





## Meta-Analysis of Remotely-Delivered Youth Psychotherapies

Katherine Venturo-Conerly Harvard University

# Why Investigate Remote Therapies?

• Essential during this pandemic and circumstances that rule out in-person care (Gruber et al., 2020)



 Therapies with no in-person contact seem very different from in-person psychotherapies

# Why Investigate

## Remote Therapies?

Most youths who need it do not access traditional mental health care (Merikangas et al., 2011; Rathod et al., 2017)





- •Characterize existing literature on remote youth psychotherapies
- •Answer two questions:
  - How effective are remote youth psychotherapies overall?
  - What moderates their effectiveness?

# Inclusion Criteria:

- •Mean age of study sample: 3.5-18.4 years
- •Selected and treated for: Anxiety Problems (including trauma and OCD), Depression, ADHD, or Conduct Problems
- •Randomized Clinical Trial (random assignment to treatment vs. control condition)
- •At least one psychological therapy condition remotely-delivered—i.e., with no in-person therapeutic contact

## Study Inclusion Flowchart



# Included Study Characteristics:

- •Mean age = 9.38 (SD = 4.19)
- •Mean duration = 9.14 (SD = 4.28) weeks
- •37.21% included majority Caucasian participants
- •51.16% included majority female participants

#### Media of Therapy:

- 50.49% involved phone
- 62.79% involved computer programs
- 23.26% involved email
- 44.19% involved pre-recorded videos
- 37.21% involved written texts
- 19.44% involved long-form feedback

# Included Study Characteristics:

### •Target Problem:

- 39.53% anxiety
- 23.26 % conduct
- 23.26% ADHD
- 9.30% depression
- 4.65% multiple externalizing (ADHD and conduct)

58.14% included therapeutic provider contact55.81% included synchronous (i.e., real-time) provider contact

## How well do Remote Therapies work?

About as well as in-person psychotherapies at post (N=43)



#### Post-Treatment Effect Sizes (Hedges g)

#### Even better at follow-up (n=12)

Follow-up Effect Sizes (Hedges g)



## Significant Binary Moderators of Remote Therapies

Moderator	ES (g) with	ES (g) without	<i>p</i> -value
Therapeutic Provider Contact	0.64	0.22	.024
Logistical Provider Contact	0.24	0.68	.023
Synchronous Provider Contact	0.67	0.21	.014
Attention/Working Memory Training	-0.18	0.60	.001
Phone Contact	0.65	0.19	.036
Skill Building Provider Contact	0.68	0.18	.025
Discussing Implementation Difficulties with Providers*	0.80	-0.11	.0001

\*Exploratory analysis without small sample correction – too few degrees of freedom to interpret model with the small sample correction. Note that the small sample correction was a precaution, not a necessity, for this study.

## Other Sig. Moderators of Remote Therapies

Moderator	ES (g) Anxiety	ES (g) Conduct	ES (g) ADHD	<i>p</i> -values
Target Problem	0.65	0.78	0.09	<.05
Moderator	ES (g) Youth- Focused Behavior Therapy	ES (g) Caregiver- Focused Behavior Therapy	ES (g) Other Therapy	<i>p</i> -values
Therapy Type	0.59	0.74	-0.05	<.05
Moderator	ES (g) <25%	ES (g) ≥25%; <50	ES ( <i>g</i> ) ≥50%	<i>p</i> -value
% of Therapy with Provider Contact	0.15	0.86	0.70	<.05

# Limitations

- •It is difficult to disentangle potential confounds among variables—a common challenge in metaanalyses
- •Limited studies using certain media (i.e., video-chat, instant messaging, and text messaging) prevent analyses of ESs for these media
- •Communication via technology is evolving rapidly -- the landscape of remote therapies may look quite different quite soon

# **Future Directions**

- Use the findings to inform design and practice of remote therapies
- Invest in alternative remote techniques for addressing ADHD (e.g., medication; physical activity)
- Conduct studies of remote therapies for depression and multiple problems
- Investigate why some interventions without therapeutic provider support *do* work (e.g., Schleider & Weisz, 2018)

#### Katherine Venturo-Conerly, Olivia Fitzpatrick, Rachel Horn, Ana Ugueto, John Weisz

Acknowledgments: Dr. Spencer Evans, Jenna Cohn, Danielle Eisenman, and Malia Clark





#### In Press at American Psychologist

https://doi.org/10.1037/amp0000816