Author Year Country Research Design PEDro Score Total Sample Size	Methods	Outcome
Burke et al., (2019) Ireland RCT PEDro=8 $N_{Initial}$=69 N_{Final}=57	**Population:** Mean age=52±13 yr; Gender: males=52, females=17; Time since injury=16±12.1 yr; Level of injury: C=17, T=30; L=14, Not reported=8; Severity of injury: AIS A=4, B=2, C=3, D=4, Not reported=55. **Intervention:** Participants were randomly assigned to either a control group where they went about their normal routine and the intervention group received an online six module cognitive behavioural therapy pain management program once per wk for 12 wk. **Outcome Measures:** World Health Organization Quality of Life Bref (WHOQOL-Bref), International Spinal Cord injury Quality of Life Basic Data Set (ISCIQOLBDS), International Spinal Cord Injury Pain Basic Data Set (ISCIPBDS), Douleur Neuropathique en 4 Questions (DN4), Chronic Pain Acceptance Questionnaire 8 (CPAQ8), Brief Pain Inventory (BPI), Hospital Anxiety and Depression Scale (HADS) and Pittsburgh Sleep Quality Index (PSQI).	1. Moderate linear relationship found between the number of modules in which the users engaged in 80% or more of the content and reductions in overall pain intensity ((NRS) (p=0.05), the ISCIPBDS pain interference score (p=0.08), the LSF domain (p=0.039), the BPI interface scale (p=0.10) and the depression subscale of the HADS (p=0.10). 2. At 3-mo follow-up a moderate linear relationship between module engagement and improvements in sleep quality (p=0.06), the AMS subcategory of the ISCIPBDS (p=0.09) and both the depression (p=0.03) and anxiety (p=0.05) subscales of the HADS.
Coker et al., (2019) USA RCT PEDro=8 N=81	**Population:** Control Group (n=40): Mean age=52±15.3 yr; Gender: males=32, females=8; Time since injury=81.5 mo; Level of injury: complete=16, incomplete=24; Severity of injury: AIS A=16, B=3, C=8, D=13. Intervention Group (n=41): Mean age=48±12.8; Gender: males=34, females=7; Time since injury=95 mo; Level of injury: complete=19, incomplete=22; Severity of injury: AIS A=19, B=2, C=7, D=13. **Intervention:** Participants were randomized to either a control group in which they continued their normal rehabilitation or an intervention group in which they took part in an interactive cognitive behaviour therapy based learning program for one session per wk, 2 hrs per session for 6 wk with assessments at baseline, post intervention and at 8-wk intervals post intervention. **Outcome Measures:** Moorong Self-Efficacy Scale (MSES), Generalized Self-Efficacy Scale (GSES), Diener Satisfaction with Life Scale (SWLS), Participation Assessment with Recombined Tools – Objective (PART-O), Patient Health Questionnaire – 9 (PHQ-9), and General Anxiety Disorder 7-Item (GAD-7).	1. Non-significantly greater increase in MSES for the treatment group compared to the control group from baseline to 6-wk and neither group showed significant difference from baseline to the 30-wk follow-up (p=0.15). 2. The treatment group showed significant improvements for the GSES, PHQ-9 and GAD-7 from baseline to 6-wk whereas the control group did not. 3. Neither group showed significant changes in SWLS or PART-O from baseline to 6-wk. 4. Despite the significant differences for the treatment group from baseline to 6-wk or from baseline to 30-wk follow-up, there are no significant differences in results between treatment and control.
Migliorini et al., (2016) Australia RCT PEDro=8 $N_{Initial}$=59 N_{Final}=48	**Population:** Intervention group (n=34): Mean age=47.5±12.2 yr; Gender: males=25, females=9; Time since injury=11.4±11.9 yr; Level of injury: complete paraplegia=5, incomplete paraplegia=8, complete tetraplegia=1, incomplete tetraplegia=18, unknown=2.	1. 71 individuals accepted the option to try the ePACT, but 12 did not complete the intake process and those that completed the intake

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	Waitlist control group (n=25): Mean age=52.8±12.9 yr; Gender: males=17, females=8; Time since injury=19.8±14.0 yr; Level of injury: compete paraplegia=7, incomplete paraplegia=13, complete tetraplegia=2, incomplete tetraplegia=2, unknown=1. **Intervention:** Participants were randomized to either an Electronic Personal Administration of Cognitive Therapy (ePACT) group in which the participants completed 10-module skills or a Waitlist Control group with assessments at baseline, 3 mo follow-up and 6 mo follow-up. **Outcome Measures:** Depression, anxiety and stress scale-short (DASS21), personal well-being index, helplessness subscale and score above normative threshold of the depression, anxiety and stress scale-short form (DASS21).	process and those that did not only differed significantly with regards to stress scores (p=0.05). 2. No significant differences between groups at baseline besides for time since injury (p=0.02) and level of injury distribution. 3. Dropouts from the intervention group did not differ significantly from those that did not drop out in any outcome measure. 4. At post-intervention, the ePACT group showed a significant reduction in depression, anxiety and stress and satisfaction with life significantly improved (p<0.05 for all) while the waitlist control group improved significantly with a reduction in depression (p=0.01). 5. Significant reductions in depression, anxiety and stress were maintained from post-intervention to 6 mo follow-up, and even reduced even more, albeit insignificantly.
Dorstyn et al., (2012) Australia RCT PEDro=6 $N_{Initial}$=40 N_{Final}=39	**Population:** Age=53.5yr; Gender: males=28, females=12; Level of injury: paraplegia=24, quadriplegia=16; Anxiety status=symptoms. **Intervention:** Individuals were randomly assigned to receive biweekly telecounselling for 20min over 12wk (n=20, treatment) or standard inpatient care (n=20, control). **Outcome Measures:** Depression Anxiety Stress Scale-21 (DASS-21).	1. Small improvements in DASS-21 depression (d=0.32), anxiety (d=0.24) and stress levels (d=0.27) were found in the treatment group compared to the control group post intervention. 2. Of the 8 individuals in the treatment group that reported mild, moderate or severe levels of depression and/or anxiety, 4 reported no symptoms post intervention. 3. Individuals in the control group reported increases in clinically significant symptoms of depression and/or anxiety over time.
Heutink et al., (2012) Netherlands RCT	**Population:** Mean age=58.8yr; Gender: males=39, females=22; Level of injury: paraplegia=42, quadriplegia=19; Severity of injury: incomplete=39,	1. Individuals in the CBT group found significant improvement in HADS-anxiety (p<0.027)

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PEDro=6 $N_{Initial}$=61 N_{Final}=59	complete=22; Anxiety status=symptoms. **Intervention:** Individuals with chronic neuropathic pain were randomly assigned to receive a multidisciplinary Cognitive Behavioural Therapy (CBT, n=31) program or waitlist group (n=30). The intervention consisted of 10 sessions over 10wk and afollow-up session 3wk later. **Outcome Measures:** Hospital Anxiety and Depression Scale (HADS).	and participation (p<0.008) compared to the waitlist group.
Duchnick et al.,(2009) RCT PEDro=4 $N_{Initial}$=41 N_{Final}=35	**Population:** Mean age=52.6yr; Gender: males=40, females=1; Level of injury: paraplegia=19, quadriplegia=22; Severity of injury: incomplete=31, complete=10; Mean time post injury=53.2d; Anxiety status=symptoms. **Intervention:** Participants were randomly allocated to either coping effectiveness training (CET, n=20) or supportive group therapy (SGT, n=20). CET focused on stress appraisal, problem solving, communication skills, behavioral strategies, cognitive strategies and social support. SGT emphasized sharing experiences and information related to SCI, emotional and cognitive reactions, and support from peers and therapist. Each inpatient group met 1x/wk for 60min. Outcomes were assessed pre and post treatment, and at 3mo follow-up. **Outcome Measures:** Center for Epidemiologic Studies Depression Scale (CES-D), State Trait Anxiety Inventory (STAI).	1. Significant decreases in STAI scores were seen at discharge in both groups (p<0.05). 2. STAI (p<0.001) scores increased significantly between discharge and follow-up in both groups. 3. STAI was not affected by group.
Dear et al., (2018) Australia Pre-Post N=68	**Population:** Mean age=48.0±13.0 yr; Gender: males=34, females=34; Time since injury=8.0±10.0 yr; Severity of injury: : complete=15, incomplete=44, unsure=9. **Intervention:** Participants completed five online lessons and homework tasks for pain management with weekly support from a clinical psychologist. **Outcome Measures:** Pain disability index (PDI), patient health questionnaire 9-item (PHQ-9), generalized anxiety disorder scale 7-item), Wisconsin brief pain questionnaire (WBPQ), pain self-efficacy questionnaire (PSEQ), pain catastrophizing scale (PCS), satisfaction with life scale (SWLS).	1. Significant overall effect observed for pain-related disability (p<0.001), anxiety (p<0.001) and depression (p<0.001), as well as improvements in all three from baseline to post-treatment (p<0.001) and even further improvements at 3-mo follow-up (p<0.015). 2. Significant overall time effect observed for pain self-efficacy (p<0.001), pain catastrophizing (p<0.001) and life satisfaction (p<0.001). 3. Significant improvements from baseline to post-treatment for pain catastrophizing and life satisfaction (p<0.001) with life satisfaction improving from post-treatment to follow-up (p=0.006) but not pain catastrophizing (p=0.062).
Heutink et al. (2014) Netherlands Follow-Up N=29	**Population:** Mean age=56.5yr; Gender: males=21, females=8; Level of injury: paraplegia=18, quadriplegia=11; Severity of injury: incomplete=14, complete=15; Mean time post injury=5.4yr; Anxiety	1. HADS-anxiety scores significantly decreased across from pre- to post-treatment, to 6mo, and to12mo (p<0.05).

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	status=symptoms. **Intervention:** Participants who received treatment in Heutink et al.,(2012) were assessed at at 6, 9, and 12mo follow-up. **Outcome Measures:** Hospital Anxiety & Depression Scale (HADS).	
Dorstyn et al., (2011) Australia PCT $N_{Initial}$=24 N_{Final}=19	**Population:** Mean age=48.5yr; Gender: males=20, females=4; Level of injury: paraplegia=14, quadriplegia=10; Severity of injury: incomplete=5, complete=19; Anxiety status=symptoms. **Intervention:** Participants with moderate to severe DASS-21 scores received Cognitive Behavioural Therapy (CBT, treatment, n=11) and those with subclinical scores received standard care (control, n=13). CBT was delivered via 7-22 sessions, each for 30-60mins. The treatment group was also prescribed low dose amitriptyline. Outcomes were assessed pre and post treatment, and at 3mo follow-up. **Outcome Measures:** Depression Anxiety Stress Scale-21 (DASS-21).	2. DASS-21 total scores did not change significantly over time in the treatment group. 3. DASS-21 total scores, anxiety subscores and stress subscores decreased post treatment and increased at follow-up. 4. DASS-21 scores did not change significantly over time in the control group.
Migliorini et al., (2011) Australia Pre-Post N=3	**Population:** Age range=41-65yr; males=2, females=1; Severity of injury: incomplete=2, complete=1; Anxiety status=symptoms. **Intervention:** Participants were offered a computer based Cognitive Behavioural Therapy (CBT) intervention involving 10 modules. **Outcome Measures:** Depression Anxiety Stress Scale-21 (DASS-21), Symptoms Checklist-90 (SCL-90), Personal Wellbeing Index (PWI), Emotional Wellbeing Questionnaire (EWQ).	1. DASS-21 anxiety score decreased in all 3 individuals.
Perry et al. (2010) Australia PCT $N_{Initial}$=36 N_{Final}=30	**Population:** Mean age=44yr; Gender: males=28, females=8; Level of injury: paraplegia=20, quadriplegia=13, Severity of injury: incomplete=23, complete=13; Mean time post injury=70.5mo; Anxiety status=symptoms. **Intervention:** Individuals with chronic neuropathic pain received either a multidisciplinary cognitive behavioural pain management program (treatment, n=19) or standard care (control, n=17). Treatment involved 10 sessions and pharmacotherapy over 6mo. Outcomes were assessed pre and post treatment, and at 1mo and 9mo follow-up. **Outcome Measures:** Hospital Anxiety and Depression Scale (HADS).	1. HADS-anxiety scores significantly improved over time in the treatment group when compared to the control group (p=0.007).
Norrbrink Budh et al. (2006) PCT N=38	**Population:** Mean age=52yr; Gender: males=14, females=24; Level of injury: paraplegic=19, quadriplegic=19; Severity of injury: incomplete=28, complete=10; Mean time post injury=12yr; Anxiety status=symptoms. **Intervention:** Individuals with neuropathic pain received cognitive behavioural therapy, education, relaxation, and body awareness training (treatment, n=27) while matched controls received no treatment for neuropathic pain (n=11). Treatment was delivered 5hr/wk for 10wk. Outcomes were assessed pre and post treatment, and at 3mo, 6mo, and 12mo follow-up. **Outcome Measures:** Hospital Anxiety and Depression Scale (HADS).	1. At 12mo, there was no significant change in anxiety scores on the HADS in the treatment group from baseline. 2. However, the treatment group showed systematic decrease in anxiety on the HADS as measured by relative change in position (95% CI) at 12mo.

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Kennedy et al., (2003) United Kingdom PCT N=85	**Population:** Mean age=?yr; Gender: males=69, females=16; Level of injury: paraplegia=39, quadriplegia=46; Severity of injury: incomplete=36, complete=49; Mean time post injury=20wk; Anxiety status=symptoms. **Intervention:** Participants received coping effectiveness training (CET, treatment, n=45) or no treatment (control, n=40). CET was delivered in 60-75min sessions for 2x/wk over 3.5wk and involved problem solving, mindfulness, coping, and improving social supports. Outcomes were assessed pre and post treatment, and at a 6wk follow-up. **Outcome Measures:** Beck Depression Inventory (BDI), State Trait Anxiety Inventory (STAI), Coping Strategies Scale (CSS), Self-Perception Scale (SPS).	1. Post CET, the treatment group showed a significant reduction in STAI scores (p=0.001) compared to controls.
King & Kennedy (1999) United Kingdom PCT N=38	**Population:** Mean age=33yr; Gender: males=29, females=9; Level of injury: paraplegia=19, quadriplegia=19; Severity of injury: incomplete=11, complete=27; Mean time post injury=19yr; Anxiety status=symptoms. **Intervention:** Participants received coping effectiveness training (treatment, n=19), while matched controls received standard care (n=19). Treatment was delivered in 60-75min sessions 2x/wk with 6-9 other participants. Sessions included a mixture of didactic presentations, practical exercises and group discussions. Outcomes were assessed pre and post treatment, and at 6wk follow-up. **Outcome Measures:** Beck Depression Inventory (BDI), State Trait Anxiety Inventory (STAI), COPE Inventory.	1. There were significantly greater reductions in HADS-anxiety ($p<0.05$) in the treatment group than in controls.
Craig et al., (1997) Australia PCT N=69	**Population:** Mean age=31yr; Gender: males=57, females=12; Level of injury: paraplegia=34, quadriplegia=35; Severity of injury: incomplete=21, complete=48; Time post injury=acute; Anxiety status=symptoms. **Intervention:** Participants received standard care (control, n=41) or small group cognitive behavioural therapy (CBT, treatment, n=28). CBT was provided for 1.5hr/wk over 10wk and included muscle relaxation, visualization techniques, self-hypnosis, cognitive restructuring, social skills training, and sexuality sessions. Outcomes were assessed pre and post treatment, and at 1yr follow-up. **Outcome Measures:** Beck Depression Inventory (BDI), State Trait Anxiety Inventory (STAI), Rosenberg Self-Esteem scale (RSES).	1. STAI and RSES scores did not improve significantly at 1yr.
Craig et al., (1998) Australia Follow-Up N=58	**Population:** Mean age=31yr; Gender: males=57, females=12; Level of injury: paraplegia=34, quadriplegia=35; Severity of injury: incomplete=21, complete=48; Time post injury=acute; Anxiety status=symptoms. **Intervention:** Participants from Craig et al.,(1997) were assessed at 2yr follow-up. **Outcome Measures:** Beck Depression Inventory (BDI, State Trait Anxiety Inventory (STAI),	1. Those with high STAI scores showed a significant improvement on STAI over time ($p<0.01$).