**Appendix C**

*Inclusion and exclusion criteria identified by reviews in overvies*

| Author (year) | Age range | Unpublished Studies | OCD  included | Subclinical  included | Non-RCTs included | Inclusion criteria | Exclusion criteria |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Barmish & Kendall (2005) | 7-18 |  |  |  | X | * Written in English. * F-CBT assessed. * F-CBT minimum 4 parent sessions. | * Medication trials. * Non-CBT studies. * Primary diagnoses of SP and OCD. |
| James et al. (2005) | 6-18 | X |  |  |  | * RCTs of CBT vs. waitlist/attention control. * One or more diagnosed anxiety disorders. * Manualised CBT with minimum 8 sessions by trained therapist. | * SP, selective mutism, OCD and PTSD excluded. * No concurrent medication. * Endpoint data available for < 60% of sample. |
| In-Albon & Schneider (2007) | 6-18 |  |  |  |  | * RCT with treatment for anxiety vs. a control. * Written in English and German. * Primary anxiety disorder. * Standard treatment protocol. * Studies included *M*, *SD* and *N* at each time point. | * PTSD and OCD. * Treatment groups where *N* < 10. * Single case designs. * Subclinical cases.   Psychopharmacology studies. |
| Ishikawa et al. (2007) | 4-17 |  | X |  |  | * RCTs. * Treatment elements of CBT. * Written in English. * Trials that detailed statistics required for meta-analysis. * OCD and PTSD included. |  |
| Creswell & Cartwright-Hatton (2007) | 6-18 |  |  | X | X | * RCTs that compared F-CBT vs. Y-CBT for youth anxiety and F-CBT studies that were not controlled. * Primary anxiety disorder or severely anxious. | * Trials that exclusively treated OCD, PTSD or Simple Phobia. |
| Silverman et al. (2008) | Not  reported |  |  | X |  | * Treatments that targeted most prevalent phobic and anxiety disorders. * Studies needed to adhere to most methodological features per Chambless & Hollon (1998). * Group design studies which evaluated a combination of therapeutic strategies. | * Single case design series. * OCD or PTSD. |
| Fjermestad et al. (2009) | 6-18 | X |  |  |  | * RCTs. * CBT for youth anxiety.   ≥ 1 relationship factors associated with treatment outcome. | * OCD or PTSD |
| Reynolds et al. (2012) | < 19 |  | X | X |  | * RCTs * Studies published in English * Participants needed elevated anxiety, or formal anxiety diagnosis. * PTSD, OCD and SP included. * Received anxiety treatment.   *M* and *SD* reported. |  |
| Breinholst et al. (2012) | 6-18 |  |  |  |  | * RCTs. * Compared Y-CBT vs. F-CBT regardless of format. * Youth with primary anxiety disorder. |  |
| Thulin et al. (2014) | < 18 |  | X |  |  | * RCTs. * Published trials written in English. * Direct comparison between F-CBT vs. Y-CBT. * Diagnosed anxiety disorder using an evidence-based instrument. * OCD and PTSD included. * Primary anxiety disorders. |  |
| Manassis et al (2014) | 6-18 |  |  |  |  | * RCTs comparing CBT vs. waitlist or attention control. * Diagnosis of an anxiety disorder.   Outcome measures. | * OCD and PTSD. |
| James et al. (2015) | 4-18 | X |  |  |  | * RCTs (cross-over trials/cluster-randomised included). * Primary anxiety disorder. * Manualized and modular CBT. * Minimum nine sessions of direct youth contact. * Follow-up data with comparators. | * PTSD, OCD, SP and selective mutism. |
| Higa-McMillan et al. (2016) | 1-19 |  |  | X |  | * Random assignment. * Active psychosocial or combined treatment vs. control.   Anxiety-related outcome measures reported at post. | * Primarily OCD and PTSD. |
| Öst & Ollendick (2017) | ≤ 18 | X | X |  |  | * Random allocation to treatment or control. * Participants diagnosed with anxiety. * Published in English. * Received a brief or concentrated condition. | * Anxiety disorder is not principal. * Single case studies. * Non-RCTs. * Non-CBT. * Secondary analysis. |
| Zhang et al. (2017) | Mean  = < 7 |  |  |  |  | * RCTs. * Primary diagnosis of anxiety. * Any psychological treatment vs. control (waitlist and usual treatments). * Psychiatric comorbidity acceptable. | * 20% sample had primary diagnosis of PTSD and/or OCD. * Psychotherapies used in combination/augmentation/maintenance/relapse prevention * Non-anxiety specific treatment. * Drug placebo control. * Concomitant use of psychotropics. * Treatment duration < 6 weeks or number of sessions < 6. * *N* < 10. |
| Carnes et al. (2018) | Mean  = 7-13 | X |  | X | X | * Peer reviewed RCTs or quasi-experimental. * CBT for an anxious child and both parents. * Provided anxiety outcome data. * Subclinical cases. | * Youth with primary diagnosis of another mental health disorder, neurodevelopmental disorder or medical condition. |
| Zhou et al. (2019) | ≤ 18 | X |  |  |  | * RCTs. * No language restriction. * Any structured therapy. * Can be delivered in any modality. * Any control condition. * Primary diagnosis of anxiety. | * Combination therapies. * Treatment-resistant anxiety. * Treatment duration < 6 weeks * *N* < 10. * OCD and PTSD. |
| Comer et al. (2019) | Mean =  < 7.9 |  | X | X | X | * Includes non-randomized designs. * Treatment focused on anxiety-related problems. * Multiple baseline trials. * OCD and PTSD included. * Included subclinical designs. | * Case studies and case series with *N* < 5. |
| James et al. (2020) | < 19 | X |  |  |  | * RCTs, cross over trials and cluster randomized trials with non-CBT comparator. * Diagnosed anxiety disorder. * Permissible comorbidities. * All settings. * CBT, alone or in combination with medication. * Y-CBT, F-CBT and P-CBT. | * Samples only inclusive of PTSD and/or OCD. * CBT delivered online via digital devices. |
| Cardy et al. (2020) | 11-18 |  |  |  | X | * Includes non-randomized studies. * Published in English. * Met diagnosis ≥ 1 anxiety disorder. * Adolescent receives CBT as primary therapy. * Adolescent included in therapy. * Format of therapy could vary. * Minimum 1 biological parent involved. * Outcome data provided. * Participants could be taking psychotropic medication. | * PTSD and OCD. * Youth whose anxiety was secondary to physical health condition/neurodevelopmental disorder/learning disability/social impairment. * Studies that included or focused solely on foster parents, carers, guardians. |
| Sigurvinsdóttir et al. (2020) | 18 | X |  |  |  | * RCTs and cluster-randomised designs. * Primary diagnosis of anxiety. * CBT delivered alone/in combination with medication. * Reported youth anxiety outcomes including remission. * CBT of any format. | * Trauma, SP, selective mutism, OCD. |
| Guo et al. (2021) | < 18 | X |  |  |  | * RCTs, crossover trials and cluster randomised trials. * Primary diagnosis of anxiety * Compared individual CBT vs. group CBT in various formats. | * Treatment duration < 6 weeks/number of sessions < 6. |
| Peris et al. (2021) | 6-18 |  |  |  |  | * Principle diagnosis of primary anxiety disorder * RCT comparing F-CBT vs. Y-CBT. * CBT that focused on youth anxiety. * Youth participated in treatment. * Anxiety outcomes collected at pre-post. * Parenting/family outcomes collected at pre-post. * F-CBT defined as 1 family session or explicit inclusion of parenting skills for anxiety management, in addition to Y-CBT. | * Non-anxiety outcomes. * Studies where quantitative data not specified. * Group treatments. * Single-session CBT. |
| Yin et al. (2021) | ≤ 18 |  |  |  |  | * RCTs of P-CBT vs. waitlist or CBT with parents. * Primary diagnosis of anxiety disorder. * Psychiatric comorbidity acceptable. | * > 20% primary diagnosis of other mental disorder. * > 20% of took psychotropics for anxiety. * Treatment < 6 weeks/number of sessions < 6. |
| Jewell et al. (2022) | 4-17 | X |  |  | X | * Mothers and/or fathers of youths < 18. * Parents receive direct treatment. * Minimum 1 diagnosed anxiety disorder. * Comparator conditions. * Outcomes documented in interview.   Any quantitative design. | * Youth were direct participant. * Treatment included parent component as part of youth-focused intervention. * Non-anxiety treatments * Preventative interventions. * Interventions aimed at reducing parental stress. * PTSD/OCD/health anxiety. * Grandparents/teachers/other professionals as main participants. * Children ‘at risk’/subclinical.. * Specific groups (e.g., physical health problems, intellectual disability). * Focus on parent outcomes. * Qualitative methodology. |

*Note.* X = meets inclusion criteria for systematic review. SAD = separation anxiety disorder; SP = specific phobia; SoP = social phobia; GAD = generalised anxiety disorder; OCD = obsessive-compulsive disorder; PTSD = post-traumatic stress disorder; SAD = separation anxiety disorder.