

NKR angst Pico 1 Psykoterapi vs kontrol

Review information

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What's new

Date / Event	Description
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History

Date / Event	Description
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Characteristics of studies

Characteristics of included studies

Baer 2005

<p>Methods</p>	<p>Study design: Randomized controlled trial Study grouping: Parallel group Open Label: Cluster RCT:</p>
<p>Participants</p>	<p>Baseline Characteristics</p> <p>Intervention</p> <ul style="list-style-type: none"> ● 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) <p>Control (WL)</p> <ul style="list-style-type: none"> ● 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) <p>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.</p>

	<p>Excluded criteria: Exclusion criteria included substance abuse, psychosis, organic mental disorder, and current diagnosis of a major depressive episode. 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 ordering the study</p> <p>Pretreatment: None reported</p>
<p>Interventions</p>	<p>Intervention Characteristics</p> <p>Intervention</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> The intervention was a behavioral treatment module consisting of 12 weekly 1.5-hour group sessions with six adolescents and three group leaders. Group leaders included a psychiatric social worker with extensive experience in adolescent group therapy and two child and adolescent psychiatrists. The program was modified and condensed under the supervision of an experienced child and adolescent psychiatrist. The program was modified and condensed from the SET-C treatment manual (Beidel et al., 2004), decreasing the number of weekly sessions from three (group social skills training, individual exposure therapy, and group peer generalization sessions) to one. Revisions made to SET-C for this study are available from the authors. ● <i>Length of intervention/control (weeks and sessions):</i> 12 weekly 1.5-hour group sessions. ● <i>Length of follow-up (in months):</i> No follow-up <p>Control (WL)</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> 12 week waitlist ● <i>Length of intervention/control (weeks and sessions):</i> 12 weeks ● <i>Length of follow-up (in months):</i> No follow-up
<p>Outcomes</p>	<p><i>Remission of primary anxiety diagnosis (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: Dichotomous Outcome ● Reporting: Fully reported ● Direction: Higher is better ● Data value: Endpoint <p><i>Youth reported anxiety symptoms (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome ● 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)

	<ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Not reported <p><i>Number that discontinued treatment or control (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome ● Reporting: Fully reported ● Direction: Lower is better ● Data value: Endpoint
<p>Identification</p>	<p>Sponsorship source: Funded by a grant from the Vancouver Foundation (nonprofit communityfoundation)</p> <p>Country: Canada</p> <p>Setting: community psychiatry setting</p> <p>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.</p> <p>Authors name: Baer et al 2005</p> <p>Institution: Anxiety Disorders Clinic, British Columbia Children's Hospital</p> <p>Email: sbaer@cw.bc.ca</p> <p>Address: 4480 Oak Street, Vancouver, BC V6H 3V4, Canada</p>
<p>Notes</p>	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	Quote: "After obtaining consent, subjects were randomized to the active treatment 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 blind 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 treatment program 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 self-report questionnaires, yielding a score of 0 on the posttreatment SPAI 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 in the 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	<p>Study design: Randomized controlled trial Study grouping: Parallel group Open Label: Cluster RCT:</p>
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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 overanxiety disorder (n = 30), separation anxiety disorder (n = 30), or social phobia (n = 19) were included. 7-14 year

Excluded criteria: Children who had intellectual or physical disabilities, who were currently taking anti-anxiety or depression medication, or whose parents were involved in acute marital breakdown (n = 2), were referred elsewhere and not included in the study

Pretreatment: There was a significant difference across treatment conditions 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.

<p>Interventions</p>	<p>Intervention Characteristics Intervention (parents+)</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control</i>: Child assigned to Kendall's CBT program (CopingCat Workbook; Kendall, 1990), which specifically targets the child's anxiety using exposure and cognitive restructuring strategies. The family intervention is designed to be completed in 12 sessions; 4 sessions are devoted to each of the discipline, anxiety management, and parental communication sections. ● <i>Length of intervention/control (weeks and sessions)</i>: 12 sessions weekly basis á 60 - 80 minutes intervention ● <i>Length of follow-up (in months)</i>: 6 years <p>Control</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control</i>: All children in the active treatment conditions (i.e., CBT delivered in the form of individual therapy) received the Coping Koala Workbook, which included recognizing anxious feelings and somatic reactions to anxiety, cognitive restructuring in anxiety-provoking situations, coping self-talk, exposure to feared stimuli, evaluating performance, and administering self-reinforcement as appropriate ● <i>Length of intervention/control (weeks and sessions)</i>: 12 sessions weekly basis á 60 - 80 minutes intervention ● <i>Length of follow-up (in months)</i>: 6 years <p>Wait-list</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control</i>: Families who sought alternative treatment during the waiting period (n ~ 2) were excluded from the analysis ● <i>Length of intervention/control (weeks and sessions)</i>: 12 weeks ● <i>Length of follow-up (in months)</i>: No follow-up
<p>Outcomes</p>	<p><i>Remission of primary anxiety diagnosis (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: Dichotomous Outcome ● Reporting: Fully reported ● Direction: Higher is better ● Data value: Endpoint <p><i>Youth reported anxiety symptoms (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome ● 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

	<ul style="list-style-type: none"> ● Range: 0-64 ● Unit of measure: Points ● Direction: Lower is better ● Data value: Endpoint ● Notes: 6 year FU. Mother report. No FU for WL <p><i>Youth reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Not reported <p><i>Observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Partially reported ● Scale: Overall Functioning ● Range: 0-6 ● Direction: Higher is better ● Data value: Endpoint <p><i>Combined youth and observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Not reported <p><i>Number that discontinued treatment or control (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome ● Reporting: Fully reported ● Direction: Lower is better ● Data value: Endpoint
Identification	<p>Sponsorship source: This research was supported by grants from The National Health and Medical Research Council of Australia, and The Myer Foundation of Australia</p> <p>Country: Australia</p> <p>Setting:</p> <p>Comments:</p> <p>Authors name: Barrett et al 1996</p> <p>Institution: School of Applied Psychology, Griffith University</p>

	<p>Email: p.barrett@mailbox.gu.edu.au. Address: School of Applied Psychology, Griffith University, GoldCoast Campus, PMB50 Gold Coast Mail Centre, Queensland, 4217Australia</p>
Notes	<p><i>Nkr 43 Angst</i> 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</p>

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	<p>Study design: Randomized controlled trial Study grouping: Parallel group Open Label: Cluster RCT:</p>
Participants	<p>Baseline Characteristics Intervention (parents+) <ul style="list-style-type: none"> ● 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) </p>

- 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, separation anxiety disorder (SAD; n = 26), or socialphobia (n = 4) were included in the treatment.

Excluded criteria: Childrnb 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.

<p>Interventions</p>	<p>Intervention Characteristics Intervention (parents+)</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> All children in the active treatment conditions received the Coping Koala Group Workbook (Barrett, 1995a), which is an Australian adaptation of Kendall's Cognitive-Behavioural Treatment program (CopingCat Workbook; Kendall et al., 1990). The Group Family Anxiety Management Workbook (Barrett, 1995b) was used in parallel with the Coping Koala Workbook in the GROUP-FAM condition. That is, after children completed each of the Coping Koala sessions with the help of parents and therapists, they worked together through a Group Family Anxiety Management session. In summary, two therapists and six families/parents and children met together in groups for 2 hr on a weekly basis. Hence, both treatment manuals were used in the GROUP-FAM condition, with parents, children, and therapists working together as a group in the therapy room. ● <i>Length of intervention/control (weeks and sessions):</i> 12 weeks and 12 sessions ● <i>Length of follow-up (in months):</i> 12 <p>Control</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> All children in the active treatment conditions received the Coping Koala Group Workbook (Barrett, 1995a), which is an Australian adaptation of Kendall's Cognitive-Behavioural Treatment program (CopingCat Workbook; Kendall et al., 1990) ● <i>Length of intervention/control (weeks and sessions):</i> 12 weeks and 12 sessions ● <i>Length of follow-up (in months):</i> 12 <p>Wait-list</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> ● <i>Length of intervention/control (weeks and sessions):</i> 12 weeks ● <i>Length of follow-up (in months):</i> No follow-up
<p>Outcomes</p>	<p><i>Remission of primary anxiety diagnosis (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: Dichotomous Outcome ● Reporting: Fully reported ● Direction: Higher is better ● Data value: Endpoint <p><i>Youth reported anxiety symptoms (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome ● 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

	<ul style="list-style-type: none"> ● Unit of measure: Points ● Direction: Lower is better ● Data value: Endpoint ● Notes: Mother report <p><i>Youth reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Not reported <p><i>Observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● 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 <p><i>Combined youth and observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Not reported <p><i>Number that discontinued treatment or control (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome ● Reporting: Fully reported ● Direction: Lower is better ● Data value: Endpoint
Identification	<p>Sponsorship source: This research was supported by grants from the National Healthand Medical Research Council of Australiaand Griffith University.</p> <p>Country: Australia</p> <p>Setting:</p> <p>Comments:</p> <p>Authors name: Barrett 1998</p>

	<p>Institution: Email: Not reported Address: School of Applied Psychology, Griffith University, Gold Coast Campus, Australia4217.</p>
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	<p>Study design: Randomized controlled trial Study grouping: Parallel group Open Label: Cluster RCT: YES</p>
Participants	<p>Baseline Characteristics Intervention</p> <ul style="list-style-type: none"> ● 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 one of these anxiety disorders and associated composite CSR of 2 to 6 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 of 7–8) 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), one-way 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, $\chi^2 = 1.58$, 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 to 29% 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 program for anxious children (Barrett et al., 2000). The program was developed from the Coping Koala Group Program (Barrett, 1995), which was the Australian version of the Coping Cat Program (Kendall, 1990). The FRIENDS program has demonstrated efficacy in a randomized clinical trial (Shorff et al., 2001). The program consists of 10 weekly sessions and 2 booster sessions. The present study combined sessions 9 and 10 because of time constraints. Because a large portion of session 10 includes a party, no session content was lost
- *Length of intervention/control (weeks and sessions):* 60-minute sessions. 9 weeks + booster sessions at 1 and 3 months
- *Length of follow-up (in months):* 6 months (12 months but WL was offered treatment at 6 months)

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):* 6 months (12 months but WL was offered treatment at 6 months)

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 child was required to attend the parent training group.
- *Length of intervention/control (weeks and sessions):* 60-minute sessions. 9 weeks + booster sessions at 1 and 3 months
- *Length of follow-up (in months):* 6 months (12 months but WL was offered treatment at 6 months)

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

	<p><i>Observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Scale: Not reported <p><i>Combined youth and observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Scale: ADIS CSR ● Range: 0-8 ● Direction: Lower is better <p><i>Number that discontinued treatment or control (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome
<p>Identification</p>	<p>Sponsorship source: Funded by grants from the National Institute of Mental Health (MH065369), the University of Minnesota Academic Health Center, and the Minnesota Medical Foundation (G.A.B.).</p> <p>Country: USA</p> <p>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.</p> <p>Comments: Used the 6 month FU since half the WL got CBT after 6 month fu</p> <p>Authors name: Bernstein et al 2005</p> <p>Institution: Division of Child and Adolescent Psychiatry, University of Minnesota Medical School, Minneapolis</p> <p>Email: berns001@umn.edu</p> <p>Address: Division of Child and Adolescent Psychiatry, University of Minnesota Medical School, F256/2B West, 2450Riverside Avenue, Minneapolis, MN 55454</p>
<p>Notes</p>	<p><i>Kristine Rasmussen on 06/05/2016 05:01</i></p> <p>Outcomes</p> <p>All results are per protocol Remission of primary diagnosis (EoT) results calculated by subtracting % meeting diagnosis pre-intervention by % meeting diagnosis post-intervention. Youth reported anxiety symptoms (EoT) scale: Child MASC Parent reported anxiety symptoms (EoT) scale: Parent MASC NB! At 3 and 6 months 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 6 months as 50% of WL participants received CBT from 6 months onwards. Youth reported anxiety symptoms (6m-FU) scale: Child MASC, uncertainty about number of participants at 6 months. N is taken from remission of primary anxiety diagnosis Parent reported anxiety symptoms (6m-FU) scale: Parent MASC, uncertainty about number of participants at</p>

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

<p>Methods</p>	<p>Study design: Randomized controlled trial Study grouping: Parallel group Open Label: Cluster RCT:</p>
<p>Participants</p>	<p>Baseline Characteristics</p> <p>Intervention</p> <ul style="list-style-type: none"> ● <i>Number with primary social phobia (n, %):</i> Not reported by condition (see note) ● <i>Number with primary generalized anxiety disorder (n, %):</i> Not reported by condition (see note) ● <i>Number with primary separation anxiety disorder (n, %):</i> Not reported by condition (see note) ● <i>Number with other types of primary anxiety disorders (n, %):</i> 2, 8.7% ● <i>Age in years (mean, SD):</i> 9.70 (2.51) ● <i>Age range and proportion of children and adolescents:</i> 7–14 years (total, no individual group results) <p>Control (WL)</p> <ul style="list-style-type: none"> ● <i>Number with primary social phobia (n, %):</i> Not reported by condition (see note) ● <i>Number with primary generalized anxiety disorder (n, %):</i> Not reported by condition (see note) ● <i>Number with primary separation anxiety disorder (n, %):</i> Not reported by condition (see note) ● <i>Number with other types of primary anxiety disorders (n, %):</i> 1, 8.3% ● <i>Age in years (mean, SD):</i> 9.83 (2.69) ● <i>Age range and proportion of children and adolescents:</i> 7–14 years (total, no individual group results) <p>Included criteria: Inclusion criteria included being aged 7–14 years and meeting criteria for a primary diagnosis of an anxiety disorder of clinical severity</p> <p>Excluded criteria: Children were excluded if they were currently involved in an alternative treatment for anxiety (whether psychological or pharmacological), if they had a psychotic disorder, or if they had a significant intellectual disability. Children were not excluded if they had a comorbid, secondary non-anxiety diagnosis.</p> <p>Pretreatment: There were no significant differences between 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 were no differences at pretreatment in Initial Expectations . On measures of anxiety symptomatology, there were no significant differences between the three groups at pretreatment on their primary diagnosis, severity of primary diagnosis, number of diagnoses, or scores on the SCAS, RCMAS, or CBCL-int (as completed by mothers and fathers).</p>

<p>Interventions</p>	<p>Intervention Characteristics Intervention</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> IT consisted of the integrated 12-session family-focused CBT intervention referred to previously. The intervention consists of two components or programs—the first involving parents only (“Do as I Do”; Cobham, 2006a) and the second involving the children (“Facing your Fears”; Cobham, 2006b). Both programs are manualized, with parents and children each receiving workbook that are used in session and for home-based tasks. Each program consists of six weekly sessions, with the parent program being completed first. The parent program focuses on (a) increasing parents’ awareness of the role they may play in the development and maintenance of their child’s anxiety disorder; (b) teaching parents the principles of effective anxiety management in order that they can provide the best possible model to their children; and (c) teaching parents effective parenting strategies for managing their children’s anxiety. The child program aims to teach children a two-step plan for overcoming anxiety, “Helpful Thoughts” and “Brave Behaviors.” ● <i>Length of intervention/control (weeks and sessions):</i> 12-session over 12 weeks ● <i>Length of follow-up (in months):</i> no follow-up extracted <p>Control (WL)</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> Parents in the WL condition were told that they had been assigned to wait for an intervention and that they would be recontacted in 12 weeks time in order to be reassessed. Children in this condition who continued to meet criteria for a clinically significant primary anxiety disorder were then offered treatment. From this point, families in this condition were no longer part of the present study ● <i>Length of intervention/control (weeks and sessions):</i> 12 weeks ● <i>Length of follow-up (in months):</i> no follow-up
<p>Outcomes</p>	<p><i>Remission of primary anxiety diagnosis (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: Dichotomous Outcome <p><i>Youth reported anxiety symptoms (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome ● Scale: RCMAS ● Range: 0 - 74 ● Direction: Lower is better <p><i>Parent reported anxiety symptoms (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome ● Scale: Mother CBCL Int T score

	<ul style="list-style-type: none"> ● Range: 0 – 64 ● Direction: Lower is better <p><i>Remission of primary anxiety diagnosis (longest FU, at least 3 months)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome <p><i>Youth reported anxiety symptoms (longest FU, at least 3 months)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Scale: 6-month FU <p><i>Parent reported anxiety symptoms (longest FU, at least 3 months)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p><i>Youth reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p><i>Observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p><i>Combined youth and observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Scale: ADIS CSR ● Range: 0-8 ● Direction: Lower is better <p><i>Number that discontinued treatment or control (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome
Identification	<p>Sponsorship source: Not reported</p> <p>Country: Australia</p> <p>Setting: The University of Queensland Psychology Clinic.</p> <p>Comments:</p> <p>Authors name: Cobham et al 2012</p> <p>Institution: School of Psychology, University of Queensland, Australia</p> <p>Email: vanessa@psy.uq.edu.au</p> <p>Address: School of Psychology, University of Queensland, Australia</p>

<p>Notes</p>	<p><i>Kristine Rasmussen on 07/05/2016 01:31</i></p> <p>Outcomes</p> <p>Intervention group results are from individual therapy group. Bibliography group results are not reported. Youth reported anxiety symptoms (EoT): RCMAS total score Parent reported anxiety symptoms (EoT): Mother CBCL Int T score Youth and parent reported anxiety symptoms at 3 and 6 months do not include WL so are not reported.</p>
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Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	Judgement Comment: James et al. Used modified random assignment. Random sequence 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 to the treatment group carried out follow-up assessments
Incomplete outcome data	Low risk	Judgement Comment: James et al: Consort flow diagram provided; no families dropped out once they were aware of the allocation group. Two families dropped out during allocation. The study states the fate of all participants and dropout data were noted
Selective outcome reporting	Low risk	Judgement Comment: Outcomes mentioned in methods are all reported
Other sources of bias	Low risk	

Flannery Schroeder 2000

<p>Methods</p>	<p>Study design: Randomized controlled trial Study grouping: Parallel group Open Label: Cluster RCT:</p>
<p>Participants</p>	<p>Baseline Characteristics</p> <p>Intervention</p> <ul style="list-style-type: none"> ● 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 <p>Control</p> <ul style="list-style-type: none"> ● 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. <p>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).</p> <p>Excluded criteria: Exclusion criteria for participation included a disabling physical condition, psychotic symptoms, or current use of anti-anxiety or antidepressant medication. Children whose primary diagnosis was simple phobia were not included; children who had simple phobia as secondary problems were included</p> <p>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.</p>

<p>Interventions</p>	<p>Intervention Characteristics Intervention</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> Treated participants received the cognitive-behavioral treatment protocol in either 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 the group treatment, both typically meeting once a week. The treatment was largely child-centered; however, several parent sessions were included in both treatment formats ● <i>Length of intervention/control (weeks and sessions):</i> 18 weeks of 50-to 60-min sessions, typically meeting once a week ● <i>Length of follow-up (in months):</i> 12 months <p>Control</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> Treated participants received the cognitive-behavioral treatment protocol in either 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 the group treatment, both typically meeting once a week. The treatment was largely child-centered; however, several parent sessions were included in both treatment formats ● <i>Length of intervention/control (weeks and sessions):</i> 18 weeks of 90-min sessions, typically meeting once a week ● <i>Length of follow-up (in months):</i> 12 months
<p>Outcomes</p>	<p><i>Remission of primary anxiety diagnosis (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: Dichotomous Outcome ● Direction: Higher is better ● Data value: Endpoint <p><i>Youth reported anxiety symptoms (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome ● 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 <p><i>Parent reported anxiety symptoms (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome ● 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

	<p><i>Number that discontinued treatment or control (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome ● Direction: Lower is better ● Data value: Endpoint <p><i>Combined youth and observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Not reported ● Direction: Lower is better ● Data value: Endpoint ● Notes: Not reported
<p>Identification</p>	<p>Sponsorship source: Not reported</p> <p>Country: USA</p> <p>Setting: Child and Adolescent Anxiety Disorders Clinic (CAADC) of the Clinical Psychology Program at Temple University.</p> <p>Comments:</p> <p>Authors name: Flannery-Schroeder 2000</p> <p>Institution: Department of Psychology, Temple University, Philadelphia, Pennsylvania</p> <p>Email: No email address supplied</p> <p>Address: Correspondence should be directed to Ellen C. Flannery-Schroeder, Department of Psychology, TempleUniversity, Weiss Hall, Philadelphia, Pennsylvania 19122.</p>
<p>Notes</p>	<p><i>Nkr 43 Angst on 03/04/2016 23:39</i></p> <p>Population</p> <p>Primary 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 Anxiety Disorder, n 11; Social Phobia, n 5)</p> <p><i>Britta Tendal on 04/04/2016 21:31</i></p> <p>Outcomes</p> <p>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</p>

	<p>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 GCBT. I 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.</p>
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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

<p>Methods</p>	<p>Study design: Randomized controlled trial Study grouping: Parallel group Open Label: Cluster RCT:</p>
<p>Participants</p>	<p>Baseline Characteristics Intervention</p> <ul style="list-style-type: none"> ● 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: <p>Control (WL)</p> <ul style="list-style-type: none"> ● 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: <p>Included criteria: The socially phobic subjects were required to meet diagnostic criteria for DSM-IV social phobia. Excluded criteria: Subjects were excluded if they currently had major depression; if they had a current or previous history of panic disorder, agoraphobia, substance abuse, or psychotic disorder; or if they were using a psychotropic medication. Pretreatment: Pretreatment differences across treatment conditions were examined with [chi]2 tests and t tests. Variables assessed included age, previous history of major depression, and scores on the interference from the ADIS and on the SPAI. There were no significant pretreatment differences across conditions. One subject assigned to CBGT-A did not complete treatment.</p>
<p>Interventions</p>	<p>Intervention Characteristics Intervention</p> <ul style="list-style-type: none"> ● 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 group leaders in the delivery of this protocol. Each session was

	<p>approximately 1.5 hours in duration. Sessions 1 and 2 focused on providing group members with information about social anxiety and the rationale provided for treatment. Sessions 3 to 8 involved the introduction of skill-building, including social skills, social problem-solving skills, assertiveness, and cognitive restructuring. Sessions 9 through 15 involved in vivo and simulated within-session exposure to feared social situations. Each group member worked through a hierarchy of feared social situations. During these exposures, group members were encouraged to apply coping strategies reviewed in previous meetings. There were homework assignments for between-session in vivo exposures. Session 16 consisted of a final exposure, discussion of termination, and plans for follow-up. This treatment protocol did not include parental involvement.</p> <ul style="list-style-type: none"> ● <i>Length of intervention/control (weeks and sessions):</i> 16 * 1.5 hours. 16 weeks ● <i>Length of follow-up (in months):</i> 12 months. <p>Control (WL)</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> No treatment ● <i>Length of intervention/control (weeks and sessions):</i> Average of 5 months between pre and post-treatment assessments ● <i>Length of follow-up (in months):</i> 12 months
<p>Outcomes</p>	<p><i>Remission of primary anxiety diagnosis (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: Dichotomous Outcome <p><i>Youth reported anxiety symptoms (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome <p><i>Parent reported anxiety symptoms (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome ● Reporting: Fully reported ● Scale: ADIS-P ● Range: 0-8 ● Unit of measure: Points ● Direction: Lower is better ● Data value: Endpoint <p><i>Remission of primary anxiety diagnosis (longest FU, at least 3 months)</i></p> <ul style="list-style-type: none"> ● Outcome type: Dichotomous Outcome <p><i>Youth reported anxiety symptoms (longest FU, at least 3 months)</i></p>

	<ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p><i>Parent reported anxiety symptoms (longest FU, at least 3 months)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p><i>Youth reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Fully reported ● Scale: ADIS-C ● Range: 0-8 ● Unit of measure: Points ● Direction: Lower is better ● Data value: Endpoint <p><i>Observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p><i>Combined youth and observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p><i>Number that discontinued treatment or control (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome
<p>Identification</p>	<p>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).</p> <p>Country: USA</p> <p>Setting:</p> <p>Comments:</p> <p>Authors name: Hayward et al 2000</p> <p>Institution: Department of Psychiatry and Behavioral Sciences, Stanford University, Stanford, CA</p> <p>Email: Hayward@Leland.Stanford.Edu</p> <p>Address: Department of Psychiatry and Behavioral Sciences, Room 1316, StanfordUniversity, Stanford, CA 94305-5722</p>
<p>Notes</p>	

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 each randomisation, with 6 subjects randomly assigned to the CBGT-C condition and 6 to an untreated condition. After 2 treatment groups were completed, a third set of 1 subjects were included in the untreated condition"
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 kept blind to information regarding treatment status"
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 treatment between the baseline and posttreatment, preserving the integrity of the untreated condition. However, 4 of the 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 received pharmacotherapy alone.

Holmes 2014

Methods	<p>Study design: Randomized controlled trial</p> <p>Study grouping: Parallel group</p> <p>Open Label:</p> <p>Cluster RCT:</p>
Participants	<p>Baseline Characteristics</p> <p>Intervention</p> <ul style="list-style-type: none"> ● Number with primary social phobia (n, %): 0, 0% ● Number with primary generalized anxiety disorder (n, %): 20, 100%

	<ul style="list-style-type: none"> ● 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 <p>Control</p> <ul style="list-style-type: none"> ● 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 <p>Included criteria: Children were included in the study if they were aged between 7 and 12 years, had a minimum reading level of 7 years and met DSM-IV-TR criteria (APA, 2000) for a primary diagnosis of GAD according to the Anxiety Disorder Interview Schedule e Child Interview Schedule (ADIS-C/P; Silverman & Albano, 1996). As determined by the clinician administering the ADIS-C/P, the GAD diagnosis was required to have a Clinical Severity Rating (CSR) of at least 4 (on a 0 to 8 scale) for inclusion in the study. Comorbidity with other anxiety disorders, depression, and externalising disorders was permissible, providing that GAD was considered to be the primary diagnosis (i.e., most severe and interfering)</p> <p>Excluded criteria: Children were not permitted to enter the study if they were diagnosed with pervasive developmental disorder, intellectual handicap or learning disability, or if they were found to have behavioural problems more impairing than anxiety, substance abuse, self-harm or suicidal ideation. Children were also excluded if they were currently receiving psychological assistance or medical treatment. Children excluded due to these criteria were provided with referral to appropriate mental health services. All clinicians administering the ADIS-C/P were blind to both experimental condition and client history.</p> <p>Pretreatment: No differences</p>
<p>Interventions</p>	<p>Intervention Characteristics</p> <p>Intervention</p> <ul style="list-style-type: none"> ● Description of type of intervention/control: Group-based, disorder-specific treatment program for GAD. "The No Worries! program is a manualised, group-based, cognitively-focused treatment program. Parents concurrently complete seven sessions, each of 90 min duration, as well as two booster sessions. Three therapists are required to facilitate the No Worries! Program; two for the child sessions and one for the parent sessions." ● Length of intervention/control (weeks and sessions): 10 90-minute sessions (plus 2 booster sessions at 1 and 3 months post-treatment).

	<p>Control</p> <ul style="list-style-type: none"> ● Length of follow-up (in months): No follow-up extracted ● 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
<p>Outcomes</p>	<p>Remission of primary anxiety diagnosis (EoT)</p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome ● Reporting: Fully reported ● Direction: Higher is better ● Data value: Endpoint <p>Youth reported anxiety symptoms (EoT)</p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Fully reported ● Scale: SCAS-C ● Range: 0-114 ● Unit of measure: Points ● Direction: Lower is better ● Data value: Endpoint <p>Parent reported anxiety symptoms (EoT)</p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Fully reported ● Scale: SCAS-P ● Range: 0-114 ● Unit of measure: Points ● Direction: Lower is better ● Data value: Endpoint <p>Remission of primary anxiety diagnosis (longest FU, at least 3 months)</p> <ul style="list-style-type: none"> ● 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

	<ul style="list-style-type: none"> ● Reporting: Fully reported ● Direction: Lower is better ● Data value: Endpoint
<p>Identification</p>	<p>Sponsorship source: Griffith University Behavioural Basis of Health who provided some funding for this project. Importantly, the sponsors were not involved in: data collection, analysis or interpretation; the writing of the report or; the decision to submit the article for publication.</p> <p>Country: Australia</p> <p>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.</p> <p>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)</p> <p>Authors name: Holmes et al 2014</p> <p>Institution: Griffith University</p> <p>Email: m.holmes@griffith.edu.au</p> <p>Address: School of Applied Psychology and the Behavioural Basis of Health, Griffith University, Mount Gravatt Campus, Mount Gravatt, QLD, 4122, Australia</p>
<p>Notes</p>	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	Judgement Comment: Following diagnostic assessment and after the family had been deemed eligible to participate, the family was randomly allocated to either the treatment condition (TX) or the waitlist control (WLC) condition via a computer generated, blocked randomisation list. Block size of eight that was stratified according to treatment condition (TX or WLC) was used, and all families were informed of their condition 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 to both experimental condition and client history, thus ensuring that the interviews were valid, unbiased assessments of the child's current functioning.
Incomplete outcome data	Low risk	Judgement Comment: As has been used by prominent researchers in the field, missing data was replaced using the last observation carried forward (LOCF) method for 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	<p>Study design: Study grouping: Open Label: Cluster RCT:</p>
Participants	<p>Baseline Characteristics</p> <p>Intervention</p> <ul style="list-style-type: none"> ● 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: <p>Control (WL)</p> <ul style="list-style-type: none"> ● 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):

	<ul style="list-style-type: none"> ● <i>Age range and proportion of children and adolescents:</i> <p>Included criteria: Excluded criteria: Pretreatment:</p> <p>Intervention Characteristics Intervention</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> ● <i>Length of intervention/control (weeks and sessions):</i> ● <i>Length of follow-up (in months):</i> <p>Control (WL)</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> ● <i>Length of intervention/control (weeks and sessions):</i> ● <i>Length of follow-up (in months):</i>
<p>Outcomes</p>	<p><i>Remission of primary anxiety diagnosis (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome <p><i>Youth reported anxiety symptoms (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p><i>Parent reported anxiety symptoms (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Fully reported ● Scale: CBCL-internalizing ● Range: 0-64 ● Unit of measure: Points ● Direction: Lower is better ● Data value: Endpoint <p><i>Remission of primary anxiety diagnosis (longest FU, at least 3 months)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome <p><i>Youth reported anxiety symptoms (longest FU, at least 3 months)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome

	<p><i>Parent reported anxiety symptoms (longest FU, at least 3 months)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p><i>Youth reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Fully reported ● Scale: Coping Questionnaire—Child ● Range: 1-7 ● Direction: Higher is better ● Data value: Endpoint <p><i>Observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Fully reported ● Scale: behavioural observation ● Range: 1-5 ● Direction: Lower is better ● Data value: Endpoint <p><i>Combined youth and observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p><i>Number that discontinued treatment or control (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome
	<p>Identification</p> <p>Sponsorship source: This research was supported by National Institute ofMental Health Grant MH 44042 to Philip C. Kendall.</p> <p>Country: USA</p> <p>Setting:</p> <p>Comments:</p> <p>Authors name: Kendall 1994</p> <p>Institution: Department of Psychology, Weiss Hall, Temple University</p> <p>Email: N/A</p> <p>Address: Department of Psychology, Weiss Hall, Temple University,Philadelphia, Pennsylvania 19122</p>

Notes	<p><i>Nkr 43 Angst</i> on 25/04/2016 02:41 Select 64% of participants had a primary diagnosis of overanxious disorder</p> <p><i>Kristine Rasmussen</i> 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</p>
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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	<p>Study design: Study grouping: Open Label: Cluster RCT:</p>
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<p>Participants</p>	<p>Baseline Characteristics</p> <p>Intervention</p> <ul style="list-style-type: none"> ● 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: <p>Control (WL)</p> <ul style="list-style-type: none"> ● 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: <p>Included criteria:</p> <p>Excluded criteria:</p> <p>Pretreatment:</p>
<p>Interventions</p>	<p>Intervention Characteristics</p> <p>Intervention</p> <ul style="list-style-type: none"> ● Description of type of intervention/control: ● Length of intervention/control (weeks and sessions): ● Length of follow-up (in months): <p>Control (WL)</p> <ul style="list-style-type: none"> ● 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

	<ul style="list-style-type: none"> ● Scale: child coping scale ● Range: 1-7 ● Unit of measure: Points ● Direction: Higher is better ● Data value: Endpoint <p><i>Combined youth and observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p><i>Number that discontinued treatment or control (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome
<p>Identification</p>	<p>Sponsorship source: This research was supported by Grant MH 44042 from the National Institute of Mental Health</p> <p>Country: USA</p> <p>Setting:</p> <p>Comments:</p> <p>Authors name: Kendall 1997</p> <p>Institution: Department of Psychology, Temple University.</p> <p>Email:</p> <p>Address: Department of Psychology, Temple University, 1701 North 13th Street, Weiss Hall, Philadelphia, Pennsylvania 19122</p>
<p>Notes</p>	<p><i>Nkr 43 Angst</i> on 25/04/2016 02:44</p> <p>Select 59% had overanxious disorder as primary diagnosis</p> <p><i>Kristine Rasmussen</i> on 27/04/2016 01:42</p> <p>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.</p> <p>For risk of bias assessment see the Cochrane review by James et al 2015</p>

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	<p>Study design:</p> <p>Study grouping:</p> <p>Open Label:</p> <p>Cluster RCT:</p>
Participants	<p>Baseline Characteristics</p> <p>Intervention</p> <ul style="list-style-type: none"> ● 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: <p>Control (WL)</p> <ul style="list-style-type: none"> ● 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, %):

	<ul style="list-style-type: none"> ● <i>Age in years (mean, SD):</i> ● <i>Age range and proportion of children and adolescents:</i> <p>Included criteria: Excluded criteria: Pretreatment:</p>
<p>Interventions</p>	<p>Intervention Characteristics</p> <p>Intervention</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> ● <i>Length of intervention/control (weeks and sessions):</i> ● <i>Length of follow-up (in months):</i> <p>Control (WL)</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> ● <i>Length of intervention/control (weeks and sessions):</i> ● <i>Length of follow-up (in months):</i>
<p>Outcomes</p>	<p><i>Remission of primary anxiety diagnosis (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome <p><i>Youth reported anxiety symptoms (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p><i>Parent reported anxiety symptoms (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Fully reported ● Scale: SCAS-P ● Range: 0-114 ● Unit of measure: Points ● Direction: Lower is better ● Data value: Endpoint <p><i>Remission of primary anxiety diagnosis (longest FU, at least 3 months)</i></p> <ul style="list-style-type: none"> ● 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

<p>Identification</p>	<p>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</p>
<p>Notes</p>	<p><i>Nkr 43</i> Angst on 25/04/2016 03:15 Select Among these 45 children, 38% were diagnosed with generalized anxiety disorder, 24% with separation anxiety disorder, and 51% with social phobia. Eight children (18%) did not meet DSM-IV-TR criteria but had sub-clinical symptoms of anxiety disorders that interfered with daily functioning. (Children with only specific phobias were excluded)</p> <p><i>Kristine Rasmussen</i> 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.</p> <p><i>Kristine Rasmussen</i> 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 assessment see the Cochrane review by James et al 2015</p>

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	<p>Study design: Study grouping: Open Label: Cluster RCT:</p>
Participants	<p>Baseline Characteristics</p> <p>Intervention</p> <ul style="list-style-type: none"> ● 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: <p>Control (WL)</p> <ul style="list-style-type: none"> ● 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):

	<ul style="list-style-type: none"> ● <i>Age range and proportion of children and adolescents:</i> <p>Included criteria: Excluded criteria: Pretreatment:</p> <p>Intervention Characteristics Intervention</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> ● <i>Length of intervention/control (weeks and sessions):</i> ● <i>Length of follow-up (in months):</i> <p>Control (WL)</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> ● <i>Length of intervention/control (weeks and sessions):</i> ● <i>Length of follow-up (in months):</i>
<p>Outcomes</p>	<p><i>Remission of primary anxiety diagnosis (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome <p><i>Youth reported anxiety symptoms (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p><i>Parent reported anxiety symptoms (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Scale: SAS-FNE ● Range: 0-40 ● Unit of measure: Points ● Direction: Lower is better ● Data value: Endpoint <p><i>Remission of primary anxiety diagnosis (longest FU, at least 3 months)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome <p><i>Youth reported anxiety symptoms (longest FU, at least 3 months)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome

	<p><i>Parent reported anxiety symptoms (longest FU, at least 3 months)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p><i>Youth reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p><i>Observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Fully reported ● Scale: CGAS ● Range: 1-100 ● Unit of measure: Points ● Direction: Higher is better ● Data value: Endpoint <p><i>Combined youth and observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● 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 <p><i>Number that discontinued treatment or control (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome
<p>Identification</p>	<p>Sponsorship source:</p> <p>Country:</p> <p>Setting:</p> <p>Comments:</p> <p>Authors name: Masia-Warner 2005</p> <p>Institution: New York University Child Study Center, NYU School of Medicine, New York</p> <p>Email: carrie.masia@med.nyu.edu</p> <p>Address: NYU Child Study Center, 215 Lexington Avenue, 13th floor, New York 10016</p>

Notes	For risk of bias assessment see the Cochrane review by James et al 2015
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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	<p>Study design: Study grouping: Open Label: Cluster RCT:</p>
Participants	<p>Baseline Characteristics</p> <p>Intervention</p> <ul style="list-style-type: none"> ● 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: <p>Control (WL)</p> <ul style="list-style-type: none"> ● Number with primary social phobia (n, %):

	<ul style="list-style-type: none"> ● 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: <p>Included criteria:</p> <p>Excluded criteria:</p> <p>Pretreatment:</p>
Interventions	<p>Intervention Characteristics</p> <p>Intervention</p> <ul style="list-style-type: none"> ● Description of type of intervention/control: ● Length of intervention/control (weeks and sessions): ● Length of follow-up (in months): <p>Control (WL)</p> <ul style="list-style-type: none"> ● Description of type of intervention/control: ● Length of intervention/control (weeks and sessions): ● Length of follow-up (in months):
Outcomes	<p>Remission of primary anxiety diagnosis (EoT)</p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome <p>Youth reported anxiety symptoms (EoT)</p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p>Parent reported anxiety symptoms (EoT)</p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Not reported <p>Remission of primary anxiety diagnosis (longest FU, at least 3 months)</p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome <p>Youth reported anxiety symptoms (longest FU, at least 3 months)</p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome

	<p><i>Parent reported anxiety symptoms (longest FU, at least 3 months)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p><i>Youth reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p><i>Observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Fully reported ● Scale: CGAS ● Range: 1-100 ● Unit of measure: Points ● Direction: Higher is better ● Data value: Endpoint <p><i>Combined youth and observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Fully reported ● Scale: ADIS CSR ● Range: 0-8 ● Unit of measure: Points ● Direction: Lower is better ● Data value: Endpoint <p><i>Number that discontinued treatment or control (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome
<p>Identification</p>	<p>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</p>

	<p>Address: Clinic and Polyclinic for Psychiatry, Psychosomatic and Psychotherapy for Children and Adolescents, University of Wuerzburg, Fuechsleinstr. 15, 97080 Wuerzburg, Germany</p>
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	<p>Study design: Study grouping: Open Label: Cluster RCT:</p>
Participants	<p>Baseline Characteristics Intervention</p> <ul style="list-style-type: none"> ● 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:

	<p>Control (WL)</p> <ul style="list-style-type: none"> ● 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: <p>Included criteria:</p> <p>Excluded criteria:</p> <p>Pretreatment:</p>
Interventions	<p>Intervention Characteristics</p> <p>Intervention</p> <ul style="list-style-type: none"> ● Description of type of intervention/control: ● Length of intervention/control (weeks and sessions): ● Length of follow-up (in months): <p>Control (WL)</p> <ul style="list-style-type: none"> ● Description of type of intervention/control: ● Length of intervention/control (weeks and sessions): ● Length of follow-up (in months):
Outcomes	<p>Remission of primary anxiety diagnosis (EoT)</p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome ● Reporting: Not reported <p>Youth reported anxiety symptoms (EoT)</p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Fully reported ● Scale: STAIC ● Direction: Lower is better <p>Parent reported anxiety symptoms (EoT)</p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Not reported

	<p><i>Remission of primary anxiety diagnosis (longest FU, at least 3 months)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome <p><i>Youth reported anxiety symptoms (longest FU, at least 3 months)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p><i>Parent reported anxiety symptoms (longest FU, at least 3 months)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p><i>Youth reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Not reported <p><i>Observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Not reported <p><i>Combined youth and observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Not reported <p><i>Number that discontinued treatment or control (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome
<p>Identification</p>	<p>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</p>
<p>Notes</p>	<p>For risk of bias assesment see the Cocrane review by James et al 2015</p>

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

<p>Methods</p> <p>Study design: Randomized controlled trial Study grouping: Parallel group Open Label: Cluster RCT:</p>	<p>Study design: Randomized controlled trial Study grouping: Parallel group Open Label: Cluster RCT:</p>
<p>Participants</p> <p>Baseline Characteristics Intervention (parents+) <ul style="list-style-type: none"> ● 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 <ul style="list-style-type: none"> ● 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) </p>	<p>Baseline Characteristics Intervention (parents+) <ul style="list-style-type: none"> ● 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 <ul style="list-style-type: none"> ● 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) </p>

	<p>● <i>Age in years (mean, SD):</i> Not reported by condition (total sample: M= 11.0, SD 2.4)</p> <p>● <i>Age range and proportion of children and adolescents:</i> 7-18(unknown % adolescents)</p> <p>Wait-list</p> <ul style="list-style-type: none"> ● <i>Number with primary social phobia (n, %):</i> Not reported by condition (see note) ● <i>Number with primary generalized anxiety disorder (n, %):</i> Not reported by condition (see note) ● <i>Number with primary separation anxiety disorder (n, %):</i> Not reported by condition (see note) ● <i>Number with other types of primary anxiety disorders (n, %):</i> Not reported by condition (see note) ● <i>Age in years (mean, SD):</i> Not reported by condition (total sample: M= 11.0, SD 2.4) ● <i>Age range and proportion of children and adolescents:</i> 7-18(unknown % adolescents) <p>Included criteria: Inclusion criteria were as follows: (1) meeting the criteria of a primary diagnosis of separation anxiety, social phobia, generalized anxiety, or panic with or without agoraphobia (by the Anxiety Disorder Interview Schedule), (2) IQ> 80, (3) age 7 to 18 years, (4) no current psychotherapy or medication for anxiety problems, (5) no CBT in the past 2 years. Co-morbid disorders, such as depression, obsessive-compulsive disorder, or attention-deficit/hyperactivity disorder (ADHD), were not exclusion criteria for participation</p> <p>Excluded criteria: Exclusion criteria: principal diagnosis of simple phobia or other (non-anxiety) diagnoses; intellectual or physical disabilities; anti-anxiety or depression medication; parents involved in acute marital breakdown</p> <p>Pretreatment: The only difference found was that children in the CPT condition had longer histories of anxiety than children in the child-only condition (means of 44 months and 30 months, respectively; $F_{1,74} = 5.7, p < .05$). In the comparison between the 48 referred children and the 28 recruited children, we found no significant difference between the groups on any demographic variable or any pre-treatment outcome measure in child or parent reports</p>
<p>Interventions</p>	<p>Intervention Characteristics</p> <p>Intervention (parents+)</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> CPT comprised a short, seven-session intervention, addressing parents' behavior and their thoughts and feelings regarding their anxious child. The program was developed to run parallel with the child CBT program, with a different therapist. The first sessions provided psychoeducation on anxiety disorders in children, followed by behavioral advice and pragmatic parenting skills. The counseling included encouraging coping behavior, stimulating independent behavior, and considering intermediate steps in conquering difficult situations. Parents were also trained in problem-solving skills ● <i>Length of intervention/control (weeks and sessions):</i> 12 weeks. Children: 12 sessions, parents: 7 sessions ● <i>Length of follow-up (in months):</i> 3 <p>Control</p>

	<ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> The CBT was a 12-session Dutch adaptation of the Coping Catprogram (Kendall, 1994). The key ingredient in this program is graduated-exposure in vivo exercises that are practiced during sessions at home. Children learn tools to help them cope with anxiety, including relaxation exercises, formulation of helping thoughts, coping techniques, and appropriate self-reinforcement. ● <i>Length of intervention/control (weeks and sessions):</i> 12 weeks, 12 sessions ● <i>Length of follow-up (in months):</i> 3 <p>Wait-list</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> For practical reasons regarding therapist availability and the absence of a natural waiting list in these settings, children were not assigned to the wait-list condition in the first 3 months of the study. For ethical reasons, children with full school absence (n = 5) were not assigned to the wait-list condition ● <i>Length of intervention/control (weeks and sessions):</i> ● <i>Length of follow-up (in months):</i> No follow-up
<p>Outcomes</p>	<p><i>Remission of primary anxiety diagnosis (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: Dichotomous Outcome ● Reporting: Fully reported ● Direction: Higher is better ● Data value: Endpoint <p><i>Youth reported anxiety symptoms (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome ● Reporting: Not reported <p><i>Parent reported anxiety symptoms (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome ● Reporting: Not reported <p><i>Remission of primary anxiety diagnosis (longest FU, at least 3 months)</i></p> <ul style="list-style-type: none"> ● Outcome type: Dichotomous Outcome ● Reporting: Fully reported ● Direction: Higher is better ● Data value: Endpoint <p><i>Youth reported anxiety symptoms (longest FU, at least 3 months)</i></p> <ul style="list-style-type: none"> ● Reporting: Not reported

	<p><i>Parent reported anxiety symptoms (longest FU, at least 3 months)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Fully reported ● Scale: SCAS-P ● Range: 0-114 ● Unit of measure: Points ● Direction: Lower is better ● Data value: Endpoint <p><i>Youth reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Not reported <p><i>Observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Not reported <p><i>Combined youth and observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Reporting: Not reported <p><i>Number that discontinued treatment or control (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome ● Reporting: Fully reported ● Direction: Lower is better ● Data value: Endpoint
<p>Identification</p>	<p>Sponsorship source: Not reported</p> <p>Country: The Netherlands</p> <p>Setting: Children were either referred for anxiety problems to one of two mental health centers, or were recruited through GPs, schools, or media for participation in this study.</p> <p>Comments:</p> <p>Authors name: Nauta et al 2003</p> <p>Institution: Department of Clinical Psychology, University of Groningen, and therapist, Academic Centre for Child and Adolescent Psychiatry, Groningen (ACCAPG).</p> <p>Email: m.h.nauta@ppsw.rug.nl</p>

	<p>Address: Grote Kruisstraat 2/1, 9712 TS Groningen, the Netherlands;</p> <p><i>Nkr 43 Angst on 02/04/2016 04:59</i></p> <p>Select</p> <p>The randomization seems a bit strange: Participants were randomly assigned to one of three treatment conditions: (1) CBT only (n = 29), (2) CBT + CPT (n = 30), and (3) wait-list control (n = 20). For practical reasons regarding therapist availability and the absence of a natural waiting list in these settings, children were not assigned to the wait-list condition in the first 3 months of the study. For ethical reasons, children with full school absence (n = 5) were not assigned to the wait-list condition. These two factors led to a relatively low number of children in the wait-list condition. Of these 20 children, 2 (10%) no longer met the criteria for an anxiety disorder after the wait-list period. One family did not continue with the treatment study. These three children were included only in the wait-list analyses. The 17 postwait-list children were randomized across the two treatment conditions, leading to a total of 37 children receiving CBT only and 39 children receiving CBT + CPT</p>
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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 of other sources for introducing bias

Rapee 2006

<p>Methods</p>	<p>Study design: Randomized controlled trial Study grouping: Parallel group Open Label: Cluster RCT:</p>
<p>Participants</p>	<p>Baseline Characteristics</p> <p>Intervention</p> <ul style="list-style-type: none"> ● <i>Number with primary social phobia (n, %):</i> Not reported by condition (see note) ● <i>Number with primary generalized anxiety disorder (n, %):</i> Not reported by condition (see note) ● <i>Number with primary separation anxiety disorder (n, %):</i> Not reported by condition (see note) ● <i>Number with other types of primary anxiety disorders (n, %):</i> Not reported by condition (see note) ● <i>Age in years (mean, SD):</i> 9.48 (1.7) ● <i>Age range and proportion of children and adolescents:</i> 6-12 (0% adolescents) <p>Control (WL)</p> <ul style="list-style-type: none"> ● <i>Number with primary social phobia (n, %):</i> Not reported by condition (see note) ● <i>Number with primary generalized anxiety disorder (n, %):</i> Not reported by condition (see note) ● <i>Number with primary separation anxiety disorder (n, %):</i> Not reported by condition (see note) ● <i>Number with other types of primary anxiety disorders (n, %):</i> Not reported by condition (see note) ● <i>Age in years (mean, SD):</i> 9.5 (1.59) ● <i>Age range and proportion of children and adolescents:</i> 6-12 (0% adolescents) <p>Included criteria: Participants were included if they were in Years 1 through 6 at school (ages 6–12 years), they met criteria for an anxiety disorder as their principal (most interfering) disorder, and their parent or parents were able to read a standard, English-language newspaper. To maximize external validity, children with comorbid nonanxiety disorders were not excluded unless these disorders demanded immediate attention (e.g., severe school nonattendance, suicidal risk). Children on medication were included if the medication had been stable for the previous month.</p> <p>Excluded criteria: Not specified</p> <p>Pretreatment: On demographic variables, there were no significant differences between groups on child's age, parent marital status, percentage on a low family 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 having a greater proportion of female children. Therefore, all analyses described below were repeated with sex included as a covariate. In no case was sex a significant covariate, and hence, it is not described further. Demographic data are presented in Table 1. On measures of psychopathology, there was no significant difference between groups on their principal</p>

	<p>diagnosis, severity of principal diagnosis, number of comorbid diagnoses, or scores on the SCAS, CATS, SCASp, CBCL-int, or CBCL-ext</p>
<p>Interventions</p>	<p>Intervention Characteristics Intervention</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> Group treatment was based on the Cool Kids Program, a nine-session cognitive-behavioral program for the management of broad-based childhood anxiety disorders. . Parents and children attend all nine sessions of the program on a weekly basis over 12 weeks (the final few sessions are biweekly) and cover recognition of emotion and anxiety, realistic thinking, child management strategies, exposure to feared cues, and additional skills such as assertiveness and dealing with teasing. Each session lasts for approximately 2 hours and is conducted in groups of around seven families. The program is manualized, and both child and parents receive written summaries, worksheets, and guides for home practice during sessions. In the present study, groups were conducted by pairs of therapists who were mostly graduate students in clinical psychology, with at least one having had previous experience conducting Cool Kids groups. ● <i>Length of intervention/control (weeks and sessions):</i> 9 sessions of 2 hours over 12 weeks ● <i>Length of follow-up (in months):</i> No FU data extracted <p>Control (WL)</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> Participants in waitlist were simply told that they had been randomly assigned to wait for treatment and that they would be recontacted for additional assessment in 3 months' time, after which they would be offered the next available treatment group. ● <i>Length of intervention/control (weeks and sessions):</i> 12 weeks ● <i>Length of follow-up (in months):</i> No follow-up
<p>Outcomes</p>	<p><i>Remission of primary anxiety diagnosis (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: Dichotomous Outcome ● Reporting: Fully reported ● Direction: Higher is better ● Data value: Endpoint ● Notes: ITT <p><i>Youth reported anxiety symptoms (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome ● 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

	<ul style="list-style-type: none"> ● Reporting: Fully reported ● Scale: ADIS-C/P CSR ● Range: 0-8 ● Unit of measure: Points ● Direction: Lower is better ● Data value: Endpoint <p><i>Number that discontinued treatment or control (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: Dichotomous Outcome ● Reporting: Fully reported ● Direction: Lower is better ● Data value: Endpoint
	<p>Identification</p> <p>Sponsorship source: This research was supported by a grant from the Australian Rotary Health Research Fund</p> <p>Country: Australia</p> <p>Setting: Participants contacted the Macquarie University Anxiety Research Unit (Sydney, New South Wales, Australia)</p> <p>Comments:</p> <p>Authors name: Rapee et al 2006</p> <p>Institution: Department of Psychology, Macquarie University, Sydney, New South Wales, Australia</p> <p>Email: ron.rapee@mq.edu.au</p> <p>Address: Department of Psychology, Macquarie University, Sydney NSW 2109, Australia</p>
	<p>Notes</p> <p><i>Kristine Rasmussen on 27/04/2016 02:44</i></p> <p>Select</p> <p>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</p>

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	Judgement Comment: Randomization occurred in blocks of eight to allow allocation to group treatment based on a predetermined random number schedule known only to the study coordinator (Maree J. Abbott)
Allocation concealment	Unclear risk	Judgement Comment: Randomization occurred in blocks of eight 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 interviews were conducted by clinicians who were masked to the child's allocated treatment condition but who were told the child's pretreatment diagnoses. This was done to ensure that clinicians completed a measure of diagnostic severity 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 post-treatment data 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 group treatment. There was a significant difference between conditions in the proportion of those who did not return post-treatment data, $\chi^2(2, N 267) 11.30, p .01$. Participants who dropped out at post-treatment were compared with those who did not drop out on demographic and psychopathology measures. Those who dropped out had a significantly greater 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. Among these participants, 29 (32.2%) were from bibliotherapy, and 16 (17.7%) were from group treatment, $\chi^2(1, N 180) 5.01, p .05$.
Selective outcome reporting	Low risk	Judgement Comment: All outcomes specified in methods were reported
Other sources of bias	Low risk	

Schneider 2011

Methods	<p>Study design: Study grouping: Open Label: Cluster RCT:</p>
Participants	<p>Baseline Characteristics Intervention</p> <ul style="list-style-type: none"> ● 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: <p>Control (WL)</p> <ul style="list-style-type: none"> ● 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: <p>Included criteria: Excluded criteria: Pretreatment:</p>
Interventions	<p>Intervention Characteristics Intervention</p> <ul style="list-style-type: none"> ● Description of type of intervention/control: ● Length of intervention/control (weeks and sessions): ● Length of follow-up (in months): <p>Control (WL)</p> <ul style="list-style-type: none"> ● Description of type of intervention/control:

	<p>● Length of intervention/control (weeks and sessions):</p> <p>● Length of follow-up (in months):</p> <p>Outcomes</p> <p><i>Remission of primary anxiety diagnosis (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome <p><i>Youth reported anxiety symptoms (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p><i>Parent reported anxiety symptoms (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Fully reported ● Scale: SAI-P ● Range: 0-44 ● Unit of measure: Points ● Direction: Lower is better ● Data value: Endpoint <p><i>Remission of primary anxiety diagnosis (longest FU, at least 3 months)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome ● Reporting: Not reported <p><i>Youth reported anxiety symptoms (longest FU, at least 3 months)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Not reported <p><i>Parent reported anxiety symptoms (longest FU, at least 3 months)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Not reported <p><i>Youth reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Fully reported ● Scale: Impairment/distress (SDS) ● Range: 0-9 ● Unit of measure: Points
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	<ul style="list-style-type: none"> ● Direction: Lower is better ● Data value: Endpoint <p><i>Observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Fully reported ● Scale: Impairment/distress (SDS) ● Range: 0-9 ● Unit of measure: Points ● Direction: Lower is better ● Data value: Endpoint <p><i>Combined youth and observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p><i>Number that discontinued treatment or control (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome
<p>Identification</p>	<p>Sponsorship source: This study was supported by grant 105314-116517, 'Etiology and Psychological Treatment of Separation Anxiety Disorder in Childhood', awarded to Silvia Schneider by the Swiss National Science Foundation.</p> <p>Country:</p> <p>Setting:</p> <p>Comments:</p> <p>Authors name: Schneider 2011</p> <p>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</p> <p>Email: silvia.schneider@rub.de</p> <p>Address: Ruhr-Universität Bochum, Fakultät für Psychologie Klinische Kinder- und Jugendpsychologie Universitätsstrasse 150, DE-44789 Bochum (Germany)</p>
<p>Notes</p>	<p><i>Kristine Rasmussen on 27/04/2016 02:53</i></p> <p>Select</p> <p>The mean age of the children was 6.29 years (SD = 1.01) in the treatment group and 6.18 years (SD = 0.73) in the waiting list group</p> <p>For risk of bias assessment see the Cochrane review by James et al 2015</p>

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	<p>Study design: Study grouping: Open Label: Cluster RCT:</p>
Participants	<p>Baseline Characteristics</p> <p>Intervention</p> <ul style="list-style-type: none"> ● 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: <p>Control (WL)</p> <ul style="list-style-type: none"> ● Number with primary social phobia (n, %): ● Number with primary generalized anxiety disorder (n, %): ● Number with primary separation anxiety disorder (n, %):

	<ul style="list-style-type: none"> ● Number with other types of primary anxiety disorders (n, %): ● Age in years (mean, SD): ● Age range and proportion of children and adolescents: <p>Included criteria: Excluded criteria: Pretreatment:</p>
<p>Interventions</p>	<p>Intervention Characteristics</p> <p>Intervention</p> <ul style="list-style-type: none"> ● Description of type of intervention/control: ● Length of intervention/control (weeks and sessions): ● Length of follow-up (in months): <p>Control (WL)</p> <ul style="list-style-type: none"> ● Description of type of intervention/control: ● Length of intervention/control (weeks and sessions): ● Length of follow-up (in months):
<p>Outcomes</p>	<p>Remission of primary anxiety diagnosis (EoT)</p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome <p>Youth reported anxiety symptoms (EoT)</p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p>Parent reported anxiety symptoms (EoT)</p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Fully reported ● Scale: CBCL Internalizing ● Range: 0 – 64 ● Unit of measure: Points ● Direction: Lower is better ● Data value: Endpoint <p>Remission of primary anxiety diagnosis (longest FU, at least 3 months)</p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome

	<p><i>Youth reported anxiety symptoms (longest FU, at least 3 months)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p><i>Parent reported anxiety symptoms (longest FU, at least 3 months)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p><i>Youth reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Not reported <p><i>Observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Not reported <p><i>Combined youth and observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Not reported <p><i>Number that discontinued treatment or control (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome
Identification	<p>Sponsorship source:</p> <p>Country: Australia</p> <p>Setting:</p> <p>Comments:</p> <p>Authors name: Shortt 2001</p> <p>Institution: School of Applied Psychology Griffith University</p> <p>Email: p.barrett@mailbox.gu.edu.au</p> <p>Address: School of Applied Psychology, Faculty of Health Science, Psychology Building Mt. Gravatt, Griffith University, Brisbane, Australia 4111</p>
Notes	<p><i>Kristine Rasmussen on 27/04/2016 02:55</i></p> <p>Select waiting list controls: 10 weeks, then offered treatment</p> <p>For risk of bias assesment see the Cocrane review by James et al 2015</p>

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	<p>Study design: Study grouping: Open Label: Cluster RCT:</p>
Participants	<p>Baseline Characteristics Intervention</p> <ul style="list-style-type: none"> ● 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: <p>Control (WL)</p> <ul style="list-style-type: none"> ● Number with primary social phobia (n, %): ● Number with primary generalized anxiety disorder (n, %):

	<ul style="list-style-type: none"> ● 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: <p>Included criteria:</p> <p>Excluded criteria:</p> <p>Pretreatment:</p>
<p>Interventions</p>	<p>Intervention Characteristics</p> <p>Intervention</p> <ul style="list-style-type: none"> ● Description of type of intervention/control: ● Length of intervention/control (weeks and sessions): ● Length of follow-up (in months): <p>Control (WL)</p> <ul style="list-style-type: none"> ● Description of type of intervention/control: ● Length of intervention/control (weeks and sessions): ● Length of follow-up (in months):
<p>Outcomes</p>	<p>Remission of primary anxiety diagnosis (EoT)</p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome <p>Youth reported anxiety symptoms (EoT)</p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p>Parent reported anxiety symptoms (EoT)</p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Fully reported ● Scale: RCMAS-P ● Range: 0-74 ● Unit of measure: Points ● Direction: Lower is better ● Data value: Endpoint <p>Remission of primary anxiety diagnosis (longest FU, at least 3 months)</p>

	<ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome <p><i>Youth reported anxiety symptoms (longest FU, at least 3 months)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p><i>Parent reported anxiety symptoms (longest FU, at least 3 months)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p><i>Youth reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Not reported <p><i>Observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● 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 <p><i>Combined youth and observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Not reported <p><i>Number that discontinued treatment or control (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome
Identification	<p>Sponsorship source: This research was funded by Grant R01 49680 from the National Institute of Mental Health</p> <p>Country: USA</p> <p>Setting:</p> <p>Comments:</p> <p>Authors name: Silverman 1999</p> <p>Institution: Child and Family Psychosocial Research Center, Department of Psychology, Florida International University.</p> <p>Email: Silverw@fiu.edu</p> <p>Address: Child and Family Psychosocial Research Center, Department of Psychology, Florida International University,</p>

	<p>Miami, Florida 33199.</p> <p><i>Nkr 43 Angst on 26/04/2016 04:14</i></p> <p>Select 46 - 63 % overanxious disorder. 21 - 22 % generalized anxiety disorder</p> <p><i>Kristine Rasmussen on 27/04/2016 02:58</i></p> <p>Select OAD now considered GAD</p> <p>For risk of bias assesment see the Cocrane review by James et al 2015</p>
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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	<p>Study design: Randomized controlled trial</p> <p>Study grouping: Parallel group</p> <p>Open Label:</p> <p>Cluster RCT:</p>
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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

<p>Interventions</p>	<p>Intervention Characteristics Intervention (parents+)</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control</i>: Standard CBT components with additional social skill training. Parents observed child sessions, and received 30 min sessions afterwards ● <i>Length of intervention/control (weeks and sessions)</i>: 12 weeks, 12 sessions ● <i>Length of follow-up (in months)</i>: 12 months <p>Control</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control</i>: Standard CBT components with additional social skill training. ● <i>Length of intervention/control (weeks and sessions)</i>: 12 weeks, 12 sessions ● <i>Length of follow-up (in months)</i>: 12 months <p>Wait-list</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control</i>: ● <i>Length of intervention/control (weeks and sessions)</i>: 12 weeks ● <i>Length of follow-up (in months)</i>: no follow-up
<p>Outcomes</p>	<p><i>Remission of primary anxiety diagnosis (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome ● Reporting: Fully reported ● Direction: Higher is better ● Data value: Endpoint <p><i>Youth reported anxiety symptoms (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Fully reported ● Scale: RCMAS ● Range: 0-74 ● Unit of measure: Points ● Direction: Lower is better ● Data value: Endpoint <p><i>Parent reported anxiety symptoms (EoT)</i></p> <ul style="list-style-type: none"> ● 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

	<ul style="list-style-type: none"> ● Data value: Endpoint <p><i>Combined youth and observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Not reported <p><i>Number that discontinued treatment or control (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome ● Reporting: Fully reported ● Direction: Lower is better ● Data value: Endpoint
Identification	<p>Sponsorship source: Not reported</p> <p>Country: Australia</p> <p>Setting: Outpatient - Kids Coping Project at the Behaviour Research and TherapyCentre, University of Queensland</p> <p>Comments:</p> <p>Authors name: Spene et al 2000</p> <p>Institution: School ofPsychology, University of Queensland</p> <p>Email: Not reported</p> <p>Address: Brisbane, Qld 4072, Australia</p>
Notes	<p><i>Henning Keinke Andersen on 11/05/2016 01:36</i></p> <p>Outcomes</p> <p>The study mention that two participants dropped out, but not clear from which group</p>

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 treatment for the children, but no further info provided

Blinding of outcome assessors	Unclear risk	Judgement Comment: Outcome assessors were only blinded at the final interview after 12 months FU. Not sufficient info to make proper 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	<p>Study design: Study grouping: Open Label: Cluster RCT:</p>
Participants	<p>Baseline Characteristics</p> <p>Intervention</p> <ul style="list-style-type: none"> ● 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: <p>Control (WL)</p> <ul style="list-style-type: none"> ● 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: <p>Included criteria: Excluded criteria: Pretreatment:</p>

<p>Interventions</p>	<p>Intervention Characteristics</p> <p>Intervention</p> <ul style="list-style-type: none"> ● Description of type of intervention/control: ● Length of intervention/control (weeks and sessions): ● Length of follow-up (in months): <p>Control (WL)</p> <ul style="list-style-type: none"> ● Description of type of intervention/control: ● Length of intervention/control (weeks and sessions): ● Length of follow-up (in months):
<p>Outcomes</p>	<p>Remission of primary anxiety diagnosis (EoT)</p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome <p>Youth reported anxiety symptoms (EoT)</p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p>Parent reported anxiety symptoms (EoT)</p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Fully reported ● Scale: SCAS-P ● Range: 0-114 ● Unit of measure: Points ● Direction: Lower is better ● Data value: Endpoint <p>Remission of primary anxiety diagnosis (longest FU, at least 3 months)</p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome <p>Youth reported anxiety symptoms (longest FU, at least 3 months)</p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p>Parent reported anxiety symptoms (longest FU, at least 3 months)</p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p>Youth reported functioning (EoT)</p>

	<ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Not reported <p><i>Observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Fully reported ● Scale: ADIS-P CSR ● Range: 0-8 ● Unit of measure: Points ● Direction: Lower is better ● Data value: Endpoint <p><i>Combined youth and observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Not reported <p><i>Number that discontinued treatment or control (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome
<p>Identification</p>	<p>Sponsorship source:</p> <p>Country: Australia</p> <p>Setting:</p> <p>Comments:</p> <p>Authors name: Spence 2006</p> <p>Institution: University of Queensland</p> <p>Email: sue.spence@mq.edu.au</p> <p>Address: Division of Linguistics and Psychology, MacquarieUniveristy, North Ryde, Sydney, New South Wales 2109, Australia.</p>
<p>Notes</p>	<p><i>Nkr 43 Angst on 26/04/2016 04:18</i></p> <p>Select</p> <p>Only 4,5% with another primary anxiety diagnosis</p> <p>For risk of bias assesment see the Cocrane review by James et al 2015</p>

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	<p>Study design: Study grouping: Open Label: Cluster RCT:</p>
Participants	<p>Baseline Characteristics</p> <p>Intervention</p> <ul style="list-style-type: none"> ● 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: <p>Control (WL)</p> <ul style="list-style-type: none"> ● 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, %):

	<ul style="list-style-type: none"> ● <i>Age in years (mean, SD):</i> ● <i>Age range and proportion of children and adolescents:</i> <p>Included criteria: Excluded criteria: Pretreatment:</p>
<p>Interventions</p>	<p>Intervention Characteristics</p> <p>Intervention</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> ● <i>Length of intervention/control (weeks and sessions):</i> ● <i>Length of follow-up (in months):</i> <p>Control (WL)</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> ● <i>Length of intervention/control (weeks and sessions):</i> ● <i>Length of follow-up (in months):</i>
<p>Outcomes</p>	<p><i>Remission of primary anxiety diagnosis (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome ● Reporting: Not reported <p><i>Youth reported anxiety symptoms (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p><i>Parent reported anxiety symptoms (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Not reported <p><i>Remission of primary anxiety diagnosis (longest FU, at least 3 months)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome ● Reporting: Not reported <p><i>Youth reported anxiety symptoms (longest FU, at least 3 months)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p><i>Parent reported anxiety symptoms (longest FU, at least 3 months)</i></p>

	<ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p><i>Youth reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Not reported <p><i>Observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Not reported <p><i>Combined youth and observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Not reported <p><i>Number that discontinued treatment or control (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome
<p>Identification</p>	<p>Sponsorship source: This study was financed by the Ministry of Science and Education (SEJ2004-01471/PSIC) and the help of the Seneca Foundation, a private center within the Plan of Science and Technology of the Region of Murcia (01116/FPI/03).</p> <p>Country: Spain</p> <p>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</p> <p>Comments:</p> <p>Authors name: Sánchez-García 2009</p> <p>Institution: Departamento de Personalidad Evaluación y Tratamiento Psicológicos. Facultad de Psicología. Universidad de Murcia.</p> <p>Email: joreix@um.es</p> <p>Address: Departamento de Personalidad Evaluación y Tratamiento Psicológicos. Facultad de Psicología. Universidad de Murcia. Aptdo.4021, 30100 Espinardo, Murcia (Spain)</p>
<p>Notes</p>	<p><i>Kristine Rasmussen</i> on 27/04/2016 02:48</p> <p>Select</p> <p>WLCG members began to receive psychological treatment after taking part in the first follow-up evaluation For risk of bias assessment see the Cochrane review by James et al 2015</p>

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

<p>Methods</p> <p>Study design: Randomized controlled trial Study grouping: Parallel group Open Label: Cluster RCT:</p>	
<p>Participants</p> <p>Intervention</p> <ul style="list-style-type: none"> ● 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) <p>Control (WL)</p> <ul style="list-style-type: none"> ● 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%) 	

	<ul style="list-style-type: none"> ● 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) <p>Included criteria: Youth with a DSM-IV principal (most impairing) anxiety diagnosis were enrolled excepting principal obsessive-compulsive disorder or posttraumatic stress disorder. Youth who were taking regular medication for somatic complaints (i.e., antacids) were also included in the study</p> <p>Excluded criteria: OCD og PTSD. Children receiving psychiatric medication for more than 6 months were included, provided it remained stable during the study's intervention phase; no one was excluded on this basis.</p> <p>Pretreatment: The two groups did not differ significantly on any demographic, somatic, or psychiatric characteristics except, compared to controls, the treated group had a significantly higher severity rating (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% for TAPS and 60% for control), w2 5 7.0, Po.01. However, the number of 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)</p>
<p>Interventions</p>	<p>Intervention Characteristics</p> <p>Intervention</p> <ul style="list-style-type: none"> ● Description of type of intervention/control: Treatment of anxiety and physical symptoms. TAPS is a 10-week systematic intervention that jointly addresses anxiety and physical symptoms through identifying contexts in which symptoms occur and interact, and applying relaxation, cognitive restructuring, and exposure exercises to target fears related to physical pain and anxiety-inducing situations. It consists of 12 individual sessions (approximately 45–60 min each), with 3 parent meetings following the 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 45-60 min sessions over 10 weeks + 2 monthly boosters post treatment ● Length of follow-up (in months): No FU extracted <p>Control (WL)</p> <ul style="list-style-type: none"> ● Description of type of intervention/control: Given this preliminary stage of treatment evaluation, we chose a waiting list as the control group in order to obtain an initial estimate of potential efficacy. Because this was a medical treatment-seeking population, the waiting period was limited to 8 weeks due to ethical concerns. In addition, control participants were offered intervention immediately following post-assessments. ● 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

	<p><i>Youth reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome <p><i>Observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Fully reported ● Scale: CGAS ● Range: 0-100 ● Unit of measure: Points ● Direction: Higher is better ● Data value: Endpoint <p><i>Combined youth and observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Fully reported ● Scale: ADIS-C/P ● Range: 0-8 ● Unit of measure: Points ● Direction: Lower is better ● Data value: Endpoint <p><i>Number that discontinued treatment or control (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome ● Reporting: Fully reported ● Direction: Lower is better ● Data value: Endpoint
<p>Identification</p>	<p>Sponsorship source: Contract grant sponsor: National Institute of MentalHealth; Contract grant number: R34, MH073554.</p> <p>Country: USA</p> <p>Setting: Paediatricians' office or psychiatric out patient clinic</p> <p>Comments:</p> <p>Authors name: Warner 2011</p> <p>Institution: Department of Child and Adolescent Psychiatry, NYU Child Study Center, New York, New York</p> <p>Email: carrie.masia@nyumc.org</p>

	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 either TAPS (n 5 20) or a waiting list control (n 5 20), using a table of random numbers with predetermined assignment to ensure equal group 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 uninformed of treatment delivery and blind to participants' study condition, conducted all clinical assessments. In addition, families were instructed not to disclose 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	<p>Study design: Randomized controlled trial</p> <p>Study grouping: Parallel group</p> <p>Open Label:</p> <p>Cluster RCT:</p>
Participants	<p>Baseline Characteristics</p> <p>Intervention</p> <ul style="list-style-type: none"> ● 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%)

	<ul style="list-style-type: none"> ● 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) <p>Control</p> <ul style="list-style-type: none"> ● 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% between 8-12) <p>Included criteria: Parents of youth with anxiety symptoms were invited to enroll their children in the study and those youth meeting DSM-IV (American Psychiatric Association, 1994) criteria for a principal disorder of SAD, SOP, or GAD were included.</p> <p>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%)</p> <p>Pretreatment: None detected</p>
<p>Interventions</p>	<p>Intervention Characteristics</p> <p>Intervention</p> <ul style="list-style-type: none"> ● 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 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 <p>Control</p> <ul style="list-style-type: none"> ● 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 therapists were instructed to complete the same agenda and session tasks in both formats.

	<ul style="list-style-type: none"> ● <i>Length of intervention/control (weeks and sessions): 10 weekly sessions, lasting 90 min (GCBT)</i> ● <i>Length of follow-up (in months): 12 months</i>
<p>Outcomes</p>	<p><i>Remission of primary anxiety diagnosis (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome ● Direction: Higher is better ● Data value: Endpoint <p><i>Youth reported anxiety symptoms (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Fully reported ● Scale: SCAS-C ● Range: 0-114 ● Unit of measure: Points ● Direction: Lower is better ● Data value: Endpoint <p><i>Parent reported anxiety symptoms (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Fully reported ● Scale: SCAS-P ● Range: 0-114 ● Unit of measure: Points ● Direction: Lower is better ● Data value: Endpoint <p><i>Remission of primary anxiety diagnosis (longest FU, at least 3 months)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Not reported <p><i>Youth reported anxiety symptoms (longest FU, at least 3 months)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Not reported <p><i>Parent reported anxiety symptoms (longest FU, at least 3 months)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome

	<ul style="list-style-type: none"> ● Reporting: Not reported <p><i>Youth reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Not reported <p><i>Observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Not reported ● Direction: Lower is better ● Data value: Endpoint ● Notes: Not reported <p><i>Number that discontinued treatment or control (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome ● Reporting: Fully reported ● Direction: Lower is better ● Data value: Endpoint <p><i>Combined youth and observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● 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	<p>Sponsorship source: The study received support from the Western Norway Regional Health Authority, through project number 911366 and 911253. The project received additional financial support from the Meltzer Research Foundation at the University of Bergen, Norway; Josef and Haldis Andresen's Foundation, Solveig and Johan P. Sommer's Foundation for promotion of research on clinical psychiatry, and Maja and John Nilsen's Foundation.</p> <p>Country: Norway</p> <p>Setting: public child and adolescent mental health outpatient clinics</p>

	<p>Comments: Authors name: Wergeland et al 2014 Institution: Anxiety Research Network, Haukeland University Hospital, N-5021 Bergen, Norway Email: gjwergeland@gmail.com Address:</p>
Notes	<p><i>Nkr 43 Angst on 03/04/2016 16:48</i> Study Design The mean duration of the waitlist period was equal to the treatment period (10 weeks). There was no use of mental health services during the waitlist period. 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 three youth were included in the waitlist analyses only. The other 35 youth were subsequently randomized to ICBT or GCBT.</p>

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 assessors for treatment approach was not possible, since they worked in the same clinics where treatment was offered." Judgement Comment: Impossible to blind participants to whether they receive group or individual therapy
Blinding of outcome assessors	High risk	Quote: "Blinding of the assessors 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 1/4 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	<p>Study design: Randomized controlled trial</p> <p>Study grouping: Parallel group</p> <p>Open Label:</p> <p>Cluster RCT:</p>
Participants	<p>Baseline Characteristics</p> <p>Intervention</p> <ul style="list-style-type: none"> ● 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 <p>Control</p> <ul style="list-style-type: none"> ● 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 <p>Wait-list</p> <ul style="list-style-type: none"> ● Number with primary social phobia (n, %): 23, 100%

	<ul style="list-style-type: none"> ● 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 <p>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 disorders leading to exclusion, i.e. primary depression, drug or alcohol abuse, developmental disorder or displaying psychotic symptoms.7. The parents and participants had to agree to discontinue any other form of psychotherapy or anti-anxiety medication for the duration of the treatment.</p> <p>Excluded criteria: The primary exclusion criterion was fulfilling another psychiatric disorder with a higher clinician severity rating than that for social phobia. A second criterion was if the participant lacked motivation for treatment in him-/herself.</p> <p>Pretreatment: One-way ANOVA was used to compare the three conditions on the demographic and outcome measures at pre-treatment. The only variable showing a significant difference was the SPAI-C(F(2,52) = 3.26, p = .046), on which the Child only condition had a significantly lower mean (19.27) than the Child plus parent condition(28.69).</p>
<p>Interventions</p>	<p>Intervention Characteristics</p> <p>Intervention</p> <ul style="list-style-type: none"> ● 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 and 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 <p>Control</p> <ul style="list-style-type: none"> ● Description of type of intervention/control: The first two sessions were devoted to gathering information in order to enable an individual behavior analysis. Information was gathered from the child and the parents but also from self-reports and from the ADIS-C/P interviews. The child also received psycho-education about social phobia during these first sessions. The following components were included in the social skill training: to introduce oneself, to start a conversation, to pose questions to strangers, to join in with a group, to make phone calls, to order at a

	<p>restaurant, assertiveness training, and verbal performances of different kinds. The topics were worked through in the following way: First the “skill” of the day was discussed, why this skill was important, and what to think about when performing this skill. Then the therapists demonstrated the skill by roleplaying it before the children went on to practice the skill. This was followed in the form of role plays but also through “live” exercises, e.g. going to fast food restaurants to order food, pose questions to strangers, etc</p> <ul style="list-style-type: none"> ● <i>Length of intervention/control (weeks and sessions):</i> 14 weeks. Child: 2 individual sessions and 12 group sessions. ● <i>Length of follow-up (in months):</i> 12 months follow up <p>Wait-list</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> 12 week wait-list ● <i>Length of intervention/control (weeks and sessions):</i> 12 weeks ● <i>Length of follow-up (in months):</i> no follow-up
<p>Outcomes</p>	<p><i>Remission of primary anxiety diagnosis (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: Dichotomous Outcome ● Reporting: Fully reported ● Direction: Higher is better ● Data value: Endpoint ● Notes: WL included <p><i>Youth reported anxiety symptoms (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome ● 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 <p><i>Parent reported anxiety symptoms (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome ● 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

	<ul style="list-style-type: none"> ● Reporting: Not reported <p><i>Number that discontinued treatment or control (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: Dichotomous Outcome ● Reporting: Fully reported ● Direction: Lower is better ● Data value: Endpoint <p><i>Combined youth and observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome ● 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
<p>Identification</p>	<p>Sponsorship source: This research was supported by grants from the Swedish Council for Working Life and Social Research (F0129/2001) and from the Swedish Research Council (421-2001-4740).</p> <p>Country: Sweden</p> <p>Setting: Most likely university clinic</p> <p>Comments:</p> <p>Authors name: Öst et al., 2015</p> <p>Institution: Department of Psychology, Stockholm University, Sweden</p> <p>Email: ost@psychology.su.se</p> <p>Address:</p>
<p>Notes</p>	<p><i>Gitte Moth</i> on 25/04/2016 22:58</p> <p>Study Design</p> <p>1. group: C2. group: C/P3. group: WLC Group 3 made a cross over and randomized to group 1 + 2, and participated in 1 yr follow up.</p> <p><i>Gitte Moth</i> on 06/05/2016 22:15</p> <p>Population</p>

	Comorbidity on all groups: 27 (39.7%) specific phobias 14 (20.6%) GAD8 (11.8%) SAD3 (4.4%) OCD2 (2.9%) panic disorder 8 (11.8%) Major depression
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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 was carried out by the principal investigator (first author) before including any of the participants, and the condition each participant was randomized to was written on a piece of paper, and put in an opaque envelop. These were numbered 1e55 signifying the order of 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 with the 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 with the 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
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Chalfant 2007

Reason for exclusion	Wrong patient population
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Chan 2015

Reason for exclusion	Wrong intervention
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Chu 2016

Reason for exclusion	Wrong patient population
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Dadds 1997

Reason for exclusion	Wrong patient population
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DeCastella 2015

Reason for exclusion	Adult population
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DeVoogd 2014

Reason for exclusion	Wrong patient population
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Flannery Schroeder 2005

Reason for exclusion	Wrong comparator
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Galla 2012

Reason for exclusion	Wrong study design
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Gallagher 2004

Reason for exclusion	Wrong intervention
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Garcia Lopez 2006

Reason for exclusion	Wrong comparator
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Gil Bernal 2009

Reason for exclusion	Wrong language
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Goldin 2014

Reason for exclusion	Adult population
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Gottken 2014

Reason for exclusion	Wrong study design
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Hirshfeld Becker 2010

Reason for exclusion	Wrong patient population
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Infantino 2016

Reason for exclusion	Wrong intervention
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Kendall 2007

Reason for exclusion	Wrong patient population
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King 1998

Reason for exclusion	Wrong patient population
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Lowry Webster 2001

Reason for exclusion	Wrong patient population
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Mendlowitz 1999

Reason for exclusion	Wrong study design
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Mifsud 2005

Reason for exclusion	Wrong patient population
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Olivars 2005

Reason for exclusion	Wrong language
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Queen 2014

Reason for exclusion	Wrong patient population
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ReinholdtDunne 2015

Reason for exclusion	Wrong study design
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Rodgers 2015

Reason for exclusion	Wrong patient population
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Swain 2013

Reason for exclusion	Protocol
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Treadwell 1996

Reason for exclusion	Wrong study design
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Waters 2009

Reason for exclusion	Wrong patient population
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Waters 2015

Reason for exclusion	Wrong patient population
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Wood 2009

Reason for exclusion	Wrong comparator
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Wood 2009a

Reason for exclusion	Wrong patient population
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Footnotes

Characteristics of studies awaiting classification

Footnotes

Characteristics of ongoing studies

Footnotes

Summary of findings tables

Additional tables

References to studies

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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

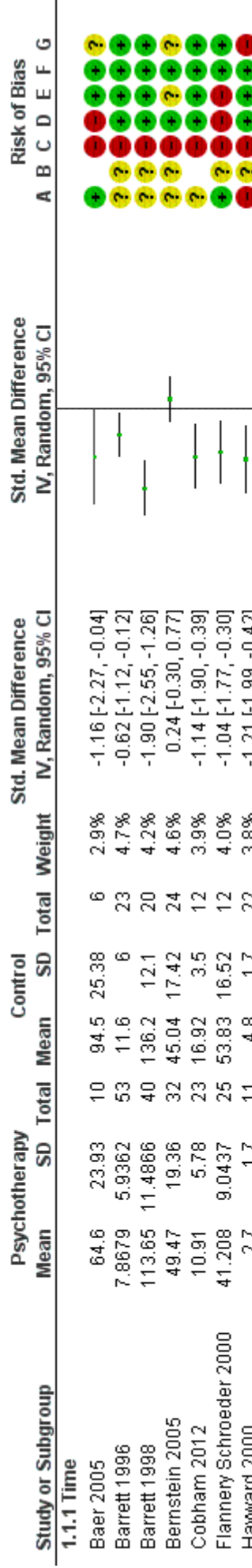
	Sequence Generation	Allocation concealment	Blinding of participants and personnel	Blinding of outcome assessors	Incomplete outcome data	Selective outcome reporting	Other sources of bias
Baer 2005	+		-	-	+	+	?
Barrett 1996	?	?	-	+	+	+	+
Barrett 1998	?	?	-	+	+	+	+
Bernstein 2005	?	?	-	+	?	+	?
Cobham 2012	?		-	+	+	+	+
Flannery Schroeder 2000	+	?	-	-	-	+	+
Hayward 2000	-	?	-	+	+	+	-
Holmes 2014	+	?	-	+	+	+	+
Kendall 1994							
Kendall 1997							
Lau 2010							
Maeda Warner 2006							

NKR angst Pico 1 Psykoterapi vs kontrol

Study	?	?	+	+	+	+	+	+	+	+
Melfsen 2011										
Muris 2002										
Nauta 2003	?	+	-	?	+	+	+	+	+	+
Öst 2015	+	+	-	?	+	+	+	+	+	+
Rapee 2006	?	+	-	?	+	+	+	+	+	+
Sánchez García 2009										
Schneider 2011										
Shorff 2001										
Silverman 1999										
Spence 2000	?	+	-	?	+	+	+	+	+	+
Spence 2006										
Warner 2011	+	+	-	?	+	+	+	+	+	+
Wergeland 2014	?	+	-	?	+	+	+	+	+	+

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

Figure 2 (Analysis 1.1)



Study	CI	II	III	IV	CI	II	III	IV	CI	II	III	IV	CI	II	III	IV	CI	II	III	IV	
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]	+	+	+	+	+	+	+	+	+	+	+	+
Melssen 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]	+	+	+	+	+	+	+	+	+	+	+	+
Shorff 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)

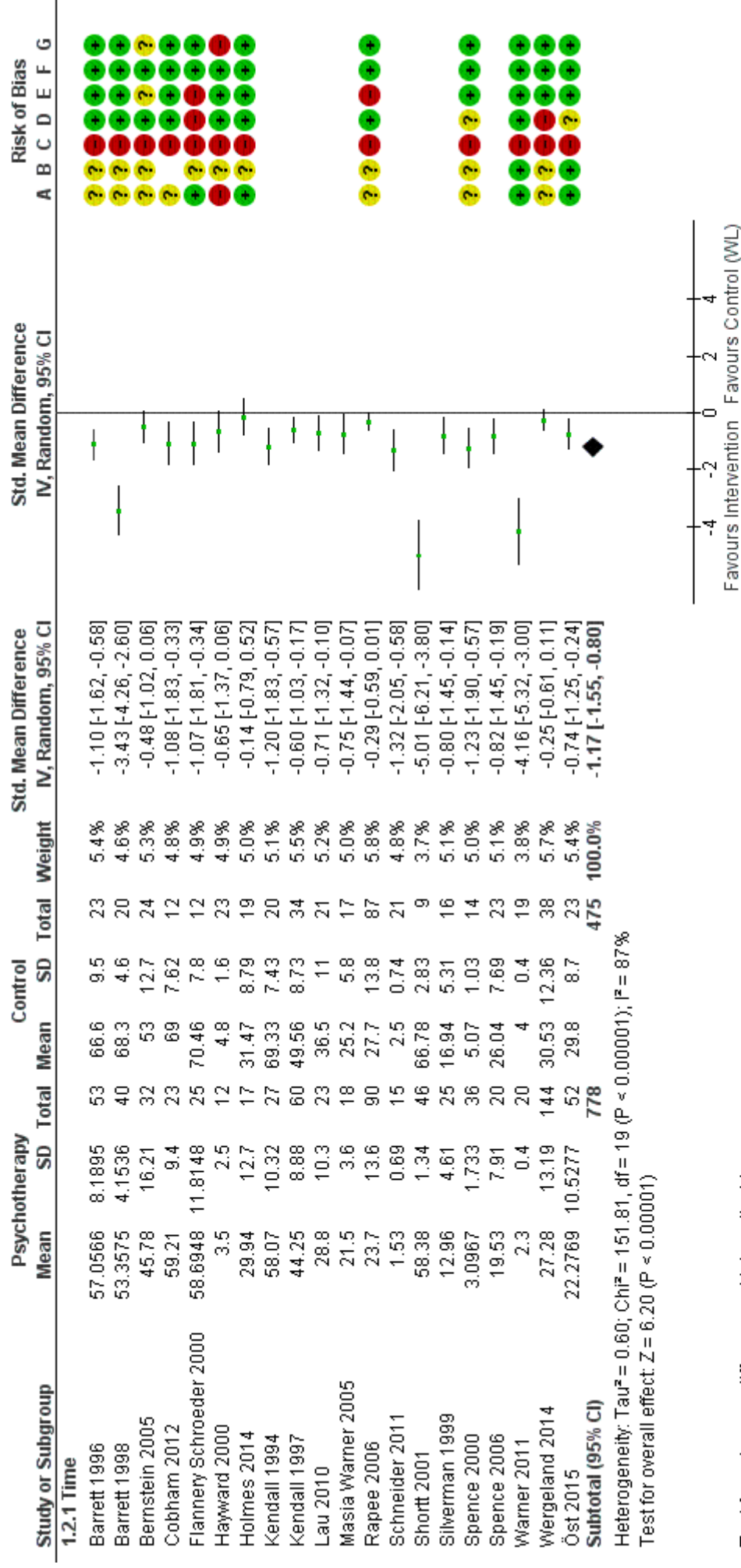
Test for subgroup differences: Not applicable

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)



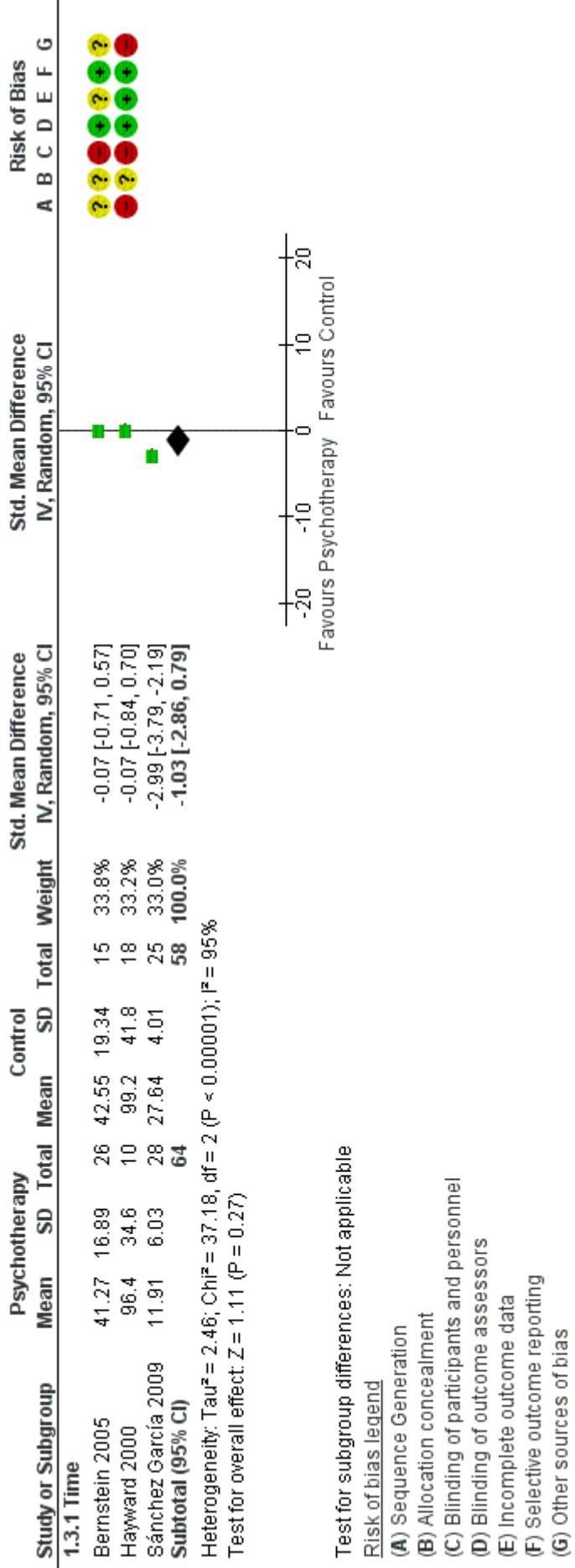
Test for subgroup differences: Not applicable

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

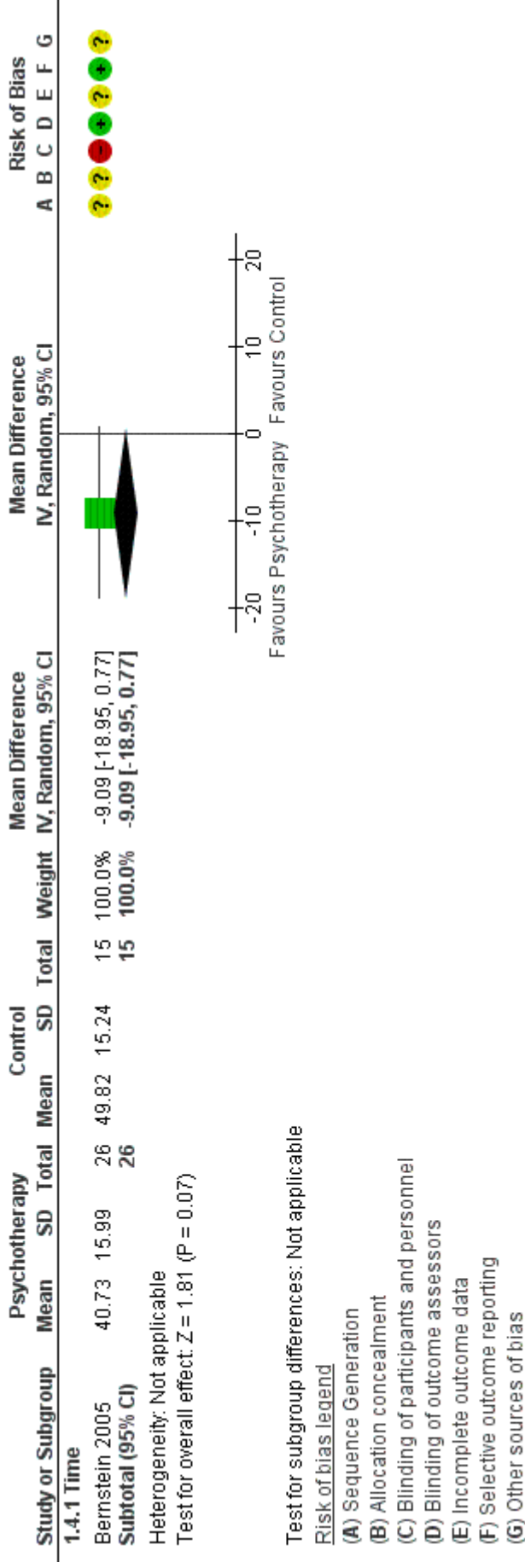
Forest plot of comparison: 1 Intervention vs Control (WL), outcome: 1.2 Parent reported anxiety symptoms (EoT).

Figure 4 (Analysis 1.3)



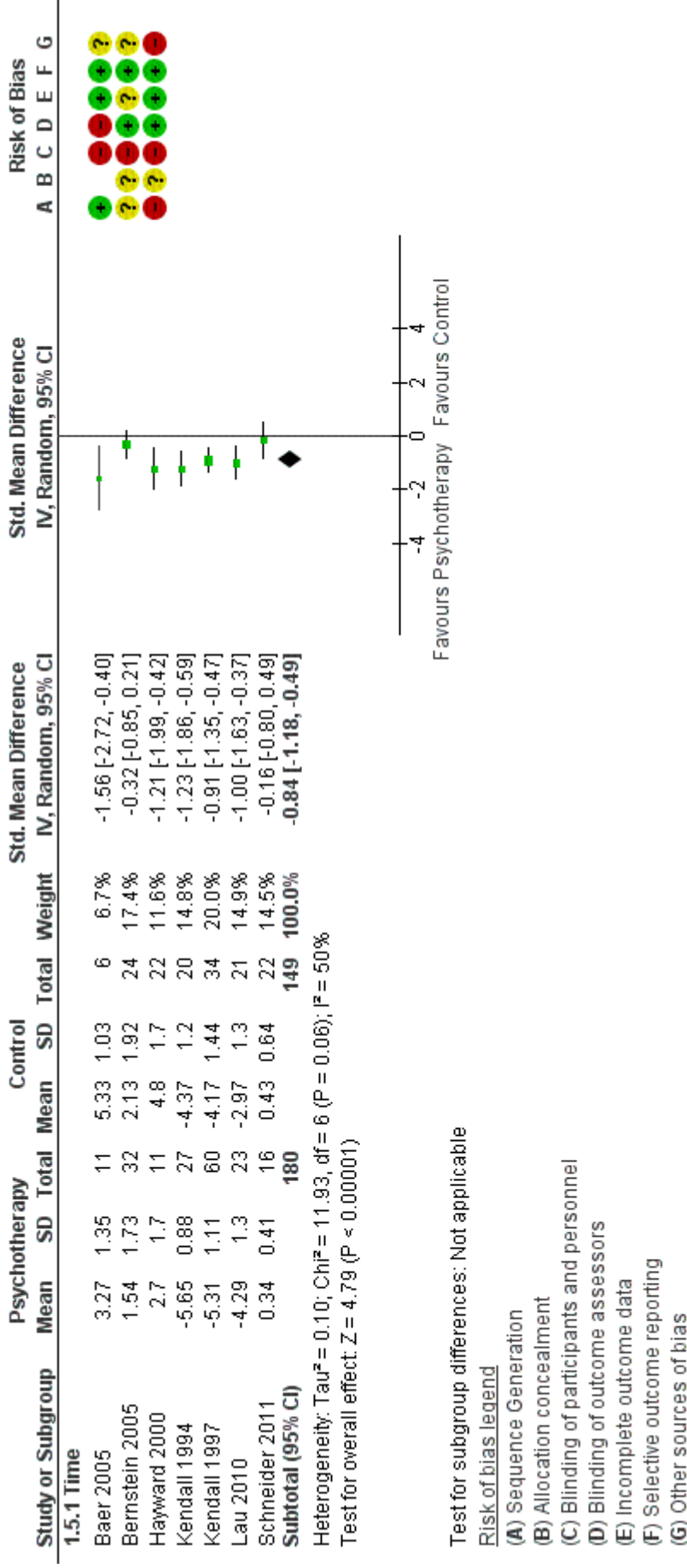
Forest plot of comparison: 1 Intervention vs Control (WL), outcome: 1.3 Youth reported anxiety symptoms (longest FU, at least 3 months).

Figure 5 (Analysis 1.4)



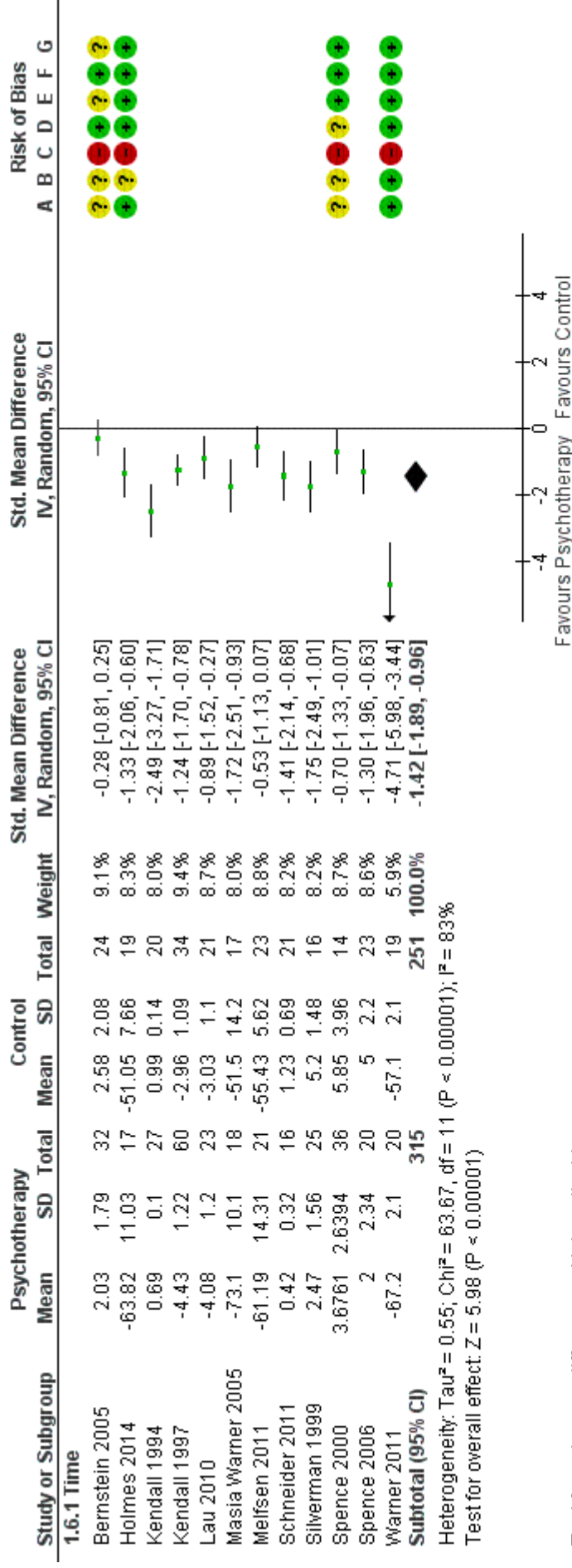
Forest plot of comparison: 1 Intervention vs Control (WL), outcome: 1.4 Parent reported anxiety symptoms (longest FU, at least 3 months).

Figure 6 (Analysis 1.5)



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

Figure 7 (Analysis 1.6)



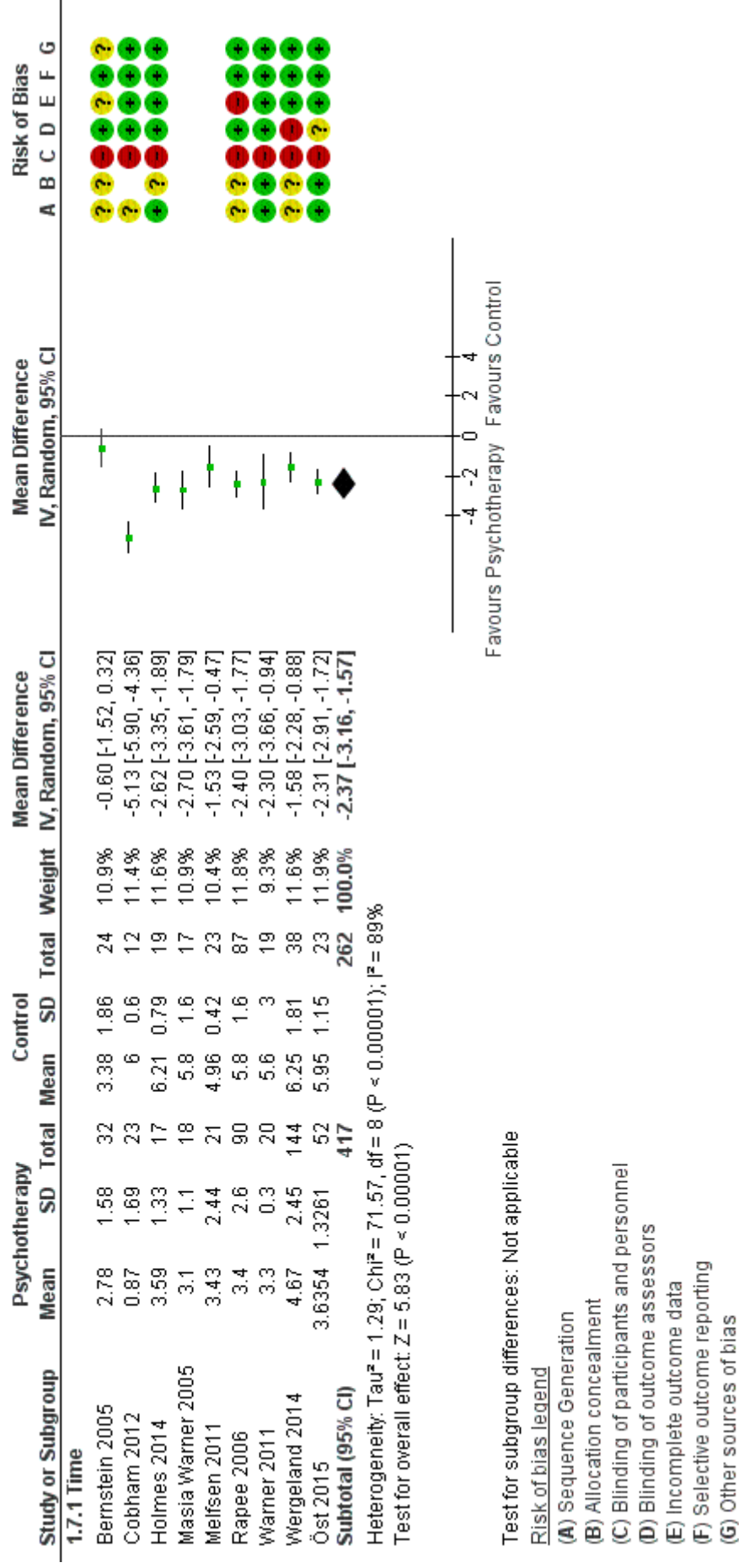
Test for subgroup differences: Not applicable

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

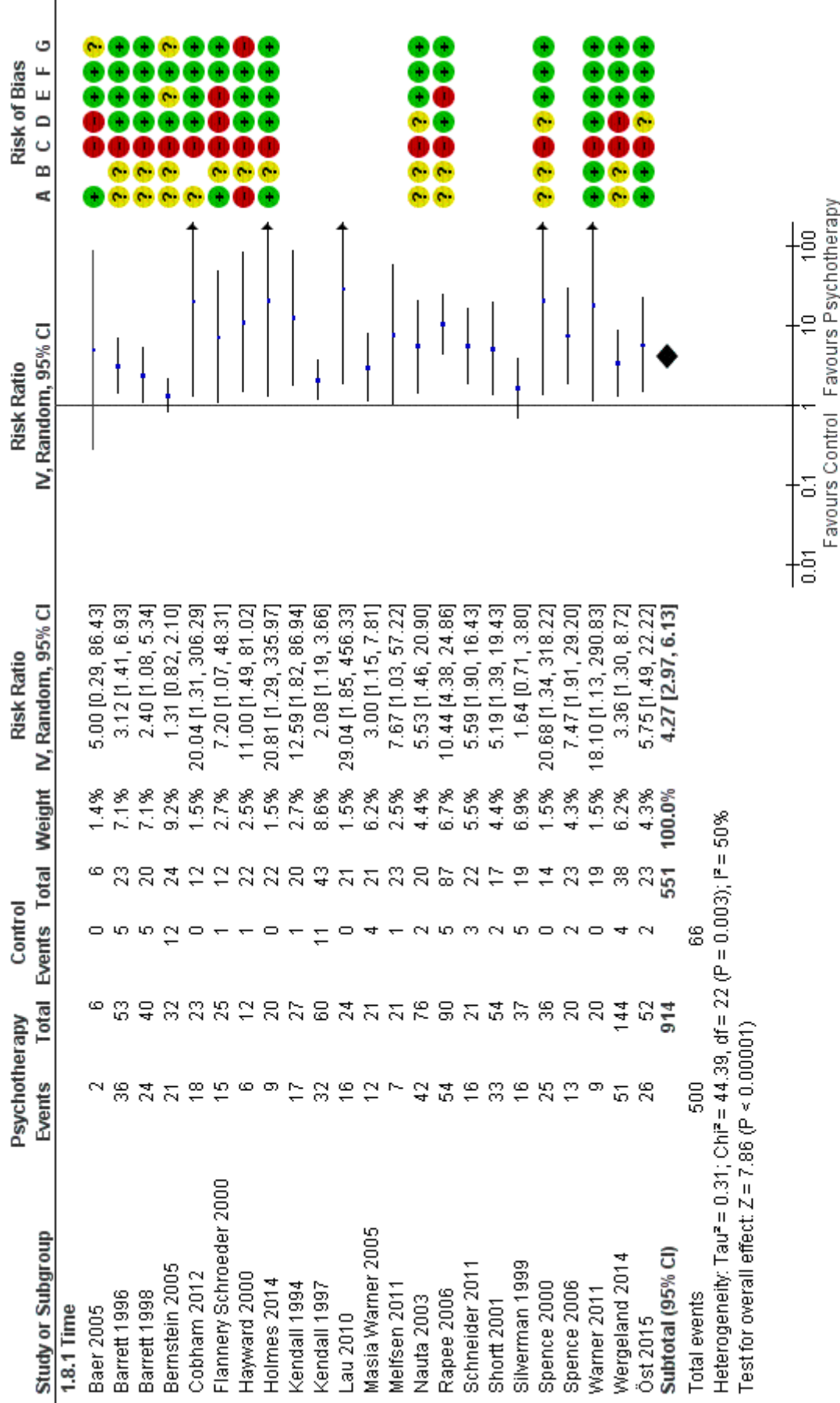
Forest plot of comparison: 1 Intervention vs Control (WL), outcome: 1.6 Observer reported functioning (EoT).

Figure 8 (Analysis 1.7)



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)



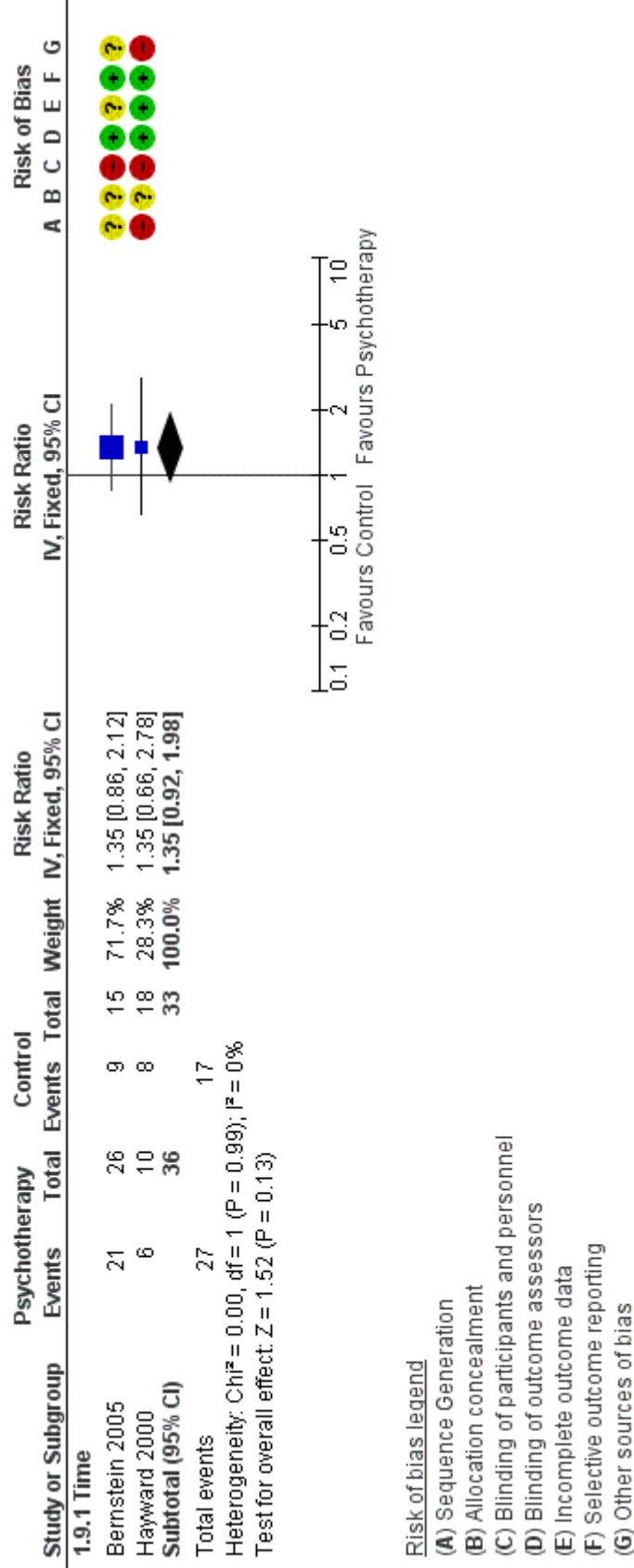
Risk of bias legend

- (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

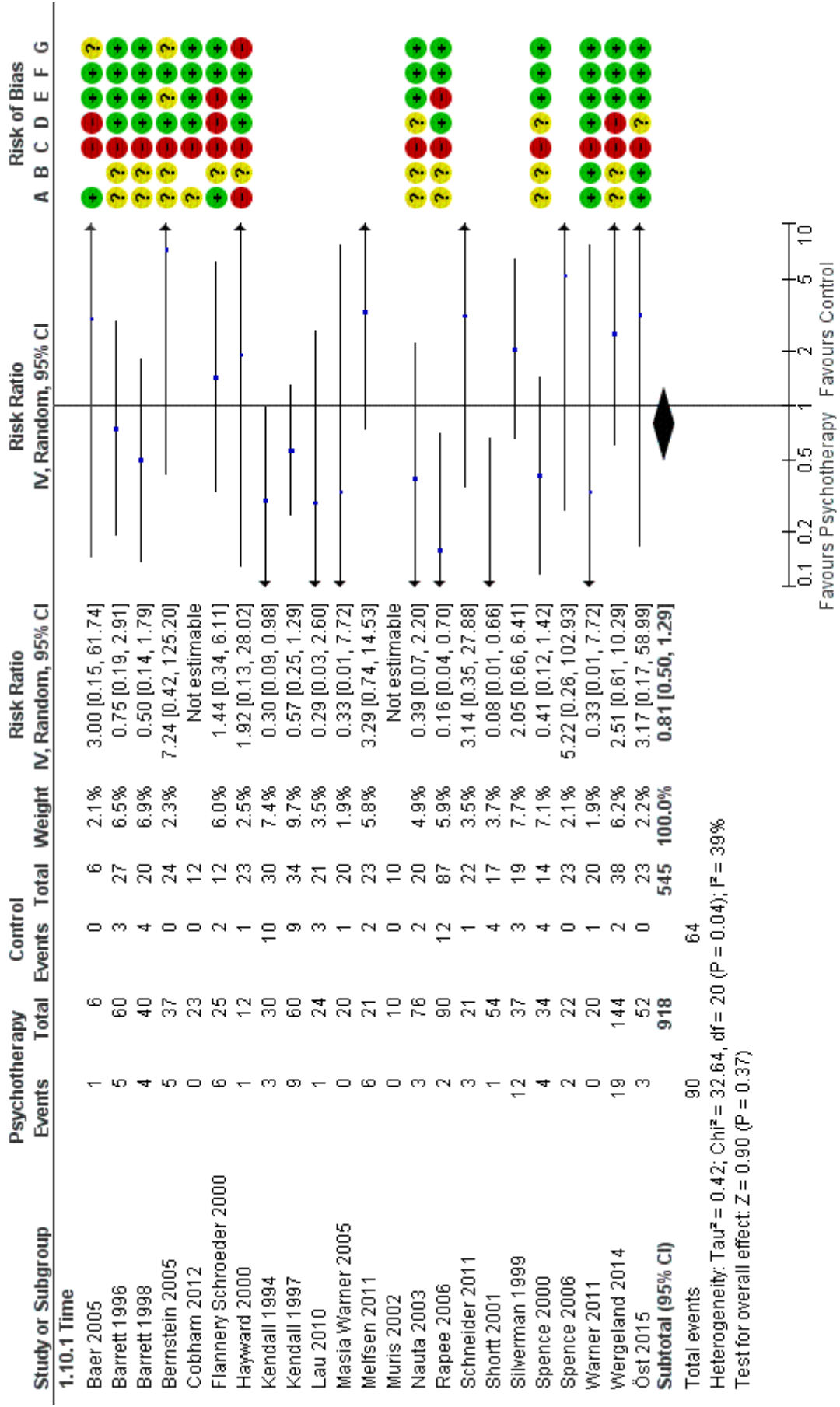
Forest plot of comparison: 1 Intervention vs Control (WL), outcome: 1.8 Remission of primary anxiety diagnosis (EoT).

Figure 10 (Analysis 1.9)



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)



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).