Evidence Profile – depression and anxiety

	Study 1	Study 2	Study 3
Authors and year	Ruskin, Silver-Aylaian, Kling, Reed, Bradham, Hebel, Barrett, Knowles & Hauser (2004)	Stubbings, Rees, Roberts & Kane (2013)	Egede, Acierno, Knapp, Lejuez, Hernandez-Tejada, Payne & Frueh (2015)
Design	RCT	RCT	RCT
Intervention (I) and Comparison (C)	(I): OVC (C): In-person treatment	(I): OVC (C): In-person treatment	(I): OVC (C): In-person treatment
Focus of Intervention	Treatment	Treatment	Treatment
Participant inclusion criteria	Participants were included in the study if they scored 16 or higher on the Hamilton depression scale and met the DSM-IV (SCID) criteria for one of the following five diagnoses: major depressive disorder, dysthymic disorder, adjustment disorder with depressed mood, mood disorder due to a general medical condition, or depressive disorder not otherwise specified.	Participants were included in the study if they had a primary diagnosis of a DSM-IV-TR Axis-I disorder.	Participants were included in the study if they satisfied the DSM-IV criteria for major depressive disorder
Primary outcome domain (measures)	The time-by-treatment group interaction; to determine whether the change in severity of depressive symptoms over time was influenced by the treatment condition.	The time-by-treatment group interaction; to determine whether the change in symptomology over time was influenced by the treatment condition.	Proportion of participants who responded to treatment at the end of the 12 months of follow-up (GDS, BDI, and SCID).
Secondary outcome Domain (measures)	- Change in depressive symptoms from the beginning to the end of treatment (Hamilton depression scale) Treatment response was measured with the Hamilton depression scale,	- The DASS was used to measure global clinical symptoms. - The Quality of Life Enjoyment and Satisfaction scale (QLES) was used to measure changes in quality of life.	- BDI and GDS scores over time

	BDI, Spielberger Trait Anxiety Inventory Scale, the Spielberger State Anxiety Scale, the GAF, CGI, and Medical Outcomes Study 12-Item Short-Form Health Survey - Satisfaction (custom scale) - Attrition (% of drop outs)	- The Working Alliance Inventory Short Form was used to measure the therapeutic alliance. - Satisfaction was measured using the shortened Client Satisfaction Questionnaire (CSQ)	
Setting and sample characteristics	Depressed American veterans N=119 (88% male, mean age of 49.7)	Adults diagnosed with Axis-I disorder and referred for treatment. N=26 (42% male, mean age of 30)	Depressed elderly veterans (aged ≥58 years) N=241 (98% male, mean age of 63.9)
Participants: I	N=59	N=14	N=120
Participants: C	N=60 No significant differences between the groups at baseline were reported.	N=12 No significant differences between the groups at baseline were reported.	N=121 No significant differences between the groups at baseline were reported.
Summary of the results	A significant overall effect of time was observed, suggesting a decline in the frequency and severity of PTSD symptoms for both groups. The interaction term was not significant, suggesting that there was no difference between the two treatment conditions.	A significant overall effect of time was observed, suggesting a decline in the frequency and severity of PTSD symptoms for both groups. The interaction term was not significant, suggesting that there was no difference between the two treatment conditions.	A significant overall effect of time was observed, suggesting a decline in the frequency and severity of PTSD symptoms for both groups. The interaction term was not significant, suggesting that there was no difference between the two treatment conditions.

Evidence Profile – posttraumatic stress disorder

	Study 1	Study 2	Study 3	Study 4
Authors and year	Strachan, Gros, Ruggiero, Lejuez & Acierno (2012)	Germain, Marchand, Bouchard, Drouin & Guay (2009)	Tuerk, Yoder, Ruggiero, Gros & Acierno (2010)	Gros, Yoder, Tuerk, Lozano & Acierno (2011)
Design	RCT	Non-randomised controlled trial	Non-randomised controlled trial	Non-randomised controlled trial
Intervention (I) and Comparison (C)	(I): OVC (C): In-person treatment	(I): OVC (C): In-person treatment	(I): OVC (C): In-person treatment	(I): OVC (C): In-person treatment
Focus of Intervention	Treatment (using Behaviour Activation therapy)	Treatment (using CBT)	Treatment (using exposure therapy)	Treatment (using exposure therapy)
Participant inclusion criteria	Participants were included in the study if they met criteria for PTSD or subthreshold PTSD, defined as fulfilment of Criteria A (traumatic event) and B (re-experiencing), and either C (avoidance) or D (hyperarousal)	Participants were included in the study if they had a primary diagnosis of PTSD from the SCID-IV	Participants were included in the study if they had been diagnosed with combat-related PTSD from the SCID-IV	Participants were included in the study if they had been referred to receive exposure therapy for PTSD
Primary outcome domain (measures)	The time-by-treatment group interaction; to determine whether the change in PTSD symptoms over time was influenced by the treatment condition. - PCL-M, BDI-II, and BAI	The time-by-treatment group interaction; to determine whether the change in PTSD symptoms over time was influenced by the treatment condition.	Reduction in symptomology from pre- to post-treatment - PCL-M - BDI	The time-by-treatment group interaction; to determine whether the change in PTSD symptoms over time was influenced by the treatment condition. - PCL-M - BDI - DASS - IIRS

Secondary outcome domain (measures)		Change in symptomology over time: - Modified PTSD Symptom Scale (MPSS) - BAI - BDI - Assessment of Current Functioning (ACF) Comfort with technology: - Distance Communication Comfort Scale (DCCS) - Videoconferencing Telepresence Scale (VTS) - Videoconference Therapy Questionnaires (VT-Q)		Change in symptomology over time: - PCL-M - BDI - DASS - IIRS
Setting and sample characteristics	American veterans with PTSD or subthreshold PTSD. N=31 (92.5% male, mean age of 30.4)	Adults with PTSD. N=48 (39.6% male, mean age of 42.5)	American veterans with combat-related PTSD. N=47 (94% male, mean age of 39).	American veterans with PTSD. N=89 (~90% male, mean age of 45)
Participants (I)	N=18	N=16	N=12	N=62
Participants (C)	N=13 No significant differences between the groups at baseline were reported.	N=32 No significant differences between the groups at baseline were reported.	N=35 No significant differences between the groups at baseline were reported.	N=27 No significant differences between the groups at baseline were reported.
Summary of the results	A significant overall effect of time was observed, suggesting a decline in the frequency and	A significant overall effect of time was observed, suggesting a decline in the frequency and	Participants in both groups were found to experience significant clinical improvements over time. However, the effect size for the in-	A significant overall effect of time was observed, suggesting a decline in the frequency and

	severity of PTSD symptoms for both groups. The interaction term was not significant, suggesting that there was no difference between the two treatment conditions.	severity of PTSD symptoms for both groups. The interaction term was not significant, suggesting that there was no difference between the two treatment conditions.	person group (d=4.2) was larger than that of the OVC group (d=2.9)	severity of PTSD symptoms for both groups. However, the interaction term was significant, suggesting that clients receiving in-person treatment experienced a greater reduction in symptoms than those receiving OVC.

Evidence Profile – therapeutic alliance

	Study 1	Study 2	Study 3	Study 4
Authors and year	Day & Schneider (2002)	Germain, Marchand, Bouchard, Guay & Drouin & (2010)	Simpson, Guerrini & Rochford (2015)	Richardson, Reid & Dziurawiec (2015)
Design	RCT	Non-randomised controlled trial	Non-randomised controlled trial	Uncontrolled trial
Intervention (I) and Comparison (C)	(I): Three treatment groups: OVC, telephone, and in-person (C): Wait list	(I): OVC (C): In-person treatment	(I): OVC (C): In-person	(I): OVC (C): none
Focus of Intervention	Treatment	Treatment	Treatment	Treatment
Participant inclusion criteria	Clients in need of counselling	Participants were included in the study if they had a primary diagnosis of PTSD from the SCID-IV	Clients in need of counselling	Clients receiving OVC
Primary outcome domain (measures)	To determine whether ratings of the working alliance were influenced by the treatment condition. - Vanderbilt Psychotherapy Process Scale (VPPS) - CSS - TSS	The time-by-treatment group interaction; to determine whether there was any change in alliance scores over time and whether this was influenced by the treatment condition. - WAI - SEQ - DCCS -VTS -VT-Q	Reduction in symptomology from pre- to post-treatment - CORE-10	To evaluate the client experience of OVC - ARM
Secondary outcome domain (measures)	To determine whether clinical outcomes were		To determine whether ratings of the working	

	influenced by the treatment condition. - BSI (GSI) - GAF - CSS - TSS		alliance were influenced by the treatment condition -CORE-ARM	
Setting and sample characteristics	Clients receiving counselling for a variety of problems N=80 (35% male, mean age of 39.4)	Adults with PTSD. N=46 (41.3% male, mean age of 42)	Clients receiving counselling for a variety of problems N=23	Clients receiving counselling for a variety of problems
Participants (I)	OVC N=26; Telephone N=27; In-person N=27	N=17	N=6 (50% male, mean age=34)	N=8 (25% male, ages ranged from 27 to 52 years)
Participants (C)	N=27	N=29 No significant differences between the groups at baseline were reported.	N=17 (41% male, mean age=31.8)	N/A
Summary of the results	There was a significant difference between the groups indicating that participants engaging in OVC had higher alliance scores than those in the in-person condition.	A significant overall effect of time was observed, suggesting an improvement in alliance scores over time for both groups. The interaction term was not significant, suggesting that there was no difference between in alliance scores between the two treatment conditions.	Reductions in distress and high alliance scores were found for each group. No significant differences were found between the two groups.	Ratings of alliance were high from baseline and improved over the duration of treatment.