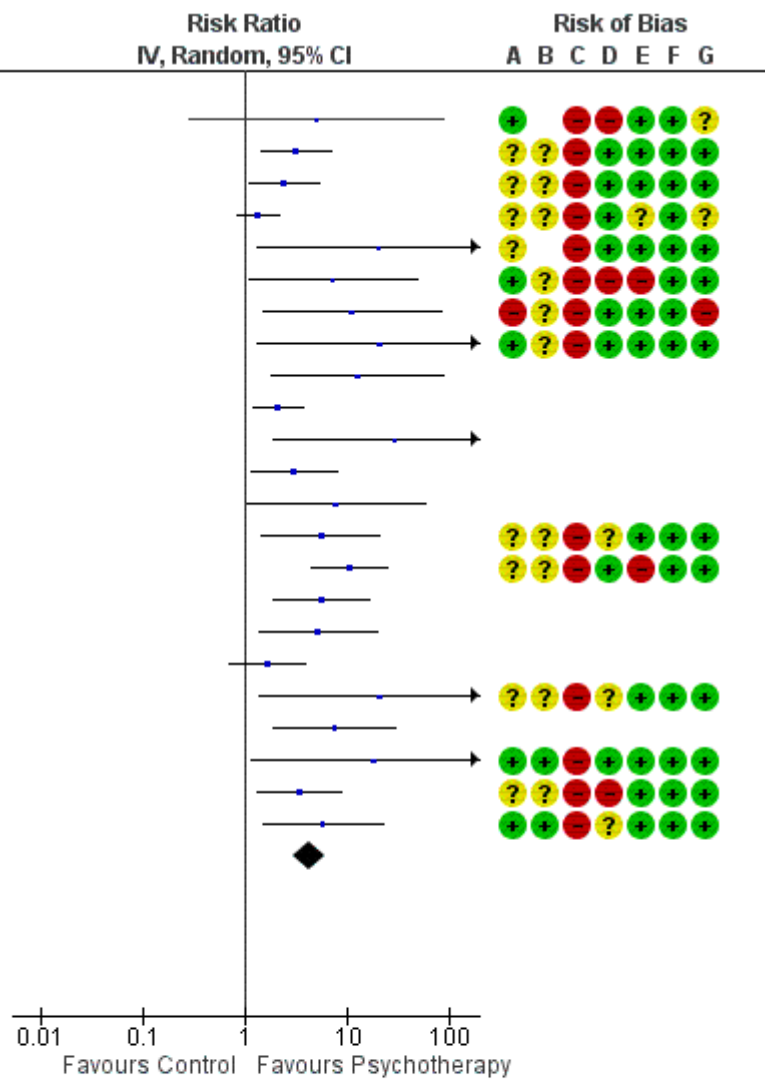
Forest plot of comparison: 1 Intervention vs Control (WL), outcome: 1.7 Combined youth and observer reported functioning ADIS C/P (EoT).

Figure 9 (Analysis 1.8)

Study or Subgroup	Psychotherapy Events	Psychotherapy Total	Control Events	Control Total	Weight	Risk Ratio IV, Random, 95% CI
1.8.1 Time						
Baer 2005	2	6	0	6	1.4%	5.00 [0.29, 86.43]
Barrett 1996	36	53	5	23	7.1%	3.12 [1.41, 6.93]
Barrett 1998	24	40	5	20	7.1%	2.40 [1.08, 5.34]
Bernstein 2005	21	32	12	24	9.2%	1.31 [0.82, 2.10]
Cobham 2012	18	23	0	12	1.5%	20.04 [1.31, 306.29]
Flannery Schroeder 2000	15	25	1	12	2.7%	7.20 [1.07, 48.31]
Hayward 2000	6	12	1	22	2.5%	11.00 [1.49, 81.02]
Holmes 2014	9	20	0	22	1.5%	20.81 [1.29, 335.97]
Kendall 1994	17	27	1	20	2.7%	12.59 [1.82, 86.94]
Kendall 1997	32	60	11	43	8.6%	2.08 [1.19, 3.66]
Lau 2010	16	24	0	21	1.5%	29.04 [1.85, 456.33]
Masia Warner 2005	12	21	4	21	6.2%	3.00 [1.15, 7.81]
Melfsen 2011	7	21	1	23	2.5%	7.67 [1.03, 57.22]
Nauta 2003	42	76	2	20	4.4%	5.53 [1.46, 20.90]
Rapee 2006	54	90	5	87	6.7%	10.44 [4.38, 24.86]
Schneider 2011	16	21	3	22	5.5%	5.59 [1.90, 16.43]
Shortt 2001	33	54	2	17	4.4%	5.19 [1.39, 19.43]
Silverman 1999	16	37	5	19	6.9%	1.64 [0.71, 3.80]
Spence 2000	25	36	0	14	1.5%	20.68 [1.34, 318.22]
Spence 2006	13	20	2	23	4.3%	7.47 [1.91, 29.20]
Warner 2011	9	20	0	19	1.5%	18.10 [1.13, 290.83]
Wergeland 2014	51	144	4	38	6.2%	3.36 [1.30, 8.72]
Öst 2015	26	52	2	23	4.3%	5.75 [1.49, 22.22]
Subtotal (95% CI)		**914**		**551**	**100.0%**	**4.27 [2.97, 6.13]**
Total events	500		66			

Heterogeneity: Tau² = 0.31; Chi² = 44.39, df = 22 (P = 0.003); I² = 50%

Test for overall effect: Z = 7.86 (P < 0.00001)



Risk of bias legend

(**A**) Sequence Generation

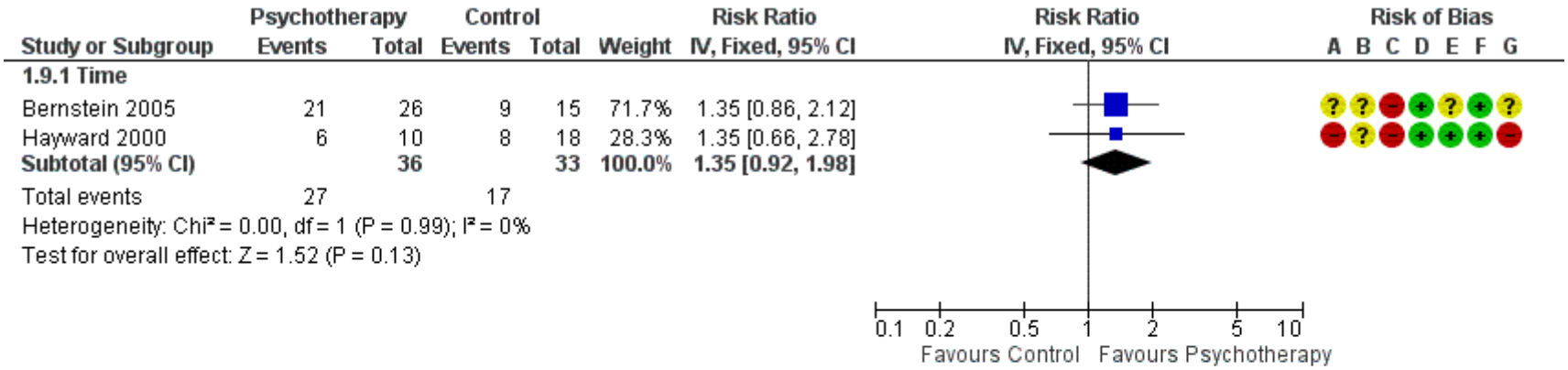
(**B**) Allocation concealment

(**C**) Blinding of participants and personnel

(D) Blinding of outcome assessors
(E) Incomplete outcome data
(F) Selective outcome reporting
(G) Other sources of bias

Forest plot of comparison: 1 Intervention vs Control (WL), outcome: 1.8 Remission of primary anxiety diagnosis (EoT).

Figure 10 (Analysis 1.9)



Risk of bias legend
(A) Sequence Generation
(B) Allocation concealment
(C) Blinding of participants and personnel
(D) Blinding of outcome assessors
(E) Incomplete outcome data
(F) Selective outcome reporting
(G) Other sources of bias

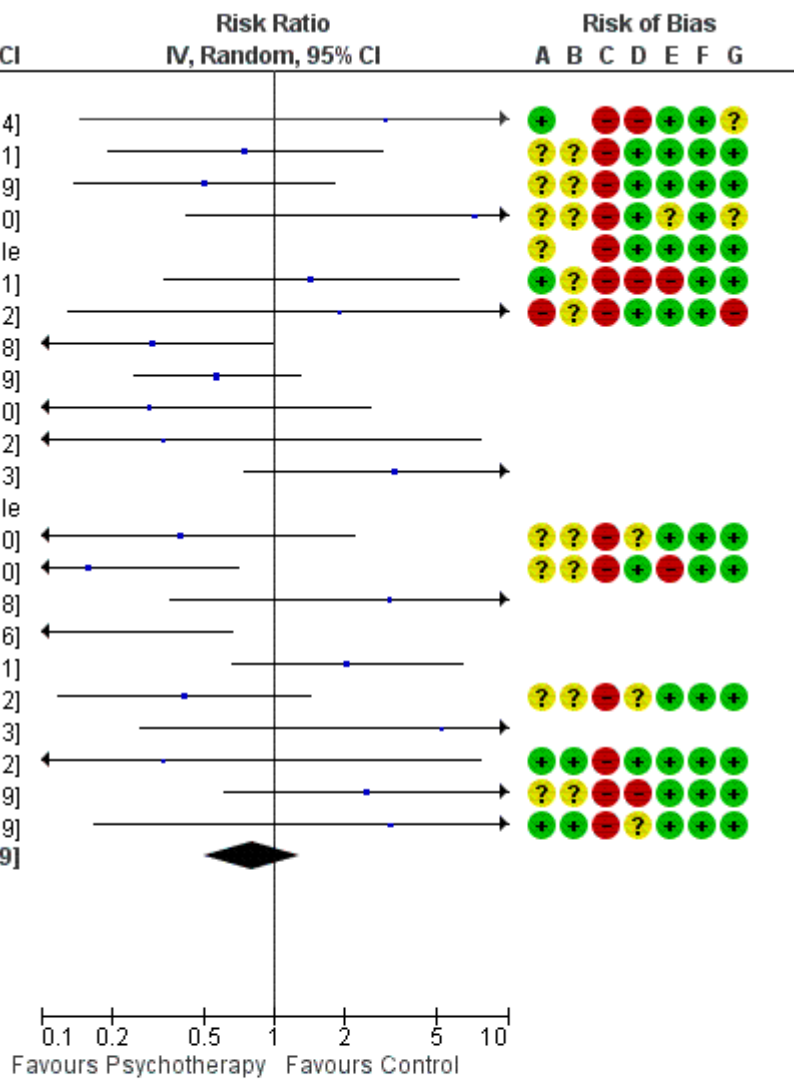
Forest plot of comparison: 1 Intervention vs Control (WL), outcome: 1.9 Remission of primary anxiety diagnosis (longest FU, at least 3 months).

Figure 11 (Analysis 1.10)

Study or Subgroup	Psychotherapy Events	Psychotherapy Total	Control Events	Control Total	Weight	Risk Ratio IV, Random, 95% CI
1.10.1 Time						
Baer 2005	1	6	0	6	2.1%	3.00 [0.15, 61.74]
Barrett 1996	5	60	3	27	6.5%	0.75 [0.19, 2.91]
Barrett 1998	4	40	4	20	6.9%	0.50 [0.14, 1.79]
Bernstein 2005	5	37	0	24	2.3%	7.24 [0.42, 125.20]
Cobham 2012	0	23	0	12		Not estimable
Flannery Schroeder 2000	6	25	2	12	6.0%	1.44 [0.34, 6.11]
Hayward 2000	1	12	1	23	2.5%	1.92 [0.13, 28.02]
Kendall 1994	3	30	10	30	7.4%	0.30 [0.09, 0.98]
Kendall 1997	9	60	9	34	9.7%	0.57 [0.25, 1.29]
Lau 2010	1	24	3	21	3.5%	0.29 [0.03, 2.60]
Masia Warner 2005	0	20	1	20	1.9%	0.33 [0.01, 7.72]
Melfsen 2011	6	21	2	23	5.8%	3.29 [0.74, 14.53]
Muris 2002	0	10	0	10		Not estimable
Nauta 2003	3	76	2	20	4.9%	0.39 [0.07, 2.20]
Rapee 2006	2	90	12	87	5.9%	0.16 [0.04, 0.70]
Schneider 2011	3	21	1	22	3.5%	3.14 [0.35, 27.88]
Shortt 2001	1	54	4	17	3.7%	0.08 [0.01, 0.66]
Silverman 1999	12	37	3	19	7.7%	2.05 [0.66, 6.41]
Spence 2000	4	34	4	14	7.1%	0.41 [0.12, 1.42]
Spence 2006	2	22	0	23	2.1%	5.22 [0.26, 102.93]
Warner 2011	0	20	1	20	1.9%	0.33 [0.01, 7.72]
Wergeland 2014	19	144	2	38	6.2%	2.51 [0.61, 10.29]
Öst 2015	3	52	0	23	2.2%	3.17 [0.17, 58.99]
Subtotal (95% CI)		**918**		**545**	**100.0%**	**0.81 [0.50, 1.29]**
Total events	90		64			

Heterogeneity: Tau² = 0.42; Chi² = 32.64, df = 20 (P = 0.04); I² = 39%

Test for overall effect: Z = 0.90 (P = 0.37)



Risk of bias legend

(**A**) Sequence Generation

(**B**) Allocation concealment

(**C**) Blinding of participants and personnel

(D) Blinding of outcome assessors
(E) Incomplete outcome data
(F) Selective outcome reporting
(G) Other sources of bias

Forest plot of comparison: 1 Psychotherapy vs Control, outcome: 1.10 Number that discontinued treatment or control (EoT).