NKR 57: CBT vs. control

Review information

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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

Abstract

Background

Objectives

Search methods

Selection criteria

Data collection and analysis

Main results

Authors' conclusions

Plain language summary

[Summary title]

[Summary text]

Background

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Description of the intervention

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Why it is important to do this review

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Types of interventions

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Contributions of authors

Declarations of interest

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Characteristics of studies

Characteristics of included studies

Sciberras 2018

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Cool Kids (CBT) ● *AGE (years, SD)*: 10.4, 1.3 ● *Gender (N, %)*: 5, 100

	TAU ● *AGE (years, SD)*: 11.6, 0.6 ● *Gender (N, %)*: 6, 100 Overall ● *AGE (years, SD)*: N/A ● *Gender (N, %)*: 11, 100 **Included criteria:** Over cutoff ADHD RS IV scale & mÃ¸de kriterierne diagnostisk for angst (social, separationsangst el genereliseret). **Excluded criteria:** Modtager allerede specialisthjÃ¦lp til angst
Interventions	**Intervention Characteristics** Cool Kids (CBT) TAU
Outcomes	*ADHD kernesymptomer, forÃ¦ldrebedÃ¸mt (ADHD-RS)* ● **Outcome type**: Continuous Outcome *Livskvalitet, selvrapporteret* ● **Outcome type**: Continuous Outcome *Livskvalitet, forÃ¦ldrerapporteret* ● **Outcome type**: Continuous Outcome *Angst (Symptomer) (STAI)* ● **Outcome type**: Continuous Outcome *Angst (Symptomer) (SCAS, forÃ¦ldre)* ● **Outcome type**: Continuous Outcome *Angst (Symptomer) (SCAS, barn)* ● **Outcome type**: Continuous Outcome
Identification	**Sponsorship source:** MCRI **Country:** Australien **Setting:** Universitet **Authors name:** Emma Sciberras

	Institution: Murdoch Childrens Research Institute
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Judgement Comment: Computerized random number sequence
Allocation concealment (selection bias)	Low risk	Judgement Comment: Sealed opaque envelopes
Blinding of participants and personnel (performance bias)	High risk	Judgement Comment: Ikke muligt at blinde i denne type intervention
Blinding of outcome assessment (detection bias)	High risk	Judgement Comment: I denne type stupide er det ikke muligt at blinde forÃ¦ldre og bÃ¸rn for hvilken gruppe de er i.
Incomplete outcome data (attrition bias)	Low risk	Judgement Comment: Analayses were conducted on a intention-to treat analysis basis
Selective reporting (reporting bias)	Low risk	Judgement Comment: Only reference to pilot study protocol: http://www.isrctn.com/ISRCTN33930984but the secondary outcomes from protocol coinsides with reported outcomes
Other bias	Low risk	Judgement Comment: The study appears to be free from other sources of bias

Sprich 2016

Methods	**Study design:** Randomized controlled trial **Study grouping:** Crossover
Participants	**Baseline Characteristics** CBT ● *AGE (MEAN AGE IN YEARS)* : 15.17 (1.01) ● *GENDER (BOYS %)*: 75

	Control ● *AGE (MEAN AGE IN YEARS)* : 15.09 (1.11) ● *GENDER (BOYS %)*: 81.8 **Included criteria:** Principal diagnosis of ADHD and psychiatric comorbidity was confirmed by the Kiddie-Schedule for Affective Disorders and Schizophrenia-Epidemiologic Version (Orvaschel, 1985) in separate interviews with the adolescent and parent. The combined report was used to establish diagnoses. We required that participants meet criteria for ADHD at the time of the assessment for inclusion in the study. The K-SADS were administered by a study clinician (Psychology Fellow or Doctoral level psychologist trained via audio-tape supervision in the treatment and assessment protocols) **Excluded criteria:** Exclusion criteria included severe comorbid disorders that would interfere with participation (no one was excluded for this), active suicidality, conduct disorder, active substance abuse or Sprich et al.Page 4J Child Psychol Psychiatry. Author manuscript; available in dependence (<3 months remission), organic mental disorder, mental retardation, pervasive developmental disorder, or a history of CBT for ADHD. 56.4 % of the participants had at least one current comorbid condition. These included oppositional defiant disorder (N=12), specific phobia (N=6), social phobia (N=6), generalized anxiety disorder (N=3), tic disorder (N=2), and dysthymia (N=1)
Interventions	**Intervention Characteristics** CBT Control
Outcomes	*Funktionsniveau hos barnet/den unge, kliniker/observatÃ¸r (CGI-S Clinician)* ● **Outcome type**: ContinuousOutcome *ADHD kernesymptomer, forÃ¦ldrebedÃ¸mt (IE ADHD severity ratings)* ● **Outcome type**: ContinuousOutcome
Identification	**Sponsorship source:** This project was supported by NIMH Grant R34MH083063; Additional support for data analysis came from the Harvard Catalyst, Harvard Clinical and Translational Science Center by NIH Grant 1 UL1 RR025758-03. S.A.S. and S.E.S receive royalties from Oxford University Press for their published therapist guide and client workbook. S.A.S receives royalties from Guilford Publications for authored books. S.E.S receives royalties from Springer for an edited book **Country:** USA **Setting:** University **Authors name:** Susan E. Sprich

	Institution: Behavioral Medicine Service, Department of Psychiatry, Massachusetts General Hospital, Boston, MA **Email:** ssafren@miami.edu
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote: "(Safren et al., 2005, 2010). The randomization sequence was generated by the study research assistant flipping a coin to determine the next assignment and then assigning the following participant to the alternate condition. The randomization sequence was generated prior to the initiation of the study and was not shared with the interventionists prior to subject assignment. Study interventionists conducted the enrollment"
Allocation concealment (selection bias)	Unclear risk	Judgement Comment: Insufficient information on allocation concealment Insufficient information on allocation concealment
Blinding of participants and personnel (performance bias)	High risk	Judgement Comment: Blinding ikke mulig
Blinding of outcome assessment (detection bias)	High risk	Quote: "baseline, 4-month and 8-month assessments. The IE was blind to treatment status (CBT vs. wait list). The IE reminded all participants not to reveal anything about their treatment condition during assessments. Medication Adherence We assessed for" Judgement Comment: ForÃ¦ldre og de unge selv er blinding ikke mulig
Incomplete outcome data (attrition bias)	Low risk	Quote: "the enrollment visits. Statistical Methods All analyses were performed using all available data of all randomized study subjects, including those who completed and did not complete the protocol, i.e., intention-to-treat (ITT). Data were summarized by mean Â±"
Selective reporting (reporting bias)	Low risk	Quote: "Trial Registration: http://clinicaltrials.gov/show/NCT01019252." Judgement Comment: The study protocol match the reported outcomes
Other bias	Low risk	Quote: "Central for supplementary material. Acknowledgments This project was supported by NIMH Grant R34MH083063; Additional support for data analysis came from the Harvard Catalyst, Harvard Clinical and Translational Science Center by NIH Grant 1 UL1 RR025758-03. S.A.S. and S.E.S receive royalties from Oxford University Press for their published therapist guide and client workbook. S.A.S receives

		royalties from Guilford Publications for authored books. S.E.S receives royalties from Springer for an edited book. The authors thank the following" Judgement Comment: The study appears to be free from other sources of bias

Vidal 2015

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** CBT ● *AGE (years, SD)*: 17.47 (1.88) ● *Gender (N, %)*: 66.11 WL ● *AGE (years, SD)*: 16.9 (1.75) ● *Gender (N, %)*: 70 **Included criteria:** DSM IV diagnosis, 15-21 Ã¥r, stabil medicinskbehandling af ADHD men med residerende vanskeligheder **Excluded criteria:** Affektive lidelser, skizofreni, angst, psykose, personlighedsforstyrrelse, SUD, gennemgribende udviklingsforstyrrelser, IQ<80 og anden psykologisk behandling.
Interventions	**Intervention Characteristics** CBT WL
Outcomes	*Funktionsniveau hos barnet/den unge, kliniker/observatÃ¸r (CGI-S Clinician)* ● **Outcome type**: Continuous Outcome *Funktionsniveau hos barnet, forÃ¦ldrebedÃ¸mt (WFIR-P)* ● **Outcome type**: Continuous Outcome *Funktionsniveau, selvrapporteret af barnet/den unge (CGI-S self report)* ● **Outcome type**: Continuous Outcome *ADHD kernesymptomer, forÃ¦ldrebedÃ¸mt (ADHD-RS)*

	● **Outcome type**: Continuous Outcome *Depression (Symptomer) (BDI)* ● **Outcome type**: Continuous Outcome *Angst (Symptomer) (STAI)* ● **Outcome type**: Continuous Outcome
Identification	**Sponsorship source:** Agnecia de salut publica de Barcelona; Depaertment de Salut, Catalonia, ; **Country:** Spanien **Setting:** University **Authors name:** Rachel Vidal **Institution:** Hospital universitari Vall D'Hebron
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Judgement Comment: Random number generator
Allocation concealment (selection bias)	Unclear risk	Judgement Comment: Insufficient information on allocation concealment
Blinding of participants and personnel (performance bias)	High risk	Judgement Comment: Blinding of participants and personnel not possible
Blinding of outcome assessment (detection bias)	High risk	Judgement Comment: Blinding of participants and personnel not possible, even though they state that the study was rater blinded
Incomplete outcome data (attrition bias)	Low risk	Judgement Comment: 14 out of 59 dropped out in the intervention group, and 16 out of 60 dropped out in the control group.The reason for withdrawell is not given.
Selective reporting (reporting bias)	Low risk	Judgement Comment: The study protocol and reported outcomes match

Other bias	Low risk	Judgement Comment: The study appears to be free from other sources of bias. There is however, an erratum with updated results.

Footnotes

Characteristics of excluded studies

Adler 2007

Reason for exclusion	Wrong study design

Boyer 2015

Reason for exclusion	Wrong comparator

Boyer 2016

Reason for exclusion	Wrong comparator

Boyer 2016a

Reason for exclusion	Wrong comparator

Boyer 2018

Reason for exclusion	Wrong comparator

Chan 2016

Reason for exclusion	Wrong study design

Fehlings 1991

Reason for exclusion	Wrong study design

Geissler 2018

Reason for exclusion	Study protocol

Hinshaw 1984

Reason for exclusion	Wrong study design

Jarrett 2012

Reason for exclusion	Wrong study design

Lauth 1996

Reason for exclusion	Wrong study design

Maric 2018

Reason for exclusion	Wrong study design

Solanto 2016

Reason for exclusion	Wrong study design

Footnotes

Characteristics of studies awaiting classification

Footnotes

Characteristics of ongoing studies

Footnotes

Summary of findings tables

Additional tables

References to studies

Included studies

Sciberras 2018

Sciberras, Emma; Mulraney, Melissa; Anderson, Vicki; Rapee, Ronald M.; Nicholson, Jan M.; Efron, Daryl; Lee, Katherine; Markopoulos, Zoe; Hiscock, Harriet. Managing Anxiety in Children With ADHD Using Cognitive-Behavioral Therapy: A Pilot Randomized Controlled Trial.. Journal of Attention Disorders 2018;22(5):515-520. [DOI:]

Sprich 2016

Sprich, Susan E.; Safren, Steven A.; Finkelstein, Daniel; Remmert, Jocelyn E.; Hammerness, Paul. A randomized controlled trial of cognitive behavioral therapy for ADHD in medication-treated adolescents.. Journal of Child Psychology & Psychiatry & Allied Disciplines 2016;57(11):1218-1226. [DOI:]

Vidal 2015

Vidal, Raquel; Castells, Jordi; Richarte, Vanesa; Palomar, Gloria; Garcia, Marta; Nicolau, Rosa; Lazaro, Luisa; Casas, Miguel; Ramos-Quiroga, Josep Antoni. Group therapy for adolescents with attention-deficit/hyperactivity disorder: a randomized controlled trial.. Journal of the American Academy of Child & Adolescent Psychiatry 2015;54(4):275-282. [DOI:]

Excluded studies

Adler 2007

Adler L.A.; Barkley R.A.; Newcorn J.H.; Spencer T.J.; Weiss, M. D.. Managing ADHD in children, adolescents, and adults with comorbid anxiety in primary care.. Primary Care Companion to the Journal of Clinical Psychiatry 2007;9(2):129-138. [DOI:]

Boyer 2015

Boyer, Bianca E.; Geurts, Hilde M.; Prins, Pier J. M.; Van der Oord, Saskia. Two novel CBTs for adolescents with ADHD: the value of planning skills.. European child & adolescent psychiatry 2015;24(9):1075-1090. [DOI:]

Boyer 2016

Boyer, Bianca E.; Geurts, Hilde M.; Prins, Pier J. M.; Van der Oord, Saskia. One-year follow-up of two novel CBTs for adolescents with ADHD.. European child & adolescent psychiatry 2016;25(3):333-337. [DOI:]

Boyer 2016a

Boyer, Bianca E.; Doove, Lisa L.; Geurts, Hilde M.; Prins, Pier J. M.; Van Mechelen, Iven; Van der Oord, Saskia. Qualitative Treatment-Subgroup Interactions in a Randomized Clinical Trial of Treatments for Adolescents with ADHD: Exploring What Cognitive-Behavioral Treatment Works for Whom.. PLoS ONE [Electronic Resource] 2016;11(3):e0150698. [DOI:]

Boyer 2018

Boyer, Bianca; MacKay, Kelsey J.; McLeod, Bryce D.; van der Oord, Saskia. Comparing Alliance in Two Cognitive-Behavioural Therapies for Adolescents With ADHD Using a Randomized Controlled Trial.. Behavior Therapy 2018;49(5):781-795. [DOI:]

Chan 2016

Chan, Eugenia; Fogler, Jason M.; Hammerness, Paul G.. Treatment of Attention-Deficit/Hyperactivity Disorder in Adolescents: A Systematic Review. JAMA 2016;315(18):1997-2008. [DOI:]

Fehlings 1991

Fehlings D.L.; Roberts W.; Humphries T.; Dawe, G.. Attention deficit hyperactivity disorder: does cognitive behavioral therapy improve home behavior?.. Journal of developmental and behavioral pediatrics : JDBP 1991;12(4):223-228. [DOI:]

Geissler 2018

Geissler, Julia; Jans, Thomas; Banaschewski, Tobias; Becker, Katja; Renner, Tobias; Brandeis, Daniel; Dopfner, Manfred; Dose, Christina; Hautmann, Christopher; Holtmann, Martin; Jenkner, Carolin; Millenet, Sabina; Romanos, Marcel. Individualised short-term therapy for adolescents impaired by attention-deficit/hyperactivity disorder despite previous routine care treatment (ESCAadol)-Study protocol of a randomised controlled trial within the consortium ESCAlife.. Trials [Electronic Resource] 2018;19(1):254. [DOI:]

Hinshaw 1984

Hinshaw, S. P.; Henker, B.; Whalen, C. K.. Self-control in hyperactive boys in anger-inducing situations: effects of cognitive-behavioral training and of methylphenidate.. Journal of abnormal child psychology 1984;12(1):55-77. [DOI:]

Jarrett 2012

Jarrett, Matthew A.; Ollendick, Thomas H.. Treatment of comorbid attention-deficit/hyperactivity disorder and anxiety in children: a multiple baseline design analysis.. Journal of Consulting & Clinical Psychology 2012;80(2):239-244. [DOI:]

Lauth 1996

Lauth G.W.; Naumann K.; Roggenkamper A.; Heine, A.. Indications for and evaluation of a cognitive-behavioral intervention for children with attention-deficit hyperactivity disorder, Verhaltensmedizinische Indikation und Evaluation einer kognitiv- behavioralen Therapie mit aufmerksamkeitsgestorten/ hyperaktiven Kindern.. Zeitschrift fur Kinder- und Jugendpsychiatrie und Psychotherapie 1996;24(3):164-175. [DOI:]

Maric 2018

Maric M.; van Steensel F.J.A.; Bogels, S. M.. Parental Involvement in CBT for Anxiety-Disordered Youth Revisited: Family CBT Outperforms Child CBT in the Long Term for Children With Comorbid ADHD Symptoms.. Journal of attention disorders 2018;22(5):506-514. [DOI:]

Solanto 2016

Solanto, Mary V.. Commentary: Development of a new, much-needed, cognitive-behavioral intervention for adolescents with ADHD - a reflection on Sprich et al. (2016). Journal of Child Psychology & Psychiatry 2016;57(11):1227-1228. [DOI: 10.1111/jcpp.12629]

Studies awaiting classification

Ongoing studies

Other references

Additional references

Other published versions of this review

Data and analyses

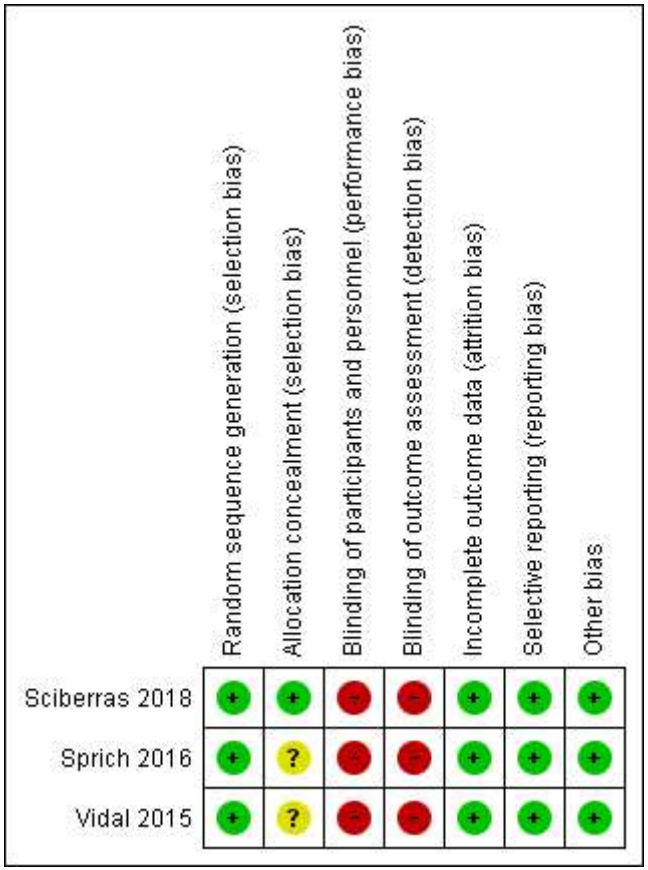
1 CBT vs ingen CBT (control, WL or TAU)

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 Funktionsniveau hos barnet/den unge, kliniker/observatør bedømt(CGI-S Clinician)	2	162	Mean Difference (IV, Random, 95% CI)	-0.60 [-0.85, -0.36]
1.2 Funktionsniveau hos barnet, forældrebedømt (WFIR-P)	1	119	Mean Difference (IV, Fixed, 95% CI)	-5.68 [-11.45, 0.09]
1.3 Funktionsniveau, selvrapporteret af barnet/den unge (CGI-S self report)	1	119	Mean Difference (IV, Fixed, 95% CI)	-0.45 [-0.77, -0.13]
1.4 ADHD kernesymptomer, kliniker/observatør bedømt	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.5 ADHD kernesymptomer, forældrebedømt (ADHD-RS, IE ADHD severity ratings)	3	171	Std. Mean Difference (IV, Random, 95% CI)	-0.96 [-1.28, -0.65]
1.6 Livskvalitet, selvrapporteret (PedsQL)	1	10	Mean Difference (IV, Fixed, 95% CI)	-2.20 [-22.40, 18.00]
1.7 Livskvalitet, forældrerapporteret, (PedsQL)	1	10	Mean Difference (IV, Fixed, 95% CI)	8.00 [-10.90, 26.90]
1.8 Depression (Symptomer) (BDI)	1	119	Mean Difference (IV, Fixed, 95% CI)	0.01 [-1.68, 1.70]
1.9 Angst (Symptomer) (SCAS og STAI, barn)	2	129	Std. Mean Difference (IV, Random, 95% CI)	0.05 [-0.29, 0.40]
1.10 Bivirkninger	0	0	Odds Ratio (M-H, Fixed, 95% CI)	Not estimable

1.11 Compliance med eksisterende behandling	1	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable

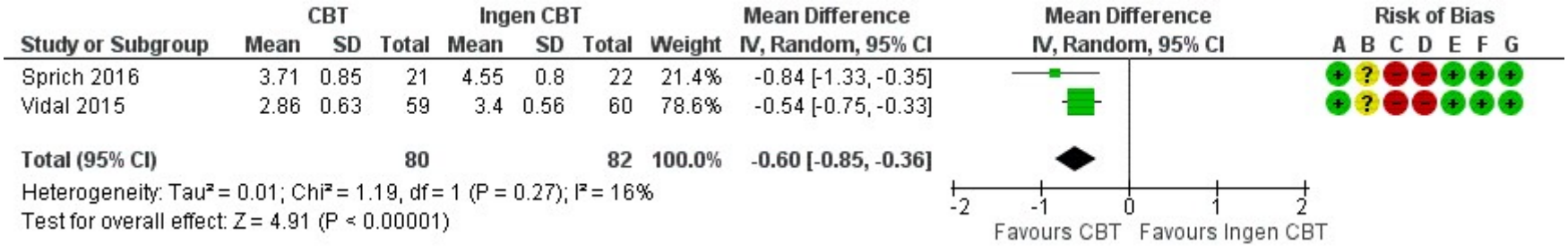
Figures

Figure 1



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

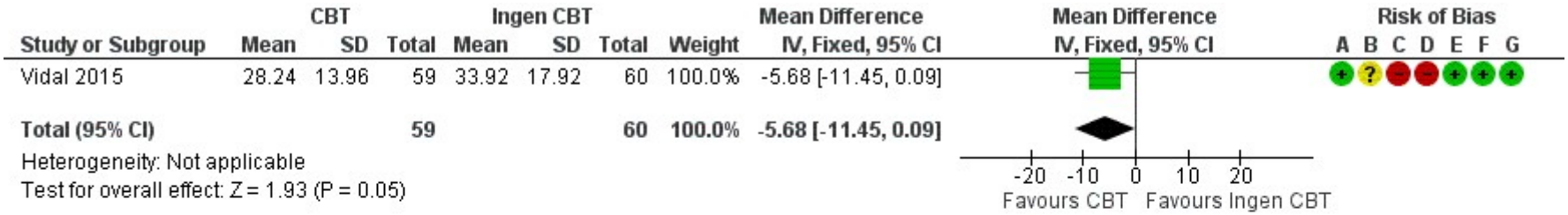
Figure 2 (Analysis 1.1)



Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

Forest plot of comparison: 1 CBT vs ingen CBT (control, WL or TAU), outcome: 1.1 Funktionsniveau hos barnet/den unge, kliniker/observatør bedømt(CGI-S Clinician).

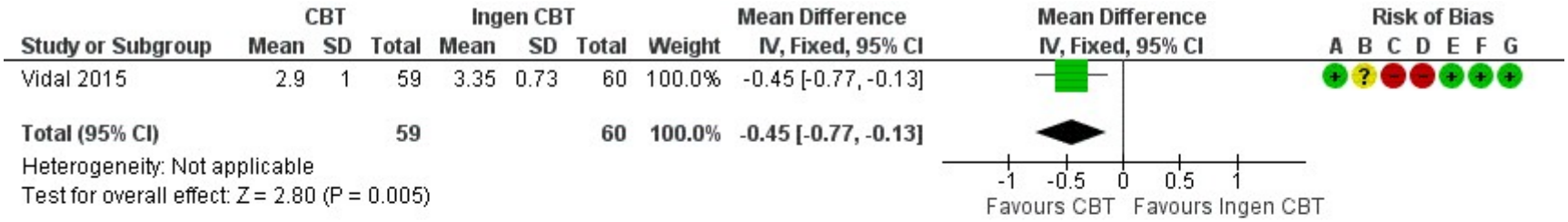
Figure 3 (Analysis 1.2)



Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

Forest plot of comparison: 1 CBT vs ingen CBT (control, WL or TAU), outcome: 1.2 Funktionsniveau hos barnet, forældrebedømt (WFIR-P).

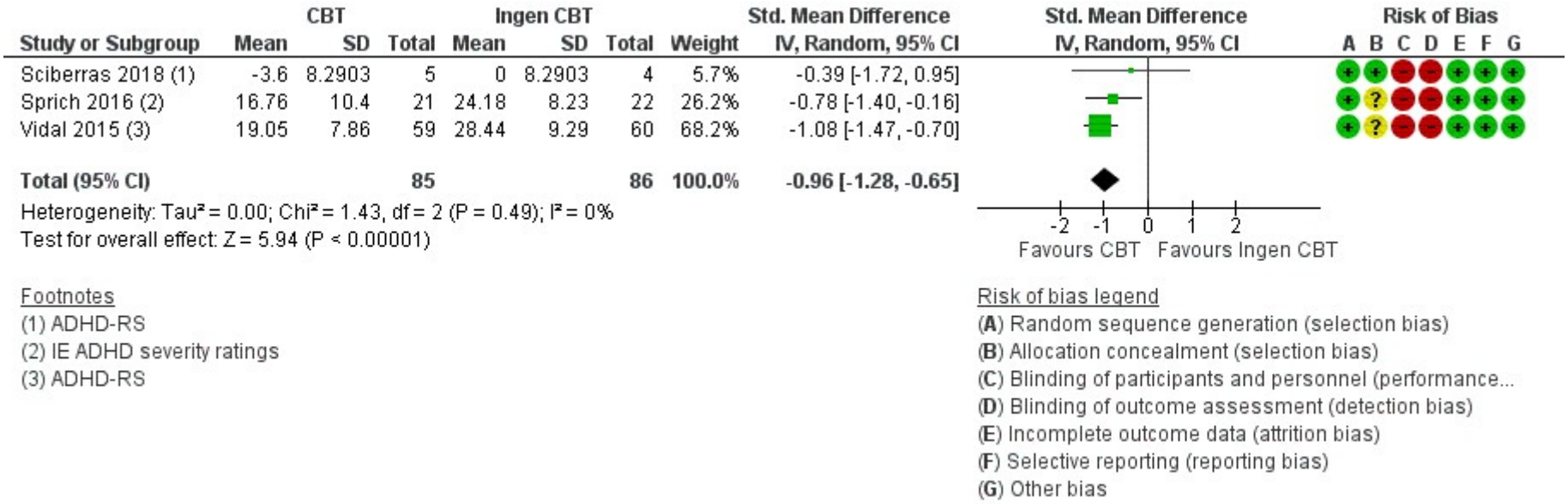
Figure 4 (Analysis 1.3)



Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

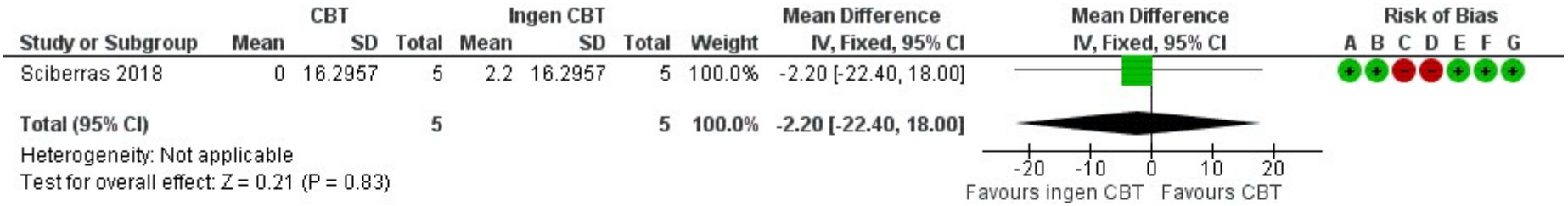
Forest plot of comparison: 1 CBT vs ingen CBT (control, WL or TAU), outcome: 1.3 Funktionsniveau, selvrapporteret af barnet/den unge (CGI-S self report).

Figure 5 (Analysis 1.5)



Forest plot of comparison: 1 CBT vs ingen CBT (control, WL or TAU), outcome: 1.5 ADHD kernesymptomer, forældrebedømt (ADHD-RS, IE ADHD severity ratings).

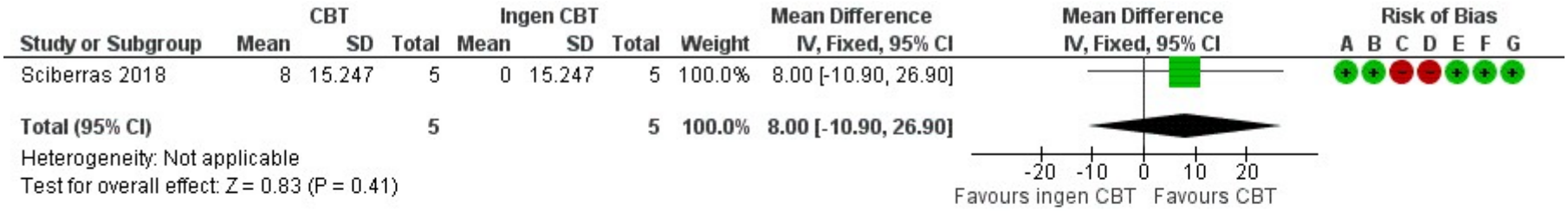
Figure 6 (Analysis 1.6)



Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

Forest plot of comparison: 1 CBT vs ingen CBT (control, WL or TAU), outcome: 1.6 Livskvalitet, selvrapporteret (PedsQL) .

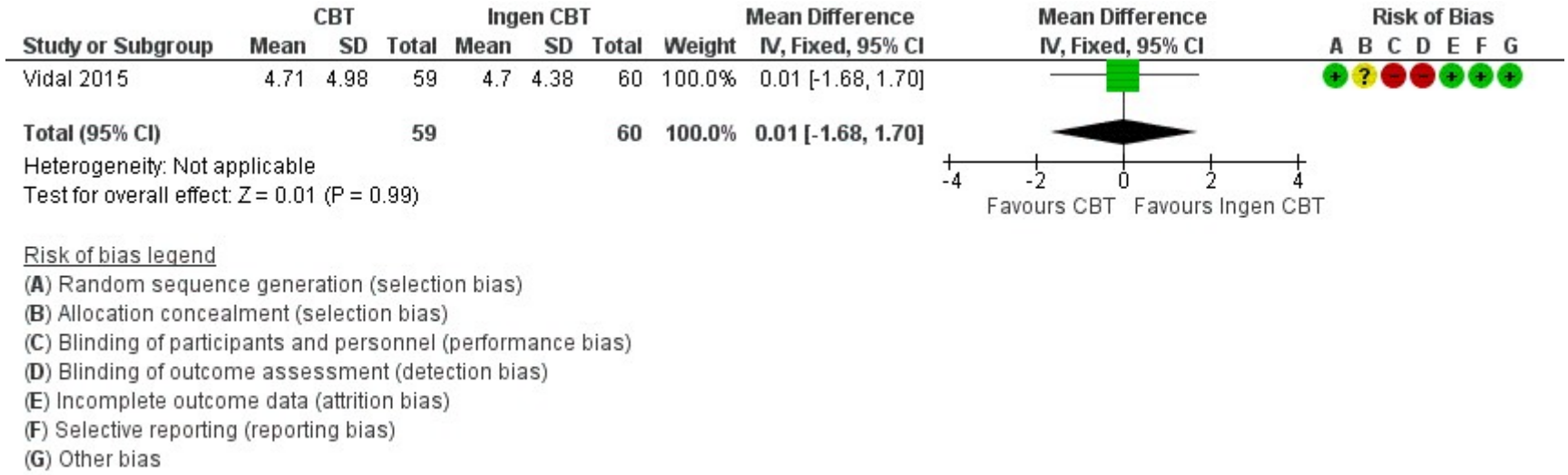
Figure 7 (Analysis 1.7)



Risk of bias legend
(A) Random sequence generation (selection bias)
(B) Allocation concealment (selection bias)
(C) Blinding of participants and personnel (performance bias)
(D) Blinding of outcome assessment (detection bias)
(E) Incomplete outcome data (attrition bias)
(F) Selective reporting (reporting bias)
(G) Other bias

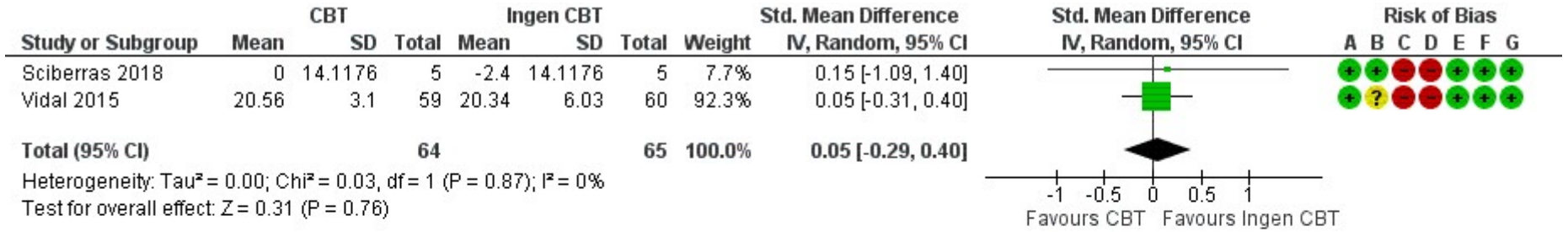
Forest plot of comparison: 1 CBT vs ingen CBT (control, WL or TAU), outcome: 1.7 Livskvalitet, forældrerapporteret, (PedsQL).

Figure 8 (Analysis 1.8)



Forest plot of comparison: 1 CBT vs ingen CBT (control, WL or TAU), outcome: 1.8 Depression (Symptomer) (BDI).

Figure 11 (Analysis 1.9)



Forest plot of comparison: 1 CBT vs ingen CBT (control, WL or TAU), outcome: 1.9 Angst (Symptomer) (SCAS og STAI, barn).

Sources of support

Internal sources

- No sources of support provided

External sources

- No sources of support provided

Feedback

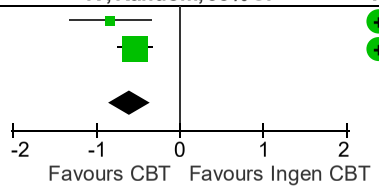
Appendices

1 CBT vs ingen CBT (control, WL or TAU)

1.1 Funktionsniveau hos barnet/den unge, kliniker/observatør bedømt(CGI-S Clinician)

Study or Subgroup	CBT Mean	CBT SD	CBT Total	Ingen CBT Mean	Ingen CBT SD	Ingen CBT Total	Weight	Mean Difference IV, Random, 95% CI
Sprich 2016	3.71	0.85	21	4.55	0.8	22	21.4%	-0.84 [-1.33, -0.35]
Vidal 2015	2.86	0.63	59	3.4	0.56	60	78.6%	-0.54 [-0.75, -0.33]
Total (95% CI)			**80**			**82**	**100.0%**	**-0.60 [-0.85, -0.36]**

Heterogeneity: Tau² = 0.01; Chi² = 1.19, df = 1 (P = 0.27); I² = 16%
Test for overall effect: Z = 4.91 (P < 0.00001)

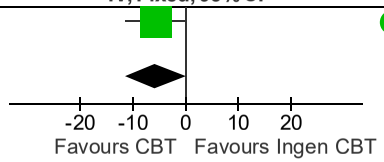


Risk of bias legend
(**A**) Random sequence generation (selection bias)
(**B**) Allocation concealment (selection bias)
(**C**) Blinding of participants and personnel (performance bias)
(**D**) Blinding of outcome assessment (detection bias)
(**E**) Incomplete outcome data (attrition bias)
(**F**) Selective reporting (reporting bias)
(**G**) Other bias

1.2 Funktionsniveau hos barnet, forældrebedømt (WFIR-P)

Study or Subgroup	CBT Mean	CBT SD	CBT Total	Ingen CBT Mean	Ingen CBT SD	Ingen CBT Total	Weight	Mean Difference IV, Fixed, 95% CI	Risk of Bias A B C D E F G
Vidal 2015	28.24	13.96	59	33.92	17.92	60	100.0%	-5.68 [-11.45, 0.09]	+ ? − − + + +
Total (95% CI)			**59**			**60**	**100.0%**	**-5.68 [-11.45, 0.09]**	

Heterogeneity: Not applicable
Test for overall effect: Z = 1.93 (P = 0.05)

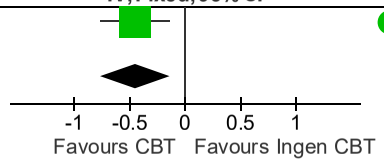


Risk of bias legend
(**A**) Random sequence generation (selection bias)
(**B**) Allocation concealment (selection bias)
(**C**) Blinding of participants and personnel (performance bias)
(**D**) Blinding of outcome assessment (detection bias)
(**E**) Incomplete outcome data (attrition bias)
(**F**) Selective reporting (reporting bias)
(**G**) Other bias

1.3 Funktionsniveau, selvrapporteret af barnet/den unge (CGI-S self report)

Study or Subgroup	CBT Mean	CBT SD	CBT Total	Ingen CBT Mean	Ingen CBT SD	Ingen CBT Total	Weight	Mean Difference IV, Fixed, 95% CI
Vidal 2015	2.9	1	59	3.35	0.73	60	100.0%	-0.45 [-0.77, -0.13]
Total (95% CI)			**59**			**60**	**100.0%**	**-0.45 [-0.77, -0.13]**

Heterogeneity: Not applicable
Test for overall effect: Z = 2.80 (P = 0.005)

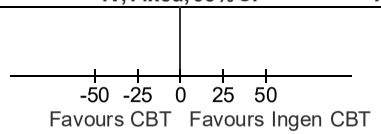


Risk of bias legend
(**A**) Random sequence generation (selection bias)
(**B**) Allocation concealment (selection bias)
(**C**) Blinding of participants and personnel (performance bias)
(**D**) Blinding of outcome assessment (detection bias)
(**E**) Incomplete outcome data (attrition bias)
(**F**) Selective reporting (reporting bias)
(**G**) Other bias

1.4 ADHD kernesymptomer, kliniker/observatør bedømt

Study or Subgroup	CBT Mean	CBT SD	CBT Total	Ingen CBT Mean	Ingen CBT SD	Ingen CBT Total	Weight	Mean Difference IV, Fixed, 95% CI	Risk of Bias A B C D E F G
Total (95% CI)			**0**			**0**		**Not estimable**	

Heterogeneity: Not applicable
Test for overall effect: Not applicable

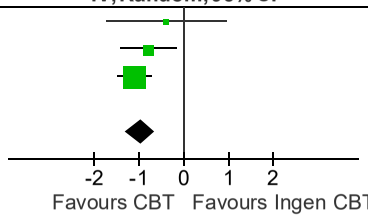


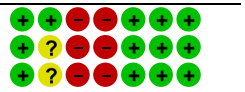
Risk of bias legend
(**A**) Random sequence generation (selection bias)
(**B**) Allocation concealment (selection bias)
(**C**) Blinding of participants and personnel (performance bias)
(**D**) Blinding of outcome assessment (detection bias)
(**E**) Incomplete outcome data (attrition bias)
(**F**) Selective reporting (reporting bias)
(**G**) Other bias

1.5 ADHD kernesymptomer, forældrebedømt (ADHD-RS, IE ADHD severity ratings)

Study or Subgroup	CBT Mean	CBT SD	CBT Total	Ingen CBT Mean	Ingen CBT SD	Ingen CBT Total	Weight	Std. Mean Difference IV, Random, 95% CI
Sciberras 2018 (1)	-3.6	8.2903	5	0	8.2903	4	5.7%	-0.39 [-1.72, 0.95]
Sprich 2016 (2)	16.76	10.4	21	24.18	8.23	22	26.2%	-0.78 [-1.40, -0.16]
Vidal 2015 (3)	19.05	7.86	59	28.44	9.29	60	68.2%	-1.08 [-1.47, -0.70]
Total (95% CI)			**85**			**86**	**100.0%**	**-0.96 [-1.28, -0.65]**

Heterogeneity: Tau² = 0.00; Chi² = 1.43, df = 2 (P = 0.49); I² = 0%
Test for overall effect: Z = 5.94 (P < 0.00001)





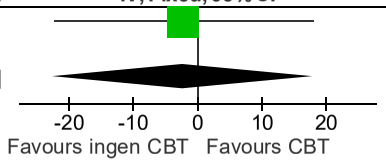
Footnotes
(1) ADHD-RS
(2) IE ADHD severity ratings
(3) ADHD-RS

Risk of bias legend
(**A**) Random sequence generation (selection bias)
(**B**) Allocation concealment (selection bias)
(**C**) Blinding of participants and personnel (performance...
(**D**) Blinding of outcome assessment (detection bias)
(**E**) Incomplete outcome data (attrition bias)
(**F**) Selective reporting (reporting bias)
(**G**) Other bias

1.6 Livskvalitet, selvrapporteret (PedsQL)

Study or Subgroup	CBT Mean	CBT SD	CBT Total	Ingen CBT Mean	Ingen CBT SD	Ingen CBT Total	Weight	Mean Difference IV, Fixed, 95% CI
Sciberras 2018	0	16.2957	5	2.2	16.2957	5	100.0%	-2.20 [-22.40, 18.00]
Total (95% CI)			**5**			**5**	**100.0%**	**-2.20 [-22.40, 18.00]**

Heterogeneity: Not applicable
Test for overall effect: Z = 0.21 (P = 0.83)

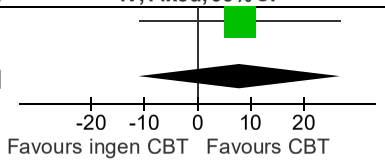


Risk of bias legend
(**A**) Random sequence generation (selection bias)
(**B**) Allocation concealment (selection bias)
(**C**) Blinding of participants and personnel (performance bias)
(**D**) Blinding of outcome assessment (detection bias)
(**E**) Incomplete outcome data (attrition bias)
(**F**) Selective reporting (reporting bias)
(**G**) Other bias

1.7 Livskvalitet, forældrerapporteret, (PedsQL)

Study or Subgroup	CBT Mean	CBT SD	CBT Total	Ingen CBT Mean	Ingen CBT SD	Ingen CBT Total	Weight	Mean Difference IV, Fixed, 95% CI
Sciberras 2018	8	15.247	5	0	15.247	5	100.0%	8.00 [-10.90, 26.90]
Total (95% CI)			**5**			**5**	**100.0%**	**8.00 [-10.90, 26.90]**

Heterogeneity: Not applicable
Test for overall effect: Z = 0.83 (P = 0.41)

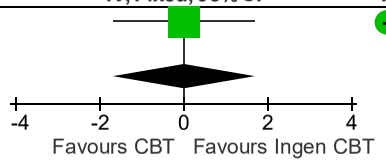


Risk of bias legend
(**A**) Random sequence generation (selection bias)
(**B**) Allocation concealment (selection bias)
(**C**) Blinding of participants and personnel (performance bias)
(**D**) Blinding of outcome assessment (detection bias)
(**E**) Incomplete outcome data (attrition bias)
(**F**) Selective reporting (reporting bias)
(**G**) Other bias

1.8 Depression (Symptomer) (BDI)

Study or Subgroup	CBT Mean	CBT SD	CBT Total	Ingen CBT Mean	Ingen CBT SD	Ingen CBT Total	Weight	Mean Difference IV, Fixed, 95% CI	Risk of Bias A B C D E F G
Vidal 2015	4.71	4.98	59	4.7	4.38	60	100.0%	0.01 [-1.68, 1.70]	+ ? − − + + +
Total (95% CI)			**59**			**60**	**100.0%**	**0.01 [-1.68, 1.70]**	

Heterogeneity: Not applicable
Test for overall effect: Z = 0.01 (P = 0.99)

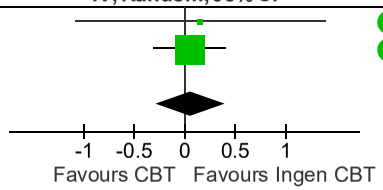


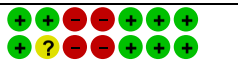
Risk of bias legend
(**A**) Random sequence generation (selection bias)
(**B**) Allocation concealment (selection bias)
(**C**) Blinding of participants and personnel (performance bias)
(**D**) Blinding of outcome assessment (detection bias)
(**E**) Incomplete outcome data (attrition bias)
(**F**) Selective reporting (reporting bias)
(**G**) Other bias

1.9 Angst (Symptomer) (SCAS og STAI, barn)

Study or Subgroup	CBT Mean	CBT SD	CBT Total	Ingen CBT Mean	Ingen CBT SD	Ingen CBT Total	Weight	Std. Mean Difference IV, Random, 95% CI
Sciberras 2018	0	14.1176	5	-2.4	14.1176	5	7.7%	0.15 [-1.09, 1.40]
Vidal 2015	20.56	3.1	59	20.34	6.03	60	92.3%	0.05 [-0.31, 0.40]
Total (95% CI)			**64**			**65**	**100.0%**	**0.05 [-0.29, 0.40]**

Heterogeneity: Tau² = 0.00; Chi² = 0.03, df = 1 (P = 0.87); I² = 0%
Test for overall effect: Z = 0.31 (P = 0.76)





Risk of bias legend
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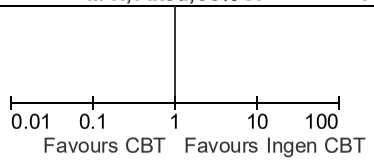
(**E**) Incomplete outcome data (attrition bias)
(**F**) Selective reporting (reporting bias)
(**G**) Other bias

1.10 Bivirkninger

Study or Subgroup	CBT Events	CBT Total	Ingen CBT Events	Ingen CBT Total	Weight	Odds Ratio M-H, Fixed, 95% CI	Odds Ratio M-H, Fixed, 95% CI	Risk of Bias A B C D E F G
Total (95% CI)		**0**		**0**		**Not estimable**		
Total events	0		0					
Heterogeneity: Not applicable								
Test for overall effect: Not applicable								



Risk of bias legend
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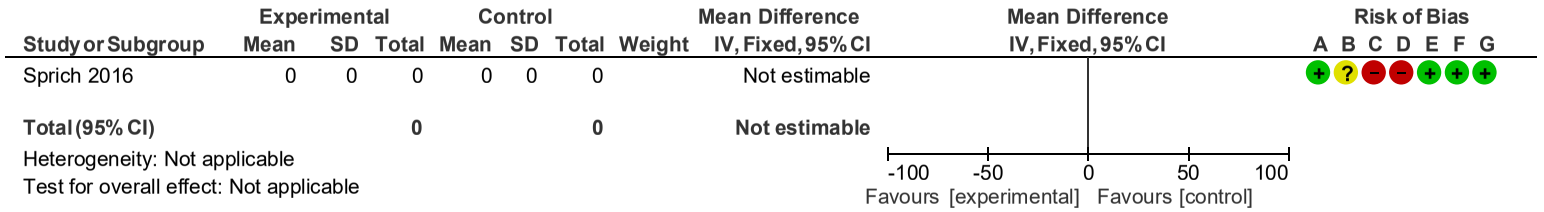
(**F**) Selective reporting (reporting bias)
(**G**) Other bias

1.11 Compliance med eksisterende behandling



Risk of bias legend
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