Appendix:	Summary of Articles in the Systematic Literature Review (*continued*)					
Citation	**Intervention Used**	**Sample**	**Sample Size**	**Effectiveness v. Face-to-Face**	**Efficiency**	**Obstacles**
Veder et al. (2014)	Mental health counseling	Adults contacting employee and family assistance requesting counseling support	136	Similar VC and F2F clinical outcomes in attendance, helpfulness, satisfaction, and goal completion. Lower withdrawals and no-shows among VC clients.	Reduced barriers in coordinately schedules and childcare. Easier for seeing multiple clients in one session.	--
Virk et al. (2020)	Pre-travel education	Adult travelers seeking pre-travel medical consultation	194	VC supported pre-travel education as effective as F2F.	Decreased time with patients, improved access to calendars.	VC consults better for low-risk travelers than high risk. Internet firewall issues.
Wagner, Horn, and Maercker (2014)	CBT	Adults diagnosed with depression	62	Internet-based intervention was equally effective as F2F. Post-treatment symptom reduction better in online groups. No significant difference in treatment satisfaction.	Online interventions place a stronger focus on self-responsibility. Advantages of decreased social presence and increased anonymity.	F2F provides more opportunity to discuss problematic issues. Role of therapists less prominent online. Higher dropout rates among online group.
Wallin et al. (2018)	Psychological treatment	Undergraduate students and primary health clinic patients seeking help for a mental health condition	462	Patients preferred online for stigmatized treatment. Participants with self-stigma over receiving help show higher intention to seek treatment online. For general issues, patients preferred F2F.	Previous computer use and literacy impacts attitudes toward treatment format.	Lower expectations on the helpfulness of online treatment. Higher expectations of online treatment predict the intention to seek help. Higher levels of distress and lower age associated with the intention to seek online treatment.
Woolf et al. (2016)	Word finding therapy	Adults with aphasia following left hemisphere stroke	20	No missed sessions in both online and F2F. Good overall satisfaction for online. High treatment fidelity online. Those treatment remotely improved most.	Remote group mastered technology. Good ratings for connectivity and video and sound quality. Connectivity issues well tolerated. Relief over lack of travel. Facetime easy to use.	Some depend on partners for technical support, missed cues from therapists online. Lack of data protection, difficulty using proprietary VC platform.
Younes et al. (2015)	Mental health care	Young adults ages 18 to 37	560	E-users were not different from in-person users, e-health care does not hinder conventional care, e-users contacted psychologists more often.	Online help was better for those seeking a combination of services.	Not enough information on internet-specific issues.
Yuen et al. (2013)	Acceptance based behavior therapy	Adults with generalized social anxiety disorder	24	Less anxiety versus F2F, no relationship between technical difficulties and change in symptoms, treatment response comparable to F2F.	The convenience of remote access in location, ease of communication through VC.	Some internet connectivity issues, disruptions in sound and video quality, limitations to scenarios completed. Video quality hinders view of body language.

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