Article title: Sociodemographic Predictors and Moderators of Treatment Outcome for Psychotherapeutic Interventions for Adolescents and Young People With Mental Disorders: A Systematic Review
Journal: Adolescent Research Review
Authors: Gergov , V., Prevendar, T., Vousoura, E., Ulberg, R., Dahl, H-S.J., Feller, C., Jacobsen, C.F., Karain, A., Milic, B., Poznyak, E., Sacco, R., Tulbure, B.T., Camilleri, N., Liakea, I., Podina, I., Saliba, A., Torres, S., & Poulsen, S.
Corresponding author:Vera Gergov, Department of Psychology and Logopedics, Faculty of Medicine, Email: vera.gergov@helsinki.fi

Online Resource 2. Characteristics and main results on predictors and moderators from all the studies included in the systematic review.

Variable	Diagnostic group	Author(s)	Article Title	Publication year	Country	Sample size	Age	RCT	Treatment(s)	Control condition	Duration of treatment	Outcomes	Predictor or Moderator	Significant: Yes/No	Conclusion of significance (Yes/No/Mixed)
Accommodation status	SUD	Davis et al.	Predictors of positive drinking outcomes among youth receiving an alcohol brief intervention in the emergency department	2018	USA	475	mean=18.6, SD=1.4, range=14-20	Yes	U-Connect Brief intervention- therapist administred (TBI); U-Connect Brief intervention - computerized (CBI).	TAU	1 session : average time for TBI =45.4 min (sd =19.0), for CBI= 34.7 min (sd =19.6)	Response to treatment (classified as responder vs Non-responder, based on Audit-c cut-off scores)	Predictor	Y	Yes
Accommodation status	SUD	Ögel & Coskun	Cognitive behavioral therapy-based brief intervention for volatile substance misusers during adolescence: A follow-up study.	2011	Turkey	62	Treatment: mean=15.25, SD=1.18; Control: mean=15.32, SD=1.42; range=13-18	Yes	Cognitive Behavioral Therapy + Educational Program	Other active treatment	CBT - 3 sessions; Educational program - one 1h session	Remission = abstinence (self-report + medical records review)	Predictor	NY	Mixed
Accommodation status	SUD	Slesnick et al.	Primary alcohol versus primary drug use among adolescents: An examination of differences	2006	USA	202	mean=15.4, SD =1.2, range=12-17	Yes	Ecologically-Based Family Therapy(EBFT)	TAU	10 sessions	change in alcohol use score	Predictor	N	No
Age	ADHD	Barkley et al.	A Comparison of Three Family Therapy Programs for Treating Family Conflicts in Adolescents With Attention-Deficit Hyperactivity Disorder	1992	USA	61	BMT: mean= 13.8, SD=1.4; PSCT: mean= 13.6, SD=1.4; SFT: mean= 14.2, SD=1.3	Yes	behavior management training (BMT); problem-solving and communication training (PSCT); structural family therapy (SFT)	Other active treatment	8-10 one-hour weekly sessions	Family conflict ratings (composite score of Number of Conflicts and the Weighted Frequency/Anger Intensity scores from the 1C).	Predictor	N	No
Age	ADHD	Boyer et al.	Qualitative Treatment-Subgroup interactions in a Randomized Clinical Trial of Treatments for Adolescents with ADHD : Exploring What Cognitive Behavioural Therapy Works for Whom	2016	Netherlands	159	mean=14.4, SD=1.2, range=12-17	Yes	CBT Solution Focused Therapy , CBT Plan My Life	Other active treatment	8 adolescent sessions (45-60min) + 2 parental sessions	ADHD symptoms (Disruptive Behaviour Disorder rating scale parent); adolescent parent-rated planning problems (BRIEF)	Moderator	NN	No
Age	ADHD	Fleming et al.	Pilot randomized controlled trial of dialectical behavior therapy group skills training for ADHD among college students.	2015	USA	33	DBT: mean= 21.20, SD =1.67; Skills training: mean= 21.50, SD=1.12; range=18-24	Yes	Dialectical behavior therapy (DBT), Self-guided skills training handouts	Other active treatment	DBT: 15-min individual pre group meeting + 8 weekly 90-min group sessions + 7	Quality of life (Adult ADHD Quality of life Questionnaire total); ADHD symptoms—Barkley Adult ADHD Rating Scale–IV (BAARS-IV); Executive functioning (EF)—Brown ADD Rating Scales (BADDS)	Predictor	NNN	No
Age	ADHD	Vidal et al.	Group Therapy for Adolescents With Attention Deficity Hyperactivity Disorder: A Randomized Controlled Trial	2015	Spain	119	CBT: mean= 17.47, SD= 1.88; Control: mean= 16.9, SD=1.75; range=15-21	Yes	Group CBT	Other active treatment	12 sessions	ADHR symptoms (ADHD-RS, inattention and impulsivity sub scales, child- and parent rated); symptom severity (CGI-S, child- and parent rated); symptom change (CGI-I); functional impairment (WFIRS, child- and parent version); Global functioning (GAF)	Predictor	NNNNNNNNN	No
Age	Anxiety disorders	Ingul et al.	A Randomized Controlled Trial of Individual Cognitive Therapy, Group Cognitive Behaviour Therapy and Attentional Placebo for Adolescent Social Phobia	2014	Norway	128	mean=14.5, range=13-16	Yes	CBT individual and CBT group	Placebo	AP and CBTG was conducted in groups of 4-6 participants, 10 x 90 min. The CBTI was conducted 12 x 50 min	SPAI-C (26-item self-report inventory designed to assess symptoms of DSM-IV SP)	Predictor	N	No
Age	Anxiety disorders	Lenhard et al.	Prediction of outcome in internet-delivered cognitive behaviour therapy for paediatric obsessive-compulsive disorder: A machine learning approach.	2018	Sweden	61	mean=14.44, SD=1.68; range=12-17	Yes	Internet-delivered Cognitive Behaviour therapy (ICBT)	Wait-list	12 weeks	treatment response: 35% reduction of symptoms on clinician rated CY-BOCS and a CGI-I of 1 "very much improved" or 2 "much improved" at 3-month FU	Predictor	N	No
Age	Anxiety disorders	Schneider et al.	Multimodal residential treatment for adolescent anxiety: Outcome and associations with pre-treatment variables.	2017	USA	70	mean=15.5, SD=1.1	No	exposure-focused CBT	n/a	Hours of exposure in a week: 26,5; Average lenght of stay: 73,6 days (SD=31,2)	Change in anxiety symptoms (change in SCARED-C score, child-rated)	Predictor	N	No
Age	ASD	Visser et al.	A randomized controlled trial to examine the effects of the Tackling Teenage psychosexual training program for adolescents with autism spectrum disorder.	2017	Netherlands	95	Treatment: mean=14.4, SD=1.74; Control: mean=14.5, SD=1.74; range=12-17	Yes	Tackling Teenage Training (TTT) program - psychoeducation and practice communicative skills on puberty, sexuality and intimate relationships	Wait-list	18	psychosexual knowledge (child rated); psychosexual knowledge (parent rated); Parent-reported adequate boundaries; Social functioning (SRS); Self-reported romantic relational skills; Sex Problems scale of the Child Behavior Checklist (CBCL); Self-reported inappropriate sexual behavior; Parent-reported inappropriate sexual behavior	Moderator	YYNYNNN	Mixed
Age	ASD	Wehman et al.	Competitive employment for transition-aged youth with significant impact from autism: A multi-site randomized clinical trial	2020	USA	156	mean=19.7, SD=1.1, range=18-21	Yes	Project SEARCH(Supported employment) plus ASD Supports	Other active treatment	35 h weekly for 9 months	employment status; social support needs (SIS); social responsiveness (SRS-2)	Predictor	NNN	No
Age	Eating Disorder	Gorrell et al.	Rituals and preoccupations associated with bulimia nervosa in adolescents: Does motivation to change matter?	2019	USA	110	range=12-18	Yes	FBT-BN, CBT-A	Other active treatment		EDE global score; abstinance from BN symtoms (Yes/No).	Predictor	NN	No
Age	Eating disorders	Accurso et al.	Is weight gain really a catalyst for broader recovery?: The impact of weight gain on psychological symptoms in the treatment of adolescent aNorexia nervosa.	2014	USA	121	mean=14.4, SD=1.6	Yes	Family-Based Treatment (FBT); Adolescent-Focused Therapy (AFT)	Other active treatment	24 one-hour sessions in FBT; 32 45-minute sessions in AFT (24 contact hours total) - 1 year period for both treatments	EDE global, weight concern, shape concern, eating concern, eating concern, dietary restraint, depressive symptoms	Predictor	NNNNNNN	No

Age	Eating disorders	Agras et al.	Comparison of 2 Family Therapies for Adolescent ANorexia Nervosa: A Randomized Parallel Trial	2014	USA	164	mean=15.3, SD=1.8, range=12-18	Yes	Family-Based Treatment (FBT); systemic family therapy (SyFT)	Other active treatment	16 (1 hour over 9 mths)	Weight gain (defined as Change in the percentage of ideal body weight from baseline to one-year FU); Remission (defined as achieving a minimum of 95% of the IBW)	Predictor/ Moderator	YN/NN	No
Age	Eating disorders	Ciao et al.	Predictors and Moderators of psychological changes during the treatment of adolescent bulimia nervosa	2015	USA	80	mean=16.05, range=12-19	Yes	Family-based treatment (FBT); Supportive psychotherapy (SPT)	Other active treatment	20 (over 6 months), identical for both treatment arms	Shape/Weight Concerns; Eating Concerns; Restraint; depression; self-esteem.	Predictor/ Moderator	NNNNY/NYNNN	Yes
Age	Eating disorders	FassiNo et al.	Nonresponder aNorectic patients after 6 months of multimodal treatment: Predictors of outcome	2001	Italy	40	mean=21.6, SD=3.7, range=17-30	No	'Network' multimodal therapy (Adleniarian brief therapy combined with dietary interventions and familial counseling)	n/a	15, 1xweek	Clinically Improved vs Non-improved	Predictor	N	No
Age	Eating disorders	Goldstein et al.	The Effectiveness of Family-Based Treatment for Full and Partial Adolescent ANorexia Nervosa in an Independent Private Practice Setting: Clinical Outcomes	2016	Australia	26	mean=15.57, SD=1.79	No	Family Based Treatment	n/a	average number of sessions = 14.14, SD= 9.19 over approximately a year	change in %EBW); general psychopathology symptoms; ED symptoms.	Predictor	NNN	No
Age	Eating disorders	Gowers et al.	Outcome of outpatient psychotherapy in a random allocation treatment study of aNorexia nervosa	1993	UK	40	Treatment: mean=21.12, SD=5.12; Comparison: mean=21.9, SD=4.46	Yes	Individual therapy with CBT, psychodynamic and family therapy elements; first four sessions involved dietician advising parents with severe eating disorders	No treatment	12, 1x1-2xweeks, (10 weeks between last two sessions), 1-1.5 hours, length of treatment = approx. 10 months	5 outcome categories (1 (well), 2 (nearly well), 3 (Improved), 4 (No change), 5 (worse)) based on weight gain, menstrual pattern and eating patterns	Predictor	N	No
Age	Eating disorders	Lazaro et al.	Effectiveness of Self-esteem and Social Skills Group Therapy in Adolescent Eating Disorder Patients Attending a Day Hospital Treatment Programme.	2011	Spain	160	mean=15.5, SD=1.2, range=13-18	No	self esteem group therapy; social skills group therapy	n/a	8 weekly sessions, 90 min each (8 subjects per group)	Self esteem (6 subscales: Behaviour adjustment , Intellectual/school status, Physical appearance, Freedom for anxiety , Popularity, Happiness and satisfaction); Self-Concept (2 subscales; SC in relation to others, SC in relation to weight and shape); Social skills (5 subscales: Consideration for others , Self-control in social relations,Social withdrawal,Social anxiety/shyness, Leadership)	Predictor	YNNNNYNYNNNNN	No
Age	Eating disorders	Le Grange et al.	Predictors and Moderators of Outcome in Family-Based Treatment for Adolescent Bulimia Nervosa	2008	USA	80	mean=16.1, SD=1.6, range=12-19	Yes	Family-based treatment (FBT); Supportive psychotherapy (SPT)	Other active treatment	Both treatment arms: 20 sessions (50 minutes) over 6 months; sessions were weekly in the first 3 months of treatment, every second week for the	full remission (Yes/No), defined as the absence of binge eating and compensatory behaviors in the previous 4 weeks as determined from the EDE; partial remission (Yes/No), defines as no longer meeting the adjusted DSM-IV diagnostic inclusion criteria	Moderator	NN	No
Age	Eating disorders	Le Grange et al.	Delivery of Family-Based Treatment for Adolescent ANorexia Nervosa in a Public Health Care Setting: Research Versus Non-Research Specialty Care	2020	Australia	110	mean=15.3, SD=1.9, range=12-18	Yes	Family -based treatment: Parent-foocused therapy (PFT/ RCT Care)	Other active treatment	FBT was delivered in both arms over a course of 24 weeks (18 sessions)	Time to Achieve Weight Restoration (95%mBMI)	Predictor	N	No
Age	Eating disorders	Le Grange et al.	Randomized Clinical Trial of Family-Based Treatment and Cognitive-Behavioral Therapy for Adolescent Bulimia Nervosa	2015	USA	80	mean=16.1, SD=1.6, range=12-19	Yes	Family-based treatment (FBT); Supportive psychotherapy (SPT)	Other active treatment	20 x (50 min) over 6 months; 1 x week in the first 3 months, 1x 2 weeks for the next 2 months, and rest 1 x 3 weeks	1 Primary outcome(rate of abstinance from binge eating and purging)	Predictor/ Moderator	N/N	No
Age	Eating disorders	Le Grange et al.	Early Weight Gain Predicts Outcome in Two Treatments for Adolescent ANorexia Nervosa	2014	USA	105	mean=14.4, SD=1.6, range=12-18	Yes	Family-Based Treatment (FBT); Adoloescent-Focused Individual Therapy (AFT)	Other active treatment	24 1-hour sessions over 1 year; 32 45-minute sessions over 1 year (24 contact hours)	Reaching ≥95% Expected Body Weight early or Not.	Moderator	N	No
Age	Eating disorders	Lock et al.	A Comparison of Short- and Long-Term Family Therapy for Adolescent ANorexia Nervosa	2005	USA	86	mean=15.2, SD=1.7, range=12-18	Yes	Short-term family treatment; Long-term family treatment	Other active treatment	short-term family therapy (10 sessions over 6 months); long-term family therapy (20 sessions over 12 months)	BMI;EDE Global score	Moderator	NN	No
Age	Eating Disorders	Martin-Wagar et al.	Predictors of Weight Restoration in a Day- Treatment Program that Supports Family-Based Treatment for Adolescents with ANorexia Nervosa	2019	USA	87	mean=14.85, range=12-18	No	DTP (Day-Treatment Program) supporting Family Based Treatment (FBT)	n/a	5 days per week, 6 hours per day	weight restoration (4-week % EBW gained)	Predictor	N	No
Age	Eating disorders	Pinus et al.	Selflessness as a Predictor of remission from an eating disorder: 1–4 year outcomes from an adolescent day-care unit	2019	Israel	95	mean=16.0, SD= 1.4, range=13-19	N/A	Treatments in day-care unit: psychodynamic self-psychology (individual and group); art therapy (group); behaviorally oriented nutritional rehabilitation; parent counseling (Not consistently)	n/a	Avarage number of (individual) sessions 25; 1/week individual; group N/A	Remission status (stable weight of more than 85% of ideal body weight (IBW), regular menstrual cycles, Not engaging in binging, purging, or restricting eating patterns for at least 1 year)	Predictor	N	No
Age	Eating disorders	Pretorius et al.	Evaluation of a Cognitive Remediation Therapy Group for Adolescents with ANorexia Nervosa: Pilot Study	2012	UK	30	mean=15.6, SD=1.4, range=12–17	No	Cognitive remediation therapy in groups	n/a	once a week over 4 weeks; each session was 45 min in duration	Cognitive Flexibility Change scores (CFS); motivation to change (motivational ruler)	Predictor	NN	No
Age	Eating disorders	Rienecke et al.	Desired weight and treatment outcome among adolescents in a Novel family based partial hospitalization program	2019	USA	26	mean=15.5, SD=2.2, range=12-19	No	Family-based treatment (FBT) (partial hospitalisation program (PHP))	n/a	N/A (avarage length of stay in PHP 27.6 days (SD = 10.9); treatment program: 6 hrs/day, 5 days/week)	EDE questionnaire subscales: restraint, eating concern, shape concern and weight concern, and EDE-total score	Predictor	NNNN	No
Age	Eating disorders	Sundgot-Borgen et al.	The effect of exercise, cognitive therapy, and nutritional counseling in treating Bulimia Nervosa	2002	Norway	64	CBT: mean=22, SD=2.7; Excercise: mean=23, SD=2.3; Nutrition: mean=22, SD=2.9; Wait-list: mean=23, SD=3.2;	Yes	Group CBT; Excercise; Nutrition counseling	Wait-list	Group CBT: 16 wk with one 2-h group session per week; Excercise: 2-h introduction meeting followed by 16 wk with one 1-h group session per	Body fat in % (dual-energy x-ray absorptiometry (DXA)); DSM-IV bulimic symptoms; Physical activity/peak oxygen uptake; EDI subscales "Drive for thinness" (DT); "Bulimia" (B); and "Body dissatisfaction" (BD)	Predictor	NNNNNN	No

Age	Eating disorders	Timko et al.	An Open Trial of Acceptance-based Separated Family Treatment (ASFT) for Adolescents with ANorexia Nervosa.	2010	USA	47	mean=14.02, SD=1.58, range=12-18	No	Acceptance-based Separated Family Treatment	n/a	20 sessions over 24 weeks	Change scores in EDE-Global; Change scores in observed aNorexic behaviour (ABOS), mother+ father rated (3 outcomes)	Predictor	NYN	No
Age	Mood disorders	Ammerman et al.	An open trial of in-home CBT for depressed mothers in home visitation.	2011	USA	305	IH-CBT: mean=22.57, SD=4.96; Comparison group: mean=20.15, SD=4.18	No	In-Home Cognitive Behavioral Therapy (IH-CBT)	No treatment	15 sessions (weekly scheduled) of 60min (plus a booster session 1 month post-treatment)	BDI-II (Beck Depression Inventory-II (BDI-II), PHQ-9 (Brief Patient Health Questionnaire), and MAQ (Maternal Attitudes Questionnaire- administered only to Treatment Group)	Predictor; Predictor/ Moderator	NNN; NN/NN	No
Age	Mood disorders	Brent et al.	The Treatment of Adolescent Suicide Attempters Study (TASA): Predictors of Suicidal Events in an Open Treatment Trial	2009	USA	119	mean=15.7, SD=1.6, range=12-18	Yes	psychotherapy, medication management, or the combination	Other active treatment	6-month intervention	suicidal event (Suicide Severity Rating Scale)	Predictor	N	No
Age	Mood disorders	Bridge et al.	Emergent Suicidality in a Clinical Psychotherapy Trial for Adolescent Depression	2005	USA	88	range=13-18	Yes	Cognitive Behavior Therapy, Systemic Behavioral Family Therapy; or Nondirective Supportive Therapy	Other active treatment	12 to 16 weeks of individual psychotherapy	Emergent suicidality (K-SADS suicide ideation item)	Predictor	N	No
Age	Mood disorders	Curry et al.	Predictors and Moderators of Acute Outcome in the Treatment for Adolescents With Depression Study (TADS)	2006	USA	439	mean=14.6, SD=1.5, range=12-17	Yes	Fluoxetine + CBT, CBT, Fluoxetine	Other active treatment	12	raw score on the CDRS-R	Predictor/ Moderator	Y/N	Yes/No
Age	Mood disorders	Davey et al.	The addition of fluoxetine to cognitive behavioural therapy for youth depression (YoDA-C): a randomised, double-blind, placebo-controlled, multicentre clinical trial	2019	Australia	153	mean=19.6, SD=2.7, range=15-25	Yes	CBT + fluoxetine	Other active treatment	14 weekly sessions (Mean number of sessions: 6.5 - CBT + placebo; 6.2 CBT + fluoxetine)	Depressive symptoms (MADRS); remission (NoTE from Stig: I have deleted several outcomes here, since they were Not used in the Predictor and Moderator analyses)	Predictor/ Moderator	NY/NY	Mixed
Age	Mood disorders	Kolko et al.	Cognitive and Family Therapies for Adolescent Depression: Treatment Specificity, Mediation, and Moderation	2000	USA	103	mean=15.6, SD= 1.4, range=13-18	Yes	Cognitive behavioral therapy (CBT); Systemic behavioral family therapy (SBFT); Nondirective supportive therapy (NST)	Other active treatment	12 to 16 sessions, weekly, 3-4 months - identical in all treatment arms	Depression symptoms (Beck Depression Inventory-BDI); Severity of depression (DEP-13)	Moderator	NN	No
Age	Mood disorders	Lorenzo-Luaces et al.	Double trouble: Do symptom severity and duration interact to predicting treatment outcomes in adolescent depression? [References].	2020	USA	439	mean=14.61, SD=1.54, range=12-17	Yes	cognitive- behavioral therapy (CBT), antidepressant medications (MEDs), combination treatment of CBT and medication (COMB)	Placebo	weekly 50-60 minute sessions; 12 weeks.	Depressive symptoms (RADS)	Moderator	N	No
Age	Mood disorders	Merry et al.	The effectiveness of SPARX, a computerised selfhelp intervention for adolescents seeking help for depression: randomised controlled Non-inferiority trial	2012	New Zealand	187	SPARX: mean=15.55, SD= 1.54; TAU: mean=15.58, SD=1.66; range=12-19	Yes	Computerized cognitive behavioural therapy (SPARX)	TAU	SPARX: seven modules, 4-7 weeks; TAU (counseling): mean sessions was 4.8 (median 4, range 1-20)	Severity of depression (CDRS-R)	Moderator	N	No
Age	Mood disorders	Mufson et al.	A Randomized Effectiveness Trial of Interpersonal Psychotherapy for Depressed Adolescents	2004	USA	63	mean=15.1, SD=1.9, range=12-18	Yes	Interpersonal psychotherapy modified for depressed adolescents (IPT-A)	TAU	IPT-A: 12 sessions (mean 10.5 sessions), 35 minutes, 1 x week (first 8 sessions, after that 4 sessions 1x 1-2 weeks), duration 12-16 weeks; TAU: Not specified (mean 7.9 sessions)	Severity depression (HAMD)/Global functioning (C-GAS)	Moderator	NY	Mixed
Age	Mood disorders	Rohde et al.	Predicting Time to Recovery Among Depressed Adolescents Treated in Two Psychosocial Group Interventions	2006	USA	114	mean=15.2, SD= 1.4, range=13-17	Yes	Adolescent Coping With Depression (CWD-A)	Other active treatment	16 two-hour sessions over 8 weeks	time to MDD recovery, defined as 8 or more weeks of being in the asymptomatic clinical range, which is defined in the K-SADS/LIFE as having 0–2 mild symptoms	Predictor/ Moderator	N/N	No
Age	Mood disorders	Rohde et al.	Depression Change Profiles in Adolescents Treated for Comorbid Depression/Substance Abuse and Profile Membership Predictors	2016	USA	170	mean=16.4, SD=1.3, range=13-18	Yes	Adolescent Coping With Depression course (CWD): a group CBT intervention for depression; Functional Family Therapy (FFT): a family-based intervention for disruptive behaviors that has been adapted for SUD	n/a	12 sessions, 10 weeks	depression treatment response = depressive symptom change trajectories from baseline (Week 0) through 1-year posttreatment (Week 72)	Predictor	N	No
Age	Mood disorders	Shirk et al.	School-Based Cognitive-Behavioral Therapy for Adolescent Depression	2009	US	50	mean=15.9, SD=1.2, range=14-18	No	CBT	n/a	12	BDI change; Treatment response (No longer meeting diagnostic criteria for a depressive disorder posttreatment)	Predictor	NN	No
Age	Mood disorders	Smith et al.	Computerised CBT for depressed adolescents: Randomised controlled trial.	2015	UK	112	range=12-16	Yes	Stressbusters, a Computerised-CBT (C-CBT	Wait-list	8 weeks	depression severity	Moderator	N	No
Age	Mood disorders	Spence et al.	Improvements in interpersonal functioning following interpersonal psychotherapy (IPT) with adolescents and their association with change in depression.	2016	Australia	39	mean=15.33, SD=1.37, range=13-19	Yes	group-based or individual-based IPT treatment	n/a	12 sessions, conducted once per week over 12 weeks, with sessions lasting 50–60 minute	Depression scores (Beck Depression Inventory-II)	Predictor	N	No

Age	Mood disorders	Stasiak et al.	A pilot double blind randomized placebo controlled trial of a prototype computer-based cognitive behavioural therapy program for adolescents with symptoms of depression.	2014	New Zealand	34	mean=15.2, SD=1.5, range=13-18	Yes	computerized cognitive behavioural therapy (cCBT) program	Other active treatment	Participants asked to complete the program in No less than 4 and No more than 10 weeks time	Remission of depressive symptoms (CDRS-R score equal or below 29); reponse on depressive symptoms (reduction in scores by 30% or more using a formula corrected for a Non zero minimum score of 17); depressive symptoms (RADS-2); the Pediatric Quality of Life Inventory (PedsQL); the General Short Form of the Adolescent Coping Scale (ACS); ACS subscales: Problem Solving, Reference to Others, and Non-Productive Coping	Predictor/ Moderator	NNNNNNN/NNNNYN N	No
Age	Mood disorders	Vitiello et al.	Functioning and Quality of Life in the Treatment for Adolescents With Depression Study (TADS).	2006	US	439	range=12-17	Yes	fluoxetine, CBT, and COMB	Placebo	12-week clinical trial	Children_s Global Assessment Scale (CGAS); Health of the Nation Outcome Scales for Children and Adolescents (HoNoSCA); Pediatric Quality of Life Enjoyment and Satisfaction Questionnaire (PQ-LES-Q)	Moderator	NNN	No
Age	Mood disorders	Weersing et al.	Effectiveness of cognitive-behavioral therapy for adolescent depression: A benchmarking investigation.	2006	USA	80	mean=15.56, SD=1.40	No	CBT	n/a	Length of treatment not fixed. Median number of sessions = 19.50	Beck Depression Inventory (trajectories of BDI scores over time [BDI completed at every session])	Predictor	N	No
Age	Mood disorders	Weintraub et al.	Classifying Mood Symptom Trajectories in Adolescents With Bipolar Disorder	2020	USA	144	mean=15.6, SD=1.4, range=12-18	Yes	Family-focused therapy for adolescents (FFT-A) over 9 months, consisting of psychoeducation, communication enhancement training, and problem-solving skills training	Other active treatment	21 sessions of FFT-A over 9 months vs. 3 sessions	recovery pattern (class 1-4 membership)	Predictor	N	No
Age	Personality disorders	Courtney & Flament	Adapted Dialectical Behavior Therapy for Adolescents with Self-injurious Thoughts and Behaviors	2015	Canada	61	mean=16.5, range=15-18	No	adapted form of Dialectical Behavior Therapy for adolescents (A-DBT-A)	n/a	14 groups sessions, 14 individual sessions	Suicidal Ideas Questionnaire (SIQ); self-harm status (change to "Not self-harming" post-treatment); change in symptoms of borderline personality disorder; Life Problems Inventory (LPI); Resiliency Scales for Children and Adolescents (RSCA); Adolescent Alcohol and Drug Involvement Scale (AADIS)	Predictor	NNNNNN	No
Age	Personality disorders	Renner et al.	Short-term group schema cognitive-behavioral therapy for young adults with personality disorders and personality disorder features: Associations with changes in symptomatic distress, schemas, schema modes and coping styles	2013	Netherlands	26	mean=22.5, range=18-29	No	Short-term group schema cognitive-behavioral therapy	n/a	20	symptomatic distress, schema modes (adaptive and maladaptive), coping response, Early Maladaptive Schemas (EMS)	Predictor	NNNY	No
Age	Psychosis	Allott et al.	Patient Predictors of symptom and functional outcome following cognitive behaviour therapy or befriending in first-episode psychosis	2011	Australia	62	ACE-CBT: mean=22.13, SD=3.30; BE: mean=22.45, SD=3.82; range=15-25	Yes	Active Cognitive Therapy for Early Psychosis (ACE)-CBT; Befriending (BE) (neutral 'pleasant chat'). Both treatment conditions also received treatment as usual (TAU) - medication, case management, group program	Other active treatment	Maximum of 20 sessions; 45 mins over 12-14 weeks; ACE-CBT mean 9 (SD 4.93); BE mean 7.2 (SD 5.17); ACE CBT 354 mins; BE 174 min	positive symptoms (BPRS Psychotic); negative symptoms (SANS Total); functioning (SOFAS) at 1-year follow-up done separately for CBT and befriending group.	Predictor	NNN	No
Age	SUD	Battjes et al.	Evaluation of a group-based substance abuse treatment program for adolescents.	2004	USA	194	mean=15.96, SD=1.04, range=14-18	No	Group-Based Treatment for Adolescent Substance Abuse	n/a	20 weeks, weekly session	Days of alcohol use to intoxication; days of marijuana use in the last 90 days; days of criminal activity, each in the prior 90 days	Predictor	NNN	No
Age	SUD	Brown et al.	Motivational interviewing to reduce substance use in adolescents with psychiatric comorbidity	2015	USA	151	mean=15.8, SD=1.0	Yes	Motivational interviewing plus treatment as usual (MI)	TAU	two, 45-min individual MI sessions + TAU (pharmacotherapy, individual and family sessions with clinical staff, and psychoeducational groups on various topics, including one weekly 45-min group)	Time to first any substance use; time to alcohol use; time to marijuana use; number of days of any substance in months 1-6; number of days of alcohol in months 1-6; number of days of marijuana use in months 1-6, number of days of any substance in months 7-12; number of days of alcohol in months 7-12; number of days of marijuana use in months 7-12	Predictor	NNNNNNNNN	No
Age	SUD	Burrow-Sanchez et al.	Cultural Accommodation of Group Substance Abuse Treatment for LatiNo Adolescents: Results of an RCT	2015	USA	70	mean=15.20, SD= 1.24, range=13–18	Yes	culturally accommodated cognitive-behavioral substance abuse treatment (A-CBT)	Other active treatment	group therapy, 1.5 hours over 12 weekly sessions.	substance abuse (number of days any substance was used (including alcohol, except tobacco) in the past 90 days)	Predictor	Y	Yes
Age	SUD	Burrow-Sanchez et al.	Generalizing treatment outcomes to externalizing behaviors for LatiNo/a adolescents with substance use disorders: A secondary analysis	2021	USA	70	mean=15.20, SD= 1.24, range=13–18	Yes	Standard Cognitive Behavioral Treatment (S-CBT); Accommodated Cognitive Behavioral Treatment (A-CBT)	n/a	5 treatment rounds	externalizing score	Predictor	N	No
Age	SUD	Davis et al.	Predictors of positive drinking outcomes among youth receiving an alcohol brief intervention in the emergency department	2018	USA	475	mean=18.6, SD=1.4, range=14-20	Yes	U-Connect Brief intervention- therapist administred (TBI); U-Connect Brief intervention - computerized (CBI).	TAU	1 session : average time for TBI =45.4 min (sd =19.0), for CBI= 34.7 min (sd =19.6)	Response to treatment (classified as responder vs Non-responder, based on Audit-c cut-off scores)	Predictor	Y	Yes
Age	SUD	French et al.	Cost-effectiveness analysis of four interventions for adolescents with a substance use disorder	2008	USA	114	FFT: mean=15.6, SD=1.0; CBT: mean=15.6, SD=1.1; Joint: mean=15.7, SD=0.9; Group: mean=15.5, SD=1.0	Yes	individual CBT, FFT, integrative treatment approach combining individual and family therapy interventions (joint), or a skills-focused psychoeducational group intervention (group).	Other active treatment	12 hr of therapy in FFT, CBT, and the group intervention, and 24 hr of therapy in the joint intervention (i.e., 1 hr of FFT and 1 hr of CBT per week)	percent days of marijuana use at 4 month f/u; percent days of marijuana use at 7 month f/u; deliquency score at 4 month f/u; deliquency score at 7 month f/u	Predictor	NNNN	No
Age	SUD	Guo et al.	Changes in family relationships among substance abusing runaway adolescents: A comparison between family and individual therapies.	2016	USA	179	mean=15.4, SD=1.2, range=12-17	Yes	Motivational Enhancement Therapy; Community Reinforcement Approach; Ecologically-Based Family Therapy	Other active treatment	CRA: 12 sessions individual therapy, EBFT: 12 sessions family therapy, MET: 2 sessions individual therapy	family cohesion; family conflict	Predictor	YN	Mixed

Age	SUD	Hendriks et al.	Matching adolescents with a cannabis use disorder to multidimensional family therapy or cognitive behavioral therapy: Treatment effect Moderators in a randomized controlled trial	2012	Netherlands	109	mean=16.8, SD=1.2, range=13-18	Yes	Multidimensional Family Therapy (MDFT); Cognitive Behavioral Therapy (CBT)	Other active treatment	5-6 months, twice-weekly sessions	Number of cannabis use days, number of smoked joints	Moderator	YY	Yes
Age	SUD	Henggeler et al.	Four-Year Follow-up of Multisystemic Therapy With Substance-Abusing and Substance-Dependent Juvenile Offenders	2002	USA	80	mean=19.6, range=16-21	Yes	Multisystemic therapy (MST	TAU	MST: 46 hours of contact per family over an average of 130 days of treatment; Community service: weekly attendance at group meetings	Criminal behavior, illicit drug use (marijuana / cocaine), Comordid psychiatric symptoms	Moderator	NNN	No
Age	SUD	Hersh et al.	The influence of comorbid depression and conduct disorder on MET/CBT treatment outcome for adolescent substance use disorders.	2013	USA	90	mean=17.1, SD=2.07, range=13-21	No	Motivational Enhancement Therapy/ Cognitive Behavior Therapy	n/a	5 session (2 MET + 3 CBT sessions)	substance problems	Predictor	N	No
Age	SUD	Horigian et al.	Reductions in anxiety and depression symptoms in youth receiving substance use treatment.	2013	USA	481	mean=15.4, range=12–17	Yes	the Brief Strategic Family Therapy (BSFT)	TAU	BSFT: 8-12 sessions over a 4-month period, TAU: 12-16 scheduled sessions.	Anxiety and depressive symptoms: 1) anxiety symptoms reported by the child 2) and the parent, 3) depressive symptoms reported by the child 4) and parent, 5) externalizing symptoms (Conduct Disorder, ODD, and ADHD) reported by the child, 6) and parent	Predictor/ Moderator	NNNNNN/NNNNNN	No/No
Age	SUD	Kaminer et al.	The Efficacy of Contingency Management for Adolescent Cannabis Use Disorder: A Controlled Study	2015	USA	59	mean=15.9, SD=1.2, range=14-18	Yes	CBT + Voucher based reinforcement therapy (VBRT; abstinence bonus); CBT integrated with an attendance-based reward plan (Nonreinforcement control condition)	n/a	CBT: 10 weekly sessions	Abstinence from cannabis (Y/N)	Predictor/ Moderator	N/N	No
Age	SUD	Kaminer et al.	Adolescents with cannabis use disorders: Adaptive treatment for poor responders.	2017	USA	161	mean=16.11, range=13-18	Yes	individualized enhanced CBT or an Adolescent Community Reinforcement Approach (ACRA) intervention (for the Non-responders group)	Other active treatment	10 x weekly session (edhanced condition); 7 x weekly session (regular condition, good responders)	Drug use status (urinalyses)	Predictor	N	No
Age	SUD	Kaminer et al.	Cognitive-behavioral coping skills and psychoeducation therapies for adolescent substance abuse.	2002	USA	88	mean=15.4, SD=1.3 years, range=13-18	Yes	cognitive behavioral therapy (CBT) versus psychoeducational therapy (PET)	Other active treatment	eight-week, group psychotherapy. 75- to 90-minute weekly sessions.	Urinanalyses + the Teen-Addiction Severity Index (T-ASI): 7 subscales: alcohol use, substance use, school or employment, family, peer/social, legal, and psychiatric	Predictor/ Moderator	YNNNNNNN/YNYNNNNN	mixed
Age	SUD	Kaminer et al.	Psychotherapies for adolescent substance abusers: 15-month follow-up of a pilot study.	1999	USA	32	CBT: mean=15.4, SD=1.5; IT: mean=16.3, SD=1.1; range=13-18	Yes	cognitive-behavioral treatment (CBT), and interactional treatment (IT).	Other active treatment	90-minute weekly sessions over 12 weeks.	the Teen-Addiction Severity Index (T-ASI): 8 subscales (The substance abuse scale was split into an Alcohol and a Drug subscale) : Alcohol use, drug use, chemical use, school status, family relations, peer/social relationships, legal status, and psychiatric status	Predictor/ Moderator	NNNNNNNN/NNNNNNNN	No
Age	SUD	Kaminer et al.	Suicidal Ideation among Adolescents with Alcohol Use Disorders during Treatment and Aftercare	2006	USA	177	mean=15.9, SD=1.2	Yes	Cognitive Behavioral Therapy + In-Person (face-to-face) aftercare condition, Cognitive Behavioral Therapy + Telephone aftercare condition	n/a	9-weekly CBT and three months of aftercare (face-to-face intervention consisted of four 50-minute manual-guided individualized relapse	Suicidal Ideation Questionnaire Score at end of treatment, Suicidal Ideation Questionnaire Score at aftercare, Changes in SIQ-JR from baseline to end of treatment, Change in SIQ-JR from End of Treatment to Completion of Aftercare	Predictor/ Moderator	NNNN/N	No
Age	SUD	Ögel & Coskun	Cognitive behavioral therapy-based brief intervention for volatile substance misusers during adolescence: A follow-up study.	2011	Turkey	62	Treatment: mean=15.25, SD=1.18; Control: mean=15.32, SD=1.42; range=13-18	Yes	Cognitive Behavioral Therapy + Educational Program	Other active treatment	CBT - 3 sessions; Educational program - one 1h session	Remission = abstinence (self-report + medical records review)	Predictor	N	No
Age	SUD	Rowe et al.	Impact of psychiatric comorbidity on treatment of adolescent drug abusers	2004	USA	182	mean=15, SD=1.26, range=12-17	Yes	Individual cognitive behavioral treatment for multiproblem, adolescent substance abusers; Multidimensional family therapy	Other active treatment	once per week up to 24 sessions (10 sessions on average)	Substance use frequency during the previous 30 days up to 12 months f/u	Predictor/ Moderator	N/N	No
Age	SUD	Slesnick et al.	Comparison of family therapy outcome with alcohol-abusing, runaway adolescents.	2009	USA	119	mean=15.1, range=12-17	Yes	Ecologically Based Family Therapy (EBFT); Functional Family Therapy (FFT)	TAU	FFT and EBFT: 16, 50-min sessions; SAU - case management and individual therapy meetings (number and frequency Not specified)	Substance use measures: percentage days alcohol or drug use, average number of standard drinks, number of substance use diagNosis, Adolescent Drinking index (ADI), number of Problem Consequences (POSIT); Psychological functioning measures: Depression(BDI), number of psychiatric diagNoses (CDISC), Internalizing Problems (YSR), Externalizing Problems (YSR), Delinquent Behaviours, % days of living at home; Family functioning measures: Verbal Aggression, Family Violence (CTS), Family Conflict(FES), Parental Care (Parental Bonding Instrument, PBI), Parental Overprotectiveness (PBI)	Moderator	YNNNNYNYNNNNNNNN	No
Age	SUD	van der Pol et al.	Multidimensional family therapy in adolescents with a cannabis use disorder: long-term efects on delinquency in a randomized controlled trial	2018	Germany, France, Belgium, Switzerland, Netherlands	109	mean=16.8, SD=1.3, range=13-18	Yes	multidimensional family therapy (MDFT); CBT	n/a	6 months	criminal offences	Moderator	N	No
Age	SUD	Wang et al.	A family-oriented therapy program for youths with substance abuse: long-term outcomes related to relapse and academic or social status	2016	Taiwan	121	mean=16.1, SD=1.1, range=13-18	No	motivational enhancement psychotherapy (MEP); parenting skill training (PST) + MEP	TAU	10	Rates of relapse/Attending school versus dropout or unemployed/Employed versus dropout or unemployed	Predictor	NNN	No

Age	SUD	Winters et al.	Brief Intervention for Drug Abusing Adolescents in a School Setting: Outcomes and Mediating Factors	2012	USA	315	range=12-18	Yes	Brief Intervention for Adolescents (BI-A); Brief Intervention for Adolescents and Parents (BI-AP)	No treatment	2	number of alcohol use days (TLFB)/"number of cannabis use days (TLFB)"/number of alcohol abuse and dependence symptoms (ADI)/number of cannabis abuse and dependence symptoms (ADI)/"score on the drug use consequences scale (PCS)."	Moderator	NNNNN	No
Age	SUD	Winters et al.	One-Year Outcomes and Mediators of a Brief Intervention for Drug Abusing Adolescents	2014	USA	284	range=12-18	Yes	Brief Intervention for Adolescents (BI-A); Brief Intervention for Adolescents and Parents (BI-AP)	No treatment	2	% abstinent for 90 days at 12 mths., alcohol; % abstinent for 90 days at 12 mths., cannabis; % at 12 months with No alcohol abuse symptoms; % at 12 months with No alcohol dependence symptoms; % at 12 months with No cannabis abuse symptoms; % at 12 months with No cannabis dependence	Moderator	NNNNNNNNNNNNN	No
Age	SUD	Zhang & Slesnick	Substance use and social stability of homeless youth: A comparison of three interventions	2018	USA	270	mean=18.74, SD=1.26, range=14-20	Yes	Community Reinforcement Approach (CRA, Meyers & Smith, 1995), Motivational Enhancement Therapy (MET, Miller & Rollnick, 2013), and case management (CM)	Other active treatment	CRA: 12 1-hour sessions + two 1-hr HIV prevention sessions; MET: two 1-hour MET sessions and two 1-hr HIV prevention sessions; CM: 12 one-hour CM sessions and also two 1-hr HIV prevention sessions.	Trajectories of Social Stability and Drug Use (low-stable substance use and low-increasing social stability group (labeled low-stable SU + low-increasing SS), high-stable substance use and low-stable social stability group (labeled high-stable SU + lowstable SS), high-declining substance use and low-increasing social stability group (labeled high-declining SU + low-increasing SS), and low-increasing substance use and high-stable social stability group (labeled lowincreasing SU + high-stable SS), measured by the Form 90 (Miller, 1996). Three comparisons --> High-stable SU + low-stable SS vs. lowstable SU + low-increasing SS \ High-declining SU + low-increasing SS vs. low-stable SU + low-increasing SS \Low-increasing SU + high-stable SS vs. low-stable SU + low-increasing SS	Predictor	Y	Yes
Age	SUD	Slesnick et al.	Intervention with substance-abusing runaway adolescents and their families: Results of a randomized clinical trial.	2013	USA	179	mean=15.4, SD =1.2, range=12-17	Yes	Community Reinforcement learning;Motivational Interviewing ; Ecologically Based Family Therapy	TAU	Motivational Interviewing - 4 sessions; Community Reinforcement Approach - 14 sessions; Ecologically Based Family Therapy -14 sessions	Change in frequency of substance use (Form 90); Rate of clinically significant change (Jacobson & Truax)	Predictor	NN	No
Age	Transdiagnostic	Adrian et al.	Predictors and Moderators of recurring self-harm in adolescents participating in a comparative treatment trial of psychological interventions	2019	USA	173	mean=14.89, SD=1.47	Yes	DBT	Other active treatment	DBT - 19.97 mean individual sessions, 16.86 - group sessions; IGST - 15.29 individual sessions, 13.13 - group sessions	suicide attempts; Nonsuicidal self-injury; self-harm; suicidal ideation	Predictor /Moderator	NNNN/NNNN	No
Age	Transdiagnostic	Gergov et al.	Effectiveness and Predictors of Outcome for Psychotherapeutic Interventions in Clinical Settings Among Adolescents	2021	Finland	58	mean=14.22, SD=0.73, range=13-15	No	psychotherapy (including psychodynamic, cognitive, crisis- and trauma-focused or family therapy) or art and occupational therapies (including music-, art-, occupational- or riding therapy)	n/a	12 months, 1-2x week	BDI; CORE-OM total, CORE-OM well-being, CORE-om problemes/symptoms, CORE-OM life functioning, CORE-OM risk/harm	Predictor	NNNNNN	No
Age	Transdiagnostic	Walter et al.	Predicting outcome of inpatient CBT for adolescents with anxious-depressed school absenteeism	2013	Germany	147	mean=15.1, SD=1.5, range=12-18	No	cognitive-behavioral treatment (CBT)	n/a	2 or 3 sessions/week (M= 28.4; SD = 14.7)	School attendance (post); school attendance (follow up); ANDEP-A (anxiety/ depression adolescent rating-post); ANDEP-A (anxiety/ depression adolescent rating-post); ANDEP-P (anxiety/depression parent rating); DISRUP-A (disruptive behavior adolescent rating); DISRUP-P (disruptive behavior parent rating); LEARN-A	Predictor	NNNNNNNN	No
Age	Transdiagnostic	Layne et al.	Predictors of Treatment Response in Anxious-Depressed Adolescents With School Refusal	2003	USA	41	mean=14.7, range=12-18	Yes	CBT for school refusal plus imipramine	Placebo	8 sessions of 45 to 60 minutes in length conducted primarily with the adolescent (Participants were also seen weekly by a	Rate of school attendance at week 8 was used as the outcome variable (number of hours attended each week divided by the number of pos- sible hours of school attendance, multiplied by 100).	Predictor	N	No
Age (parents)	Eating disorders	Le Grange et al.	Randomized Clinical Trial of Family-Based Treatment and Cognitive-Behavioral Therapy for Adolescent Bulimia Nervosa	2015	USA	80	mean=16.1, SD=1.6, range=12-19	Yes	Family-based treatment (FBT); Supportive psychotherapy (SPT)	Other active treatment	20 sessions (50 minutes) over 6 months; 1 x week in the first 3 months of treatment, 1 x 2 weeks for the next 2 months, and rest 1 x 3 weeks	Remission (abstained from binge eating and purging)	Moderator	N	No
Age (parents)	Eating Disorders	Martin-Wagar et al.	Predictors of Weight Restoration in a Day- Treatment Program that Supports Family-Based Treatment for Adolescents with ANorexia Nervosa	2019	USA	87	mean=14.85, range=12-18	No	DTP (Day-Treatment Program) supporting Family Based Treatment (FBT)	n/a	5 days per week, 6 hours per day	weight restoration; 4-week % EBW gained	Predictor	N	No
Country of birth	Anxiety disorders	Lenhard et al.	Prediction of outcome in internet-delivered cognitive behaviour therapy for paediatric obsessive-compulsive disorder: A machine learning approach.	2018	Sweden	61	mean=14.44, SD=1.68; range=12-17	Yes	Internet-delivered Cognitive Behaviour therapy (ICBT)	Wait-list	12 weeks	OCD	Predictor	N	No
Distance to treatment	Anxiety disorders	Lenhard et al.	Prediction of outcome in internet-delivered cognitive behaviour therapy for paediatric obsessive-compulsive disorder: A machine learning approach.	2018	Sweden	61	mean=14.44, SD=1.68; range=12-17	Yes	Internet-delivered Cognitive Behaviour therapy (ICBT)	n/a	12 weeks	treatment response defined as a 35% reduction of symptoms on the clinician rated childrens yale brown obsecctive ompulsive scale CY-BOCS (Scahill et al., 1997) and a clinical global impression CGI-I of 1 "very much improved" or 2 "much improved".	Predictor	N	No
Education	ADHD	Vidal et al.	Group Therapy for Adolescents With Attention Deficity Hyperactivity Disorder: A Randomized Controlled Trial	2015	Spain	119	CBT: mean=17.47, SD= 1.88; Control: mean=16.9, SD=1.75; range=15-21	Yes	Group CBT	Other active treatment	12 sessions	ADHD Symptoms (ADHD rating scale adolescent and parent informant), Severity and Functional impairment (Clinical Global Impression Scale for Severity self and clinician report, Clinical Global Impression-Improvement, Weiss Functionnal Impairment Scale (self and parent report), Global Assessment of Functioning); Associated symptoms (Beck Depression Inventory, State-Trait Anxiety Inventory, State Trait Anger Expression Inventory)	Predictor	N	No

Education	Eating disorders	FassiNo et al.	Nonresponder aNorectic patients after 6 months of multimodal treatment: Predictors of outcome	2001	Italy	40	mean=21.6, SD=3.7, range=17-30	No	'Network' multimodal therapy (Adleniarian brief therapy combined with dietary interventions and familial counseling)	n/a	15, 1xweek	Improved vs non-improved	Predictor	N	No
Education	Mood disorders	Ammerman et al.	An open trial of in-home CBT for depressed mothers in home visitation.	2011	USA	305	IH-CBT: mean=22.57, SD=4.96; Comparison group: mean=20.15, SD=4.18	No	In-Home Cognitive Behavioral Therapy (IH-CBT)	No treatment	15 sessions (weekly scheduled) of 60min (plus a booster session 1 month post-treatment)	BDI-II (Beck Depression Inventory-II (BDI-II), PHQ-9 (Brief Patient Health Questionnaire), and MAQ (Maternal Attitudes Questionnaire- administered only to Treatment Group)	Predictor; Predictor/ Moderator	NNN; NN/NN	No
Education	Psychosis	Allott et al.	Patient Predictors of symptom and functional outcome following cognitive behaviour therapy or befriending in first-episode psychosis	2011	Australia	62	ACE-CBT: mean=22.13, SD=3.30; BE: mean=22.45, SD=3.82; range=15-25	Yes	Active Cognitive Therapy for Early Psychosis (ACE)-CBT; Befriending (BE) (neutral 'pleasant chat'). Both treatment conditions also received treatment as usual (TAU) - medication, case management, group program	Other active treatment	Maximum of 20 sessions; 45 mins over 12-14 weeks; ACE-CBT mean 9 (SD 4.93); BE mean 7.2 (SD 5.17); ACE-CBT 354 mins; BE 174 min	Positive symptoms (BPRS Psychotic)	Predictor	N	No
Education	Psychosis	Linszen et al.	Patient attributes and expressed emotion as risk factors for psychotic relapse.	1997	Netherlands	97	mean=20.5, SD=2.5, range=15-26	Yes	Inpatient and Psychosocial Intervention (IPI - TAU); Inpatient and Psychosocial Plus Behavioral Family Intervention (IPFI)	Other active treatment	18 -during 12 months of outpatient period; 1x2weeks for 5 months and 1xweek for 7 months for both treatments	Relapse (clinical/ psychiatric judgement)	Predictor	N	No
Education	SUD	Battjes et al.	Evaluation of a group-based substance abuse treatment program for adolescents.	2004	USA	194	mean=15.96, SD=1.04, range=14-18	No	Group-Based Treatment for Adolescent Substance Abuse	n/a	20 weeks, weekly session	Days of alcohol use to intoxication; days of marijuana use in the last 90 days; days of criminal activity, each in the prior 90 days	Predictor	NYN	Mixed
Education	SUD	Davis et al.	Predictors of positive drinking outcomes among youth receiving an alcohol brief intervention in the emergency department	2018	USA	475	mean=18.6, SD=1.4, range=14-20	Yes	U-Connect Brief intervention- therapist administred (TBI); U-Connect Brief intervention - computerized (CBI).	TAU	1 session : average time for TBI =45.4 min (sd =19.0), for CBI= 34.7 min (sd =19.6)	Response to treatment (classified as responder vs Non-responder, based on Audit-c cut-off scores)	Predictor	Y	Yes
Education	SUD	Ögel & Coskun	Cognitive behavioral therapy-based brief intervention for volatile substance misusers during adolescence: A follow-up study.	2011	Turkey	62	Treatment: mean=15.25, SD=1.18; Control: mean=15.32, SD=1.42; range=13-18	Yes	Cognitive Behavioral Therapy + Educational Program	Other active treatment	CBT - 3 sessions; Educational program - one 1h session	Remission = abstinence (self-report + medical records review)	Predictor	Y	Yes
Education	SUD	Piehler & Winters	Parental Involvement in Brief Interventions for Adolescent Marijuana Use	2015	USA	259	mean=16, range=12–18	Yes	brief Intervention adolescents (BI-A); Brief Intervention with parent session (BI-AP)	n/a	2 sessions	Marijuana use (symptoms of abuse, symptoms of dependence, and number of days of marijuana use over previous 90 days)	Predictor	N	No
Education	SUD	Piehler & Winters	Decision-making style and response to parental involvement in brief interventions for adolescent substance use.	2017	USA	259	mean=16.1, SD=1.4	Yes	brief Intervention adolescents (BI-A); Brief Intervention with parent session (BI-AP)	Other active treatment	2 sessions	6-month Alcohol Use (composite score of symptoms of alcohol abuse, symptoms of alcohol dependence, and number of days of reported alcohol use over the previous 90 days); 6-month MJ use (composite score of ymptoms of MJ abuse, symptoms of MJ dependence, and number of days of reported MJ use over the previous 90 days)	Predictor	N	No
Education	SUD	Wang et al.	A family-oriented therapy program for youths with substance abuse: long-term outcomes related to relapse and academic or social status	2016	Taiwan	121	mean=16.1, SD=1.1, range=13-18	No	motivational enhancement psychotherapy (MEP); parenting skill training (PST) + MEP	TAU	10	Relapse Rate (Yes/No); Attending school versus dropout or unemployed/Employed versus dropout or unemployed attending school, employed, and dropout/ unemployed)	Predictor	NYN	Mixed
Education (parents)	ADHD	Barkley et al.	A Comparison of Three Family Therapy Programs for Treating Family Conflicts in Adolescents With Attention-Deficit Hyperactivity Disorder	1992	USA	61	BMT: mean= 13.8, SD=1.4; PSCT: mean= 13.6, SD=1.4; SFT: mean= 14.2, SD=1.3	Yes	behavior management training (BMT); problem-solving and communication training (PSCT); structural family therapy (SFT)	Other active treatment	8-10 one-hour weekly sessions	Family conflict ratings (Issues Checklist mothers'report)	Predictor	N	No
Education (parents)	ADHD	Boyer et al.	Qualitative Treatment-Subgroup interactions in a Randomized Clinical Trial of Treatments for Adolescents with ADHD : Exploring What Cognitive Behavioural Therapy Works for Whom	2016	Netherlands	159	mean=14.4, SD=1.2, range=12-17	Yes	CBT Solution Focused Therapy , CBT Plan My Life	Other active treatment	8 adolescent sessions (45-60min) + 2 parental sessions	ADHD symptoms (Disruptive Behaviour Disorder rating scale parent)	Moderator	N	No
Education (parents)	Anxiety disorders	Lenhard et al.	Prediction of outcome in internet-delivered cognitive behaviour therapy for paediatric obsessive-compulsive disorder: A machine learning approach.	2018	Sweden	61	mean=14.44, SD=1.68; range=12-17	Yes	Internet-delivered Cognitive Behaviour therapy (ICBT)	Wait-list	12 weeks	35% reduction of symptoms on CY-BOCS and a CGI-I of 1"very muchimproved"or 2"much improved"	Predictor	NN	No
Education (parents)	Eating disorders	Le Grange et al.	Delivery of Family-Based Treatment for Adolescent ANorexia Nervosa in a Public Health Care Setting: Research Versus Non-Research Specialty Care	2020	Australia	110	mean=15.3, SD=1.9, range=12-18	Yes	Family -based treatment: Parent-foocused therapy (PFT/ RCT Care)	Other active treatment	FBT was delivered in both arms over a course of 24 weeks (18 sessions)	Time to Achieve Weight Restoration	Predictor/ Moderator	N	No
Education (parents)	Eating disorders	Le Grange et al.	Randomized Clinical Trial of Family-Based Treatment and Cognitive-Behavioral Therapy for Adolescent Bulimia Nervosa	2015	USA	130	mean=15.8, SD=1.5; range=12-18	Yes	Family-based treatment (FBT); Supportive psychotherapy (SPT)	Other active treatment	20 sessions (50 minutes) over 6 months; 1 x week in the first 3 months of treatment, 1 x 2week for the next 2 months, and rest 1 x 3 weeks	Remission (abstained from binge eating and purging)	Moderator	N	No

Education (parents)	Eating disorders	Le Grange et al.	Moderators and Mediators of Remission in Family-Based Treatment and Adolescent Focused Therapy for ANorexia Nervosa	2012	USA	105	mean=14.4, SD=1.6, range=12-18	Yes	Family-Based Treatment (FBT); Adoloescent-Focused Individual Therapy (AFT)	Other active treatment	24 1-hour sessions over 1 year; 32 45-minute sessions over 1 year (24 contact hours)	Full remission Status (minimum IBW of 95% + EDE-Global score within 1 SD of published Norms)	Predictor	N	No
Education (parents)	Eating disorders	Le Grange et al.	Early Weight Gain Predicts Outcome in Two Treatments for Adolescent ANorexia Nervosa	2014	USA	105	mean=14.4, SD=1.6, range=12-18	Yes	Family-Based Treatment (FBT); Adoloescent-Focused Individual Therapy (AFT)	Other active treatment	24 1-hour sessions over 1 year; 32 45-minute sessions over 1 year (24 contact hours)	Reaching ≥95% Expected Body Weight early or Not.	Moderator	Y	Yes
Education (parents)	Mood disorders	Brent et al.	The Treatment of Adolescent Suicide Attempters Study (TASA): Predictors of Suicidal Events in an Open Treatment Trial	2009	USA	119	mean=15.7, SD=1.6, range=12-18	Yes	psychotherapy, medication management, or the combination	Other active treatment	6-month intervention	suicidal event (Suicide Severity Rating Scale)	Predictor	N	No
Education (parents)	SUD	French et al.	Cost-effectiveness analysis of four interventions for adolescents with a substance use disorder	2008	USA	114	FFT: mean=15.6, SD=1.0; CBT: mean=15.6, SD=1.1; Joint: mean=15.7, SD=0.9; Group: mean=15.5, SD=1.0	Yes	individual CBT, FFT, integrative treatment approach combining individual and family therapy interventions (joint), or a skills-focused psychoeducational group intervention (group).	Other active treatment	12 hr of therapy in three of the treatment conditions, FFT, CBT, and the group intervention, and 24 hr of therapy in the joint intervention (i.e., 1 hr of	percent days of marijuana use at 4 month f/u; percent days of marijuana use at 7 month f/u; deliquency score at 4 month f/u; deliquency score at 7 month f/u.	Predictor	NNYN	Mixed
Ethnicity	ADHD	Fleming et al.	Pilot randomized controlled trial of dialectical behavior therapy group skills training for ADHD among college students.	2015	USA	33	DBT: mean=21.20, SD =1.67; Skills training: m=21.50, SD=1.12; range=18-24	Yes	Dialectical behavior therapy (DBT), Self-guided skills training handouts	Other active treatment	DBT: 15-min individual pre-group meeting + 8 weekly 90-min group sessions + 7	Quality of life (Adult ADHD Quality of life Questionnaire total)	Predictor	N	No
Ethnicity	ASD	Wehman et al.	Competitive employment for transition-aged youth with significant impact from autism: A multi-site randomized clinical trial	2020	USA	156	mean=19.7, SD=1.1, range=18-21	Yes	Project SEARCH(Supported employment) plus ASD Supports	Other active treatment	35 h weekly for 9 months	employment	Predictor	N	No
Ethnicity	Eating disorders	Accurso et al.	Is weight gain really a catalyst for broader recovery?: The impact of weight gain on psychological symptoms in the treatment of adolescent aNorexia nervosa.	2014	USA	121	mean=14.4, SD=1.6	Yes	Family-Based Treatment (FBT); Adolescent-Focused Therapy (AFT)	Other active treatment	24 one-hour sessions in FBT; 32 45-minute sessions in AFT (24 contact hours total) - 1 year period for both treatments	EDE global, weight concern, shape concern, eating concern, eating concern, dietary restraint, depressive symptoms	Predictor	NNNNNNN	No
Ethnicity	Eating disorders	Agras et al.	Comparison of 2 Family Therapies for Adolescent ANorexia Nervosa: A Randomized Parallel Trial	2014	USA	164	mean=15.3, SD=1.8, range=12-18	Yes	Family-Based Treatment (FBT); systemic family therapy (SyFT)	Other active treatment	16 (1 hour over 9 mths)	Weight gain/ Remission (defined as achieving a minimum of 95% of the IBW)	Predictor/ Moderator	NN	No
Ethnicity	Eating disorders	Ciao et al.	Predictors and Moderators of psychological changes during the treatment of adolescent bulimia nervosa	2015	USA	80	mean=16.05, range=12-19	Yes	Family-based treatment (FBT); Supportive psychotherapy (SPT)	Other active treatment	20 (over 6 months), identical for both treatment arms	Shape/weight concerns, eating concerns, depressive symptoms, self-esteem, restraint,	Predictor/ Moderator	NNNNN	No
Ethnicity	Eating disorders	Le Grange et al.	Predictors and Moderators of Outcome in Family-Based Treatment for Adolescent Bulimia Nervosa	2008	USA	80	mean=16.1, SD=1.6, range=12-19	Yes	Family-based treatment (FBT); Supportive psychotherapy (SPT)	Other active treatment	20 sessions (50 minutes) over 6 months; 1 x week in the first 3 months, 1 x 2 weeks for the next 2 months, and rest 1 x 3 weeks	partial remission	Predictor/ Moderator	N	No
Ethnicity	Eating disorders	Le Grange et al.	Randomized Clinical Trial of Family-Based Treatment and Cognitive-Behavioral Therapy for Adolescent Bulimia Nervosa	2015	USA	80	mean=16.1, SD=1.6, range=12-19	Yes	Family-based treatment (FBT); Supportive psychotherapy (SPT)	Other active treatment	20 sessions (50 minutes) over 6 months; 1 x week in the first 3 months, 1 x 2 weeks for the next 2 months, and rest 1 x 3 weeks	Remission (abstained from binge eating and purging)	Moderator	N	No
Ethnicity	Eating disorders	Le Grange et al.	Early Weight Gain Predicts Outcome in Two Treatments for Adolescent ANorexia Nervosa	2014	USA	105	mean=14.4, SD=1.6, range=12-18	Yes	Family-Based Treatment (FBT); Adoloescent-Focused Individual Therapy (AFT)	Other active treatment	24 1-hour sessions over 1 year; 32 45-minute sessions over 1 year (24 contact hours)	Reaching ≥95% Expected Body Weight early or Not.	Moderator	N	No
Ethnicity	Mood disorders	Ammerman et al.	Depression improvement and parenting in low-income mothers in home visiting.	2015	USA	93	IH-CBT: mean=22.4, SD=5.2; SHV: mean=21.5, SD=3.9	Yes	In-Home Cognitive Behavioral Therapy (IH-CBT); Standard Home Visiting (SHV)	Other active treatment	IH-CBT: 15 weekly 60min session; SHV: n/a	The Parenting Stress Index-Short Form (PSI-SF); The HOME Inventory (HOME); The Ages and Stages Questionnaire: Social-Emotional (ASQ:SE)	Predictor	NNN	No
Ethnicity	Mood disorders	Brent et al.	The Treatment of Adolescent Suicide Attempters Study (TASA): Predictors of Suicidal Events in an Open Treatment Trial	2009	USA	119	mean=15.7, SD=1.6, range=12-18	Yes	psychotherapy, medication management, or the combination	Other active treatment	6-month intervention	suicidal event (Suicide Severity Rating Scale)	Predictor	Y	Yes
Ethnicity	Mood disorders	Brent et al.	Association of FKBP5 Polymorphisms With Suicidal Events in the Treatment of Resistant Depression in Adolescents (TORDIA) Study	2010	USA	155	mean=15.7, SD=1.6, range=12-18	Yes	Change to second SSRI; change to venlafaxine; change to a second SSRI plus CBT; change to venlafaxine plus CBT	Wait-list	12 weeks; CBT sessions: M=9.6, SD=2.5	adequate clinical response (improvement subscale of the Clinical Global Impressions scale); suicidal events	Predictor	NN	No
Ethnicity	Mood disorders	Bridge et al.	Emergent Suicidality in a Clinical Psychotherapy Trial for Adolescent Depression	2005	USA	88	range=13-18	Yes	Cognitive Behavior Therapy, Systemic Behavioral Family Therapy; or Nondirective Supportive Therapy	Other active treatment	12 to 16 weeks of psychotherapy treatment	Emergent suicidality (K-SADS suicide ideation item)	Predictor	N	No

Ethnicity	Mood disorders	Curry et al.	Predictors and Moderators of Acute Outcome in the Treatment for Adolescents With Depression Study (TADS)	2006	USA	441	mean=14.6, SD=1.5, range=12-17	Yes	Fluoxetine + CBT, CBT, Fluoxetine	Other active treatment	12	raw score on the CDRS-R	Predictor/ Moderator	N	No
Ethnicity	Mood disorders	Kolko et al.	Cognitive and Family Therapies for Adolescent Depression: Treatment Specificity, Mediation, and Moderation	2000	USA	103	mean=15.6, SD= 1.4, range=13-18	Yes	Cognitive behavioral therapy (CBT); Systemic behavioral family therapy (SBFT); Nondirective supportive therapy (NST)	Other active treatment	12 to 16 sessions, weekly, 3-4 months - identical in all treatment arms	Depression symptoms (Beck Depression Inventory-BDI)	Moderator	N	No
Ethnicity	Mood disorders	Merry et al.	The effectiveness of SPARX, a computerised selfhelp intervention for adolescents seeking help for depression: randomised controlled Non-inferiority trial	2012	New Zealand	189	SPARX: mean=15.55, SD= 1.54; TAU: mean=15.58, SD=1.66; range=12-19	Yes	Computerized cognitive behavioural therapy (SPARX)	TAU	SPARX: seven modules, 4-7 weeks; TAU (counseling): mean sessions was 4.8 (median 4, range 1-20)	Severity of depression (CDRS-R)	Moderator	N	No
Ethnicity	Mood disorders	Ngo et al.	Outcomes for Youths From Racial-Ethnic MiNority Groups in a Quality Improvement Intervention for Depression Treatment	2009	USA	390	mean=17.2, SD=2.1, range=13-21	Yes	CBT, medication, combined CBT and medication, care management follow-up, and referral	TAU	n/a	Depression severity/Quality of Life (MCS-12)	Moderator	YN	Mixed
Ethnicity	Mood disorders	Pan et al.	Ethnic differences in response to directive vs. Non-directive brief intervention for subsyndromal depression	2019	USA	120	mean=21.2, range>18	Yes	directive treatment; Non-directive treatment; or cultural values interview.	Other active treatment	one individual, 20- minute session	depressive symptoms: (BDI) + (DDS); coping outcomes; working alliance	Moderator	YYNN	Yes
Ethnicity	Mood disorders	Rohde et al.	Predicting Time to Recovery Among Depressed Adolescents Treated in Two Psychosocial Group Interventions	2006	USA	114	mean=15.2, SD= 1.4, range=13-17	Yes	Adolescent Coping With Depression (CWD-A)	Other active treatment	16 two-hour sessions over 8 weeks	time to MDD recovery: assessed by Longitudinal Interval Follow-Up Evaluation (LIFE) + the K-SADS Schedule for Affective Disorder and Schizophrenia for School Age Children-Epidemiologic Version 5 (K-SADS)	Predictor/ Moderator	N/Y	Mixed
Ethnicity	Mood disorders	Shirk et al.	School-Based Cognitive-Behavioral Therapy for Adolescent Depression	2009	USA	50	mean=15.9, SD=1.2, range=14-18	No	CBT	n/a	12	BDI change; Treatment response (No longer meeting diagNostic criteria for a depressive disorder posttreatment)	Predictor	NN	No
Ethnicity	Mood disorders	Vitiello et al.	Depressive symptoms and clinical status during the Treatment of Adolescent Suicide Attempters (TASA) Study.	2009	USA	124	mean=15.7, SD=1.5, range=12-18	No	CBT for suicide prevention (CBT-SP); antidepressant pharmacotherapy (Med); combination (COMB)	n/a	22 sessions, including both individual and parent-youth sessions; 6 months	depressive symptoms as measured by the CDRS-R; CGI-I-Response rate (score of 1 (very much improved) or 2 (much improved) on the CGI-I, with last observation carried forward); Remission: CDRS-R <=28, with last observation carried forward	Predictor	NNN	No
Ethnicity	Mood disorders	Vitiello et al.	Functioning and Quality of Life in the Treatment for Adolescents With Depression Study (TADS).	2006	USA	439	range=12-17	Yes	fluoxetine, CBT, and COMB	Placebo	12-week clinical trial	Children_s Global Assessment Scale (CGAS); Health of the Nation Outcome Scales for Children and Adolescents (HoNoSCA); Pediatric Quality of Life Enjoyment and Satisfaction Questionnaire (PQ-LES-Q)	Moderator	NNN	No
Ethnicity	Mood disorders	Weersing et al.	Effectiveness of cognitive-behavioral therapy for adolescent depression: A benchmarking investigation.	2006	USA	80	mean=15.72, SD=1.36	No	individual cognitive behavior therapy, systemic behavior family therapy (SBFT), or individual Nondirective supportive therapy (NST)	Other active treatment	12 to 16 sessions of the active intervention and were eligible to receive up to 4 additional booster sessions over a 4-month follow-up period	depression symptoms: Beck Depression Inventory (trajectories of BDI scores over time, BDI completion at every session)	Predictor	Y	Yes
Ethnicity	Mood disorders	Weintraub et al.	Classifying Mood Symptom Trajectories in Adolescents With Bipolar Disorder	2020	USA	144	mean=15.6, SD=1.4, range=12-18	Yes	Family-focused therapy for adolescents (FFT-A) over 9 months, consisting of psychoeducation, communication enhancement training, and problem-solving skills training	Other active treatment	21 sessions of FFT-A over 9 months vs. 3 sessions	recovery pattern: (class of illness 1-4 membership)	Predictor	Y	Yes
Ethnicity	SUD	Battjes et al.	Evaluation of a group-based substance abuse treatment program for adolescents.	2004	USA	194	mean=15.96, SD=1.04, range=14-18	No	Group-Based Treatment for Adolescent Substance Abuse	n/a	20 weeks, weekly session	Days of alcohol use to intoxication; days of marijuana use in the last 90 days; days of criminal activity, each in the prior 90 days	Predictor	NNN	No
Ethnicity	SUD	Davis et al.	Predictors of positive drinking outcomes among youth receiving an alcohol brief intervention in the emergency department	2018	USA	475	mean=18.6, SD=1.4, range=14-20	Yes	U-Connect Brief intervention- therapist administred (TBI); U-Connect Brief intervention - computerized (CBI).	TAU	1 session : average time for TBI =45.4 min (sd =19.0), for CBI= 34.7 min (sd =19.6)	Response to treatment (classified as responder vs Non-responder, based on Audit-c cut-off scores)	Predictor	N	No
Ethnicity	SUD	French et al.	Cost-effectiveness analysis of four interventions for adolescents with a substance use disorder	2008	USA	114	FFT: mean=15.6, SD=1.0; CBT: mean=15.6, SD=1.1; Joint: mean=15.7, SD=0.9; Group: mean=15.5, SD=1.0	Yes	individual CBT, FFT, integrative treatment approach combining individual and family therapy interventions (joint), or a skills-focused psychoeducational group intervention (group).	Other active treatment	12 hr of therapy in FFT, CBT, and the group intervention, and 24 hr of therapy in the joint intervention (i.e., 1 hr of FFT and 1 hr of CBT per week)	percent days of marijuana use at 4 month f/u; percent days of marijuana use at 7 month f/u; deliquency score at 4 month f/u; deliquency score at 7 month f/u	Predictor	NNNN	No
Ethnicity	SUD	Guo et al.	Changes in family relationships among substance abusing runaway adolescents: A comparison between family and individual therapies.	2016	USA	179	mean=15.4, SD=1.2, range=12-17	Yes	Motivational Enhancement Therapy; Community Reinforcement Approach; Ecologically-Based Family Therapy	n/a	12 sessions	family cohesion; family conflict	Predictor	NN	No
Ethnicity	SUD	Hawke et al.	Stability of Comorbid Psychiatric Diagnosis Among Youths in Treatment and Aftercare for Alcohol Use Disorders	2008	USA	50	mean= 16, SD= 1.20, range=13-18	Yes	cognitive-behavioral therapy (CBT) for alcohol use disorders		nine-session weekly cognitive behavioral group therapy program	Improvement in psychiatric status (anxiety disorders), Improvement in psychiatric status (mood disorders), improvement in psychiatric status (externalizing disorders), need of continued alhol use treatment (T-ASI), alcohol consumption	Predictor	NNNNN	No

Ethnicity	SUD	Hendriks et al.	Matching adolescents with a cannabis use disorder to multidimensional family therapy or cognitive behavioral therapy: Treatment effect Moderators in a randomized controlled trial	2012	Netherlands	109	mean=16.8, SD=1.2, range=13-18	Yes	Multidimensional Family Therapy (MDFT); Cognitive Behavioral Therapy (CBT)	Other active treatment	5-6 months, twice-weekly sessions	Number of cannabis use days, number of smoked joints	Moderator	NN	No
Ethnicity	SUD	Henggeler et al.	Four-Year Follow-up of Multisystemic Therapy With Substance-Abusing and Substance-Dependent Juvenile Offenders	2002	USA	80	mean=19.6, range=16-21	Yes	Multisystemic therapy (MST	TAU	MST: 46 hours of contact per family over an average of 130 days of treatment; Community service: weekly attendance at group meetings	Criminal behavior, illicit drug use (marijuana / cocaine), Comordid psychiatric symptoms	Moderator	NNN	No
Ethnicity	SUD	Hersh et al.	The influence of comorbid depression and conduct disorder on MET/CBT treatment outcome for adolescent substance use disorders.	2013	USA	90	mean=17.1, SD=2.07, range=13-21	No	Motivational Enhancement Therapy/ Cognitive Behavior Therapy	n/a	5 session (2 MET + 3 CBT sessions)	substance problems	Predictor	N	No
Ethnicity	SUD	Hops et al.	Adolescent Health-Risk Sexual Behaviors: Effects of a Drug Abuse Intervention	2011	USA	225	mean=15.8, SD=1.21	Yes	cognitive behavioral therapy (CBT) versus Integrative Behavioral and Family Therapy (IBFT)	Other active treatment	approximately 14 weekly sessions averaging 60 min in length.	Vaginal sex, Oral sex, Sex while high, Close friends have sex, multiple sex partners, Sex without a condom (high risk analysis; low risk analysis)	Predictor	NYNYNN; NNNNY	Mixed
Ethnicity	SUD	Horigian et al.	Reductions in anxiety and depression symptoms in youth receiving substance use treatment.	2013	USA	484	mean=15.4, range=12–17	Yes	the Brief Strategic Family Therapy (BSFT)	TAU	BSFT: 8-12 sessions over a 4-month period, TAU: 12-16 scheduled sessions.	Anxiety and depressive symptoms: 1) anxiety symptoms reported by the child 2) and the parent, 3) depressive symptoms reported by the child 4) and parent, 5) externalizing symptoms (Conduct Disorder, ODD, and ADHD) reported by the child , 6) and parent	Predictor/ Moderator	YNYYNN/NNNNNN	Mixed/No
Ethnicity	SUD	Horigian et al.	A cross-sectional assessment of the long term effects of Brief Strategic Family Therapy for adolescent substance use.	2015	USA	261	mean=15.4, range=12–17	Yes	the Brief Strategic Family Therapy (BSFT)	TAU	BSFT: 8-12 sessions over a 8-month period, TAU: 12-16 scheduled sessions.	drug use outcome, externalizing behaviour, lifetime arrests, past year arrests, lifetime incarcerations, past year incarcerations	Predictor	NNNNNN	No
Ethnicity	SUD	Kaminer et al.	The Efficacy of Contingency Management for Adolescent Cannabis Use Disorder: A Controlled Study	2015	USA	59	mean=15.9, SD=1.2, range=14-18	Yes	CBT + Voucher based reinforcement therapy (VBRT; abstinence bonus); CBT integrated with an attendance-based reward plan (Nonreinforcement control condition)	n/a	CBT: 10 weekly sessions	Abstinence from cannabis (Y/N)	Predictor/ Moderator	N	No
Ethnicity	SUD	Kaminer et al.	Adolescents with cannabis use disorders: Adaptive treatment for poor responders.	2017	USA	161	mean=16.11, range=13-18	Yes	individualized enhanced CBT or an Adolescent Community Reinforcement Approach (ACRA) intervention (for the Non-responders group)	Other active treatment	10 x weekly sessions (edhanced condition); 7 x weekly sessions (regular condition, good responders)	urinalyses	Predictor	N	No
Ethnicity	SUD	Montgomery et al.	Moderating Effects of Race in Clinical Trial Participation and Outcomes among Marijuana-Dependent Young Adults	2012	USA	112	range=18-25	Yes	Motivational Enhancement Therapy (MET) /Cognitive-Behavioral Therapy (CBT); Drug Counseling (DC); MET/CBT + contingency management; DC + contingency management	Other active treatment	Weekly; 8 weeks	marijuana-neg.-urine-test, continuous marijuana abstinence	Moderator	NY	No
Ethnicity	SUD	Piehler & Winters	Parental Involvement in Brief Interventions for Adolescent Marijuana Use	2015	USA	259	mean=16, range=12–18	Yes	brief Intervention adolescents (BI-A); Brief Intervention with parent session (BI-AP)	n/a	2 sessions	Marijuana use (symptoms of abuse, symptoms of dependence, and number of days of marijuana use over previous 90 days)	Predictor	N	No
Ethnicity	SUD	Piehler & Winters	Decision-making style and response to parental involvement in brief interventions for adolescent substance use.	2017	USA	259	mean=16.1, SD=1.4	Yes	brief Intervention adolescents (BI-A); Brief Intervention with parent session (BI-AP)	Other active treatment	2 sessions	6-month Alcohol Use (composite score of symptoms of alcohol abuse, symptoms of alcohol dependence, and number of days of reported alcohol use over the previous 90 days); 6-month MJ use (composite score of ymptoms of MJ abuse, symptoms of MJ dependence, and number of days of reported MJ use over the previous 90 days)	Predictor	N	No
Ethnicity	SUD	Robbins et al.	The efficacy of structural ecosystems therapy with drug-abusing/dependent African American and Hispanic American adolescents.	2008	USA	190	mean=15.57, SD=1.15, range=12-17	Yes	Structural Ecosystem Therapy (SET)	Other active treatment	12-16 family therapy sessions + 12 ecosystemic therapy sessions	Drug use: Past 30-day drug use	Predictor	Y	Yes
Ethnicity	SUD	Slesnick et al.	Intervention with substance-abusing runaway adolescents and their families: Results of a randomized clinical trial.	2013	USA	179	mean=15.4, SD =1.2, range=12-17	Yes	Community Reinforcement learning:Motivational Interviewing ; Ecologically Based Family Therapy	TAU	Motivational Interviewing 4 sessions; Community Reinforcement Approach 14 sessions; Ecologically Based Family Therapy 14 sessions	substance use: Change in frequency of (Form 90)	Predictor	Y	Yes
Ethnicity	SUD	Slesnick et al.	Comparison of family therapy outcome with alcohol-abusing, runaway adolescents.	2009	USA	119	mean=15.1, range=12-17	Yes	Ecologically Based Family Therapy (EBFT); Functional Family Therapy (FFT)	TAU	FFT and EBFT: 16, 50-min sessions; SAU - case management and individual therapy meetings: not specified	Substance use: percentage days alcohol or drug use, average number of standard drinks, number of substance use diagNosis, Adolescent Drinking index (ADI), number of Problem Consequences (POSIT); Psychological functioning: Depression(BDI), number of psychiatric diagNoses (CDISC), Internalizing Problems (YSR), Externalizing Problems (YSR), Delinquent Behaviours, % days of living at home; Family functioning: Verbal Aggression	Moderator	NNNNNNNNNNNN	No
Ethnicity	SUD	Winters et al.	Brief Intervention for Drug Abusing Adolescents in a School Setting: Outcomes and Mediating Factors	2012	USA	315	range=12-18	Yes	Brief Intervention for Adolescents (BI-A); Brief Intervention for Adolescents and Parents (BI-AP)	No treatment	2	number of alcohol and cannabis use days; count of alcohol/cannabis abuse and dependence symptoms; and drug use consequences	Moderator	NNNN	No

Ethnicity	SUD	Zhang & Slesnick	Substance use and social stability of homeless youth: A comparison of three interventions	2018	USA	270	mean=18.74, SD=1.26, range=14-20	Yes	Community Reinforcement Approach (CRA, Meyers & Smith, 1995), Motivational Enhancement Therapy (MET, Miller & Rollnick, 2013), and case management (CM)	Other active treatment	CRA: 12 1-hour sessions + two 1-hr HIV prevention sessions; MET: two 1-hour MET sessions and two 1-hr HIV prevention sessions; CM: 12 one-hour CM sessions and also two 1-hr HIV prevention sessions.	Trajectories of Social Stability and Drug Use (low-stable substance use and low-increasing social stability group (labeled low-stable SU + low-increasing SS), high-stable substance use and low-stable social stability group (labeled high-stable SU + lowstable SS), high-declining substance use and low-increasing social stability group (labeled high-declining SU + low-increasing SS), and low-increasing substance use and high-stable social stability group (labeled lowincreasing SU + high-stable SS), measured by the Form 90 (Miller, 1996). Three comparisons --> High-stable SU + low-stable SS vs. lowstable SU + low-increasing SS \ High-declining SU + low-increasing SS vs. low-stable SU + low-increasing SS \Low-increasing SU + high-stable SS vs. low-stable SU + low-increasing SS	Predictor	Y	Yes
Ethnicity	Transdiagnostic	Adrian et al.	Predictors and Moderators of recurring self-harm in adolescents participating in a comparative treatment trial of psychological interventions	2019	USA	173	mean=14.89, SD=1.47	Yes	DBT	Other active treatment	DBT - 19.97 mean individual sessions, 16.86 - group sessions; IGST - 15.29 individual sessions, 13.13 - group sessions	suicide attempts; Nonsuicidal self-injury; self-harm; suicidal ideation	Predictor/ Moderator	NNNN/YNNN; NNNY/NNNN	No/Mixed; Mixed/No
Family constellation	Eating disorders	Accurso et al.	Is weight gain really a catalyst for broader recovery?: The impact of weight gain on psychological symptoms in the treatment of adolescent aNorexia nervosa.	2014	USA	121	mean=14.4, SD=1.6	Yes	Family-Based Treatment (FBT); Adolescent-Focused Therapy (AFT)	Other active treatment	24 one-hour sessions in FBT; 32 45-minute sessions in AFT (24 contact hours total) - 1 year period for both treatments	EDE global, weight concern, shape concern, eating concern, dietary restraint, depressive symptoms	Predictor	NNNNNN	No
Family constellation	Eating disorders	Agras et al.	Comparison of 2 Family Therapies for Adolescent ANorexia Nervosa: A Randomized Parallel Trial	2014	USA	164	mean=15.3, SD=1.8, range=12-18	Yes	Family-Based Treatment (FBT); systemic family therapy (SyFT)	Other active treatment	16 (1 hour over 9 mths)	Weight gain/ Remission (defined as achieving a minimum of 95% of the IBW)	Predictor/ Moderator	Y	Yes
Family constellation	Eating disorders	Ciao et al.	Predictors and Moderators of psychological changes during the treatment of adolescent bulimia nervosa	2015	USA	80	mean=16.05, range=12-19	Yes	Family-based treatment (FBT); Supportive psychotherapy (SPT)	Other active treatment	20 (over 6 months), identical for both treatment arms	Shape/weight concerns, eating concerns, depressive symptoms, self-esteem, restraint,	Predictor/ Moderator	NNNNN	No
Family constellation	Eating disorders	Goldstein et al.	The Effectiveness of Family-Based Treatment for Full and Partial Adolescent ANorexia Nervosa in an Independent Private Practice Setting: Clinical Outcomes	2016	Australia	26	mean=15.57, SD=1.79	No	Family Based Treatment	n/a	average number of sessions = 14.14, SD= 9.19 over approximately a year	Weight restoration	Predictor	N	No
Family constellation	Eating disorders	Le Grange et al.	Predictors and Moderators of Outcome in Family-Based Treatment for Adolescent Bulimia Nervosa	2008	USA	80	mean=16.1, SD=1.6, range=12-19	Yes	Family-based treatment (FBT); Supportive psychotherapy (SPT)	Other active treatment	20 sessions (50 minutes) over 6 months; 1 x week in the first 3 months, 1 x 2 weeks for the next 2 months, and rest 1 x 3 weeks	partial remission	Moderator	N	No
Family constellation	Eating disorders	Le Grange et al.	Delivery of Family-Based Treatment for Adolescent ANorexia Nervosa in a Public Health Care Setting: Research Versus Non-Research Specialty Care	2020	Australia	110	mean=15.3, SD=1.9, range=12-18	Yes	Family -based treatment: Parent-foocused therapy (PFT/ RCT Care)	Other active treatment	FBT was delivered in both arms over a course of 24 weeks (18 sessions)	Time to Achieve Weight Restoration	Predictor	N	No
Family constellation	Eating disorders	Le Grange et al.	Randomized Clinical Trial of Family-Based Treatment and Cognitive-Behavioral Therapy for Adolescent Bulimia Nervosa	2015	USA	130	mean=15.8, SD=1.5; range=12-18	Yes	Family-based treatment (FBT); Supportive psychotherapy (SPT)	Other active treatment	20 sessions (50 minutes) over 6 months; 1 x week in the first 3 months, 1 x 2 weeks for the next 2 months, and rest 1 x 3 weeks	Remission (abstained from binge eating and purging)	Moderator	N	No
Family constellation	Eating disorders	Le Grange et al.	Moderators and Mediators of Remission in Family-Based Treatment and Adolescent Focused Therapy for ANorexia Nervosa	2012	USA	105	mean=14.4, SD=1.6, range=12-18	Yes	Family-Based Treatment (FBT); Adoloescent-Focused Individual Therapy (AFT)	Other active treatment	24 1-hour sessions over 1 year; 32 45-minute sessions over 1 year (24 contact hours)	Full remission Status (minimum IBW of 95% + EDE-Global score within 1 SD of published Norms)	Predictor	N	No
Family constellation	Eating disorders	Le Grange et al.	Early Weight Gain Predicts Outcome in Two Treatments for Adolescent ANorexia Nervosa	2014	USA	105	mean=14.4, SD=1.6, range=12-18	Yes	Family-Based Treatment (FBT); Adoloescent-Focused Individual Therapy (AFT)	Other active treatment	24 1-hour sessions over 1 year; 32 45-minute sessions over 1 year (24 contact hours)	Reaching ≥95% Expected Body Weight early or Not.	Moderator	N	No
Family constellation	Eating disorders	Lock et al.	A Comparison of Short- and Long-Term Family Therapy for Adolescent ANorexia Nervosa	2005	USA	86	mean=15.2, SD=1.7, range=12-18	Yes	Short-term family treatment; Long-term family treatment	Other active treatment	short-term family therapy (10 sessions over 6 months); long-term family therapy (20 sessions over 12 months)	BMI/EDE Global score	Moderator	NY	mixed
Family constellation	Mood disorders	Ammerman et al.	Depression improvement and parenting in low-income mothers in home visiting.	2015	USA	93	IH-CBT: mean=22.4, SD=5.2; SHV: mean=21.5, SD=3.9	Yes	In-Home Cognitive Behavioral Therapy (IH-CBT); Standard Home Visiting (SHV)	Other active treatment	IH-CBT: 15 weekly 60min session; SHV: n/a	The Parenting Stress Index-Short Form (PSI-SF); The HOME Inventory (HOME); The Ages and Stages Questionnaire: Social-Emotional (ASQ;SE)	Predictor	NNN	No
Family constellation	Mood disorders	Ammerman et al.	An open trial of in-home CBT for depressed mothers in home visitation.	2011	USA	305	IH-CBT: mean=22.57, SD=4.96; Comparison group: mean=20.15, SD=4.18	No	In-Home Cognitive Behavioral Therapy (IH-CBT)	No treatment	15 sessions (weekly scheduled) of 60min (plus a booster session 1 month post-treatment)	BDI-II (Beck Depression Inventory-II (BDI-II), PHQ-9 (Brief Patient Health Questionnaire), and MAQ (Maternal Attitudes Questionnaire- administered only to Treatment Group)	Predictor/ Moderator	NNN/NN; NNN/NN	No

Family constellation	Mood disorders	Brent et al.	The Treatment of Adolescent Suicide Attempters Study (TASA): Predictors of Suicidal Events in an Open Treatment Trial	2009	USA	119	mean=15.7, SD=1.6, range=12-18	Yes	psychotherapy, medication management, or the combination	Other active treatment	6-month intervention	suicidal event (Suicide Severity Rating Scale)	Predictor	N	No
Family constellation	Mood disorders	Bridge et al.	Emergent Suicidality in a Clinical Psychotherapy Trial for Adolescent Depression	2005	USA	88	range=13-18	Yes	Cognitive Behavior Therapy, Systemic Behavioral Family Therapy; or Nondirective Supportive Therapy	Other active treatment	12 to 16 weeks of psychotherapy treatment	Emergent suicidality (K-SADS suicide ideation item)	Predictor	N	No
Family constellation	Mood disorders	Kolko et al.	Cognitive and Family Therapies for Adolescent Depression: Treatment Specificity, Mediation, and Moderation	2000	USA	103	mean=15.6, SD= 1.4, range=13-18	Yes	Cognitive behavioral therapy (CBT); Systemic behavioral family therapy (SBFT); Nondirective supportive therapy (NST)	Other active treatment	12 to 16 sessions, weekly, 3-4 months - identical in all treatment arms	Depression symptoms (Beck Depression Inventory-BDI)	Moderator	N	No
Family constellation	Mood disorders	Miklowitz et al.	Pharmacotherapy and Family-Focused Treatment for Adolescents With Bipolar I and II Disorders: A 2-Year Randomized Trial	2014	USA	145	mean=15.6, SD=1.4, range=12-18	Yes	pharmacotherapy plus family-focused treatment or pharmacotherapy plus enhanced care	n/a	FFT-A: 21 sessions (mean sessions= 15.4, SD=7.3; 50-minutes; 12 weekly, 6 biweekly, and 3 monthly; duration 9 months); EC: 3 sessions (mean sesions=2.5, SD=1.1; 50 minutes, weekly)	Time to maniac recurrence (Psychiatric Status Rating Scale scores ≥5 for at least 1 week for mania after recovery)	Predictor	Y	Yes
Family constellation	Psychosis	Linszen et al.	Patient attributes and expressed emotion as risk factors for psychotic relapse.	1997	Netherlands	97	mean=20.5, SD=2.5, range=15-26	Yes	Inpatient and Psychosocial Intervention (IPI - TAU); Inpatient and Psychosocial Plus Behavioral Family Intervention (IPFI)	Other active treatment	18 -during 12 months of outpatient period; 1x2weeks for 5 months and 1xweek for 7 months for both treatments	Relapse (clinical/ psychiatric judgement)	Predictor	N	No
Family constellation	SUD	French et al.	Cost-effectiveness analysis of four interventions for adolescents with a substance use disorder	2008	USA	114	FFT: mean=15.6, SD=1.0; CBT: mean=15.6, SD=1.1; Joint: mean=15.7, SD=0.9; Group: mean=15.5, SD=1.0	Yes	individual CBT, FFT, integrative treatment approach combining individual and family therapy interventions (joint), or a skills-focused psychoeducational group intervention (group).	Other active treatment	12 hr of therapy in three of the treatment conditions, FFT, CBT, and the group intervention, and 24 hr of therapy in the joint intervention (i.e., 1 hr of FFT and 1 hr of CBT per week)	percent days of marijuana use at 4 month f/u; percent days of marijuana use at 7 month f/u; deliquency score at 4 month f/u; deliquency score at 7 month f/u	Predictor	NNNN	No
Family constellation	SUD	Kaminer et al.	The Efficacy of Contingency Management for Adolescent Cannabis Use Disorder: A Controlled Study	2014	USA	59	mean=15.9, SD=1.2, range=14-18	Yes	CBT + Voucher based reinforcement therapy (VBRT; abstinence bonus); CBT integrated with an attendance-based reward plan (Nonreinforcement control condition)	n/a	CBT: 10 weekly sessions	Abstinence from cannabis (Y/N)	Moderator	N	No
Family constellation	SUD	Ögel & Coskun	Cognitive behavioral therapy-based brief intervention for volatile substance misusers during adolescence: A follow-up study.	2011	Turkey	62	Treatment: mean=15.25, SD=1.18; Control: mean=15.32, SD=1.42; range=13-18	Yes	Cognitive Behavioral Therapy + Educational Program	Other active treatment	CBT - 3 sessions; Educational program - one 1h session	Remission = abstinence (self-report + medical records review)	Predictor	N	No
Family constellation	SUD	Wang et al.	A family-oriented therapy program for youths with substance abuse: long-term outcomes related to relapse and academic or social status	2016	Taiwan	121	mean=16.1, SD=1.1, range=13-18	No	motivational enhancement psychotherapy (MEP); parenting skill training (PST) + MEP	TAU	10	Relapse, Attending school or Employed or dropout/ unemployed	Predictor	NNN	No
Forensic history	SUD	Battjes et al.	Evaluation of a group-based substance abuse treatment program for adolescents.	2004	USA	194	mean=15.96, SD=1.04, range=14-18	No	Group-Based Treatment for Adolescent Substance Abuse	n/a	20 weeks, weekly session	Days of alcohol use to intoxication; days of marijuana use in the last 90 days; days of criminal activity, each in the prior 90 days	Predictor	NNN	No
Forensic history	SUD	Hendriks et al.	Matching adolescents with a cannabis use disorder to multidimensional family therapy or cognitive behavioral therapy: Treatment effect Moderators in a randomized controlled trial	2012	Netherlands	109	mean=16.8, SD=1.2, range=13-18	Yes	Multidimensional Family Therapy (MDFT); Cognitive Behavioral Therapy (CBT)	Other active treatment	5-6 months, twice-weekly sessions	Number of cannabis use days, number of smoked joints	Predictor/ Moderator	YY	Yes
Forensic history	SUD	Hendriks et al.	Treatment of adolescents with a cannabis use disorder: Main findings of a randomized controlled trial comparing multidimensional family therapy and cognitive behavioral therapy in The Netherlands	2011	Netherlands	109	mean=16.8, SD=1.2, range=13-18	Yes	Multidimensional Family Therapy (MDFT); Cognitive Behavioral Therapy (CBT)	Other active treatment	CBT: Weekly treatment sessions of 1 h for 5-6 months; MDFT: twice-weekly sessions (2 h total per week) with the individual adolescent, parent(s) and/or family for 5-6 months	frequency of cannabis use (i.e., days of cannabis use; number of joints smoked) in the 90 days preceding the month 12 assessment.	Moderator	Y	Yes
Forensic history	SUD	Kaminer et al.	Cognitive-behavioral coping skills and psychoeducation therapies for adolescent substance abuse.	2002	USA	88	mean=15.4, SD=1.3 years, range=13-18	Yes	cognitive behavioral therapy (CBT) versus psychoeducational therapy (PET)	Other active treatment	eight-week, group psychotherapy. 75- to 90-minute weekly sessions.	Urinanalyses + the Teen-Addiction Severity Index (T-ASI): 7 subscales: alcohol use, substance use, school or employment, family, peer/social, legal, and psychiatric	Predictor/ Moderator	NNNNNNNN/NNNN NNNN	No
Forensic history	SUD	van der Pol et al.	Multidimensional family therapy in adolescents with a cannabis use disorder: long-term efects on delinquency in a randomized controlled trial	2018	Germany, France, Belgium, Switzerland, Netherlands	109	mean=16.8, SD=1.3, range=13-18	Yes	multidimensional family therapy (MDFT); CBT	n/a	6 months	criminal offences	Moderator	N	No

Gender	ADHD	Antshel et al.	Cognitive Behavioural Treatment Outcomes in Adolescent ADHD	2012	USA	68	mean=16.4, SD=1.3, range=14-18	No	CBT	n/a	13-16 sessions (50 min)	1st ouctome: Behavioural symptoms (1. Behavior Assessment for Children BASC-2 parent, teacher and adolescent versions: 2. Externalizing problems, Internalizing problems, teacher learning problems, school problems, inattention, hyperactivity, emotional symptoms, personal adjustment; 3. ADHD Rating Scales parent and teacher : inattention, hyperactivity) ; 2nd outcome: Functioning (4. Impairment rating scale IRS parent and teacher: relationships with peers, siblings, parent, teacher, academic progress, self esteem, family functioning, classroom functioning; 5. real world functioning indices: cumulative grade point average, number of school absences and tardies)	Moderator	Nx31	No
Gender	ADHD	Boyer et al.	Qualitative Treatment-Subgroup interactions in a Randomized Clinical Trial of Treatments for Adolescents with ADHD : Exploring What Cognitive Behavioural Therapy Works for Whom	2016	Netherlands	159	mean=14.4, SD=1.2, range=12-17	Yes	Solution Focused CBT; Plan My Life CBT (planning focused)	Other active treatment	8 adolescent sessions (45-60min) + 2 parental sessions	ADHD symptoms (Disruptive Behaviour Disorder rating scale parent) ; planning problems	Moderator	NN	No
Gender	ADHD	Fleming et al.	Pilot randomized controlled trial of dialectical behavior therapy group skills training for ADHD among college students.	2015	USA	33	DBT: mean=21.20, SD =1.67; Skills training: m=21.50, SD=1.12; range=18-24	Yes	Dialectical behavior therapy (DBT), Self-guided skills training handouts	Other active treatment	DBT: 15-min individual pre-group meeting + 8 weekly 90-min group sessions + 7	Barkley Adult ADHD scale innatentive symptoms; Brown ADD Rating Scale total, Adult ADHD Quality of life Questionnaire total, Beck Anxiety Inventory total, Beck Depression inventory 2 Total, Grade point average GPA	Predictor	NNNNNN	No
Gender	ADHD	Vidal et al.	Group Therapy for Adolescents With Attention Deficity Hyperactivity Disorder: A Randomized Controlled Trial	2015	Spain	119	CBT: mean=17.47, SD= 1.88; Control: mean=16.9, SD=1.75; range=15-21	Yes	Group CBT	Wait-list	12 sessions	primary: ADHD Rating Scale Adolescent and Parent Rated [ADHD-RS total, Inattention and Impulsivity], Clinical Global Impression Scale for Severity [CGI-S self report and clinician report], Weiss Functional Impairment Scale (WFIRS Self report and parent report), Global Assessment of Functioning [GAF]) ; secondary: beck depression inventory (BDI), state-trait anxiety inventory (STAI), state-trait anger expression inventory (STAXI-2 State, Trait, Cotrol, Expression)	Moderator	Nx17	No
Gender	Anxiety disorders	Ingul et al.	A Randomized Controlled Trial of Individual Cognitive Therapy, Group Cognitive Behaviour Therapy and Attentional Placebo for Adolescent Social Phobia	2014	Norway	57	mean=14.5, range=13-16	Yes	CBT individual; CBT group; Attentional placebo	Other active treatment (attentional placebo (AP))	AP and CBTG was conducted in groups of 4–6 participants over 10 x 90 min. The CBTI was conducted over 12 sessions of 50 min each.	Social phobia and anxiety inventory or children SPAI-C (26-item self-report inventory designed to assess symptoms of DSM-IV SP); Social Thoughts and Beliefs Scale (STABS); Screen for Child Anxiety Related Emotional Disorders (SCARED); Childrен Depressio Inventory (CDI); Pediatric Quality of Life Inventoy (PedsQL)	Predictor	NNNNN	No
Gender	Anxiety disorders	Lenhard et al.	Prediction of outcome in internet-delivered cognitive behaviour therapy for paediatric obsessive-compulsive disorder: A machine learning approach.	2018	Sweden	61	mean=14.44, SD=1.68; range=12-17	Yes	Internet-delivered Cognitive Behaviour therapy (ICBT)	n/a	12 weeks	treatment response defined as a 35% reduction of symptoms on the clinician rated childrens yale brown obsecctive ompulsive scale CY-BOCS (Scahill et al., 1997) and a clinical global impression CGI-I of 1 "very much improved" or 2 "much improved".	Predictor	N	No
Gender	Anxiety disorders	Schneider et al.	Multimodal residential treatment for adolescent anxiety: Outcome and associations with pre-treatment variables.	2017	USA	70	mean=15.5, SD=1.1	No	Exposure-focused CBT	n/a	Hours of exposure in a week: 26,5; Average lenght of stay: M=73.6 days, SD=31.2	Symptom change, treatment response (Adolescent-reported anxiety symptoms (SCARED-C score))	Predictor	NN	No
Gender	ASD	Visser et al.	A randomized controlled trial to examine the effects of the Tackling Teenage psychosexual training program for adolescents with autism spectrum disorder.	2017	Netherlands	189	Treatment: mean=14.4, SD=1.74; Control: mean=14.5, SD=1.74; range=12-17	Yes	Tackling Teenage Training (TTT) program: psychoeducation and practice communicative skills on puberty, sexuality and intimate relationships	Wait-list	18 individual session of 45 minuts	1st outcome; cognitive outcome: psychosexual kNowledge test, parent-reported psychosexual kNowledge of the child, parent-reported adequate boundaries; 2nd outcome; behavioral outcomes: SRS total score, self-reported romantic relational skills, CBCL sex problems scale, self-reported inappropriate sexual behavior, parent-reported inappropriate sexual behavior	Moderator	NNNNNNNN	No
Gender	ASD	Wehman et al.	Competitive employment for transition-aged youth with significant impact from autism: A multi-site randomized clinical trial	2020	USA	156	mean=19.7, SD=1.1, range=18-21	Yes	Project SEARCH(Supported employment) plus ASD Supports	Other active treatment	35 h weekly for 9 months	employment	Predictor	N	No
Gender	Eating disorders	Accurso et al.	Is weight gain really a catalyst for broader recovery?: The impact of weight gain on psychological symptoms in the treatment of adolescent aNorexia nervosa.	2014	USA	121	mean=14.4, SD=1.6	Yes	Family-Based Treatment (FBT); Adolescent-Focused Therapy (AFT)	Other active treatment	24 one-hour sessions in FBT; 32 45-minute sessions in AFT (24 contact hours total) - 1 year period for both treatments	EDE global, weight concern, shape concern, eating concern, dietary restraint, depressive symptoms, self esteem	Predictor	NNNNNNN	No
Gender	Eating disorders	Agras et al.	Comparison of 2 Family Therapies for Adolescent ANorexia Nervosa: A Randomized Parallel Trial	2014	USA	164	mean=15.3, SD=1.8, range=12-18	Yes	Family-Based Treatment (FBT); systemic family therapy (SyFT)	Other active treatment	16 (1 hour over 9 mths)	Weight gain, (%IBW), Remission (defined as achieving a minimum of 95% of the IBW)	Predictor/ Moderator	NN/NN	No
Gender	Eating disorders	Le Grange et al.	Early Weight Gain Predicts Outcome in Two Treatments for Adolescent ANorexia Nervosa	2014	USA	121	mean=14.4, SD=1.6, range=12-18	Yes	Family-Based Treatment (FBT); Adoloescent-Focused Individual Therapy (AFT)	Other active treatment	FBT : 24 1-hour sessions over 1 year; AFT: 32 45-minute sessions over 1 year (24 contact hours)	Reaching ≥95% Expected Body Weight early or Not.	Predictor	Y	Yes

Gender	Eating disorders	Le Grange et al.	Randomized Clinical Trial of Family-Based Treatment and Cognitive-Behavioral Therapy for Adolescent Bulimia Nervosa	2015	USA	109	mean=15.8, SD=1.5	Yes	Family-based treatment (FBT); Cognitive Behavioural Therapy for Asolescents (CBT-A); Supportive psychotherapy (SPT)	Other active treatment	all treatments delivered within 18 sessions over six months	primary outcome: abstinence from binge eating and purging (Eating Disorder Examination) in the 4 weeks before assessement; (Note: secondary outcomes: BDI, FES, CYBOCS, YBCEDS, KSADS; RSES, but Predictors/Moderators only assessed for primary outcome!)	Predictor/ Moderator	Y/N	Yes/No
Gender	Eating disorders	Le Grange et al.	Moderators and Mediators of Remission in Family-Based Treatment and Adolescent Focused Therapy for ANorexia Nervosa	2012	USA	105	mean=14.4, SD=1.6, range=12-18	Yes	Family-Based Treatment (FBT); Adolescent-Focused Individual Therapy (AFT)	Other active treatment	FBT : 24 1-hour sessions over 1 year; AFT: 32 45-minute sessions over 1 year (24 contact hours)	Full remission Status (minimum IBW of 95% + EDE-Global score within 1 SD of published Norms)	Predictor/ Moderator	N/N	No
Gender	Eating disorders	Lock et al.	A Comparison of Short- and Long-Term Family Therapy for Adolescent ANorexia Nervosa	2005	USA	86	mean=15.2, SD=1.7, range=12-18	Yes	Short-term family treatment; Long-term family treatment	Other active treatment	short-term family therapy (10 sessions over 6 months); long-term family therapy (20 sessions over 12 months)	BMI, EDE Global score	Moderator	NN	No
Gender	Eating disorders	Timko et al.	An Open Trial of Acceptance-based Separated Family Treatment (ASFT) for Adolescents with ANorexia Nervosa.	2016	USA	47	mean=14.02, SD=1.58, range=12-18	No	Acceptance-based Separated Family Treatment	n/a	20 sessions over 24 weeks (16 first sessions weekly, last 4 sessions every other week)	change scores in eating disorder evaluation - adolescent rated (EDE-Global); change in aNoretic behavior observation scale - parent rated (ABOS).	Predictor	NN	No
Gender	Mood disorders	Amaya et al.	Parental Marital Discord and Treatment Response in Depressed Adolescents	2010	USA	260	range=12-17	Yes	fluoxetine (FLX), cognitive behavior therapy (CBT), their combination (COMB)	Placebo	12 weeks	Clinical Global Impressions—Improvement (CGI-I; Guy 1976)	Predictor/ Moderator	N/Y	No/Yes
Gender	Mood disorders	Betancourt et al.	Moderators of Treatment Effectiveness for War-Affected Youth With Depression in Northern Uganda	2012	Uganda	304	mean=14.94, SD=1.08, range=14-17	Yes	Group Interpersonal Psychotherapy; Creative Play/Recreation	Wait-list	IPT-G: 16 sessions; 6-8 individuals; CP: 16 sessions; 25-30 individuals	Acholi Psychosocial Assessment Instrument (APAI) depression problems subscale	Moderator	Y	Yes
Gender	Mood disorders	Brent et al.	The Treatment of Adolescent Suicide Attempters Study (TASA): Predictors of Suicidal Events in an Open Treatment Trial	2009	USA	119	mean=15.7, SD=1.6, range=12-18	Yes	psychotherapy, medication management, or the combination	Other active treatment	6-month intervention	suicidal event (Suicide Severity Rating Scale)	Predictor	N	No
Gender	Mood disorders	Brent et al.	Association of FKBP5 Polymorphisms With Suicidal Events in the Treatment of Resistant Depression in Adolescents (TORDIA) Study	2010	USA	155	mean=15.7, SD=1.6, range=12-18	Yes	Change to second SSRI; change to venlafaxine; change to a second SSRI plus CBT; change to venlafaxine plus CBT	Wait-list	12 weeks; CBT sessions: M=9.6, SD=2.5	adequate clinical response (improvement subscale of the Clinical Global Impressions scale); suicidal events	Predictor	NN	No
Gender	Mood disorders	Bridge et al.	Emergent Suicidality in a Clinical Psychotherapy Trial for Adolescent Depression	2005	USA	88	range=13-18	Yes	Cognitive Behavior Therapy, Systemic Behavioral Family Therapy; or Nondirective Supportive Therapy	Other active treatment	12 to 16 weeks of psychotherapy treatment	Emergent suicidality (K-SADS suicide ideation item)	Predictor	N	No
Gender	Mood disorders	Charkhandeh et al.	The clinical effectiveness of cognitive behavior therapy and an alternative medicine approach in reducing symptoms of depression in adolescents	2016	Iran	188	range=12-17	Yes	Cognitive Behavioral Therapy (CBT) and a complementary medicine method Reiki	Wait-list	CBT included 2 sessions of 1,5 hours per week with a total of 36 hours in 12 sessions over 12 weeks; Reiki therapy was administered over 12 weeks with 20 minutes session once per week	Depression (CDI) Total score + CDI subscales :Negative Mood, Interpersonal Problem, Ineffectiveness, Anhedonia, Negative self esteem	Moderator	YNNNNN	Mixed
Gender	Mood disorders	Curry et al.	Predictors and Moderators of Acute Outcome in the Treatment for Adolescents With Depression Study (TADS)	2006	USA	440	mean=14.6, SD=1.5, range=12-17	Yes	Fluoxetine + CBT, CBT, Fluoxetine	Other active treatment	12	raw score on the CDRS-R	Predictor/ Moderator	N/N	No
Gender	Mood disorders	Kolko et al.	Cognitive and Family Therapies for Adolescent Depression: Treatment Specificity, Mediation, and Moderation	2000	USA	103	mean=15.6, SD= 1.4, range=13-18	Yes	Cognitive behavioral therapy (CBT); Systemic behavioral family therapy (SBFT); Nondirective supportive therapy (NST)	Other active treatment	12 to 16 sessions, weekly, 3-4 months - identical in all treatment arms	Depression symptoms (Beck Depression Inventory-BDI; K-SADS; P/E depression items DEP-13)	Moderator	NNN	No
Gender	Mood disorders	McIndoo et al.	Mindfulness-based therapy and behavioral activation: A randomized controlled trial with depressed college students	2016	USA	50	mean=19.2, SD=1.67	Yes	Mindfulness-Based Therapy (MBT); Behavioral Activation (BA)	Other active treatment; Wait-list	4 sessions, 1 hour, weekly (1 month) - identical in MBT and BA	Depression response (50% reduction); Depression remission	Predictor	NN	No
Gender	Mood disorders	Merry et al.	The effectiveness of SPARX, a computerised selfhelp intervention for adolescents seeking help for depression: randomised controlled Non-inferiority trial	2012	New Zealand	187	SPARX: mean=15.55, SD= 1.54; TAU: mean=15.58, SD=1.66; range=12-19	Yes	Computerized cognitive behavioural therapy (SPARX)	TAU	SPARX: seven modules, between 4-7 weeks; TAU (counseling): mean sessions was 4.8 (median 4, range 1-20)	Primary: Severity of depression (CDRS-R)	Moderator	N	No
Gender	Mood disorders	Raj et al.	Effectiveness of mindfulness based cognitive behavior therapy on life satisfaction, and life orientation of adolescents with depression and suicidal ideation	2019	India	30	mean=14, range=12-17	No	Mindfulness Based Cognitive Therapy	n/a	12 sessions, once a week, 45-60min	Life satisfaction, life orientation, depression, suicidal ideation	Predictor	NNNN	No

Gender	Mood disorders	Rohde et al.	Predicting Time to Recovery Among Depressed Adolescents Treated in Two Psychosocial Group Interventions	2006	USA	114	mean=15.2, SD= 1.4, range=13-17	Yes	Adolescent Coping With Depression (CWD-A)	Other active treatment	16 sessions over 8 weeks, 2h sessions for both treatments	time to MDD recovery (assessed by Longitudinal Interval Follow-Up Evaluation (LIFE; Keller et al., 1987) as well as the K-SADS Schedule for Affective Disorder and Schizophrenia for School Age Children-Epidemiologic Version 5 (K-SADS; Orvaschel, 1994))	Predictor	N	No
Gender	Mood disorders	Shirk et al.	School-Based Cognitive-Behavioral Therapy for Adolescent Depression	2009	USA	50	mean=15.9, SD=1.2, range=14-18	No	CBT manual-based	n/a	12 sessions (No other precision reported)	Benchmarked outcomes from prior efficacy trials (table 1); Treatment response (No longer meeting diagNostic criteria for a depressive disorder posttreatment)	Predictor	NN	No
Gender	Mood disorders	Smith et al.	Computerised CBT for depressed adolescents: Randomised controlled trial.	2015	UK	112	range=12-16	Yes	Stressbusters, a Computerised-CBT (C-CBT)	Wait-list	C-CBT=Not reported, WL=8 weeks	change in depression severity scores (self-reported MFQ-C)	Moderator	N	No
Gender	Mood disorders	Spence et al.	Improvements in interpersonal functioning following interpersonal psychotherapy (IPT) with adolescents and their association with change in depression.	2016	Australia	39	mean=15.33, SD=1.37, range=13-19	Yes	group-based or individual-based interpersonnal psychoterapy (IPT) treatment	n/a	12 sessions, conducted once per week over 12 weeks, with sessions lasting 50–60 minute	Depression scores (Beck Depression Inventory-II)	Predictor	N	No
Gender	Mood disorders	Stasiak et al.	A pilot double blind randomized placebo controlled trial of a prototype computer-based cognitive behavioural therapy program for adolescents with symptoms of depression.	2014	New Zealand	34	mean=15.2, SD=1.5, range=13-18	Yes	computerized cognitive behavioural therapy (cCBT)	Other active treatment	7 modules, 25-30 min, completed in No less than 4 and No more than 10 weeks time	primary outcomes: Depression Rating Scale Revised (CDRS-R). Secondary outcomes: ReyNolds Adolescent Depression Scale (RADS-2); Pediatric Quality of Life Inventory PEDSQL; Adolescent Coping Scale (short form) subscales - ACS Problem Solving; ACS Reference to Others; ACS Non-productive coping	Predictor	YNNNYN	Mixed
Gender	Mood disorders	Vitiello et al.	Functioning and Quality of Life in the Treatment for Adolescents With Depression Study (TADS).	2006	USA	439	range=12-17	Yes	fluoxetine, CBT, and combination (COMB)	Placebo	12-week clinical trial	Children_s Global Assessment Scale (CGAS); Health of the Nation Outcome Scales for Children and Adolescents (HoNoSCA); Pediatric Quality of Life Enjoyment and Satisfaction Questionnaire (PQ-LES-Q)	Moderator	NNN	No
Gender	Mood disorders	Vitiello et al.	Depressive symptoms and clinical status during the Treatment of Adolescent Suicide Attempters (TASA) Study.	2009	USA	124	range=12-17	No	CBT for suicide prevention (CBT-SP); antidepressant pharmacotherapy (Med); combination (COMB)	n/a	CBT-SP: 22 sessions, including both individual and parent-youth sessions; 6 months	primary: recurrence of a suicide event --> depressive symptoms as measured by the CDRS-R; CGI-I-Response rate (score of 1 (very much improved) or 2 (much improved) on the CGI-I, with last observation carried forward); Remission: CDRS-R <=28, with last observation carried forward	Predictor	NNN	No
Gender	Mood disorders	Weersing et al.	Effectiveness of cognitive-behavioral therapy for adolescent depression: A benchmarking investigation.	2006	USA	80	mean=15.56, SD=1.40	No	CBT (STAR program); CBT (RCT)	Other active treatment	length and session-by-session content of treatment is Not fixed across patients. Median length (number of sessions) = 19.50 (RCT 12-16 sessions, mendian length number of session = 15.0)	Depression symptoms BDI	Predictor	N	No
Gender	Mood disorders	Weintraub et al.	Classifying Mood Symptom Trajectories in Adolescents With Bipolar Disorder	2020	USA	144	mean=15.6, SD=1.4, range=12-18	Yes	Family-focused therapy for adolescents (FFT-A) over 9 months, consisting of psychoeducation, communication enhancement training, and problem-solving skills training	Other active treatment	21 sessions over 9 months; 3 weekly sessions	recovery pattern (class 1-4 membership)	Predictor	N	No
Gender	Psychosis	Allott et al.	Patient Predictors of symptom and functional outcome following cognitive behaviour therapy or befriending in first-episode psychosis	2011	Australia	62	ACE-CBT: mean=22.13, SD=3.30; BE: mean=22.45, SD=3.82; range=15-25	Yes	Active Cognitive Therapy for Early Psychosis (ACE)-CBT; Befriending (BE) (neutral 'pleasant chat'). Both treatment conditions also received treatment as usual (TAU) - medication, case management, group program	Other active treatment	Maximum of 20 sessions; 45 mins over 12-14 weeks; ACE-CBT mean 9 (SD 4.93); BE mean 7.2 (SD 5.17); ACE-CBT 354 mins; BE 174 min	Positive symptoms (BPRS Psychotic), Negative Symptoms (SANS Total Score), level of social and occupational functioning (SOFAS score)	Predictor	NNN	No
Gender	Psychosis	Linszen et al.	Patient attributes and expressed emotion as risk factors for psychotic relapse.	1997	Netherlands	97	mean=20.5, SD=2.5, range=15-26	Yes	Inpatient and Psychosocial Intervention (IPI - TAU); Inpatient and Psychosocial Plus Behavioral Family Intervention (IPFI)	Other active treatment	18 sessions during 12 months of outpatient period; 1x2weeks for 5 months and 1xmonth for 7 months for both treatments	Relapse (clinical/ psychiatric judgement)	Predictor	N	No
Gender	SUD	Battjes et al.	Evaluation of a group-based substance abuse treatment program for adolescents.	2004	USA	194	mean=15.96, SD=1.04, range=14-18	No	Group-Based Treatment for Adolescent Substance Abuse * (+ Motivational interview vs counseling overview prior to GBT)	n/a	20 weeks, weekly session	Days of alcohol use to intoxication; days of marijuana use in the last 90 days; days of criminal activity, each in the prior 90 days (results Not given for the last two reguarding gender)	Predictor	NN	No
Gender	SUD	Brown et al.	Motivational interviewing to reduce substance use in adolescents with psychiatric comorbidity	2015	USA	151	mean=15.8, SD=1.0	Yes	Motivational interviewing plus treatment as usual (MI)	TAU	2 x 45-min individual MI sessions + TAU (pharmacotherapy, individual and family sessions with clinical staff, and psychoeducational groups on various topics, including one weekly 45-min group)	Time to first any substance use; time to alcohol use; time to marijuana use; number of days of any substance in months 1-6; number of days of alcohol in months 1-6; number of days of marijuana use in months 1-6, number of days of any substance in months 7-12; number of days of alcohol in months 7-12; number of days of marijuana use in months 7-12; Mean YSR internalizing and externalizing symptoms; YSR somatic complaints, YSR depressed/withdrawn and depressed/anxious, YSR aggressive behavior and rule-breaking behavior subscale, YSR thought problems, YSR attention problems and YSR social problems from baseline to 6 months	Predictor	NNNNNNNNNNNNNNNYN	Mixed

Gender	SUD	Burrow-Sanchez et al.	Generalizing treatment outcomes to externalizing behaviors for LatiNo/a adolescents with substance use disorders: A secondary analysis	2021	USA	70	mean=15.20, SD= 1.24, range=13–18	Yes	Standard Cognitive Behavioral Treatment (S-CBT); Accommodated Cognitive Behavioral Treatment (A-CBT)	n/a	5 treatment rounds	externalizing score	Predictor	N	No
Gender	SUD	Davis et al.	Predictors of positive drinking outcomes among youth receiving an alcohol brief intervention in the emergency department	2018	USA	475	mean=18.6, SD=1.4, range=14-20	Yes	U-Connect Brief intervention- therapist administred (TBI); U-Connect Brief intervention - computerized (CBI).	TAU	1 session : average time for TBI =45.4 min (sd =19.0), for CBI= 34.7 min (sd =19.6)	Response to treatment (classified as responder vs Non-responder, based on Audit-c cut-off scores)	Predictor	N	No
Gender	SUD	French et al.	Cost-effectiveness analysis of four interventions for adolescents with a substance use disorder	2008	USA	114	FFT: mean=15.6, SD=1.0; CBT: mean=15.6, SD=1.1; Joint: mean=15.7, SD=0.9; Group: mean=15.5, SD=1.0	Yes	individual CBT, FFT, integrative treatment approach combining individual and family therapy interventions (joint), or a skills-focused psychoeducational group intervention (group)	Other active treatment	12 hr of therapy in three of the treatment conditions, FFT, CBT, and the group intervention, and 24 hr of therapy in the joint intervention (i.e., 1 hr of FFT and 1 hr of CBT per week)	percent days of marijuana use at 4 month f/u; percent days of marijuana use at 7 month f/u; deliquency score at 4 month f/u; deliquency score at 7 month f/u	Predictor	NNNN	No
Gender	SUD	Guo et al.	Changes in family relationships among substance abusing runaway adolescents: A comparison between family and individual therapies.	2016	USA	179	mean=15.4, SD=1.2, range=12-17	Yes	Motivational Enhancement Therapy; Community Reinforcement Approach; Ecologically-Based Family Therapy	n/a	12 sessions	family cohesion; family conflict	Predictor	NN	No
Gender	SUD	Hawke et al.	Stability of Comorbid Psychiatric Diagnosis Among Youths in Treatment and Aftercare for Alcohol Use Disorders	2008	USA	50	mean= 16, SD= 1.20, range=13-18	Yes	cognitive-behavioral therapy (CBT) for alcohol use disorders		nine-session weekly cognitive behavioral group therapy program	Improvement in psychiatric status (anxiety disorders), Improvement in psychiatric status (mood disorders), improvement in psychiatric status (externalizing disorders), need of continued alhol use treatment (T-ASI), alcohol consumption	Predictor	NNNNN	No
Gender	SUD	Hendriks et al.	Matching adolescents with a cannabis use disorder to multidimensional family therapy or cognitive behavioral therapy: Treatment effect Moderators in a randomized controlled trial	2012	Netherlands	109	mean=16.8, SD=1.2, range=13-18	Yes	Multidimensional Family Therapy (MDFT); Cognitive Behavioral Therapy (CBT)	Other active treatment	5-6 months, twice-weekly sessions	number of cannabis use days , number of smoked joints (90 days prior 12m follow up assessment)	Moderator	NN	No
Gender	SUD	Henggeler et al.	Four-Year Follow-up of Multisystemic Therapy With Substance-Abusing and Substance-Dependent Juvenile Offenders	2002	USA	80	mean=19.6, range=16-21	Yes	Multisystemic therapy (MST	TAU	MST: 46 hours of contact per family over an average of 130 days of treatment; Community service: weekly attendance at group meetings	Criminal behavior (Agressive crimes Self Report Deliquency Scale + agressive annualized convictions; Property crimes SRD + property annualized convictions) , illicit drug use (marijuana + cocaine self report ; biological sample marijuana abstinence + cocaine abstinence), Comordid psychiatric symptoms (Externalizing + Internalizing scales of Young Adult Self report)	Moderator	NNNNNNNNN	No
Gender	SUD	Hersh et al.	The influence of comorbid depression and conduct disorder on MET/CBT treatment outcome for adolescent substance use disorders.	2013	USA	90	mean=17.1, SD=2.07, range=13-21	No	Motivational Enhancement Therapy/ Cognitive Behavior Therapy	n/a	5 session (2 MET + 3 CBT sessions)	substance problems	Predictor	N	No
Gender	SUD	Horigian et al.	Reductions in anxiety and depression symptoms in youth receiving substance use treatment.	2013	USA	482	mean=15.4, range=12–17	Yes	the Brief Strategic Family Therapy (BSFT)	TAU	BSFT: 8-12 sessions over a 4-month period, TAU: 12-16 scheduled sessions.	Anxiety and depressive symptoms: 1) anxiety symptoms reported by the child 2) and the parent, 3) depressive symptoms reported by the child 4) and parent, 5) externalizing symptoms (Conduct Disorder, ODD, and ADHD) reported by the child , 6) and parent	Predictor/ Moderator	NNNNNN/NNNNNN	No/No
Gender	SUD	Kaminer et al.	Adolescents with cannabis use disorders: Adaptive treatment for poor responders.	2017	USA	161	mean=16.11, range=13-18	Yes	individualized enhanced CBT or an Adolescent Community Reinforcement Approach (ACRA) intervention (for the Non-responders group)	Other active treatment	10 weeks, weekly sessions (for edhanced condiion); 7 weeks, weekly sessions for regular condition (good responders)	urinalyses	Predictor	N	No
Gender	SUD	Kaminer et al.	The Efficacy of Contingency Management for Adolescent Cannabis Use Disorder: A Controlled Study	2014	USA	59	mean=15.9, SD=1.2, range=14-18	Yes	CBT + Voucher based reinforcement therapy (VBRT; abstinence contingent); CBT integrated with an attendance-based reward plan (yoked, Nocontingent reward)	Other active treatment	CBT: 10 weekly sessions	Abstinence from cannabis (Y/N)	Moderator	N	No
Gender	SUD	Kaminer et al.	Cognitive-behavioral coping skills and psychoeducation therapies for adolescent substance abuse.	2002	USA	88	mean=15.4, SD=1.3 years, range=13-18	Yes	cognitive behavioral therapy (CBT) versus psychoeducational therapy (PET)	Other active treatment	eight-week, group psychotherapy. 75- to 90-minute weekly sessions.	Urinanalyses + the Teen-Addiction Severity Index (T-ASI): 7 subscales: alcohol use, substance use, school or employment, family, peer/social, legal, and psychiatric. (8 outcomes in total).	Predictor/ Moderator	NYNNNNNN/NYYYNNNN	mixed
Gender	SUD	Kaminer et al.	Efficacy of Outpatient Aftercare for Adolescents With Alcohol Use Disorders: A Randomized Controlled Study	2008	USA	177	mean=15.9, SD=1.2, range=13-18	Yes	Three aftercare conditions: in-person (IP), brief telephone (BT), or No-active aftercare (NA) (after CBT treatment)	No treatment	9-weekly CBT and three months of aftercare (face-to-face intervention consisted of four 50-minute manual-guided individualized relapse prevention sessions VS. Telephone Aftercare intervention consisted of 15-minute four manual-guided relapse prevention sessions	Alcohol abstinence, Alcohol frequency,marijuana abstinence	Predictor/ Moderator	YNN/YNN	Mixed

Gender	SUD	Kaminer et al.	Psychotherapies for adolescent substance abusers: A pilot study.	1998a	USA	32	CBT: mean=15.4, SD=1.5; IT: mean=16.3, SD=1.1; range=13-18	Yes	cognitive-behavioral group treatment (CBT) og Interactional Group Treatment (IT)	Other active treatment	90-minute weekly sessions over 12 weeks.	severity of adolescent substance abuse and associated problem domains(the T-ASI scale) : 7 subscales: chemical (substance) use, school status, employment/support status, family relations, peer/social relationships, legal status, and psychiatric status. substance use scales complimented by weekly urinanalyses during treatment phase	Predictor/ Moderator	NNNNNNY/NNNNNN	mixed
Gender	SUD	Kaminer et al.	Suicidal Ideation among Adolescents with Alcohol Use Disorders during Treatment and Aftercare	2006	USA	177	mean=15.9, SD=1.2	Yes	Cognitive Behavioral Therapy + In-Person (face-to-face) aftercare condition, Cognitive Behavioral Therapy + Telephone aftercare condition	n/a	9-weekly CBT and three months of aftercare (face-to-face intervention consisted of four 50-minute manual-guided individualized relapse prevention sessions VS. Telephone Aftercare intervention consisted of 15-minute four manual-guided relapse prevention sessions	Suicidal ideation score changes in SIQ-JR from baseline to end of treatment	Predictor/ Moderator	N/N	No
Gender	SUD	Piehler & Winters	Decision-making style and response to parental involvement in brief interventions for adolescent substance use.	2017	USA	259	mean=16.1, SD=1.4	Yes	brief Intervention adolescents (BI-A); Brief Intervention with parent session (BI-AP)	Other active treatment	2 sessions	6-month Alcohol Use (composite score of symptoms of alcohol abuse, symptoms of alcohol dependence, and number of days of reported alcohol use over the previous 90 days); 6-month MJ use (composite score of ymptoms of MJ abuse, symptoms of MJ dependence, and number of days of reported MJ use over the previous 90 days)	Predictor	N	No
Gender	SUD	Piehler & Winters	Parental Involvement in Brief Interventions for Adolescent Marijuana Use	2015	USA	259	mean=16, range=12–18	Yes	Brief Intervention adolescents (Teen Intervene-Adolescent only) (BI-A); Brief Intervention with parent session (Teen Intervene-Adolescent and Parent (BI-AP)	Other active treatment	BA and BI-AP: 2 sessions separated by 7-10 days, 1 hour; BI-AP third session with parent	Marijuana use (symptoms of abuse, symptoms of dependence, and number of days of marijuana use over previous 90 days)	Predictor	NNN	No
Gender	SUD	Rowe et al.	Impact of psychiatric comorbidity on treatment of adolescent drug abusers	2004	USA	182	mean=15, SD=1.26, range=12-17	Yes	Individual cognitive behavioral treatment for multiproblem, adolescent substance abusers; Multidimensional family therapy	Other active treatment	once per week up to 24 sessions (10 sessions on average)	Substance use frequency during the previous 30 days up to 12 months f/u	Predictor/ Moderator	N/N	No
Gender	SUD	Slesnick et al.	Primary alcohol versus primary drug use among adolescents: An examination of differences	2006	USA	202	mean=15.0, SD=1.4, range=12-17	Yes	Ecologically-Based Family Therapy (EBFT)	TAU	10 sessions (No other precision reported)	change in alcohol use score and drug use score	Predictor	YN	Mixed
Gender	SUD	Slesnick et al.	Comparison of family therapy outcome with alcohol-abusing, runaway adolescents.	2009	USA	119	mean=15.1, range=12-17	Yes	Ecologically Based Family Therapy hombe-based (EBFT); Functional Family Therapy officed-base (FFT)	TAU	FFT and EBFT: 16 session of 50-min ; SAU - case management and individual therapy meetings (number and frequency Not specified)	Outcome 1: Substance use (percentage days alcohol or drug use (form 90), percent daysof only drug use (form 90); percent days of alcohol use (form 90) average number of standard drinks (form 90), number of substance use diagNosis (CDISC), Adolescent Drinking index (ADI), number of Problem Consequences (POSIT)); Outcome 2: Psychological functioning (Depression(BDI), number of psychiatric diagNoses (CDISC), Internalizing Problems (YSR), Externalizing Problems (YSR), Delinquent Behaviours (NYSDS), % days of living at home (form 90)); Outcome 3: Family functioning (Verbal Aggression (CTS), family violence (CTS), family cohesion (FES), family conflict (FES), parental care (PBI), parental overprotectiveness (PBI))	Moderator	YNNNNNNNNNNNNNNNN	Mixed
Gender	SUD	Slesnick et al.	Intervention with substance-abusing runaway adolescents and their families: Results of a randomized clinical trial.	2013	USA	179	mean=15.4, SD =1.2, range=12-17	Yes	Community Reinforcement Approach (CRA); Motivational Interviewing (MI); Ecologically Based Family Therapy (EBFT)	Other active treatment	Motivational Interviewing 4 sessions; Community Reinforcement Approach 14 sessions; Ecologically Based Family Therapy 14 sessions	Change in frequency of substance use 24 months post baseline (Form 90)	Predictor	N	No
Gender	SUD	Wang et al.	A family-oriented therapy program for youths with substance abuse: long-term outcomes related to relapse and academic or social status	2016	Taiwan	121	mean=16.1, SD=1.1, range=13-18	No	motivational enhancement psychotherapy (MEP); parenting skill training (PST) + MEP	TAU	10 weeks of group program, session of 120 minutes	substance use relapse during the following-up period (relapse = positive urine test for any substance)	Predictor	N	No
Gender	SUD	Winters et al.	Brief Intervention for Drug Abusing Adolescents in a School Setting: Outcomes and Mediating Factors	2012	USA	315	MBI-A: mean=16.2, SD=1.5; BI-AP: mean=15.9, SD=1.2; CON: mean=16.3, SD=1.4; range=12-18	Yes	Brief Intervention for Adolescents (BI-A); Brief Intervention for Adolescents and Parents (BI-AP)	No treatment	BI-A = 2 individuals sesisons of 60 min, separated by 7-10 days, BI-AP same + session with parent	Relative outcomes: number of alcohol use days, number of cannabis use days, alcohol abuse symptoms, acohol dependence symptoms, cannabis abuse symptoms, cannabis dependence symptoms, consequennces PCS; Absolute outcomes: %abstinent for 90 days alcohol, % abstinent for 90days cannabis, % absent for 6 months alcohol abuse symptoms, % absent for 6 months alcohol dependence symptoms , % absent 6months cannabis abuse symptoms, %absent cannabis dependence symptoms	Moderation	NNNNNNNNNNNNN	No

Gender	SUD	Winters et al.	One-Year Outcomes and Mediators of a Brief Intervention for Drug Abusing Adolescents	2014	USA	284	range=13-17	Yes	Brief Intervention for Adolescents (BI-A); Brief Intervention for Adolescents and Parents (BI-AP)	No treatment	2 sessions with adolescent only (BI-A), 2 sessions with adolescent and 1 sesison with parent (BI-AP),	Relative outcomes: number of alcohol use days, number of cannabis use days, alcohol abuse symptoms, acohol dependence symptoms, cannabis abuse symptoms, cannabis dependence symptoms, consequennces PCS; Absolute outcomes: %abstinent for 90 days alcohol, % abstinent for 90days cannabis, % absent for 6 months alcohol abuse symptoms, % absent for 6 months alcohol dependence symptoms , % absent 6months cannabis abuse symptoms, %absent cannabis dependence symptoms	Moderator	NNNNNNNNNNNN	No
Gender	SUD	Zhang & Slesnick	Substance use and social stability of homeless youth: A comparison of three interventions	2018	USA	270	mean=18.74, SD=1.26, range=14-20	Yes	Community Reinforcement Approach (CRA, Meyers & Smith, 1995), Motivational Enhancement Therapy (MET, Miller & Rollnick, 2013), and case management (CM)	Other active treatment	CRA: 12 1-hour sessions + two 1-hr HIV prevention sessions; MET: two 1-hour MET sessions and two 1-hr HIV prevention sessions; CM: 12 one-hour CM sessions and also two 1-hr HIV prevention sessions.	Trajectories of Social Stability and Drug Use (low-stable substance use and low-increasing social stability group (labeled low-stable SU + low-increasing SS), high-stable substance use and low-stable social stability group (labeled high-stable SU + lowstable SS), high-declining substance use and low-increasing social stability group (labeled high-declining SU + low-increasing SS), and low-increasing substance use and high-stable social stability group (labeled lowincreasing SU + high-stable SS), measured by the Form 90 (Miller, 1996). Three comparisons --> High-stable SU + low-stable SS vs. lowstable SU + low-increasing SS \ High-declining SU + low-increasing SS vs. low-stable SU + low-increasing SS \Low-increasing SU + high-stable SS vs. low-stable SU + low-increasing SS --> one Predictor: Form 90	Predictor	N	No
Gender	Transdiagnostic	Cornelius et al.	Double-blind placebo-controlled trial of fluoxetine in adolescents with comorbid major depression and an alcohol use disorder	2009	USA	50	range=15-20	Yes	Cognitive Behavior Therapy and Motivation Enhancement Therapy	Placebo	9 sessions (baseline, week 1, week 2, week 3, week 4, week 6, week 8, week 10, and week 12)	Depression (HAM-D-27; BDI); Alcohol count (DSM symptoms); Current MDD symptom count (DSM)	Predictor	NNN	No
Gender	Transdiagnostic	Cornelius et al.	Double-blind fluoxetine trial in comorbid MDD-CUD youth and young adults.	2010	USA	70	mean=21.1, SD=2.4, range=14-25	Yes	SSRI medication + manual based intensive therapy (CBT and motivation en hancement therapy (MET).	Placebo	nine sessions over 12 weeks.	self-reported depressive symptoms (BDI total), observer-reported depressive symptoms (HAM-D 27), DSM cannabis abuse crit count, DSM cannab depend crit count, DSM cann ab+dep crit count, DSM alcohol abuse crit count, DSM alcohol depend crit count, DSM aco ab + dep crit count, DSM current MDD crit count, Total drinks per week, Days of alcohol use per week, heavy drinking days per week, average drinks per drinnking occasion in past month, days used cannabis in past week	Predictor	YNYNNNNNNNNN	Mixed
Gender	Transdiagnostic	Gergov et al.	Effectiveness and Predictors of Outcome for Psychotherapeutic Interventions in Clinical Settings Among Adolescents	2021	Finland	58	mean=14.22, SD=0.73, range=13-15	No	psychotherapy (including psychodynamic, cognitive, crisis- and trauma-focused or family therapy) or art and occupational therapies (including music-, art-, occupational- or riding therapy)	n/a	12 months, 1-2x week	BDI; CORE-OM total, CORE-OM well-being, CORE-om problemes/symptoms, CORE-OM life functioning, CORE-OM risk/harm	Predictor	NNNNNN	No
Gender	Transdiagnostic	Layne et al.	Predictors of Treatment Response in Anxious-Depressed Adolescents With School Refusal	2003	USA	41	mean=14.7, range=12-18	Yes	CBT for school refusal plus imipramine ; CBT + placebo	Other active treatment	8 sessions of 45 to 60 minutes in length conducted primarily with the adolescent	Rate of school attendance at week 8 was used as the outcome variable (number of hours attended each week divided by the number of pos- sible hours of school attendance, multiplied by 100).	Predictor	N	No
Gender	Transdiagnostic	Walter et al.	Predicting outcome of inpatient CBT for adolescents with anxious-depressed school absenteeism	2013	Germany	147	mean=15.1, SD=1.5, range=12-18	No	cognitive-behavioral treatment (CBT)	n/a	2 or 3 sessions/week per individual and one parent or family session per week, mean duration = 7.8 weeks (range 3 to 18 weeks), mean number of session = 28.4, SD = 14.7	school attendance; mental health problems: ANDEP-A (anxiety/ depression adolescent rating); ANDEP-P (anxiety/depression parent rating); DISRUP-A (disruptive behavior adolescent rating); DISRUP-P (disruptive behavior parent rating); LEARN-A (learning behavior adolescent rating)	Predictor	NNNNNNNN	No
History of traumatic events	Mood disorders	Ammerman et al.	Child Maltreatment History and Response to CBT Treatment in Depressed Mothers Participating in Home Visiting.	2016	USA	93	IH-CBT: mean=22.4, SD=5.2; SHV: mean=21.5, SD=3.9	Yes	In-Home Cognitive Behavioral Therapy (IH-CBT); Standard Home Visiting (SHV)	Other active treatment	IH-CBT: 15 weekly 60min session; SHV: n/a	The Beck Depression Inventory–II (BDI-II); The Interpersonal Support Evaluation List (ISEL); Social network number from Social Network Index (SNN); The Home Observation for Measurement of the Environment Inventory (HOME); The Parenting Stress Index–Short Form (PSI-SF)	Predictor/ Moderator	NNNNN/NNNNN; NNYYN/NNNYN; YYNYN/NNYNN; NYYYN/NNNNN; NYYYN/NNNNN	Mixed
History of traumatic events	Mood disorders	Ammerman et al.	An open trial of in-home CBT for depressed mothers in home visitation.	2011	USA	305	IH-CBT: mean= 22.57, SD=4.96; Comparison group: mean=2 0.15, SD=4.18	No	In-Home Cognitive Behavioral Therapy (IH-CBT)	No treatment	15 sessions (weekly scheduled) of 60min (plus a booster session 1 month post-treatment)	BDI-II (Beck Depression Inventory-II (BDI-II), PHQ-9 (Brief Patient Health Questionnaire), and MAQ (Maternal Attitudes Questionnaire- administered only to Treatment Group)	Predictor; Predictor/ Moderator	NNN; NN/NN	No
History of traumatic events	Mood disorders	Barbe et al.	Lifetime History of Sexual Abuse, Clinical Presentation, and Outcome in a Clinical Trial for Adolescent Depression	2004a (2003)	USA	72	CBT: mean=15.7, SD=1.4; NST: mean=15.9, SD=1.5	Yes	Cognitive behavioral therapy (CBT)	Other active treatment - Nondirective supportive therapy (NST)	12-16 sessions	Therapy dropout, depression (slope of decline), rate of major depression, achievement of clinical response (BDI score <9), functional status, receiving additional 'open' treatment	Predictor/ Moderator	NNNNNN/YNN	Mixed
History of traumatic events	Mood disorders	Betancourt et al.	Moderators of Treatment Effectiveness for War-Affected Youth With Depression in Northern Uganda	2012	Uganda	304	mean=14.94, SD=1.08, range=14-17	Yes	Group Interpersonal Psychotherapy; Creative Play	Wait-list	IPT-G: 16 sessions; 6-8 individuals; CP: 16 sessions; 25-30 individuals	APAI depression symptom scores at termination	Moderator	Y	Yes

History of traumatic events	Mood disorders	Brent et al.	The Treatment of Adolescent Suicide Attempters Study (TASA): Predictors of Suicidal Events in an Open Treatment Trial	2009	USA	119	mean=15.7, SD=1.6, range=12-18	Yes	psychotherapy, medication management, or the combination	Other active treatment	6-month intervention	suicidal event (Suicide Severity Rating Scale)	Predictor	Y	Yes
History of traumatic events	Mood disorders	Paauw et al.	Effectiveness of trauma-focused treatment for adolescents with major depressive disorder	2019	Netherlands	32	mean=15.8, SD=1.50, range=12-18	No	eye movement desensitization and reprocessing (EMDR) therapy	n/a	Six weekly, 60-minute individual sessions	Depressive symptoms (CDI)	Predictor	NNN	No
History of traumatic events	Mood disorders	Shamseddeen et al.	Impact of physical and sexual abuse on treatment response in the Treatment of Resistant Depression in Adolescent study (TORDIA).	2011	US	334	mean=16, range=12-18	Yes	an alternative SSRI; an alternative SSRI plus cognitive behavior therapy (CBT); venlafaxine; or venlafaxine plus CBT	n/a	12 weekly sessions (60–90 minutes each) of CBT, 3 to 6 of which were to be family sessions; The SSRI dosage was 10mg per day for the first week and 20mg per day for weeks 2 to 6, with an option to increase to 40mg per day if there was insufficient clinical improvement (CGI-I≥3). The venlafaxine dosages for weeks 1 to 4 were 37.5, 75, 112.5, and 150 mg, respectively, with an option to increase to 225mg at week 6. If intolerable adverse effects developed after a medication increase, the participant's dosage was lowered to either 20 mg of an SSRI or to 150 mg of venlafaxine	"adequate clinical response" at week 12, was defined as at 50% reduction in CDRS score and a Clinical Global Impressions- Improvement (CGI-I) score ≤2.	Moderator	Y	Yes
History of traumatic events	Personality disorders	Schuppert et al.	Emotion Regulation Training for Adolescents With Borderline Personality Disorder Traits: A Randomized Controlled Trial	2012	Netherlands	109	mean=15.98, SD=1.22, range=14-19	Yes	ERT (Emotion Regulation Training)	TAU	17 weekly sessions of 105 minutes, followed by two booster sessions at 6 and 12 weeks after the weekly course	severity of Borderline symptoms, general psychopathology and qulaity of life	Predictor	Y	Yes
History of traumatic events	SUD	Battjes et al.	Evaluation of a group-based substance abuse treatment program for adolescents.	2004	USA	194	mean=15.96, SD=1.04, range=14-18	No	Group-Based Treatment for Adolescent Substance Abuse	n/a	20 weeks, weekly session	Days of alcohol use to intoxication; days of marijuana use in the last 90 days; days of criminal activity, each in the prior 90 days	Predictor	NYN	Mixed
History of traumatic events	SUD	Slesnick et al.	Predictors of substance use and family therapy outcome among physically and sexually abused runaway adolescents.	2006	USA	242	mean=14.99, SD=1.38	Yes	Family therapy	TAU	Up to 16, 60-minute family sessions	change in substance use from baseline to 15 months post treatment ; change in family cohesion from baseline to 15 months post treatment	Predictor	NN; NN; N	No
Referral to treatment	Anxiety disorders	Lenhard et al.	Prediction of outcome in internet-delivered cognitive behaviour therapy for paediatric obsessive-compulsive disorder: A machine learning approach.	2018	Sweden	61	mean=14.44, SD=1.68; range=12-17	Yes	Internet-delivered Cognitive Behaviour therapy (ICBT)	n/a	12 weeks	treatment response defined as a 35% reduction of symptoms on the clinician rated childrens yale brown obseccive ompulsive scale CY-BOCS (Scahill et al., 1997) and a clinical global impression CGI-I of 1 "very much improved" or 2 "much improved".	Predictor	N	No
Referral to treatment	Mood disorders	Brent et al.	Predictors of treatment efficacy in a clinical trial of three psychosocial treatments for adolescent depression.	1998	USA	107	range=13-18	Yes	Cognitive-behavioral therapy (CBT); Systemic-behavioral family therapy	Other active treatment	12-16 sessions	Depression at end of treatment	Predictor	Y	Yes
Referral to treatment	Mood disorders	Bridge et al.	Emergent Suicidality in a Clinical Psychotherapy Trial for Adolescent Depression	2005	USA	88	range=13-18	Yes	Cognitive Behavior Therapy, Systemic Behavioral Family Therapy; or Nondirective Supportive Therapy	Other active treatment	12 to 16 weeks of psychotherapy treatment	Emergent suicidality (K-SADS suicide ideation item)	Predictor	N	No
Referral to treatment	Mood disorders	Curry et al.	Predictors and Moderators of Acute Outcome in the Treatment for Adolescents With Depression Study (TADS)	2006	USA	440	mean=14.6, SD=1.5, range=12-17	Yes	Fluoxetine + CBT, CBT, Fluoxetine	Other active treatment	12	raw score on the CDRS-R	Predictor	N	No
Referral to treatment	SUD	Kaminer et al.	Retention and Treatment Outcome of Youth with Cannabis Use Disorder Referred By the Legal System	2019	USA	172	mean=16.07, range=13-18	Yes	Phase 1: Motivational Enhancement Therapy (MET) individual sessions + Cognitive Behavioral Therapy (CBT) group sessions; Phase 2: Enhanced individualized CBT + Adolescent Community Reinforcement Approach (ACRA) intervention	n/a	Phase 1: 7 weekly sessions Phase 2: 10 weekly sessions	Treatment completion (attending at least the first and last session of Phase 1)	Predictor	N	No
Referral to treatment	SUD	Battjes et al.	Evaluation of a group-based substance abuse treatment program for adolescents.	2004	USA	194	mean=15.96, SD=1.04, range=14-18	No	Group-Based Treatment for Adolescent Substance Abuse * (+ Motivational interview vs counseling overview prior to GBT)	n/a	20 weeks, weekly session	Days of alcohol use to intoxication; days of marijuana use in the last 90 days; days of criminal activity, each in the prior 90 days (results Not given for the last two reguarding referral to treatment)	Predictor	NNN	No

Referral to treatment	SUD	Schaub et al.	Multidimensional family therapy decreases the rate of externalising behavioural disorder symptoms in cannabis abusing adolescents: Outcomes of the INCANT trial.	2014	Belgium, France, Germany, Netherlands, Switzerland	450	mean=16.3, SD=1.2, range=13-18	Yes	Multidimensional Family Therapy (MDFT)	TAU	5 to 7 months, depending on the severity of the case. On average, sessions are scheduled twice a week	cannabis use (TLFB); Youth Self Report (YSR) and Child Behaviro Checklist (CBCL); family conflict and cohesion (FES)	Predictor	NYN	MIXED
Referral to treatment	SUD	Tamm et al.	Predictors of treatment response in adolescents with comorbid substance use disorder and attention-deficit/hyperactivity disorder.	2013	USA	299	mean=16.5, SD=1.3, range=13-18	No	CBT + OROS-MPH vs CBT + placebo	n/a	16	ADHD change score (ADHD-RS)/SUD responder (50% reduction in days of use : Yes/No)/treatment completer/Number of negative urine samples	Predictor	NYYN	MIXED
School type	Transdiagnostic	Walter et al.	Predicting outcome of inpatient CBT for adolescents with anxious-depressed school absenteeism	2013	Germany	147	mean=15.1, SD=1.5, range=12-18	No	cognitive-behavioral treatment (CBT)	n/a	2 or 3 sessions/week (M= 28.4; SD = 14.7)	Regular school attendance at POST; Regular school attendance at Follow-Up; ANDEP-A (anxiety/ depression adolescent rating) at POST; ANDEP-A (anxiety/ depression adolescent rating) at FU; ANDEP-P (anxiety/depression parent rating) at FU; DISRUP-A (disruptive behavior adolescent rating) at FU; DISRUP-P (disruptive behavior parent rating) at FU; LEARN-A at FU	Predictor	NNNNNNNN	No
SES	ADHD	Barkley et al.	A Comparison of Three Family Therapy Programs for Treating Family Conflicts in Adolescents With Attention-Deficit Hyperactivity Disorder	1992	USA	61	BMT: mean=13.8, SD=1.4; PSCT: mean=13.6, SD=1.4; SFT: mean=14.2,SD=1.3	Yes	behavior management training (BMT); problem-solving and communication training (PSCT); structural family therapy (SFT)	Other active treatment	8-10 one-hour weekly sessions	Family conflict ratings (Issues Checklist mothers'report); Family conflict ratings (Issues Checklist adolescent's 'report)	Predictor	NN	No
SES	Eating disorders	Le Grange et al.	Randomized Clinical Trial of Family-Based Treatment and Cognitive-Behavioral Therapy for Adolescent Bulimia Nervosa	2015	USA	80	mean=16.1, SD=1.6, range=12-19	Yes	Family-based treatment (FBT); Supportive psychotherapy (SPT)	Other active treatment	Both treatment arms: 20 sessions (50 minutes) over 6 months; sessions were weekly in the first 3 months of treatment, every second week for the next 2 months, and then every 3 weeks for the final months of treatment	Binge/purge abstinence (Abstinence from binge eating and purging for four weeks prior to assessment); Change in BMI; Change in EDE Global; Change in Cy-BOCS Total; Change in YBC Total; Change in %EBW	Moderator	NNNNNN	No
SES	Eating disorders	Lock et al.	A Comparison of Short- and Long-Term Family Therapy for Adolescent ANorexia Nervosa	2005	USA	86	mean=15.2, SD=1.7, range=12-18	Yes	Short-term family treatment; Long-term family treatment	Other active treatment	short-term family therapy (10 sessions over 6 months); long-term family therapy (20 sessions over 12 months)	BMI/EDE Global score	Moderator	NN	No
SES	Mood disorders	Ammerman et al.	Depression improvement and parenting in low-income mothers in home visiting.	2015	USA	93	IH-CBT: mean=22.4, SD=5.2; SHV: mean=21.5, SD=3.9	Yes	In-Home Cognitive Behavioral Therapy (IH-CBT); Standard Home Visiting (SHV)	Other active treatment	IH-CBT: 15 weekly 60min session; SHV: n/a	The Parenting Stress Index-Short Form (PSI-SF); The HOME Inventory (HOME); The Ages and Stages Questionnaire: Social-Emotional (ASQ:SE)	Predictor	NNN	No
SES	Mood disorders	Ammerman et al.	An open trial of in-home CBT for depressed mothers in home visitation.	2011	USA	305	IH-CBT: mean= 22.57, SD=4.96; Comparison group: mean= 20.15, SD=4.18	No	In-Home Cognitive Behavioral Therapy (IH-CBT)	No treatment	15 sessions (weekly scheduled) of 60min (plus a booster session 1 month post-treatment)	BDI-II (Beck Depression Inventory-II (BDI-II)), PHQ-9 (Brief Patient Health Questionnaire), and MAQ (Maternal Attitudes Questionnaire- administered only to Treatment Group)	Predictor; Predictor/ Moderator	NNN; NN/NN	No
SES	Mood disorders	Brent et al.	The Treatment of Adolescent Suicide Attempters Study (TASA): Predictors of Suicidal Events in an Open Treatment Trial	2009	USA	119	mean=15.7, SD=1.6, range=12-18	Yes	psychotherapy, medication management, or the combination	Other active treatment	6-month intervention	suicidal event (Suicide Severity Rating Scale)	Predictor	Y	Yes
SES	Mood disorders	Bridge et al.	Emergent Suicidality in a Clinical Psychotherapy Trial for Adolescent Depression	2005	USA	88	range=13-18	Yes	Cognitive Behavior Therapy, Systemic Behavioral Family Therapy; or Nondirective Supportive Therapy	Other active treatment	12 to 16 weeks of psychotherapy treatment	Emergent suicidality (K-SADS suicide ideation item)	Predictor	N	No
SES	Mood disorders	Curry et al.	Predictors and Moderators of Acute Outcome in the Treatment for Adolescents With Depression Study (TADS)	2006	USA	443	mean=14.6, SD=1.5, range=12-17	Yes	Fluoxetine + CBT, CBT, Fluoxetine	Other active treatment	12	raw score on the CDRS-R	Moderator	Y	Yes
SES	Mood disorders	Kolko et al.	Cognitive and Family Therapies for Adolescent Depression: Treatment Specificity, Mediation, and Moderation	2000	USA	103	mean=15.6, SD= 1.4, range=13-18	Yes	Cognitive behavioral therapy (CBT); Systemic behavioral family therapy (SBFT); Nondirective supportive therapy (NST)	Other active treatment	12 to 16 sessions, weekly, 3-4 months - identical in all treatment arms	Depression symptoms (Beck Depression Inventory-BDI); Depression severity (K-SADS/DEP-13)	Moderator	NN	No

SES	Mood disorders	Rohde et al.	Achievement and maintenance of sustained response during the Treatment for Adolescents With Depression Study continuation and maintenance therapy	2008	USA	242	mean=14.6, SD=1.5, range=12-17	Yes	fluoxetine (FLX;cognitive behav-ioral therapy (CBT), and FLX/CBT combination (COMB)	Placebo	CBT in stage 1 included 15 sessions (a combination of adolescent only, parent psychoeducation, and conjoint). Patients rated by their clinician as partial responders at the end of stage 1 received 6 additional weeks of weekly CBT in stage 2, whereas stage 1 full responders shifted to biweekly CBT sessions. During stage 3, patients met with their therapist every 6 weeks for 3 CBT booster sessions	sustained response by week 12, i.e., 2 consecutive ratings of "full responder," defined as CGI-I = 1 or 2	Moderator	N	No
SES	Mood disorders	Weintraub et al.	Classifying Mood Symptom Trajectories in Adolescents With Bipolar Disorder	2020	USA	144	mean=15.6, SD=1.4, range=12-18	Yes	Family-focused therapy for adolescents (FFT-A) over 9 months, consisting of psychoeducation, communication enhancement training, and problem-solving skills training	Other active treatment	21 sessions of FFT-A over 9 months vs. 3 sessions	recovery pattern (class 1-4 membership)	Predictor	N	No
SES	Mood disorders	Young et al.	Long-Term Effects from a School-Based Trial Comparing Interpersonal Psychotherapy-Adolescent Skills Training to Group Counseling	2019	USA	186	mean=14.01, SD=1.22	Yes	Interpersonal Psychotherapy–Adolescent Skills Training (IPT-AST); Group counseling (GC)	Other active treatment	IPT-AST: 10 group sessions + 1 individual midgroup session GC: 9 group sessions + 1 individual midgroup session	depressive symptoms - 24 months post treatment - by CES-D (Radloff, 1977) & overall functioning on CGAS (Children's Global Assessment Scale)	Predictor	N	No
SES	Psychosis	Linszen et al.	Patient attributes and expressed emotion as risk factors for psychotic relapse.	1997	Netherlands	97	mean=20.5, SD=2.5, range=15-26	Yes	Inpatient and Psychosocial Intervention (IPI - TAU); Inpatient and Psychosocial Plus Behavioral Family Intervention (IPFI)	Other active treatment	18 -during 12 months of outpatient period; 1x2weeks for 5 months and 1xweek for 7 months for both treatments	Relapse (clinical/ psychiatric judgement)	Predictor	N	No
SES	SUD	Davis et al.	Predictors of positive drinking outcomes among youth receiving an alcohol brief intervention in the emergency department	2018	USA	475	mean=18.6, SD=1.4, range=14-20	Yes	U-Connect Brief intervention- therapist administred (TBI); U-Connect Brief intervention - computerized (CBI).	TAU	1 session : average time for TBI =45.4 min (sd =19.0), for CBI= 34.7 min (sd =19.6)	Response to treatment (classified as responder vs Non-responder, based on Audit-c cut-off scores)	Predictor	Y	Yes
SES	SUD	Wang et al.	A family-oriented therapy program for youths with substance abuse: long-term outcomes related to relapse and academic or social status	2016	Taiwan	121	mean=16.1, SD=1.1, range=13-18	No	motivational enhancement psychotherapy (MEP); parenting skill training (PST) + MEP	TAU	10	Relapse Rate (Yes/No); Attending school versus dropout or unemployed/Employed versus dropout or unemployed attending school, employed, and dropout/ unemployed)	Predictor	NNY	Mixed
SES	Transdiagnostic	Adrian et al.	Predictors and Moderators of recurring self-harm in adolescents participating in a comparative treatment trial of psychological interventions	2019	USA	173	mean=14.89, SD=1.47	Yes	DBT	Other active treatment	DBT - 19.97 mean individual sessions, 16.86 - group sessions; IGST - 15.29 individual sessions, 13.13 - group sessions	suicide attempts; Nonsuicidal self-injury; self-harm; suicidal ideation	Predictor/ Moderator	NNNN/NNNN	No/No
SES	Transdiagnostic	Layne et al.	Predictors of Treatment Response in Anxious-Depressed Adolescents With School Refusal	2003	USA	41	mean=14.7, range=12-18	Yes	CBT for school refusal plus imipramine	Placebo	8 sessions of 45 to 60 minutes in length conducted primarily with the adolescent	Rate of school attendance at week 8 was used as the outcome variable (number of hours attended each week divided by the number of pos- sible hours of school attendance, multiplied by 100).	Predictor	N	No
SES	Transdiagnostic	Walter et al.	Predicting outcome of inpatient CBT for adolescents with anxious-depressed school absenteeism	2013	Germany	147	mean=15.1, SD=1.5, range=12-18	No	cognitive-behavioral treatment (CBT)	n/a	2 or 3 sessions/week (M= 28.4; SD = 14.7)	Regular school attendance at POST; Regular school attendance at Follow-Up; ANDEP-A (anxiety/ depression adolescent rating) at POST; ANDEP-A (anxiety/ depression adolescent rating) at FU; ANDEP-P (anxiety/depression parent rating) at FU; DISRUP-A (disruptive behavior adolescent rating) at FU; DISRUP-P (disruptive behavior parent rating) at FU; LEARN-A at FU	Predictor	NNNNNNNN	No
Sexual orientation	SUD	Zhang & Slesnick	Substance use and social stability of homeless youth: A comparison of three interventions	2018	USA	270	mean=18.74, SD=1.26, range=14-20	Yes	Community Reinforcement Approach (CRA, Meyers & Smith, 1995), Motivational Enhancement Therapy (MET, Miller & Rollnick, 2013), and case management (CM)	Other active treatment	CRA: 12 1-hour sessions + two 1-hr HIV prevention sessions; MET: two 1-hour MET sessions and two 1-hr HIV prevention sessions; CM: 12 one-hour CM sessions and also two 1-hr HIV prevention sessions	Trajectories of Social Stability and Drug Use (low-stable substance use and low-increasing social stability group (labeled low-stable SU + low-increasing SS), high-stable substance use and low-stable social stability group (labeled high-stable SU + lowstable SS), high-declining substance use and low-increasing social stability group (labeled high-declining SU + low-increasing SS), and low-increasing substance use and high-stable social stability group (labeled lowincreasing SU + high-stable SS), measured by the Form 90 (Miller, 1996). Three comparisons --> High-stable SU + low-stable SS vs. lowstable SU + low-increasing SS \ High-declining SU + low-increasing SS vs. low-stable SU + low-increasing SS \Low-increasing SU + high-stable SS vs. low-stable SU + low-increasing SS	Predictor	N	No

Sociodemographic adversity	Transdiagnostic	Walter et al.	Predicting outcome of inpatient CBT for adolescents with anxious-depressed school absenteeism	2013	Germany	147	mean=15.1, SD=1.5, range=12-18	No	cognitive-behavioral treatment (CBT)	n/a	2 or 3 sessions/week (M= 28.4; SD = 14.7)	Regular school attendance at POST; Regular school attendance at Follow-Up; ANDEP-A (anxiety/ depression adolescent rating) at POST; ANDEP-A (anxiety/ depression adolescent rating) at FU; ANDEP-P (anxiety/depression parent rating) at FU; DISRUP-A (disruptive behavior adolescent rating) at FU; DISRUP P (disruptive behavior parent rating) at FU; LEARN-A at FU	Predictor	NNNNNNNN	No
Support network	SUD	Davis et al.	Predictors of positive drinking outcomes among youth receiving an alcohol brief intervention in the emergency department	2018	USA	475	mean=18.6, SD=1.4, range=14-20	Yes	U-Connect Brief intervention- therapist administred (TBI); U-Connect Brief intervention - computerized (CBI).	TAU	1 session : average time for TBI =45.4 min (sd =19.0), for CBI= 34.7 min (sd =19.6)	Response to treatment (classified as responder vs Non-responder, based on Audit-c cut-off scores)	Predictor	YN	Mixed
Work status	Psychosis	Allott et al.	Patient Predictors of symptom and functional outcome following cognitive behaviour therapy or befriending in first-episode psychosis	2011	Australia	62	ACE-CBT: mean=22.13, SD=3.30; BE: mean=22.45, SD=3.82; range=15-25	Yes	Active Cognitive Therapy for Early Psychosis (ACE)-CBT; Befriending (BE) (neutral 'pleasant chat'). Both treatment conditions also received treatment as usual (TAU) - medication, case management, group program	Other active treatment	Maximum of 20 sessions; 45 mins over 12-14 weeks; ACE-CBT mean 9 (SD 4.93); BE mean 7.2 (SD 5.17); ACE-CBT 354 mins; BE 174 min	Positive symptoms (BPRS Psychotic)	Predictor	N	No