NKR Angst PICO 7 forældreinddragelse

Review information

Authors

Sundhedsstyrelsen[1]

[1][Empty affiliation]

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Contact person

[Empty name]

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What's new

Date / Event	Description

History

Date / Event	Description

Characteristics of studies

Characteristics of included studies

Barrett 1996

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention (parents+) ● *Number with primary social phobia (n, %)*: Not reported by condition (se note) ● *Number with primary generalized anxiety disorder (n, %)*: Not reported by condition (se note) ● *Number with primary separation anxiety disorder (n, %)*: Not reported by condition (se note) ● *Number with other types of primary anxiety disorders (n, %)*: 0,0% ● *Age in years (mean, SD)*: Not reported ● *Age range and proportion of children and adolescents*: 7-14 Control ● *Number with primary social phobia (n, %)*: Not reported by condition (se note) ● *Number with primary generalized anxiety disorder (n, %)*: Not reported by condition (se note) ● *Number with primary separation anxiety disorder (n, %)*: Not reported by condition (se note) ● *Number with other types of primary anxiety disorders (n, %)*: 0,0% ● *Age in years (mean, SD)*: 7-14 ● *Age range and proportion of children and adolescents*: 7-14 Wait-list ● *Number with primary social phobia (n, %)*: Not reported by condition (se note) ● *Number with primary generalized anxiety disorder (n, %)*: Not reported by condition (se note)

	● *Number with primary separation anxiety disorder (n, %)*: Not reported by condition (se note) ● *Number with other types of primary anxiety disorders (n, %)*: 0,0% ● *Age in years (mean, SD)*: Not reported ● *Age range and proportion of children and adolescents*: 7-14 **Included criteria:** only children with a principal diagnosis of overanxietydisorder (n = 30), separation anxiety disorder (n = 30), orsocial phobia (n = 19) were included. 7-14 year **Excluded criteria:** Children who had intellectual or physical disabilities, who were currentlytaking antianxiety or depression medication, or whose parentswere involved in acute marital breakdown (n - 2), were referred elsewhereand not included in the study **Pretreatment:** There was a significant difference across treatmentconditions for child's age (CBT, M = 9.7, SD = 2.5; CBT+ FAM, M = 10.1, SD= 1.9; WL, M= 8.2, SD = 1.9), F(2,76) = 5.43, p < .01. No further. Analyzed with ANOVA or chi-square.
Interventions	**Intervention Characteristics** Intervention (parents+) ● *Description of type of intervention/control*: Child assigned to Kendall's CBT program (CopingCat Workbook; Kendall, 1990), which specifically targets the child'sanxiety using exposure and cognitive restructuring strategies. The family interventionis designed to be completed in 12 sessions; 4 sessions are devotedto each of the discipline, anxiety management, and parental communicationsections. ● *Length of intervention/control (weeks and sessions)*: 12 sessions weekly basis á 60 - 80 minutes intervention ● *Length of follow-up (in months)*: 6 years Control ● *Description of type of intervention/control*: All children in the active treatment conditions (i.e., CBT delivered inthe form of individual therapy) received the Coping Koala Workbook,which included recognizing anxious feelings and somatic reactions toanxiety, cognitive restructuring in anxiety-provoking situations, copingself-talk, exposure to feared stimuli, evaluating performance, and administeringself-reinforcement as appropriate ● *Length of intervention/control (weeks and sessions)*: 12 sessions weekly basis á 60 - 80 minutes intervention ● *Length of follow-up (in months)*: 6 years Wait-list ● *Description of type of intervention/control*: Families whosought alternative treatment during the waiting period (n ~ 2) wereexcluded from the analysis ● *Length of intervention/control (weeks and sessions)*: 12 weeks

	• *Length of follow-up (in months)*: No follow-up
Outcomes	*Remission of primary anxiety diagnosis (EoT)* • **Outcome type**: DichotomousOutcome • **Reporting**: Fully reported • **Direction**: Higher is better • **Data value**: Endpoint *Youth reported anxiety symptoms (EoT)* • **Outcome type**: ContinuousOutcome • **Reporting**: Fully reported • **Scale**: RCMAS • **Range**: 0 -74 • **Unit of measure**: Points • **Direction**: Lower is better • **Data value**: Endpoint *Parent reported anxiety symptoms (EoT)* • **Outcome type**: ContinuousOutcome • **Reporting**: Fully reported • **Scale**: CBCL-internalizing • **Range**: 0 – 64 • **Unit of measure**: Points • **Direction**: Lower is better • **Data value**: Endpoint • **Notes**: Mother report *Remission of primary anxiety diagnosis (longest FU, at least 3 months)* • **Outcome type**: DichotomousOutcome • **Reporting**: Partially reported • **Scale**: ADIS-C • **Direction**: Higher is better • **Data value**: Endpoint • **Notes**: 6 year FU. No FU for WL

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

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

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

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

Youth reported functioning (EoT)

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

Observer reported functioning (EoT)

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

Combined youth and observer reported functioning (EoT)

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

	Number that discontinued treatment or control (EoT) ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** This research was supported by grants from The National Health andMedical Research Council of Australia, and The Myer Foundation ofAustralia **Country:** Australia **Setting:** **Comments:** **Authors name:** Barrett et al 1996 **Institution:** School of Applied Psychology, Griffith University **Email:** p.barrett@mailbox. gu.edu.au. **Address:** School of Applied Psychology, Griffith University, GoldCoast Campus, PMB50 Gold Coast Mail Centre, Queensland, 4217Australia
Notes	*Nkr 43 Angst* on 02/04/2016 00:37 **Select** Same note as Barret 1998 *Nkr 43 Angst* on 01/05/2016 18:26 **Included** ALSO IN PICO 1 AND JAMES ET AL 2015 *Nkr 43 Angst* on 07/05/2016 22:15 **Population** only children with a principal diagnosis of overanxietydisorder (n = 30), separation anxiety disorder (n = 30), orsocial phobia (n = 19) were included

Risk of bias table

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

Barrett 1998

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention (parents+) ● *Number with primary social phobia (n, %)*: Not reported by condition (but see note) ● *Number with primary generalized anxiety disorder (n, %)*: Not reported by condition (but see note) ● *Number with primary separation anxiety disorder (n, %)*: Not reported by condition (but see note) ● *Number with other types of primary anxiety disorders (n, %)*: 0, 0% ● *Age in years (mean, SD)*: Not reported ● *Age range and proportion of children and adolescents*: 7-14 years Control ● *Number with primary social phobia (n, %)*: Not reported by condition (but see note) ● *Number with primary generalized anxiety disorder (n, %)*: Not reported by condition (but see note) ● *Number with primary separation anxiety disorder (n, %)*: Not reported by condition (but see note)

	● *Number with other types of primary anxiety disorders (n, %)*: 0, 0% ● *Age in years (mean, SD)*: Not reported ● *Age range and proportion of children and adolescents*: 7-14 years Wait-list ● *Number with primary social phobia (n, %)*: Not reported by condition (but see note) ● *Number with primary generalized anxiety disorder (n, %)*: Not reported by condition (but see note) ● *Number with primary separation anxiety disorder (n, %)*: Not reported by condition (but see note) ● *Number with other types of primary anxiety disorders (n, %)*: 0,0% ● *Age in years (mean, SD)*: Not reported ● *Age range and proportion of children and adolescents*: 7-14 **Included criteria:** only children with aprincipal diagnosis of overanxious disorder (OAD; n =301, separalion anxiety disorder (SAD; n = 26), or socialphobia (n = 4) were included in the treatment. **Excluded criteria:** Childrbn with intellectual or physical disabilities,those who were currently taking antianxiety or depressionmedication, and those whose parents were involvedin acute marital breakdown (N = 2) werereferred elsewhere and not included in the study. **Pretreatment:** To ensure there were no significant dem~ographicdifferences across treatment conditions at pretreatment,one-way analyses of variance (ANOVA) tests orchi-square tests were performed comparing both treatmentsand WL conditions. There were no si<gnificantdifferences across conditions for child's sex, mother'sand father's ages, number of siblings, socioeconomicstatus, or marital status. All dependent measures(self-report measures for both children and parents)were compared across both treatment conditions andthe WL condition. Again, no significant diff l erenceswere revealed.
Interventions	**Intervention Characteristics** Intervention (parents+) ● *Description of type of intervention/control*: All children in the active treatment conditions receivedthe Coping Koala Group Workbook (Barrett,1995a), which is an Australian adaptation of Kendall'sCognitive-Behavioural Treatment program (CopingCat Workbook; Kendall et al., 1990). The Group Family Anxiety Management Workbook(Barrett, 1995b) was used in parallel with the CopingKoala Workbook in the GROUP-FAM condition. Thatis, after children completed each of the Coping Koalasessions with the help of parents and therapists, theyworked together through a Group Family AnxietyManagement session. In summary, two therapists andsix families-parents and children-met together ingroups for 2 hr on a weekly basis, Hence, botb treatmentmanuals were used in the GROUP-FAM condition,with parents, children, and therapisw wakingtogether as a group in the therapy room. ● *Length of intervention/control (weeks and sessions)*: 12 weeks and 12 seesions

	● *Length of follow-up (in months)*: 12 Control ● *Description of type of intervention/control*: All children in the active treatment conditions receivedthe Coping Koala Group Workbook (Barrett,1995a), which is an Australian adaptation of Kendall'sCognitive-Behavioural Treatment program (CopingCat Workbook; Kendall et al., 1990) ● *Length of intervention/control (weeks and sessions)*: 12 weeks and 12 sessions ● *Length of follow-up (in months)*: 12 Wait-list ● *Description of type of intervention/control*: ● *Length of intervention/control (weeks and sessions)*: 12 weeks ● *Length of follow-up (in months)*: No follow-up
Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Direction**: Higher is better ● **Data value**: Endpoint *Youth reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: The Fear Survey Schedule for Children-Revised (FSSC-R ● **Range**: 0-160 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Parent reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: CBCL-internalizing ● **Range**: 0-64 ● **Unit of measure**: Points

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

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

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

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

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

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

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

Youth reported functioning (EoT)

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

Observer reported functioning (EoT)

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

	● **Scale**: Improvement ● **Range**: 0-6 ● **Unit of measure**: Points ● **Direction**: Higher is better ● **Data value**: Endpoint ● **Notes**: Clinician rating *Combined youth and observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Number that discontinued treatment or control (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** This research was supported by grants from the National Healthand Medical Research Council of Australiaand Griffith University. **Country:** Australia **Setting:** **Comments:** **Authors name:** Barrett 1998 **Institution:** **Email:** Not reported **Address:** School ofApplied Psychology, Griffith University, Gold Coast Campus, Australia4217.
Notes	*Nkr 43 Angst* on 02/04/2016 00:33 **Select** A large percentage of youth had a OAD diagnosis. However we onlly specify that the diagnosis should be from DSM or ICD, but not a specific version of these."Childten and their parents were interviewed separatelyusing a structured interview schedule (the study startedwhen the Diagnostic and Statistical Manual of MentalDisorders, 3rd ed., rev.; DSM-ZZZ-R; American PsychiatricAssociation, 1987), and only children with aprincipal diagnosis of overanxious disorder (OAD; n =301, separalion anxiety disorder (SAD; n = 26), or socialphobia (n = 4) were included in the treatment""In the GROUP-CBT condition, only the children were included in treatment, in a group situation with the therapist. ""In

	summary, two therapists andsix families-parents and children-met together ingroups for 2 hr on a weekly basis, Hence, botb treatmentmanuals were used in the GROUP-FAM condition,with parents, children, and therapisw wakingtogether as a group in the therapy room" *Nkr 43 Angst* on 01/05/2016 18:23 **Included** ALSO IN PICO 1AND JAMES ET AL 2015 *Nkr 43 Angst* on 02/05/2016 04:07 **Population** only children with aprincipal diagnosis of overanxious disorder (OAD; n =301, separalion anxiety disorder (SAD; n = 26), or socialphobia (n = 4) were included in the treatment. *Henning Keinke Andersen* on 04/05/2016 19:32 **Outcomes** Numbers used are based on ITTThe Group CBT vs Group Fam had 4 vs 2 drop-outsAs for the parent reported outcomes, the presented data is from mother and father resp - and no consensus made. I have chosen to leave this blanc *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 con- ducted 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 dliagnosis 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

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:** YES
Participants	**Baseline Characteristics** Intervention ● *Number with primary social phobia (n, %)*: Not reported (see note) ● *Number with primary generalized anxiety disorder (n, %)*: Not reported (see note) ● *Number with primary separation anxiety disorder (n, %)*: Not reported (see note) ● *Number with other types of primary anxiety disorders (n, %)*: 0,0% ● *Age in years (mean, SD)*: Not reported by condition (total: M= 9.0 SD= 1.0) ● *Age range and proportion of children and adolescents*: 7 to 11 years old (total group, no data on group age) Control (WL) ● *Number with primary social phobia (n, %)*: Not reported (see note)

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

Intervention 2 Parent +child

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

Included criteria: Inclusion criteria required DSM-IV diagnoses of SAD, GAD,and/or SP or ‘‘features’’ (one or more, but not all criteria) of oneof these anxiety disorders and associated composite CSR of 2 to6 on the ADIS. Range of CSR is 0 to 8.
Excluded criteria: Exclusion criteria were current diagnoses of obsessive-compulsive disorder, posttraumatic stress disorder, attention-deficit/hyperactivity disorder, conduct disorder, schizophrenia, pervasive developmental disorder, major depression, or alcohol or drug abuse on the ADIS; current suicidal or homicidal intent or plan; current psychotropic medication; parent and/or child do not speak English; recent or current trial of CBT; and composite CSR >6 on any anxiety diagnosis.Because this investigation was an intervention study for anxious children with mild to moderate symptomatology, the most symptomatic children (CSR of7–8) were excluded. Only one potential participant was excluded for CSR >6 and was referred for treatment elsewhere. Dadds and colleagues (1997) included participants with CSRs of 1–5. In this study, 13 children with CSR <2 were excluded.
Pretreatment: A series of x2 (sex, baseline diagnostic status), oneway ANOVA (age, continuous measures of anxiety), and Kruskal-Wallis (ordinal measures of anxiety) tests was conducted to ensure equivalency across groups on baseline measures. Analyses indicated that groups were balanced on demographic variables: sex, x2 = 0.58, p = .75; age, F2,55 = 0.33, p = .72; and socioeconomic status, F2, 54 = 0.07, p = .94. Groups were also equivalent at baseline on diagnostic status, x2 = 1.58, p = .45; and composite CSR, Kruskal-Wallis = 3.1, p = .31. Analyses further indicated that groups were comparable at baseline on MASC, F2, 55 = 0.35, p = .71; parent MASC, F2, 55 = 0.14, p = .87; and parent SCARED, F2, 54 = 1.02, p = .37.WL group were less ill at baseline. "The percentage of participants meeting diagnostic criteria in the child CBT plus parent training group decreased from 80% at baseline to 33% posttreatment, child-only CBT group decreased from 82% at baseline to29% posttreatment, and no-treatment control decreased from 67% at baseline to 46%

	posttreatment.
Interventions	**Intervention Characteristics** Intervention ● *Description of type of intervention/control*: The FRIENDS program is a manual-based group CBT programfor anxious children (Barrett et al., 2000). The program was developedfrom the Coping Koala Group Program (Barrett, 1995), whichwas the Australian version of the Coping Cat Program (Kendall,1990). The FRIENDS program has demonstrated efficacy in a randomizedclinical trial (Shortt et al., 2001). The program consists of10 weekly sessions and 2 booster sessions. The present study combinedsessions 9 and 10 because of time constraints. Because a largeportion of session 10 includes a party, no session content was lost ● *Length of intervention/control (weeks and sessions)*: 60-minute sessions. 9weeks + booster sessions at 1 and 3months ● *Length of follow-up (in months)*: 6months (12months but WL was offered treatment at 6months) Control (WL) ● *Description of type of intervention/control*: WL, no treatment ● *Length of intervention/control (weeks and sessions)*: 9 weeks ● *Length of follow-up (in months)*: 6months (12months but WL was offered treatment at 6months) Intervention 2 Parent +child ● *Description of type of intervention/control*: Child and parent groups were conducted separately but simultaneously. At least one parent for each childwas required to attend the parent training group. ● *Length of intervention/control (weeks and sessions)*: 60-minute sessions. 9weeks + booster sessions at 1 and 3months ● *Length of follow-up (in months)*: 6months (12months but WL was offered treatment at 6months)
Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome *Youth reported anxiety symptoms (EoT)* ● Not reported *Parent reported anxiety symptoms (EoT)* ● Not reported *Remission of primary anxiety diagnosis (longest FU, at least 3 months)*

	● **Outcome type**: DichotomousOutcome ● **Scale**: 6month follow-up *Youth reported anxiety symptoms (longest FU, at least 3 months)* ● Not reported *Parent reported anxiety symptoms (longest FU, at least 3 months)* ● Not reported *Youth reported functioning (EoT)* ● Not reported *Observer reported functioning (EoT)* ● Not reported *Combined youth and observer reported functioning (EoT)* ● Not reported *Number that discontinued treatment or control (EoT)* ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** Funded by grants from the National Institute of Mental Health (MH065369), the University of Minnesota Academic Health Center, andthe Minnesota Medical Foundation (G.A.B.). **Country:** USA **Setting:** School. Groups met in classrooms at the children's schools after school hours. Participants at each school were divided into two groups to keep the number of children per group manageable with 8 to 10 children per group. Child and parent groups were conducted separately but simultaneously. **Comments:** Used the 6 month FU since half the WL got CBT after 6 month fu **Authors name:** Bernstein et al 2005 **Institution:** Division of Child and Adolescent Psychiatry, University of Minnesota Medical School, Minneapolis **Email:** berns001@umn.edu **Address:** Division of Child and Adolescent Psychiatry, University of Minnesota Medical School, F256/2B West, 2450Riverside Avenue, Minneapolis, MN 55454

Notes	*Nkr 43 Angst* on 05/05/2016 19:20 **Included** Not in James et al *Kristine Rasmussen* on 06/05/2016 05:01 **Outcomes** All results are per protocolRemission of primary diagnosis (EoT) results calculated by subtracting % meeting diagnosis pre-intervention by % meeting diagnosis post-intervention. Youth reported anxiety symptoms (EoT) scale: Child MASCParent reported anxiety symptoms (EoT) scale: Parent MASCNB! At 3 and 6months the two intervention groups were collapsed. Means reported in intervention are therefore collapsed and can't be used in PICO 7. Longest FU used is 6months as 50% of WL participants received CBT from 6months onwards.Youth reported anxiety symptoms (6m-FU) scale: Child MASC, uncertainty about number of participants at 6months. N is taken from remission of primary anxiety diagnosisParent reported anxiety symptoms (6m-FU) scale: Parent MASC, uncertainty about number of participants at 6months. N is taken from remission of primary anxiety diagnosis

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	Judgement Comment: Method of randomisation not mentioned. Only mentions that schools were randomised to one of 3 conditions
Allocation concealment	Unclear risk	Judgement Comment: Not mentioned
Blinding of participants and personnel	High risk	Judgement Comment: Impossible to blind participants
Blinding of outcome assessors	Low risk	Judgement Comment: Several procedures helped to maintain the blind for the independent evaluators. Because of anticipated research staff turnover, participants were randomly assigned to independent evaluators at baseline and again posttreatment. All independent evaluators conducted interviews with children from each of the three schools. Families were instructed not to mention their condition assignment to the independent evaluators.

Incomplete outcome data	Unclear risk	Judgement Comment: Good flow diagram in 2005 paper, but difficult to follow participants at 6months FU reported in the 2008. Fx at 6 months 12 WL participants chose CBT treatment and 12 remained in the study. However, the remission of the primary diagnosis outcome reports results for 15 WL participants. The other outcomes are reported without participant figures.
Selective outcome reporting	Low risk	Judgement Comment: All outcomes reported on, but not all outcomes have easily interpretable data reported.
Other sources of bias	Unclear risk	Judgement Comment: Cluster RCT and there was no account for group effects in the interpretation and presentation of results

Esbjorn 2014

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

	Included criteria: Inclusion criteria were: i) the child had oneof four anxiety disorders (generalized anxiety disorder (GAD), separation anxiety disorder(SAD), specific phobia (SP) or social phobia (SoP)) as their primary diagnosis; ii) the childhad a full scale IQ 70; and iii) at least one of the parents was a native speaker of Danish. **Excluded criteria:** Not stated specifically **Pretreatment:** There were no significant differencesin age distribution, gender or mean severity level of the primary diagnosis at intake (MeanCSRprimary: co-faciliator 7.23 (SD = .86) vs. co-client 7.64 (SD = .73); p = .063) or numberof diagnoses per child ($\chi 2$ = .852, df: 2; p = .653) between the two groups (Esbjørn et al 2013)As can be seen in Table 2, we found nodifferences between treatment groups on the relevant parentalmeasures at pretreatment, based on a Bonferroni corrected alphalevel of .012. (Esbjørn et al 2014)
Interventions	**Intervention Characteristics** Intervention ● *Description of type of intervention/control*: The treatments were guided by caseformulationsand were conducted by specialists in CBT for children and/or new therapistsattending 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 caseformulation,psycho-education on anxiety, and socialization to CBT. The case-formulationidentified the child's thoughts, emotions and behaviours in anxiety provoking situations,and also important family factors prior to the development/identification of the anxiety andduring the anxiety provoking situations. The final family session included relapse prevention.Knowledge of family dynamics and life events had been collected during the pretreatmentassessment.Families who were enrolled in the co-client condition received six parallel parentsessions incorporating the following components: cognitive restructuring and modification ofdysfunctional parental beliefs that would prevent the parent from providing optimal support tothe child rather than being over-involved/intrusive; teaching the parents problem solving andconflict management strategies to minimize negative parent-child interactions resulting in lackof warmth in the interaction; and supporting the child to exhibit ongoing courageous behaviourby employing a contingency management strategy. The parent treatment thus targets: a) overinvolvedbehaviour; b) lack of warmth in the parent-child interaction; and c) reinforcementof avoidant behaviour ● *Length of intervention/control (weeks and sessions)*: 6 individual child sessions, 6 parent session and 2 mixed sessions ● *Length of follow-up (in months)*: 6 months Control ● *Description of type of intervention/control*: 14 sessions of individualized caseformulationbased CBT applying standard CBTtechniques. The first and last session was identical familysessions.

	● *Length of intervention/control (weeks and sessions)*: 12 individual child sessions and 2 mixed ● *Length of follow-up (in months)*: 6 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**: SCARED-R ● **Range**: 0-207 ● **Direction**: Lower is better ● **Data value**: Endpoint *Parent reported anxiety symptoms (EoT)* ● **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 *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 ● **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	**Sponsorship source:** The study was supported by grants to the Copenhagen Child Anxiety Project from the Egmontand Helse Foundation. **Country:** Denmark **Setting:** Families were self-referred to a university clinic for CBT, but often informed by professionals. **Comments:** **Authors name:** Esbjørn et al., 2013 (providing remission data) and Esbjørn et al 2014 (providing self-report data) **Institution:** Department of Psychology, University of Copenhagen, **Email:** Barbara.hoff@psy.ku.dk (B.H. Esbjørn). **Address:** Øster Farimagsgade 2A, 1353 Copenhagen K, DK
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 wasregarded as random by default, as the occurrence was very low(<.5% for the overall dataset). Missing data on the single-item levelin all questionnaires were therefore replaced with case mean scoresfor the particular scale/subscale.
Selective outcome reporting	Unclear risk	Not described
Other sources of bias	Low risk	

GarciaLopez 2014

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *Number with primary social phobia (n, %)*: 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 adoloescents) Control ● *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 adolsecents) **Included criteria:** The inclusion criteria were: (a) primary diagnosis of social anxietydisorder, as diagnosed using the ADIS-IV-C/P; (b) subjectsaged 12–17 years; (c) high levels of EE in the family; and (d)written informed consentfrom both adolescent and parents. **Excluded criteria:** Exclusioncriteria, on the other hand, were: (a) current suicidal intentor risk, and (b) a positive diagnosis of mental retardation, psychosis,or other psychiatric conditions that would limit their abilityto understand assessment and treatment **Pretreatment:** First, the two experimental conditionswere compared with respect to gender, age and social anxietymeasures through an analysis of variance (ANOVA) or 2 test. Nosignificant differences were obtained at pre-treatment (all pvalues >.05), except for comorbidity rates. The IFAFS presentedsignificantly higher comorbid disorders (M = 1.60, SD = 1.40) thanthe IAFS condition n (M = .75, SD = .84), t(50) = 2.75, p = .02, with amedium-to-high effect size, d = .76

Interventions	**Intervention Characteristics** Intervention ● *Description of type of intervention/control*: Individual til child as in controlgroup. Parent training targeting EE. Including pschoeducation about social anxiety. ● *Length of intervention/control (weeks and sessions)*: Adolescents: 12 weeks, 12 sessions. Parents additional 5 additional 2-hour group sessions ● *Length of follow-up (in months)*: 12 Control ● *Description of type of intervention/control*: Individual CBT, psychoeducation, exposure, social skills and therapi. Video feedback to social situations ● *Length of intervention/control (weeks and sessions)*: 12 weeks, 12 sessions ● *Length of follow-up (in months)*: 12
Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Scale**: ADIS ● **Direction**: Higher is better ● **Data value**: Endpoint *Youth reported anxiety symptoms (EoT)* ● **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 *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
- **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

	● **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	**Sponsorship source:** This research was supported in part by a grant from the SpanishMinistry of Education (PSI2009-12448) and the European RegionalDevelopment Fund (ERDF). **Country:** Spain **Setting:** offered cognitive-behavioral group treatment at school **Comments:** **Authors name:** Garcia Lopez et al., 2014 **Institution:** University of Jaen, Department of Psychology, Division of Clinical Psychology, Spain. **Email:** ljgarcia@ujaen.es, ljgarlo@cop.es **Address:**
Notes	*Nkr 43 Angst* on 31/03/2016 18:58 **Select** The original IAFS stems fromCBGT-Aand SETprotocols, and consistsof 12 weekly group sessions, each lasting 90 min.The IFAFS follows the same structure as the IAFS, but includesa parent training component specifically designed for targeting EE.This module consists of 5 additional 120-min group sessions, separate for the parents

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 samplegroup assigned initial treatment and the one which actuallybenefited 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	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention (parents+) ● *Number with primary social phobia (n, %)*: Not reported, 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-threepercent were 7–10 years old, and 37% were 11–14 Control ● *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*

	adolescents: Sixty-threepercent were 7–10 years old, and 37% were 11–14 **Included criteria:** Not reported directly **Excluded criteria:** Exclusion criteria were few:psychotic symptoms, mental retardation, a disabling medical condition,the child's participation in concurrent treatment, or thechild's taking antianxiety or antidepressant medications. At leastone parent was required to be English speaking **Pretreatment:** Analyses revealed no significant pretreatment differences acrossconditions (i.e., ICBT, FCBT, FESA) on key demographic and outcomevariables (see Table 1).
Interventions	**Intervention Characteristics** Intervention (parents+) ● *Description of type of intervention/control*: FCBT integrated ICBT within a familyview of child anxiety. As with ICBT, the FCBT approach taughtyouth 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 addi-tion, FCBT aimed to modify maladaptive parental beliefs andexpectations, teach parents constructive responses to their child'sanxious 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 toapply the skills taught in therapy to cope with their own distress.In this way, parents were active members of the treatment processand were expected to engage in all therapeutic activities. AtSessions 4 and 9 the therapist met with the parents and childseparately to provide them with a private opportunity to discussissues with the therapist ● *Length of intervention/control (weeks and sessions)*: 16 weekly session/60 minutes ● *Length of follow-up (in months)*: 12 months Control ● *Description of type of intervention/control*: ICBTcondition manualised with Coping Cat workbook.ICBT usedbehavioral strategies such as modeling, imaginal and in-vivo ex-posure tasks, role play, relaxation training, and contingent rein-forcement. Homework tasks were assigned to the child. Therapistsmet individually with the child for 14 (of 16) sessions and withparents at Sessions 4 and 9. Parent sessions provided the therapistwith an opportunity to inform the parents about treatment and thechild's progress, collect information, and answer questions. Ther-apists provided psychoeducation regarding youth anxiety andcoached parents on ways of responding to their particular child'sanxious behavior. ● *Length of intervention/control (weeks and sessions)*: 16 weekly sessions/60 minutes ● *Length of follow-up (in months)*: 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)

	● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Number that discontinued treatment or control (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** This research was supported by National Institute of Mental HealthGrant MH 59087 awarded to Philip C. Kendal **Country:** Philadelphia, USA **Setting:** Outpatients, Child and Adolescent Anxiety Disorders Clinic at Temple University **Comments:** **Authors name:** Kendall et al., 20008 **Institution:** University of Pennsylvania, Department of Psychiatry **Email:** E-mail: pkendall@temple.edu **Address:** Philip C.Kendall, Department of Psychology, Weiss Hall, Temple University, 1701North 13th Street, Philadelphia, PA 19122-6085.
Notes	*Nkr 43 Angst* on 02/04/2016 03:47 **Select** 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. *Nkr 43 Angst* on 01/05/2016 18:46 **Included** IN JAMES ET AL 2015 (named "Kendell 2008" by mistake) *Nkr 43 Angst* on 01/05/2016 23:36 **Population**

	% 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

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention (parents+) ● *Number with primary social phobia (n, %)*: Not reported by condition (see note) ● *Number with primary generalized anxiety disorder (n, %)*: Not reported by condition (see note) ● *Number with primary separation anxiety disorder (n, %)*: Not reported by condition (see note) ● *Number with other types of primary anxiety disorders (n, %)*: Not reported by condition (see note) ● *Age in years (mean, SD)*: Not reported by condition (total sample M = 9.8) ● *Age range and proportion of children and adolescents*: 7-12 (0% adolescents) Control ● *Number with primary social phobia (n, %)*: Not reported by condition (see note)

	● *Number with primary generalized anxiety disorder (n, %)*: Not reported by condition (see note) ● *Number with primary separation anxiety disorder (n, %)*: Not reported by condition (see note) ● *Number with other types of primary anxiety disorders (n, %)*: Not reported by condition (see note) ● *Age in years (mean, SD)*: Not reported by condition (total sample M = 9.8) ● *Age range and proportion of children and adolescents*: 7-12 (0% adolescents) **Included criteria:** A DSM-IV anxiety disorder **Excluded criteria:** Psychotic conditions, medical ccondition which interfered with treatment, not fluent in English. Mediction had to be at a stable dosis **Pretreatment:** No major differences. 18 children in C/P condition, 23 children in C-only, 21 children in P-only.
Interventions	**Intervention Characteristics** Intervention (parents+) ● *Description of type of intervention/control*: Standard CBT program "Coping Bear" - based on Kendalls Coping Cat Program. A book was provided for parents (Key to managing your anxious child) theaching how to help children with anxiety disorders ● *Length of intervention/control (weeks and sessions)*: 12 weeks and 12 sessions ● *Length of follow-up (in months)*: 6-7 years. However, FU not reported by condition, but only for total sample Control ● *Description of type of intervention/control*: Standard CBT program "Coping Bear" - based on Kendalls Coping Cat Program ● *Length of intervention/control (weeks and sessions)*: 12 weeks and 12 sessions ● *Length of follow-up (in months)*: 6-7 years. However, FU not reported by condition, but only for total sample
Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Not reported *Youth reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: RCMAS ● **Range**: 0 -74 ● **Unit of measure**: Points

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

Parent reported anxiety symptoms (EoT)
- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported

Remission of primary anxiety diagnosis (longest FU, at least 3 months)
- **Outcome type**: DichotomousOutcome
- **Reporting**: Not reported

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

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

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

Number that discontinued treatment or control (EoT)
- **Outcome type**: DichotomousOutcome
- **Reporting**: Not reported

Identification	**Sponsorship source:** Not reported. Part of the main authors phd dissertation **Country:** Canada **Setting:** Outpatients, Hospital for sick children, Toronto **Comments:** **Authors name:** Mendlowitz et al 1999 **Institution:** **Email:** smendlow@msh.on.ca **Address:**
Notes	*Nkr 43 Angst* on 02/04/2016 04:14 **Select** 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 (32of 63; 51%), followed by separation anxiety disorder(20 of 63; 31%). Social phobia, specific phobia, andpanic disorder constituted the remaining primarydiagnoses." *Nkr 43 Angst* on 01/05/2016 18:35 **Included** IN JAMES ET AL 2015 *Nkr 43 Angst* on 07/05/2016 19:11 **Population** 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."

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

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention (parents+) ● *Number with primary social phobia (n, %)*: 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 ● *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)

	● *Age range and proportion of children and adolescents*: 8–15(% adolescents not reported) **Included criteria:** Children were included in thestudy when they met the DSM-IV criteria for ananxiety disorder (as their main problem), basedon the Anxiety Disorders Interview Schedule forChildren (ADIS-C; Silverman and Nelles, 1988) **Excluded criteria:** Exclusion criteria included psychotic symptoms,intellectual disabilities, and current involvementin psychosocial or pharmacological treatment foranxiety problems. **Pretreatment:** No significant differences were found on demographicvariables including sex, age, parental maritalstatus, previous treatment, and duration ofcomplaints. On variables related to diagnoses andseverity of complaints, including number of comorbiddisorders, parental reports on total fear scoreof the child, and child self-reports on total fear, nosignificant differences were found either.
Interventions	**Intervention Characteristics** Intervention (parents+) ● *Description of type of intervention/control*: The cognitive parent training (CPT) was developedto run in parallel with the individual CBT ofthe child. Parents assigned to the parent trainingcondition 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 (seealso Beck, 1995). It focuses on parental cognitionsand behaviour provoked by anxious behaviour ofthe child. During the first sessions, parents receivepsycho-education on anxiety in children, training inproblem solving, and training in reward of courageousbehaviour. During homework assignments,they learn to identify their thoughts about anxiousbehaviour of their child ● *Length of intervention/control (weeks and sessions)*: 12 weeks. 7 parent sessions, 12 child sessions ● *Length of follow-up (in months)*: 15 months Control ● *Description of type of intervention/control*: Individual Cognitive Behaviour Therapy for theChild (CBT)Children were individually treated using aDutch version of Kendall's 'Coping-Cat' workbook(Kendall et al., 1990). The main adaptationsincluded a shortening of the therapy to a 12-session programme (instead of 16 sessions) andan earlier start of exposure exercises (in session 4instead of session 9). The key ingredient in thisprogramme is graduated exposure in vivo exercises. This treatment included parent sessionsafter sessions 2 and 7 ● *Length of intervention/control (weeks and sessions)*: 12 weekly sessions á 45 - 60 minutes. ● *Length of follow-up (in months)*: 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

	● **Data value**: Endpoint
Identification	**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.
Notes	*Nkr 43 Angst* on 02/04/2016 04:53 **Select** Used a self-modified version of another scale.Most children had a primary diagnosis of separationanxiety disorder (n D 8; 44%) or socialphobia (n D 7; 39%), and a minority was diagnosedwith generalized anxiety disorder (n D 3; 17%).All children received active treatment, whichconsisted of 12 weekly sessions of cognitivebehaviouraltherapy. In addition, the families wererandomly assigned to one of the following conditions:(1) no extra treatment, or (2) additional cognitivetraining for the parents, consisting of sevenfortnightly sessions, parallel to the individual treatmentof the child. *Gitte Moth* on 08/05/2016 02:03 **Outcomes** Outcomes are reported in a n=total for both conditions?

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

	● *Number with primary social phobia (n, %)*: Not reported by condition (see note) ● *Number with primary generalized anxiety disorder (n, %)*: Not reported by condition (see note) ● *Number with primary separation anxiety disorder (n, %)*: Not reported by condition (see note) ● *Number with other types of primary anxiety disorders (n, %)*: Not reported by condition (see note) ● *Age in years (mean, SD)*: Not reported by condition (total sample: M= 11.0, SD 2.4 ● *Age range and proportion of children and adolescents*: 7-18(unknown % adolescents) **Included criteria:** Inclusion criteria were as follows: (1) meeting the criteria of a primary diagnosis of separationanxiety, social phobia, generalized anxiety, or panic with or withoutagoraphobia (by the Anxiety Disorder Interview Schedule), (2) IQ> 80, (3) age 7 to 18 years, (4) no current psychotherapy or medi-cation for anxiety problems, (5) no CBT in the past 2 years. Co-morbid disorders, such as depression, obsessive-compulsivedisorder, or attention-deficit/hyperactivity disorder (ADHD), werenot exclusion criteria for participation **Excluded criteria:** Exclusion criteria: principal diagnosis of simple phobia or other (non-anxiety) diagnoses; intellectual or physical disabilities; antianxiety or depression medication; parents involved in acute marital breakdown **Pretreatment:** The only difference found was that children in the CPT condition hadlonger histories of anxiety than children in the child-only condition (means of 44 months and 30 months,respectively;F1,74= 5.7,p< .05). In the comparisonbetween the 48 referred children and the 28 recruitedchildren, we found no significant difference betweenthe groups on any demographic variable or any pre-treatment outcome measure in child or parent reports
Interventions	**Intervention Characteristics** Intervention (parents+) ● *Description of type of intervention/control*: CPT comprised a short, seven-session intervention, addressingparents' behavior and their thoughts and feelings regarding theiranxious child.The program was developed to runparallel with the child CBT program, with a different therapist. Thefirst sessions provided psychoeducation on anxiety disorders in children,followed by behavioral advice and pragmatic parenting skills.The counseling included encouraging coping behavior, stimulatingindependent behavior, and considering intermediate steps in conqueringdifficult situations. Parents were also trained in problemsolvingskills ● *Length of intervention/control (weeks and sessions)*: 12 weeks. Children: 12 sessions, parents: 7 sessions ● *Length of follow-up (in months)*: 3 Control ● *Description of type of intervention/control*: The CBT was a 12-session Dutch adaptation of the Coping Catprogram (Kendall, 1994). The key ingredient in this program isgraduated-exposure in vivo exercises that are practiced during sessionsand at home. Children learn tools to help them cope withanxiety, including relaxation exercises, formulation of helpingthoughts, coping techniques, and appropriate self-reinforcement.

	• *Length of intervention/control (weeks and sessions)*: 12 weeks, 12 sessions • *Length of follow-up (in months)*: 3 Wait-list • *Description of type of intervention/control*: For practical reasons regarding therapistavailability and the absence of a natural waiting list in thesettings, children were not assigned to the wait-list condition in thefirst 3 months of the study. For ethical reasons, children with full school absence (n = 5) were not assigned to the wait-list condition • *Length of intervention/control (weeks and sessions)*: • *Length of follow-up (in months)*: No follow-up
Outcomes	*Remission of primary anxiety diagnosis (EoT)* • **Outcome type**: DichotomousOutcome • **Reporting**: Fully reported • **Direction**: Higher is better • **Data value**: Endpoint *Youth reported anxiety symptoms (EoT)* • **Outcome type**: ContinuousOutcome • **Reporting**: Fully reported • **Scale**: SCAS-C • **Range**: 0-114 • **Unit of measure**: Points • **Direction**: Lower is better • **Data value**: Endpoint *Parent reported anxiety symptoms (EoT)* • **Outcome type**: ContinuousOutcome • **Reporting**: Fully reported • **Scale**: SCAS-P • **Range**: 0-114 • **Unit of measure**: Points • **Direction**: Lower is better • **Data value**: Endpoint *Remission of primary anxiety diagnosis (longest FU, at least 3 months)*

- **Outcome type**: DichotomousOutcome
- **Reporting**: 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

	● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Number that discontinued treatment or control (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** Not reported **Country:** The Netherlands **Setting:** Children were either referred for anxiety problems to one of two mental health centers, or were recruited through GPs, schools, ormedia for participation in this study. **Comments:** **Authors name:** Nauta et al 2003 **Institution:** Department of Clinical Psychology, University of Groningen, and therapist, Academic Centre for Child and Adolescent Psychiatry, Groningen (ACCAPG). **Email:** m.h.nauta@ppsw.rug.nl **Address:** Grote Kruisstraat 2/1, 9712 TS Groningen, the Netherlands;
Notes	*Nkr 43 Angst* on 02/04/2016 04:59 **Select** The randomization seems a bit strange:Participants were randomly assigned to one of three treatmentconditions: (1) CBT only (n = 29), (2) CBT + CPT (n = 30), and(3) wait-list control (n = 20). For practical reasons regarding therapistavailability and the absence of a natural waiting list in thesettings, children were not assigned to the wait-list condition in thefirst 3 months of the study. For ethical reasons, children with fullschool absence (n = 5) were not assigned to the wait-list condition.These two factors led to a relatively low number of children in thewait-list condition. Of these 20 children, 2 (10%) no longer metthe criteria for an anxiety disorder after the wait-list period. Onefamily did not continue with the treatment study. These threechildren were included only in the wait-list analyses. The 17 postwait-listchildren were randomized across the two treatment conditions,leading to a total of 37 children receiving CBT only and 39children receiving CBT + CPT *Henning Keinke Andersen* on 04/05/2016 23:23

	Outcomes 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 treatmentRe: 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

Risk of bias table

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

Ost 2015

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

	● *Age range and proportion of children and adolescents*: Only reported for the total sample 8-14 Control ● *Number with primary social phobia (n, %)*: 24, 100% ● *Number with primary generalized anxiety disorder (n, %)*: 0,0 ● *Number with primary separation anxiety disorder (n, %)*: 0,0 ● *Number with other types of primary anxiety disorders (n, %)*: 0,0 ● *Age in years (mean, SD)*: Only reported for the total sample M=11.6(SD=1.99) ● *Age range and proportion of children and adolescents*: Only reported for the total sample 8-14 Wait-list ● *Number with primary social phobia (n, %)*: 23, 100% ● *Number with primary generalized anxiety disorder (n, %)*: 0,0 ● *Number with primary separation anxiety disorder (n, %)*: 0,0 ● *Number with other types of primary anxiety disorders (n, %)*: 0,0 ● *Age in years (mean, SD)*: Only reported for the total sample M=11.6(SD=1.99) ● *Age range and proportion of children and adolescents*: Only reported for the total sample 8-14 **Included criteria:** Be between 8 and 14 years of age.2. Presenting with social phobia according to the DSM-IV (APA,1994) criteria and this had to be the child's primary diagnosis.3. The severity of the phobia had to be at least 4 on the 0e8clinician severity scale (ADIS-C/P, Silverman & Albano, 1996).4. The duration of the phobia had to be at least one year.5. Be motivated for treatment.6. The patient must not fulfill criteria for any of the disordersleading to exclusion, i.e. primary depression, drug or alcoholabuse, developmental disorder or displaying psychoticsymptoms.7. The parents and participants had to agree to discontinue anyother form of psychotherapy or antianxiety medication for theduration of the treatment. **Excluded criteria:** The primary exclusion criterion was fulfilling another psychiatricdisorder with a higher clinician severity rating than that forsocial phobia. A second criterion was if the participant lacked amotivation for treatment in him-/herself. **Pretreatment:** One-way ANOVA was used to compare the three conditions onthe demographic and outcome measures at pre-treatment. Theonly variable showing a significant difference was the SPAI-C($F(2,52) = 3.26$, $p = .046$), on which the Child only condition hada significantly lower mean (19.27) than the Child plus parent condition(28.69).
Interventions	**Intervention Characteristics** Intervention ● *Description of type of intervention/control*: A) Psychoeducation individual, Exposure in vivo - individual with

	homework, social skill training, B) C/P - parents underwent a course with their children's treatment and how to help the child overcome anxiety, encourage child to carry out assignments og social activities ● *Length of intervention/control (weeks and sessions)*: 14 weeks. Child: 2 individual sessions and 12 group sessions. Parents: 12 weeks, 8 sessions ● *Length of follow-up (in months)*: 12 Control ● *Description of type of intervention/control*: The first two sessions were devoted to gathering information inorder to enable an individual behavior analysis. Information wasgathered from the child and the parents but also from self-reportscales and from the ADIS-C/P interviews. The child also receivedpsycho-education about social phobia during these first sessions.The following components were included in the social skillstraining: to introduce oneself, to start a conversation, to posequestions to strangers, to join in with a group, to make phone calls,to order at a restaurant, assertiveness training, and verbal performancesof different kinds. The topics were worked through in thefollowing way: First the “skill” of the day was discussed, why thisskill was important, and what to think about when performing thisskill. Then the therapists demonstrated the skill by roleplaying itbefore the children went on to practice the skill. This was oftendone in the form of role plays but also through “live” exercises, e.g.going to fast food restaurants to order food, pose questions tostrangers, etc ● *Length of intervention/control (weeks and sessions)*: 14 weeks. Child: 2 individual sessions and 12 group sessions. ● *Length of follow-up (in months)*: 12 months follow up Wait-list ● *Description of type of intervention/control*: 12 week wait-list ● *Length of intervention/control (weeks and sessions)*: 12 weeks ● *Length of follow-up (in months)*: no follow-up
Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Direction**: Higher is better ● **Data value**: Endpoint ● **Notes**: WL included *Youth reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported

- **Scale**: Social Phobia and Anxiety Inventory for Children
- **Range**: 0-52
- **Unit of measure**: Points
- **Direction**: Lower is better
- **Data value**: Endpoint
- **Notes**: WL included

Parent reported anxiety symptoms (EoT)

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

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

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

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

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

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

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

	● **Scale**: Social Phobia and Anxiety Inventory for Children ● **Range**: 0-52 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint ● **Notes**: 12 mth fu *Youth reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Number that discontinued treatment or control (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Direction**: Lower is better ● **Data value**: Endpoint *Combined youth and observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: ADIS CSR ● **Range**: 0-8 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint ● **Notes**: Based on combined ADIS CSR
Identification	**Sponsorship source:** This research was supported by grants from the Swedish Councilfor Working Life and Social Research (F0129/2001) and from theSwedish Research Council (421-2001-4740). **Country:** Sweden **Setting:** Most likely university clinic

	Comments: **Authors name:** Öst et al., 2015 **Institution:** Department of Psychology, Stockholm University, Sweden **Email:** ost@psychology.su.se **Address:**
Notes	*Nkr 43 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. *Gitte Moth* on 25/04/2016 22:58 **Study Design** 1. group: C2. group: C/P3. group: WLCGroup 3 made a cross over and randomized to group 1 + 2, and participated in 1 yr follow up. *Gitte Moth* on 06/05/2016 22:15 **Population** Comorbidity on all groups:27 (39.7%) specific phobias14 (20.6%) GAD8 (11.8%) SAD3 (4.4%) OCD2 (2.9%) panic disorder8 (11.8%) Major depression *Gitte Moth* 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 assesed at 1 yr follow up.

Risk of bias table

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

Schneider 2013

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *Number with primary social phobia (n, %)*: 0,0 ● *Number with primary generalized anxiety disorder (n, %)*: 0,0 ● *Number with primary separation anxiety disorder (n, %)*: 31, 100% ● *Number with other types of primary anxiety disorders (n, %)*: 0,0

	● *Age in years (mean, SD)*: Only reported on total sample (10.36, SD=1.55) ● *Age range and proportion of children and adolescents*: 8-13 years (no further split on age groups) Control ● *Number with primary social phobia (n, %)*: 0,0 ● *Number with primary generalized anxiety disorder (n, %)*: 0,0 ● *Number with primary separation anxiety disorder (n, %)*: 33, 100% ● *Number with other types of primary anxiety disorders (n, %)*: 0,0 ● *Age in years (mean, SD)*: Only reported on total sample (10.36, SD=1.55) ● *Age range and proportion of children and adolescents*: 8-13 years (no further split on age groups) **Included criteria:** Inclusion criteria were meeting full diagnostic criteriafor SAD according to the Diagnostic and Statistical Manual forMental Disorders, text revision (DSM–IV–TR; American PsychiatricAssociation, 2000), age between 8 and 13 years old, Germanspeaking, not taking medication, and written parental informedconsent and verbal child assent to randomized condition assignmentand completion of psychological assessments. **Excluded criteria:** None are stated **Pretreatment:** No significant differences betweenconditions were found for gender, child or parental age, familystructure, or family income.Two-tailed independent t tests indicated no between-group differenceson any pretreatment variables (see Table 1). Families whodropped out of the study before or during treatment did notsignificantly differ from those who completed treatment on any ofthe baseline variables.
Interventions	**Intervention Characteristics** Intervention ● *Description of type of intervention/control*: The family-based,disorder-specific TAFF treatment was administered in 16 50-minsessions, consistent with the protocol used in past research withyounger children (Schneider et al., 2011). The first 4 weeks oftreatment consisted of four weekly sessions with the child and fourweekly sessions with the parents, which included psychoeducationabout anxiety, reframing irrational beliefs, coping strategies, andthe rationale for exposure. The second 8 weeks of treatmentconsisted of eight weekly family sessions, divided into a parent–child part and parent-only part. During the family sessions, exposurein 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 primarilyinvolved discussing and practicing parental behavior during exposureof the child to separation situations ● *Length of intervention/control (weeks and sessions)*: 12 weeks, 16 sessions ● *Length of follow-up (in months)*: 12 months

	Control ● *Description of type of intervention/control*: Child-focused therapy plus one wrap-up session with the parentsusing the CC program. Themanual and worksheets in the CC (coping cat) condition were designed formultiple anxiety disorders. CC condition includedtraining and practice in relaxation techniques. ● *Length of intervention/control (weeks and sessions)*: 16 weeks, 16 sessions ● *Length of follow-up (in months)*: 12 months
Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Not reported ● **Direction**: Higher is better ● **Data value**: Endpoint ● **Notes**: Not reported at EoT *Youth reported anxiety symptoms (EoT)* ● **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**: Completer analysis *Parent reported anxiety symptoms (EoT)* ● **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**: Completer analyses - Mother report *Remission of primary anxiety diagnosis (longest FU, at least 3 months)*

- **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

	● **Notes**: Completer analysis *Observer 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 ● **Notes**: Completer analysis. Mother report *Number that discontinued treatment or control (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Direction**: Lower is better ● **Data value**: Endpoint ● **Notes**: ITT *Combined youth and observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported ● **Direction**: Higher is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** This study was supported by Swiss National Science FoundationGrant 105314-116517, “Etiology and Psychological Treatment of SeparationAnxiety Disorder in Childhood,” awarded to Silvia Schneider. **Country:** Switzerland **Setting:** conducted at the outpatient psychotherapy clinic in the Department of Psychology at the University of Basel from December 2004 to January 2009. **Comments:** **Authors name:** Schneider et al 2013 **Institution:** Department of Psychology, Ruhr-University Bochum, Bochum, Germany **Email:** silvia.schneider@rub.de **Address:** Ruhr-Universität Bochum, Fakultät für Psychologie,Klinische Kinder- und Jugendpsychologie, Universitätsstr.

	150, 44789Bochum, Germany
Notes	*Nkr 43 Angst* on 31/03/2016 07:57 **Select** Already found in review (Thulin et al) *Gitte Moth* on 05/05/2016 23:28 **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)

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 withassignments 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

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention (parents+) ● *Number with primary social phobia (n, %)*: Not reported by condition ● *Number with primary generalized anxiety disorder (n, %)*: Not reported by condition ● *Number with primary separation anxiety disorder (n, %)*: 1, 20% ● *Number with other types of primary anxiety disorders (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) Control ● *Number with primary social phobia (n, %)*: Not reported by condition ● *Number with primary generalized anxiety disorder (n, %)*: Not reported by condition ● *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)*: 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) **Included criteria:** In order to be included in either Phase I or II of the study, adolescents had tomeet DSM-IV criteria for primary diagnosis of generalized, separation anxietydisorder, or social phobia; be between the ages of 12–18; and have at least oneprimary caretaker or parent willing to participate in family treatment **Excluded criteria:** Exclusioncriteria 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 PsychoticDisorder; or adolescents at significant suicide risk. **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 atbaseline.

Interventions	**Intervention Characteristics** Intervention (parents+) ● *Description of type of intervention/control*: This 16 session combined treatment included all components in the CBTalone described above but the treatment order and structure was modified. Afterthe first session, which included the family, the therapist met alone with theadolescent for 3–4 CBT sessions to teach the primary anxiety management skills. Inaddition, parents were taught the FEAR acronym and the steps for coping usuallyL. Siqueland et al. / Anxiety Disorders 19 (2005) 361–381 369at the last of these CBT educational sessions. In contrast to other CBT familytreatment models (Barrett et al., 1996a; 1996b; Cobham et al., 1998), parents werenot specifically taught to use the CBT skills for addressing their own fears orworries. Instead, in this treatment, discussion focused around how parents couldbe helpful in the level and type of involvement they provided during in vivoexposures and how they helped the adolescent overcome his/her anxiety. ● *Length of intervention/control (weeks and sessions)*: 16 weeks, 16 sessions ● *Length of follow-up (in months)*: 6-9 months Control ● *Description of type of intervention/control*: Individual cognitive-behavioral treatment (CBT). CBTtreatment followed an already standardized manual, originally designed for children ages 8–13, that was modifiedfor adolescents. The skill building sessions focused on the same four primarycontent 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 negativeattributions), (c) developing a plan to cope with the situation (modifying anxiousself-talk into coping self talk as well as determining what coping actions might beeffective), and (d) evaluating performance and administering self-reinforcementas appropriate’’ (Kendall, 1994, p. 103). Behavioral techniques includedrelaxation training, cognitive restructuring, modeling, imaginal and in vivoexposure, and contingent reinforcement. 2 parents session was included. ● *Length of intervention/control (weeks and sessions)*: 16 weeks, 16 sessions ● *Length of follow-up (in months)*: 6-9 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**: 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)

	● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Combined youth and observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Number that discontinued treatment or control (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Partially reported ● **Direction**: Lower is better ● **Data value**: Endpoint ● **Notes**: Reported for remission rate
Identification	**Sponsorship source:** This study was supported in part by the Mood and Anxiety Disorders Section,Department of Psychiatry, University of Pennsylvania, the National Institutes ofMental Health (NIMH K23MH01819-01A1) and NIMH Clinical Research Centergrant awarded to Dr. Crits-Christoph (NIMH P30-MH 45178). **Country:** Philadelphia, USA. **Setting:** Outpatients in clinic at University of Pennsylvania treating childhood anxiety and depressive disorders. **Comments:** Only phase II is used in theis extraction **Authors name:** Siqueland, L. et al 2005 **Institution:** **Email:** siqueland@pobox.com **Address:** Mood and Anxiety Disorders Section, 3535 MarketStreet, Suite 670, Philadelphia, PA 19104, USA. Tel.: þ1 215 898 4301.
Notes	*Nkr 43 Angst* on 02/04/2016 05:20 **Select** Phase II is the comparison. However, only 11 participants

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	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention (parents+) ● *Number with primary social phobia (n, %)*: 17, 100% ● *Number with primary generalized anxiety disorder (n, %)*: 0, 0% ● *Number with primary separation anxiety disorder (n, %)*: 0, 0% ● *Number with other types of primary anxiety disorders (n, %)*: 0, 0% ● *Age in years (mean, SD)*: 10.94 (1.92) ● *Age range and proportion of children and adolescents*: 7-14, no info by condition Control ● *Number with primary social phobia (n, %)*: 19 (100%) ● *Number with primary generalized anxiety disorder (n, %)*: 0, 0% ● *Number with primary separation anxiety disorder (n, %)*: 0, 0% ● *Number with other types of primary anxiety disorders (n, %)*: 0, 0% ● *Age in years (mean, SD)*: 11 (2.45)

	● *Age range and proportion of children and adolescents*: 7-14, no info by condition Wait-list ● *Number with primary social phobia (n, %)*: 14 (100%) ● *Number with primary generalized anxiety disorder (n, %)*: 0, 0% ● *Number with primary separation anxiety disorder (n, %)*: 0, 0% ● *Number with other types of primary anxiety disorders (n, %)*: 0, 0% ● *Age in years (mean, SD)*: 9.93 (1.77) ● *Age range and proportion of children and adolescents*: 7-14, no info by condition **Included criteria:** Meeting criteria for social phobia **Excluded criteria:** Children were excluded from the study if, despite a diagnosis of social phobia from the parental interview, they did not report any avoidance or worry relating to any social situation on the SWQ-PU (Spence, 1995 : see below). Two potential participants were excluded on this basis. Additional exclusion criteria included severe learning difficulties, medication for a psychological disorder, or clinical levels (severity rating of 4 or higher) of other emotional or behavioural disorders **Pretreatment:** No differences
Interventions	**Intervention Characteristics** Intervention (parents+) ● *Description of type of intervention/control*: Standard CBT components with additional social skill training. Parents observed child sessions, and reieved 30 min sessions afterwards ● *Length of intervention/control (weeks and sessions)*: 12 weeks, 12 sessions ● *Length of follow-up (in months)*: 12 months Control ● *Description of type of intervention/control*: Standard CBT components with additional social skill training. ● *Length of intervention/control (weeks and sessions)*: 12 weeks, 12 sessions ● *Length of follow-up (in months)*: 12 months Wait-list ● *Description of type of intervention/control*: ● *Length of intervention/control (weeks and sessions)*: 12 weeks ● *Length of follow-up (in months)*: no follow-up

Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Direction**: Higher is better ● **Data value**: Endpoint *Youth reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: RCMAS ● **Range**: 0-74 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Parent reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: ADIS-P CSR ● **Range**: 0-8 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Remission of primary anxiety diagnosis (longest FU, at least 3 months)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Direction**: Higher is better ● **Data value**: Endpoint *Youth reported anxiety symptoms (longest FU, at least 3 months)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: RCMAS ● **Range**: 0-74

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

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

- **Outcome type**: ContinuousOutcome
- **Reporting**: 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

Identification	**Sponsorship source:** Not reported **Country:** Australia **Setting:** Outpatient - Kids Coping Project at the Behaviour Research and TherapyCentre, University of Queensland **Comments:** **Authors name:** Spene et al 2000 **Institution:** School ofPsychology, University of Queensland **Email:** Not reported **Address:** Brisbane, Qld 4072, Australia
Notes	*Nkr 43 Angst* on 02/04/2016 05:30 **Select** Parents recieved parallel sessions *Nkr 43 Angst* on 01/05/2016 18:11 **Included** ALSO IN PICO 1 - SOME DATA IN JAMES ET AL 2015 *Henning Keinke Andersen* 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 *Henning Keinke Andersen* on 11/05/2016 01:36 **Outcomes** The study mention that two participants dropped out, but not clear from which group

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	Not described
Allocation concealment	Unclear risk	Not described
Blinding of participants and personnel	High risk	Judgement Comment: Participants must know - personell might not - It is stated that observers are blinded to the treatmnet for the children, but no further info provided
Blinding of outcome assessors	Unclear risk	Judgement Comment: Outcome assesors were only blinded at the final interview after 12 months FU. Not sufficient info to make prober judgement
Incomplete outcome data	Low risk	Judgement Comment: drop out's 1 and 4 resp. but accounted for in this ITT analyses
Selective outcome reporting	Low risk	Judgement Comment: All stated data are reported
Other sources of bias	Low risk	Judgement Comment: Study seems free of other types of bias

Wood 2006

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention (parents+) ● *Number with primary social phobia (n, %)*: 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) Control ● *Number with primary social phobia (n, %)*: 13 (65%) ● *Number with primary generalized anxiety disorder (n, %)*: 6 (30%)

	● *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) **Included criteria:** Participants met the following inclusion criteria: (1) The childmet DSM-IV criteria for a diagnosis of one of the following anxietydisorders: SAD, social phobia, or GAD based on a semistructuredinterview (see below); (2) the child was not taking any psychiatricmedication at the initial assessment or was taking a stable dose ofpsychiatric medication (i.e., at least 1 month at a stable dose beforethe baseline assessment); and (3) if medication was being used,families stated an intention to maintain that dose throughout thestudy (see, e.g., Mendlowitz et al., 1999). T **Excluded criteria:** Families were excluded if (1) the child was currently in childfocusedpsychotherapy, (2) the family was currently in familytherapy or a parenting class, (3) either the child or the parentsevidenced psychotic symptoms, (4) the child began takingpsychiatric medication or increased his or her dose of medicationduring the intervention, or (5) for any reason the child or parentsappeared unable to participate in the intervention program. **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 anxietydisorder/medication use variables.
Interventions	**Intervention Characteristics** Intervention (parents+) ● *Description of type of intervention/control*: The amount of therapist contact was equal in both conditions:12Y16 therapy sessions lasting 60Y80 minutes each (followingBarrett et al. [1996], who used 12 sessions 60Y80 minutes long, andKendall [1994], who included four optional sessions depending onthe degree of symptom remission).The FCBT intervention employed the ‘‘Building Confidence’’program, a treatment manual developed for this study. Building onprevious FCBT programs (e.g., Barrett et al., 1996), ‘‘BuildingConfidence’’ combines CCBT strategiesVemphasizing in vivoexposure procedures and rewardsVwith parent training. Themanual goes beyond previous FCBT programs in its emphasis onchanging parental communication patterns hypothesized to maintainchild anxiety, particularly intrusiveness and autonomy granting ● *Length of intervention/control (weeks and sessions)*: 12-16 session. Weeks unknows ● *Length of follow-up (in months)*: 12 Control ● *Description of type of intervention/control*: The amount of therapist contact was equal in both conditions:12Y16 therapy sessions lasting 60Y80 minutes each (followingBarrett et al. [1996], who used 12 sessions 60Y80 minutes long, andKendall [1994], who included four optional sessions depending onthe degree of symptom remission).In the

	CCBT intervention, therapists met with the child alone forthe majority of each session. This treatment was guided by anempirically supported CCBT manual (Kendall et al., 1990), but theeight initial cognitive skills training sessions in the Kendall et al.manual were covered in as few as four sessions, depending on thechild's demonstration of understanding and ability to use the copingskills. The CCBT program was composed of two phases: (1) skillstraining and (2) application and practice (i.e., graded exposure).During the skills training phase, children were taught numeroustechniques for coping with anxiety, such as relaxation, reappraisal ofthe danger of feared situations, and self-reward. ● *Length of intervention/control (weeks and sessions)*: 12-16 session. Weeks unknows ● *Length of follow-up (in months)*: 12
Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Scale**: ADIS-C/P ● **Direction**: Higher is better ● **Data value**: Endpoint ● **Notes**: completers *Youth reported anxiety symptoms (EoT)* ● **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 *Parent reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: MASC ● **Range**: 0 - 117 ● **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**: Multidimensional Anxiety Scale for Children(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**: Multidimensional Anxiety Scale for Children(MASC)
- **Range**: 0-117
- **Unit of measure**: Points
- **Direction**: Lower is better
- **Data value**: Endpoint

Youth reported functioning (EoT)
- **Outcome type**: ContinuousOutcome

Observer reported functioning (EoT)
- **Outcome type**: ContinuousOutcome

Combined youth and observer reported functioning (EoT)
- **Outcome type**: ContinuousOutcome
- **Reporting**: Fully reported
- **Scale**: ADIS-C/P CSR

	● **Range**: 0-8 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Number that discontinued treatment or control (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** This research was supported by grants from the National Institute of MentalHealth awarded to Dr. Wood (F31-MH64999) and to Dr. Sigman(R03-MH63836). **Country:** USA **Setting:** outpatient **Comments:** **Authors name:** Wood et al., 20006 and Wood et al 2009 (FU) **Institution:** University of California **Email:** jeffwood@ucla.edu **Address:** Moore Hall, Box 951521, Los Angeles, CA 90095;
Notes	*Nkr 43 Angst* on 01/05/2016 18:13 **Included** THIS ONE IS IN JAMES ET AL, BUT NOT THE ORIGINAL STUDY *Nkr 43 Angst* on 02/05/2016 00:50 **Included** This IS the right FU to Woods et al 2006, despite the confusion in james et al 2015 *Henning Keinke Andersen* on 05/05/2016 00:29 **Outcomes** I have added the data on anxiety severity, posttreatment in the box for combined youth and observer report on functioning. Please delete if wrong.

	Henning Keinke Andersen on 05/05/2016 00:43 **Interventions** There might be a protocol or?? really difficult to dig out basic characteristics ie.

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 wil 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

Hudson 2014

Reason for exclusion	Wrong comparator

Manassis 2004

Reason for exclusion	Wrong study design

Moreno 2007

Reason for exclusion	Wrong route of administration

Ost 2001

Reason for exclusion	Wrong intervention

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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Studies awaiting classification

Ongoing studies

Other references

Additional references

Other published versions of this review

Data and analyses

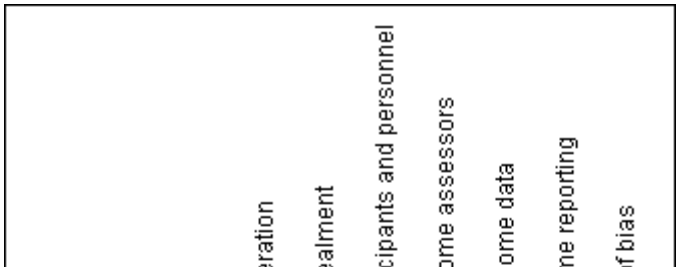
1 Parent involment

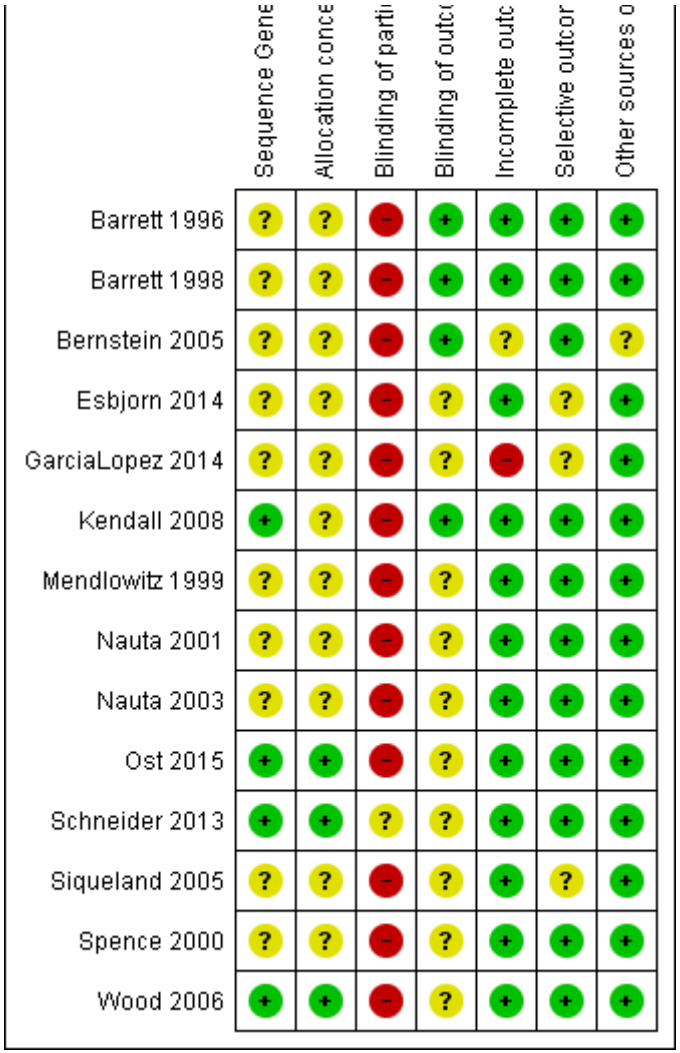
Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 Youth reported anxiety symptoms (EoT)	13		Std. Mean Difference (IV, Random, 95% CI)	Subtotals only
1.1.1 Time	13	624	Std. Mean Difference (IV, Random, 95% CI)	-0.05 [-0.23, 0.13]
1.2 Parent reported anxiety symptoms (EoT)	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



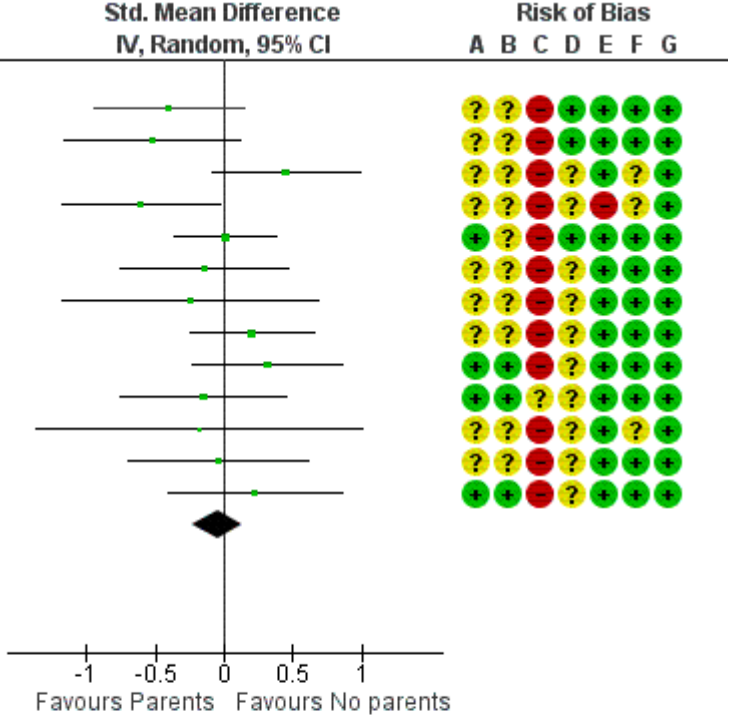


Risk of bias summary: review authors' judgements about each risk of bias item for each included study.

Figure 2 (Analysis 1.1)

Study or Subgroup	Parents Mean	Parents SD	Parents Total	No parents Mean	No parents SD	No parents Total	Weight	Std. Mean Difference IV, Random, 95% CI
1.1.1 Time								
Barrett 1996	6.6	4.6	25	9	6.8	28	8.6%	-0.40 [-0.95, 0.14]
Barrett 1998	110.2	8.2	17	116.2	13	23	6.7%	-0.52 [-1.16, 0.11]
Esbjorn 2014	34.2	23.4	28	24.7	17.7	26	8.7%	0.45 [-0.09, 0.99]
GarciaLopez 2014	40.2	10.53	20	48.25	14.38	32	8.0%	-0.61 [-1.18, -0.04]
Kendall 2008	36.93	22.04	56	36.65	19.2	55	15.0%	0.01 [-0.36, 0.39]
Mendlowitz 1999	43	14	18	45	13	23	7.0%	-0.15 [-0.76, 0.47]
Nauta 2001	17.8	8.9	9	21.2	16.4	9	3.4%	-0.25 [-1.17, 0.68]
Nauta 2003	22.2	16.1	39	19.6	8.1	37	11.5%	0.20 [-0.25, 0.65]
Ost 2015	15.5	11.1	28	12.4	7.7	24	8.5%	0.32 [-0.23, 0.86]
Schneider 2013	1.13	0.76	20	1.26	0.93	22	7.3%	-0.15 [-0.76, 0.46]
Siqueland 2005	7	6	5	8.7	10.2	6	2.2%	-0.18 [-1.37, 1.01]
Spence 2000	10.06	5.78	17	10.31	4.68	19	6.4%	-0.05 [-0.70, 0.61]
Wood 2006	44.3	22.33	19	40.04	13.95	19	6.7%	0.22 [-0.41, 0.86]
Subtotal (95% CI)			**301**			**323**	**100.0%**	**-0.05 [-0.23, 0.13]**

Heterogeneity: Tau² = 0.02; Chi² = 14.75, df = 12 (P = 0.26); I² = 19%
Test for overall effect: Z = 0.53 (P = 0.60)



Test for subgroup differences: Not applicable

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

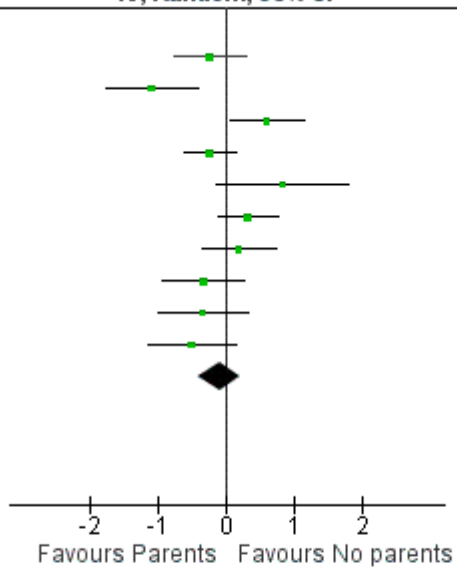
Forest plot of comparison: 1 Parent involment, outcome: 1.1 Youth reported anxiety symptoms (EoT).

Figure 3 (Analysis 1.2)

Study or Subgroup	Parents Mean	Parents SD	Parents Total	No parents Mean	No parents SD	No parents Total	Weight	Std. Mean Difference IV, Random, 95% CI
1.2.1 Time								
Barrett 1996	56	8.1	25	58	8.3	28	10.7%	-0.24 [-0.78, 0.30]
Barrett 1998	51	4.1	17	55.1	3.3	23	9.0%	-1.10 [-1.77, -0.42]
Esbjorn 2014	40	17.6	28	30.6	12.7	26	10.6%	0.60 [0.05, 1.15]
Kendall 2008	60.06	9.51	56	62.17	8.3	55	12.9%	-0.23 [-0.61, 0.14]
Nauta 2001	47.6	21	9	32.2	13.2	9	6.1%	0.84 [-0.14, 1.81]
Nauta 2003	23.4	11.4	39	20	9.1	37	11.8%	0.33 [-0.13, 0.78]
Ost 2015	23.2	10.9	28	21.2	10.2	24	10.6%	0.19 [-0.36, 0.73]
Schneider 2013	1.29	0.82	21	1.58	0.88	22	9.9%	-0.33 [-0.94, 0.27]
Spence 2000	2.78	1.35	17	3.38	2.01	19	9.2%	-0.34 [-1.00, 0.32]
Wood 2006	50.95	18.86	19	58.82	10.73	19	9.3%	-0.50 [-1.15, 0.14]
Subtotal (95% CI)			**259**			**262**	**100.0%**	**-0.09 [-0.40, 0.21]**

Heterogeneity: $Tau^2 = 0.15$; $Chi^2 = 25.95$, df = 9 (P = 0.002); $I^2 = 65\%$

Test for overall effect: Z = 0.59 (P = 0.55)



Test for subgroup differences: Not applicable

Risk of bias legend

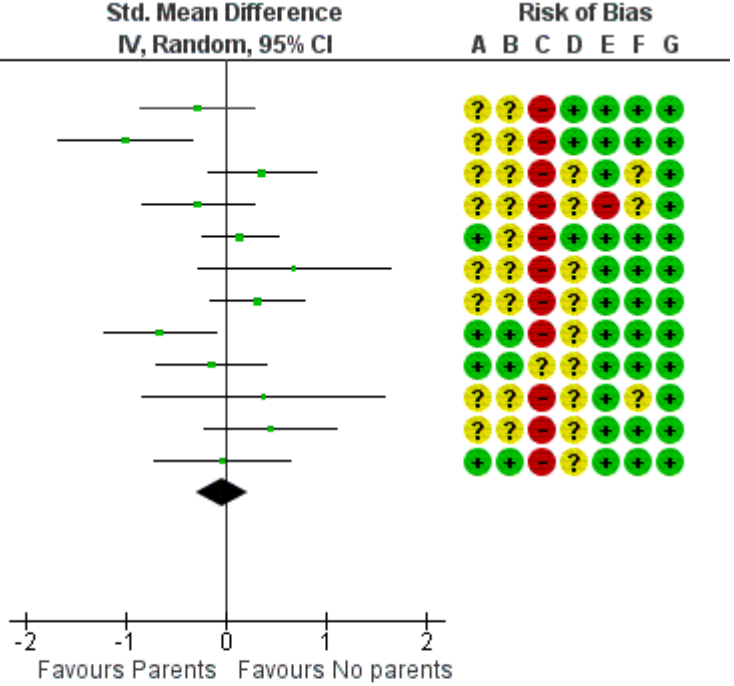
(**A**) Sequence Generation
(**B**) Allocation concealment
(**C**) Blinding of participants and personnel
(**D**) Blinding of outcome assessors
(**E**) Incomplete outcome data
(**F**) Selective outcome reporting
(**G**) Other sources of bias

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

Figure 4 (Analysis 1.3)

Study or Subgroup	Parents Mean	Parents SD	Parents Total	No parents Mean	No parents SD	No parents Total	Weight	Std. Mean Difference IV, Random, 95% CI
1.3.1 Time								
Barrett 1996	6.31	5.86	21	8.16	6.66	28	9.0%	-0.29 [-0.86, 0.28]
Barrett 1998	90.5	8.2	17	99.6	9.4	23	7.7%	-1.00 [-1.67, -0.33]
Esbjorn 2014	30.9	22.2	28	23.2	21.1	26	9.4%	0.35 [-0.19, 0.89]
GarciaLopez 2014	29.2	6.07	20	32.12	12.12	32	9.1%	-0.28 [-0.84, 0.28]
Kendall 2008	35.13	21.61	56	32.23	18.39	55	12.1%	0.14 [-0.23, 0.52]
Nauta 2001	36	24.3	9	19.5	22.5	9	4.9%	0.67 [-0.29, 1.63]
Nauta 2003	18.9	16	39	14.9	7.8	34	10.6%	0.31 [-0.15, 0.77]
Ost 2015	4.9	5.3	28	8.8	6.4	24	9.1%	-0.66 [-1.22, -0.10]
Schneider 2013	0.73	0.54	24	0.81	0.55	27	9.2%	-0.14 [-0.70, 0.41]
Siqueland 2005	4.5	5.3	5	2.7	3.6	6	3.5%	0.37 [-0.83, 1.57]
Spence 2000	8	4.58	17	5.92	4.65	19	7.7%	0.44 [-0.22, 1.10]
Wood 2006	37.43	19.84	18	38.17	13.12	16	7.6%	-0.04 [-0.72, 0.63]
Subtotal (95% CI)			**282**			**299**	**100.0%**	**-0.04 [-0.30, 0.21]**

Heterogeneity: Tau² = 0.10; Chi² = 23.87, df = 11 (P = 0.01); I² = 54%
Test for overall effect: Z = 0.32 (P = 0.75)



Test for subgroup differences: Not applicable

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

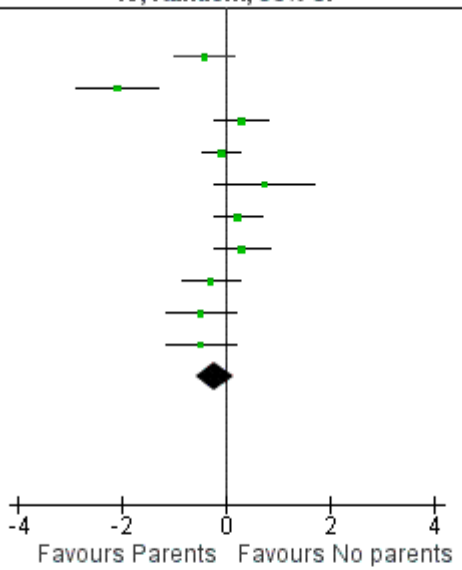
Forest plot of comparison: 1 Parent involment, outcome: 1.3 Youth reported anxiety symptoms (longest FU, at least 3 months).

Figure 5 (Analysis 1.4)

Study or Subgroup	Parents Mean	Parents SD	Parents Total	No parents Mean	No parents SD	No parents Total	Weight	Std. Mean Difference IV, Random, 95% CI	Risk of Bias A B C D E F G
1.4.1 Time									
Barrett 1996	45.8	7.6	21	50.44	12.79	28	10.4%	-0.42 [-0.99, 0.15]	? ? − + + + +
Barrett 1998	41	3.8	17	50.1	4.6	23	8.5%	-2.08 [-2.87, -1.29]	? ? − + + + +
Esbjorn 2014	34.2	19.1	28	29.1	15.6	26	10.7%	0.29 [-0.25, 0.82]	? ? − ? + ? +
Kendall 2008	56.14	10.04	56	57.19	11.55	55	12.1%	-0.10 [-0.47, 0.28]	+ ? − + + + +
Nauta 2001	37.8	21	9	22	20.1	9	7.1%	0.73 [-0.23, 1.69]	? ? − ? + + +
Nauta 2003	19.6	12.4	39	17	8.9	34	11.3%	0.24 [-0.23, 0.70]	? ? − ? + + +
Ost 2015	21.7	11.2	28	18.4	10.1	24	10.6%	0.30 [-0.25, 0.85]	+ + − ? + + +
Schneider 2013	0.89	0.7	23	1.11	0.74	27	10.5%	-0.30 [-0.86, 0.26]	+ + ? ? + + +
Spence 2000	2.38	1.96	17	3.41	2.18	19	9.5%	-0.48 [-1.15, 0.18]	? ? − ? + + +
Wood 2006	48	20.59	18	56.2	9.82	16	9.4%	-0.49 [-1.17, 0.20]	+ + − ? + + +
Subtotal (95% CI)			**256**			**261**	**100.0%**	**-0.21 [-0.58, 0.16]**	

Heterogeneity: Tau² = 0.26; Chi² = 37.18, df = 9 (P < 0.0001); I² = 76%

Test for overall effect: Z = 1.12 (P = 0.26)



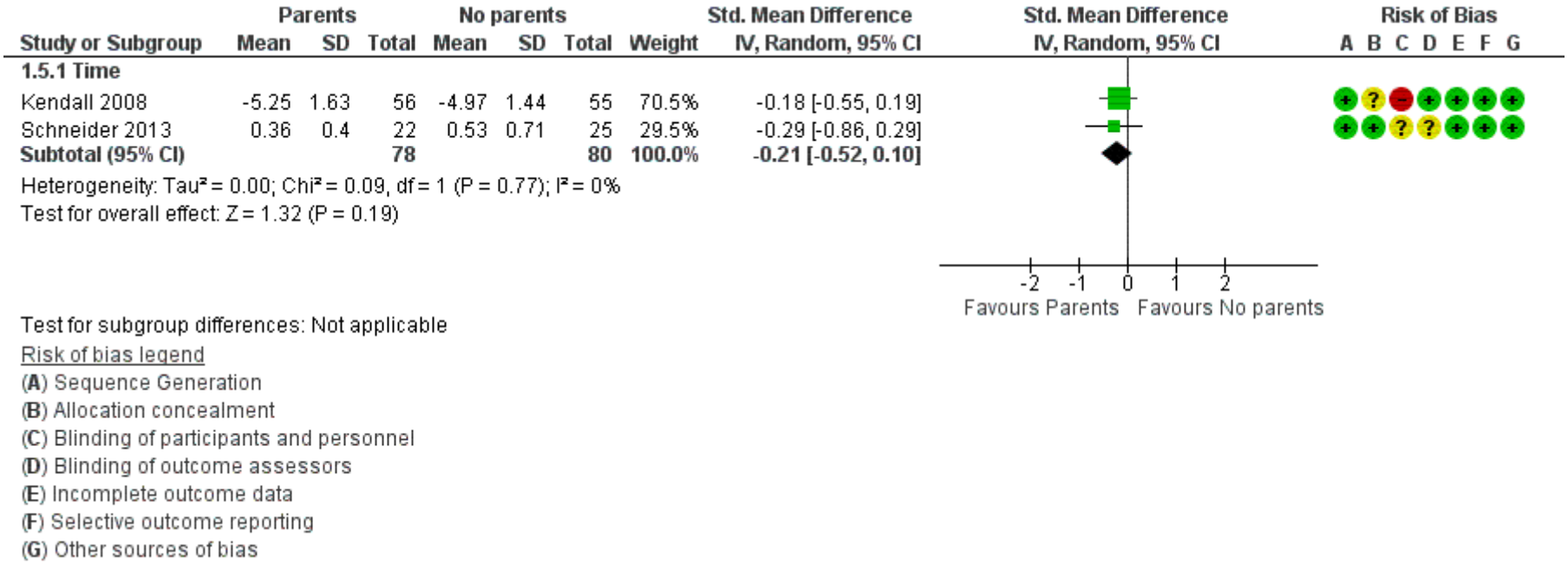
Test for subgroup differences: Not applicable

Risk of bias legend

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

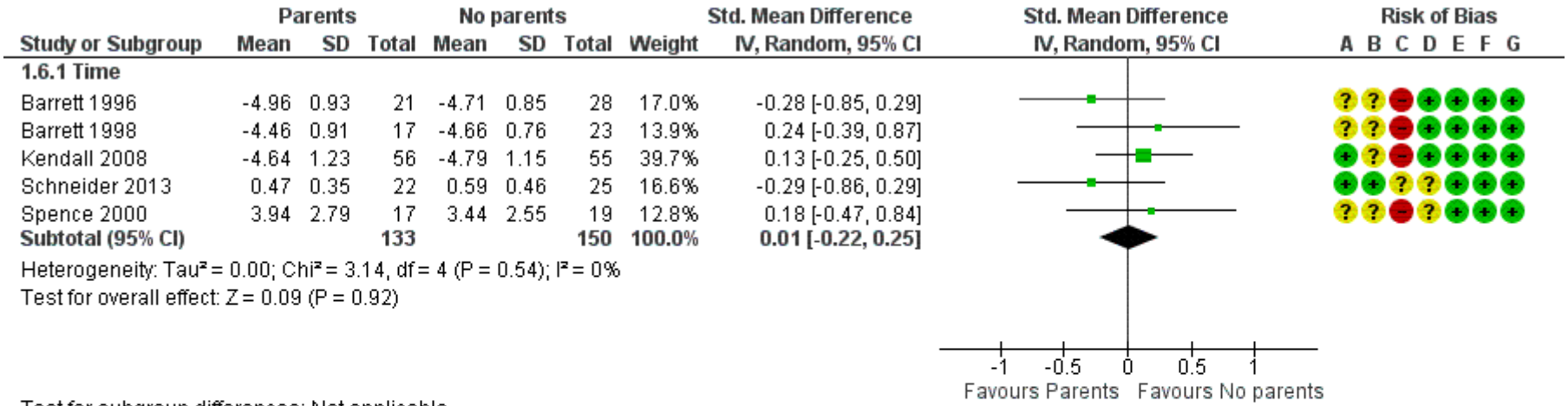
Forest plot of comparison: 1 Parent involment, outcome: 1.4 Parent reported anxiety symptoms (longest FU, at least 3 months).

Figure 6 (Analysis 1.5)



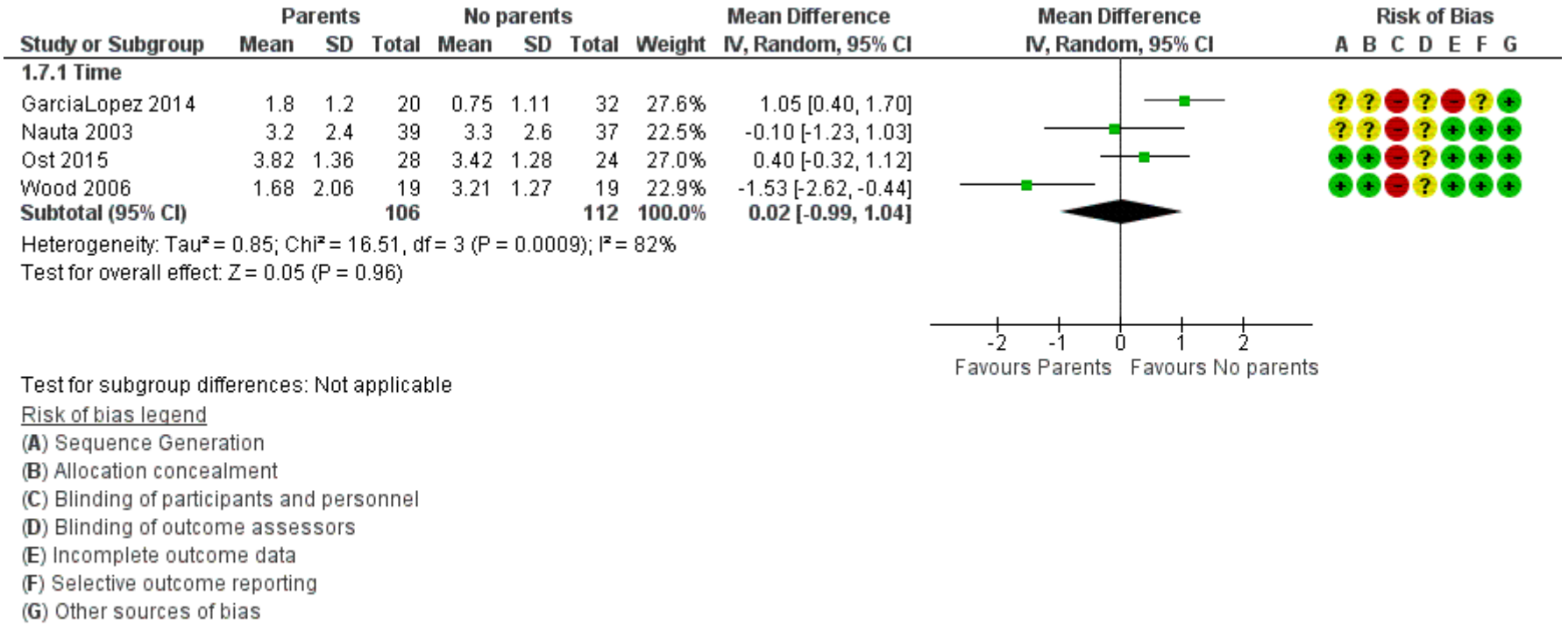
Forest plot of comparison: 1 Parent involment, outcome: 1.5 Youth reported functioning (EoT).

Figure 7 (Analysis 1.6)



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

Figure 8 (Analysis 1.7)

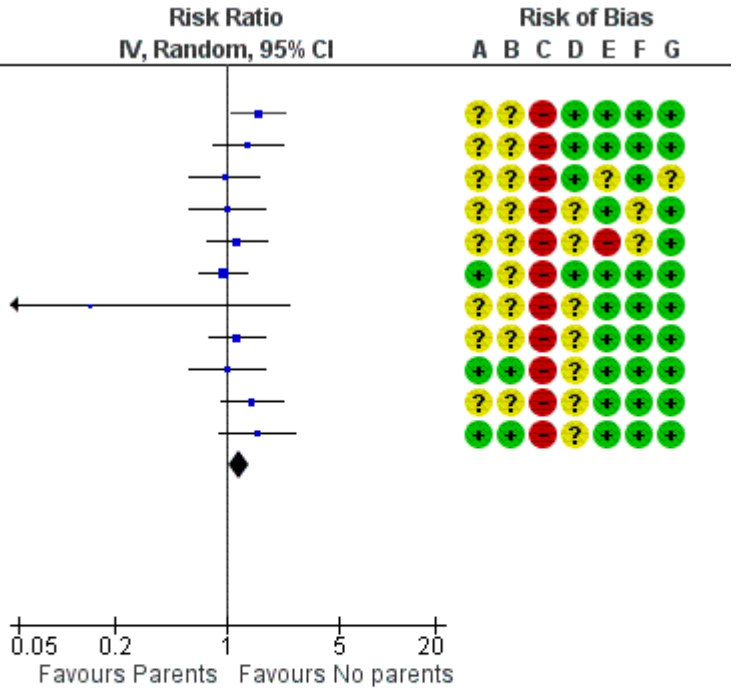


Forest plot of comparison: 1 Parent involment, outcome: 1.7 Combined youth and observer reported functioning (EoT).

Figure 9 (Analysis 1.8)

Study or Subgroup	Parents Events	Total	No parents Events	Total	Weight	Risk Ratio IV, Random, 95% CI
1.8.1 Time						
Barrett 1996	21	25	15	28	13.5%	1.57 [1.07, 2.30]
Barrett 1998	12	17	12	23	8.1%	1.35 [0.82, 2.22]
Bernstein 2005	11	17	10	15	7.9%	0.97 [0.59, 1.60]
Esbjorn 2014	14	28	13	26	7.0%	1.00 [0.59, 1.71]
GarciaLopez 2014	13	20	18	32	10.1%	1.16 [0.74, 1.80]
Kendall 2008	30	56	31	55	17.6%	0.95 [0.68, 1.33]
Nauta 2001	0	9	3	9	0.2%	0.14 [0.01, 2.42]
Nauta 2003	23	39	19	37	12.0%	1.15 [0.76, 1.73]
Ost 2015	14	28	12	24	6.7%	1.00 [0.58, 1.72]
Spence 2000	14	17	11	19	10.2%	1.42 [0.91, 2.21]
Wood 2006	14	19	9	19	6.7%	1.56 [0.90, 2.68]
Subtotal (95% CI)		**275**		**287**	**100.0%**	**1.18 [1.02, 1.36]**
Total events	166		153			

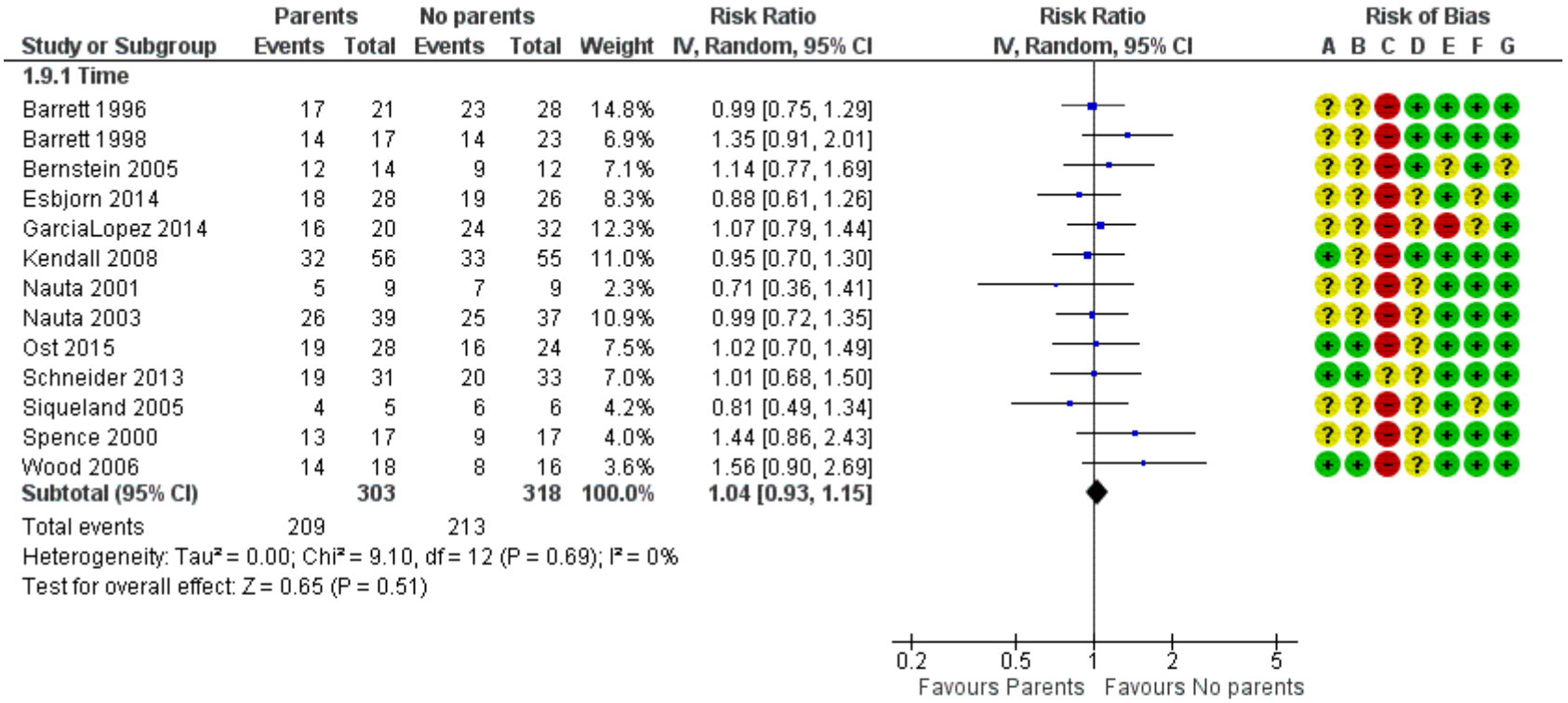
Heterogeneity: Tau² = 0.00; Chi² = 9.11, df = 10 (P = 0.52); I² = 0%
Test for overall effect: Z = 2.30 (P = 0.02)



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

Forest plot of comparison: 1 Parent involment, outcome: 1.8 Remission of primary anxiety diagnosis (EoT).

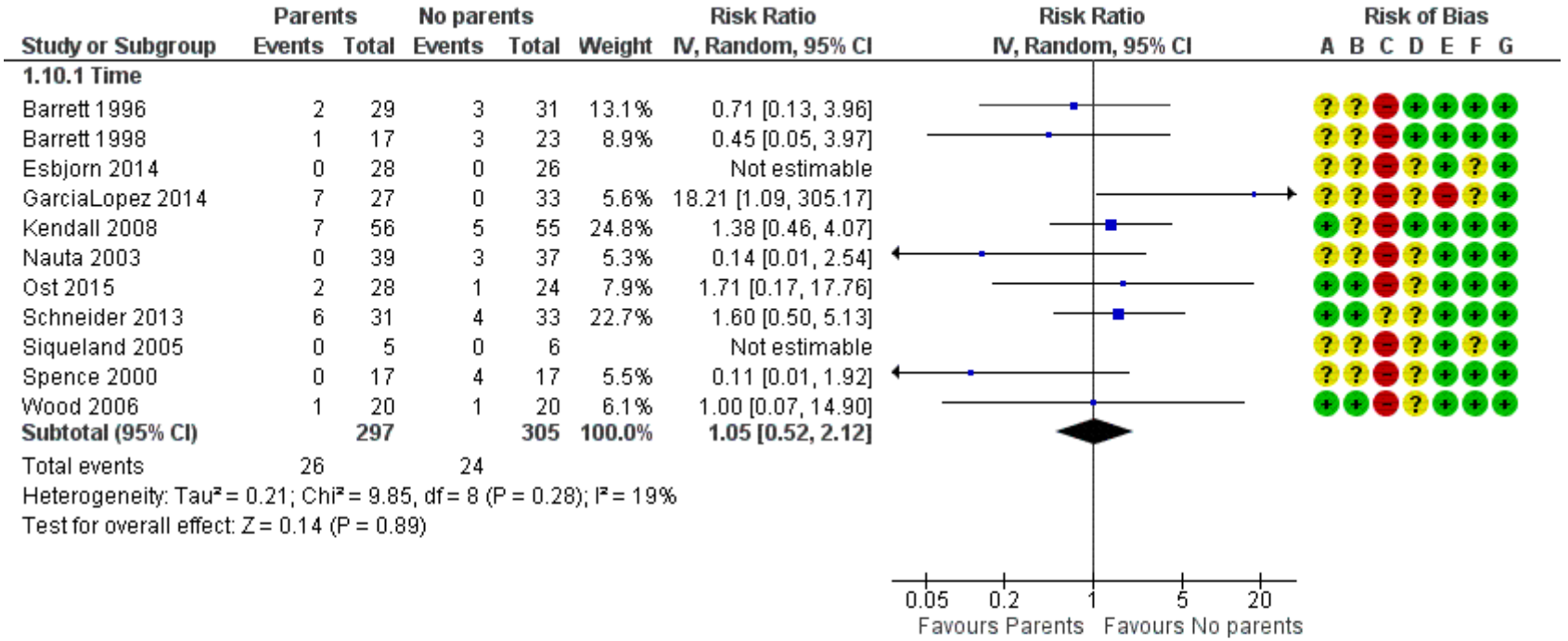
Figure 10 (Analysis 1.9)



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

Forest plot of comparison: 1 Parent involment, outcome: 1.9 Remission of primary anxiety diagnosis (longest FU, at least 3 months).

Figure 11 (Analysis 1.10)



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

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