

Data supplement to:

Cristea et al. Efficacy of cognitive bias modification interventions in anxiety and depression: meta-analysis. *Br J Psychiatry* doi: 10.1192/bjp.bp.114.146761

Online supplement DS1

Search String

EMBASE: "cognitive bias modification" (TITLE/ABSTRACT) OR "attention\* bias modification" (TITLE/ABSTRACT) OR "attention\* bias training" (TITLE/ABSTRACT) OR "bias training" (TITLE/ABSTRACT) OR "interpret\* bias modification" (TITLE/ABSTRACT)

Date: 15 April 2013; Hits: 174

## Online supplement DS2

### List of studies included in the meta-analysis

Amir, N., Beard, C., Burns, M., & Bomyea, J. (2009). Attention modification program in individuals with generalized anxiety disorder. *Journal of Abnormal Psychology, 118*(1), 28–33.  
doi:10.1037/a0012589

Amir, N., Beard, C., Taylor, C. T., Klumpp, H., Elias, J., Burns, M., & Chen, X. (2009). Attention Training in Individuals with Generalized Social Phobia: A Randomized Controlled Trial. *Journal of Consulting and Clinical Psychology, 77*(5), 961–973. doi:10.1037/a0016685

Amir, N., Bomyea, J., & Beard, C. (2010). The Effect of Single-Session Interpretation Modification on Attention Bias in Socially Anxious Individuals. *Journal of Anxiety Disorders, 24*(2), 178.  
doi:10.1016/j.janxdis.2009.10.005

Amir, N., Taylor, C. T., & Donohue, M. C. (2011). Predictors of response to an attention modification program in generalized social phobia. *Journal of Consulting and Clinical Psychology, 79*(4), 533–541. doi:10.1037/a0023808

Amir, N., Weber, G., Beard, C., Bomyea, J., & Taylor, C. T. (2008). The effect of a single-session attention modification program on response to a public-speaking challenge in socially anxious individuals. *Journal of Abnormal Psychology, 117*(4), 860–868. doi:10.1037/a0013445

Baert, S., De Raedt, R., Schacht, R., & Koster, E. H. W. (2010). Attentional bias training in depression: therapeutic effects depend on depression severity. *Journal of Behavior Therapy and Experimental Psychiatry, 41*(3), 265–274. doi:10.1016/j.jbtep.2010.02.004

Beard, C., & Amir, N. (2008). A multi-session interpretation modification program: changes in interpretation and social anxiety symptoms. *Behaviour Research and Therapy, 46*(10), 1135–1141.  
doi:10.1016/j.brat.2008.05.012

Boettcher, J., Leek, L., Matson, L., Holmes, E. A., Browning, M., Macleod, C., ... Carlbring, P. (2013). Internet-Based Attention Bias Modification for Social Anxiety: A Randomised Controlled

Comparison of Training towards Negative and Training Towards Positive Cues. *PloS One*, 8(9), e71760. doi:10.1371/journal.pone.0071760

Bowler, J. O., Mackintosh, B., Dunn, B. D., Mathews, A., Dalgleish, T., & Hoppitt, L. (2012). A comparison of cognitive bias modification for interpretation and computerized cognitive behavior therapy: effects on anxiety, depression, attentional control, and interpretive bias. *Journal of Consulting and Clinical Psychology*, 80(6), 1021–1033. doi:10.1037/a0029932

Carlbring, P., Apelstrand, M., Sehlin, H., Amir, N., Rousseau, A., Hofmann, S. G., & Andersson, G. (2012). Internet-delivered attention bias modification training in individuals with social anxiety disorder--a double blind randomized controlled trial. *BMC Psychiatry*, 12, 66. doi:10.1186/1471-244X-12-66

Eberl, C., Wiers, R. W., Pawelczack, S., Rinck, M., Becker, E. S., & Lindenmeyer, J. (2012). Approach bias modification in alcohol dependence: Do clinical effects replicate and for whom does it work best? *Developmental Cognitive Neuroscience*. doi:10.1016/j.dcn.2012.11.002

Field, M., Duka, T., Tyler, E., & Schoenmakers, T. (2009). Attentional bias modification in tobacco smokers. *Nicotine & Tobacco Research: Official Journal of the Society for Research on Nicotine and Tobacco*, 11(7), 812–822. doi:10.1093/ntr/ntp067

Harris, L. M., & Menzies, R. G. (1998). Changing attentional bias: Can it effect self-reported anxiety? *Anxiety, Stress & Coping*, 11(2), 167–179. doi:10.1080/10615809808248310

Hazen, R. A., Vasey, M. W., & Schmidt, N. B. (2009). Attentional retraining: a randomized clinical trial for pathological worry. *Journal of Psychiatric Research*, 43(6), 627–633. doi:10.1016/j.jpsychires.2008.07.004

Heeren, A., Reese, H. E., McNally, R. J., & Philippot, P. (2012). Attention training toward and away from threat in social phobia: effects on subjective, behavioral, and physiological measures of anxiety. *Behaviour Research and Therapy*, 50(1), 30–39. doi:10.1016/j.brat.2011.10.005

- Hirsch, C. R., Mathews, A., & Clark, D. M. (2007). Inducing an interpretation bias changes self-imagery: a preliminary investigation. *Behaviour Research and Therapy*, 45(9), 2173–2181. doi:10.1016/j.brat.2006.11.001
- Holmes, E. A., & Mathews, A. (2005). Mental imagery and emotion: a special relationship? *Emotion (Washington, D.C.)*, 5(4), 489–497. doi:10.1037/1528-3542.5.4.489
- Hoppitt, L., Mathews, A., Yiend, J., & Mackintosh, B. (2010). Cognitive mechanisms underlying the emotional effects of bias modification. *Applied Cognitive Psychology*, 24(3), 312–325. doi:10.1002/acp.1678
- Lang, T. J., Blackwell, S. E., Harmer, C. J., Davison, P., & Holmes, E. A. (2012). Cognitive Bias Modification Using Mental Imagery for Depression: Developing a Novel Computerized Intervention to Change Negative Thinking Styles. *European Journal of Personality*, 26(2), 145–157. doi:10.1002/per.855
- Lang, T. J., Moulds, M. L., & Holmes, E. A. (2009). Reducing depressive intrusions via a computerized cognitive bias modification of appraisals task: developing a cognitive vaccine. *Behaviour Research and Therapy*, 47(2), 139–145. doi:10.1016/j.brat.2008.11.002
- Lester, K. J., Mathews, A., Davison, P. S., Burgess, J. L., & Yiend, J. (2011). Modifying cognitive errors promotes cognitive well being: a new approach to bias modification. *Journal of Behavior Therapy and Experimental Psychiatry*, 42(3), 298–308. doi:10.1016/j.jbtep.2011.01.001
- Li, S., Tan, J., Qian, M., & Liu, X. (2008). Continual training of attentional bias in social anxiety. *Behaviour Research and Therapy*, 46(8), 905–912. doi:10.1016/j.brat.2008.04.005
- Mackintosh, B., Mathews, A., Yiend, J., Ridgeway, V., & Cook, E. (2006). Induced biases in emotional interpretation influence stress vulnerability and endure despite changes in context. *Behavior Therapy*, 37(3), 209–222. doi:10.1016/j.beth.2006.03.001
- Mathews, A., Ridgeway, V., Cook, E., & Yiend, J. (2007). Inducing a benign interpretational bias reduces trait anxiety. *Journal of Behavior Therapy and Experimental Psychiatry*, 38(2), 225–236. doi:10.1016/j.jbtep.2006.10.011

- Murphy, R., Hirsch, C. R., Mathews, A., Smith, K., & Clark, D. M. (2007). Facilitating a benign interpretation bias in a high socially anxious population. *Behaviour Research and Therapy*, 45(7), 1517–1529. doi:10.1016/j.brat.2007.01.007
- Najmi, S., & Amir, N. (2010). The effect of attention training on a behavioral test of contamination fears in individuals with subclinical obsessive-compulsive symptoms. *Journal of Abnormal Psychology*, 119(1), 136–142. doi:10.1037/a0017549
- Peters, K. D., Constans, J. I., & Mathews, A. (2011). Experimental modification of attribution processes. *Journal of Abnormal Psychology*, 120(1), 168–173. doi:10.1037/a0021899
- Rapee, R. M., MacLeod, C., Carpenter, L., Gaston, J. E., Frei, J., Peters, L., & Baillie, A. J. (2013). Integrating cognitive bias modification into a standard cognitive behavioural treatment package for social phobia: a randomized controlled trial. *Behaviour Research and Therapy*, 51(4-5), 207–215. doi:10.1016/j.brat.2013.01.005
- Salemink, E., van den Hout, M., & Kindt, M. (2007a). Trained interpretive bias and anxiety. *Behaviour Research and Therapy*, 45(2), 329–340. doi:10.1016/j.brat.2006.03.011
- Salemink, E., van den Hout, M., & Kindt, M. (2007b). Trained interpretive bias: validity and effects on anxiety. *Journal of Behavior Therapy and Experimental Psychiatry*, 38(2), 212–224. doi:10.1016/j.jbtep.2006.10.010
- Salemink, E., van den Hout, M., & Kindt, M. (2009). Effects of positive interpretive bias modification in highly anxious individuals. *Journal of Anxiety Disorders*, 23(5), 676–683. doi:10.1016/j.janxdis.2009.02.006
- Schmidt, N. B., Richey, J. A., Buckner, J. D., & Timpano, K. R. (2009). Attention training for generalized social anxiety disorder. *Journal of Abnormal Psychology*, 118(1), 5–14. doi:10.1037/a0013643
- Schoenmakers, T. M., de Bruin, M., Lux, I. F. M., Goertz, A. G., Van Kerkhof, D. H. A. T., & Wiers, R. W. (2010). Clinical effectiveness of attentional bias modification training in abstinent alcoholic patients. *Drug and Alcohol Dependence*, 109(1-3), 30–36. doi:10.1016/j.drugalcdep.2009.11.022

Schoorl, M., Putman, P., & Van Der Does, W. (2013). Attentional bias modification in posttraumatic stress disorder: a randomized controlled trial. *Psychotherapy and Psychosomatics*, 82(2), 99–105. doi:10.1159/000341920

See, J., MacLeod, C., & Bridle, R. (2009). The reduction of anxiety vulnerability through the modification of attentional bias: a real-world study using a home-based cognitive bias modification procedure. *Journal of Abnormal Psychology*, 118(1), 65–75. doi:10.1037/a0014377

Sharpe, L., Ianiello, M., Dear, B. F., Nicholson Perry, K., Refshauge, K., & Nicholas, M. K. (2012). Is there a potential role for attention bias modification in pain patients? Results of 2 randomised, controlled trials. *Pain*, 153(3), 722–731. doi:10.1016/j.pain.2011.12.014

Steel, C., Wykes, T., Ruddle, A., Smith, G., Shah, D. M., & Holmes, E. A. (2010). Can we harness computerised cognitive bias modification to treat anxiety in schizophrenia? A first step highlighting the role of mental imagery. *Psychiatry Research*, 178(3), 451–455.  
doi:10.1016/j.psychres.2010.04.042

Steinman, S. A., & Teachman, B. A. (2010). Modifying interpretations among individuals high in anxiety sensitivity. *Journal of Anxiety Disorders*, 24(1), 71–78. doi:10.1016/j.janxdis.2009.08.008

Tran, T. B., Siemer, M., & Joormann, J. (2011). Implicit interpretation biases affect emotional vulnerability: a training study. *Cognition & Emotion*, 25(3), 546–558.  
doi:10.1080/02699931.2010.532393

Watkins, E. R., Baeyens, C. B., & Read, R. (2009). Concreteness training reduces dysphoria: proof-of-principle for repeated cognitive bias modification in depression. *Journal of Abnormal Psychology*, 118(1), 55–64. doi:10.1037/a0013642

Watkins, E. R., Taylor, R. S., Byng, R., Baeyens, C., Read, R., Pearson, K., & Watson, L. (2012). Guided self-help concreteness training as an intervention for major depression in primary care: a Phase II randomized controlled trial. *Psychological Medicine*, 42(7), 1359–1371.  
doi:10.1017/S0033291711002480

- Wells, T. T., & Beevers, C. G. (2010). Biased attention and dysphoria: Manipulating selective attention reduces subsequent depressive symptoms. *Cognition & Emotion*, 24(4), 719–728.  
doi:10.1080/02699930802652388
- Wiers, R. W., Eberl, C., Rinck, M., Becker, E. S., & Lindenmeyer, J. (2011). Retraining automatic action tendencies changes alcoholic patients' approach bias for alcohol and improves treatment outcome. *Psychological Science*, 22(4), 490–497. doi:10.1177/0956797611400615
- Yiend, J., Mackintosh, B., & Mathews, A. (2005). Enduring consequences of experimentally induced biases in interpretation. *Behaviour Research and Therapy*, 43(6), 779–797.  
doi:10.1016/j.brat.2004.06.007

**Table DS1** Selected characteristics of included studies of cognitive bias modification interventions

Study <sup>a</sup>	Population <sup>a</sup>	N	CBM <sup>b</sup>	Control <sup>b</sup>	Conc Tx <sup>b</sup>	Symptom Measures <sup>c</sup>	D <sup>d</sup>	Ns <sup>d</sup>	FU <sup>d</sup>
Amir, 2008	SP sympt (LSAS > 26)	94	ABM (disgust faces)	No cont		STAI-S	L	1	-
Amir, 2009	GAD diagnosis (SCID)	29	ABM (threat words)	No cont		SCID; HAM-A; STAI-S/T; BDI-II; HAM-D; WDQ; PSWQ	L	8	-
Amir, 2010	SP sympt (LSAS >= 26)	57	CBM-I (benign)	No cont		STAI-S	L	1	-
Amir, 2011	GSP diagnosis (SCID)	112	ABM (disgust faces)	No cont		LSAS	L	8	-
Baert , 2010 St 1	Depressed students (BDI-II > 19)	55	ABM (negative words)	No cont		BDI-II; MASQ, POMS-SF; RSQ-RRS	H	10	-
Baert , 2010 St 2	MDD patients (MINI)	44	ABM (negative words)	No cont	TAU	BDI-II; MASQ; POMS-SF; RSQ-RRS	H	10	-
Beard, 2008	SP students (SPA1-SP > 92)	27	CBM-I (benign)	No cont		SPA1-SP; STAI-T; BDI-II	L	8	-
Boettcher et al, 2013	SP diagnosis (SCID) (community)	129	ABM (threat) (words/words & faces)	ABM (attend); No cont (words/words& faces)		LSAS-SR; SPS; SIAS; MADRS; BAI; QOLI	H	14	4 mths
Bowler, 2012	High SA (FNE >= 17)	71	CBM-I (benign)	cCBT; WL		FNE; SPIN; STAI-T; BDI-II	L	4	-
Carlbring , 2012	SP diagnosis (SCID)	79	ABM ( disgust faces)	No cont		SCID; LSAS-SR; SPS; SIAS; BAI; SPSQ;QOLI	H	8	4 mths
Eberl, 2012	Alcohol dependency (primary)	475	A-AAT	WL	TAU (CBT)	Relapse	L	12	1 yr
Field, 2009	Tobacco smokers	72	ABM (smoking pictures)	ABM (attend); No cont		QSU brief	L	1	1 day
Harris, 1998	Unselected students	42	ABM (spider pictures)	ABM (attend)		SPQ	L	1	-
Hazen , 2009	Severe worry (PSWQ > 60)	24	ABM (threat words)	No cont		PSWQ; STAI-S; BDI-II	L	5	-

Heeren , 2012	GSP diagnosis (MINI)	60	ABM (threat faces)	ABM (attend); No cont	LSAS; FNE	L	4	2 wk
Hirsch , 2007	Unselected students	24	CBM-I (positive)	CBM-I (negative)	STAI-S	L	1	-
Holmes, 2005 St 2	Unselected students	51	CBM-I (benign) (verbal/imagery)	CBM-I (negative) (verbal/imagery)	STAI-S	L	1	-
Hoppitt , 2010	Unselected community volunteers	112	CBM-I (non-threat) (active/passive)	CBM-I (threat) (active/passive)	STAI-S	L	1	-
Lang , 2009	Unselected students	40	CBM-I (positive)	CBM-I (negative)	PANAS	L	1	1 wk
Lang , 2012	Current MDD episode	28	CBM-I (positive)	No cont	BDI; HAM-D; STAI-T; IES; RIQ	L+ H	7	2 wks
Lester, 2011 St 1	Unselected students	60	CBM-I (non-negative)	CBM-I (negative)	STAI-S; PANAS	L	1	-
Lester, 2011, St 2	Cognitively vulnerable students (0.5 SD > CCL)	70	CBM-I (non-negative & positive)	WL	STAI-T; STAI-S; BDI-II; PANAS; CCL	L	2	-
Li, 2008	SP students (27% highest scores on the SIAS)	24	ABM (threat faces)	No cont	SIAS; SPS; FNE	L	7	-
Mackintosh,2006 St 2	Unselected community volunteers	40	CBM-I (positive) (visual/auditory)	CBM-I (negative) (visual/auditory)	STAI-S	L	1	-
Mathews, 2007	High TA (STAI-T > 40)	40	CBM-I (positive)	WL	STAI-S	L	4	1 wk
Murphy, 2007	High SA (FNE >= 17)	66	CBM-I (positive); CBM-I (non-negative)	No cont	STAI-S	L	1	-
Najmi, 2010	OC contamination sympt (MOCI cleaning > 4)	52	ABM (threat words)	No cont	MOCI; STAI-S	L	1	-
Neubauer, 2013	SA diagnosis (SCID)	59	ABM (disgust faces)	No cont	SCID; SPS; SIAS; LSAS-SR; BDI-II	H	8	4 mths
Peters, 2011	Unselected students	54	CBM-I (positive)	CBM-I (negative)	POMS-D	L	1	-
Rapee, 2013	SP (ADIS-IV)	134	ABM (threat words)	No cont	ADIS-IV; SIAS; SPS; DASS-D; LIS	L+ H	13	6 mths
Salemink, 2007a	Unselected students	128	CBM-I (positive)	CBM-I (negative)	STAI-S	L	1	-
Salemink, 2009	High TA (STAI-T > 45) + ASSIQ > 1.57	36	CBM-I (positive)	No cont	STAI-S ; STAI-T; FNE; SCL-90	H	8	-
Salemink, 2007b	Unselected students	81	CBM-I (positive)	CBM-I (negative)	STAI-S; STAI-T	L	1	-
Schmidt, 2009	GSP diagnosis	39	ABM ( disgust	No cont	SCID-SA; LSAS; BSPS;	L	8	4

	(SCID)		faces)			SPAI; STAI-T; BDI-II		mths
Schoenmakers, 2010	Alcohol dependency (primary) inpatients	43	ABM (alcoholic pictures)	Categorization task	CBT	DAQ; Relapse	L	5 3 mths
Schoorl , 2013	PTSD diagnosis (outpatients)	102	ABM (trauma pictures)	No cont		CAPS; SRIP; HAM-D	H	8 3 wks
See, 2009	Unselected students	40	ABM ( threat words)	No cont		STAI-T; STAI-S	H	15 -
Sharpe, 2012 St 1	Acute back pain (physiotherapy)	54	ABM (pain words)	No cont	TAU	Pain VAS (current)	L	1 3 mths
Sharpe, 2012 St 2	Chronic pain	34	ABM (pain words)	No cont	CBT	Pain VAS;RMDQ;TSK; DASS; FPQ-R;ASI; PSEQ	L+H	4 6 mths
Steel, 2010	Schizophrenia diagnosis + anxiety (STAI-T > 40)	25	CBM-I (positive)	WL		STAI-S	L	1 -
Steinman, 2010	High anxiety sensitivity students (ASI >/= 27.5)	75	CBM-I (positive)	No cont; WL		ASI; PANAS-FS	L	1 -
Tran, 2011	Unselected students	50	CBM-I (positive)	CBM-I (negative)		RSES	L	1 -
Watkins, 2009	Dysphoria community volunteers (BDI-II > 14)	70	CNT	Bogus training; WL		HAM-D; BDI-II; RSQ- RRS; ATS	L+H	8 -
Watkins, 2012	Current MDD episode or subthreshold	121	CNT	RT; TAU	TAU	HAM-D; BDI-II; PHQ-9; GAD-7; RSQ-RRS	L+H	4 3 & 6 mths
Wells , 2010	Depressed students (9</= BDI-II </= 16)	34	ABM ( sad pictures)	No cont		BDI-II	L	4 2 wks
Wiers , 2011	Alcohol dependency (primary)	214	A-AAT (explicit); A-AAT (implicit)	No cont; WL	CBT	Relapse	L	4 1 yr
Yiend, 2005 St 1	STAI-T< 45 (community)	20	CBM-I (positive)	CBM-I (negative)		STAI-S	L	1 -
Yiend, 2005 St 2	STAI-T< 45 (community)	24	CBM-I (positive) (passive)	CBM-I (negative) (passive)		STAI-S	L	1 -
Yiend, 2005 St 3	STAI-T< 45 (community)	20	CBM-I (positive)	CBM-I (negative)		STAI-S	L	1 -

Note. <sup>a</sup> St, study; SP, social phobia; LSAS, Liebowitz Social Anxiety Scale; GAD, generalized anxiety disorder; SCID, Structured Clinical Interview for DSM-IV; sympt, symptoms; GSP, generalized social phobia; BDI-II, Beck Depression Inventory-II; MDD, major depressive disorder; MINI, Mini International Neuropsychiatric Interview; HAM-D, Hamilton Depression Rating Scale; SPAI-SP, Social Phobia and Anxiety Inventory-Social Phobia; SA, social anxiety; FNE, Fear of Negative Evaluation; PSWQ, Penn State Worry Questionnaire; SD,

standard deviation; CCL, Cognition Checklist; SIAS, Social Interaction Anxiety Scale; TA, trait anxiety; STAI-T, State Trait Anxiety Inventory-Trait; OC- Obsessive compulsive; MOCI, Maudsley Obsessive Compulsive Inventory; ADIS-IV, Anxiety Disorders Interview Schedule for DSM IV; ASSIQ, Ambiguous Social Situation Interpretation Questionnaire; PTSD, Post-traumatic stress disorder; ASI, Anxiety Sensitivity Index;

<sup>b</sup> CBM, cognitive bias modification; ABM, attention bias modification; CBM-I, cognitive bias modification-intepretation; A-AAT, Alcohol approach and avoidance training; CNT, Concreteness training; No cont, no contingency; cCBT, computerized cognitive-behavioral therapy; WL, waitlist; RT, relaxation training; TAU, treatment as usual; Conc Tx, concurrent therapy;

<sup>c</sup> STAI-S, State Trait Anxiety Inventory-State; HAM-A, Hamilton Anxiety Rating Scale; WDQ, Worry Domains Questionnaire; MASQ, Mood and Anxiety Symptom Questionnaire; POMS-SF, Profile of Mood States-Short Form; RSQ-RSS, Response Style Questionnaire-Ruminative Response Scale; LSAS-SR, Liebowitz Social Anxiety Scale-self report; SPS, Social Phobia Scale; MADRS Montgomery-Asberg Depression Scale; BAI, Beck Anxiety Inventory; QOLI, Quality Of Life Inventory; SPIN, Social Phobia Inventory; SPSQ, Social Phobia Screening Questionnaire; QSU, Questionnaire of Smoking Urges; SPQ, Spider Phobia Questionnaire; PANAS, Positive and Negative Affect Schedule; IES, Impact of Event Scale; RIQ, Response to Instrusions Questionnaire; POMS-D, Profile of Mood States-Depression; DASS-D, Depression, Anxiety and Stress Scale-Depression; LIS, Life Interference Scale; SCL-90, Symptom Checklist-90; BSPS, Brief Social Phobia Scale; DAQ, Desires for Alcohol Questionnaire; CAPS, Clinician Administered PTSD Scale; SRIP, Self-Rating Inventory for Post-Traumatic Stress Disorder; VAS, Visual Analogue Scale; RMDQ, Rolland-Morris Disability Questionnaire; TSK, Tampa Scale for Kinesiophobia; FPQ-R, Fear of Pain Questionnaire Revised; PSEQ, Pain Self-Efficacy Questionnaire; PANAS-FS, Positive and Negative Affect Schedule Fear Scale; RSES, Resultant Self-Esteem Scale; ATS, Attitudes Toward Self; PHQ-9, Patient Health Questionnaire-9; GAD-7, Generalized Anxiety Disorder-7;

<sup>d</sup> D, Delivery; L, Laboratory; H, Home; Ns, number of sessions; FU, follow-up; mths, months; yr, year; wk, week

**Table DS2** Effects of CBM interventions, compared to control, at posttest, for all samples and outcome categories<sup>a</sup>

Variable		n <sub>comp</sub>	g	95% CI	z	I <sup>2b</sup>	NNT	p <sup>c</sup>
<b>Anxiety (all measures)</b>		41	0.37	0.20 to 0.54	4.28	73 <sup>d</sup> (63~80)	4.72	
One effect size per study (only highest)		38	0.39	0.21 to 0.57	4.26	74 <sup>d</sup> (65~81)	4.59	
One effect size per study (only lowest)		38	0.37	0.19 to 0.55	4	75 <sup>d</sup> (65~81)	4.72	
Outliers removed <sup>e</sup>		37	0.23	0.14 to 0.32	4.96	2 ns (0~38)	7.69	
Subgroup analysis <sup>f</sup>								
<i>Participant compensation</i>	Yes	20	0.34	0.21 to 0.47	5.24	0 ns (0~48)	5.10	0.028
No		17	0.12	-0.01 to 0.27	1.71	20 ns (0~55)	14.71	
Sample type	Clinical	11	0.20	0.01 to 0.40	2.12	40 ns (0~70)	8.93	0.890
Subclinical/analogue		13	0.26	0.10 to 0.42	3.2	0 ns (0~57)	6.85	
Unselected		12	0.26	0.09 to 0.43	3.01	0 ns (0~58)	6.58	
Recruitment	Patient samples	4	0.41	0.08 to 0.73	2.48	31 ns (0~75)	4.27	0.346
Community		15	0.15	-0.002 to 0.32	1.93	21 ns (0~57)	11.11	
Students		18	0.25	0.12 to 0.39	3.76	0 ns (0~50)	6.85	
Delivery	Laboratory only	26	0.31	0.20 to 0.42	5.44	0 ns (0~43)	5.56	0.03
Home component		10	0.08	-0.08 to 0.26	0.96	21 ns (0~60)	21.74	
Bias targeted	Attentional	16	0.12	-0.01 to 0.25	1.73	16 ns (0~49)	14.71	0.048
Interpretational		20	0.31	0.18 to 0.45	4.57	0 ns (0~48)	5.56	
<b>General anxiety</b>		34	0.38	0.17 to 0.59	3.58	77 <sup>d</sup> (68~83)	4.59	
One effect size per study (only highest)		31	0.41	0.18 to 0.63	3.56	78 <sup>d</sup> (70~85)	4.27	
One effect size per study (only lowest)		31	0.38	0.15 to 0.61	3.30	78 <sup>d</sup> (71~85)	4.59	
Outliers removed <sup>e</sup>		30	0.18	0.08 to 0.28	3.46	0 ns (0~41)	9.80	
Subgroup analysis								
<i>Participant compensation</i>	Yes	17	0.29	0.15 to 0.43	4.01	0 ns (0~51)	6.17	0.054
No		13	0.07	-0.10 to 0.24	0.81	20 ns (0~58)	25	
Sample type	Clinical	6	0.04	-0.19 to 0.28	0.383	20 ns (0~65)	45.45	0.251
Subclinical/analogue		12	0.20	0.03 to 0.36	2.42	0 ns (0~58)	8.93	
Unselected		11	0.30	0.11 to 0.48	3.25	0 ns (0~60)	5.95	
Recruitment	Patient samples	3	0.23	-0.11 to 0.57	1.29	17 ns (0~91)	7.69	0.462
Community		12	0.09	-0.08 to 0.28	1.06	9 ns (0~48)	17.86	
Students		15	0.24	0.10 to 0.38	3.32	0 ns (0~54)	7.46	
Delivery	Laboratory only	22	0.28	0.15 to 0.40	4.40	0 ns (0~46)	6.41	0.006
Home component		8	-0.03	-0.22 to 0.15	-0.35	0 ns (0~68)	-	
Bias targeted	Attentional	10	0.04	-0.12 to 0.21	0.52	8 ns (0~65)	45.45	0.034
Interpretational		20	0.28	0.14 to 0.41	4.07	0 ns (0~48)	6.41	
<b>Social anxiety</b>		10	0.40	0.06 to 0.74	2.34	74 <sup>d</sup> (53~86)	4.39	
Outlier removed <sup>g</sup>		9	0.23	-0.001 to 0.46	1.95	44 ns (0~75)	7.69	
Subgroup analysis								
<i>Participant compensation</i>	Yes	5	0.53	0.28 to 0.79	4.13	0 ns (0~79)	3.36	0.001
No		4	-0.02	-0.24 to 0.19	-0.25	0 ns (0~85)	-	

<i>Sample type</i>	<i>Clinical</i>	6	0.11	-0.13 to 0.35	0.89	43 ns (0~78)	16.13	<i>0.025</i>
<i>Subclinical/analogue</i>		3	0.65	0.24 to 1.07	3.13	0 ns (0~90)	2.75	
<i>Recruitment</i>	<i>Community</i>	5	0.11	-0.16 to 0.39	0.80	<i>54<sup>d</sup></i> (0~83)	16.13	0.111
Students		4	0.47	0.13 to 0.82	2.71	0 ns (0~85)	3.76	
<i>Delivery</i>	<i>Laboratory only</i>	5	0.53	0.28 to 0.79	4.13	0 ns (0~79)	3.36	<i>0.001</i>
<i>Home component</i>		4	-0.02	-0.24 to 0.19	-0.25	0 ns (0~85)	-	
<b>Generalized anxiety</b>		3	0.68	0.31 to 1.05	3.64	0 ns (0~90)	2.63	
<b>Panic symptoms</b>		4	0.02	-0.43 to 0.44	0.10	<i>51</i> ns (0~84)	83.33	
<b>Depression</b>		17	0.43	0.16 to 0.71	3.17	<i>74<sup>d</sup></i> (59~84)	4.1	
Outliers removed <sup>h</sup>		15	0.33	0.16 to 0.50	3.82	27 ns (0~61)	5.43	
Subgroup analysis								
Participant compensation	Yes	6	0.32	0.08 to 0.57	2.60	9 ns (0~77)	5.43	0.921
No		9	0.34	0.10 to 0.58	2.77	41 ns (0~73)	5.10	
<i>Sample type</i>	<i>Clinical</i>	9	0.24	0.02 to 0.46	2.19	39 ns (0~72)	7.46	0.184
<i>Subclinical/analogue</i>		4	0.52	0.18 to 0.86	2.99	0 ns (0~85)	3.42	
<i>Recruitment</i>	<i>Patient samples</i>	5	0.36	0.05 to 0.66	2.30	35 ns (0~76)	5	0.374
Community		6	0.23	-0.05 to 0.51	1.60	40 ns (0~76)	7.69	
Students		4	0.54	0.21 to 0.86	3.27	0 ns (0~85)	3.31	
<i>Delivery</i>	<i>Laboratory only</i>	6	0.52	0.26 to 0.79	3.85	0 ns (0~75)	3.36	0.123
<i>Home component</i>		9	0.25	0.03 to 0.47	2.24	40 ns (0~72)	7.14	
<i>Bias targeted</i>	<i>Attentional</i>	9	0.13	-0.03 to 0.30	1.52	0 ns (0~65)	13.51	<i>0.014</i>
<i>Interpretational</i>		4	0.59	0.27 to 0.91	3.60	0 ns (0~85)	3.05	

*Note.*

<sup>a</sup> All results are reported with Hedges *g*, using a random effects model

<sup>b</sup> The *p* levels in this column indicate whether the Q-statistic is significant (the  $I^2$  statistic does not include a test of significance)

<sup>c</sup> The *p* levels in this column indicate whether the difference between the effect sizes in the subgroups is significant (significant results are marked with italic)

<sup>d</sup>  $p<0.05$

<sup>e</sup> Outliers were defined as studies in the 95% CI was outside the 95% CI of the pooled studies. (Below the 95% CI: Steel et al., 2010; Above the 95% CI: Lester et al., 2011 Study 1; Lester et al., 2011 Study 2; Schmidt et al., 2009)

<sup>f</sup> Subgroup analysis were conducted using a mixed effects model.

<sup>g</sup> Above the 95% CI: Schmidt et al., 2009

<sup>h</sup> Below the 95% CI: Baert et al., 2011 Study 1; Above the 95% CI: Lester et al., 2011 Study 2

$n_{comp}$  = number of comparisons; NNT= numbers needed to treat; ns = not statistically significant ( $P > 0.05$ )