NKR angst PICO 6 individual vs group

Review information

Authors

Sundhedsstyrelsen[1]

[1][Empty affiliation]

Citation example: S. NKR angst PICO 6 individual vs group. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

Contact person

[Empty name]

Dates

Assessed as Up-to-date:	
Date of Search:	
Next Stage Expected:	
Protocol First Published:	Not specified
Review First Published:	Not specified
Last Citation Issue:	Not specified

What's new

Date / Event	Description

History

Date / Event	Description

Characteristics of studies

Characteristics of included studies

deGroot 2007

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *Number with primary social phobia (n, %)*: 3, 21.40% ● *Number with primary generalized anxiety disorder (n, %)*: 5, 35.70% ● *Number with primary separation anxiety disorder (n, %)*: 3, 21.40% ● *Number with other types of primary anxiety disorders (n, %)*: 3, 21.40% ● *Age in years (mean, SD)*: M = 8.79, SD = 1.37 ● *Age range and proportion of children and adolescents*: 7-12 combined for both groups Control ● *Number with primary social phobia (n, %)*: 2, 13.30% ● *Number with primary generalized anxiety disorder (n, %)*: 11, 73.30% ● *Number with primary separation anxiety disorder (n, %)*: 0, 0% ● *Number with other types of primary anxiety disorders (n, %)*: 2, 13.30% ● *Age in years (mean, SD)*: M = 8.93, SD =1.67 ● *Age range and proportion of children and adolescents*: 7-12 combined for both groups **Included criteria:** The inclusioncriterion was an anxiety diagnosis of clinical significance. Childrenwith comorbid depression were included, given the high level ofoverlap between these disorders, providing that their primarydiagnosis was an anxiety disorder

	Excluded criteria: Children were excluded from the study if they had significantmedical problems; severe learning difficulties; if they were undertreatment elsewhere (including medication), or if they met diagnosticcriteria for a clinically significant non-anxiety diagnosis. **Pretreatment:** None detected
Interventions	**Intervention Characteristics** Intervention ● *Description of type of intervention/control*: Both the individual and group treatment conditions used the same integrated 12-session manualized CBT programme. Theparent component of the intervention consisted of six parent-focused sessions as outlined in the Do as I do programme parentsworkbook[29] designed to accompany the child workbook. The child-focused component of the programme consisted of the six sessions outlined in theFacing your fears programme children's workbook[28]. The parent programme was run first followed by the child programme. One booster session took place approximately 34 weeks following completion of the child programme. The booster session provided an additional opportunity for children to practisethe skills learnt in the previous sessions and to facilitate the generalization of these skills. ● *Length of intervention/control (weeks and sessions)*: The 12 sessions were 60-90 min in duration, and sessions were generally weekly. ● *Length of follow-up (in months)*: 6 months Control ● *Description of type of intervention/control*: A total of three groups were run with 56 children in each group ● *Length of intervention/control (weeks and sessions)*: The 12 sessions were 60-90 min in duration, and sessions were generally weekly. ● *Length of follow-up (in months)*: 6 months
Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome *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**: SDQ-emotional subscale
- **Range**: 0-10
- **Unit of measure**: Points
- **Direction**: Lower is better
- **Data value**: Endpoint

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

- **Outcome type**: DichotomousOutcome

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

- **Outcome type**: ContinuousOutcome
- **Reporting**: Fully reported
- **Scale**: SCAS-C
- **Range**: 0-114
- **Unit of measure**: Points
- **Direction**: Lower is better
- **Data value**: Endpoint
- **Notes**: 6 month FU

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

- **Outcome type**: ContinuousOutcome
- **Reporting**: Fully reported
- **Scale**: SDQ-emotional
- **Range**: 0-10
- **Unit of measure**: Points
- **Direction**: Lower is better
- **Data value**: Endpoint
- **Notes**: 6 month fu

Youth reported functioning (EoT)

- **Outcome type**: ContinuousOutcome

	● **Reporting**: Not reported ● **Notes**: Only ADIS parent interviews were conducted *Observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: ADIS-P ● **Range**: 0-8 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint ● **Notes**: Only ADIS-p was conducted *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**: Not reported ● **Notes**: Only ADIS parent interviews were conducted
Identification	**Sponsorship source:** Not reported **Country:** Australia **Setting:** University clinic, Queensland, Australia **Comments:** **Authors name:** de Groot 2007 **Institution:** **Email:** Brett.McDermott@mater.org.au **Address:**
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	Quote: "Twenty-nine clinically anxious children aged between 7 and 12 years were randomly allocated to either individual cognitiveÁbehaviour therapy (ICBT) or group cognitiveÁbehaviour therapy (GCBT)." Judgement Comment: No details given
Selective outcome reporting	Low risk	Judgement Comment: None detected
Other sources of bias	Low risk	Judgement Comment: None detected
Blinding of outcome assessors	Low risk	Quote: "These inter- views were conducted by a trained clinical psychologist blind to subjects' treatment condition."
Allocation concealment	Unclear risk	Judgement Comment: No details
Blinding of participants and personnel	High risk	Judgement Comment: Impossible to blind for group or individual therapy
Incomplete outcome data	Low risk	Judgement Comment: Drop out <7%

Flannery Schroeder 2000

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *Number with primary social phobia (n, %)*: n=5, 14% (both groups) ● *Number with primary generalized anxiety disorder (n, %)*: n= 21, 57% (both groups) ● *Number with primary separation anxiety disorder (n, %)*: n=11, 30% (both groups) ● *Number with other types of primary anxiety disorders (n, %)*: 0% ● *Age in years (mean, SD)*: Not reported ● *Age range and proportion of children and adolescents*: 38% were age 8–10 years and 62% were 11–14 years

	Control ● *Number with primary social phobia (n, %)*: ● *Number with primary generalized anxiety disorder (n, %)*: ● *Number with primary separation anxiety disorder (n, %)*: ● *Number with other types of primary anxiety disorders (n, %)*: ● *Age in years (mean, SD)*: ● *Age range and proportion of children and adolescents*: 83% were age 8–10 years and 17% were age 11–14 years. **Included criteria:** The purpose of the present research was to evaluate a cognitive-behavioral group treatment for 8- to 14-year-old children diagnosed with a childhood anxiety disorder (i.e., Generalized Anxiety Disorder, Separation Anxious Disorder, Social Phobia). **Excluded criteria:** Exclusion criteria for participation included a disabling physical condition,psychotic symptoms, or current use of antianxiety or antidepressant medication.Children whose primary diagnosis was simple phobia were not included; childrenwho had simple phobia as secondary problems were included **Pretreatment:** In a comparison of pretreatment dependent variable scores across conditions, some means on child-reported measures were found to differ significantly. Scores on the STAIC-A-State,F(2, 34)13.53,p.001, and the STAIC-A-Trait,F(2, 34)6.81,p.01, were significantly lower in the GCBT compared to the ICBT and WL conditions.
Interventions	**Intervention Characteristics** Intervention ● *Description of type of intervention/control*: Treated participants received the cognitive-behavioral treatment protocol ineither an individual or group format. The treatment consisted of 18 weeks of 50-to 60-min sessions for the individual treatment, 18 weeks of 90-min sessions for thegroup treatment, both typically meeting once a week. The treatment was largelychild-centered; however, several parent sessions were included in both treatmentformats ● *Length of intervention/control (weeks and sessions)*: 18 weeks of 50-to 60-min sessions, typically meeting once a week ● *Length of follow-up (in months)*: 12 months Control ● *Description of type of intervention/control*: Treated participants received the cognitive-behavioral treatment protocol ineither an individual or group format. The treatment consisted of 18 weeks of 50-to 60-min sessions for the individual treatment, 18 weeks of 90-min sessions for thegroup treatment, both typically meeting once a week. The treatment was largelychild-centered; however, several parent sessions were included in both treatmentformats ● *Length of intervention/control (weeks and sessions)*: 18 weeks of 90-min sessions, typically meeting once a week ● *Length of follow-up (in months)*: 12 months

Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome ● **Direction**: Higher is better ● **Data value**: Endpoint *Youth reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: Revised Children's Manifest Anxiety Scale (RCMAS) ● **Range**: 0-74 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Parent reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: CBCL-internalizing ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Remission of primary anxiety diagnosis (longest FU, at least 3 months)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Direction**: Higher is better ● **Data value**: Endpoint *Youth reported anxiety symptoms (longest FU, at least 3 months)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: Revised Children's Manifest Anxiety Scale (RCMAS) ● **Range**: 0-74 ● **Unit of measure**: Points

	● **Direction**: Lower is better ● **Data value**: Endpoint *Parent reported anxiety symptoms (longest FU, at least 3 months)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported ● **Direction**: Lower is better ● **Data value**: Endpoint ● **Notes**: Not reported *Youth reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported *Observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported ● **Notes**: Not reported *Number that discontinued treatment or control (EoT)* ● **Outcome type**: DichotomousOutcome ● **Direction**: Lower is better ● **Data value**: Endpoint *Combined youth and observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported ● **Direction**: Lower is better ● **Data value**: Endpoint ● **Notes**: Not reported
Identification	**Sponsorship source:** Not reported **Country:** USA **Setting:** Child and Adolescent Anxiety Disorders Clinic (CAADC) of the Clinical Psychology Program at Temple University. **Comments:**

	Authors name: Flannery-Schroeder 2000 **Institution:** Department of Psychology, Temple University, Philadelphia, Pennsylvania **Email:** No email address supplied **Address:** Correspondence should be directed to Ellen C. Flannery-Schroeder, Department of Psychology, TempleUniversity, Weiss Hall, Philadelphia, Pennsylvania 19122.
Notes	*Nkr 43 Angst* on 03/04/2016 23:39 **Population** Prumary diagnosis not split on interventions.For the total sample: All children met DSM-IV diagnostic criteria for a childhood anxiety disorder (Generalized Anxiety Disorder, n 21; Separation Anxious Disorder, n 11; Social Phobia, n 5) *Britta Tendal* on 04/04/2016 21:31 **Outcomes** N was very hard to determine. They state in the paper that the total sample was 45. 8 dropped out leaving 37, 2 dropped out from WL, 2 withdrew prior to first treatment and 4 during treatment. 13 were randomised to ICBT, 12 to GCBT and 12 to WL. The WL group (n=12) was then randomised to either ICBT or GCBT, it is not stated how many in each group. They write later that 4 children in the ICBT group dropped out p 254 and none in the GCBT, but on p 274 they write it as 4 out of 17 (ICBT) and 0 out of 12 (GCBT) dropped out during treatment. Making it 29 children in the sample. On p 267 they write about 6 non-completers (post treatment) included in the ITT analyses.On p 269 they write about 8 children not being available for FU analyses, leaving 29 children: 14 ICBT and 15 GCBTI assume that at post treatment they have 17 (ICBT) and 12 (GCBT)I assume that at FU they have 14 (ICBT) and 15 (GCBT). For 1 year Fu I assume 19 (ICBT) and 19 (GCBT) as the WL group was added.

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	Quote: "participants were then randomly assigned to either group or individual treatment. A restricted randomization procedure was used in which participants assigned to the GCBT (either immediately or following wait-list) were assigned in blocks of four." Judgement Comment: Probably low risk
Selective outcome reporting	Low risk	Judgement Comment: None detected

Other sources of bias	Low risk	Judgement Comment: None detected
Blinding of outcome assessors	High risk	Judgement Comment: Not blinded
Allocation concealment	Unclear risk	Judgement Comment: No details
Blinding of participants and personnel	High risk	Judgement Comment: Not blinded
Incomplete outcome data	High risk	Judgement Comment: Approximately 29 out of 45 were included in the analyses

Herbert 2009

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *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)*: 14.3 (2.1) ● *Age range and proportion of children and adolescents*: 12-17 (100% adolescents) Control ● *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)*: 14.6 (2.8) ● *Age range and proportion of children and adolescents*: 12-17 (100% adolescents) **Included criteria:** Inclusion criteria included age between 12 and 17, literacy in English, and a DSM-IV diagnosis of

	primary SAD, generalized subtype. To meet criteria for the generalized subtype of SAD, the participant must have reported intense fear and avoidance of at least three distinct types of social situations, resulting in significant impairment in functioning **Excluded criteria:** The exclusion criteria included a history of mental retardation, pervasive developmental disorder, organic mentaldisorder, bipolar disorder, a psychotic disorder, or borderline or schizotypal personality disorder. Other Axis I disorders such asgeneralized anxiety disorder, major depression, or dysthymia were acceptable as long as SAD was judged to be clearly primary to and of greater severity than the secondary diagnosis. Primacy was defined as the disorder with the earliest onset, and severity was defined in terms of the level of symptomatology associated with the condition as well as the degree of impairment attributed to it.Additional exclusion criteria were the presence of imminent suicidal risk (as assessed by the diagnostician using the ADIS-DSMIV:C and the Beck Depression Inventory), substance abuse or dependence within the past year, or a previous trial of behavior or cognitive behavior therapy for SAD. **Pretreatment:** 2. Preliminary group comparisonsANOVAs and post hoc tests revealed no pre-treatment groupdifferences on study measures, age, grade level, or number ofsessions attended (ps > .05) (see Table 1). Chi square analysesrevealed no significant differences between the groups on any ofthe categorical variables, including gender, race/ethnicity, parentalmarriage status
Interventions	**Intervention Characteristics** Intervention ● *Description of type of intervention/control*: Participants in the individual therapy condition met for 1 h perweek. The I-CBT program followed the same format and coveredthe same content as the group program described above. ● *Length of intervention/control (weeks and sessions)*: 12 weeks and 12 sessions ● *Length of follow-up (in months)*: 6 months Control ● *Description of type of intervention/control*: The G-CBT group met for 2-h sessions each week and were coledby 2 therapists. Groups ranged in size from 4 to 6 patients. Themajor treatment components of G-CBT included psychoeducation,breathing retraining, cognitive restructuring, simulated and in vivoexposure to phobic stimuli, and social skills training. The overallformat of the group and the exposure and cognitive restructuringcomponents were derived largely from the treatment programdeveloped by Heimberg (1991) and Heimberg and Becker (2002)and was similar to the application of Heimberg's protocol toadolescents described by Albano (1995). ● *Length of intervention/control (weeks and sessions)*: 12 weeks and 12 sessions ● *Length of follow-up (in months)*: 6 months

Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Not reported *Youth reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: SPAI-C ● **Range**: 0-52 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Parent reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: SAS-P ● **Range**: 18-90 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Remission of primary anxiety diagnosis (longest FU, at least 3 months)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Not reported *Youth reported anxiety symptoms (longest FU, at least 3 months)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: SPAI-C ● **Range**: 0 - 52 ● **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**: SAS-P ● **Range**: 18 - 90 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Youth reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Scale**: Self rated performance ● **Range**: 1-5 ● **Unit of measure**: Points ● **Direction**: Higher is better ● **Data value**: Endpoint ● **Notes**: Assuming scale 1-5 (5 point Likert scale). Average of 3 roleplays *Observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: CGI-severity ● **Range**: 1-7 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *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:** This study was supported by National Institute of Mental Healthgrant R01 MH052232 awarded to Dr. Herbert **Country:** USA **Setting:** university based anxiety clinic **Comments:** **Authors name:** Herbert et al 2009 **Institution:** Department of Pscychology; Drexel University **Email:** james.herbert@drexel.edu **Address:** Stop 988, 245 N. 15th Street, Philadelphia, PA 19102-1192, USA
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	
Selective outcome reporting	Low risk	
Other sources of bias	Low risk	
Blinding of outcome assessors	Unclear risk	Not described
Allocation concealment	Unclear risk	Not described
Blinding of participants and personnel	Unclear risk	Not described
Incomplete outcome data	Low risk	

Liber 2008

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

Participants	**Baseline Characteristics** Intervention ● *Number with primary social phobia (n, %)*: 10, 15.38% ● *Number with primary generalized anxiety disorder (n, %)*: 21, 32.30% ● *Number with primary separation anxiety disorder (n, %)*: 27, 41.54% ● *Number with other types of primary anxiety disorders (n, %)*: 7, 10.77% ● *Age in years (mean, SD)*: Boys:10.13(1.22); Girls: 10.08(1.4) ● *Age range and proportion of children and adolescents*: 8-12 (0% adolescents) Control ● *Number with primary social phobia (n, %)*: 12, 19.35% ● *Number with primary generalized anxiety disorder (n, %)*: 16, 25.81% ● *Number with primary separation anxiety disorder (n, %)*: 25, 40.32% ● *Number with other types of primary anxiety disorders (n, %)*: 9, 14.52% ● *Age in years (mean, SD)*: Boys: 9.88(1.09); Girls: 10.13 (1.47) ● *Age range and proportion of children and adolescents*: 8-12 (0% adolescents) **Included criteria:** Protocol:1. Children and adolescents between 8 and 16 years old2. Primary diagnosed with at least one of following Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM IV) anxiety disorders: separation anxiety disorder, social phobia, generalised anxiety disorder or specific phobiaPaper:Eligible for participation were children aged 8–12 years referred to the anxiety and depression outpatient clinic for Child and Adolescent Psychiatry Department,Leiden University Medical Centre and Erasmus Medical Centre, Sophia Children's Hospital in Rotterdam, in the Netherlands, and diagnosed with SAD, GAD, SOP or SP **Excluded criteria:** Protocol:1. Intelligence Quotient (IQ) less than 852. Children who are not proficient in the Dutch language3. Somatic disease4. Drug related disorder5. Pervasive developmental disorder6. Selective mutism7. Psycho-somatic disease8. Schizophrenia or other psychotic disorder9. Obsessive compulsive disorder10. Post-traumatic stress disorder11. Acute stress disorder12. Use of medication for anxiety13. Concurrent psychotherapyPaper:Exclusion criteria were an IQ below 85, poor command of the Dutch language, pervasive developmental dis-order, selective mutism, schizophrenia or other psychotic disorder. Children with obsessive compulsive disorder, post traumatic stress disorder and panic disorder were excluded **Pretreatment:** None detected

Interventions	**Intervention Characteristics** Intervention ● *Description of type of intervention/control*: All children participating received a manualbased10-session weekly CBT programme and theirparents received 4 sessions of CBT parent training(FRIENDS; Barrett & Turner, 2000). ICBT sessions were 60 minutes ● *Length of intervention/control (weeks and sessions)*: 10 weekly sessions for children, and 4 for parents ● *Length of follow-up (in months)*: No follow-up Control ● *Description of type of intervention/control*: All children participating received a manualbased10-session weekly CBT programme and theirparents received 4 sessions of CBT parent training(FRIENDS; Barrett & Turner, 2000). GCBT sessions were 90 minutes ● *Length of intervention/control (weeks and sessions)*: 10 weekly sessions for children, and 4 for parents ● *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**: 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**: CBCL-internalizing ● **Range**: 0-64

- **Unit of measure**: Points
- **Direction**: Lower is better
- **Data value**: Endpoint
- **Notes**: Mother report used

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

- **Outcome type**: DichotomousOutcome
- **Reporting**: Not reported
- **Notes**: No follow-up

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

- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported
- **Notes**: No follow-up

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

- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported
- **Notes**: No follow-up

Youth reported functioning (EoT)

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

Observer reported functioning (EoT)

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

Number that discontinued treatment or control (EoT)

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

Combined youth and observer reported functioning (EoT)

	● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported ● **Notes**: Not reported
Identification	**Sponsorship source:** This study was partially funded by NetherlandsFoundation for Mental Health, situated in Utrecht. **Country:** the Netherlands **Setting:** Outpatients **Comments:** Trial registration ID: ISRCTN48511871 **Authors name:** Liber 2008 **Institution:** Department of Child and Adolescent Psychiatry, Leiden University Medical Centre, Leiden, the Netherlands **Email:** j.m.liber@Curium.nl **Address:** Endegeesterstraatweg 27, 2342 AK,Oegstgeest, The Netherlands;
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	Quote: "Participants were randomly assigned in sequences of 6 to either GCBT or ICBT."
Selective outcome reporting	Low risk	Judgement Comment: None detected
Other sources of bias	Low risk	Judgement Comment: None detected
Blinding of outcome assessors	High risk	Quote: "Interviewers were not blind to treatment assignment (individual or group treatment), but had no interest in the supremacy of one condition over the other."
Allocation concealment	Unclear risk	Judgement Comment: No details
Blinding of participants and personnel	High risk	Judgement Comment: It is impossible to blind participants from group or individual treatment
Incomplete outcome data	Low risk	Quote: "Data were input to obtain multiple imputed datasets (m ¼ 5) since missing values pose a challenge to the interpretation of intent- to-treat analysis (Nich & Carroll, 2002). There are sev- eral methods to cope with missing values in clinical trials; multiple imputation methods are advised to obtain results closest to the 'true' model (Mazumdar, Liu, Houck, & Reynolds, 1999). Missing values did not exceed 5%, with the exception of the CBCL for

		fathers for which 8% of the values were missing." Judgement Comment: Drop out <7% overall

Manassis 2002

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *Number with primary social phobia (n, %)*: 6.4% of total sample ● *Number with primary generalized anxiety disorder (n, %)*: 60.3% of total sample ● *Number with primary separation anxiety disorder (n, %)*: 25.6% of total sample ● *Number with other types of primary anxiety disorders (n, %)*: 7.7% of total sample ● *Age in years (mean, SD)*: 9.98 (1.25) total sample ● *Age range and proportion of children and adolescents*: 8-12 (0% adolescents) Control ● *Number with primary social phobia (n, %)*: ● *Number with primary generalized anxiety disorder (n, %)*: ● *Number with primary separation anxiety disorder (n, %)*: ● *Number with other types of primary anxiety disorders (n, %)*: ● *Age in years (mean, SD)*: ● *Age range and proportion of children and adolescents*: **Included criteria:** Children aged 8–12 years. All children met the criteria for at least one DSM-IV anxiety disorder, and this disorder accounted for the main clinical problem presented. **Excluded criteria:** Children who hada psychotic disorder or a medical condition that would interfere withtreatment, or who were not proficient in the English language, wereexcluded from participation. Children with estimated IQs less than80 (based on Vocabulary and Block Design subtests of the WISC-III;Psychological Corporation, 1991) or who had learning problems thatwould interfere with their understanding and participation in treatment(based on school information and clinician judgment) were alsoexcluded from participation **Pretreatment:** None detected

Interventions	**Intervention Characteristics** Intervention ● *Description of type of intervention/control*: The Coping Bear Workbook (Scapillato and Mendlowitz, unpublished,1993) is an adaptation for group therapy of the Coping CatWorkbook developed by Kendall (1990). This treatment program consistsof 12-sessions teaching children how to identify their physicalreactions to anxiety, relax, change maladaptive self-talk, and reinforcetheir adaptive coping responses. An individual, 12-session version (anabbreviation of Coping Cat) has also been developed (Mendlowitz,unpublished, 1995). Individual treatment consisted of 45minutes with the child and 45 minutes with the parents per sessionwith the same therapist. ● *Length of intervention/control (weeks and sessions)*: 12-session cognitive-behavioral treatment program and parents received a parent-training program. 1.5 hours each occurred weekly, 45 minutes with the child and 45 minutes with the parents per session. ● *Length of follow-up (in months)*: No follow-up Control ● *Description of type of intervention/control*: ● *Length of intervention/control (weeks and sessions)*: 12-session cognitive-behavioral treatment program and parents received a parent-training program. 1.5 hours each occurred weekly. Parent and child groups were run concurrently, ● *Length of follow-up (in months)*: No follow-up
Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Not reported ● **Notes**: Not reported *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**: Multidimensional Anxiety Scale for Children(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**: Not reported
- **Notes**: No follow-up

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

- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported
- **Notes**: No follow-up

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

- **Outcome type**: ContinuousOutcome
- **Reporting**: Not reported
- **Notes**: No follow-up

Youth reported functioning (EoT)

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

Observer reported functioning (EoT)

- **Outcome type**: ContinuousOutcome
- **Reporting**: Fully reported
- **Scale**: Children’s Global Assessment Scale (CGAS)
- **Range**: 0-100
- **Unit of measure**: Points
- **Direction**: Higher is better

	● **Data value**: Endpoint ● **Notes**: Clinician rated *Number that discontinued treatment or control (EoT)* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Partially reported ● **Direction**: Lower is better ● **Data value**: Endpoint *Combined youth and observer reported functioning (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Not reported ● **Notes**: Not reported
Identification	**Sponsorship source:** The authors gratefully acknowledge the financial support of the Ontario MentalHealth Foundation for this work. **Country:** Canada **Setting:** Hospital for Sick Children, Toronto **Comments:** **Authors name:** Manassis 2002 **Institution:** University of Toronto; **Email:** kmanas@sickkids.on.ca **Address:** Hospital for Sick Children, 555 University Avenue, Toronto, Ontario, Canada M5G 1X8
Notes	*Nkr 43 Angst* on 04/04/2016 03:51 **Population** Mean age and primary diagnosis is not reported separatly for the to interventions. For the total sample the mean age was 9.98 years, SD = 1.25.Of the children participating, the primary, most impairing diagnoses included GAD (60.3%),separation anxiety disorder (25.6%), simple phobia (6.4%), social phobia (6.4%), and panic disorder (1.3%).

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	Quote: "Seventy-eight children aged 8–12 years with diagnosed anxiety disorders were randomly assigned to a 12-week, manual-based program of group or individual CBT, both with parental involvement." Judgement Comment: No details given
Selective outcome reporting	Low risk	Judgement Comment: None detected
Other sources of bias	Low risk	Judgement Comment: None detected
Blinding of outcome assessors	Low risk	Quote: "rating within that interval. To obtain an unbiased rat- ing, three clinicians not involved in the study estimated the children's global functioning before and after treatment using all clinical data from the initial (for pretreatment CGAS ratings) and posttreatment (for posttreatment CGAS ratings) assessments. They were blind to the pre- versus posttreatment status and to type of treatment received. Children completed the MASC (March,"
Allocation concealment	Unclear risk	Judgement Comment: No details
Blinding of participants and personnel	High risk	Judgement Comment: Impossible to blind participants for group or individual treatment
Incomplete outcome data	Low risk	Judgement Comment: No drop-out reported

Wergeland 2014

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention ● *Number with primary social phobia (n, %)*: 43 (47.2%) ● *Number with primary generalized anxiety disorder (n, %)*: 19 (20.9%) ● *Number with primary separation anxiety disorder (n, %)*: 29 (31.9%) ● *Number with other types of primary anxiety disorders (n, %)*: 0 ● *Age in years (mean, SD)*: 11.4 (2.1) ● *Age range and proportion of children and adolescents*: 8-15 (67, 73.6% between 8-12)

	Control ● *Number with primary social phobia (n, %)*: 41 (46.5%) ● *Number with primary generalized anxiety disorder (n, %)*: 18 (20.5) ● *Number with primary separation anxiety disorder (n, %)*: 29 (33%) ● *Number with other types of primary anxiety disorders (n, %)*: 0 ● *Age in years (mean, SD)*: 11.7 (2.1) ● *Age range and proportion of children and adolescents*: 8-15 (51, 58.0% betweeen 8-12) **Included criteria:** Parents of youth with anxiety symptomswere invited to enroll their children in the study and those youthmeeting DSM-IV (American Psychiatric Association, 1994) criteriafor a principal disorder of SAD, SOP, or GAD were included. **Excluded criteria:** Exclusion criteria were pervasive developmental disorder, psychotic disorder, and/or mental retardation. Youth on psychotropic medication were included if the dosage had been stable for at least three months prior to study entry and kept constant during the treatment(n=11,6.0%) **Pretreatment:** None detected
Interventions	**Intervention Characteristics** Intervention ● *Description of type of intervention/control*: Children and adolescents were treated with the FRIENDS pro-gram (Barrett, 2004, 2008). FRIENDS is a 10-week manual-based CBT program addressing cognitive, physiological, and behavioral components that interact in the development and maintenance of anxiety. ... The manual was used both for ICBTand GCBT, and the therapists were instructed to complete the same agenda and session tasks in both formats. [group and individual] ● *Length of intervention/control (weeks and sessions)*: 10 weekly sessions, lasting 60 min (ICBT) ● *Length of follow-up (in months)*: 12 months Control ● *Description of type of intervention/control*: Children and adolescents were treated with the FRIENDS program (Barrett, 2004, 2008). FRIENDS is a 10-week manual-based CBT program addressing cognitive, physiological, and behavioral components that interact in the development and maintenance of anxiety. The manual was used both for ICBT and GCBT, and the therapistswere instructed to complete the same agenda and session tasks in both formats. ● *Length of intervention/control (weeks and sessions)*: 10 weekly sessions, lasting 90 min (GCBT) ● *Length of follow-up (in months)*: 12 months

Outcomes	*Remission of primary anxiety diagnosis (EoT)* ● **Outcome type**: DichotomousOutcome ● **Direction**: Higher is better ● **Data value**: Endpoint *Youth reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: SCAS-C ● **Range**: 0-114 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Parent reported anxiety symptoms (EoT)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: SCAS-P ● **Range**: 0-114 ● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint *Remission of primary anxiety diagnosis (longest FU, at least 3 months)* ● **Outcome type**: DichotomousOutcome ● **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
- **Direction**: Lower is better
- **Data value**: Endpoint
- **Notes**: Not reported

Observer reported functioning (EoT)

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

Number that discontinued treatment or control (EoT)

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

Combined youth and observer reported functioning (EoT)

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

	● **Unit of measure**: Points ● **Direction**: Lower is better ● **Data value**: Endpoint ● **Notes**: Based on interviews with youth and parents separately
Identification	**Sponsorship source:** The study received support from the Western Norway RegionalHealth Authority, through project number 911366 and 911253. Theproject received additionalfinancial support from the MeltzerResearch Foundation at the University of Bergen, Norway; Josef andHaldis Andresen's Foundation, Solveig and Johan P. Sommer'sFoundation for promotion of research on clinical psychiatry, andMaja and John Nilsen's Foundation. **Country:** Norway **Setting:** public child and adolescent mental health outpatient clinics **Comments:** **Authors name:** Wergeland et al 2014 **Institution:** Anxiety Research Network, Haukeland University Hospital, N-5021 Bergen, Norway **Email:** gjwergeland@gmail.com **Address:**
Notes	*Nkr 43 Angst* on 30/03/2016 20:30 **Screen** Spot on! *Nkr 43 Angst* on 03/04/2016 16:48 **Study Design** The mean durationof the waitlist period was equal to the treatment period (10 weeks).There was no use of mental health services during the waitlistperiod. Of the 38 youth randomized to WLC, one participant (2.6%)no longer met inclusion criteria post-waitlist, and two participants(5.3%) did not want to be randomized to treatment. These threeyouth were included in the waitlist analyses only. The other 35youth were subsequently randomized to ICBT or GCBT.

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	Quote: "used in which groups of 6 youth included at a clinic, either from the younger age group (8e12 years) or from the older age group (12e15 years), were randomized to ICBT, GCBT, or WLC." Quote: "A block randomization was" Judgement Comment: No other information about randomization
Selective outcome reporting	Low risk	Judgement Comment: None detected
Other sources of bias	Low risk	Judgement Comment: None detected
Blinding of outcome assessors	High risk	Quote: "Blinding of the as- sessors for treatment approach was not possible, since they worked in the same clinics where treatment was offered."
Allocation concealment	Unclear risk	Judgement Comment: No information on this
Blinding of participants and personnel	High risk	Quote: "Blinding of the as- sessors for treatment approach was not possible, since they worked in the same clinics where treatment was offered." Judgement Comment: Impossible to blind participants to wether they recieve group or individual therapy
Incomplete outcome data	Low risk	Quote: "Missing data on the item and measure level were examined using the missing value analysis in SPSS 20 (IBM Statistics, Chicago, USA). Missing data occurred randomly and did not exceed 11% for any measure across all time points and informants, with the exception of four youth and one parent with higher levels of missing data (M ¼ 16.7%). Missing data originated from treatment dropouts, and to a smaller degree from lacking or incomplete measures from treatment completers. Little's MCAR test was not significant concerning missing data on the measure level. Missing data on continuous variables were accommodated in structural equation modeling (SEM) by full information maximum likelihood (FIML) missing data methodology (Wothke, 2000). Thus a missing data point did not result in deletion of the participant. Missing diagnostic data at post-waitlist, post-treatment and at one year follow-up were handled using the diagnostic status at the last available assessment."

Footnotes

Characteristics of excluded studies

O'Shea 2015

Reason for exclusion	Wrong patient population

Spence 2006

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

deGroot 2007

de Groot,J.; Cobham,V.; Leong,J.; McDermott,B.. Individual versus group family-focused cognitive-behaviour therapy for childhood anxiety: pilot randomized controlled trial. The Australian and New Zealand Journal of Psychiatry 2007;41(12):990-997. [DOI: 784648666 [pii]]

Flannery Schroeder 2000

Flannery-Schroeder,E.; Kendall,P. C.. Group and individual cognitive-behavioral treatments for youth with anxiety disorders: A randomized clinical trial. Cognitive Therapy and Research 2000;24(3):251-278. [DOI:]

Herbert 2009

Herbert,J. D.; Gaudiano,B. A.; Rheingold,A. A.; Moitra,E.; Myers,V. H.; Dalrymple,K. L.; Brandsma,L. L.. Cognitive behavior therapy for generalized social anxiety disorder in adolescents: A randomized controlled trial. Journal of anxiety disorders 2009;23(2):167-177. [DOI:]

Liber 2008

Liber,J. M.; Van Widenfelt,B. M.; Utens,E. M.; Ferdinand,R. F.; Van der Leeden,A. J.; Van Gastel,W.; Treffers,P. D.. No differences between group versus individual treatment of childhood anxiety disorders in a randomised clinical trial. Journal of child psychology and psychiatry, and allied disciplines 2008;49(8):886-893. [DOI: 10.1111/j.1469-7610.2008.01877.x [doi]]

Manassis 2002

Manassis,K.; Mendlowitz,S. L.; Scapillato,D.; Avery,D.; Fiksenbaum,L.; Freire,M.; Monga,S.; Owens,M.. Group and individual cognitive-behavioral therapy for childhood anxiety disorders: a randomized trial. Journal of the American Academy of Child and Adolescent Psychiatry 2002;41(12):1423-1430. [DOI: S0890-8567(09)60736-X [pii]]

Wergeland 2014

Flannery-Schroeder E.; Choudhury M. S.; Philip C. Kendall P. C.. Group and Individual Cognitive-Behavioral Treatments for Youth With Anxiety Disorders: 1-Year Follow-Up. Cognitive Therapy and Research 2005;29(2):253-259.

Wergeland G.J.; Fjermestad K.W.; Marin C.E.; Haugland B.S.M.; Bjaastad J.F.; Oeding K.; Bjelland I.; Silverman W.K.; Ost L.G.; Havik O.E.; Heiervang,E. R.. An effectiveness study of individual vs. group cognitive behavioral therapy for anxiety disorders in youth.. Behaviour research and therapy 2014;57(Journal Article):1-12. [DOI:]

Excluded studies

O'Shea 2015

O'Shea,Gabrielle; Spence,Susan H.; Donovan,Caroline L.. Group versus individual interpersonal psychotherapy for depressed adolescents.. Behavioural & Cognitive Psychotherapy 2015;43(1):1-19. [DOI:]

Spence 2006

Spence,S. H.; Holmes,J. M.; March,S.; Lipp,O. V.. The feasibility and outcome of clinic plus internet delivery of cognitive-behavior therapy for childhood anxiety. Journal of consulting and clinical psychology 2006;74(3):614-621. [DOI:]

Studies awaiting classification

Ongoing studies

Other references

Additional references

Other published versions of this review

Data and analyses

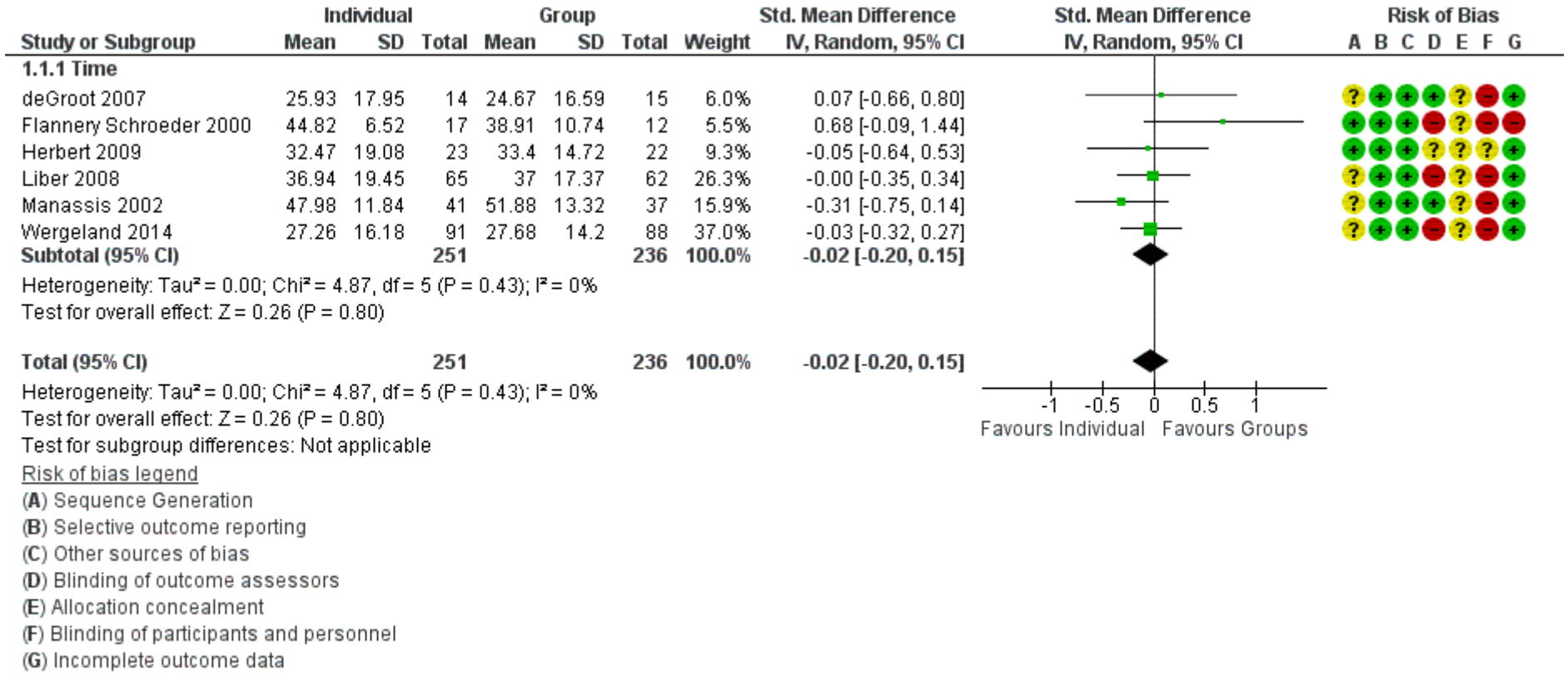
1 Individual vs group

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 Youth reported anxiety symptoms (EoT)	6	487	Std. Mean Difference (IV, Random, 95% CI)	-0.02 [-0.20, 0.15]
1.1.1 Time	6	487	Std. Mean Difference (IV, Random, 95% CI)	-0.02 [-0.20, 0.15]
1.2 Parent reported anxiety symptoms (EoT)	6	487	Std. Mean Difference (IV, Random, 95% CI)	-0.06 [-0.32, 0.20]
1.2.1 Time	6	487	Std. Mean Difference (IV, Random, 95% CI)	-0.06 [-0.32, 0.20]
1.3 Youth reported anxiety symptoms (longest FU, at least 3 months)	4	282	Std. Mean Difference (IV, Random, 95% CI)	0.12 [-0.12, 0.35]
1.3.1 Time	4	282	Std. Mean Difference (IV, Random, 95% CI)	0.12 [-0.12, 0.35]
1.4 Parent reported anxiety symptoms (longest FU, at least 3 months)	4	290	Std. Mean Difference (IV, Random, 95% CI)	-0.01 [-0.32, 0.31]
1.4.1 Time	4	290	Std. Mean Difference (IV, Random, 95% CI)	-0.01 [-0.32, 0.31]

1.5 Youth reported functioning (EoT)	1	45	Mean Difference (IV, Fixed, 95% CI)	0.16 [-0.32, 0.64]
1.6 Observer reported functioning (EoT)	3	152	Std. Mean Difference (IV, Random, 95% CI)	-0.45 [-0.77, -0.12]
1.6.1 Time	3	152	Std. Mean Difference (IV, Random, 95% CI)	-0.45 [-0.77, -0.12]
1.7 Combined youth and observer reported functioning (EoT)	1	179	Mean Difference (IV, Fixed, 95% CI)	0.11 [-0.59, 0.81]
1.8 Remission of primary anxiety diagnosis (EoT)	3		Risk Ratio (IV, Random, 95% CI)	Subtotals only
1.8.1 Time	3	334	Risk Ratio (IV, Random, 95% CI)	1.08 [0.86, 1.36]
1.9 Remission of primary anxiety diagnosis (longest FU, at least 3 months)	3		Risk Ratio (IV, Random, 95% CI)	Subtotals only
1.9.1 Time	3	244	Risk Ratio (IV, Random, 95% CI)	0.97 [0.76, 1.26]
1.10 Number that discontinued treatment or control (EoT)	4		Risk Ratio (IV, Random, 95% CI)	Subtotals only
1.10.1 Time	4	384	Risk Ratio (IV, Random, 95% CI)	1.54 [0.88, 2.69]

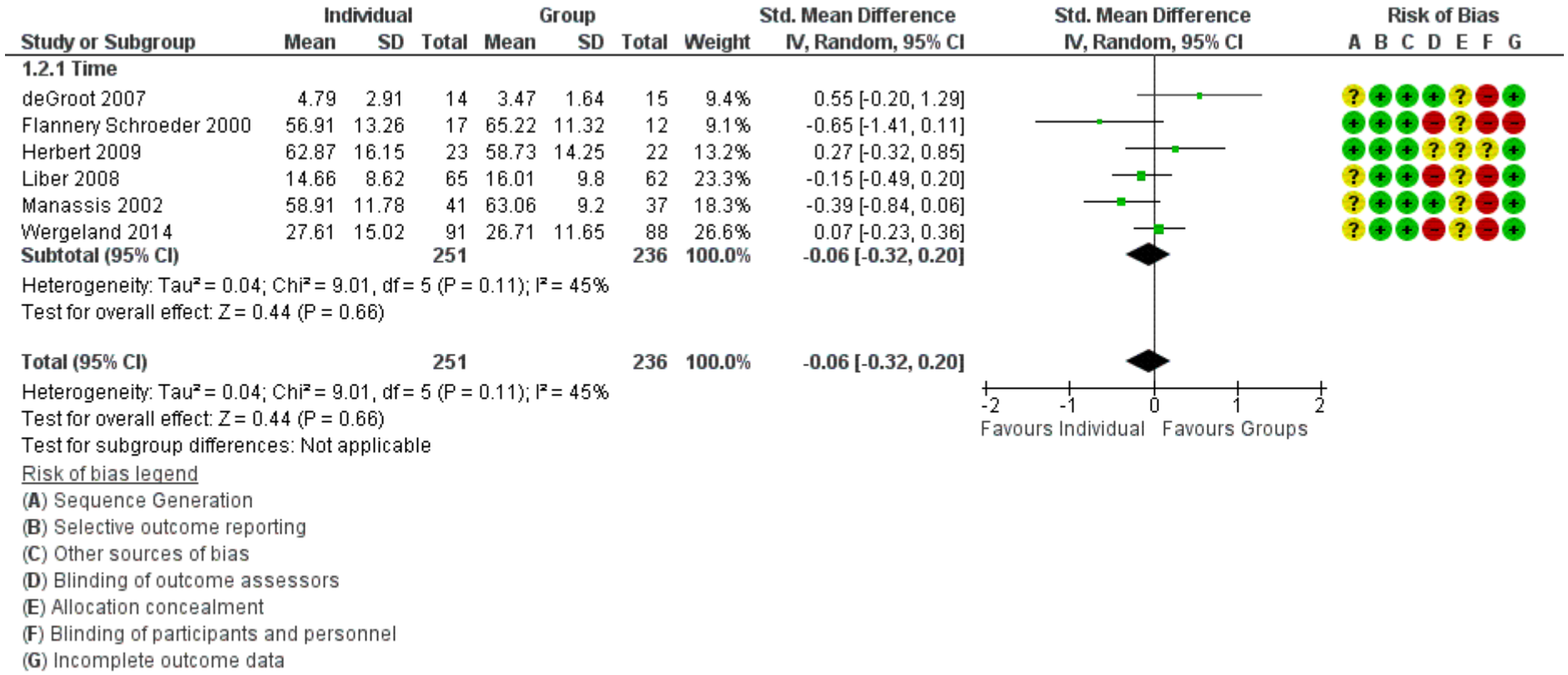
Figures

Figure 1 (Analysis 1.1)



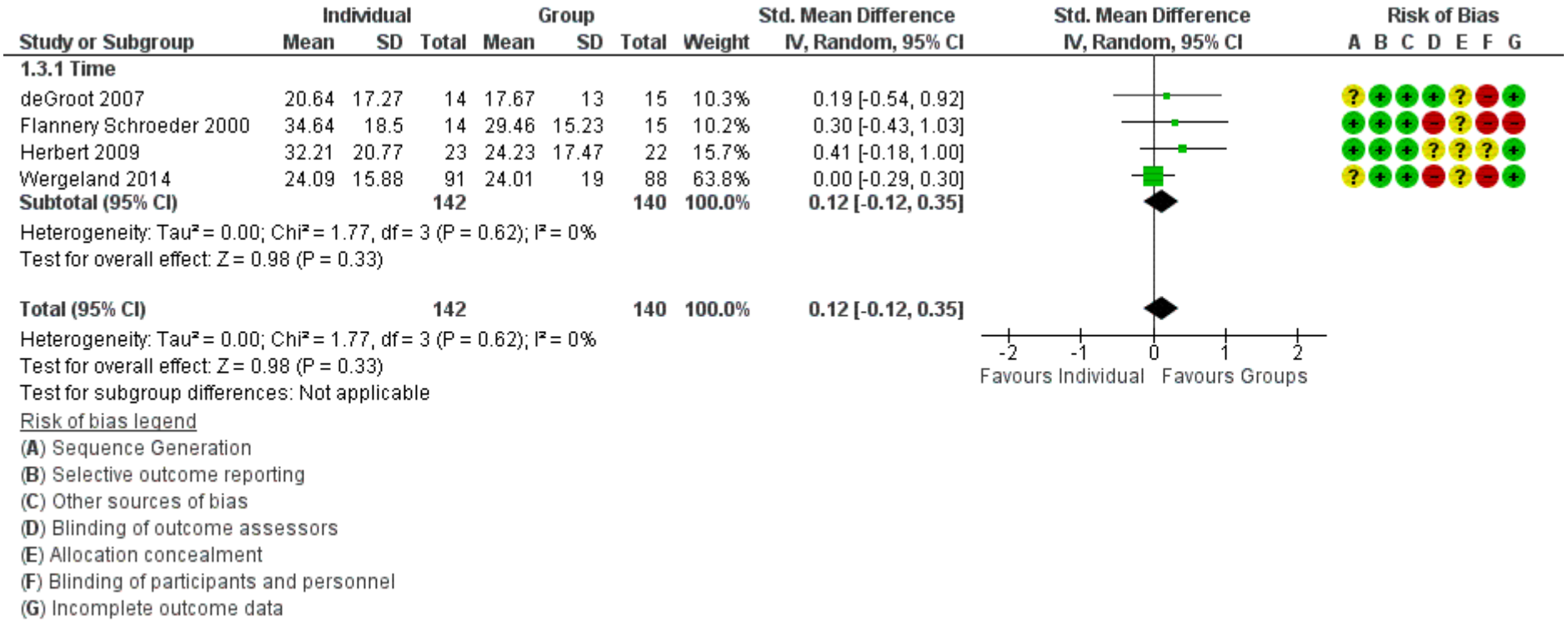
Forest plot of comparison: 1 Individual vs group, outcome: 1.1 Youth reported anxiety symptoms (EoT).

Figure 2 (Analysis 1.2)



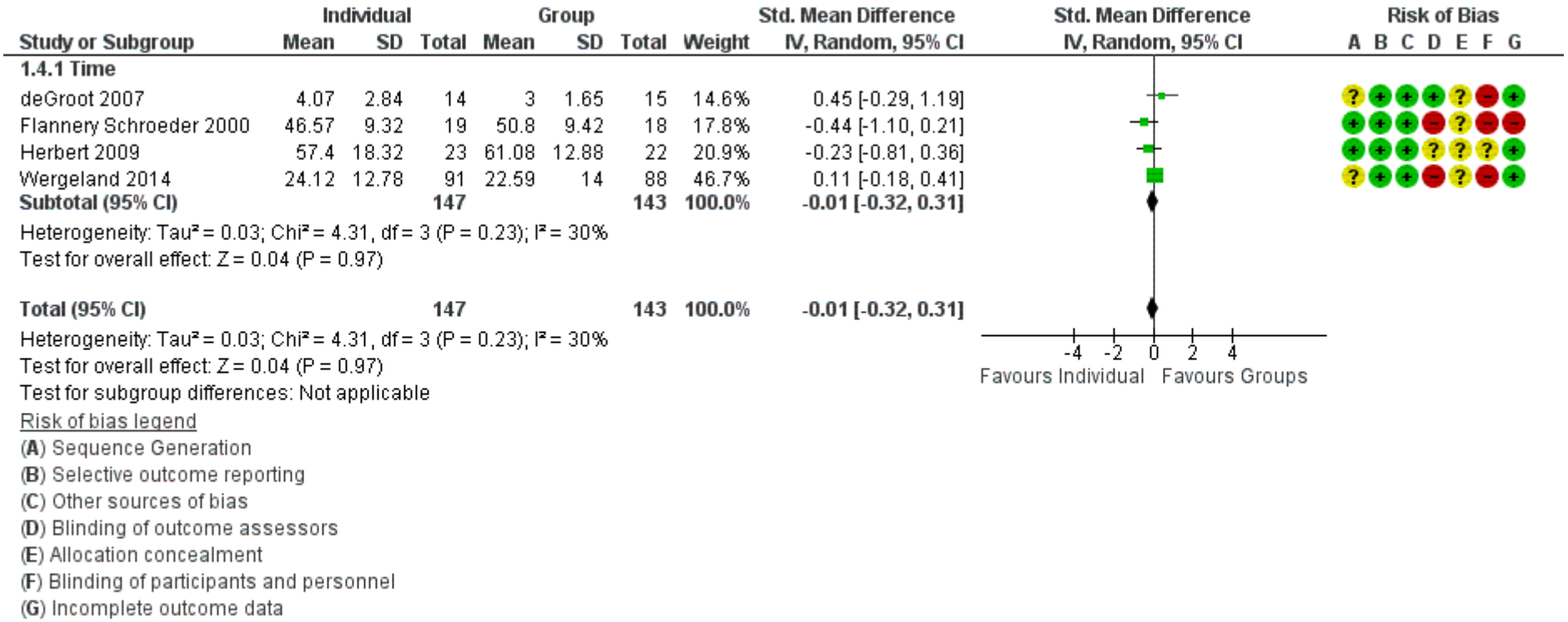
Forest plot of comparison: 1 Individual vs group, outcome: 1.2 Parent reported anxiety symptoms (EoT).

Figure 3 (Analysis 1.3)



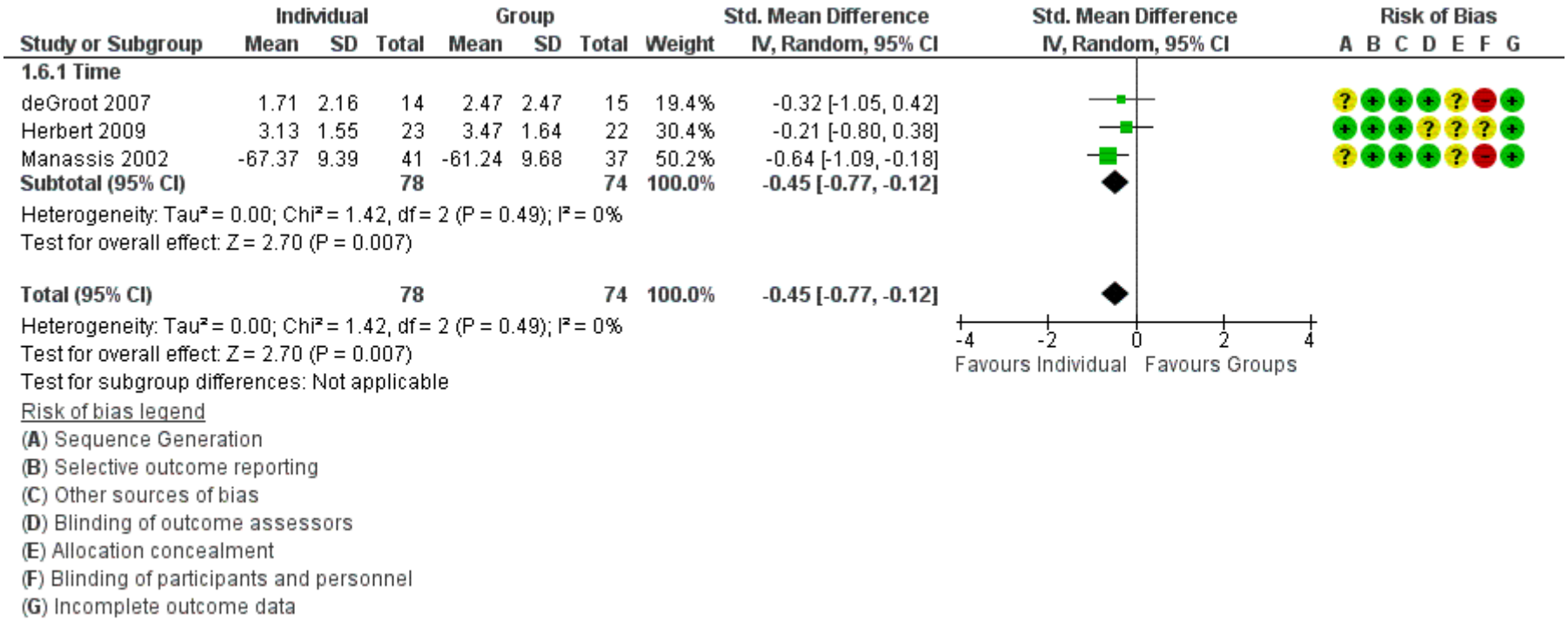
Forest plot of comparison: 1 Individual vs group, outcome: 1.3 Youth reported anxiety symptoms (longest FU, at least 3 months).

Figure 4 (Analysis 1.4)



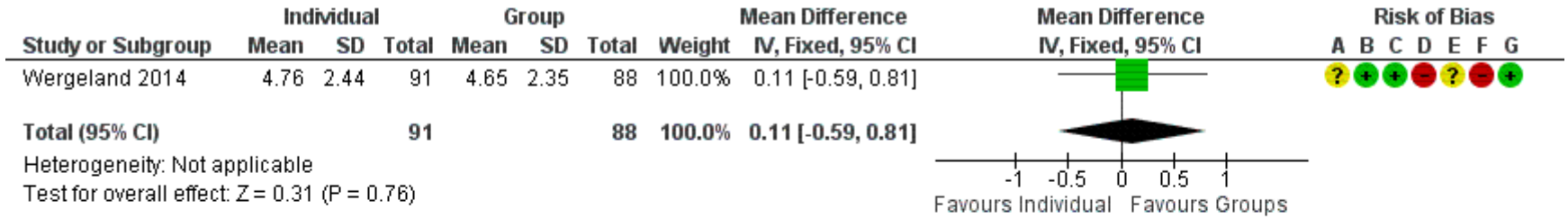
Forest plot of comparison: 1 Individual vs group, outcome: 1.4 Parent reported anxiety symptoms (longest FU, at least 3 months).

Figure 5 (Analysis 1.6)



Forest plot of comparison: 1 Individual vs group, outcome: 1.6 Observer reported functioning (EoT).

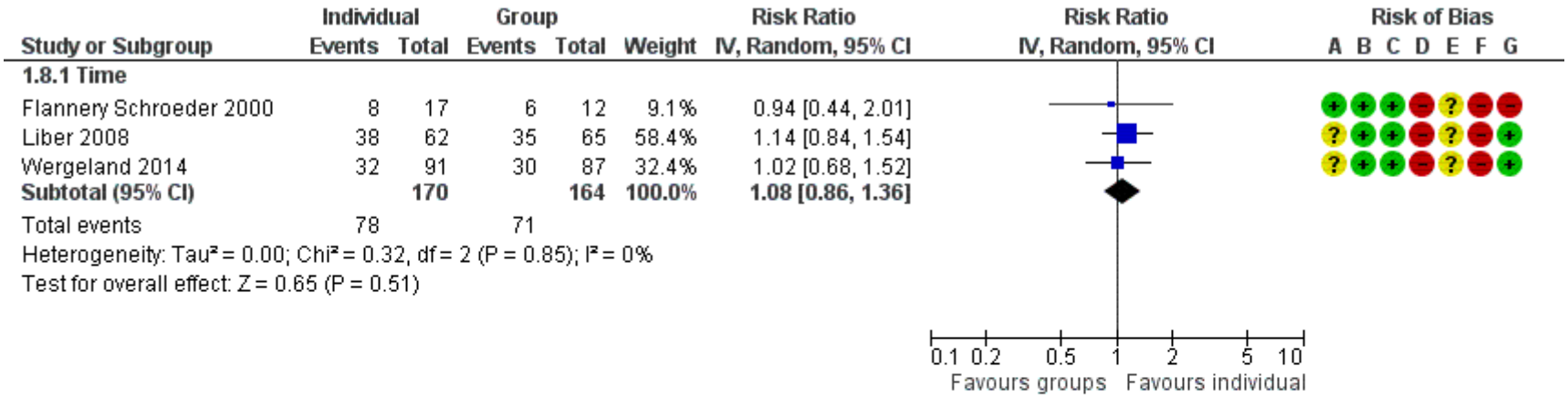
Figure 6 (Analysis 1.7)



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

Forest plot of comparison: 1 Individual vs group, outcome: 1.7 Combined youth and observer reported functioning (EoT).

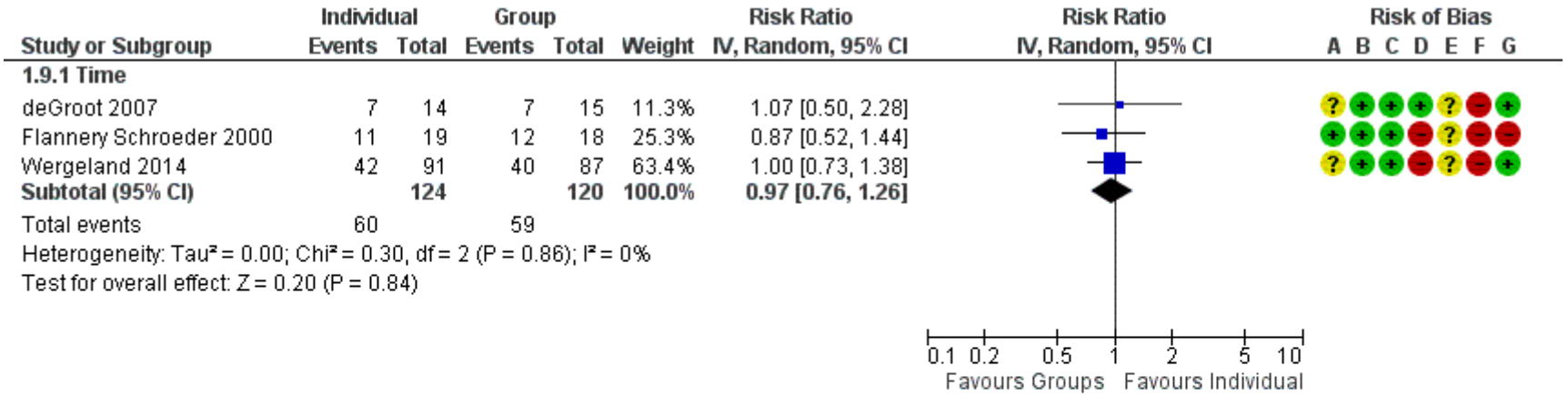
Figure 7 (Analysis 1.8)



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

Forest plot of comparison: 1 Individual vs group, outcome: 1.8 Remission of primary anxiety diagnosis (EoT).

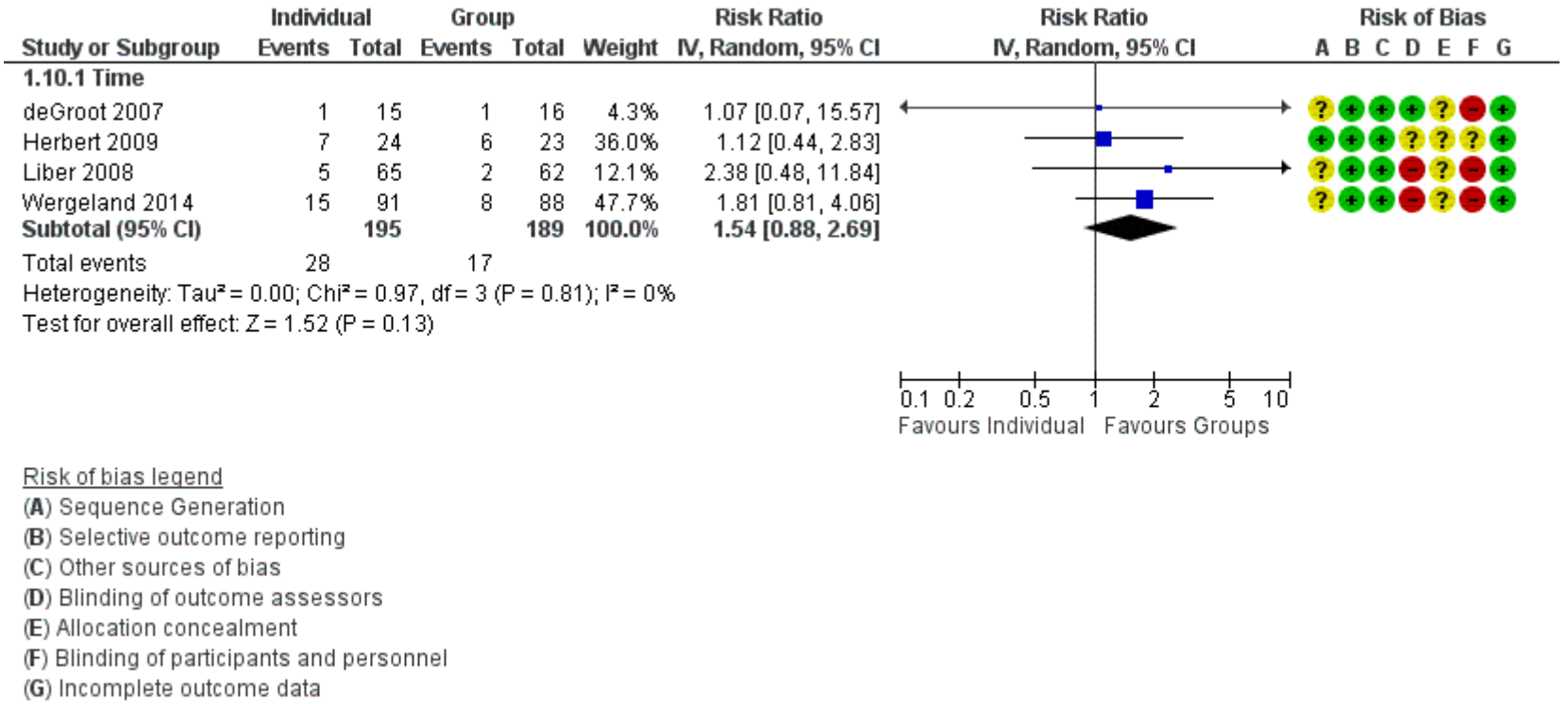
Figure 8 (Analysis 1.9)



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

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

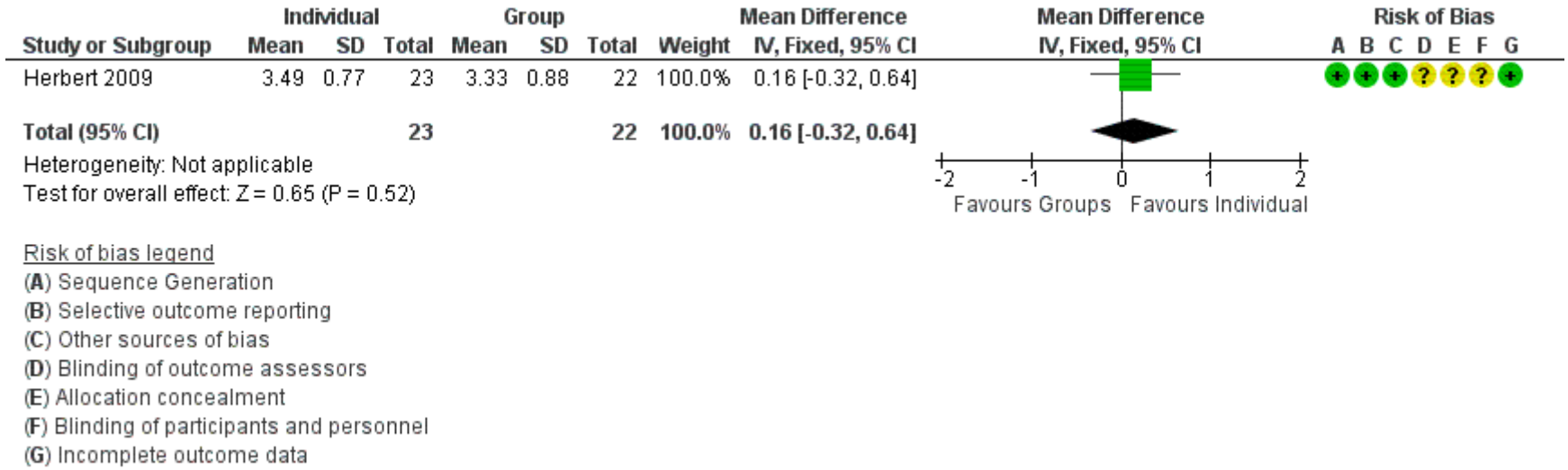
Figure 9 (Analysis 1.10)



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

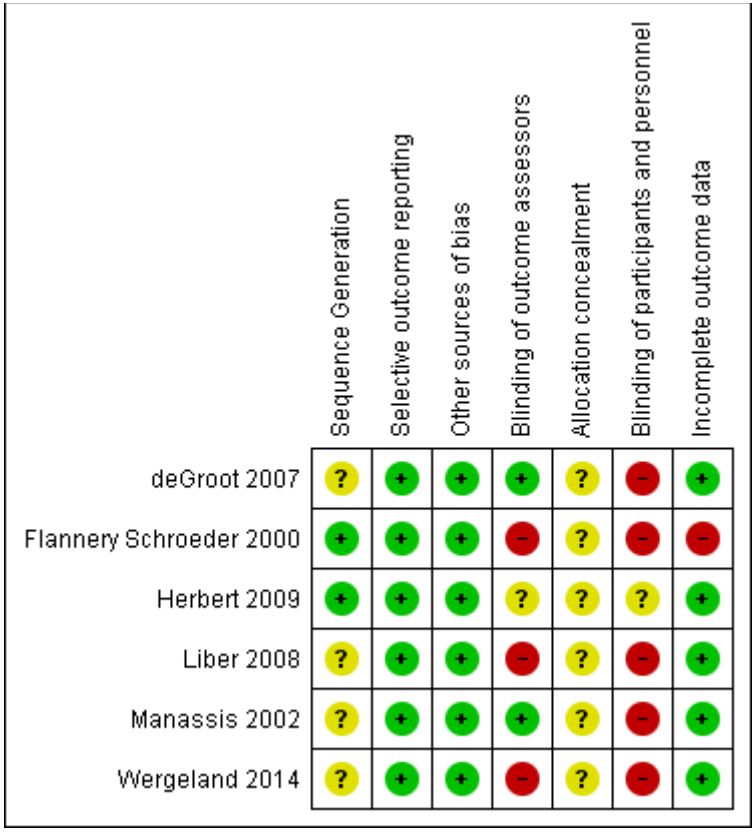
Forest plot of comparison: 1 Individual vs group, outcome: 1.10 Number that discontinued treatment or control (EoT).

Figure 10 (Analysis 1.5)



Forest plot of comparison: 1 Individual vs group, outcome: 1.5 Youth reported functioning (EoT).

Figure 11



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