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eAppendix 1: Summary of the search strategy for trials of remote CBT vs. in-person CBT

July 4, 2023

MEDLINE	7880
Embase	8715
PsycInfo	5189
CINAHL	3371
Cochrane	11656
Subtotal	36811
-dupes and already seen	17696
Total	19115

MEDLINE (OVID)

Database: OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Search Strategy:

-
- 1 Internet-Based Intervention/ (1130)
 - 2 Internet/ (81328)
 - 3 (internet or computer or computerized).mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word] (982476)
 - 4 (virtual or online).mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word] (310066)
 - 5 exp Telemedicine/ (44775)
 - 6 exp Telephone/ (35600)
 - 7 Videotape Recording/ (11647)
 - 8 (telebehavioral or telehealth or telephone or phone or videoconferenc*).mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word] (124631)
 - 9 (telepsycholog* or teletherap*).mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word] (6109)

- 10 or/1-9 (1365582)
- 11 exp Cognitive Behavioral Therapy/ (36523)
- 12 ((cognitive or behavio?r*) adj3 therapy).mp,jw. (82784)
- 13 Psychotherapy/ (57783)
- 14 Psychotherapy, Group/ (14486)
- 15 ((psychological or psychotherap*) adj3 (treatment or intervention)).mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word] (15934)
- 16 or/11-15 (159885)
- 17 10 and 16 (13890)
- 18 randomized controlled trial.pt. (595826)
- 19 controlled clinical trial.pt. (95352)
- 20 randomi?ed.ab. (726807)
- 21 placebo.ab. (239558)
- 22 drug therapy.fs. (2604360)
- 23 randomly.ab. (411598)
- 24 trial.ab. (654619)
- 25 groups.ab. (2538009)
- 26 or/18-25 (5716732)
- 27 exp animals/ not humans.sh. (5135842)
- 28 26 not 27 (4991464)
- 29 17 and 28 (7880)

Embase (OVID)

Database: Embase <1974 to 2023 July 03>

Search Strategy:

-
- 1 internet/ or web-based intervention/ (126181)
 - 2 (internet or computer or computerized).mp. (1985554)
 - 3 (virtual or online).mp. (436737)
 - 4 exp telemedicine/ (71382)
 - 5 exp telephone/ (46002)
 - 6 videorecording/ (119498)
 - 7 (telebehavioral or telehealth or telephone or phone or videoconferenc*).mp. (207215)
 - 8 (telepsycholog* or teletherap*).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word, floating subheading word, candidate term word] (2652)
 - 9 or/1-8 (2621218)
 - 10 exp cognitive behavioral therapy/ (26781)
 - 11 ((cognitive or behavio?r*) adj3 therapy).mp,jw. (126257)
 - 12 psychotherapy/ (96659)
 - 13 ((psychological or psychotherap*) adj3 (treatment or intervention)).mp. (23325)
 - 14 or/10-13 (219230)
 - 15 9 and 14 (21728)
 - 16 randomized controlled trial/ (791717)

- 17 Controlled clinical study/ (469547)
- 18 random\$.ti,ab. (1983466)
- 19 randomization/ (99532)
- 20 intermethod comparison/ (298725)
- 21 placebo.ti,ab. (367950)
- 22 (compare or compared or comparison).ti. (606946)
- 23 ((evaluated or evaluate or evaluating or assessed or assess) and (compare or compared or comparing or comparison)).ab. (2787889)
- 24 (open adj label).ti,ab. (109969)
- 25 ((double or single or doubly or singly) adj (blind or blinded or blindly)).ti,ab. (275749)
- 26 double blind procedure/ (211712)
- 27 parallel group\$1.ti,ab. (32447)
- 28 (crossover or cross over).ti,ab. (125199)
- 29 ((assign\$ or match or matched or allocation) adj5 (alternate or group\$1 or intervention\$1 or patient\$1 or subject\$1 or participant\$1)).ti,ab. (417899)
- 30 (assigned or allocated).ti,ab. (492326)
- 31 (controlled adj7 (study or design or trial)).ti,ab. (454371)
- 32 (volunteer or volunteers).ti,ab. (283319)
- 33 human experiment/ (656220)
- 34 trial.ti. (406596)
- 35 or/16-34 (6355050)
- 36 (random\$ adj sampl\$ adj7 ("cross section\$" or questionnaire\$1 or survey\$ or database\$1)).ti,ab. not (comparative study/ or controlled study/ or randomi?ed controlled.ti,ab. or randomly assigned.ti,ab.) (9498)
- 37 Cross-sectional study/ not (randomized controlled trial/ or controlled clinical study/ or controlled study/ or randomi?ed controlled.ti,ab. or control group\$1.ti,ab.) (351572)
- 38 (((case adj control\$) and random\$) not randomi?ed controlled).ti,ab. (21724)
- 39 (Systematic review not (trial or study)).ti. (264882)
- 40 (nonrandom\$ not random\$).ti,ab. (19034)
- 41 "Random field\$.ti,ab. (2970)
- 42 (random cluster adj3 sampl\$).ti,ab. (1554)
- 43 (review.ab. and review.pt.) not trial.ti. (1128244)
- 44 "we searched".ab. and (review.ti. or review.pt.) (50268)
- 45 "update review".ab. (139)
- 46 (databases adj4 searched).ab. (63366)
- 47 (rat or rats or mouse or mice or swine or porcine or murine or sheep or lambs or pigs or piglets or rabbit or rabbits or cat or cats or dog or dogs or cattle or bovine or monkey or monkeys or trout or marmoset\$1).ti. and animal experiment/ (1232046)
- 48 Animal experiment/ not (human experiment/ or human/) (2588267)
- 49 or/36-48 (4361068)
- 50 35 not 49 (5607504)
- 51 15 and 50 (8715)

PsycInfo (OVID)

Database: APA PsycInfo <1806 to June Week 4 2023>

Search Strategy:

- 1 internet/ (31113)
- 2 online therapy/ (4203)
- 3 (internet or computer or computerized).mp. (230999)
- 4 (virtual or online).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word] (158293)
- 5 exp telemedicine/ (13168)
- 6 exp telephone systems/ (9972)
- 7 exp Videotapes/ (2612)
- 8 (telebehavioral or telehealth or telephone or phone or videoconferenc*).mp. (46647)
- 9 (telepsycholog* or teletherap*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh word] (600)
- 10 or/1-9 (385811)
- 11 exp Cognitive Behavior Therapy/ (26917)
- 12 ((cognitive or behavio?r*) adj3 therapy).mp,jw. (98240)
- 13 exp Psychotherapy/ (222207)
- 14 ((psychological or psychotherap*) adj3 (treatment or intervention)).mp. (23179)
- 15 or/11-14 (312274)
- 16 10 and 15 (15063)
- 17 limit 16 to "therapy (best balance of sensitivity and specificity)" (3420)
- 18 (double-blind or random: assigned or control).tw. (549103)
- 19 exp Clinical Trials/ (13626)
- 20 (controlled adj3 trial*).mp. (63994)
- 21 (clinical adj2 trial*).mp. (54152)
- 22 (randomi?ed adj7 trial*).mp. (76239)
- 23 or/18-22 (621692)
- 24 16 and 23 (5189)
- 25 17 or 24 (5189)

CINAHL (EBSCO)

Tuesday, July 04, 2023 4:59:13 PM

#	Query	Limiters/Expanders	Last Run Via	Results
S31	S15 AND S30	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	3,371
S30	S16 OR S17 OR S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26 OR S27 OR S28 OR S29	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	1,009,330

S29	MH (CROSSOVER DESIGN) OR MH (COMPARATIVE STUDIES)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	474,227
S28	AB (CONTROL W5 GROUP)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	143,678
S27	PT (randomized controlled trial)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	150,517
S26	MH (placebos)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	13,682
S25	MH (sample size) AND AB (assigned OR allocated OR control)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	4,409
S24	TI (trial)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	181,144
S23	AB (random*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	397,004
S22	TI (randomised OR randomized)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	140,942
S21	MH cluster sample	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced	5,186

			Search Database - CINAHL	
S20	MH pretest-posttest design	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	52,501
S19	MH random assignment	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	79,210
S18	MH single-blind studies	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	15,943
S17	MH double-blind studies	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	53,950
S16	MH randomized controlled trials	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	136,735
S15	S9 AND S14	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	7,753
S14	S10 OR S11 OR S12 OR S13	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	71,658
S13	TX ((psychological or psychotherap*) N3 (treatment or intervention))	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	13,986

S12	(MH "Psychotherapy") OR (MH "Psychotherapy, Group")	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	28,704
S11	TX ((cognitive or behavio?r*) N3 therapy)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	30,086
S10	(MH "Cognitive Therapy+")	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	29,037
S9	S1 OR S2 OR S3 OR S4 OR S5 OR S6 OR S7 OR S8	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	463,441
S8	TX telepsycholog* or teletherap*	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	286
S7	TX telebehavioral or telehealth or telephone or phone or videoconferenc*	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	94,674
S6	"videotape"	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	1,058
S5	(MH "Telephone+")	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	27,674
S4	(MH "Telemedicine+")	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced	19,636

			Search Database - CINAHL	
S3	TX virtual or online	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	145,647
S2	TX internet or computer or computerized	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	259,548
S1	(MH "Internet") OR (MH "Internet-Based Intervention")	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	54,326

Cochrane Library (Wiley)

Search Name: 2023-07-04 internet telephone CBT

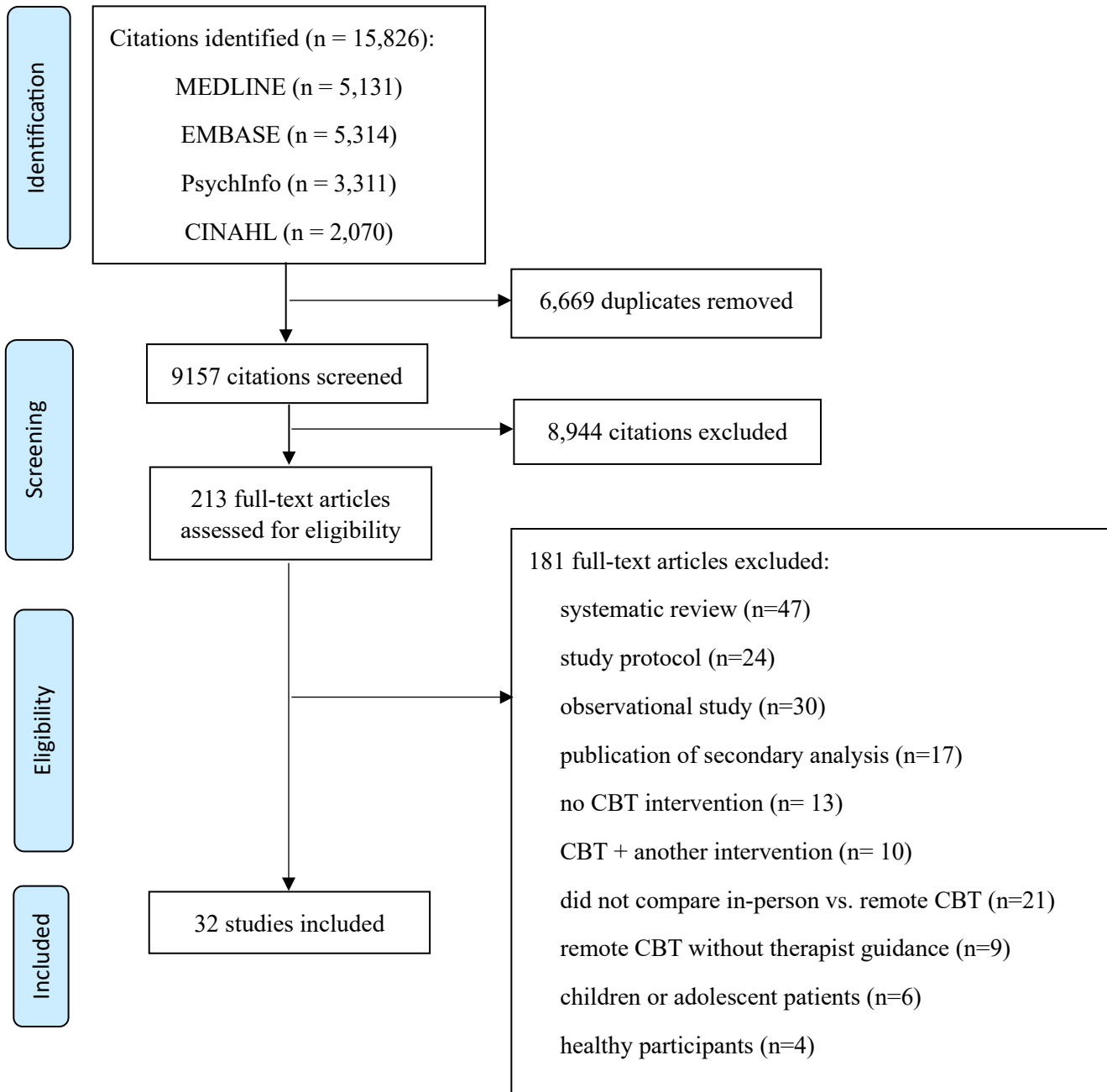
Date Run: 04/07/2023 23:38:09

Comment:

ID Search Hits

- #1 MeSH descriptor: [Internet-Based Intervention] explode all trees 556
- #2 MeSH descriptor: [Internet] explode all trees 6180
- #3 (internet or computer or computerized) 77165
- #4 (virtual or online) 59692
- #5 MeSH descriptor: [Telemedicine] explode all trees 4250
- #6 MeSH descriptor: [Telephone] explode all trees 6121
- #7 MeSH descriptor: [Videotape Recording] explode all trees 1056
- #8 telebehavioral or telehealth or telephone or phone or videoconferenc* 46394
- #9 telepsycholog* or teletherap* 345
- #10 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 163156
- #11 MeSH descriptor: [Cognitive Behavioral Therapy] explode all trees 12963
- #12 ((cognitive or behavio?r*) NEAR/3 therapy) 39811
- #13 MeSH descriptor: [Psychotherapy] explode all trees 33417
- #14 MeSH descriptor: [Psychotherapy, Group] explode all trees 4064
- #15 ((psychological or psychotherap*) NEAR/3 (treatment or intervention)) 9989
- #16 #11 or #12 or #13 or #14 or #15 60098
- #17 #10 and #16 in Trials 11656

PRISMA flow diagram of initial study selection (May 11, 2022)



eTable 1: Therapist involvement in remote CBT and safety outcomes for included trials

Study	Clinical Condition	Type of sessions	Type of remote CBT	Involvement of therapist in on-line sessions	Safety Data
Heapy, 2017	Chronic back pain	Individual therapy	Interactive voice response	The IVR-CBT therapists reviewed the IVR-reported information and recorded 2-to 5-minute personalized feedback patterned after prior studies using IVR. Feedback was delivered weekly during participants' regular IVR assessments.	Forty-six participants experienced 92 related and unrelated adverse events (AEs) (IVR-CBT, 40; in-person CBT, 52). Most related AEs were increased pain from exercise. The number of AEs was not significantly different by treatment group (P = 0.44). Two serious AEs were reported, but judged by the institutional review board to be unrelated to study participation.
Anderson, 2013	Depression	Group therapy	iCB	The treatment was guided by an identified Internet-therapist and patients were instructed to submit homework assignments each Sunday after which they received personalized feedback within 24h. All contact with the patients was handled via a secure online contact management system resembling Internet banking.	No AEs were reported as a direct function of treatment
Andrews, 2011	Social phobia	Group therapy	iCBT	Each participant in the iCBT arm received emails and telephone calls in addition to those that are automated. This required a total of 18 min per patient of clinician time per online session.	There were no AEs reported.
Axelsson, 2020	Health anxiety	Individual therapy	iCBT	Patients could communicate freely with their therapist by way of an email-like system and expect a reply within 48 hours on weekdays. The treatment was communicated via a self-help text divided into 12 chapters (i.e., modules). Patients were encouraged to complete 1 iCBT module per week, and patients received feedback from the therapist after each module	At least 1 adverse event was reported by 19 of 97 patients in iCBT (20%) and 17 of 97 patients in face-to-face CBT (18%). This difference was not significant. The most commonly reported type of adverse event in both treatments was increased anxiety or stress (16 [16%] vs 14 [14%]). No serious adverse events were reported
Bergström, 2010	Panic disorder	Group therapy	iCBT	Each module ended with a number of questions to be answered by the patient through interactive forms (e.g., homework assignments). After reviewing their answers, the psychologist gave access to the next module and provided feedback. At any	NR

				<p>moment the patient could post a message if he or she needed further help. Messages were answered within 24 hours on regular weekdays. No other contact than by e-mail between patient and psychologist took place during treatment.</p> <p>The total number of e-mails sent by therapists during treatment was 555 (mean per patient: 11.3, SD = 4.3). The total average therapist time spent per patient in the Internet treatment was 35.4 minutes (SD = 19.0). That is, this was the mean amount of time that therapists used to answer e-mails from each patient.</p>	
Alegría, 2014	Depression	Individual therapy	Telephone-based CBT	Treatment provided in real time over the telephone. The therapist involvement was the same as in-person CBT.	NR
Franklin, 2018	Trauma-related insomnia	Group therapy	Telephone-based CBT	Treatment provided in real time over the telephone. The therapist involvement was the same as in-person CBT.	NR
Frueh, 2007	PTSD	Group therapy	videoconferencing	Treatment provided in real time over the videoconference. The therapist involvement was the same as in-person CBT.	NR
Maieritsch, 2016	PTSD	Individual therapy	video-teleconferencing	Treatment provided in real time over VTC. The therapist involvement was the same as in-person CBT.	NR
Liu, 2020	PTSD	Group therapy	videoconferencing	Treatment provided in real time over VTC. The therapist involvement was the same as in-person CBT.	NR
Morland, 2014	PTSD	Group therapy	video teleconferencing	Treatment provided in real time over VTC. The therapist involvement was the same as in-person CBT.	NR
Mitchell, 2008	Bulimia nervosa	Individual therapy	Telemedicine	TV-CBT was delivered using a telemedicine system linking a regional healthcare system facility using T1 lines. Subjects interacted with the therapist only through telemedicine. Units were placed so as to mimic the interpersonal distance and height equality used in FTF therapy.	NR
Himelhoch, 2013	Depression	Individual therapy	Telephone-based CBT	Participants were given a study workbook and were given the name and telephone number of their therapist. The therapist contacted the participant to set up the first session, reviewed workbook material and provided feedback.	No AEs occurred among participants
Mohr, 2012	Depression	Individual therapy	Telephone-based CBT	Treatment provided in real time over the telephone. The therapist involvement was the same as in-person CBT.	No AEs occurred among participants
Sadeghijoola, 2022	Vasomotor symptoms	Individual therapy	Telephone-based CBT	The phone counseling group received 6 weekly 30-40-minute counseling sessions based on cognitive-behavioral therapy. The therapist involvement was the same as in-person CBT.	NR
McAndrew, 2018	Chronic multi-symptom illness	Individual therapy	Telephone-based CBT	Treatment provided in real time over the telephone. The therapist involvement was the same as in-person CBT.	NR

Egede, 2015	Depression	Individual therapy	Telemedicine	Eight sessions of behavioural activation for depression was delivered via telemedicine Treatment provided in real time over the telephone. The therapist involvement was the same as in-person CBT.	No AEs occurred among participants
Choi, 2014	Depression	Individual therapy	Telephone-based CBT	Treatment provided in real time over the telephone. The therapist involvement was the same as in-person CBT.	NR
Luxton, 2016	Depression	Individual therapy	Telephone-based CBT	Treatment provided in real time over video teleconferencing. The therapist involvement was the same as in-person CBT.	NR
Glueckauf, 2012	Depression	Both Individual therapy & Group therapy	Telephone-based CBT	Treatment provided in real time over the telephone. The therapist involvement was the same as in-person CBT.	NR
Kheirkhah, 2023	Depression	Individual therapy	iCBT	The therapist-guided iCBT was delivered by a psychologist in 25 min weekly sessions via telephone/Whatsapp. Before each session the therapist reviewed homework assignments.	NR
Watts, 2020	Generalized anxiety disorder	Individual therapy	videoconference	Treatment provided in real time over video teleconferencing. The therapist involvement was the same as in-person CBT.	No AEs occurred among participants
Hall, 2017	Chronic Fatigue Syndrome	Individual therapy	Telephone-based CBT	Treatment provided in real time over the telephone. The therapist involvement was the same as in-person CBT.	NR
Lovell, 2006	Obsessive compulsive disorder	Individual therapy	Telephone-based CBT	Treatment provided in real time over the telephone. The therapist involvement was the same as in-person CBT.	NR
Burgess, 2012	Chronic fatigue syndrome	Individual therapy	Telephone-based CBT	Telephone CBT consisted of one face to face session of up to 3 hours with their assigned therapist. The long session allowed adequate time for a detailed assessment and socialization to the model. In addition, participants were given a folder containing a treatment manual, activity, sleep and thought diaries to complete, and stamped addressed envelopes in which to return them. Thereafter, participants were offered 13 fortnightly phone appointments of half an hour's duration. Participants returned completed homework diaries by post, fax or e-mail for the therapist to look at before and during their phone appointment.	NR
Granberg, 2022	Insomnia	NR	video-based telemedicine	Treatment provided in real time over the telephone. The therapist involvement was the same as in-person CBT.	NR

Bessell, 2012	Appearance concern	Individual therapy	Computerised CBT	A CBT therapist was assigned to each participant receiving computer-delivered CBT, and assisted them with any technical difficulties, and clarified any issues raised in the program that were not clear. The actual time spent by the psychologist responding to the participants was not recorded.	NR
Blom, 2015	Insomnia	Group therapy	iCBT	The iCBT included active support by trained therapists. Each module ended with the participant sending in a homework report via a secure messaging system. The therapist received the message, and within 24 h on weekdays they reviewed the homework assignments, gave written feedback and then gave the participant access to the next module. The participants could send questions to their therapist, which were answered within 24 h on weekdays. If the participant was inactive for 7 days, the therapist would send a mobile phone text message encouraging the participant to get in touch and continue treatment. If there was no response, the therapist would try to reach the patient by telephone.	The post-assessment question about negative consequences of the treatment was answered affirmatively by 9 participants (19%), 3 in GCBT and 6 in iCBT (non-significant difference, Fischer exact statistic test value = 0.5, P = 0.46). These participants had a 3-11 point decrease in ISI from pre-to post-treatment. Three of the complaints (2 in GCBT and 1 in iCBT) were expected effects of interventions, temporary and considered acceptable by the patients (having to stop driving temporarily; being very sleepy during the beginning of sleep restriction; not being allowed to read in bed). One participant (iCBT) had high hopes for the treatment and was disappointed, one found the treatment stressful and two became more fixated on sleep and had increased worry about sleep, one had increased headache and a minor traffic incident after getting little sleep. One person in GCBT was worried about relapsing into burnout syndrome.
Milgrom, 2021	Postnatal depression	Individual therapy	iCBT	Support from a telephone coach was intended to encourage women to use and complete the program (Mum Mood Booster). Weekly low-intensity telephone coaching support (30 minutes maximum per week) was provided. Rather than providing therapy per se, coaches were instructed to reinforce participant progress, encourage program use (practice of strategies and completion of tasks), and introduce the themes of upcoming sessions. In an initial welcome call, the assigned MMB coach explained the MMB core structure, additional library articles, and partner website. Coaches were able to access a secure administrative website to review each participant's program use to help tailor their support.	Symptom severity and safety of participants were monitored [and] A written risk management protocol, based on the successful approach of Simon et al, was initiated if any risk of harm to self or infant or marked deterioration of depressive symptoms was indicated; however, no adverse events were reported.

				Coaching call fidelity was facilitated by the use of a manualized script and a session-by-session checklist. Coaching calls were provided over a period of 9 weeks, which enabled participants to work through the 6 sessions at <1 session per week and allowed for the rescheduling of up to 3 missed coach calls.	
Meng, 2019	Depression	NR	Telephone-based CBT	Treatment provided in real time over the telephone. The therapist involvement was the same as in-person CBT.	NR
Ying, 2022	Depression	Group therapy	iCBT	The <i>Healthy Psychological Station</i> comprised a 5-week-long clinician-guided iCBT delivered through a WeChat mini program. Participants were instructed to read the lessons in an individual format within 5 weeks, according to the same treatment timetable. The case stories were based on real cases of Chinese patients who had undergone CBT and recovered from subthreshold depression or major depressive disorder. Clinicians who were blind to the hypothesis provided technical assistance and encouraged participants to use the program. The actual time spent by the psychologist responding to the participants was not recorded.	NR
Kaldo, 2008	Distress associated with tinnitus	Group therapy	iCBT	The Internet treatment was delivered via a website and e-mail contact between the participants and their therapist. All the information the participants submitted on the website was available to the therapist, who responded via e-mail with feedback, support, and recommendations on how to proceed. More intensive continuous e-mail interaction between the therapist and participant occurred, when needed, to foster adherence or to help out with problems. The actual time spent by the psychologist responding to the participants was not recorded.	NR
Peterson, 2022	PTSD	Individual therapy	Telephone-based CBT	Telehealth cognitive processing therapy was conducted through a computer-based video link connection from the therapist's office to the participant's home. The therapist involvement was the same as in-person CPT.	Adverse events (AEs) were assessed by the therapist once per week during the intervention period. During the treatment phase, 53% (63/120) of participants reported a total of 133 AEs. Most AEs were general medical or health conditions that were judged to be "unrelated" to the study procedures; however, 28% (33/120) of participants reported a total of 51 AEs that were at least "possibly" related. The most common related AEs reported by more than

					3 participants were nightmares (7.5%), sleep difficulty (5.8%), depression (5.0%), anxiety (4.2%), and irritability (4.2%). None of these AEs differed significantly by group after adjustment for the numbers of participants in each group.
Lundstrom, 2022	Obsessive-compulsive disorder	Individual therapy	iCBT	<p>Participants received OCD-NET, a previously evaluated iCBT program for 14 weeks. The program included 10 modules, unlocked consecutively by the therapist upon completion of the homework assignment of the previous module. Therapists supported the participants through the 14 weeks via asynchronous messages, encouraging them to engage in ERP exercises and troubleshooting during treatment.</p> <p>Participants were free to log in to the platform at any time during the treatment period of 14 weeks but were informed that they could expect a reply from a therapist within 24 hours on weekdays. Therapists communicated with the participants in the platform through an email-like message system and answered messages during office hours between 8:00-17:00. If a participant was inactive for more than 2-3 days, therapists sent a message to the participant in the platform. If no reply was given, an SMS was sent to encourage the participant to log in to the platform or ask for help. The therapist could also contact the participant via telephone if no response was given to prior contact attempts.</p> <p>To increase participant engagement in follow-up assessments, participants were reminded via text message 48 hours prior to an appointment. If a participant did not attend a follow-up session, a psychiatrist contacted the participant via telephone and performed the assessments. The participants were also reminded about the self-rated outcome measures via text messages sent from the internet platform.</p>	The most frequently reported adverse event during treatment was anxiety (30 participants [25%]), followed by depressive symptoms (20 participants [17%]), stress (11 participants [9%]), and sleep disturbances (9 participants [8%]) (eAppendix 13, eTable 18, and eTable 19 in Supplement 2). Two serious adverse events related to increased suicidal ideation (1 in the face-to-face treatment and 1 in the guided iCBT treatment condition) were recorded. Both participants were briefly admitted to the hospital as in-patients but remained in the trial.
Carlbring, 2005	Panic disorder	Individual therapy	iCBT	In the IT group, feedback on the homework was usually given within 36 h after sending their answers via e-mail. On the basis of these e-mails, a subjective assessment was made by the therapist of whether the participant was ready to continue; if so, the password to the next module was sent. If not, the participant received instructions on what needed to be completed before proceeding to the next module. All contact was exclusively via e-	NR

				mail. The participants were encouraged to come up with questions or reflections during treatment, and they were free to send an unlimited number of emails. The total number of reciprocal contacts (receive and send) ranged from 4 to 31 (M = 15.4; SD = 5.5). As the e-mail responses to the participants often were very similar much text could be recycled. The mean total time spent on each participant was approximately 150 min, including administration, and responding to the e-mails.	
Conrad, 2015	Chronic tinnitus	Group therapy	iCBT	At the end of each treatment week, participants contacted the therapist via email to inform them of their progress with the modules and if they had encountered any problems. The therapist provided feedback, support, and recommendations on how to proceed. The actual time spent by the psychologist responding to the participants was not recorded.	NR
de Boer, 2014	Non-specific chronic pain	Group therapy	iCBT	Each module was followed by homework assignments. These assignments were filled in on the computer and submitted by e-mail to the course facilitator (a psychologist at a Pain Center). Participants receive personal feedback from their psychologist. The amount of contact and the content of the e-mail messages from the psychologist in response to the submitted homework assignments were to a large extent standardized. For all participants, the e-mail messages had the same structure. After modules 2, 4, 7 and 8, additional e-mail contact took place, focused upon discussing the progress in the course, experienced difficulties and any questions the participant had concerning the course. The actual time spent by the psychologist responding to the participants was not recorded.	NR
Gollings, 2006	Body dissatisfaction and disordered eating	Group therapy	iCBT	Treatment provided in real time over the Internet. The therapist involvement was the same as in-person CBT.	NR
Hedman, 2011	Social anxiety disorder	Group therapy	iCBT	The role of the therapist was mainly to provide feedback regarding homework and to grant access to the treatment modules. However, the patient could contact the therapist at any time and expect a reply within 24 hours during weekdays. The general instruction to internet therapists was to restrict time spent on each patient to less than 10 minutes per week.	NR
Jarnefelt, 2020	Insomnia	Group therapy	computerized CBT	CBT-I participants had one individual session with a nurse before the treatment, during which the nurse gave them instructions on	NR

				how to use the self-help material. The session after the self-help program was used to review each participant's feedback and experiences (both lasting 30 min).	
Jasper, 2014	Chronic tinnitus	Group therapy	iCBT	Once a week, patients could communicate with their therapist via a secure online messaging system. The therapists were instructed to try to dedicate a maximum of 10 min per week per patient to e-mail communication.	NR
Johansson, 2021	Alcohol use disorder	Individual therapy	iCBT	The internet-based treatment modules were released one-by-one by the therapist and all the communication between the therapist and the patient was conducted on-line asynchronously without any visits at the clinic during the treatment. Automated e-mails were sent to the patient at the release of every new module and with every new message from the therapist. The actual time spent by the psychologist responding to the participants was not recorded	No AEs occurred among participants.
Kiropoulos, 2008	Panic disorder	Individual therapy	iCBT	Nine registered and one probationary psychologist (overall seven female and two male), all trained in CBT for PD, made contact via email with the PO treatment participants assigned to them and guided each participant through the internet-based program. All psychologists interacted with their participant via email, which allowed the psychologist to provide individualized support and feedback to the participant, according to the participants' individual needs. Therapists responded to participants' emails within 24 h of receiving them. Therapists maintained a log of the time they spent on treatment for each PO participant including time spent reading emails, constructing return emails, and listing any deviation from treatment protocol such as having telephone contact with the participant. The actual time spent by the psychologist responding to the participants was not recorded	NR
Ye, 2016	Insomnia	Individual therapy	iCBT	Therapists provided support for internet-based CBT, but details on time spent were not reported.	NR
Leterme, 2020	Adjustment disorder with anxiety	Individual therapy	computerized CBT	The subjects benefited from a short intervention of 10 min on average with a nurse before and after each remote session (5 min before the e-learning session and 5 min after the e-learning session). The aim of this face-to-face contact was to provide adherence-focused guidance (by strengthening the social presence) and technical-focused guidance. The nurse investigated adverse events and drug dose changes since the last session,	NR

				answered any questions, discussed the progress of the session, and guided participants in the navigation of the computer program if needed.	
Lancee, 2016	Insomnia	Individual therapy	iCBT	After reading the sleep hygiene section, participants wrote down their intentions for the following week; this was sent to their therapist for his/her feedback. The coach assessed this sleep window and gave feedback based on the form and the sleep diary. For the remainder of the program the coach and participants discussed sleep windows every week (up to 8 w). However, the actual time spent by the psychologist responding to the participants was not recorded.	No AEs occurred among participants.
Stubbings, 2013	Mood and anxiety disorders	Individual therapy	Videoconferencing	Treatment provided in real time over videoconference. The therapist involvement was the same as in-person CBT	NR
Thase, 2018	Depression	Individual therapy	Computerized CBT	A clinician dashboard allowed therapists to assess progress, view learning exercises, and facilitate coordination of treatment. The initial session with the therapist lasted 50 minutes and provided both an overview of CBT and an introduction to using Good Days Ahead [GDA] program. Therapists reviewed the material covered in the module and self-help assignments as a springboard to apply CBT methods to specific problem areas identified by the patient. During the second 8 weeks, patients received four 25 minute “booster” sessions with their therapist and could use the CCBT modules ad lib to facilitate mastery of material. Thus, across 16 weeks, a patient could receive up to 325 minutes total contact with a therapist.	There were two serious adverse events in the CBT arm that led to premature study termination (hospitalization after a panic attack and death following an emergency hospitalization for open heart surgery). There were also two serious adverse events among patients allocated to the CCBT arm that did not result in study termination (one patient was victim of domestic violence and another took an overdose of a small number of acetaminophen tablets during the follow-up phase of the study).
Wagner, 2014	Depression	Individual therapy	iCBT	The online intervention was given as a guided intervention with intensive therapist contact. The therapist time involved responding to texts from patients, requiring 20–50 min per patient. Therapists provided individual written feedback within one working day, along with instructions for the next writing assignment.	NR
Paxton, 2007	Boding image and eating disorder	Group therapy	iCBT	Participants and the therapist logged on weekly to a secure, password protected chat-room. Sessions were led by the therapist and participants typed responses to each other in real-time. As such, therapist involvement was the same as in-person CBT.	No AEs occurred among participants.
Vallejo, 2015	Fibromyalgia	Group therapy	iCBT	Participants in the iCBT group could send individual messages to their therapist. These messages were responded to individually. The program had several points to facilitate interaction with the	NR

				therapist: (a) questions at the end of each session in which the participants were asked to verify if they understood the main topics of the session and feedback to help them follow the program; (b) tracking of the following of the program to facilitate information for feedback; (c) feedback message to the participant to reinforce the weekly schedule; (d) automatic information to the therapist when a participant stopped content for more than 3 days to consider proactive contact to resolve any problems. The actual time spent by the psychologist responding to the participants was not recorded.	
Zerwas, 2017	Bulimia nervosa	Group therapy	iCBT	Treatment provided in real time over an online chat group. The therapist involvement was the same as in-person CBT	NR
Kenardy, 2003	Panic disorder	Individual therapy	Computerised CBT	Therapists provided support for computer-based CBT modules, but details on time spent were not reported.	NR
Azimi, 2019	Insomnia and comorbid depression	Individual therapy	iCBT	Remote CBT was delivered via email and an application, and supported by therapists, but details on time spent were not reported.	NR

AE= adverse event; CBT= cognitive behavior therapy; CCBT: computerised cognitive behavior therapy; CPT= cognitive process therapy; CBT-I=cognitive behavioural therapy interventions for Insomnia; iCBT= internet-based cognitive behavior therapy; IVR-CBT: Interactive Voice Response CBT; FTF= face-to-face; NR= not reported; SD= standard deviation; VTC= video teleconference; OCD= obsessive compulsive disorder; PD= panic disorder; PO= Panic Online

eTable 2: Compliance rates with therapist-guided remote and in-person CBT within trials

Study	No. of CBT sessions	Compliance with remote CBT, no. (%)	Compliance with in-person CBT, no. (%)
High threshold for compliance (100% of modules completed)			
Milgrom ^{a b} 2021	10 for remote 6 for in-person	28/39 (72%)	18/39 (46%)
Lancee ^a 2016	6	15/30 (50%)	21/30 (70%)
Ying 2022	5	83/102 (81%)	55/85 (65%)
Kaldo 2008	7	16/26 (62%)	19/25 (76%)
Hedman 2011	15	51/64 (80%)	50/62 (81%)
Vallejo 2015	10	20/20 (100%)	20/20 (100%)
de Boer 2014	8	22/38 (58%)	28/ 34 (82 %)
Andrews 2011	6	14/23 (61%)	14/14 (100%)
Carlbring ^b 2005	7 for remote 9 for in-person	7/25 (28%)	21/24 (88%)
Maieritsch 2016	10	25/45 (56%)	26/45 (58%)
Morland 2014	12	46/61 (75%)	50/64 (78%)
Sadeghijoola 2022	6	18/20 (90%)	18/20 (90%)
Egede 2015	8	97/120 (81%)	95/121 (79%)
Choi 2014	12	49/56 (88%)	52/63 (82%)
Glueckauf 2012	12	6/7 (86%)	5/7 (71%)
Luxton 2016	8	40/62 (65%)	42/59 (71%)
Watts 2020	15	52/69 (75%)	65/79 (82%)
Kalapatapu 2014	18	37/50 (74%)	40/53 (76%)
Kheirkhah 2023	8	26/30 (87%)	22/30 (73%)
Meng 2019	12	56/56 (100%)	53/53 (100%)
Granberg 2022	6	16/21 (76%)	15/20 (75%)
Moderate threshold for compliance * (50% to 80% of modules completed)			
Jasper ^a 2014	18	35/41 (85%)	26/43 (60%)
Jarnefelt ^{a b} 2020	10 for remote 6 for in-person	NR/24	9/24 (38%)

Peterson 2022	12	29/44 (66%)	56/76 (74%)
Blom 2015	8	16/24 (67%)	20/24 (83%)
Kiropoulos 2008	12	41/46 (89%)	38/40 (95%)
Gollings 2006	8	18/21 (86%)	15/19 (79%)
Lancee ^a 2016	6	22/30 (73%)	28/30 (93%)
Paxton 2007	8	24/37 (65%)	32/42 (76%)
Bergström 2010	10	40/53 (75%)	56/60 (93%)
Anderson ^b 2013	7 for remote 8 for in-person	29/33 (88%)	26/36 (72%)
Stubbings 2013	12	12/14 (86%)	11/12 (79%)
Wagner 2014	7	25/32 (78%)	28/30 (93%)
Thase 2018	21	62/77 (81%)	60/77 (78%)
Axelsson 2020	12	81/102 (79%)	92/102 (90%)
Lundstrom ^b 2022	10 for remote 16 for in-person	40/42 (95%)	31/38 (82%)
Alegria ^a 2014	6 to 8	60/87 (69%)	53/84 (63%)
Liu 2020	12	78/103 (76%)	68/104 (65%)
Michell 2008	20	37/62 (60%)	40/66 (61%)
Himelhoch 2013	11	3/16 (19%)	10/18 (56%)
McAndrew 2018	10	25/43 (57%)	24/42(56%)
Low threshold for compliance (≤30% of modules completed)			
Jarnefelt ^{a b} 2020	10 for remote 6 for in-person	19/24 (79%)	20/24 (83%)
Heapy 2017	10	56/62 (90%)	46/63 (73%)
Zerwas 2017	16	87/98 (89%)	78/98 (80%)
Leterme 2020	5	40/40 (100%)	38/39 (95%)
Alegria ^a 2014	6 to 8	18/87 (21%)	13/84 (16%)
Threshold not defined and/or not report compliance rate			
Kenardy 2003	6	NR/50	NR/45
Johansson 2021	5	143/150 (95%)	139/151 (92%)

Conrad ^b 2015	18 for remote 10 for in-person	NR/41	NR/43
Ye 2016	8	NR/27	NR/26
Azimi 2019	6	NR/15	NR/15
Bessell 2012	8	NR/25	NR/27
Franklin 2018	8	9/11 (82%)	7/7 (100%)
Frueh 2007	14	9/17 (53%)	12/21 (57%)
Mohr 2012	18	129/163 (79%)	109/162 (62%)
Hall 2017	18	NR	NR

a Trial with different compliance thresholds

b Trials in which the number of sessions were different between remote and in-person groups

NR: Not reported

NA: Not applicable

*Dropout or discontinuation was considered as moderate threshold

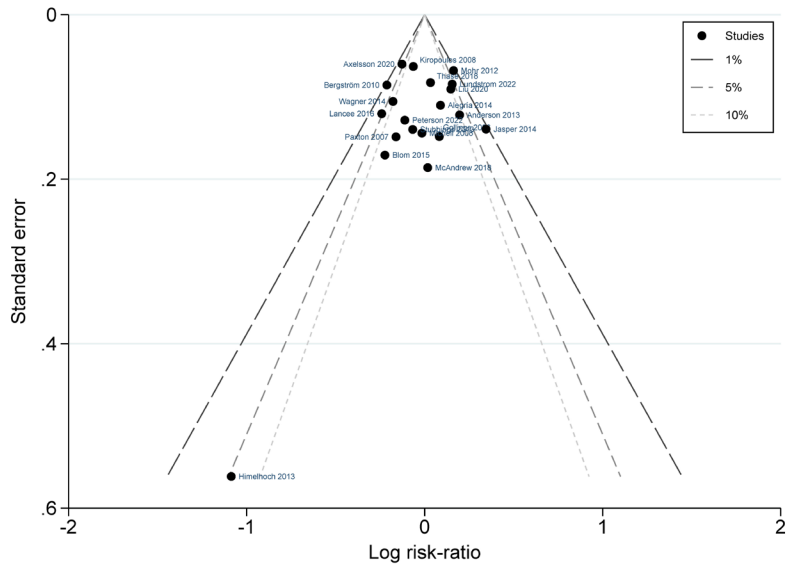
eTable 3: Subgroup analysis using univariable meta-regression with Knapp and Hartung modification to the variance of the estimated effect (SMD)

Subgroup		# trials	Coefficient (95% CI)	P value for test of interaction*
Clinical condition/diagnosis	Depression	13	Reference	
	Anxiety and related disorders	16	0.06 (-0.19,0.31)	0.61
	Chronic pain and fatigue syndromes	6	-0.08 (-0.42,0.27)	0.66
	Body image/eating disorder	4	-0.25 (-0.66,0.15)	0.21
	Insomnia	6	-0.25 (-0.64,0.13)	0.19
	Tinnitus	3	-0.13 (-0.57,0.31)	0.55
Overall risk of bias	Low risk of bias	8	Reference	
	Some concern	24	-0.01 (-0.29,0.27)	0.94
	High risk of bias	18	-0.11 (-0.41,0.18)	0.46
RoB Domain 1: bias arising from the randomization process	Low risk of bias	38	Reference	
	Some concern	8	-0.07 (-0.34, 0.20)	0.61
	High risk of bias	4	-0.33 (-0.70, 0.05)	0.08
RoB Domain 2: bias for deviation from intended intervention	Low risk of bias	50	N/A	N/A
	Some concern	0		
	High risk of bias	0		
RoB Domain 3: missing outcome data	Low risk of bias	34	Reference	
	Some concern	7	0.20 (-0.10, 0.49)	0.19
	High risk of bias	9	-0.15 (-0.40, 0.10)	0.24
RoB Domain 4: bias in measurement of the outcome	Low risk of bias	16	Reference	
	Some concern	25	0.01 (-0.21, 0.22)	0.96
	High risk of bias	9	0.06 (-0.23, 0.36)	0.67
RoB Domain 5: bias in the selection of the reported results	Low risk of bias	32	Reference	
	Some concern	13	0.10 (-0.14, 0.33)	0.40
	High risk of bias	5	-0.11 (-0.42, 0.20)	0.48
Delivery of CBT	Individual therapy	31	Reference	
	Group therapy	18	0.16 (-0.03,0.36)	0.10
Length of follow-up (for each day)		50	0.0001 (-0.0004,0.0007)	0.57

* Compared to reference category, except for length of follow-up

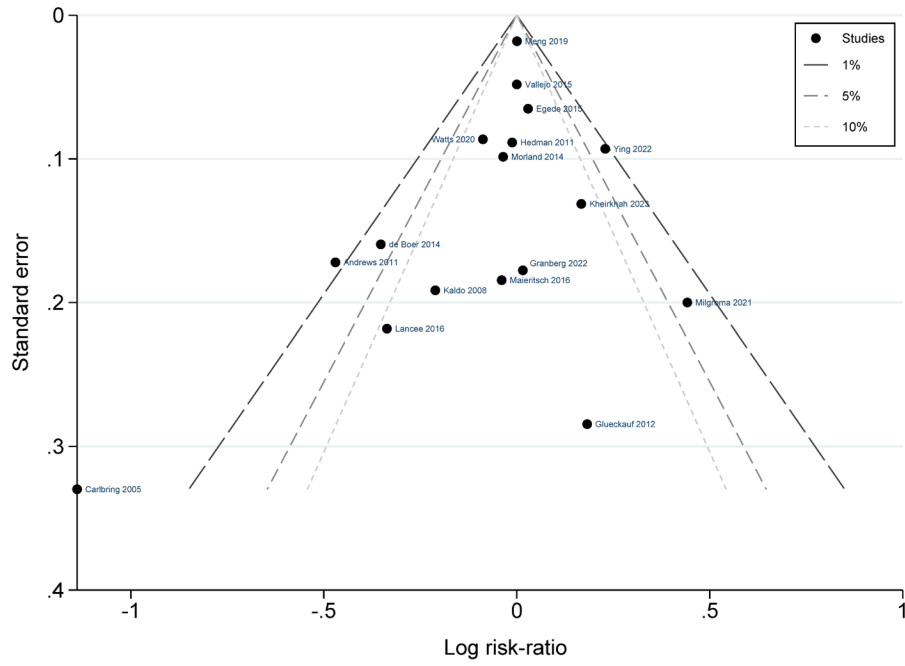
N/A: not applicable

eFigure 1: Contour enhanced funnel plot of patient compliance rates (Moderate threshold)



P-value for Harbord's test: 0.597

eFigure 2: Contour enhanced funnel plot of patient compliance rates (High threshold)



P-value for Harbord's test: 0.139

eTable 4: Risk of Bias

Study	Risk of bias domains					Overall
	D1	D2	D3	D4	D5	
Anderson, 2013	+	+	+	X	+	X
Heapy, 2017	+	+	+	X	+	X
Andrews, 2011	+	+	X	X	+	X
Axelsson, 2020	+	+	+	X	+	X
Bergstrom, 2010	+	+	+	+	+	+
Bessell, 2012	+	+	X	X	+	X
Blom, 2015	+	+	+	-	-	-
Milgrom, 2021	+	+	+	-	+	-
Ying, 2022	+	+	-	-	-	-
Kaldo, 2008	+	+	+	-	-	-
Peterson, 2022	X	+	X	+	+	X
Lundström, 2022	+	+	+	+	+	+
Carlbring, 2005	+	+	+	-	-	-
Conrad, 2015	+	+	+	-	+	-
de Boer, 2014	+	+	+	-	-	-
Gollings, 2006	-	+	+	-	-	-
Hedman, 2011	+	+	+	+	+	+
Järnefelt, 2020	X	+	X	-	+	X
Jasper, 2014	+	+	+	-	X	X
Johansson, 2021	+	+	+	-	-	-
Kiropoulos, 2008	X	+	+	-	X	X
Ye, 2016	-	+	+	-	-	-
Leterme, 2020	+	+	-	-	+	-
Lancee, 2016	X	+	X	-	+	X
Stubblings, 2013	+	+	X	X	+	X
Thase, 2018	-	+	+	+	+	-
Wagner, 2014	-	+	+	-	+	-
Paxon, 2007	+	+	+	-	-	-
Vallejo, 2015	+	+	+	-	-	-
Zerwas, 2017	+	+	+	+	+	+
Kenardy, 2003	X	+	X	-	-	X
Azimi, 2019	-	+	-	-	X	X
Alegria, 2014	-	+	+	X	X	X
Franklin, 2018	+	+	-	X	+	X
Frueh, 2007	-	+	+	X	-	X
Maieritsch, 2016	+	+	-	+	-	-
Liu, 2020	+	+	X	+	+	X
Morland, 2014	+	+	X	+	+	X
Mitchell, 2008	+	+	+	+	X	-
Himelhoch, 2013	+	+	+	+	+	+
Mohr, 2012	+	+	X	+	+	X
Sadeghijoola, 2022	+	+	+	+	+	+
McAndrew, 2018	+	+	+	+	+	+
Egede, 2015	+	+	+	+	+	+
Choi, 2014	+	+	+	-	+	-
Glueckauf, 2012	+	+	-	+	-	-
Luxton, 2015	+	+	+	-	+	-
Watts, 2020	+	+	+	-	-	-
Hall, 2017	-	+	+	-	+	-
Kalapatapu, 2014	+	+	-	-	+	-
Kherikhah, 2023	+	+	-	-	+	-
Meng, 2019	-	+	+	-	-	-
Granberg, 2022	-	+	-	-	+	-
Lovell, 2006	+	+	+	-	+	-
Burgess, 2012	+	+	+	+	+	+

Domains:
D1: Bias arising from the randomization process.
D2: Bias due to deviations from intended intervention.
D3: Bias due to missing outcome data.
D4: Bias in measurement of the outcome.
D5: Bias in selection of the reported result.

Judgement
High (Red X)
Some concerns (Yellow -)
Low (Green +)

eTable 5: Registered trial protocols among studies eligible for review (n=54)

Study	Link to study protocol
Kenardy, 2003	no publicly available protocol
Carlbring, 2005	no publicly available protocol
Gollings, 2006	no publicly available protocol
Lovell, 2006	Trial registration Current Controlled Trials ISRCTN500103984.
Frueh, 2007	no publicly available protocol
Paxton, 2007	no publicly available protocol
Kaldo, 2008	no publicly available protocol
Kiropoulos, 2008	no publicly available protocol
Mitchell, 2008	no publicly available protocol
Bergström, 2010	https://www.clinicaltrials.gov/ct2/show/NCT00845260
Andrews, 2011	https://trialsearch.who.int/Trial2.aspx?TrialID=ACTRN12609000212257
Hedman, 2011	https://clinicaltrials.gov/ct2/show/NCT00564967
Bessell, 2012	no publicly available protocol
Burgess, 2012	no publicly available protocol
Glueckauf, 2012	no publicly available protocol
Mohr, 2012	clinicaltrials.gov Identifier: NCT00498706
Anderson, 2013	no publicly available protocol
Himmelhoch, 2013	Trial Registry: ClinicalTrial.gov identifier: NCT01055158.
Stubbings, 2013	https://www.australianclinicaltrials.gov.au/anzctr/trial/ACTRN12609000819224

Alegría, 2014	no publicly available protocol
Choi, 2014	no publicly available protocol
Jasper, 2014	https://clinicaltrials.gov/ct2/show/NCT01205906
Conrad, 2015	https://clinicaltrials.gov/ct2/show/NCT01205906
Morland, 2014	clinicalgov identifier NCT00879255
Wagner, 2014	https://www.anzctr.org.au/Trial/Registration/TrialReview.aspx?ACTRN=12611000563965
de Boer, 2014	no publicly available protocol
Blom, 2015	no publicly available protocol
Egede, 2014	This trial is registered with ClinicalTrials.gov, number: NCT00324701.
Franklin, 2018	This trial was registered at clinicaltrials.gov (NCT01176123) prior to data collection
Vallejo, 2015	no publicly available protocol
Lancee, 2016	https://clinicaltrials.gov/ct2/show/NCT01955850
Luxton, 2016	Clinical Trials Registry (ClinicalTrials.gov Identifier NCT01599585; available online at https://clinicaltrials.gov/ct2/show/NCT01599585).
Maieritsch, 2016	no publicly available protocol
Ye, 2016	no publicly available protocol
Hall, 2017	Trial Registration: NIH 5R01NS055672
Heapy, 2017	https://clinicaltrials.gov/ct2/show/NCT01025752
McAndrew, 2018	Clinical Trials #NCT00129454,
Thase, 2018	no publicly available protocol
Azimi, 2019	no publicly available protocol

Axelsson, 2020	no publicly available protocol
Jarnefelt, 2020	https://clinicaltrials.gov/ct2/show/NCT02523079
Liu, 2020	https://clinicaltrials.gov/ct2/show/NCT00645047?term¼Telemedicine&recrs¼e&cntry¼US&state¼US%3ACA&city¼SanþDiego&rank¼1
Leterme, 2020	https://clinicaltrials.gov/ct2/show/NCT02621775
Watts, 2020	no publicly available protocol
Johansson, 2021	https://www.clinicaltrials.gov/ct2/show/NCT02671019
Milgrom, 2021	https://trialsearch.who.int/Trial2.aspx?TrialID=ACTRN12613000881730
Meng, 2021	no publicly available protocol
Granberg, 2022	URL: https://clinicaltrials.gov/ct2/show/NCT03328585 Identification Number: NCT03328585
Lundstrom, 2022	https://pubmed.ncbi.nlm.nih.gov/30185575/
Peterson, 2022	https://clinicaltrials.gov/ct2/show/NCT02290847
Sadeghijoola, 2022	The study was registered in the Iranian Registry for Clinical Trials with the reference number (IRCT20180918041065N1).
Ying, 2022	www.chictr.org.cn/historyversionpub.aspx?regno=ChiCTR2100049671
Kheirkhah, 2023	Iranian Registry of Clinical Trials (IRCT20110228005931N9).

eTable 6: Summary table of primary outcome data

Study	Primary outcome name	Remote CBT group			In-person CBT group		
		n	mean	SD	n	mean	SD
Heapy, 2017	average pain intensity measured by the Numeric Rating Scale	49	-0.51*	1.36	45	-0.44*	1.42
Anderson, 2013	depression severity score measured by the Montgomery Åsberg Depression Rating	32	9.2	7.60	30	13.50	8.70
Andrews, 2011	social phobia score measured by the Social Interaction Anxiety Scale	14	44	15.9	11	31.5	23.30
Axelsson, 2020	health anxiety score measured by Health Anxiety Inventory	92	20.7	9.3	90	18	8.50
Bergström, 2010	panic disorder severity measured by Panic Disorder Severity Scale	43	4.10	4.20	44	5	5.3
Bessell, 2012	appearance concern measured by Derriford Appearance Scale-24	22	34.91	NR	23	31.80	NR
Blom, 2015	Insomnia severity measured by Insomnia Severity Index	22	9.30	4.80	23	8.40	4.90
Milgrom, 2021	severity of depression measured by Beck Depression Inventory II	39	15	10.71	39	8.70	6.92
Ying, 2022	depressive symptoms measured by Center for Epidemiological Studies Depression Scale	110	14.80	4.45	110	15.70	2.17
Kaldo, 2008	tinnitus distress measured by Tinnitus Reaction Questionnaire	26	18	16.62	25	15.70	2.17
Peterson, 2022	PTSD symptom severity measured by PTSD Checklist for DSM-5 (PCL-5)	29	26	10.26	50	26.2	17.02
Lundstrom, 2022	OCD severity measured by Yale-Brown Obsessive Compulsive Scale	42	10.80	5.81	38	11.7	5.49
Carlbring, 2005	physiological sensations experienced by anxiety measured by Body Sensations Questionnaire	25	32.10	11.50	24	31.90	10.70
Conrad, 2015	tinnitus distress measured by Tinnitus Handicap Inventory	28	26.67	20.75	36	27.70	21.93
de Boer, 2014	pain catastrophizing measured by Pain catastrophizing scale	22	11	11.49	24	16.10	11.56
Gollings, 2006	body shape concern measured by Body Shape Questionnaire	20	97.90	36.70	19	102.50	45.50
Hedman, 2011	social phobia measured by Clinical administered Liebowitz Social Anxiety Scale	64	32.10	23.10	62	40.70	23.70

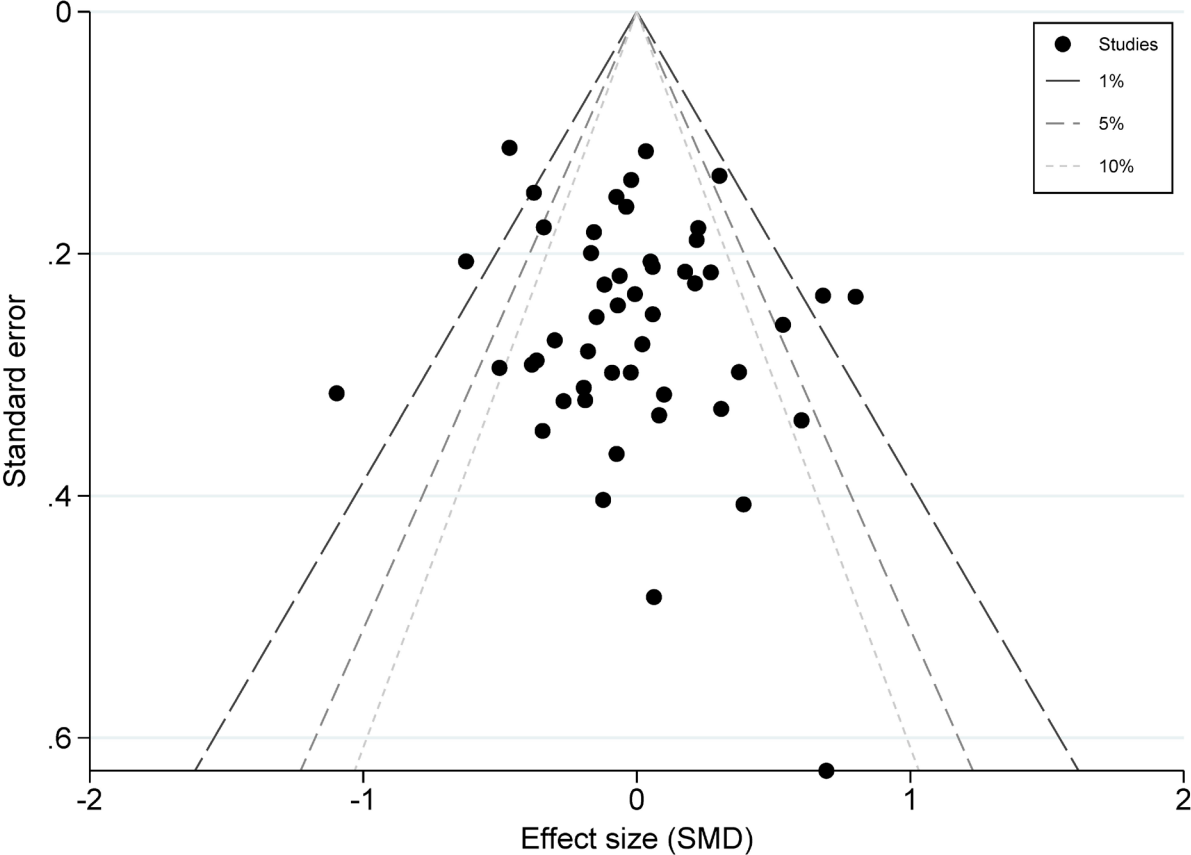
Jarnefelt, 2020	severity of insomnia measured by Insomnia Severity Index	20	11.10	5.70	19	10.70	4.90
Jasper, 2014	tinnitus distress measured by Tinnitus Handicap Inventory	41	24.56	34.09	43	26.96	21.79
Johansson, 2021	number of standard drinks consumed measured by time-line follow-back (TLFB) method	150	13.10	9.69	151	11.50	8.84
Kiropoulos, 2008	panic severity measured by Panic disorder severity scale	45	9.92	5.88	35	9.24	5.65
Ye, 2016	sleep onset latency	27	36.67	18.40	26	33.46	18.48
Leterme, 2020	trait anxiety measured by State-Trait Anxiety Inventory	39	39.80	11.46	38	43.50	15.49
Lancee, 2016	insomnia severity measured by Insomnia Severity Index	21	12.40	4.60	26	7.50	3.6
Stubbings, 2013	depression, anxiety and stress measured by Depression Anxiety and Stress Scale	14	6.74	5.93	11	10.31	7.91
Thase, 2018	depression severity measured by Hamilton Rating Scale for Depression	77	7.90	5.90	77	7.50	6
Wagner, 2014	depression severity measured by Beck Depression Inventory II	17	9.28	7.50	20	14.47	9.33
Paxton, 2007	body dissatisfaction measured by Body Shape Questionnaire	24	89.70	28.60	32	95.10	31.30
Vallejo, 2015	global impact fibromyalgia measured by Fibromyalgia Impact Questionnaire	20	51.52	15.25	20	65.14	17.91
Zerwas, 2017	abstinence from binge eating and purging measured by Eating Disorders Examination Interview	89	NR**	NR	90	NR**	NR
Kenardy, 2003	panic-anxiety composite score	50	-1.21	0.76	45	-1.52	0.70
Azimi, 2019	Gross memory impairment measured by Rivermead Behavioural Memory Test	15	96.07	2.18	15	96.80	4.70
Alegria, 2014	severity of depression measured by the Patient Health Questionnaire-9 (PHQ-9)	84	-2.30*	9.23	84	-2.98*	8.99
Franklin, 2018	sleep problems measured by Pittsburgh Sleep Quality Index (PSQI).	11	10.5	5.5	7	11.8	5.5
Frueh, 2007	PTSD symptom severity measured by PTSD Checklist-M (PCLM)	17	61.43	14.6	21	60.56	9.8
Maieritsch, 2016	PTSD severity measured by the Clinician-	45	50.02	22	45	48.24	21.42

	Administered PTSD Scale (CAPS)						
Liu, 2020	PTSD severity measured by CAPS	103	56.6	28.5	104	57.3	26.9
Morland, 2014	PTSD severity measured by CAPS	61	56.2	18	64	57.7	19.8
Mitchell, 2008	Binge eating frequency measured by Eating Disorder Examination (EDE)	62	11.8	21.8	66	6.6	14.9
Himelhoch, 2013	depression symptom severity Hamilton measured by Depression Rating Scale	16	16.30	8.60	18	15.90	7.20
Mohr, 2012	Depression measured by Hamilton Depression Rating Scale	163	15.06	1.24	162	12.14	0.66
Sadeghijoo la, 2022	Frequency of hot flashes measured by Kupperman hot flash index	20	20.09	7.84	20	19.32	7.21
McAndrew, 2018	Role Physical measured by Role Physical Sub-Scale VR-36	43	35.6	13.2	42	35	11
Egede, 2015	Depression measured by Beck Depression Inventory	120	12.70	NR	121	8.93	NR
Choi, 2014	Depression measured by Hamilton Rating Scale for Depression	56	11.08	7.49	63	14.16	7.14
Luxton, 2016	Depression measured by Beck Depression Inventory II	62	14.76	12.89	59	15.00	12.61
Glueckauf, 2012	Depression measured by Center for Epidemiological Studies Depression Scale	7	4.67	2.07	7	9.00	5.70
Kheirkhah, 2023	Depression measured by Beck depression questionnaire	30	14.17	9.57	30	15.04	11.34
Watts, 2020	Working Alliance Scores measured by Working Alliance Inventory	69	240.73	16.05	79	233.96	13.76
Hall, 2017	CFS Symptoms measured by Chalder Fatigue Scale	56	14.07	4.88	44	12.39	6.33
Lovell, 2006	Obsessive compulsive disorder measured by the Yale Brown obsessive compulsive checklist	36	14.20	7.80	36	13.30	8.60
Burgess, 2012	Chronic Fatigue Syndrome measured by Chalder Fatigue Scale	45	7.89	3.75	35	6.83	4.57

* mean change was reported; ** Cohen's $d=0.07$, 95%CI= [-0.22 to 0.37] was reported; DSM V= Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition; NR = not reported; OCD = Obsessive Compulsive Disorder; PTSD = Post-traumatic Stress Disorder; USA= United States of America

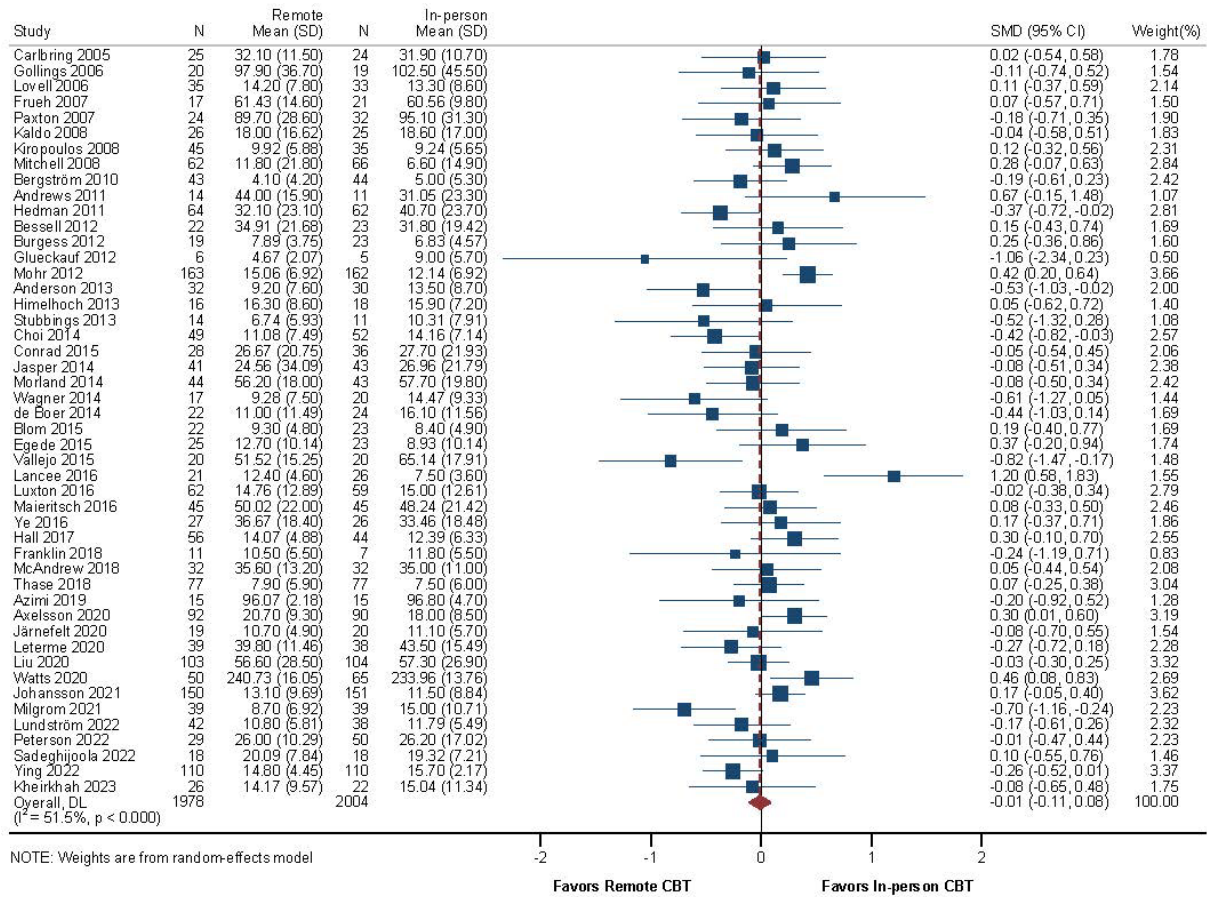
Note: in this table, end of study mean and SD was reported.

eFigure 3: Contour-enhanced funnel plot of primary outcome effect estimates

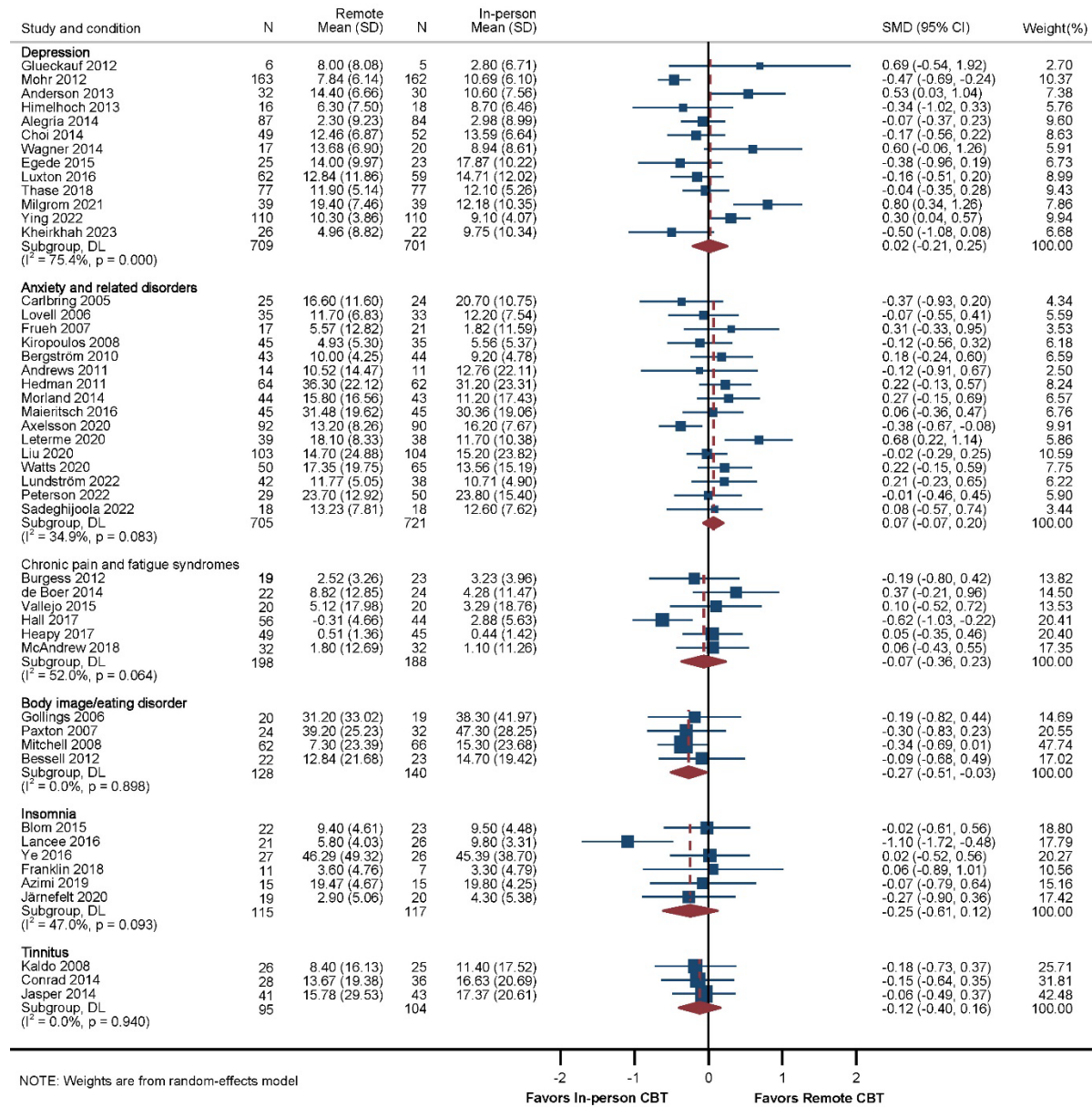


P-value for Egger's test: 0.366

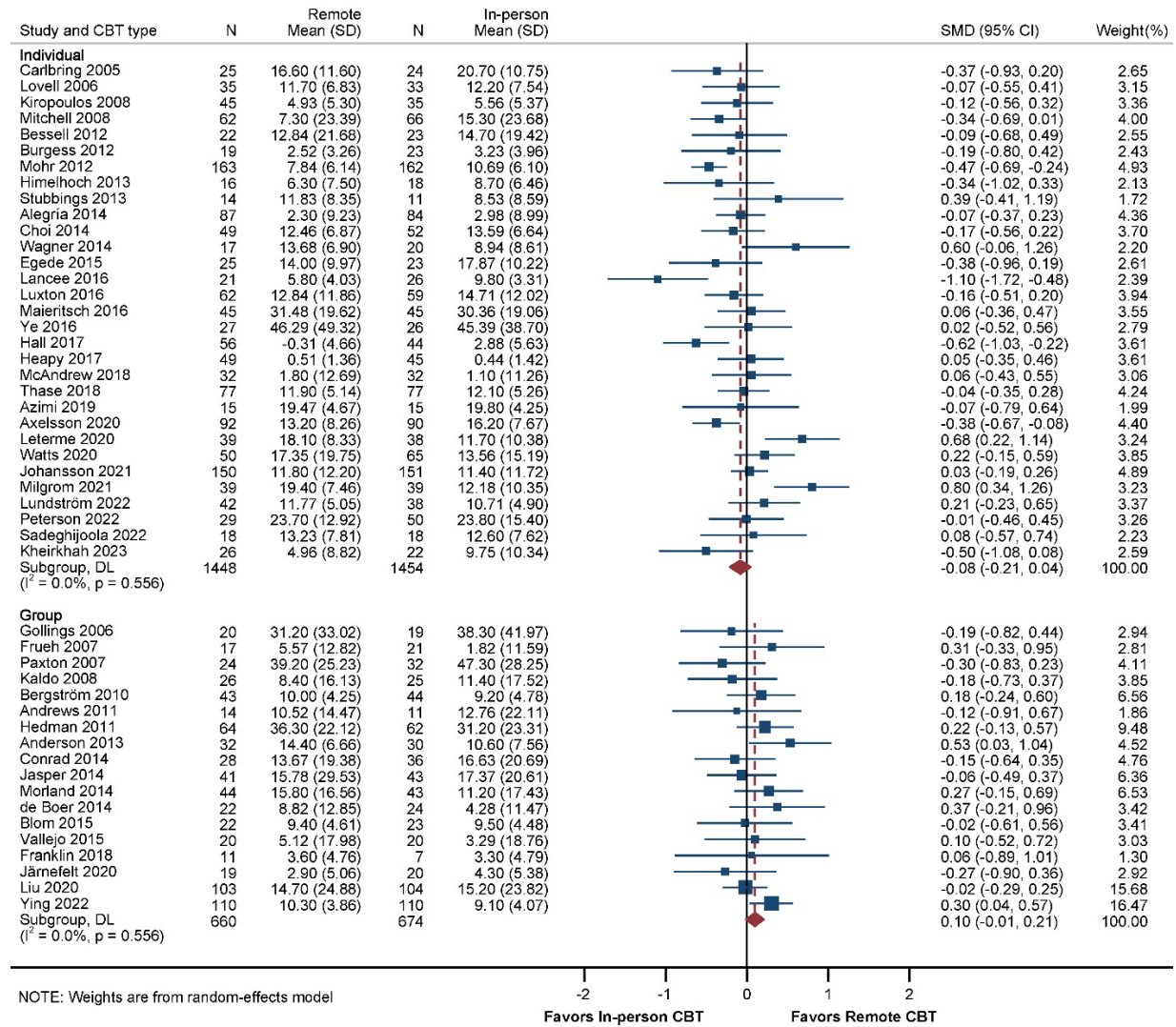
eFigure 4: Effect on primary outcome among patients that received in-person vs. remote CBT, using end-of-study scores



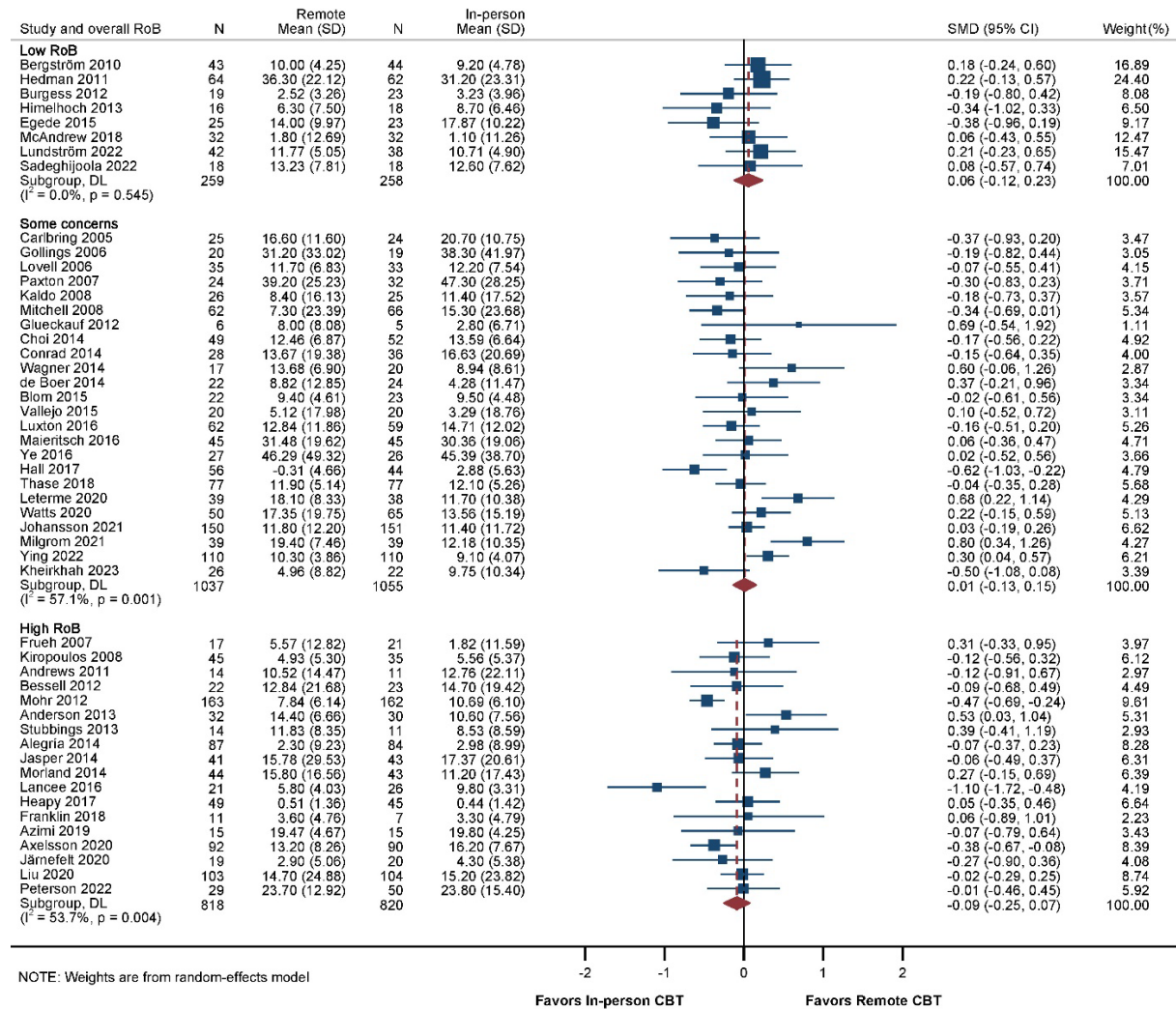
eFigure 5: Subgroup analysis for effectiveness and clinical condition



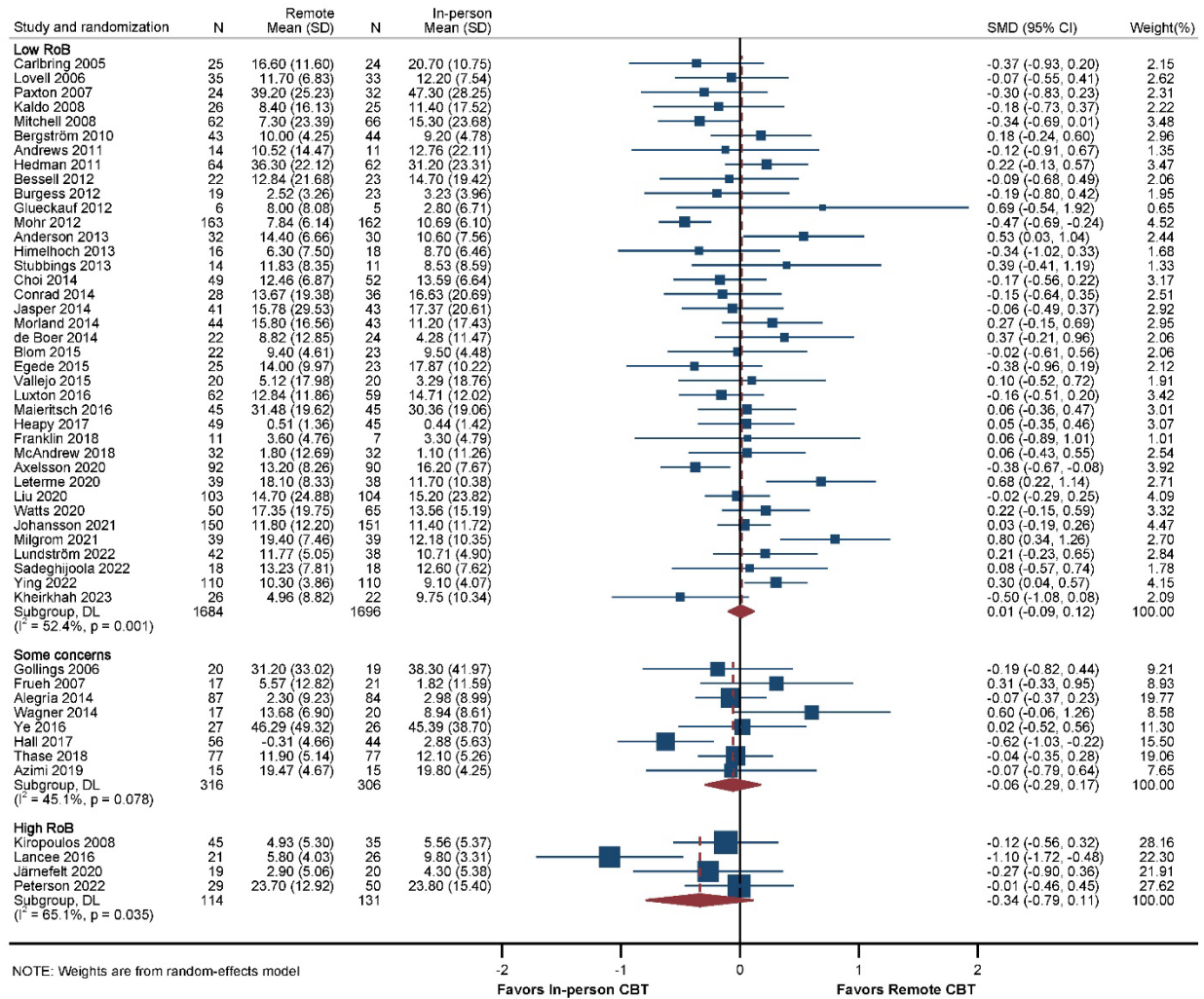
eFigure 6: Subgroup analysis for individual vs. group CBT



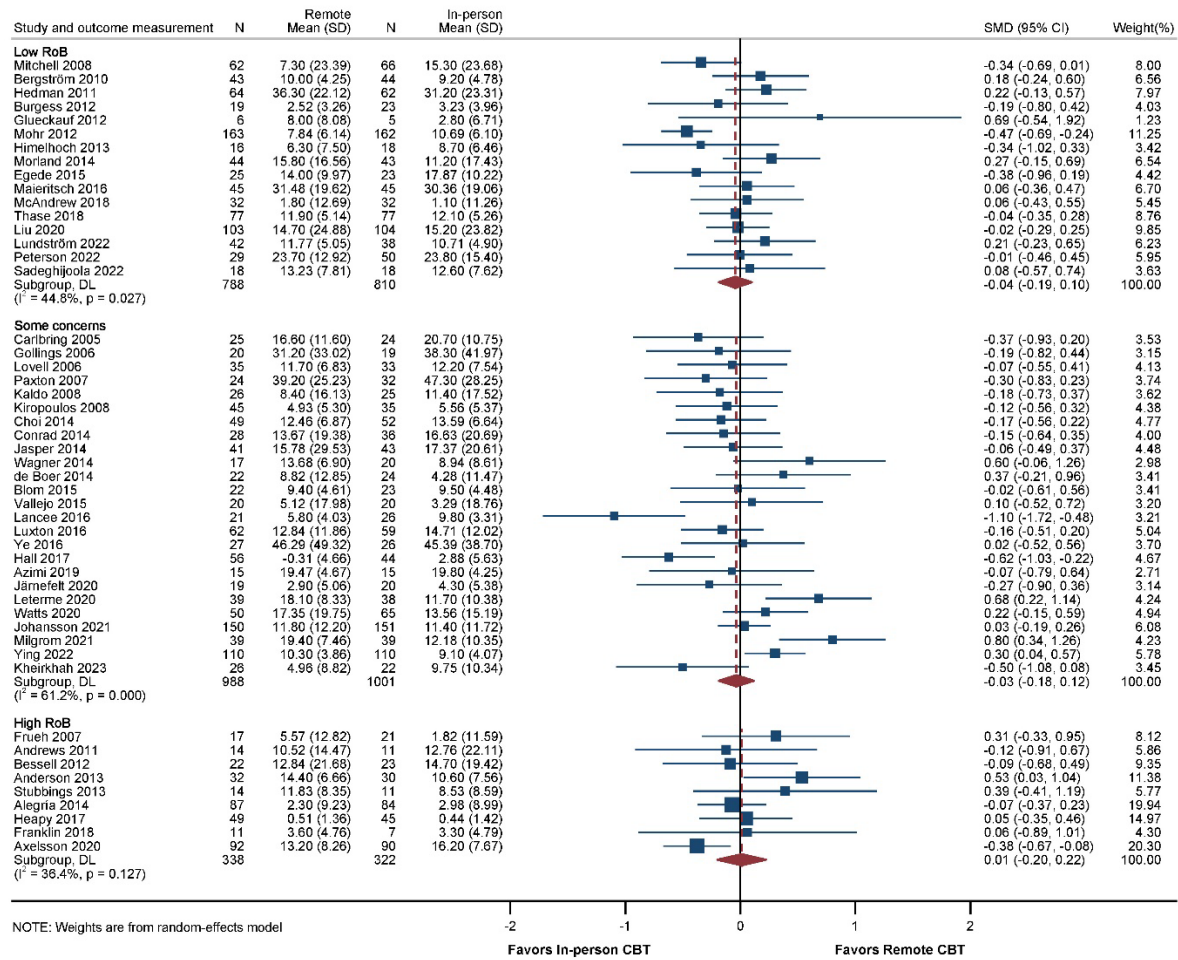
eFigure 7: Subgroup analysis for individual vs. group CBT and overall risk of bias



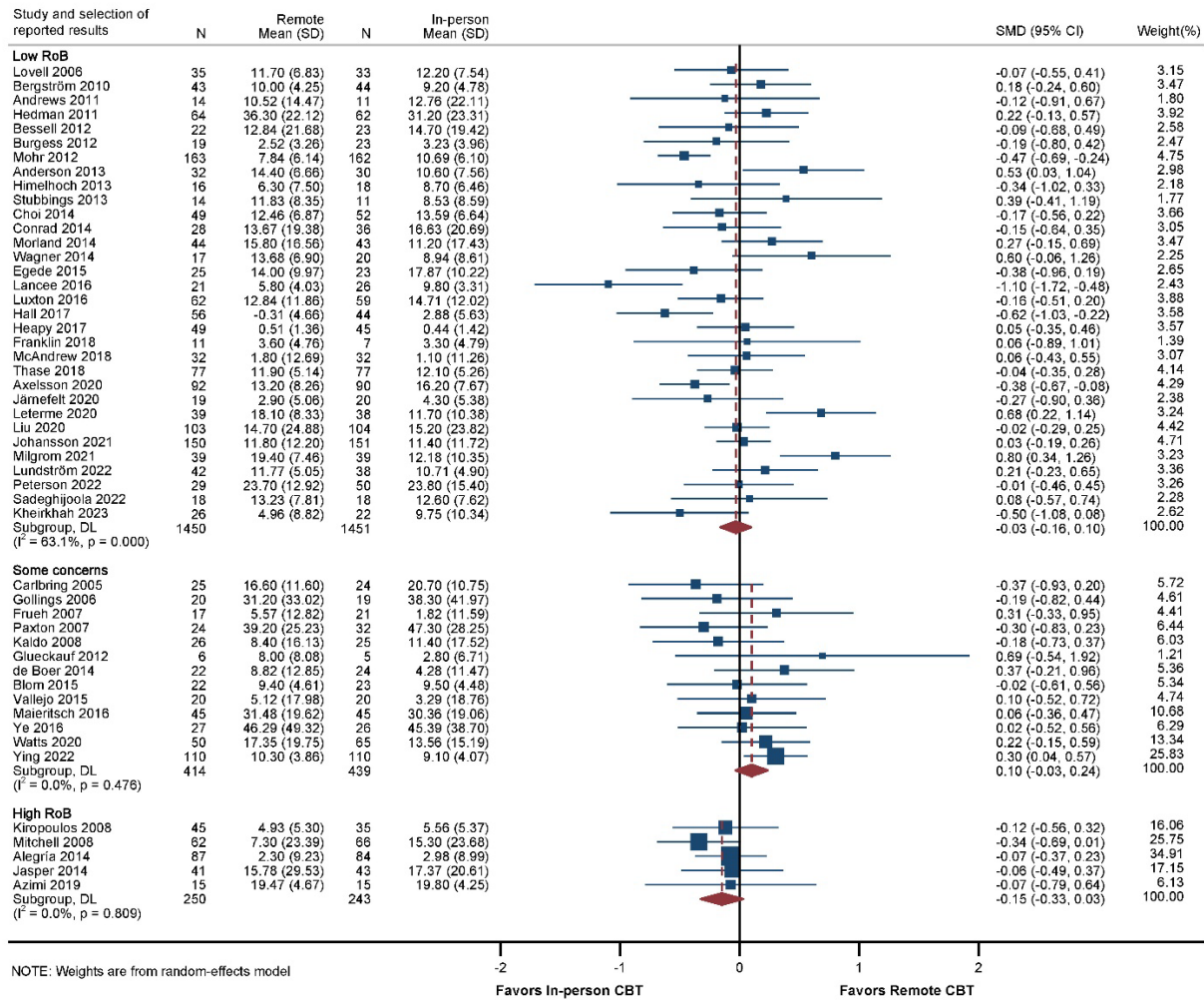
eFigure 8: Subgroup analysis for effectiveness and risk of bias for randomization sequence



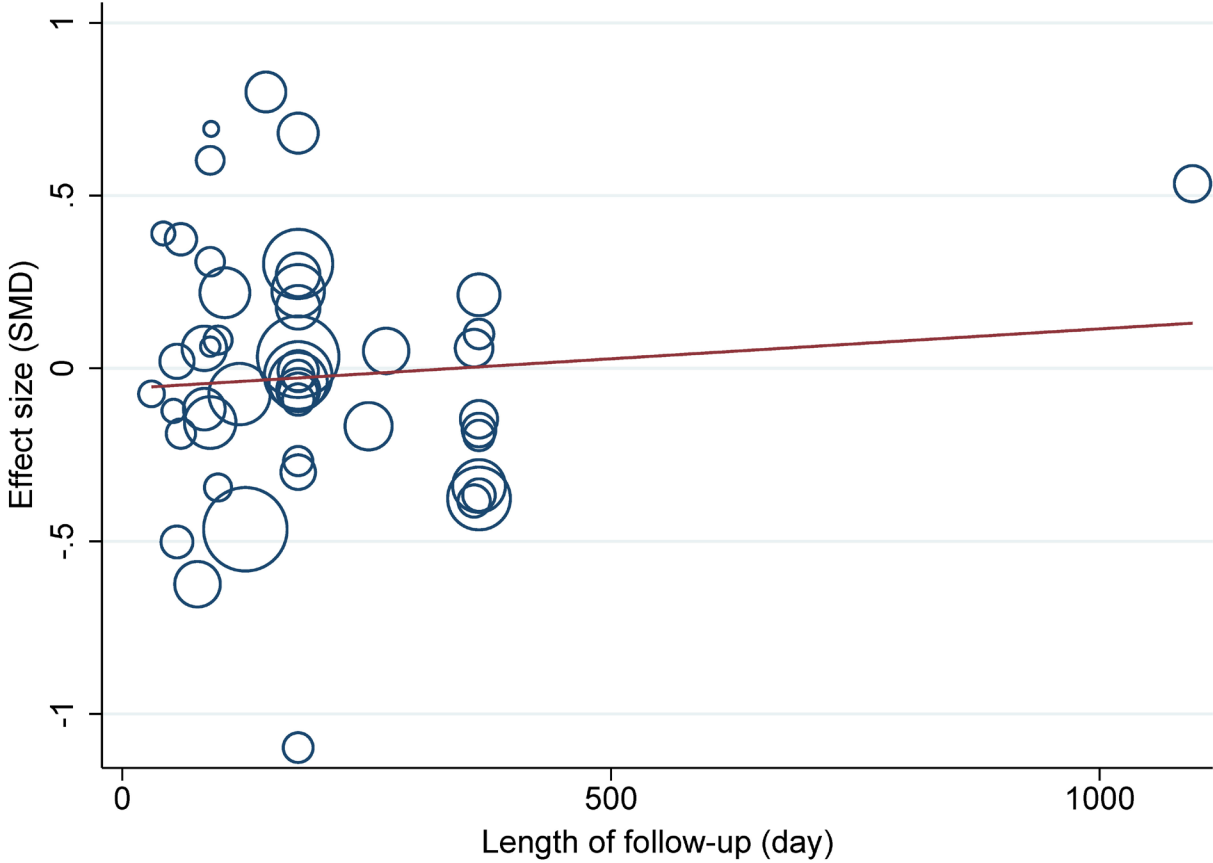
eFigure 10: Subgroup analysis for effectiveness and risk of bias for measurement outcome



eFigure 11: Subgroup analysis for effectiveness and risk of bias for selection of the reported results

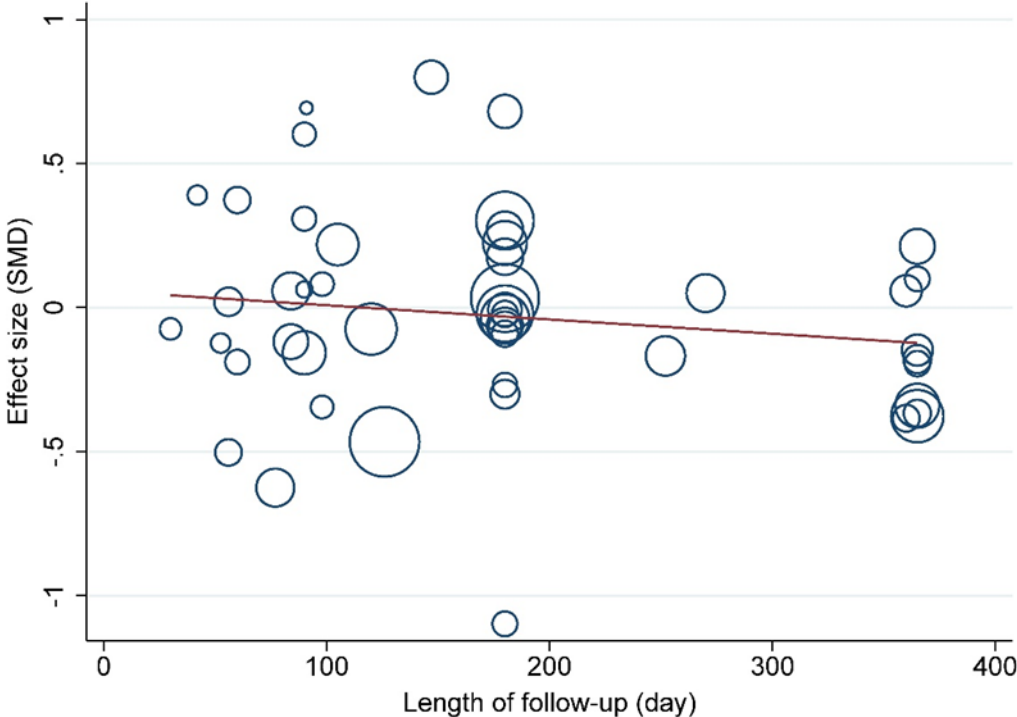


eFigure 12: Meta-regression for length of follow-up and treatment effect



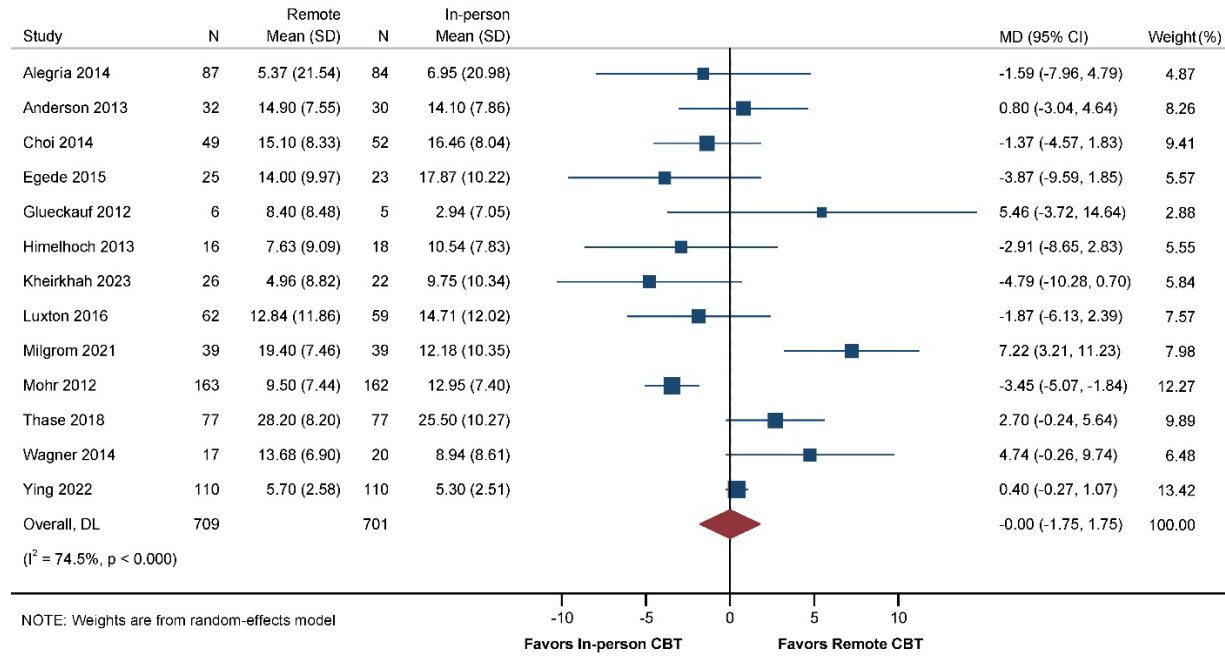
p-value for the slope = 0.565

eFigure 13: Meta-regression for length of follow-up and treatment effects without outlier



p-value for the slope = 0.289

eFigure 14: Reduction in depressive symptoms on the 63-point Beck Depression Inventory-II among patients with depression who received therapist-guided, remote vs. in-person CBT



The minimally important difference in score on the 63-point Beck Depression Inventory-II is 5-points.