**Appendix C**

*Inclusion and exclusion criteria identified by reviews in overvies*

| Author (year) | Age range | Unpublished Studies | OCDincluded | Subclinicalincluded | Non-RCTs included | Inclusion criteria | Exclusion criteria |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) | $\leq $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.