

Supplementary Material

Supplementary Data

Initial comparison arm

Per-protocol Treatment Response

Per-protocol analysis revealed that in the initial comparison arm, the treatment group had significantly lower post-treatment scores as compared to pre-treatment on the PHQ-9 ($F_{1,15} = 10.80, p = 0.01$). There were no significant changes in GAD-7 ($F_{1,15} = 2.48, p = 0.14$), WSAS ($F_{1,15} = 1.75, p = 0.21$) or K-10 ($F_{1,15} = 0.67, p = 0.43$).

Per-protocol Control Response

Per-protocol analysis showed that in the initial comparison arm, there were no significant changes in the control group on the PHQ-9 ($F_{1,7} = 0.26, p = 0.63$), GAD-7 ($F_{1,7} = 0.05, p = 0.84$), WSAS ($F_{1,7} = 0.004, p = 0.95$), and K-10 ($F_{1,7} = 0.20, p = 0.67$).

Intention-to-treat Treatment Response

Intention-to-treat analysis revealed that in the initial comparison arm, the treatment group had marginally significantly lower post-treatment scores as compared to pre-treatment on the PHQ-9 ($F_{1,21} = 4.20, p = 0.05$). There was no significant change in GAD-7 ($F_{1,21} = 0.30, p = 0.59$), WSAS ($F_{1,21} = 2.56, p = 0.13$) and K-10 ($F_{1,21} = 0.45, p = 0.51$).

Intention-to-treat Control Response

Intention-to-treat analysis showed that in the initial comparison arm, there were no significant changes in the control group on the PHQ-9, ($F_{1,21} = 1.40, p = 0.25$), GAD-7 ($F_{1,21} = 0.01, p = 0.92$), WSAS ($F_{1,21} = 0.04, p = 0.85$) and K-10 ($F_{1,21} = 0.13, p = 0.72$).

Cross-over arm

Per-protocol Treatment Response

Per-protocol analysis revealed that in the cross-over arm, the cross-over treatment was associated with significantly lower post-treatment scores as compared to pre-treatment on the GAD-7 ($F_{1,11} = 10.37, p = 0.01$) and K-10 ($F_{1,11} = 5.21, p = 0.04$). There were no significant changes observed in the PHQ-9 ($F_{1,11} = 1.78, p = 0.21$) and the WSAS ($F_{1,11} = 0.57, p = 0.47$).

Per-protocol Control Response

Per-protocol analysis revealed in the initial treatment group there were no significant changes with time from post-treatment to follow-up in the PHQ-9 ($F_{1,18} = 0.43, p = 0.52$), GAD-7 ($F_{1,18} = 0.64, p = 0.44$), WSAS ($F_{1,18} = 0.01, p = 0.92$), and K-10 ($F_{1,18} = 0.75, p = 0.40$).

Intention-to-treat Treatment Response

Intention-to-treat analysis revealed that in the cross-over arm, the cross-over treatment was associated with significantly lower post-treatment scores as compared to pre-treatment on the GAD-7 ($F_{1,22} = 10.37, p = .004$) and K-10 ($F_{1,22} = 7.78, p = 0.01$). There were no significant changes observed in the PHQ-9 ($F_{1,22} = 2.79, p = 0.11$) and the WSAS ($F_{1,22} = 1.38, p = 0.25$).

Intention-to-treat Control Response

Per-protocol analysis revealed in the initial treatment group there were no significant changes with time from post-treatment to follow-up in the PHQ-9 ($F_{1,22} = 0.63, p = 0.44$), GAD-7 ($F_{1,22} = 0.37, p = 0.55$), WSAS ($F_{1,22} = 0.01, p = 0.92$) and K-10 ($F_{1,22} = 0.66, p = 0.43$).