

THE OFFICIAL JOURNAL OF THE AMERICAN SOCIETY OF CLINICAL PSYCHOPHARMACOLOGY

Supplementary Material

- Article Title: Real-Time Telehealth Versus Face-to-Face Management for Patients With PTSD in Primary Care: A Systematic Review and Meta-Analysis
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- **DOI Number:** 10.4088/JCP.21r14143

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Supplementary Appendix 1: Searches

Database searches

PubMed Search run 18/11/2020

("Telemedicine"[Mesh] OR "Videoconferencing"[Mesh] OR Telehealth[tiab] OR Telemedicine[tiab] OR Videoconferencing[tiab] OR ((Telephone[tiab]) AND (Consultation[tiab] OR face-to-face[tiab] OR inperson[tiab])) OR telephone-delivered[tiab])

AND

("Primary Health Care"[Mesh] OR "General Practice"[Mesh] OR rehabilitation[sh] OR

"Outpatients"[Mesh] OR "Speech Therapy"[Mesh] OR Outpatient[tiab] OR "Primary health"[tiab] OR "Primary care"[tiab] OR "General practice"[tiab] OR "General practices"[tiab] OR "General practitioners"[tiab] OR "General practitioner"[tiab] OR "Family practice"[tiab] OR Physician[tiab] OR Physicians[tiab] OR Clinician[tiab] OR Clinicians[tiab] OR Therapist[tiab] OR Nurse[tiab] OR Nurses[tiab] OR Physiotherapist[tiab] OR Rehabilitation[tiab] OR Diabetes[tiab] OR Diabetic[tiab] OR Asthma[tiab] OR Depression[tiab] OR "Irritable bowel"[tiab] OR IBS[tiab] OR PTSD[tiab] OR "Chronic fatigue"[tiab])

ANĎ

((Face-to-face[tiab]) OR "Usual care"[tiab] OR Visits[tiab] OR Visit[tiab] OR In-person[tiab] OR "In person"[tiab] OR ((Clinic[tiab] OR Centre[tiab] OR Home[tiab]) AND (Based[tiab] OR Contact[tiab])) OR Conventional[tiab] OR "Practice-based"[tiab] OR "Practice based"[tiab] OR Traditional[tiab] OR "Standard care"[tiab] OR Homecare[tiab] OR ((Routine[tiab] OR Home[tiab]) AND (Care[tiab])))

AND

("Delivery of Health Care"[Mesh] OR Delivery[tiab] OR Delivered[tiab] OR Via[tiab] OR Received[tiab]) AND

("Treatment Outcome"[Mesh] OR "Patient Satisfaction"[Mesh] OR Therapy[sh] OR Diagnosis[sh] OR "Clinical outcomes"[tiab] OR Treatment[tiab] OR Diagnostic[tiab] OR Efficacy[tiab]) AND

(Randomized controlled trial[pt] OR controlled clinical trial[pt] OR randomized[tiab] OR randomised[tiab] OR placebo[tiab] OR "drug therapy"[sh] OR randomly[tiab] OR trial[tiab] OR groups[tiab]) NOT

(Animals[Mesh] not (Animals[Mesh] and Humans[Mesh])) NOT

("Case Reports"[pt] OR Editorial[pt] OR Letter[pt] OR Meta-Analysis[pt] OR "Observational Study"[pt] OR "Systematic Review"[pt] OR "Case Report"[ti] OR "Case series"[ti] OR Meta-Analysis[ti] OR "Meta Analysis"[ti] OR "Systematic Review"[ti] OR "Systematic Literature Review"[ti] OR "Qualitative study"[ti] OR Protocol[ti])

CENTRAL via the Cochrane Library run 18/11/2020

([mh Telemedicine] OR [mh Videoconferencing] OR Telehealth:ti,ab OR Telemedicine:ti,ab OR Videoconferencing:ti,ab OR ((Telephone:ti,ab) AND (Consultation:ti,ab OR " face-to-face":ti,ab OR "in person":ti,ab)) OR "telephone delivered":ti,ab) AND

([mh "Primary Health Care"] OR [mh "General Practice"] OR [mh Outpatients] OR [mh "Speech Therapy"] OR Outpatient:ti,ab OR "Primary health":ti,ab OR "Primary care":ti,ab OR "General practice":ti,ab OR "General practices":ti,ab OR "General practitioners":ti,ab OR "General practitioner":ti,ab OR "Family practice":ti,ab OR Physician:ti,ab OR Physicians:ti,ab OR Clinician:ti,ab OR Clinicians:ti,ab OR Therapist:ti,ab OR Nurse:ti,ab OR Nurses:ti,ab OR

Physiotherapist:ti,ab OR Rehabilitation:ti,ab OR Diabetes:ti,ab OR Diabetic:ti,ab OR Asthma:ti,ab OR Depression:ti,ab OR "Îrritable bowel":ti,ab OR IBS:ti,ab OR PTSD:ti,ab OR "Chronic fatigue":ti,ab)

AND

(("Face-to-face":ti,ab) OR "Usual care":ti,ab OR Visits:ti,ab OR Visit:ti,ab OR "In person":ti,ab OR ((Clinic:ti,ab OR Centre:ti,ab OR Home:ti,ab) AND (Based:ti,ab OR Contact:ti,ab)) OR

Conventional:ti,ab OR "Practice based":ti,ab OR Traditional:ti,ab OR "Standard care":ti,ab OR Homecare:ti,ab OR ((Routine:ti,ab OR Home:ti,ab) AND (Care:ti,ab)))

AND

([mh "Delivery of Health Care"] OR Delivery:ti,ab OR Delivered:ti,ab OR Via:ti,ab OR Received:ti,ab)

AND

([mh "Treatment Outcome"] OR [mh "Patient Satisfaction"] OR "Clinical outcomes":ti,ab OR Treatment:ti,ab OR Diagnostic:ti,ab OR Efficacy:ti,ab)

Embase search run 18/11/2020

('Telemedicine'/exp OR 'Videoconferencing'/exp OR Telehealth:ti,ab OR Telemedicine:ti,ab OR Videoconferencing:ti,ab OR ((Telephone:ti,ab) AND (Consultation:ti,ab OR face-to-face:ti,ab OR inperson:ti,ab)) OR telephone-delivered:ti,ab)

AND

('Primary Health Care'/exp OR 'General Practice'/exp OR 'Outpatient'/exp OR 'Speech Therapy'/exp OR Outpatient:ti,ab OR "Primary health":ti,ab OR "Primary care":ti,ab OR "General practice":ti,ab OR "General practice":ti,ab OR "General practice":ti,ab OR "General practice":ti,ab OR "Family practice":ti,ab OR Physician:ti,ab OR Physicians:ti,ab OR Clinician:ti,ab OR Clinicians:ti,ab OR Therapist:ti,ab OR Nurse:ti,ab OR Nurses:ti,ab OR Physiotherapist:ti,ab OR Rehabilitation:ti,ab OR Diabetes:ti,ab OR Diabetic:ti,ab OR Asthma:ti,ab OR Depression:ti,ab OR "Îrritable bowel":ti,ab OR IBS:ti,ab OR PTSD:ti,ab OR "Chronic fatigue":ti,ab)

AND

(("Face-to-face":ti,ab) OR "Usual care":ti,ab OR Visits:ti,ab OR Visit:ti,ab OR In-person:ti,ab OR "In person":ti,ab OR ((Clinic:ti,ab OR Centre:ti,ab OR Home:ti,ab) AND (Based:ti,ab OR Contact:ti,ab)) OR Conventional:ti,ab OR Practice-based:ti,ab OR "Practice based":ti,ab OR Traditional:ti,ab OR "Standard care":ti,ab OR Homecare:ti,ab OR ((Routine:ti,ab OR Home:ti,ab) AND (Care:ti,ab)))

AND

('health care delivery'/exp OR Delivery:ti,ab OR Delivered:ti,ab OR Via:ti,ab OR Received:ti,ab)

AND

('Treatment Outcome'/exp OR 'Patient Satisfaction'/exp OR "Clinical outcomes":ti,ab OR Treatment:ti,ab OR Diagnostic:ti,ab OR Efficacy:ti,ab)

AND

(random* OR factorial OR crossover OR placebo OR blind OR blinded OR assign OR assigned OR allocate OR allocated OR 'crossover procedure'/exp OR 'double-blind procedure'/exp OR 'randomized controlled trial'/exp OR 'single-blind procedure'/exp NOT ('animal'/exp NOT ('animal'/exp AND 'human'/exp)))

AND [embase]/lim

Clinical registry searches

Searches run 25/03/2021

Clinicaltrials.gov

Intervention field: (Telemedicine OR Videoconferencing OR Telephone OR Telehealth) AND ("Usual care" OR "Standard care" OR Face-to-face OR Face to face")

Condition or disease field: "Post traumatic stress" OR PTSD

WHO ICTRP

Telemedicine AND "Post traumatic stress" OR Telehealth AND "Post traumatic stress" OR Videoconferencing AND "Post traumatic stress" OR Telemedicine AND PTSD OR Telehealth AND PTSD OR Videoconferencing AND PTSD

Supplementary Table 1 – Table of Excluded Studies

		Reason for
No.	Reference	exclusion
	Acierno R, Rheingold A, Amstadter A, Kurent J, Amella E, Resnick H, et al. Behavioral	
	activation and therapeutic exposure for bereavement in older adults. Am J Hosp Palliat	
1	Care. 2012;29(1):13-25.	population
	Applebaum AJ, DuHamel KN, Winkel G, Rini C, Greene PB, Mosher CE, et al. Therapeutic	
	alliance in telephone-administered cognitive-behavioral therapy for hematopoietic stem cell	
2	transplant survivors. J Consult Clin Psychol. 2012;80(5):811-6.	comparison
	Backhaus A, Agha Z, Maglione ML, Repp A, Ross B, Zuest D, et al. Videoconferencing	
3	psychotherapy: a systematic review. Psychol Serv. 2012;9(2):111-31.	study type
	Badour CL, Gros DF, Szatranski DD, Acierno R. Problems in sexual functioning among	
1	male OEF/OFF veterans seeking treatment for posttraumatic stress. Compr Psychiatry.	
4	2015,30.74-01. Earthay IC Dyna IM Kimbrall TA Hudson TJ Dahinson DE Sabnaidar P at al	sludy lype
	Telemedicine-based collaborative care for posttraumatic stress disorder: A randomized	
5	clinical trial IAMA Psychiatry 2015:72(1):58-67	comparison
	Fortney JC. Pyne JM. Mouden SB. Mittal D. Hudson TJ. Schroeder GW. et al. Practice-	companson
	based versus telemedicine-based collaborative care for depression in rural federally	
	qualified health centers: A pragmatic randomized comparative effectiveness trial. American	
6	Journal of Psychiatry. 2013;170(4):414-25.	comparison
	Gehrman P, Bellamy S, Medvedeva E, Barilla H, Brownlow J, Prigge J, et al. Telehealth	•
	delivery of group CBT-I is noninferior to in-person treatment in veterans with PTSD. Sleep.	
7	2018;41:A141-A2.	study type
	Germain V, Marchand A, Bouchard S, Drouin M-S, Guay S. Effectiveness of Cognitive	
	Behavioural Therapy Administered by Videoconference for Posttraumatic Stress Disorder.	
8	Cognitive Behaviour Therapy. 2009;38(1):42-53.	study type
	Glassman LH, Mackintosh MA, Talkovsky A, Wells SY, Walter KH, Wickramasinghe I, et al.	
	Quality of life following treatment for PTSD: Comparison of videoconferencing and in-	
9	person modalities. Journal of Telemedicine and Telecare. 2019;25(2):123-7.	study type
	Glassman LH, Mackintosh MA, Wells SY, Wickramasinghe I, Walter KH, Morland LA.	
10	Predictors of Quality of Life Following Cognitive Processing Therapy Among Women and	- 4 - 4 - 4
10	Men With Post-Traumatic Stress Disorder. Mill Med. 2020;185(5-6):e579-e85.	study type
11	Greene CJ, Monand LA, Durkaiski VL, Fruen BC. Noninterionity and equivalence designs:	ctudy type
- 11	Cros DE Gros KS Agiorno D. Fruch PC Morland I A. Polation Potwoon Treatment	Sludy type
	Satisfaction and Treatment Outcome in Vaterans with Posttraumatic Stress Disorder	
12	Journal of Psychonathology and Rehavioral Assessment 2013:35(4):522-30	study type
14	Gros DF, Morland LA, Greene CJ, Acierno R, Strachan M, Egede I F, et al. Delivery of	
	Evidence-Based Psychotherapy via Video Telehealth. Journal of Psychopathology and	
13	Behavioral Assessment. 2013;35(4):506-21.	study type
	Gros DF, Price M, Strachan M, Yuen EK, Milanak ME. Acierno R. Behavioral activation and	
	therapeutic exposure: an investigation of relative symptom changes in PTSD and	
	depression during the course of integrated behavioral activation, situational exposure, and	
14	imaginal exposure techniques. Behav Modif. 2012;36(4):580-99.	study type
	Gros DF, Price M, Yuen EK, Acierno R. Predictors of completion of exposure therapy in	
	OEF/OIF veterans with posttraumatic stress disorder. Depress Anxiety. 2013;30(11):1107-	
15	13.	outcomes
	Gros DF, Strachan M, Ruggiero KJ, Knapp RG, Frueh BC, Egede LE, et al. Innovative	
	service delivery for secondary prevention of PTSD in at-risk OIF-OEF service men and	
16	women. Contemp Clin Trials. 2011;32(1):122-8.	study type

	Gros DF, Szafranski DD, Acierno R. Symptoms of Post-Traumatic Stress Disorder and Major Depressive Disorder in Veterans of Operations Enduring Freedom/Iraqi Freedom in Comparison With Those Veterans of Other Conflicts. Military Behavioral Health.	
17	2016;4(4):383-9.	study type
18	Gros DF, Veronee K, Strachan M, Ruggiero KJ, Acierno R. Managing suicidality in home- based telehealth. J Telemed Telecare. 2011;17(6):332-5.	study type
	Gros DF, Yoder M, Tuerk PW, Lozano BE, Acierno R. Exposure Therapy for PTSD	
10	Delivered to Veterans via Telehealth: Predictors of Treatment Completion and Outcome	at the true of
19	and Comparison to Treatment Delivered in Person. Benavior Therapy. 2011;42(2):276-83.	study type
	Delivered to Veterans via Telebealth: Predictors of Treatment Completion and Outcome	
20	and Comparison to Treatment Delivered in Person. Behavior Therapy, 2011;42(2):276-83.	duplicate
	Haghnia Y, Samad-Soltani T, Yousefi M, Sadr H, Rezaei-Hachesu P. Telepsychiatry-based	
	care for the treatment follow-up of iranian war veterans with post- traumatic stress disorder:	provider
21	A randomized controlled trial. Iranian Journal of Medical Sciences. 2019;44(4):291-8.	(specialist)
	Hernandez-Tejada MA, Zoller JS, Ruggiero KJ, Kazley AS, Acierno R. Early treatment	
	withdrawal from evidence-based psychotherapy for PTSD: telemedicine and in-person	
22	parameters. Int J Psychiatry Med. 2014;48(1):33-55.	study type
	Hershenberg R, Paulson D, Gros DF, Acierno R. Does Amount and Type of Activity Matter	
	In Benavioral Activation ? A Preliminary Investigation of the Relationship between Pleasant,	
23		study type
20	Keller SM Tuerk PW Evidence-based psychotherapy (EBP) non-initiation among veterans	Study type
24	offered an EBP for posttraumatic stress disorder. Psychol Serv. 2016;13(1):42-8.	study type
	Korte KJ, Allan NP, Gros DF, Acierno R. Differential treatment response trajectories in	, ,
25	individuals with subclinical and clinical PTSD. J Anxiety Disord. 2016;38:95-101.	intervention
	Lejuez CW, Hopko DR, Acierno R, Daughters SB, Pagoto SL. Ten year revision of the brief	
	behavioral activation treatment for depression: revised treatment manual. Behav Modif.	
26	2011;35(2):111-61.	study type
	Lieras M, Casellas-Grau A, Sumalia E, Ortega AR, Andres JMB, Ocnoa C. Randomized	
27	Oncology 2017:26:44-5	nonulation
21	Macdonald A Greene C Torres J Frueh B Morland L Concordance Between Clinician-	population
	Assessed and Self-Reported Symptoms of Posttraumatic Stress Disorder Across Three	
	Ethnoracial Groups. Psychological Trauma: Theory, Research, Practice, and Policy.	
28	2013;5:401.	intervention
	Marchand A, Beaulieu-Prévost D, Guay S, Bouchard S, Drouin MS, Germain V. Relative	
	efficacy of cognitive-behavioral therapy administered by videoconference for posttraumatic	
	stress disorder: A six-month follow-up. Journal of Aggression, Maltreatment and Trauma.	
29	2011;20(3):304-21.	study type
	Moriand LA, Greene CJ, Rosen C, Mauidin PD, Fruen BC. Issues in the design of a	
30	veterans with PTSD. Contemp Clin Trials, 2000;30/6):513-22	study type
50	Morland LA Mackintosh M-A Greene C.L Rosen CS Chard KM Resick P et al Cognitive	Sludy type
	Processing Therapy for Posttraumatic Stress Disorder Delivered to Rural Veterans via	duplicate of
	Telemental Health: A Randomized Noninferiority Clinical Trial. Journal of Clinical	an included
31	Psychiatry. 2014;75(5):470-6.	study
	Morland LA, Mackintosh MA, Glassman LH, Wells SY, Thorp SR, Rauch SAM, et al. Home-	-
	based delivery of variable length prolonged exposure therapy: a comparison of clinical	
32	efficacy between service modalities. Depression and anxiety. 2019.	comparison
	Morland LA, Mackintosh MA, Glassman LH, Wells SY, Thorp SR, Rauch SAM, et al. Home-	
	based delivery of variable length prolonged exposure therapy: A comparison of clinical	ala an Part I
33	eπicacy between service modalities. Depress Anxiety. 2020;37(4):346-55.	auplicate

	Paul LA, Gros DF, Strachan M, Worsham G, Foa EB, Acierno R. Prolonged Exposure for	
34	2014:68(3):277-86.	studv tvpe
	Pelton D, Wangelin B, Tuerk P. Utilizing Telehealth to Support Treatment of Acute Stress	
25	Disorder in a Theater of War: Prolonged Exposure via Clinical Videoconferencing. Telemed	- t t t
35	J E Health. 2015;21(5):382-7. Poon P. Hui F. Dai D. Kwok T. Woo J. Cognitive intervention for community-dwelling older	study type
	persons with memory problems: telemedicine versus face-to-face treatment. International	
36	Journal of Geriatric Psychiatry. 2005;20(3):285-6.	population
	Price M, Gros DF, Strachan M, Ruggiero KJ, Acierno R. The Role of Social Support in	
37	Exposure Therapy for Operation Iraqi Freedom/Operation Enduring Freedom Veterans: A	intonyontion
57	Price M Gros DE Strachan M Ruggiero K.I Acierno R Combat experiences pre-	
	deployment training, and outcome of exposure therapy for post-traumatic stress disorder in	
	Operation Enduring Freedom/Operation Iraqi Freedom veterans. Clin Psychol Psychother.	
38	2013;20(4):277-85.	study type
	Price M, Kuhn E, Hoffman JE, Ruzek J, Acierno R. Comparison of the PTSD Checklist (PCL) Administered via a Mehile Device Polative to a Paper Form J Trauma Stress	
39	2015:28(5):480-3.	comparison
	Raab PA, Mackintosh MA, Gros DF, Morland LA. Impact of comorbid depression on quality	
	of life in male combat Veterans with posttraumatic stress disorder. J Rehabil Res Dev.	
40	2015;52(5):563-76.	study type
	Raab PA, Mackintosh MA, Gros DF, Morland LA. Examination of the Content Specificity of Posttraumatic Cognitions in Combat Vetorans With Posttraumatic Stress Disorder	
41	Psychiatry, 2015;78(4):328-40.	studv tvpe
	Ruskin PE, Silver-Aylaian M, Kling MA, Reed SA, Bradham DD, Hebel JR, et al. Treatment	
	outcomes in depression: Comparison of remote treatment through telepsychiatry to in-	provider
42	person treatment. American Journal of Psychiatry. 2004;161(8):1471-6.	(specialist)
43	and legal relevance to the criminal justice system. J Law Med Ethics. 2014;42(2):147-54.	studv tvpe
	Thorp SR, Fidler J, Moreno L, Floto E, Agha Z. Lessons learned from studies of	
	psychotherapy for posttraumatic stress disorder via video teleconferencing. Psychol Serv.	
44	<u>2012;9(2):197-9.</u>	study type
15	LUERK PVV. Starting from something: augmenting exposure therapy and methods of inquiry.	study type
40	Tuerk PW. Wangelin B. Rauch SA. Dismuke CE. Yoder M. Myrick H. et al. Health service	Sludy type
	utilization before and after evidence-based treatment for PTSD. Psychol Serv.	
46	2013;10(4):401-9.	study type
	Wells SY, Glassman LH, Talkovsky AM, Chatfield MA, Sohn MJ, Morland LA, et al.	duplicate of
17	Examining Unanges in Sexual Functioning after Cognitive Processing Therapy in a Sample of Women Trauma Survivors. Women's health issues, 2018 (no pagination)	an included
+/	Yuen EK, Gros DF, Price M, Zeigler S, Tuerk PW. Foa EB, et al. Randomized Controlled	duplicate of
	Trial of Home-Based Telehealth Versus In-Person Prolonged Exposure for Combat-Related	an included
48	PTSD in Veterans: Preliminary Results. J Clin Psychol. 2015;71(6):500-12.	study
	Zhang J, Sheerin C, Mandel H, Banducci AN, Myrick H, Acierno R, et al. Variation in	
10	SLUTAT IS related to compat-related posttraumatic stress disorder. J Anxiety Disord.	etudy type
49	2014,20(0).302-1.	siduy iype

Supplementary Table 2 – Ongoing trials

Trial registry number	Title	PICO
NCT01158001	Telemedicine for Improved Delivery of Psychosocial Treatments for Post Traumatic Stress Disorder	 P = Primary diagnosis of chronic PTSD due to combat, over 18 years old I = Prolonged exposure therapy via telehealth (video) C = Prolonged exposure therapy face-to-face O = PTSD severity (CAPS scale)
NCT00333710	Evaluating a Telehealth Treatment for Veterans With Hepatitis C and PTSD	 P = clinical diagnosis of hepatitis C, clinical diagnosis of PTSD I = Individual telephone psychotherapy C1 = Individual face-to-face psychotherapy C2 = Control condition/treatment as usual O = Hepatitis C knowledge questionnaire; quality of life, adverse events
NCT02290847	Clinical Effectiveness Trial of In-Home Cognitive Processing Therapy for Combat-Related PTSD	P = active duty military and veterans, with PTSD I = Telehealth (video) cognitive processing therapy (CPT) C1: in-office face-to-face CPT C2: at home face-to-face CPT O = PTSD symptoms (PCL-5 scale)

Supplementary Table 3 – Measurement scales for primary and secondary outcomes

Outcome	Abbreviated name	Full Name	Use of scale	Quality	Items	Delivery	Scoring
	PCL-M	PTSD Checklist - Military	Assesses DSM-IV PTSD symptom severity amongst military personnel; asks about symptoms in response to "stressful military experiences."	reliable and valid	17	Self report	5-point Likert scale. A total symptom severity score (range = 17-85) can be obtained by summing the scores from each of the 17 items that have response options ranging from 1 "Not at all" to 5 "Extremely". High score = higher symptom severity.
PTSD	PCL-C	PTSD Checklist - Civilian	Assesses DSM-IV PTSD symptom severity, in relation to generic "stressful experiences" and can be used with any population	reliable and valid	17	Self report	5-point Likert scale. A total symptom severity score (range = 17-85) can be obtained by summing the scores from each of the 17 items that have response options ranging from 1 "Not at all" to 5 "Extremely". High score = higher symptom severity.
Seventy	CAPS/ CAPS-5	Clinician- Administered PTSD Scale	Assesses the 20 DSM-5 PTSD symptoms; targets the onset and duration of symptoms, subjective distress, impact of symptoms on functioning, improvement in symptoms since a previous CAPS, overall response validity, overall PTSD severity, and specifications for the dissociative subtype	reliable and valid	30	Clinician administered	CAPS total score and criterion scores were used (higher scores indicative of more symptomatology). CAPS-5 total symptom severity score is calculated by summing severity scores for the 20 DSM-5 PTSD symptoms. CAPS-5 symptom cluster severity scores are calculated by summing the individual item severity scores for symptoms corresponding to a given DSM-5 cluster
Depression	PHQ-9	Patient Health Questionnaire	Used in screening for probable depression and monitoring treatment progress	reliable and valid	9	Self report	Total score of 27, higher score indicates more severe depression
Severity	BDI/BDI-II	Beck Depression Inventory	Evaluates the severity of depression in normal and psychiatric populations	reliable and valid	21	Self report	Sum scores are calculated with a possible range of 0 to 63, with higher scores indicating higher levels of depression symptom severity
Quality of Life	SF-36	Short Form Survey	Measures health status and functioning over the past 4 weeks	Reliable and valid	36	self report	Final scores range from 0-100, with the highest level of functioning being 100. Physical health score only
Therapeutic working alliance	WAI-T	Working Alliance Inventory Short Form - Therapist version	Refined measure of the therapeutic alliance that assesses three key aspects of the therapeutic alliance	Reliable and valid	12	Self report	Higher scores reflect more positive working alliance, scored on a scale of 1-7

	WAI-C	Working Alliance Inventory Short Form - Client version	Refined measure of the therapeutic alliance that assesses three key aspects of the therapeutic alliance	Reliable and valid	12	Self report	Higher scores reflect more positive working alliance, scored on a scale of 1-7
	GTAS	Group therapy alliance scale	Assesses therapeutic alliance and group cohesion	Version used not validated	30	Self report	Scoring unclear, seems to be on 1-5 Likert scale where higher scores indicate more agreement/satisfaction. High score 150.
	CPOSS	Charleston Psychiatrics Outpatient Satisfaction Scale	Measures satisfaction in psychiatric outpatients	Reliable and valid	16	Self report	The overall score results from summing responses to individual questions for a possible range of 13 to 65 with higher scores indicating higher satisfaction
Satisfaction	CPOSS-VA	Charleston Psychiatrics Outpatient Satisfaction Scale - Veterans	Evaluates satisfaction with care among combat veterans treated within VA PTSD clinics	Reliable and valid	16	Self report	5-point Likert scale response format, high score of 80 where higher score = high satisfaction
	Service Delivery Perceptions Questionnaire	Service Delivery Perceptions Questionnaire	Assesses the level of satisfaction with their modality of treatment received	Unclear	8	Self report	5-point Likert scale, high scores = higher satisfaction
	N/A	Overall patient satisfaction questionnaire	Measures patient satisfaction with treatment	unclear	unclear	Self report	Unclear

Supplementary Figure 1: Telehealth vs. face-to-face for PTSD: therapeutic alliance (the evaluated therapy is indicated in brackets after each reference)



Test for subgroup differences: $Chi^2 = 0.07$, df = 1 (P = 0.80), $I^2 = Risk of bias legend_1$

 $\textbf{(A)} Random \ sequence \ generation \ (selection \ bias)$

(B) Allocation concealment (selection bias)

 (\mathbf{C}) Blinding of participants and personnel (performance bias)

 (\mathbf{D}) Blinding of outcome assessment (detection bias)

(E) Incomplete outcome data (attrition bias)(F) Selective reporting (reporting bias)

(**G**) Other bias

Supplementary Figure 2: Telehealth vs. face-to-face for PTSD: satisfaction with treatment (the evaluated therapy is indicated in brackets after each reference)



(A) Random sequence generation (selection bias)

(B) Allocation concealment (selection bias)

(C) Blinding of participants and personnel (performance bias)

 $(\ensuremath{\textbf{D}})$ Blinding of outcome assessment (detection bias)

(E) Incomplete outcome data (attrition bias)

(F) Selective reporting (reporting bias)

(G) Other bias