## Evidence Profile – depression and anxiety

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|  | Study 1 | Study 2 | Study 3 |
| Authors and year | Ruskin, Silver-Aylaian, Kling, Reed, Bradham, Hebel, Barrett, Knowles & Hauser (2004) | Stubbings, Rees, Roberts & Kane (2013) | Egede, Acierno, Knapp, Lejuez,Hernandez-Tejada, Payne & Frueh (2015) |
| Design | RCT | RCT | RCT |
| Intervention (I) and Comparison (C) | (I): OVC(C): In-person treatment | (I): OVC(C): In-person treatment | (I): OVC(C): In-person treatment |
| Focus of Intervention | Treatment | Treatment | Treatment |
| Participant inclusion criteria | Participants were included in the study if they scored 16 or higher on the Hamilton depression scale and met the DSM-IV (SCID) criteria for one of the following five diagnoses: major depressive disorder, dysthymic disorder, adjustment disorder with depressed mood, mood disorder due to a general medical condition, or depressive disorder not otherwise specified. | Participants were included in the study if they had a primary diagnosis of a DSM-IV-TR Axis-I disorder. | Participants were included in the study if they satisfied the DSM-IV criteria for major depressive disorder |
| Primary outcome domain (measures) | The time-by-treatment group interaction; to determine whether the change in severity of depressive symptoms over time was influenced by the treatment condition. | The time-by-treatment group interaction; to determine whether the change in symptomology over time was influenced by the treatment condition. | Proportion of participants who responded to treatment at the end of the 12 months of follow-up (GDS, BDI, and SCID). |
| Secondary outcome Domain (measures) | - Change in depressive symptoms from the beginning to theend of treatment (Hamilton depression scale)Treatment response was measured with the Hamilton depression scale, BDI, Spielberger Trait Anxiety Inventory Scale, the Spielberger State Anxiety Scale, the GAF, CGI, and Medical Outcomes Study 12-Item Short-Form Health Survey- Satisfaction (custom scale)- Attrition (% of drop outs) | - The DASS was used to measure global clinical symptoms. - The Quality of Life Enjoyment and Satisfaction scale (QLES) was used to measure changes in quality of life.- The Working Alliance Inventory Short Form was used to measure the therapeutic alliance.- Satisfaction was measured using the shortened Client Satisfaction Questionnaire (CSQ) | - BDI and GDS scores over time |
| Setting and sample characteristics | Depressed American veterans N=119 (88% male, mean age of 49.7) | Adults diagnosed with Axis-I disorder and referred for treatment. N=26 (42% male, mean age of 30) | Depressed elderly veterans (aged ≥58 years) N=241 (98% male, mean age of 63.9) |
| Participants: I | N=59 | N=14  | N=120 |
| Participants: C | N=60 No significant differences between the groups at baseline were reported. | N=12No significant differences between the groups at baseline were reported. | N=121No significant differences between the groups at baseline were reported. |
| Summary of the results | A significant overall effect of time was observed, suggesting a decline in the frequency and severity of PTSD symptoms for both groups. The interaction term was not significant, suggesting that there was no difference between the two treatment conditions. | A significant overall effect of time was observed, suggesting a decline in the frequency and severity of PTSD symptoms for both groups. The interaction term was not significant, suggesting that there was no difference between the two treatment conditions. | A significant overall effect of time was observed, suggesting a decline in the frequency and severity of PTSD symptoms for both groups. The interaction term was not significant, suggesting that there was no difference between the two treatment conditions. |

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## Evidence Profile – posttraumatic stress disorder

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|  | Study 1 | Study 2 | Study 3 | Study 4 |
| Authors and year | Strachan, Gros, Ruggiero,Lejuez & Acierno (2012) | Germain, Marchand,Bouchard, Drouin &Guay (2009) | Tuerk, Yoder, Ruggiero, Gros & Acierno (2010) | Gros, Yoder, Tuerk, Lozano & Acierno (2011) |
| Design | RCT | Non-randomised controlled trial | Non-randomised controlled trial | Non-randomised controlled trial |
| Intervention (I) and Comparison (C) | (I): OVC(C): In-person treatment | (I): OVC(C): In-person treatment | (I): OVC(C): In-person treatment | (I): OVC(C): In-person treatment |
| Focus of Intervention | Treatment (using Behaviour Activation therapy) | Treatment (using CBT) | Treatment (using exposure therapy) | Treatment (using exposure therapy) |
| Participant inclusion criteria | Participants were included in the study if they met criteria for PTSD or subthreshold PTSD, defined as fulfilment of Criteria A (traumatic event) and B (re-experiencing), and either C (avoidance) or D (hyperarousal) | Participants were included in the study if they had a primary diagnosis of PTSD from the SCID-IV | Participants were included in the study if they had been diagnosed with combat-related PTSD from the SCID-IV | Participants were included in the study if they had been referred to receive exposure therapy for PTSD |
| Primary outcome domain (measures) | The time-by-treatment group interaction; to determine whether the change in PTSD symptoms over time was influenced by the treatment condition.- PCL-M, BDI-II, and BAI | The time-by-treatment group interaction; to determine whether the change in PTSD symptoms over time was influenced by the treatment condition. | Reduction in symptomology from pre- to post-treatment- PCL-M- BDI | The time-by-treatment group interaction; to determine whether the change in PTSD symptoms over time was influenced by the treatment condition.- PCL-M- BDI- DASS- IIRS |
| Secondary outcome domain (measures) |  | Change in symptomology over time:- Modified PTSD Symptom Scale (MPSS)- BAI- BDI- Assessment of Current Functioning (ACF)Comfort with technology:- Distance Communication Comfort Scale (DCCS)- Videoconferencing Telepresence Scale (VTS)- Videoconference Therapy Questionnaires (VT-Q) |  | Change in symptomology over time:- PCL-M- BDI- DASS- IIRS |
| Setting and sample characteristics | American veterans with PTSD or subthreshold PTSD.N=31 (92.5% male, mean age of 30.4) | Adults with PTSD.N=48 (39.6% male, mean age of 42.5) | American veterans with combat-related PTSD.N=47 (94% male, mean age of 39). | American veterans with PTSD.N=89 (~90% male, mean age of 45) |
| Participants (I) | N=18 | N=16 | N=12 | N=62 |
| Participants (C) | N=13No significant differences between the groups at baseline were reported. | N=32No significant differences between the groups at baseline were reported. | N=35No significant differences between the groups at baseline were reported. | N=27No significant differences between the groups at baseline were reported. |
| Summary of the results | A significant overall effect of time was observed,suggesting a decline in the frequency andseverity of PTSD symptoms for both groups. The interaction term was not significant, suggesting that there was no difference between the two treatment conditions. | A significant overall effect of time was observed,suggesting a decline in the frequency andseverity of PTSD symptoms for both groups. The interaction term was not significant, suggesting that there was no difference between the two treatment conditions. | Participants in both groups were found to experience significant clinical improvements over time. However, the effect size for the in-person group (d=4.2) was larger than that of the OVC group (d=2.9) | A significant overall effect of time was observed,suggesting a decline in the frequency andseverity of PTSD symptoms for both groups. However, the interaction term was significant, suggesting that clients receiving in-person treatment experienced a greater reduction in symptoms than those receiving OVC. |

## Evidence Profile – therapeutic alliance

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|  | Study 1 | Study 2 | Study 3 | Study 4 |
| Authors and year | Day & Schneider (2002) | Germain, Marchand,Bouchard, Guay & Drouin &(2010) | Simpson, Guerrini & Rochford (2015) | Richardson, Reid &Dziurawiec (2015) |
| Design | RCT | Non-randomised controlled trial | Non-randomised controlled trial | Uncontrolled trial |
| Intervention (I) and Comparison (C) | (I): Three treatment groups: OVC, telephone, and in-person(C): Wait list | (I): OVC(C): In-person treatment | (I): OVC(C): In-person  | (I): OVC(C): none |
| Focus of Intervention | Treatment  | Treatment | Treatment  | Treatment  |
| Participant inclusion criteria | Clients in need of counselling | Participants were included in the study if they had a primary diagnosis of PTSD from the SCID-IV | Clients in need of counselling | Clients receiving OVC |
| Primary outcome domain (measures) | To determine whether ratings of the working alliance were influenced by the treatment condition.- Vanderbilt Psychotherapy Process Scale (VPPS)- CSS- TSS  | The time-by-treatment group interaction; to determine whether there was any change in alliance scores over time and whether this was influenced by the treatment condition.- WAI- SEQ- DCCS-VTS-VT-Q | Reduction in symptomology from pre- to post-treatment- CORE-10 | To evaluate the client experience of OVC- ARM |
| Secondary outcome domain (measures) | To determine whether clinical outcomes were influenced by the treatment condition.- BSI (GSI) - GAF- CSS- TSS  |  | To determine whether ratings of the working alliance were influenced by the treatment condition-CORE-ARM |  |
| Setting and sample characteristics | Clients receiving counselling for a variety of problemsN=80 (35% male, mean age of 39.4) | Adults with PTSD.N=46 (41.3% male, mean age of 42) | Clients receiving counselling for a variety of problemsN=23 | Clients receiving counselling for a variety of problems |
| Participants (I) | OVC N=26;Telephone N=27;In-person N=27 | N=17 | N=6 (50% male, mean age=34) | N=8 (25% male, ages ranged from 27 to 52 years) |
| Participants (C) | N=27 | N=29No significant differences between the groups at baseline were reported. | N=17 (41% male, mean age=31.8) | N/A |
| Summary of the results | There was a significant difference between the groups indicating that participants engaging in OVC had higher alliance scores than those in the in-person condition. | A significant overall effect of time was observed,suggesting an improvement in alliance scores over time for both groups. The interaction term was not significant, suggesting that there was no difference between in alliance scores between the two treatment conditions. | Reductions in distress and high alliance scores were found for each group. No significant differences were found between the two groups. | Ratings of alliance were high from baseline and improved over the duration of treatment. |