

NKR Angst PICO 7 forældreinddragelse

Review information

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Citation example: S. NKR Angst PICO 7 forældreinddragelse. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

Contact person

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Dates

Assessed as Up-to-date:

Date of Search:

Next Stage Expected:

Protocol First Published: Not specified

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Last Citation Issue: Not specified

What's new

Date / Event	Description
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History

Date / Event	Description

Characteristics of studies

Characteristics of included studies

Barrett 1996

<p>Methods</p>	<p>Study design: Randomized controlled trial</p> <p>Study grouping: Parallel group</p> <p>Open Label:</p> <p>Cluster RCT:</p>
<p>Participants</p>	<p>Baseline Characteristics</p> <p>Intervention (parents+)</p> <ul style="list-style-type: none"> ● Number with <i>primary social phobia</i> (n, %): Not reported by condition (se note) ● Number with <i>primary generalized anxiety disorder</i> (n, %): Not reported by condition (se note) ● Number with <i>primary separation anxiety disorder</i> (n, %): Not reported by condition (se note) ● Number with <i>other types of primary anxiety disorders</i> (n, %): 0,0% ● Age in years (mean, SD): Not reported ● Age range and proportion of children and adolescents: 7-14 <p>Control</p> <ul style="list-style-type: none"> ● Number with <i>primary social phobia</i> (n, %): Not reported by condition (se note) ● Number with <i>primary generalized anxiety disorder</i> (n, %): Not reported by condition (se note) ● Number with <i>primary separation anxiety disorder</i> (n, %): Not reported by condition (se note) ● Number with <i>other types of primary anxiety disorders</i> (n, %): 0,0% ● Age in years (mean, SD): 7-14 ● Age range and proportion of children and adolescents: 7-14 <p>Wait-list</p> <ul style="list-style-type: none"> ● Number with <i>primary social phobia</i> (n, %): Not reported by condition (se note) ● Number with <i>primary generalized anxiety disorder</i> (n, %): Not reported by condition (se note)

	<ul style="list-style-type: none"> ● Number with primary separation anxiety disorder (n, %): Not reported by condition (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 <p>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</p> <p>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</p> <p>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>
<p>Interventions</p>	<p>Intervention Characteristics</p> <p>Intervention (parents+)</p> <ul style="list-style-type: none"> ● Description of type of intervention/control: 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. ● Length of intervention/control (weeks and sessions): 12 sessions weekly basis á 60 - 80 minutes intervention ● Length of follow-up (in months): 6 years <p>Control</p> <ul style="list-style-type: none"> ● Description of type of intervention/control: 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 ● Length of intervention/control (weeks and sessions): 12 sessions weekly basis á 60 - 80 minutes intervention ● Length of follow-up (in months): 6 years <p>Wait-list</p> <ul style="list-style-type: none"> ● Description of type of intervention/control: Families who sought alternative treatment during the waiting period (n ~ 2) were excluded from the analysis ● Length of intervention/control (weeks and sessions): 12 weeks

	<ul style="list-style-type: none"> ● <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: CBCL-internalizing ● Range: 0 – 64 ● Unit of measure: Points ● Direction: Lower is better ● Data value: Endpoint ● Notes: Mother report <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: Partially reported ● Scale: ADIS-C ● Direction: Higher is better ● Data value: Endpoint ● Notes: 6 year FU. No FU for WL
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Youth reported anxiety symptoms (longest FU, at least 3 months)

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

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

- **Outcome type:** ContinuousOutcome
- **Reporting:** Partially reported
- **Scale:** CBCL-internalizing
- **Range:** 0-64
- **Unit of measure:** Points
- **Direction:** Lower is better
- **Data value:** Endpoint
- **Notes:** 6 year FU. Mother report. No FU for WL

Youth reported functioning (EoT)

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

Observer reported functioning (EoT)

- **Outcome type:** ContinuousOutcome
- **Reporting:** Partially reported
- **Scale:** Overall Functioning
- **Range:** 0-6
- **Direction:** Higher is better
- **Data value:** Endpoint

Combined youth and observer reported functioning (EoT)

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

	<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 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.</p> <p>Address: School of Applied Psychology, Griffith University, GoldCoast Campus, PMB50 Gold Coast Mail Centre, Queensland, 4217 Australia</p>
<p>Notes</p>	<p><i>Nkr 43 Angst on 02/04/2016 00:37</i></p> <p>Select Same note as Barret 1998</p> <p><i>Nkr 43 Angst on 01/05/2016 18:26</i></p> <p>Included ALSO IN PICO 1 AND JAMES ET AL 2015</p> <p><i>Nkr 43 Angst on 07/05/2016 22:15</i></p> <p>Population only children with a principal diagnosis of overanxiety disorder (n = 30), separation anxiety disorder (n = 30), or social 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

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

	<ul style="list-style-type: none"> ● 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 <p>Wait-list</p> <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) ● 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 <p>Included criteria: only children with a principal diagnosis of overanxious disorder (OAD; n = 301, separation anxiety disorder (SAD; n = 26), or social phobia (n = 4) were included in the treatment.</p> <p>Excluded criteria: Children with intellectual or physical disabilities, those who were currently taking anti-anxiety or depression medication, and those whose parents were involved in acute marital breakdown (N = 2) were referred elsewhere and not included in the study.</p> <p>Pretreatment: To ensure there were no significant demographic differences across treatment conditions at pretreatment, one-way analyses of variance (ANOVA) tests or chi-square tests were performed comparing both treatments and WL conditions. There were no significant differences across conditions for child's sex, mother's and father's ages, number of siblings, socioeconomic status, or marital status. All dependent measures (self-report measures for both children and parents) were compared across both treatment conditions and the WL condition. Again, no significant differences were revealed.</p>
<p>Interventions</p>	<p>Intervention Characteristics Intervention (parents+)</p> <ul style="list-style-type: none"> ● Description of type of intervention/control: 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. ● Length of intervention/control (weeks and sessions): 12 weeks and 12 sessions

	<p>● Length of follow-up (in months): 12</p> <p>Control</p> <ul style="list-style-type: none"> ● Description of type of intervention/control: 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) ● Length of intervention/control (weeks and sessions): 12 weeks and 12 sessions ● Length of follow-up (in months): 12 <p>Wait-list</p> <ul style="list-style-type: none"> ● Description of type of intervention/control: ● Length of intervention/control (weeks and sessions): 12 weeks ● Length of follow-up (in months): No follow-up
Outcomes	<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 <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 ● Range: 0-64 ● Unit of measure: Points

- **Direction:** Lower is better
- **Data value:** Endpoint
- **Notes:** Mother report

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

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

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

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

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

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

Youth reported functioning (EoT)

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

Observer reported functioning (EoT)

- **Outcome type:** ContinuousOutcome
- **Reporting:** Fully reported

	<ul style="list-style-type: none"> ● 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
	<p>Identification</p> <p>Sponsorship source: This research was supported by grants from the National Health and Medical Research Council of Australia and Griffith University.</p> <p>Country: Australia</p> <p>Setting:</p> <p>Comments:</p> <p>Authors name: Barrett 1998</p> <p>Institution:</p> <p>Email: Not reported</p> <p>Address: School of Applied Psychology, Griffith University, Gold Coast Campus, Australia 4217.</p>
	<p>Notes</p> <p><i>Nkr 43 Angst on 02/04/2016 00:33</i></p> <p>Select</p> <p>A large percentage of youth had a OAD diagnosis. However we only specify that the diagnosis should be from DSM or ICD, but not a specific version of these. "Childen and their parents were interviewed separately using a structured interview schedule (the study started when the Diagnostic and Statistical Manual of Mental Disorders, 3rd ed., rev.; DSM-ZZZ-R; American Psychiatric Association, 1987), and 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""In the GROUP-CBT condition, only the children were included in treatment, in a group situation with the therapist. ""In</p>

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"

Nkr 43 Angst on 01/05/2016 18:23

Included

ALSO IN PICO 1 AND JAMES ET AL 2015

Nkr 43 Angst on 02/05/2016 04:07

Population

only children with a principal diagnosis of overanxious disorder (OAD; n = 301, separation anxiety disorder (SAD; n = 26), or social phobia (n = 4) were included in the treatment.

Henning Keinke Andersen on 04/05/2016 19:32

Outcomes

Numbers used are based on ITT The Group CBT vs Group Fam had 4 vs 2 drop-outs. As for the parent reported outcomes, the presented data is from mother and father resp - and no consensus made. I have chosen to leave this blank

Henning Keinke Andersen on 04/05/2016 20:07

Interventions

At posttreatment and follow-up, clinicians who were unaware of the child's treatment condition conducted diagnostic interviews and rated improvement in the child and family on the basis of the following: (a) all anxiety disorder items of the ADIS (an exact copy of all the ADIS questions for each anxiety diagnosis used for assessment at pretreatment) and (b) ~ clinical questions about seven dimensions of adjustment

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

<p>Methods</p> <p>Study design: Randomized controlled trial Study grouping: Parallel group Open Label: Cluster RCT: YES</p>	<p>Study design: Randomized controlled trial Study grouping: Parallel group Open Label: Cluster RCT: YES</p>
<p>Participants</p> <p>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) <p>Control (WL)</p> <ul style="list-style-type: none"> ● Number with primary social phobia (n, %): Not reported (see note) 	<p>Baseline Characteristics</p> <p>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) <p>Control (WL)</p> <ul style="list-style-type: none"> ● Number with primary social phobia (n, %): Not reported (see note)

	<ul style="list-style-type: none"> ● 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) <p>Intervention 2 Parent +child</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 <p>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.</p> <p>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.</p> <p>Pretreatment: A series of 2 (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, $x^2 = 0.58$, $p = .75$; age, $F(2,55) = 0.33$, $p = .72$; and socioeconomic status, $F(2, 54) = 0.07$, $p = .94$. Groups were also equivalent at baseline on diagnostic status, $x^2 = 1.58$, $p = .45$; and composite CSR, Kruskal-Wallis = 3.1, $p = .31$. Analyses further indicated that groups were comparable at baseline on MASC, $F(2, 55) = 0.35$, $p = .71$; parent MASC, $F(2, 55) = 0.14$, $p = .87$; and parent SCARED, $F(2, 54) = 1.02$, $p = .37$. 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%</p>
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	<p>posttreatment.</p> <p>Interventions</p> <p>Intervention Characteristics Intervention</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> 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 (Shortt 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 ● <i>Length of intervention/control (weeks and sessions):</i> 60-minute sessions. 9 weeks + booster sessions at 1 and 3 months ● <i>Length of follow-up (in months):</i> 6 months (12 months but WL was offered treatment at 6 months) <p>Control (WL)</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> WL, no treatment ● <i>Length of intervention/control (weeks and sessions):</i> 9 weeks ● <i>Length of follow-up (in months):</i> 6 months (12 months but WL was offered treatment at 6 months) <p>Intervention 2 Parent +child</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> Child and parent groups were conducted separately but simultaneously. At least one parent for each child was required to attend the parent training group. ● <i>Length of intervention/control (weeks and sessions):</i> 60-minute sessions. 9 weeks + booster sessions at 1 and 3 months ● <i>Length of follow-up (in months):</i> 6 months (12 months but WL was offered treatment at 6 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"> ● Not reported <p><i>Parent reported anxiety symptoms (EoT)</i></p> <ul style="list-style-type: none"> ● 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 ● Scale: 6 month follow-up <p><i>Youth reported anxiety symptoms (longest FU, at least 3 months)</i></p> <ul style="list-style-type: none"> ● Not reported <p><i>Parent reported anxiety symptoms (longest FU, at least 3 months)</i></p> <ul style="list-style-type: none"> ● Not reported <p><i>Youth reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Not reported <p><i>Observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Not reported <p><i>Combined youth and observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Not reported <p><i>Number that discontinued treatment or control (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: Dichotomous Outcome
<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, 2450 Riverside Avenue, Minneapolis, MN 55454</p>

Notes	<p>Nkr 43 Angst on 05/05/2016 19:20</p> <p>Included Not in James et al</p> <p>Kristine Rasmussen on 06/05/2016 05:01</p> <p>Outcomes 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 MASCNB! 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 6 months. N is taken from remission of primary anxiety diagnosis</p>
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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

Esbjorn 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, %): Not reported for each condition, total sample: 3, 6% ● Number with primary generalized anxiety disorder (n, %): Not reported for each condition, total sample: 12, 22% ● Number with primary separation anxiety disorder (n, %): Not reported for each condition, total sample: 25, 46% ● Number with other types of primary anxiety disorders (n, %): Not reported for each condition, total sample: 14, 26% ● Age in years (mean, SD): Not reported for each condition, total sample: 9.59, SD = 1.7 years ● Age range and proportion of children and adolescents: Not reported for each condition, total sample: 7-12 (no adolescents) <p>Control</p> <ul style="list-style-type: none"> ● Number with primary social phobia (n, %): Not reported for each condition, total sample: 3, 6% ● Number with primary generalized anxiety disorder (n, %): Not reported for each condition, total sample: 12, 22% ● Number with primary separation anxiety disorder (n, %): Not reported for each condition, total sample: 25, 46% ● Number with other types of primary anxiety disorders (n, %): Not reported for each condition, total sample: 14, 26% ● Age in years (mean, SD): Not reported for each condition, total sample: 9.59, SD = 1.7 years ● Age range and proportion of children and adolescents: Not reported for each condition, total sample: 7-12 (no adolescents)

	<p>Included criteria: Inclusion criteria were: i) the child had one of four anxiety disorders (generalized anxiety disorder (GAD), separation anxiety disorder (SAD), specific phobia (SP) or social phobia (SoP)) as their primary diagnosis; ii) the child had a full scale IQ 70; and iii) at least one of the parents was a native speaker of Danish.</p> <p>Excluded criteria: Not stated specifically</p> <p>Pretreatment: There were no significant differences in age distribution, gender or mean severity level of the primary diagnosis at intake (Mean CSRP primary: co-facilitator 7.23 (SD = .86) vs. co-client 7.64 (SD = .73); $p = .063$) or number of diagnoses per child ($\chi^2 = .852$, $df: 2$; $p = .653$) between the two groups (Esbjorn et al 2013) As can be seen in Table 2, we found no differences between treatment groups on the relevant parental measures at pretreatment, based on a Bonferroni corrected alpha level of .012. (Esbjorn et al 2014)</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 treatments were guided by case formulations and were conducted by specialists in CBT for children and/or new therapists attending a 2-year certified training program in CBT for children and adolescents. Treatment goals were identified with child and parents at the first family session. Furthermore, the first family session consisted of the following components; creating a case formulation, psycho-education on anxiety, and socialization to CBT. The case-formulation identified the child's thoughts, emotions and behaviours in anxiety provoking situations, and also important family factors prior to the development/identification of the anxiety and during the anxiety provoking situations. The final family session included relapse prevention. Knowledge of family dynamics and life events had been collected during the pretreatment assessment. Families who were enrolled in the co-client condition received six parallel parent sessions incorporating the following components: cognitive restructuring and modification of dysfunctional parental beliefs that would prevent the parent from providing optimal support to the child rather than being over-involved/intrusive; teaching the parents problem solving and conflict management strategies to minimize negative parent-child interactions resulting in lack of warmth in the interaction; and supporting the child to exhibit ongoing courageous behaviour by employing a contingency management strategy. The parent treatment thus targets: a) overinvolved behaviour; b) lack of warmth in the parent-child interaction; and c) reinforcement of avoidant behaviour ● <i>Length of intervention/control (weeks and sessions):</i> 6 individual child sessions, 6 parent sessions and 2 mixed sessions ● <i>Length of follow-up (in months):</i> 6 months <p>Control</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> 14 sessions of individualized case formulation based CBT applying standard CBT techniques. The first and last session was identical family sessions.

	<ul style="list-style-type: none"> ● <i>Length of intervention/control (weeks and sessions):</i> 12 individual child sessions and 2 mixed ● <i>Length of follow-up (in months):</i> 6 months
<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 ● Scale: ADIS-C/P ● 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: SCARED-R ● Range: 0-207 ● 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: SCARED-R ● Range: 0-207 ● Unit of measure: Points ● Direction: Lower is better ● Data value: Endpoint ● Notes: Based on combination of mother and father rating <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: Fully reported ● Scale: ADIS-C/P ● Direction: Higher is better ● Data value: Endpoint ● Notes: 6 mth fu

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

- **Outcome type:** ContinuousOutcome
- **Reporting:** Fully reported
- **Scale:** SCARED-R
- **Range:** 0-207
- **Unit of measure:** Points
- **Direction:** Lower is better
- **Data value:** Endpoint
- **Notes:** 6 mth fu

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

- **Outcome type:** ContinuousOutcome
- **Reporting:** Fully reported
- **Scale:** SCARED-R
- **Range:** 0-207
- **Unit of measure:** Points
- **Direction:** Lower is better
- **Data value:** Endpoint
- **Notes:** 6 mth fu

Youth reported functioning (EoT)

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

Observer reported functioning (EoT)

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

Number that discontinued treatment or control (EoT)

- **Outcome type:** DichotomousOutcome

Combined youth and observer reported functioning (EoT)

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

Identification	<p>Sponsorship source: The study was supported by grants to the Copenhagen Child Anxiety Project from the Egmontand Helse Foundation.</p> <p>Country: Denmark</p> <p>Setting: Families were self-referred to a university clinic for CBT, but often informed by professionals.</p> <p>Comments:</p> <p>Authors name: Esbjørn et al., 2013 (providing remission data) and Esbjørn et al 2014 (providing self-report data)</p> <p>Institution: Department of Psychology, University of Copenhagen,</p> <p>Email: Barbara.hoff@psy.ku.dk (B.H. Esbjørn).</p> <p>Address: Øster Farimagsgade 2A, 1353 Copenhagen K, DK</p>
Notes	

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: Impossible to blind participants to condition
Blinding of outcome assessors	Unclear risk	Not described
Incomplete outcome data	Low risk	Judgement Comment: Very few drop-outs (0 % at post). The minimal amount of missing data was regarded as random by default, as the occurrence was very low (<.5% for the overall dataset). Missing data on the single-item level in all questionnaires were therefore replaced with case mean scores for the particular scale/subscale.
Selective outcome reporting	Unclear risk	Not described
Other sources of bias	Low risk	

GarciaLopez 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, %): 20, 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): M = 15.80, SD = 1.20 ● Age range and proportion of children and adolescents: 14–17 (all adolescents) <p>Control</p> <ul style="list-style-type: none"> ● Number with primary social phobia (n, %): 32, 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): M = 14.00, SD = .72 ● Age range and proportion of children and adolescents: 13–16 (all adolescents) <p>Included criteria: The inclusion criteria were: (a) primary diagnosis of social anxiety disorder, as diagnosed using the ADIS-IV-C/P; (b) subjects aged 12–17 years; (c) high levels of EE in the family; and (d) written informed consent from both adolescent and parents.</p> <p>Excluded criteria: Exclusion criteria, on the other hand, were: (a) current suicidal intent risk, and (b) a positive diagnosis of mental retardation, psychosis, or other psychiatric conditions that would limit their ability to understand assessment and treatment</p> <p>Pretreatment: First, the two experimental conditions were compared with respect to gender, age and social anxiety measures through an analysis of variance (ANOVA) or 2 test. No significant differences were obtained at pre-treatment (all p values > .05), except for comorbidity rates. The IFAFS presented significantly higher comorbid disorders (M = 1.60, SD = 1.40) than the IAFS condition (M = .75, SD = .84), $t(50) = 2.75$, $p = .02$, with a medium-to-high effect size, $d = .76$</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>: Individual til child as in controlgroup. Parent training targeting EE. Including pschoeducation about social anxiety. ● <i>Length of intervention/control (weeks and sessions)</i>: Adolescents: 12 weeks, 12 sessions. Parents additional 5 additional 2-hour group 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>: Individual CBT, pschoeducation, exposure, social skills and therapi. Video feedback to social situations ● <i>Length of intervention/control (weeks and sessions)</i>: 12 weeks, 12 sessions ● <i>Length of follow-up (in months)</i>: 12
<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 ● Scale: ADIS ● 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: (SAS-A)Social Anxiety Scale for Adolescents ● Range: 18-90 ● 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: Not reported <p><i>Remission of primary anxiety diagnosis (longest FU, at least 3 months)</i></p>

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

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

- **Outcome type:** ContinuousOutcome
- **Reporting:** Fully reported
- **Scale:** (SAS-A)Social Anxiety Scale for Adolescents
- **Range:** 18-90
- **Unit of measure:** Points
- **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:** Not reported

Youth reported functioning (EoT)

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

Observer reported functioning (EoT)

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

Number that discontinued treatment or control (EoT)

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

Combined youth and observer reported functioning (EoT)

- **Outcome type:** ContinuousOutcome

	<ul style="list-style-type: none"> ● Reporting: Fully reported ● Scale: ADIS CSR ● Range: 0-8 ● Unit of measure: Points ● Direction: Lower is better ● Data value: Endpoint ● Notes: Parent and child
Identification	<p>Sponsorship source: This research was supported in part by a grant from the Spanish Ministry of Education (PSI2009-12448) and the European Regional Development Fund (ERDF).</p> <p>Country: Spain</p> <p>Setting: offered cognitive-behavioral group treatment at school</p> <p>Comments:</p> <p>Authors name: Garcia Lopez et al., 2014</p> <p>Institution: University of Jaen, Department of Psychology, Division of Clinical Psychology, Spain.</p> <p>Email: ljgarcia@ujaen.es, ljgarto@cop.es</p> <p>Address:</p>
Notes	<p><i>Nkr 43 Angst on 31/03/2016 18:58</i></p> <p>Select</p> <p>The original IAFS stems from CBGT-A and SET protocols, and consists of 12 weekly group sessions, each lasting 90 min. The IAFS follows the same structure as the IAFS, but includes a parent training component specifically designed for targeting EE. This module consists of 5 additional 120-min group sessions, separate for the parents</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	

Blinding of outcome assessors	Unclear risk	Not described
Incomplete outcome data	High risk	Judgement Comment: Big difference in drop-out between conditions: 26% in intervention and 3% in control. Results for ITT are not reported. However, an intention-to-treat (ITT) analysis revealed no significant differences (p > 05) between the sample group assigned initial treatment and the one which actually benefited from experimental treatment conditions. It is not described what the ITT was based on. Last observation carried forward? Imputation?
Selective outcome reporting	Unclear risk	Not described
Other sources of bias	Low risk	None detected

Kendall 2008

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 (parents+)</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): 10.41(1.73) ● Age range and proportion of children and adolescents: Sixty-three percent were 7–10 years old, and 37% were 11–14 <p>Control</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): 10.37 (1.88) ● Age range and proportion of children and

	<p><i>adolescents</i>: Sixty-three percent were 7–10 years old, and 37% were 11–14</p> <p>Included criteria: Not reported directly</p> <p>Excluded criteria: Exclusion criteria were few: psychotic symptoms, mental retardation, a disabling medical condition, the child's participation in concurrent treatment, or the child's taking anti-anxiety or antidepressant medications. At least one parent was required to be English speaking</p> <p>Pretreatment: Analyses revealed no significant pretreatment differences across conditions (i.e., ICBT, FCBT, FESA) on key demographic and outcome variables (see Table 1).</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>: FCBT integrated ICBT within a family view of child anxiety. As with ICBT, the FCBT approach taught youth skills to manage their anxiety using the FEAR acronym, implemented behavioral strategies (e.g., contingent reinforcement, exposure tasks), and assigned "Show-That-I-Can" tasks. In addition, FCBT aimed to modify maladaptive parental beliefs and expectations, teach parents constructive responses to their child's anxious distress, encourage parents to support the child's mastery, and teach parents and children effective communication skills. When parents were themselves anxious, they were encouraged to apply the skills taught in therapy to cope with their own distress. In this way, parents were active members of the treatment process and were expected to engage in all therapeutic activities. At Sessions 4 and 9 the therapist met with the parents and child separately to provide them with a private opportunity to discuss issues with the therapist ● <i>Length of intervention/control (weeks and sessions)</i>: 16 weekly sessions/60 minutes ● <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>: ICBT condition manualised with Coping Cat workbook. ICBT used behavioral strategies such as modeling, imaginal and in-vivo exposure tasks, role play, relaxation training, and contingent reinforcement. Homework tasks were assigned to the child. Therapists met individually with the child for 14 (of 16) sessions and with parents at Sessions 4 and 9. Parent sessions provided the therapist with an opportunity to inform the parents about treatment and the child's progress, collect information, and answer questions. Therapists provided psychoeducation regarding youth anxiety and coached parents on ways of responding to their particular child's anxious behavior. ● <i>Length of intervention/control (weeks and sessions)</i>: 16 weekly sessions/60 minutes ● <i>Length of follow-up (in months)</i>: 12 months

Outcomes*Remission of primary anxiety diagnosis (EoT)*

- **Outcome type:** DichotomousOutcome
- **Reporting:** Fully reported
- **Scale:** ADIS-C/P
- **Direction:** Higher is better
- **Data value:** Endpoint

Youth reported anxiety symptoms (EoT)

- **Outcome type:** ContinuousOutcome
- **Reporting:** Fully reported
- **Scale:** MASC
- **Range:** 0-117
- **Direction:** Lower is better
- **Data value:** Endpoint

Parent reported anxiety symptoms (EoT)

- **Outcome type:** ContinuousOutcome
- **Reporting:** Fully reported
- **Scale:** CBCL-internalizing
- **Range:** 0-64
- **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
- **Scale:** ADIS-C/P
- **Direction:** Higher is better
- **Data value:** Endpoint

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

- **Outcome type:** ContinuousOutcome
- **Reporting:** Fully reported
- **Scale:** MASC

- **Range:** 0 - 117
- **Unit of measure:** Points
- **Direction:** Lower is better
- **Data value:** Endpoint

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

- **Outcome type:** ContinuousOutcome
- **Reporting:** Fully reported
- **Scale:** CBCL-internalizing
- **Range:** 0-64
- **Unit of measure:** Points
- **Direction:** Lower is better
- **Data value:** Endpoint
- **Notes:** Mother report 1 year fu

Youth reported functioning (EoT)

- **Outcome type:** ContinuousOutcome
- **Reporting:** Fully reported
- **Scale:** Coping Questionnaire-Child
- **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-parents
- **Range:** 3-21
- **Unit of measure:** Points
- **Direction:** Higher is better
- **Data value:** Endpoint
- **Notes:** Mother report

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: This research was supported by National Institute of Mental HealthGrant MH 59087 awarded to Philip C. Kendall</p> <p>Country: Philadelphia, USA</p> <p>Setting: Outpatients, Child and Adolescent Anxiety Disorders Clinic at Temple University</p> <p>Comments:</p> <p>Authors name: Kendall et al., 2008</p> <p>Institution: University of Pennsylvania, Department of Psychiatry</p> <p>Email: E-mail: pkendall@temple.edu</p> <p>Address: Philip C.Kendall, Department of Psychology, Weiss Hall, Temple University, 1701North 13th Street, Philadelphia, PA 19122-6085.</p>
<p>Notes</p>	<p><i>Nkr 43 Angst on 02/04/2016 03:47</i></p> <p>Select</p> <p>All three treatments followed manuals and included 16 weekly60-min sessions (equalizing therapist contact). ICBT was conductedindividually with the child, whereas FCBT and FESA werecarried out with the child and both parents.In this study, we used data from a randomized clinical trial(Kendall, Hudson, Gosch, Flannery-Schroeder, & Suveg, 2008) toexplore the association between therapist use of parent-trainingtechniques and treatment outcome in CBT for child anxiety.</p> <p><i>Nkr 43 Angst on 01/05/2016 18:46</i></p> <p>Included</p> <p>IN JAMES ET AL 2015 (named "Kendell 2008" by mistake)</p> <p><i>Nkr 43 Angst on 01/05/2016 23:36</i></p> <p>Population</p>

% of different primary diagnosis in table 1, does not add up.

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low 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: Based on Cochrane review by James et al., 2015
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	

Mendlowitz 1999

<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 (parents+)</p> <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 = 9.8) ● Age range and proportion of children and adolescents: 7-12 (0% adolescents) <p>Control</p> <ul style="list-style-type: none"> ● Number with primary social phobia (n, %): Not reported by condition (see note) 	

	<ul style="list-style-type: none"> ● <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 = 9.8) ● <i>Age range and proportion of children and adolescents:</i> 7-12 (0% adolescents) <p>Included criteria: A DSM-IV anxiety disorder</p> <p>Excluded criteria: Psychotic conditions, medical condition which interfered with treatment, not fluent in English. Medication had to be at a stable dosis</p> <p>Pretreatment: No major differences. 18 children in C/P condition, 23 children in C-only, 21 children in P-only.</p>
<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 program "Coping Bear" - based on Kendalls Coping Cat Program. A book was provided for parents (Key to managing your anxious child) teaching how to help children with anxiety disorders ● <i>Length of intervention/control (weeks and sessions):</i> 12 weeks and 12 sessions ● <i>Length of follow-up (in months):</i> 6-7 years. However, FU not reported by condition, but only for total sample <p>Control</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> Standard CBT program "Coping Bear" - based on Kendalls Coping Cat Program ● <i>Length of intervention/control (weeks and sessions):</i> 12 weeks and 12 sessions ● <i>Length of follow-up (in months):</i> 6-7 years. However, FU not reported by condition, but only for total sample
<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 ● Reporting: Fully reported ● Scale: RCMAS ● Range: 0 -74 ● Unit of measure: Points

	<ul style="list-style-type: none"> ● 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: 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 ● 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: 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 ● Reporting: Not reported
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<p>Identification</p>	<p>Sponsorship source: Not reported. Part of the main authors phd dissertation</p> <p>Country: Canada</p> <p>Setting: Outpatients, Hospital for sick children, Toronto</p> <p>Comments:</p> <p>Authors name: Mendlowitz et al 1999</p> <p>Institution:</p> <p>Email: smendlow@msh.on.ca</p> <p>Address:</p>
<p>Notes</p>	<p><i>Nkr 43 Angst on 02/04/2016 04:14</i></p> <p>Select</p> <p>No information about distribution of type of anxiety diagnoses. Only that all participants had an anxiety diagnosis (no PTSD). However, the initial distribution is described in the FU study by Manassis et al 2004: "GAD was the most common primary diagnosis (32 of 63; 51%), followed by separation anxiety disorder (20 of 63; 31%). Social phobia, specific phobia, and panic disorder constituted the remaining primary diagnoses."</p> <p><i>Nkr 43 Angst on 01/05/2016 18:35</i></p> <p>Included</p> <p>IN JAMES ET AL 2015</p> <p><i>Nkr 43 Angst on 07/05/2016 19:11</i></p> <p>Population</p> <p>described in the FU study by Manassis et al 2004: "GAD was the most common primary diagnosis (32 of 63; 51%), followed by separation anxiety disorder (20 of 63; 31%). Social phobia, specific phobia, and panic disorder constituted the remaining primary diagnoses."</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: Impossible to blind
Blinding of outcome assessors	Unclear 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	

Nauta 2001

<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 (parents+) <ul style="list-style-type: none"> ● Number with primary social phobia (n, %): 3, 33% ● Number with primary generalized anxiety disorder (n, %): 0,0% ● Number with primary separation anxiety disorder (n, %): 6, 67% ● Number with other types of primary anxiety disorders (n, %): 0,0% ● Age in years (mean, SD): 9.9 (2.0) ● Age range and proportion of children and adolescents: 8–15(% adolescents not reported) Control <ul style="list-style-type: none"> ● Number with primary social phobia (n, %): 4, 44% ● Number with primary generalized anxiety disorder (n, %): 3, 33% ● Number with primary separation anxiety disorder (n, %): 2, 22% ● Number with other types of primary anxiety disorders (n, %): 0,0% ● Age in years (mean, SD): 10.8 (2.2) </p>	

	<ul style="list-style-type: none"> ● <i>Age range and proportion of children and adolescents:</i> 8–15(% adolescents not reported) <p>Included criteria: Children were included in the study when they met the DSM-IV criteria for an anxiety disorder (as their main problem), based on the Anxiety Disorders Interview Schedule for Children (ADIS-C; Silverman and Nelles, 1988)</p> <p>Excluded criteria: Exclusion criteria included psychotic symptoms, intellectual disabilities, and current involvement in psychosocial or pharmacological treatment for anxiety problems.</p> <p>Pretreatment: No significant differences were found on demographic variables including sex, age, parental marital status, previous treatment, and duration of complaints. On variables related to diagnoses and severity of complaints, including number of comorbid disorders, parental reports on total fear score of the child, and child self-reports on total fear, no significant differences were found either.</p>
<p>Interventions</p>	<p>Intervention Characteristics Intervention (parents+)</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> The cognitive parent training (CPT) was developed to run in parallel with the individual CBT of the child. Parents assigned to the parent training condition received seven sessions (weeks 1, 2, 3, 5, 7, 9, 11), often at the same time as the child sessions, with a different therapist. The manual for the cognitive parent training (M. H. Nauta and A. Scholing, unpublished data) is based on the principles of cognitive therapy (see also Beck, 1995). It focuses on parental cognitions and behaviour provoked by anxious behaviour of the child. During the first sessions, parents receive psycho-education on anxiety in children, training in problem solving, and training in reward of courageous behaviour. During homework assignments, they learn to identify their thoughts about anxious behaviour of their child ● <i>Length of intervention/control (weeks and sessions):</i> 12 weeks. 7 parent sessions, 12 child sessions ● <i>Length of follow-up (in months):</i> 15 months <p>Control</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> Individual Cognitive Behaviour Therapy for the Child (CBT) Children were individually treated using a Dutch version of Kendall's 'Coping-Cat' workbook (Kendall et al., 1990). The main adaptations included a shortening of the therapy to a 12-session programme (instead of 16 sessions) and an earlier start of exposure exercises (in session 4 instead of session 9). The key ingredient in this programme is graduated exposure in vivo exercises. This treatment included parent sessions after sessions 2 and 7 ● <i>Length of intervention/control (weeks and sessions):</i> 12 weekly sessions á 45 - 60 minutes. ● <i>Length of follow-up (in months):</i> 15 months

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:** Fear Questionnaire(total)
- **Range:** 0-120
- **Unit of measure:** Points
- **Direction:** Lower is better
- **Data value:** Endpoint

Parent reported anxiety symptoms (EoT)

- **Outcome type:** ContinuousOutcome
- **Reporting:** Fully reported
- **Scale:** Fear Questionnaire(total)
- **Range:** 0-120
- **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
- **Scale:** ADIS-C/P
- **Direction:** Higher is better
- **Data value:** Endpoint

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

- **Outcome type:** ContinuousOutcome
- **Reporting:** Fully reported
- **Scale:** Fear Questionnaire(total)

- **Range:** 0-120
- **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:** Fear Questionnaire(total)
- **Range:** 0-120
- **Unit of measure:** Points
- **Direction:** Lower is better
- **Data value:** Endpoint

Youth reported functioning (EoT)

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

Observer reported functioning (EoT)

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

Combined youth and observer reported functioning (EoT)

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

Number that discontinued treatment or control (EoT)

- **Outcome type:** DichotomousOutcome
- **Reporting:** Not reported
- **Direction:** Lower is better

	<p>● Data value: Endpoint</p> <p>Identification</p> <p>Sponsorship source: No information Country: The Netherlands Setting: Outpatient in a clinic for child and adolescent psychiatry Comments: Authors name: Nauta et al 2001 Institution: Department of Clinical Psychology Email: m.h.nauta@ppsw.rug.nl Address: Department of Clinical Psychology, P.O. Box 30.001, 9700 RB Groningen, The Netherlands. Tel: C31.50.3637601. Fax: C31.50.3637602.</p>
<p>Notes</p>	<p><i>Nkr 43 Angst on 02/04/2016 04:53</i></p> <p>Select Used a self-modified version of another scale. Most children had a primary diagnosis of separation anxiety disorder (n D 8; 44%) or socialphobia (n D 7; 39%), and a minority was diagnosed with generalized anxiety disorder (n D 3; 17%). All children received active treatment, which consisted of 12 weekly sessions of cognitive behavioural therapy. In addition, the families were randomly assigned to one of the following conditions: (1) no extra treatment, or (2) additional cognitive training for the parents, consisting of seven fortnightly sessions, parallel to the individual treatment of the child.</p> <p><i>Gitte Moth on 08/05/2016 02:03</i></p> <p>Outcomes Outcomes are reported in a n=total for both conditions?</p>

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	Judgement Comment: no specifications.
Allocation concealment	Unclear risk	Not described
Blinding of participants and personnel	High risk	Judgement Comment: All participants knew if parents received treatment

Blinding of outcome assessors	Unclear risk	Not described
Incomplete outcome data	Low risk	Quote: "With regard to missing data, imputation by regression was carried out: missing data were predicted based on available data (Acock, 1997). We conducted outcome analyses for all present data, followed by analyses including imputed values for missing data."
Selective outcome reporting	Low risk	Judgement Comment: Design was pre-described
Other sources of bias	Low risk	

Nauta 2003

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 (parents+)</p> <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) <p>Control</p> <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) <p>Wait-list</p>

	<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) <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"> ● Description of type of intervention/control: 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 ● Length of intervention/control (weeks and sessions): 12 weeks. Children: 12 sessions, parents: 7 sessions ● Length of follow-up (in months): 3 <p>Control</p> <ul style="list-style-type: none"> ● Description of type of intervention/control: The CBT was a 12-session Dutch adaptation of the Coping Cat program (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.

	<ul style="list-style-type: none"> ● <i>Length of intervention/control (weeks and sessions): 12 weeks, 12 sessions</i> ● <i>Length of follow-up (in months): 3</i> <p>Wait-list</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control: 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> ● <i>Length of intervention/control (weeks and sessions):</i> ● <i>Length of follow-up (in months): No follow-up</i>
<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: 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: Continuous Outcome ● 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>

- **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:** SCAS-C
- **Range:** 0-114
- **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:** SCAS-P
- **Range:** 0-114
- **Unit of measure:** Points
- **Direction:** Lower is better
- **Data value:** Endpoint

Youth reported functioning (EoT)

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

Observer reported functioning (EoT)

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

Combined youth and observer reported functioning (EoT)

- **Outcome type:** ContinuousOutcome
- **Reporting:** Fully reported
- **Scale:** ADIS-C/P CSR
- **Range:** 0-8

	<ul style="list-style-type: none"> ● 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: 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>Notes</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> <p><i>Henning Keinke Andersen on 04/05/2016 23:23</i></p>

	<p>Outcomes</p> <p>All three dropouts were in the individual treatment condition. This finding suggests that involving the parents in CBT may buffer the risk of dropout from treatment. Re: missing data for the functioning, table 1 provides 'clinical interviews', but it's not clear whether this is 'functioning' - and why limit to EoT if data on 3 months FU is available</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

Ost 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)

	<p>● <i>Age range and proportion of children and adolescents:</i> Only reported for the total sample 8-14</p> <p>Control</p> <ul style="list-style-type: none"> ● <i>Number with primary social phobia (n, %):</i> 24, 100% ● <i>Number with primary generalized anxiety disorder (n, %):</i> 0,0 ● <i>Number with primary separation anxiety disorder (n, %):</i> 0,0 ● <i>Number with other types of primary anxiety disorders (n, %):</i> 0,0 ● <i>Age in years (mean, SD):</i> Only reported for the total sample M=11.6(SD=1.99) ● <i>Age range and proportion of children and adolescents:</i> Only reported for the total sample 8-14 <p>Wait-list</p> <ul style="list-style-type: none"> ● <i>Number with primary social phobia (n, %):</i> 23, 100% ● <i>Number with primary generalized anxiety disorder (n, %):</i> 0,0 ● <i>Number with primary separation anxiety disorder (n, %):</i> 0,0 ● <i>Number with other types of primary anxiety disorders (n, %):</i> 0,0 ● <i>Age in years (mean, SD):</i> Only reported for the total sample M=11.6(SD=1.99) ● <i>Age range and proportion of children and adolescents:</i> 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 of 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"> ● <i>Description of type of intervention/control:</i> A) Psychoeducation individual, Exposure in vivo - individual with

	<p>homework, social skill training, B) C/P - parents underwent a course with their children's treatment and how to help the child overcome anxiety, encourage child to carry out assignments og social activities</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. Parents: 12 weeks, 8 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> 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-reportscales 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 skillstraining: 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 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 ● <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

Parent reported anxiety symptoms (EoT)

- **Outcome type:** ContinuousOutcome
- **Reporting:** Fully reported
- **Scale:** SPAI-P
- **Range:** 0-52
- **Unit of measure:** Points
- **Direction:** Lower is better
- **Data value:** Endpoint

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

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

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

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

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

- **Outcome type:** ContinuousOutcome
- **Reporting:** Fully reported

	<ul style="list-style-type: none"> ● 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 <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>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 combined ADIS CSR
Identification	<p>Sponsorship source: This research was supported by grants from the Swedish Councilfor Working Life and Social Research (F0129/2001) and from theSwedish Research Council (421-2001-4740).</p> <p>Country: Sweden</p> <p>Setting: Most likely university clinic</p>

	<p>Comments: Authors name: Öst et al., 2015 Institution: Department of Psychology, Stockholm University, Sweden Email: ost@psychology.su.se Address:</p>
<p>Notes</p>	<p><i>Nkr 43</i> Angst on 31/03/2016 19:48 Select Parents, or other care-takers, of the children in the child + parentcondition underwent a course consisting of 8-sessions a 90 min run concurrently with their children's treatment. The group therapy consisted of 12 weekly sessions that ranconcurrently with the individual exposure therapy. The focus herewas on social skills training.</p> <p><i>Gitte Moth</i> on 25/04/2016 22:58 Study Design 1. group: C2. group: C/P3. group: WLCGroup 3 made a cross over and randomized to group 1 + 2, and participated in 1 yr follow up.</p> <p><i>Gitte Moth</i> on 06/05/2016 22:15 Population Comorbidity on all groups:27 (39.7%) specific phobias14 (20.6%) GAD8 (11.8%) SAD3 (4.4%) OCD2 (2.9%) panic disorder8 (11.8%) Major depression</p> <p><i>Gitte Moth</i> on 08/05/2016 00:16 Outcomes 20 waitlist patients were included randomly assigned to either condition - 8 to Child focused group; 12 to Child/parent focused group. They were assessed at 1 yr follow up.</p>

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 1 e55 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	

Schneider 2013

Methods	<p>Study design: Randomized controlled trial Study grouping: Parallel group Open Label: Cluster RCT:</p>
Participants	<p>Baseline Characteristics Intervention</p> <ul style="list-style-type: none"> ● Number with primary social phobia (n, %): 0,0 ● Number with primary generalized anxiety disorder (n, %): 0,0 ● Number with primary separation anxiety disorder (n, %): 31, 100% ● Number with other types of primary anxiety disorders (n, %): 0,0

	<p>● <i>Age in years (mean, SD):</i> Only reported on total sample (10.36, SD=1.55)</p> <p>● <i>Age range and proportion of children and adolescents:</i> 8-13 years (no further split on age groups)</p> <p>Control</p> <ul style="list-style-type: none"> ● <i>Number with primary social phobia (n, %):</i> 0,0 ● <i>Number with primary generalized anxiety disorder (n, %):</i> 0,0 ● <i>Number with primary separation anxiety disorder (n, %):</i> 33, 100% ● <i>Number with other types of primary anxiety disorders (n, %):</i> 0,0 ● <i>Age in years (mean, SD):</i> Only reported on total sample (10.36, SD=1.55) ● <i>Age range and proportion of children and adolescents:</i> 8-13 years (no further split on age groups) <p>Included criteria: Inclusion criteria were meeting full diagnostic criteria for SAD according to the Diagnostic and Statistical Manual for Mental Disorders, text revision (DSM-IV-TR; American Psychiatric Association, 2000), age between 8 and 13 years old, German speaking, not taking medication, and written parental informed consent and verbal child assent to randomized condition assignment and completion of psychological assessments.</p> <p>Excluded criteria: None are stated</p> <p>Pretreatment: No significant differences between conditions were found for gender, child or parental age, family structure, or family income. Two-tailed independent t tests indicated no between-group differences on any pretreatment variables (see Table 1). Families who dropped out of the study before or during treatment did not significantly differ from those who completed treatment on any of the baseline variables.</p>
<p>Interventions</p> <p>Intervention</p>	<p>Intervention Characteristics</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> The family-based, disorder-specific TAFF treatment was administered in 16 50-minute sessions, consistent with the protocol used in past research with younger children (Schneider et al., 2011). The first 4 weeks of treatment consisted of four weekly sessions with the child and four weekly sessions with the parents, which included psychoeducation about anxiety, reframing irrational beliefs, coping strategies, and the rationale for exposure. The second 8 weeks of treatment consisted of eight weekly family sessions, divided into a parent-child part and parent-only part. During the family sessions, exposure in vivo was planned and practiced (with the therapist present, when necessary), with the last session dedicated to relapse prevention. The parent-only portions of the family sessions primarily involved discussing and practicing parental behavior during exposure of the child to separation situations ● <i>Length of intervention/control (weeks and sessions):</i> 12 weeks, 16 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> Child-focused therapy plus one wrap-up session with the parents using the CC program. The manual and worksheets in the CC (coping cat) condition were designed for multiple anxiety disorders. CC condition included training and practice in relaxation techniques. ● <i>Length of intervention/control (weeks and sessions):</i> 16 weeks, 16 sessions ● <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 ● Reporting: Not reported ● Direction: Higher is better ● Data value: Endpoint ● Notes: Not reported at EoT <p><i>Youth reported anxiety symptoms (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome ● Reporting: Fully reported ● Scale: The Separation Anxiety Avoidance Inventory for Children ● Range: 0-48 ● Unit of measure: Points ● Direction: Lower is better ● Data value: Endpoint ● Notes: Complete analysis <p><i>Parent reported anxiety symptoms (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome ● Reporting: Fully reported ● Scale: The Separation Anxiety Avoidance Inventory for Children ● Range: 0-48 ● Unit of measure: Points ● Direction: Lower is better ● Data value: Endpoint ● Notes: Complete analyses - Mother report <p><i>Remission of primary anxiety diagnosis (longest FU, at least 3 months)</i></p>

- **Outcome type:** DichotomousOutcome
- **Reporting:** Fully reported
- **Scale:** Diagnostic Interview for Children and Youth
- **Direction:** Higher is better
- **Data value:** Endpoint
- **Notes:** ITT 1-year follow-up

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

- **Outcome type:** ContinuousOutcome
- **Reporting:** Fully reported
- **Scale:** The Separation Anxiety Avoidance Inventory for Children
- **Range:** 0-48
- **Unit of measure:** Points
- **Direction:** Lower is better
- **Data value:** Endpoint
- **Notes:** 1 year follow-up, completer analysis

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

- **Outcome type:** ContinuousOutcome
- **Reporting:** Fully reported
- **Scale:** The Separation Anxiety Avoidance Inventory for Children
- **Range:** 0-48
- **Unit of measure:** Points
- **Direction:** Lower is better
- **Data value:** Endpoint
- **Notes:** Mother report 1-year FU, completer analysis

Youth reported functioning (EoT)

- **Outcome type:** ContinuousOutcome
- **Reporting:** Fully reported
- **Scale:** The adapted Sheehan Disability Scale (SDS)
- **Range:** 0-18
- **Unit of measure:** Points
- **Direction:** Lower is better
- **Data value:** Endpoint

	<ul style="list-style-type: none"> ● Notes: Completer analysis <p><i>Observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Fully reported ● Scale: The adapted Sheehan Disability Scale (SDS) ● Range: 0-18 ● Unit of measure: Points ● Direction: Lower is better ● Data value: Endpoint ● Notes: Completer analysis. Mother report <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 ● Notes: ITT <p><i>Combined youth and observer reported functioning (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Not reported ● Direction: Higher is better ● Data value: Endpoint
	<p>Identification</p> <p>Sponsorship source: This study was supported by Swiss National Science Foundation Grant 105314-116517, "Etiology and Psychological Treatment of SeparationAnxiety Disorder in Childhood," awarded to Silvia Schneider.</p> <p>Country: Switzerland</p> <p>Setting: conducted at the outpatient psychotherapy clinic in the Department of Psychology at the University of Basel from December 2004 to January 2009.</p> <p>Comments:</p> <p>Authors name: Schneider et al 2013</p> <p>Institution: Department of Psychology, Ruhr-University Bochum, Bochum, Germany</p> <p>Email: silvia.schneider@rub.de</p> <p>Address: Ruhr-Universität Bochum, Fakultät für Psychologie, Klinische Kinder- und Jugendpsychologie, Universitätsstr.</p>

	150, 44789Bochum, Germany
Notes	<p><i>Nkr 43 Angst</i> on 31/03/2016 07:57</p> <p>Select Already found in review (Thulin et al)</p> <p><i>Gitte Moth</i> on 05/05/2016 23:28</p> <p>Outcomes Parents reported Anxiety symptoms EoT:Mothers: 21 TAFF; 1.29(SD 1.55), 22 CC; 1.58 (SD.88)Fathers: 19 TAFF; 1.43 (SD .64), 17 CC; 1.50 (SD .83)Parents reported Anxiety symptoms 12 months Follow Up:Mothers: 23 TAFF; .89(SD.70), 27 CC; 1.11(SD .88)Fathers: 19 TAFF; 1.04 (SD .56), 24 CC; 1.35 (SD .75)Observer reported functioning (EoT)Mothers: 22 TAFF; 0.47 (SD:35), 25 CC; 0.59(SD.46)Fathers: 20 TAFF; 0.61 (SD .45), 19 CC; 0.57 (SD .40)</p>

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	Quote: "Sixty-four children (16 boys, 17 girls in CC; 15 boys, 16 girls in TAFF) met criteria based on clinical interview and were randomized to treatment group by a statistician using a computerized permuted block design (Kracht, 1992), with assignments concealed until the time of participation."
Allocation concealment	Low risk	Judgement Comment: Computer randomized to treatment with assignments concealed until the time of participation. Children, who still fulfilled inclusion criteria after the second baseline assessment, were offered treatment
Blinding of participants and personnel	Unclear risk	Judgement Comment: Impossible to blind participants
Blinding of outcome assessors	Unclear risk	Not described
Incomplete outcome data	Low risk	Judgement Comment: Fully reported and ITT
Selective outcome reporting	Low risk	Judgement Comment: Study found on Clinicaltrials.gov. Reports alle outcome measured stated there
Other sources of bias	Low risk	

Siqueland 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 (parents+)</p> <ul style="list-style-type: none"> ● Number with <i>primary social phobia</i> (n, %): Not reported by condition ● Number with <i>primary generalized anxiety disorder</i> (n, %): Not reported by condition ● Number with <i>primary separation anxiety disorder</i> (n, %): 1, 20% ● Number with <i>other types of primary anxiety disorders</i> (n, %): 0, 0% ● Age in years (mean, SD): Not reported by condition (total sample: M=14.9 (S.D= 1.8)) ● Age range and proportion of children and adolescents: 12-17(100% adolescents) <p>Control</p> <ul style="list-style-type: none"> ● Number with <i>primary social phobia</i> (n, %): Not reported by condition ● Number with <i>primary generalized anxiety disorder</i> (n, %): Not reported by condition ● Number with <i>primary separation anxiety disorder</i> (n, %): 0, 0% ● Number with <i>other types of primary anxiety disorders</i> (n, %): 0, 0% ● Age in years (mean, SD): Not reported by condition (total sample: M=14.9 (S.D= 1.8)) ● Age range and proportion of children and adolescents: 12-17(100% adolescents) <p>Included criteria: In order to be included in either Phase I or II of the study, adolescents had to meet DSM-IV criteria for primary diagnosis of generalized, separation anxiety disorder, or social phobia; be between the ages of 12–18; and have at least one primary caretaker or parent willing to participate in family treatment</p> <p>Excluded criteria: Exclusion criteria included: primary diagnosis of major depression (MDD) (however, comorbid MDD was allowed provided that the primary diagnosis and complaint was anxiety which preceded the onset of MDD); comorbid Obsessive Compulsive Disorder, Bipolar Disorder, Eating Disorder, Substance Abuse or Psychotic Disorder; or adolescents at significant suicide risk.</p> <p>Pretreatment: Patients randomized to CBT alone showed a trend for higher intake BDI scores (F(1, 11) ¼ 3.6, P ¼ .10). All other psychiatric symptom measures did not differ at baseline.</p>

<p>Interventions</p>	<p>Intervention Characteristics Intervention (parents+)</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> This 16 session combined treatment included all components in the CBT alone described above but the treatment order and structure was modified. After the first session, which included the family, the therapist met alone with the adolescent for 3-4 CBT sessions to teach the primary anxiety management skills. In addition, parents were taught the FEAR acronym and the steps for coping usually. Siqueland et al. / Anxiety Disorders 19 (2005) 361-381 369 at the last of these CBT educational sessions. In contrast to other CBT family treatment models (Barrett et al., 1996a; 1996b; Cobham et al., 1998), parents were not specifically taught to use the CBT skills for addressing their own fears or worries. Instead, in this treatment, discussion focused around how parents could be helpful in the level and type of involvement they provided during in vivo exposures and how they helped the adolescent overcome his/her anxiety. ● <i>Length of intervention/control (weeks and sessions):</i> 16 weeks, 16 sessions ● <i>Length of follow-up (in months):</i> 6-9 months <p>Control</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control:</i> Individual cognitive-behavioral treatment (CBT). CBT treatment followed an already standardized manual, originally designed for children ages 8-13, that was modified for adolescents. The skill building sessions focused on the same four primary content areas: "(a) recognizing anxious feelings and somatic reactions to anxiety, 368 L. Siqueland et al. / Anxiety Disorders 19 (2005) 361-381 (b) clarifying cognition in anxiety provoking situations (unrealistic or negative attributions), (c) developing a plan to cope with the situation (modifying anxious self-talk into coping self talk as well as determining what coping actions might be effective), and (d) evaluating performance and administering self-reinforcement as appropriate" (Kendall, 1994, p. 103). Behavioral techniques included relaxation training, cognitive restructuring, modeling, imaginal and in vivo exposure, and contingent reinforcement. 2 parents session was included. ● <i>Length of intervention/control (weeks and sessions):</i> 16 weeks, 16 sessions ● <i>Length of follow-up (in months):</i> 6-9 months
<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>

- **Outcome type:** ContinuousOutcome
- **Reporting:** Fully reported
- **Scale:** BAI
- **Range:** 0-63
- **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:** 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:** BAI
- **Range:** 0-63
- **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)

	<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 ● Reporting: Partially reported ● Direction: Lower is better ● Data value: Endpoint ● Notes: Reported for remission rate
<p>Identification</p>	<p>Sponsorship source: This study was supported in part by the Mood and Anxiety Disorders Section, Department of Psychiatry, University of Pennsylvania, the National Institutes of Mental Health (NIMH K23MH01819-01A1) and NIMH Clinical Research Center grant awarded to Dr. Crits-Christoph (NIMH P30-MH 45178).</p> <p>Country: Philadelphia, USA.</p> <p>Setting: Outpatients in clinic at University of Pennsylvania treating childhood anxiety and depressive disorders.</p> <p>Comments: Only phase II is used in this extraction</p> <p>Authors name: Siqueland, L. et al 2005</p> <p>Institution:</p> <p>Email: siqueland@pobox.com</p> <p>Address: Mood and Anxiety Disorders Section, 3535 Market Street, Suite 670, Philadelphia, PA 19104, USA. Tel.: p1 215 898 4301.</p>
<p>Notes</p>	<p><i>Nkr 43 Angst on 02/04/2016 05:20</i></p> <p>Select</p> <p>Phase II is the comparison. However, only 11 participants</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	
Blinding of outcome assessors	Unclear risk	Not described
Incomplete outcome data	Low risk	
Selective outcome reporting	Unclear risk	Not described
Other sources of bias	Low 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>
Participants	<p>Baseline Characteristics</p> <p>Intervention (parents+)</p> <ul style="list-style-type: none"> ● 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 <p>Control</p> <ul style="list-style-type: none"> ● 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)

	<p>● <i>Age range and proportion of children and adolescents: 7-14, no info by condition</i></p> <p>Wait-list</p> <ul style="list-style-type: none"> ● <i>Number with primary social phobia (n, %): 14 (100%)</i> ● <i>Number with primary generalized anxiety disorder (n, %): 0, 0%</i> ● <i>Number with primary separation anxiety disorder (n, %): 0, 0%</i> ● <i>Number with other types of primary anxiety disorders (n, %): 0, 0%</i> ● <i>Age in years (mean, SD): 9.93 (1.77)</i> ● <i>Age range and proportion of children and adolescents: 7-14, no info by condition</i> <p>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>
<p>Interventions</p>	<p>Intervention Characteristics Intervention (parents+)</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control: Standard CBT components with additional social skill training. Parents observed child sessions, and relieved 30 min sessions afterwards</i> ● <i>Length of intervention/control (weeks and sessions): 12 weeks, 12 sessions</i> ● <i>Length of follow-up (in months): 12 months</i> <p>Control</p> <ul style="list-style-type: none"> ● <i>Description of type of intervention/control: Standard CBT components with additional social skill training.</i> ● <i>Length of intervention/control (weeks and sessions): 12 weeks, 12 sessions</i> ● <i>Length of follow-up (in months): 12 months</i> <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): 12 weeks</i> ● <i>Length of follow-up (in months): no follow-up</i>

Outcomes*Remission of primary anxiety diagnosis (EoT)*

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

Youth reported anxiety symptoms (EoT)

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

Parent reported anxiety symptoms (EoT)

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

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

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

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

- **Outcome type:** ContinuousOutcome
- **Reporting:** Fully reported
- **Scale:** RCMAS
- **Range:** 0-74

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

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

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

Youth reported functioning (EoT)

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

Observer reported functioning (EoT)

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

Combined youth and observer reported functioning (EoT)

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

Number that discontinued treatment or control (EoT)

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

<p>Identification</p>	<p>Sponsorship source: Not reported Country: Australia Setting: Outpatient - Kids Coping Project at the Behaviour Research and Therapy Centre, University of Queensland Comments: Authors name: Spene et al 2000 Institution: School of Psychology, University of Queensland Email: Not reported Address: Brisbane, Qld 4072, Australia</p>
<p>Notes</p>	<p><i>Nkr 43 Angst</i> on 02/04/2016 05:30 Select Parents recieved parallel sessions <i>Nkr 43 Angst</i> on 01/05/2016 18:11 Included ALSO IN PICO 1 - SOME DATA IN JAMES ET AL 2015 <i>Henning Keinke Andersen</i> on 11/05/2016 00:31 Population I have not considered dystymia as an anxiety disorder, so numbers with other types of primary anxiety disorders (n, %) might be different <i>Henning Keinke Andersen</i> on 11/05/2016 01:36 Outcomes 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

Wood 2006

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 (parents+)</p> <ul style="list-style-type: none"> ● Number with primary social phobia (n, %): 7 (35%) ● Number with primary generalized anxiety disorder (n, %): 5 (25%) ● Number with primary separation anxiety disorder (n, %): 14 (70%) ● Number with other types of primary anxiety disorders (n, %): 6 (30%) ● Age in years (mean, SD): Not reported by condition (total sample: mean, 9.83 years, SD = 2.19)) ● Age range and proportion of children and adolescents: 6-13 (0% adolescents) <p>Control</p> <ul style="list-style-type: none"> ● Number with primary social phobia (n, %): 13 (65%) ● Number with primary generalized anxiety disorder (n, %): 6 (30%)

	<ul style="list-style-type: none"> ● Number with primary separation anxiety disorder (n, %): 13 (65%) ● Number with other types of primary anxiety disorders (n, %): 3 (15%) ● Age in years (mean, SD): Not reported by condition (total sample: mean, 9.83 years, SD = 2.19)) ● Age range and proportion of children and adolescents: 6-13 (0% adolescents) <p>Included criteria: Participants met the following inclusion criteria: (1) The child met DSM-IV criteria for a diagnosis of one of the following anxiety disorders: SAD, social phobia, or GAD based on a semistructured interview (see below); (2) the child was not taking any psychiatric medication at the initial assessment or was taking a stable dose of psychiatric medication (i.e., at least 1 month at a stable dose before the baseline assessment); and (3) if medication was being used, families stated an intention to maintain that dose throughout the study (see, e.g., Mendlowitz et al., 1999). T</p> <p>Excluded criteria: Families were excluded if (1) the child was currently in child-focused psychotherapy, (2) the family was currently in family therapy or a parenting class, (3) either the child or the parent evidenced psychotic symptoms, (4) the child began taking psychiatric medication or increased his or her dose of medication during the intervention, or (5) for any reason the child or parents appeared unable to participate in the intervention program.</p> <p>Pretreatment: There were no statistically significant treatment group differences on any of the demographic, child diagnostic, or child medication use variables presented in Table 1. There were also no significant pretreatment group differences on the parent anxiety disorder/medication use variables.</p>
<p>Interventions</p>	<p>Intervention Characteristics</p> <p>Intervention (parents+)</p> <ul style="list-style-type: none"> ● Description of type of intervention/control: The amount of therapist contact was equal in both conditions: 12Y16 therapy sessions lasting 60Y80 minutes each (following Barrett et al. [1996], who used 12 sessions 60Y80 minutes long, and Kendall [1994], who included four optional sessions depending on the degree of symptom remission). The FCBT intervention employed the “Building Confidence” program, a treatment manual developed for this study. Building on previous FCBT programs (e.g., Barrett et al., 1996), “Building Confidence” combines CCBT strategies emphasizing in vivo exposure procedures and rewards with parent training. The manual goes beyond previous FCBT programs in its emphasis on changing parental communication patterns hypothesized to maintain child anxiety, particularly intrusiveness and autonomy granting ● Length of intervention/control (weeks and sessions): 12-16 session. Weeks unknown ● Length of follow-up (in months): 12 <p>Control</p> <ul style="list-style-type: none"> ● Description of type of intervention/control: The amount of therapist contact was equal in both conditions: 12Y16 therapy sessions lasting 60Y80 minutes each (following Barrett et al. [1996], who used 12 sessions 60Y80 minutes long, and Kendall [1994], who included four optional sessions depending on the degree of symptom remission). In the

	<p>CCBT intervention, therapists met with the child alone for the majority of each session. This treatment was guided by an empirically supported CCBT manual (Kendall et al., 1990), but the eight initial cognitive skills training sessions in the Kendall et al. manual were covered in as few as four sessions, depending on the child's demonstration of understanding and ability to use the coping skills. The CCBT program was composed of two phases: (1) skill training and (2) application and practice (i.e., graded exposure). During the skills training phase, children were taught numerous techniques for coping with anxiety, such as relaxation, reappraisal of the danger of feared situations, and self-reward.</p> <ul style="list-style-type: none"> ● <i>Length of intervention/control (weeks and sessions):</i> 12-16 session. Weeks unknown ● <i>Length of follow-up (in months):</i> 12
<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 ● Scale: ADIS-C/P ● Direction: Higher is better ● Data value: Endpoint ● Notes: completers <p><i>Youth reported anxiety symptoms (EoT)</i></p> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome ● Reporting: Fully reported ● Scale: Multidimensional Anxiety Scale for Children (MASC) ● Range: 0 - 117 ● 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: MASC ● Range: 0 - 117 ● Unit of measure: Points ● Direction: Lower is better

	<ul style="list-style-type: none"> ● 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: 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"> ● Outcome type: ContinuousOutcome ● Reporting: Fully reported ● Scale: Multidimensional Anxiety Scale for Children(MASC) ● Range: 0-117 ● Unit of measure: Points ● Direction: Lower is better ● Data value: Endpoint <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: Multidimensional Anxiety Scale for Children(MASC) ● Range: 0-117 ● 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 <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 ● Reporting: Fully reported ● Scale: ADIS-C/P CSR
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	<ul style="list-style-type: none"> ● 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
Identification	<p>Sponsorship source: This research was supported by grants from the National Institute of MentalHealth awarded to Dr. Wood (F31-MH64999) and to Dr. Sigman(R03-MH63836).</p> <p>Country: USA</p> <p>Setting: outpatient</p> <p>Comments:</p> <p>Authors name: Wood et al., 20006 and Wood et al 2009 (FU)</p> <p>Institution: University of California</p> <p>Email: jeffwood@ucla.edu</p> <p>Address: Moore Hall, Box 951521, Los Angeles, CA 90095;</p>
Notes	<p>Nkr 43 Angst on 01/05/2016 18:13</p> <p>Included</p> <p>THIS ONE IS IN JAMES ET AL, BUT NOT THE ORIGINAL STUDY</p> <p>Nkr 43 Angst on 02/05/2016 00:50</p> <p>Included</p> <p>This IS the right FU to Woods et al 2006, despite the confusion in james et al 2015</p> <p><i>Henning Keinke Andersen on 05/05/2016 00:29</i></p> <p>Outcomes</p> <p>I have added the data on anxiety severity, posttreatment in the box for combined youth and observer report on functioning. Please delete if wrong.</p>

	<p><i>Henning Keinke Andersen on 05/05/2016 00:43</i></p> <p>Interventions</p> <p>There might be a protocol or?? really difficult to dig out basic characteristics ie.</p>
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Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	
Allocation concealment	Low risk	
Blinding of participants and personnel	High risk	Judgement Comment: It is stated that 'families were blind to group assignment, but how could they?? Clearly participants will know the intervention and so do the therapists
Blinding of outcome assessors	Unclear risk	Not described
Incomplete outcome data	Low risk	
Selective outcome reporting	Low risk	
Other sources of bias	Low risk	

Footnotes

Characteristics of excluded studies

Heyne 2002

Reason for exclusion	Wrong patient population
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Hudson 2014

Reason for exclusion	Wrong comparator
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Manassis 2004

Reason for exclusion	Wrong study design
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Moreno 2007

Reason for exclusion	Wrong route of administration
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Ost 2001

Reason for exclusion	Wrong intervention
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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

Included studies

Barrett 1996

Barrett,P. M.; Dadds,M. R.; Rapee,R. M.. Family treatment of childhood anxiety: a controlled trial. Journal of consulting and clinical psychology 1996;64(2):333-342. [DOI:]

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Bernstein,G. A.; Bernat,D. H.; Victor,A. M.; Layne,A. E.. School-based interventions for anxious children: 3-, 6-, and 12-month follow-ups. Journal of the American Academy of Child and Adolescent Psychiatry 2008;47(9):1039-1047. [DOI: 10.1097/CHI.ob013e31817eecco [doi]]

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Esbjorn 2014

Esbjorn B.H.; ReinholdtDunne M.L.; Nielsen S.K.; Smith A.C.; Breinholst S.; Leth,I.. Exploring the effect of case formulation driven CBT for children with anxiety disorders: a feasibility study.. Behavioural and cognitive psychotherapy 2015;43(1):20-30. [DOI:]

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Mendlowitz 1999

Mendlowitz, S. L.; Manassis, K.; Bradley, S.; Scapillato, D.; Miezitis, S.; Shaw, B. F.. Cognitive-behavioral group treatments in childhood anxiety disorders: the role of parental involvement. *Journal of the American Academy of Child and Adolescent Psychiatry* 1999;38(10):1223-1229. [DOI:]

Nauta 2001

Nauta, Maaike H.; Scholing, Agnes; Emmelkamp, Paul M. G.; Minderaa, Ruud B.. Cognitive-behavioural therapy for anxiety disordered children in a clinical setting: does additional cognitive parent training enhance treatment effectiveness? *Clinical Psychology & Psychotherapy* 2001;8(5):330-340. [DOI: 10.1002/cpp.314]

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Nauta, M. H.; Scholing, A.; Emmelkamp, P. M.; Minderaa, R. B.. Cognitive-behavioral therapy for children with anxiety disorders in a clinical setting: no additional effect of a cognitive parent training. *Journal of the American Academy of Child and Adolescent Psychiatry* 2003;42(11):1270-1278. [DOI: 10.1097/01.chi.0000085752.71002.93 [doi]]

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Siqueland, L.; Rynn, M.; Diamond, G. S.. Cognitive behavioral and attachment based family therapy for anxious adolescents: Phase I and II studies. *Journal of anxiety disorders* 2005;19(4):361-381. [DOI: S088761850400043X [pii]]

Spence 2000

Spence, S. H.; Donovan, C.; Brechman-Toussaint, M.. The treatment of childhood social phobia: the effectiveness of a social skills training-based, cognitive-behavioural intervention, with and without parental involvement. *Journal of child psychology and psychiatry*, and allied disciplines 2000;41 (6):713-726. [DOI:]

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Wood, J. J.; McLeod, B. D.; Piacentini, J. C.; Sigman, M.. One-year follow-up of family versus child CBT for anxiety disorders: Exploring the roles of child age and parental intrusiveness. *Child psychiatry and human development* 2009;40(2):301-316. [DOI: 10.1007/s10578-009-0127-z [doi]]

Wood, J. J.; Piacentini, J. C.; Southam-Gerow, M.; Chu, B. C.; Sigman, M.. Family cognitive behavioral therapy for child anxiety disorders. *Journal of the American Academy of Child and Adolescent Psychiatry* 2006;45(3):314-321. [DOI: 10.1097/01.chi.0000196425.88341.b0 [doi]]

Excluded studies**Heyne 2002**

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Hudson, J. L.; Newall, C.; Rapee, R. M.; Lyneham, H. J.; Schniering, C. C.; Wuthrich, V. M.; Schneider, S.; Seeley-Wait, E.; Edwards, S.; Gar, N. S.. The impact of brief parental anxiety management on child anxiety treatment outcomes: a controlled trial. *Journal of clinical child and adolescent psychology : the official journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53* 2014;43(3):370-380. [DOI: 10.1080/15374416.2013.807734 [doi]]

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Studies awaiting classification**Ongoing studies****Other references****Additional references****Other published versions of this review****Data and analyses****1 Parent involvement**

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 Youth reported anxiety symptoms (EoT)	13		Std. Mean Difference (IV, Random, 95% CI)	Subtotals only
1.1.1 Time	13	624	Std. Mean Difference (IV, Random, 95% CI)	-0.05 [-0.23, 0.13]
1.2 Parent reported anxiety symptoms (EoT)	10		Std. Mean Difference (IV, Random, 95% CI)	Subtotals only
1.2.1 Time	10	521	Std. Mean Difference (IV, Random, 95% CI)	-0.09 [-0.40, 0.21]
1.3 Youth reported anxiety symptoms (longest FU, at least 3 months)	12		Std. Mean Difference (IV, Random, 95% CI)	Subtotals only
1.3.1 Time	12	581	Std. Mean Difference (IV, Random, 95% CI)	-0.04 [-0.30, 0.21]
1.4 Parent reported anxiety symptoms (longest FU, at least 3 months)	10		Std. Mean Difference (IV, Random, 95% CI)	Subtotals only
1.4.1 Time	10	517	Std. Mean Difference (IV, Random, 95% CI)	-0.21 [-0.58, 0.16]

1.5 Youth reported functioning (EoT)	2				Std. Mean Difference (IV, Random, 95% CI)	Subtotals only
1.5.1 Time	2	158			Std. Mean Difference (IV, Random, 95% CI)	-0.21 [-0.52, 0.10]
1.6 Observer reported functioning (EoT)	5				Std. Mean Difference (IV, Random, 95% CI)	Subtotals only
1.6.1 Time	5	283			Std. Mean Difference (IV, Random, 95% CI)	0.01 [-0.22, 0.25]
1.7 Combined youth and observer reported functioning (EoT)	4				Mean Difference (IV, Random, 95% CI)	Subtotals only
1.7.1 Time	4	218			Mean Difference (IV, Random, 95% CI)	0.02 [-0.99, 1.04]
1.8 Remission of primary anxiety diagnosis (EoT)	11				Risk Ratio (IV, Random, 95% CI)	Subtotals only
1.8.1 Time	11	562			Risk Ratio (IV, Random, 95% CI)	1.18 [1.02, 1.36]
1.9 Remission of primary anxiety diagnosis (longest FU, at least 3 months)	13				Risk Ratio (IV, Random, 95% CI)	Subtotals only
1.9.1 Time	13	621			Risk Ratio (IV, Random, 95% CI)	1.04 [0.93, 1.15]
1.10 Number that discontinued treatment or control (EoT)	11				Risk Ratio (IV, Random, 95% CI)	Subtotals only
1.10.1 Time	11	602			Risk Ratio (IV, Random, 95% CI)	1.05 [0.52, 2.12]

Figures

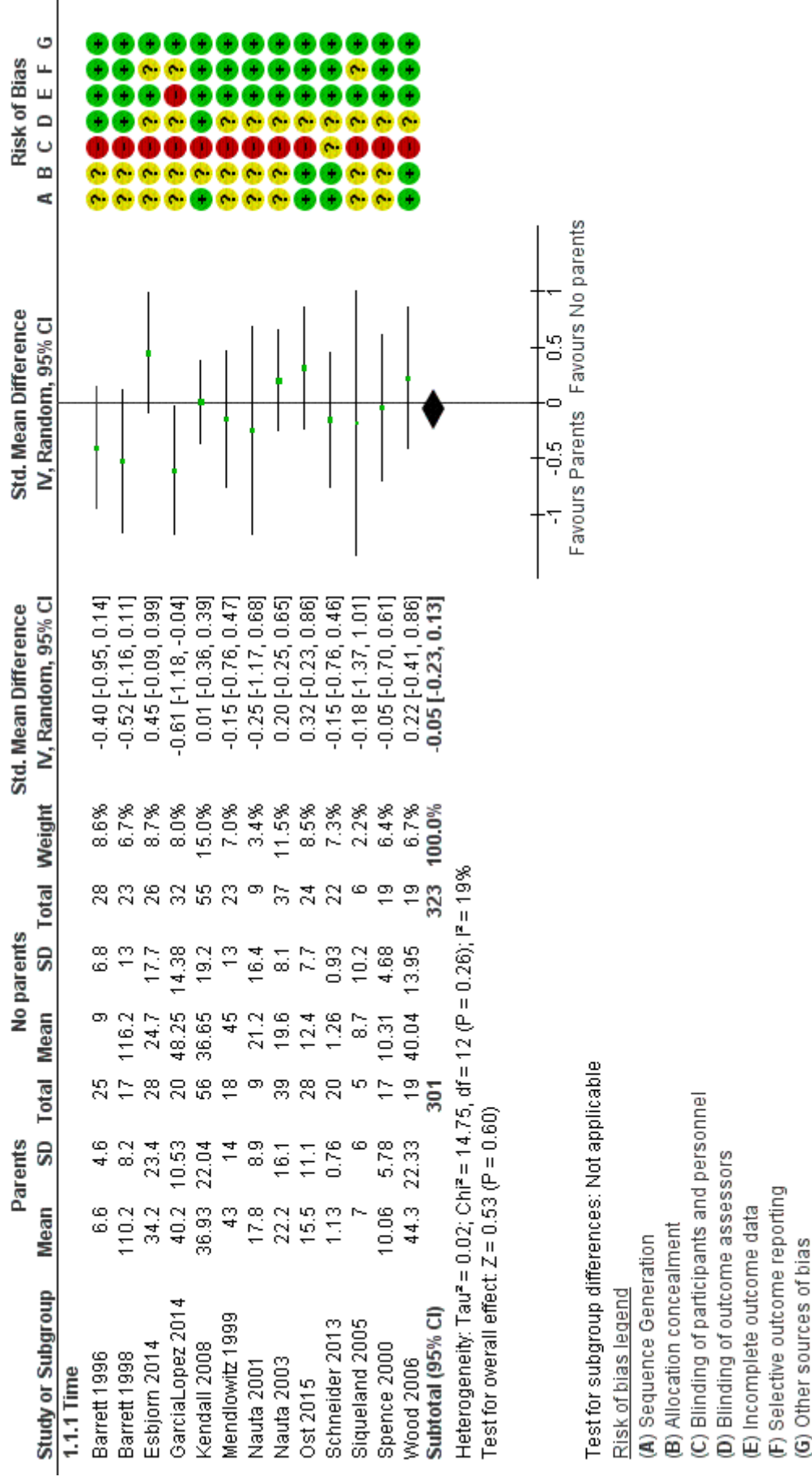
Figure 1

Stratification	
Allocation	
Participants and personnel	
Some assessors	
Some data	
Some reporting	
Some bias	

	Sequence Gene	Allocation conce	Blinding of parti	Blinding of outc	Incomplete outc	Selective outcor	Other sources o
Barrett 1996	?	?	-	+	+	+	+
Barrett 1998	?	?	-	+	+	+	+
Bernstein 2005	?	?	-	+	?	+	?
Esbjorn 2014	?	?	-	?	+	?	+
GarciaLopez 2014	?	?	-	?	-	?	+
Kendall 2008	+	?	-	+	+	+	+
Mendlowitz 1999	?	?	-	?	+	+	+
Nauta 2001	?	?	-	?	+	+	+
Nauta 2003	?	?	-	?	+	+	+
Ost 2015	+	+	-	?	+	+	+
Schneider 2013	+	+	?	?	+	+	+
Siqueland 2005	?	?	-	?	+	?	+
Spence 2000	?	?	-	?	+	+	+
Wood 2006	+	+	-	?	+	+	+

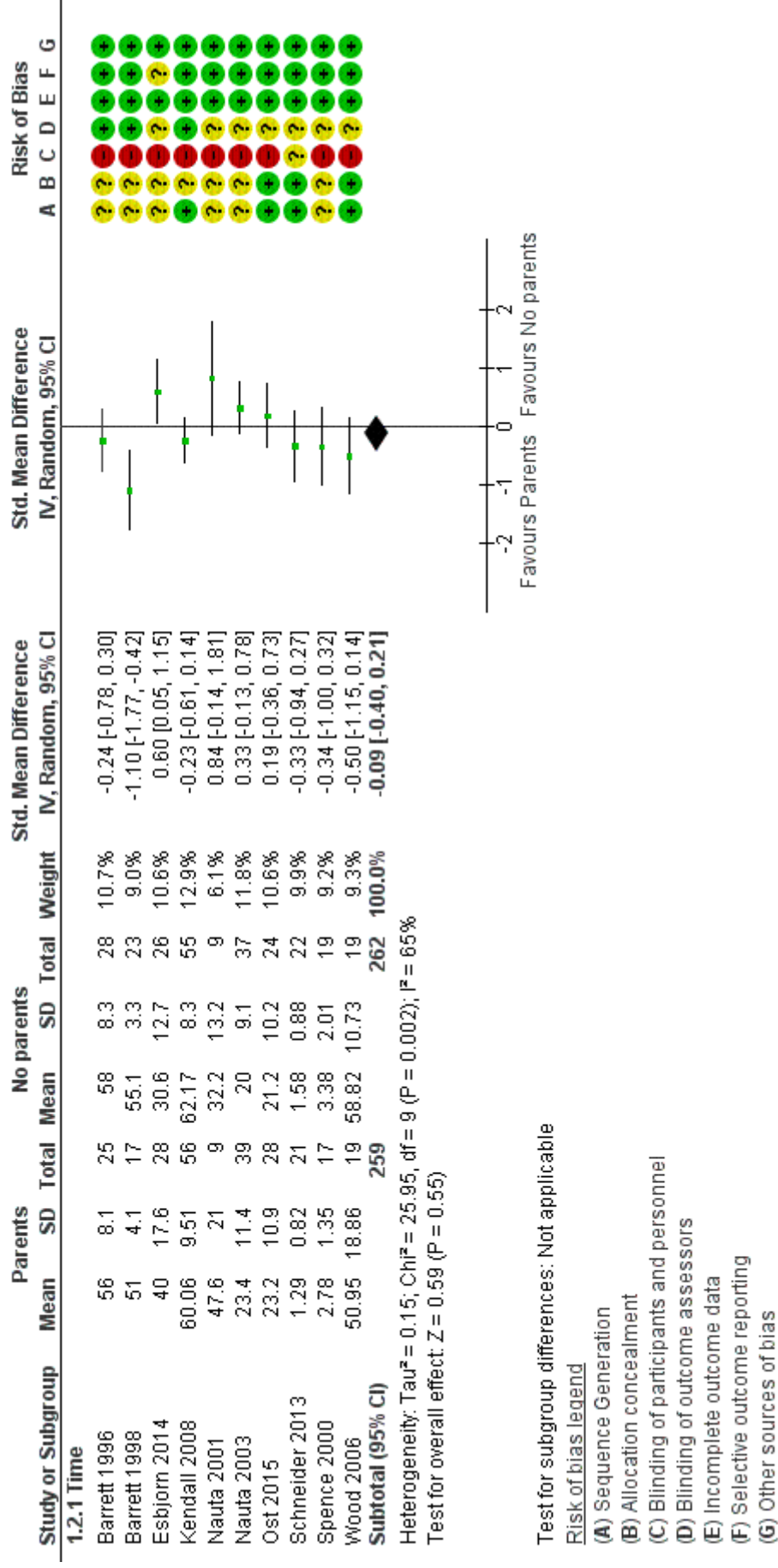
Risk of bias summary: review authors' judgements about each risk of bias item for each included study.

Figure 2 (Analysis 1.1)



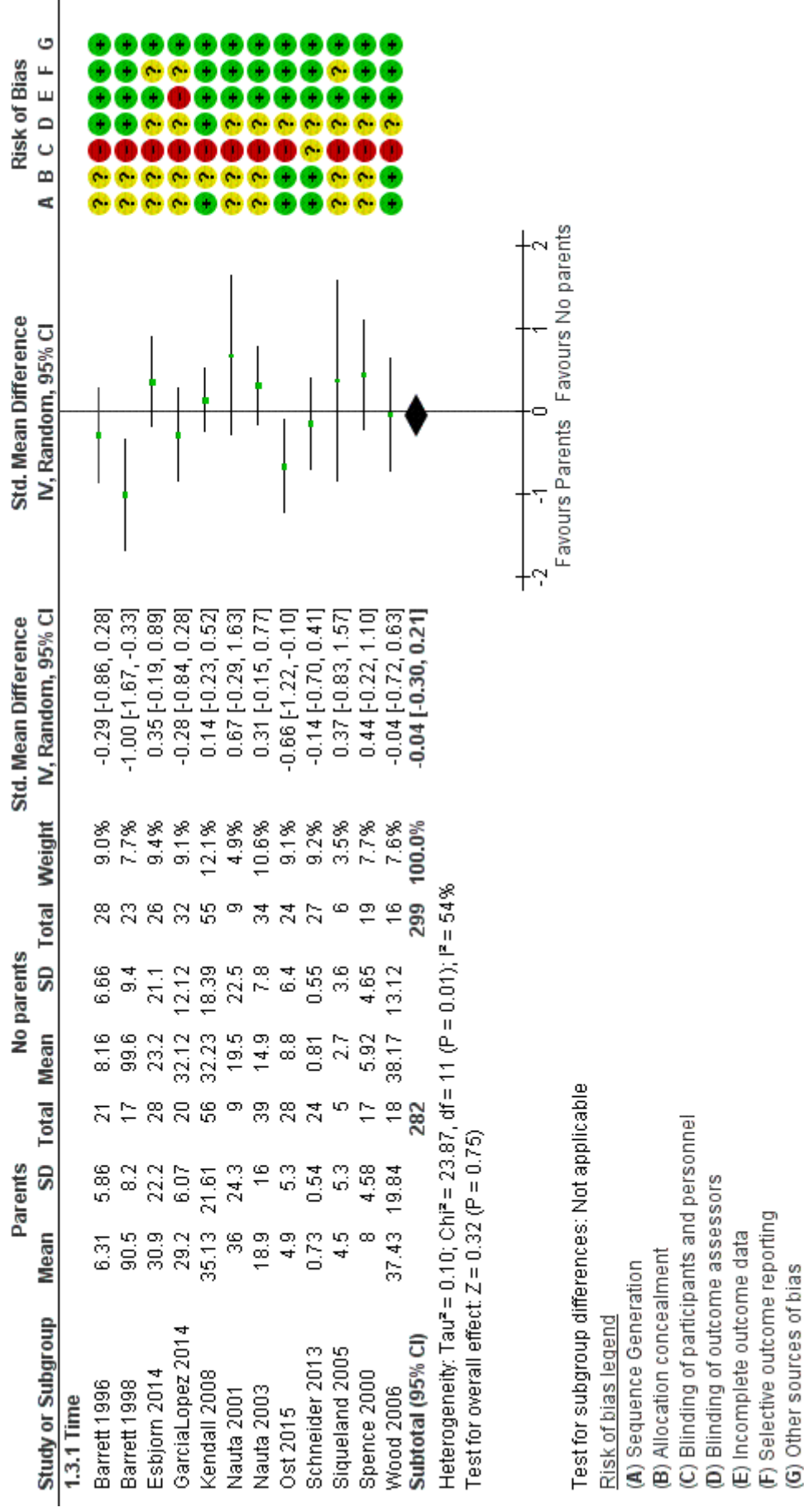
Forest plot of comparison: 1 Parent involvement, outcome: 1.1 Youth reported anxiety symptoms (EoT).

Figure 3 (Analysis 1.2)



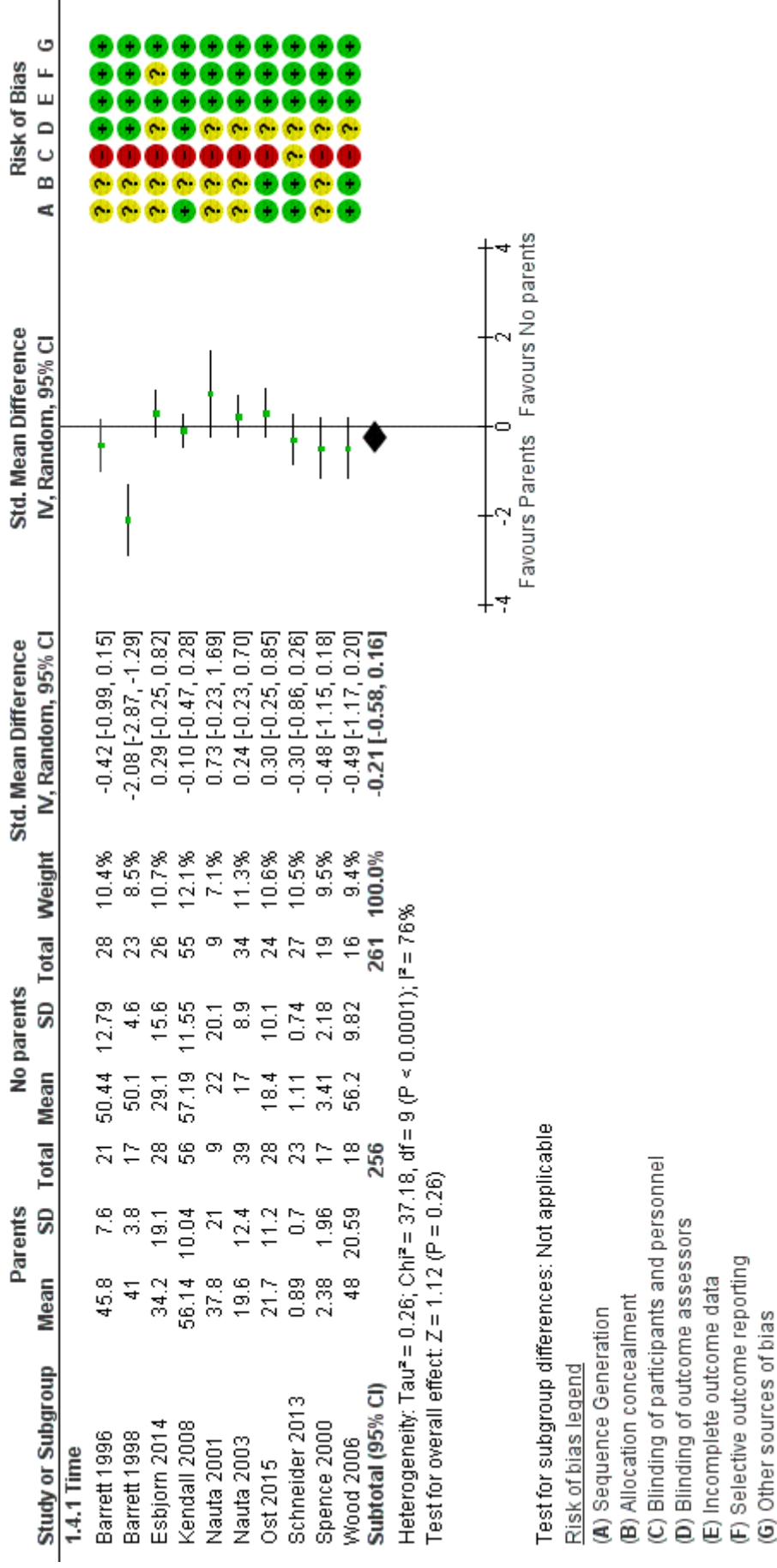
Forest plot of comparison: 1 Parent involvement, outcome: 1.2 Parent reported anxiety symptoms (EoT).

Figure 4 (Analysis 1.3)



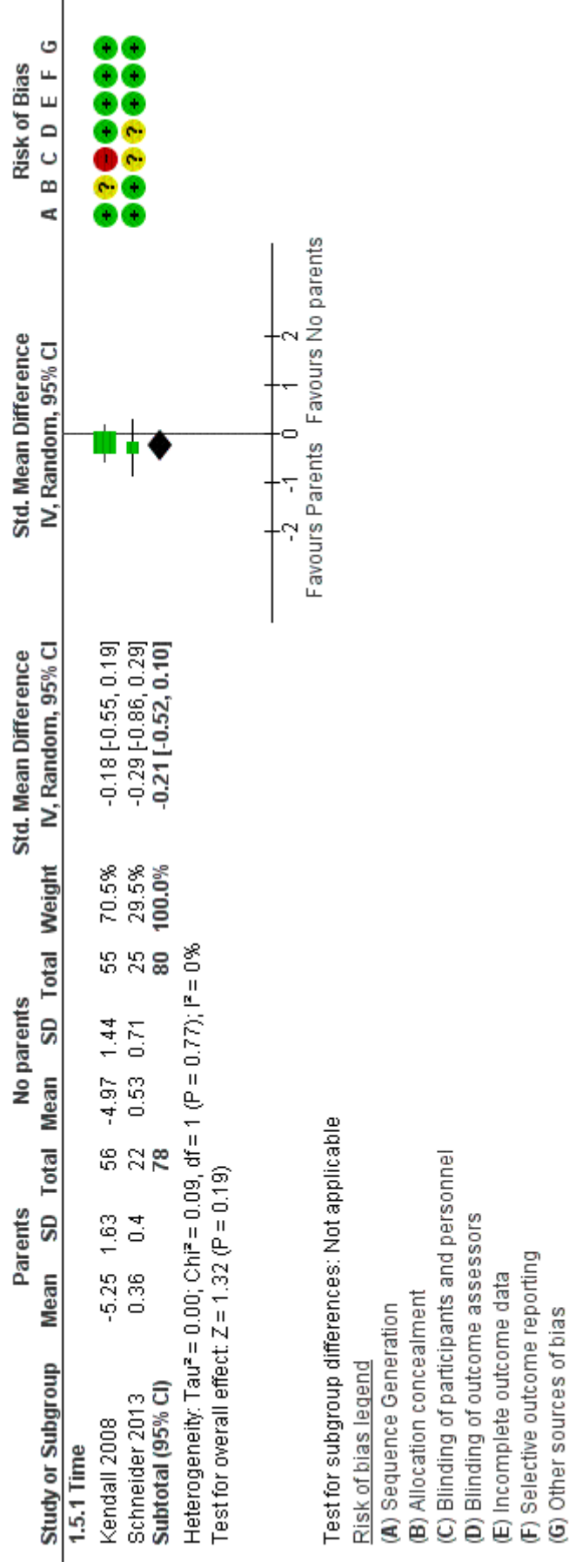
Forest plot of comparison: 1 Parent involvement, outcome: 1.3 Youth reported anxiety symptoms (longest FU, at least 3 months).

Figure 5 (Analysis 1.4)



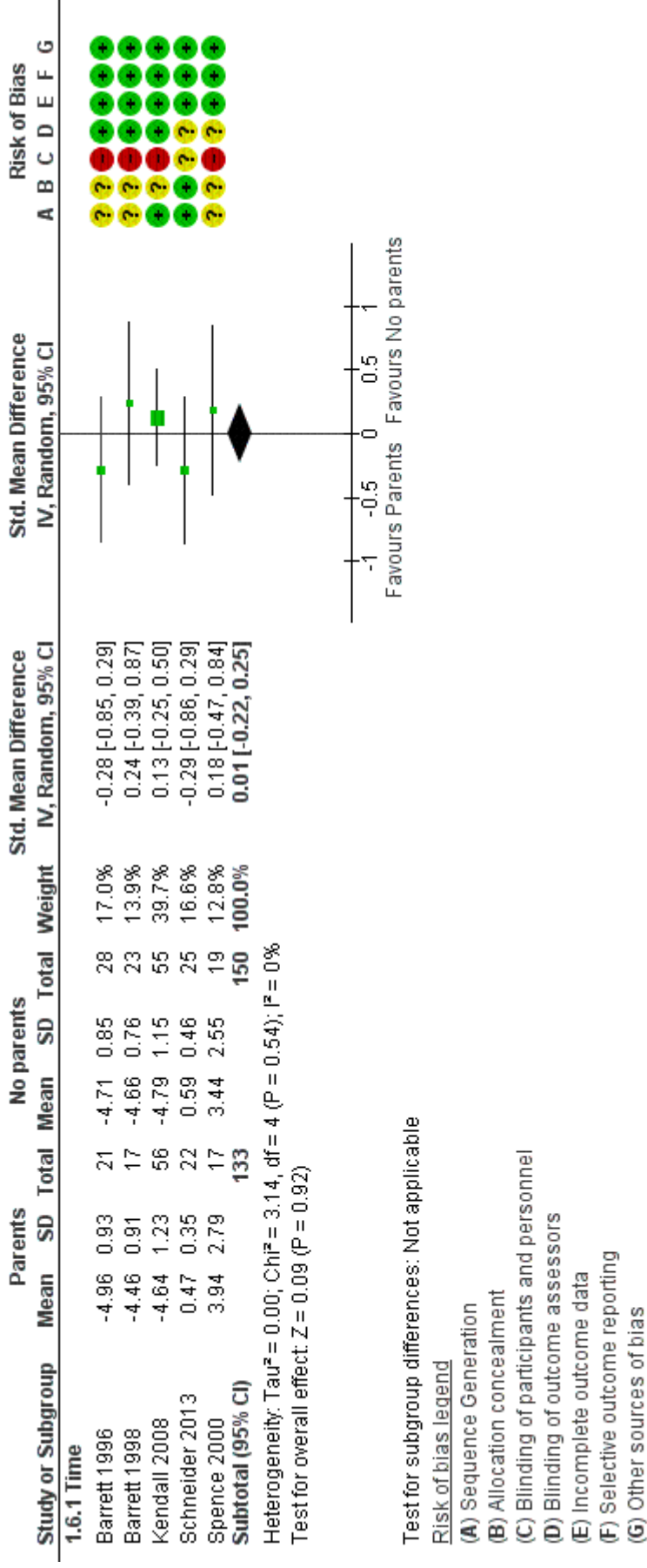
Forest plot of comparison: 1 Parent involvement, outcome: 1.4 Parent reported anxiety symptoms (longest FU, at least 3 months).

Figure 6 (Analysis 1.5)



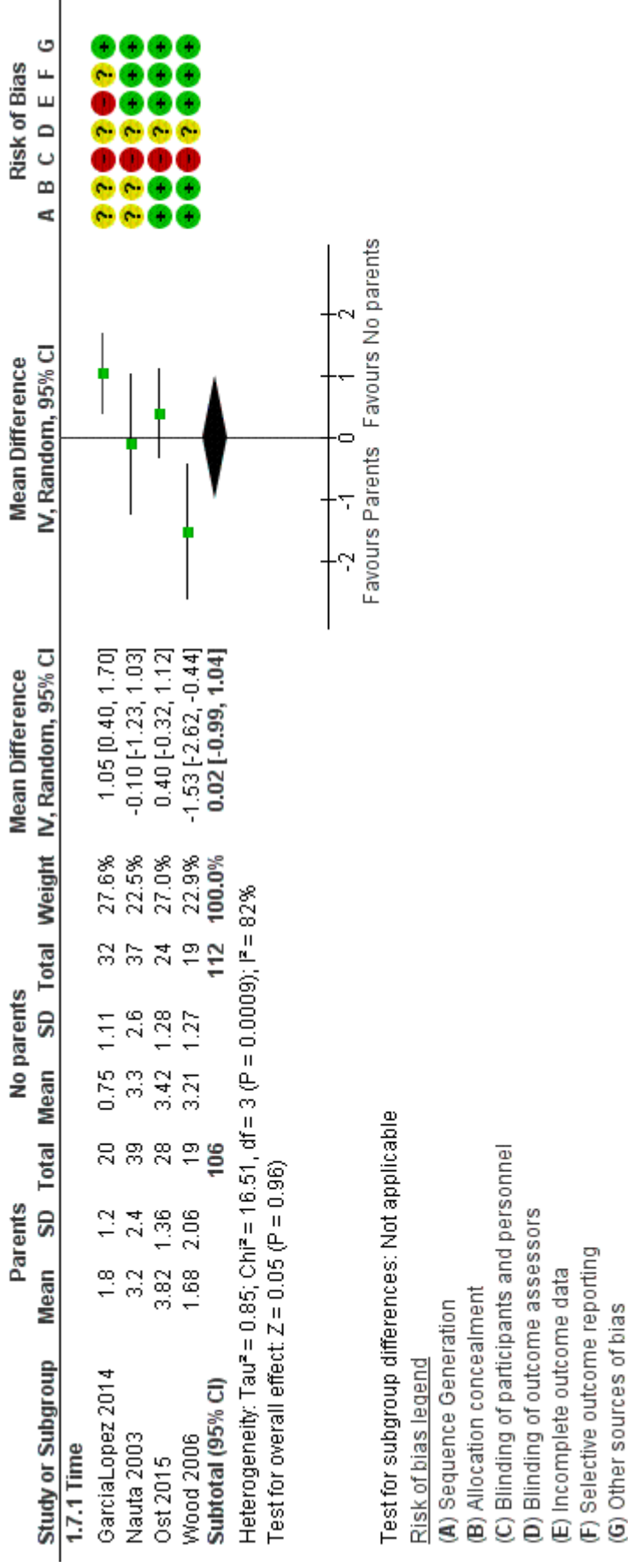
Forest plot of comparison: 1 Parent involvement, outcome: 1.5 Youth reported functioning (EoT).

Figure 7 (Analysis 1.6)



Forest plot of comparison: 1 Parent involvement, outcome: 1.6 Observer reported functioning (EoT).

Figure 8 (Analysis 1.7)



Forest plot of comparison: 1 Parent involvement, outcome: 1.7 Combined youth and observer reported functioning (EoT).

Figure 9 (Analysis 1.8)

Figure 10 (Analysis 1.9)

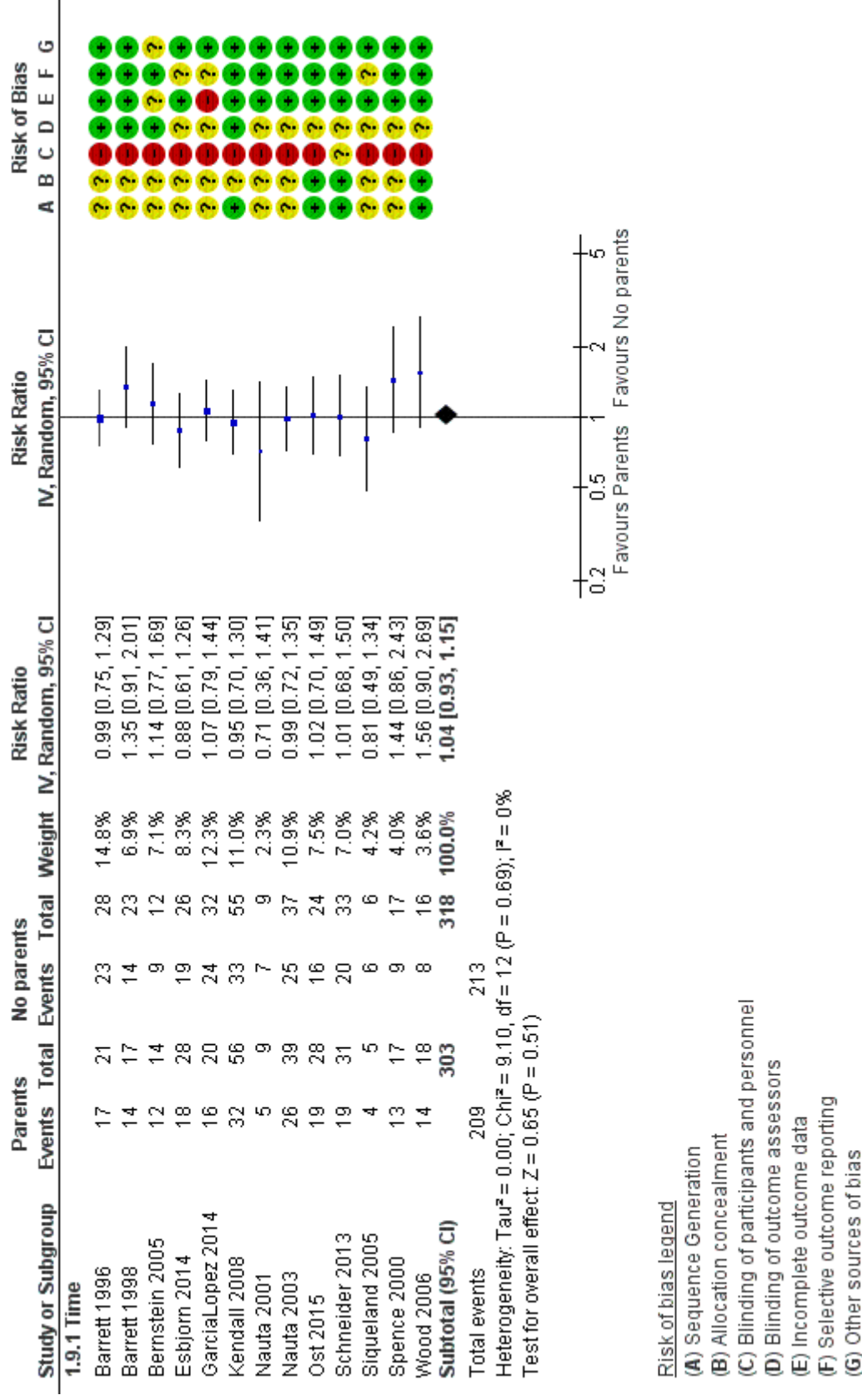
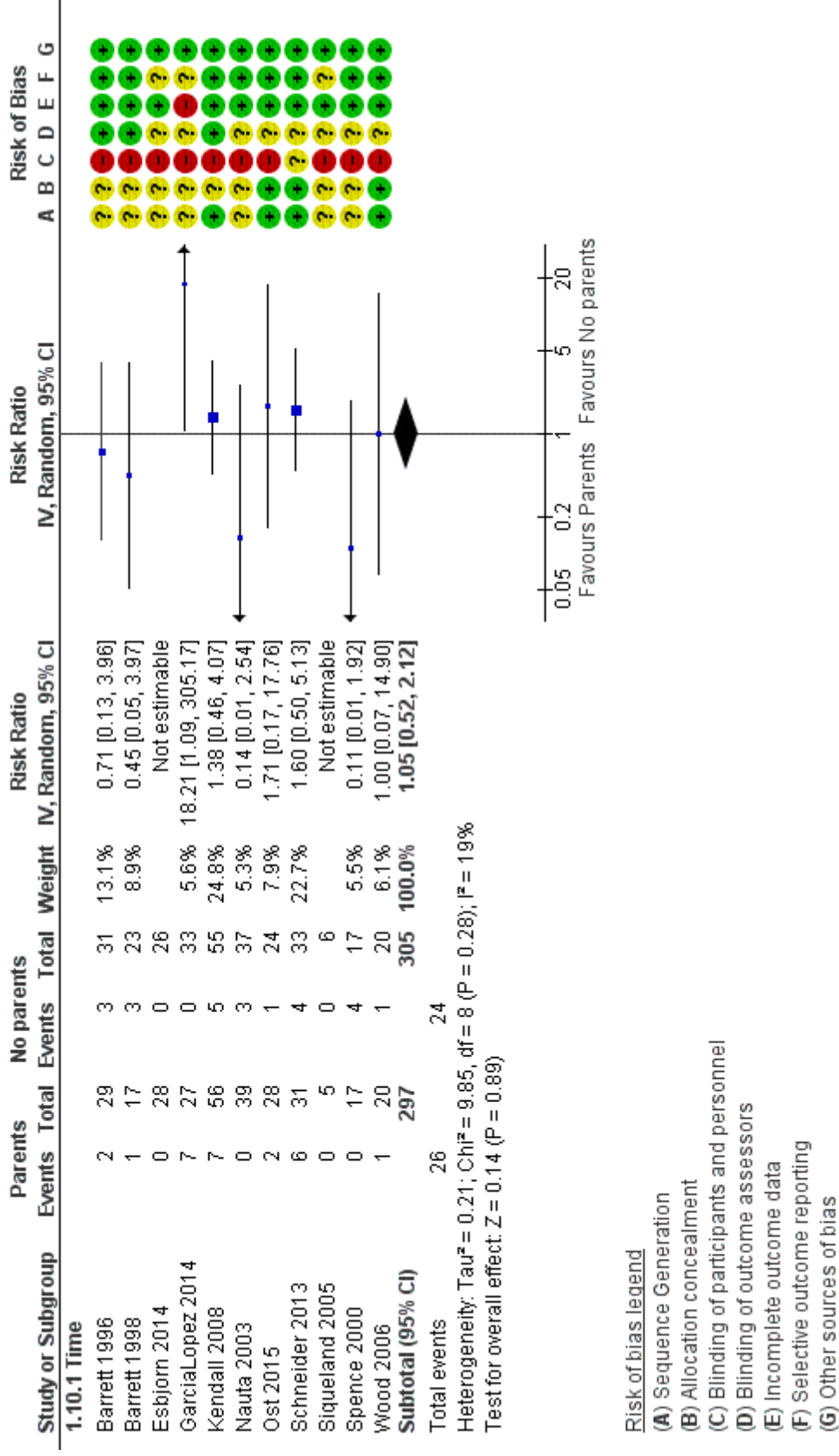


Figure 11 (Analysis 1.10)



Forest plot of comparison: 1 Parent involvement, outcome: 1.10 Number that discontinued treatment or control (EoT).