

**Appendix: Summary of Articles in the Systematic Literature Review (continued)**

Citation	Intervention Used	Sample	Sample Size	Effectiveness v. Face-to-Face	Efficiency	Obstacles
Glassman et al. (2019)	CBT: cognitive processing therapy	Male veterans and female civilians and veterans	251	VC demonstrates non-inferiority to F2F for treatment outcomes and quality of life.	--	Recent significant increase in the adoption of tele-health technology.
Gros et al. (2018)	CBT: exposure-based therapy	Veterans with PTSD	67	No difference in patient satisfaction or perceived service quality, except tele-health showing more willingness to travel further for services.	--	--
Jacobs et al. (2019)	Tele-health	Veterans with VA-issued video-enabled tablets	764	Tablets saved time and money.	More cost-effective for those with transportation barriers. Employment and computer literacy associated with time savings.	Broadband connectivity issues. Technology training needed for participants to optimize time savings.
King et al. (2014)	Opioid dependence treatment, comprehensive substance abuse care and step-care counseling	Outpatients receiving opioid dependence treatment and comprehensive substance abuse	59	Counseling attendance and treatment satisfaction similar between F2F & VC.	VC provides more convenient access to motivating higher attendance. VC shows greater reinforcement potential for busy schedules.	Enthusiasm for online platforms wavered during treatment. Adapting too new technology posed the biggest challenge.
Klein and Cook (2010)	Mental health care	Mental health services users	165	No differences in demographic data between e-preferers and non e-preferers.	Online interventions preferred by introverted, emotionally unstable, less agreeable, and less emotionally open personality types.	The majority of respondents preferred F2F services. Perception that F2F services are more helpful. Respondents express concern over the confidentiality of online information.
Lancee et al. (2019)	CBT for insomnia	Diagnosed insomnia disorder	90	Both F2F and VC groups report moderate-to-large symptoms decreases.	VC efficient when short-staffed.	F2F superior for pre-arousal, sleep-related worry and dysfunctional beliefs.
Lin et al. (2018)	CBT: cognitive behavior group therapy	Coronary artery heart disease patients ages 35 to 75	43	Treatment effectiveness of the VC group comparable to the F2F group.	Online conference maintains group intimacy by transmitting eye contact, smiling, and interaction immediacy.	Computer and internet use less prevalent among older generations. Computer and internet literacy a necessary prerequisite.
Maieritsch et al. (2016)	CBT: cognitive processing therapy	Veterans with PTSD	90	Outcomes equivalent between VC and F2F.	VC is less expensive and time-consuming than F2F.	Multiple weekly sessions may be more difficult to schedule.
Marcelle et al. (2019)	CBT, acceptance and commitment therapies	Adults with depression	318	Results indicate that digital psychotherapy is an effective treatment. No significant associations between symptoms changes and sociodemographic variables.	Increased flexibility and accessibility of multimodal online platform.	Participants with previous F2F therapy showed significantly less treatment improvement.

Acronyms used: CBT (cognitive-behavioral therapy); PTSD (post-traumatic stress disorder); VC (virtual conference); F2F (face-to-face); CPAP (continuous positive airway pressure)