Supplementary Files

**Supplementary File 1: MEDLINE Search**

Database: Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily <1946 to May 22, 2020> Search Strategy:

1 exp Depressive Disorder/ (108252)

2 exp Depression/ (117414)

3 exp Depressive Disorder, Major/ (29714)

4 "depress\*".kf,tw. (458925)

5 1 or 2 or 3 or 4 (499804)

6 exp "Aged, 80 and over"/ or exp Aged/ or exp Health Services for the Aged/ (3094645)

7 (geriatric\* or senior\* or elder\* or (older adj1 (adult\* or women or men or patient\*))).kf,tw. (455009)

8 6 or 7 (3260643)

9 exp Telecommunications/ (90802)

10 exp Telemedicine/ (27950)

11 exp Telephone/ (22220)

12 telephone.kf,tw. (57087)

13 "video\*".kf,tw. (124652)

14 "virtual\*".kf,tw. (127465)

15 mobile health.kf,tw. (4315)

16 exp Remote Consultation/ (4762)

17 (e-therap\* or e-counsel\* or e-psychotherap\* or e-appointment\* or e-consult\*).kf,tw. (916)

18 ((virtual or video or online or internet or electronic or mobile) adj2 (appointment\* or consult\* or therap\* or counsel?ing or psychotherap\*)).kf,tw. (3233)

19 (telehealth or telemedicine or telepsychiatry or teleconsult\* or teletherap\*).kf,tw. (18581)

20 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 (386334)

21 randomized controlled trial.pt. (506126)

22 controlled clinical trial.pt. (93684)

23 randomized.ab. (480049)

24 placebo.ab. (207871)

25 Randomly.ab. (333535)

26 trials.ti. (74094)

27 Clinical Trials as Topic.sh. (191286)

28 21 or 22 or 23 or 24 or 25 or 26 or 27 (1261557)

29 exp animals/ not humans.sh. (4700877)

30 28 not 29 (1159192)

31 5 and 8 and 20 and 30 (898)

**Supplementary File 2: Grey Literature Sources**

1. Government of Canada
2. GreyNet International
3. System for Information on Grey Literature in Europe
4. First 200 citations on Google Scholar
5. Agency for Healthcare Research and Quality
6. World Health Organization
7. Center for Research Libraries Foreign Dissertation
8. DART-Europe E-theses Portal
9. Electronic Theses Online Service (ETHOS)
10. Open access dissertations
11. Thesis Canada Portal
12. Canadian Medical Association
13. Alberta College of Family Physicians: Tools for Practice
14. Alberta Health and Wellness: Decision Process Provincial Reviews
15. Canadian Agency for Drugs and Technologies in Health
16. Health Quality Council of Alberta: Completed Reviews
17. Health Quality Ontario: Health Technology Assessment
18. The Hospital for Sick Children: Technology Assessment at SickKids
19. INESS: Publications
20. Institute of Health Economics: Publications
21. Manitoba Centre for Health Policy: Deliverables
22. McGill University Health Centre: Technology Assessment Unit Reports
23. Newfoundland and Labrador Centre for Appled Health Research: Completed CHRSP Projects
24. Ottawa Hospital Research Institute Knowledge Synthesis Group
25. University of British Columbia: Centre for Health Services and Policy Research
26. INAHTA Secretariat
27. World Health Organization Regional Office for Health: Health Evidence Network
28. Australian Government, Department of Health and Ageing: ANZHSN
29. Australian Government, Department of Health and Ageing: :MSAC
30. Joanna Briggs Institute: EBP Database
31. Monash Health Centre for Clinical Effectiveness
32. Queensland Government (Australia). Health Technology Reference Group
33. Austria: Institute of Technology Assessment
34. Ludwig Boltzmann Institute fur Health Technology Assessment
35. Belgian Health Care Knowledge Centre
36. Danish Health and Medicines Authority
37. Comite d'Evaluation de Diffusion des Innovations Technologiques (CEDIT): Recommendations and Reports
38. Haute Autorite de Sante )French National Authority for Health
39. German Institute of Medical Documentation and Information
40. Health Information and Quality Authority: Health Technology Assessments
41. Health Service Executive: Irish health Repository (Lenus)
42. Health Council of the Netherlands
43. National Health Care Institute Netherlands
44. Norwegian Institute of Public Health: Publications
45. Agencia de Evaluacion de Tecnologias Sanitarias, Instituto de Salud "Carlos III"
46. Agencia de Qualitat I Avaluacio Sanitaries de Catalunya
47. Sahlgrenska Universitetssjukhuset. Sahlgrenska University Hospital Regional activity-based HTA
48. Swedish Council on Health Technology Assessment (SBU)
49. Healthcare Improvement Scotland
50. National Institute for Health and Care Excellence (NICE)
51. National Institute for Health and Care Excellence (NICE): Advice List
52. National Institute for Health Research: Innovation Observatory
53. NHS Purchasing and Supply Agency
54. NIHR Evaluation, Trials and Studies Coordinating Centre: Research Project
55. UK Department of Health. International Resource for Infection Control
56. National Health Service UK: NHS England
57. Agency for Healthcare Research and Quality
58. Centers for Medicare and Medicaid Services
59. ECRI Institute
60. Institute for Clinical and Economic Review
61. Washington State Health Care Authority: Health Technology Review
62. Hospital for Sick Children Paediatric Economic Database
63. Institute of Health Economics: Publications
64. Toronto Health Economics and Technology Assessment Vollaborative (Theta): Publications and Knowledge Translation to Policy
65. Federal Reserve Bank of St. Louis Economic Research Division: Ideas Database
66. ISPOR
67. National Centre for Pharmacoeconomics Ireland: Parhmacoeconomic Evaluations
68. NHS EED
69. University of Aberdeen Health Economics Research Unit
70. Health Canada
71. Biomed Central. ISRCTN Registry
72. National Institute of Medical Statistics, Indian Council of Medical Research. Clinical Trials Registry - India (CTRI)
73. Thomson CenterWatch. CenterWatch Clinical Trials Listing Service
74. US National Institutes of Health. ClinicalTrials.gov
75. UK Department of Health. UK Clinical Research Network Study Portfolio (UKCRN)
76. World Health Organization. International Clinical Trials Registry Platform Search Portal (ICTRP)

**Supplementary Table 3:** **Inclusion + Exclusion Criteria**

|  |  |  |  |
| --- | --- | --- | --- |
| **Author** | **Year** | **Inclusion Criteria** | **Exclusion Criteria** |
| Brenes | 2012 | 1. Adults aged 60 years and older
2. Principal or co-principal diagnosis of Generalized Anxiety Disorder (GAD; n = 30), Panic Disorder (PD; n = 3), GAD and PD (n = 25), or Anxiety Disorder Not Otherwise Specified (ADNOS; n = 2) according to the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID; 9)
 | 1. Current psychotherapy
2. Current alcohol or substance abuse
3. Dementia or global cognitive impairment (Mini-Mental Status Examination score < 24; 10)
4. Psychotic symptoms
5. Active suicidal ideation
6. Any change in psychotropic medications within the previous 3 months
 |
| Brenes | 2017 | 1. Adults aged 60 years or older
2. Principal or co-principal diagnosis of GAD based on the DSM-IV
3. Living in one of 41 rural North Carolina counties
 | 1. Current psychotherapy
2. Active alcohol/substance abuse
3. Dementia
4. Global cognitive impairment based on the Telephone Interview for Cognitive Status- modified
5. Psychotic symptoms
6. Active suicidal ideation with plan and intent
7. Change in psychotropic medications within 30 days prior to screening
8. Bipolar disorder
9. Hearing loss that would prevent an individual from participating in the telephone sessions
 |
| Dear | 2015 | 1. Resident of Australia
2. At least 60 years of age
3. Self-report of a recent assessment by a General Practitioner or specialist to rule out any manageable physical cause for their anxiety (i.e., participants were asked if they had had a recent physical assessment or any physical health complaints that had not been examined or were not currently being managed by their general practitioner)
 | 1. Currently participating in CBT
2. Using illicit drugs or consuming more than three standard drinks/day
3. Currently diagnosed with schizophrenia or bipolar disorder
4. Experiencing severe symptoms of depression (defined as a total score N19 or responding N2 to Question 9 [suicidal ideation] on the Patient Health Questionnaire-9 Item (PHQ-9; Kroenke, Spitzer, & Williams, 2001)
5. If taking medication for anxiety or depression, not having been on a stable dose for at least 1 month
 |
| Gellis | 2014 | 1. Aged 65 and older
2. Above-average users (≥10 days in the hospital in the past 12 months, seen in the emergency department (ED) in the last 2 months, or required ≥3 home care visits per week)
3. Primary diagnosis of heart failure or COPD
4. Screened positive for depression as indicated by a Patient Health Questionnaire-2 (PHQ)16 score of 3 or greater
 | 1. Cognitive impairment (Mini-Mental State Examination (MMSE) score <24) or a diagnosis of dementia based on chart review
2. Inability to use a telemonitoring device because of physical disability, and behavioral problems (e.g., agitation, delirium, paranoia) that would interfere with use of the device
 |
| Gould | 2018 | 1. Aged 60 years or older
2. Proficient in English
3. Diagnosed with an anxiety disorder (generalized anxiety disorder [GAD], social anxiety disorder, panic disorder, agoraphobia, anxiety disorder unspecified) via a structured interview
 | 1. Psychotic symptoms
2. Diagnosis of dementia or probable cognitive impairment based on a Short Blessed Test error score of six or more
3. Self-reported diagnosis of bipolar disorder or psychotic disorder
4. Daily use of benzodiazepines other than for sleep exclusively
5. Receiving regular (i.e., weekly) psychotherapy
6. Individuals meeting criteria for specific phobia alone with no other anxiety diagnosis would not have been eligible for this study
 |
| Gustafson | 2021 | 1. Age 65 years or older
2. Met at least one of the following risk factors in the preceding 12 months:
	1. One or more falls,
	2. Receipt of home health services,
	3. Skilled nursing facility stay,
	4. Emergency room visit,
	5. Hospital admission, and
	6. Sustained sadness or depression
 | 1. Those living in:
	1. Hospice centers
	2. Nursing homes, or
	3. Assisted living without stove access
2. Those needing bed or chair assistance
 |
| Hartke |  | 1. Age > 60 years old
2. Spouses of stroke survivors
3. Primary Caregiver for >1 Month
4. Not in a Caregiver Support Group
5. Telephone available and adequate hearing
 | 1. NR
 |
| Jones | 2016 | 1. Residents of Saskatchewan, Canada
2. Aged 60 years or older
3. Access to a computer and Internet
4. Reported no change in psychotropic medication for at least one month prior to enrollment
5. Met Diagnostic and Statistical Manual of Mental Disorder fourth edition text revision (DSM-IV-TR; APA, 2000) criteria for clinical or subclinical GAD
6. Endorse at least moderate symptoms on the GAD-7 (i.e., a score of ≥10) at pre-screening to participate
 | 1. Met DSM-IV-TR criteria for current substance abuse, a psychotic disorder or bipolar disorder
2. Endorsed severe symptoms of depression, including suicidal ideation
3. Reported having a serious medical condition that may account for anxiety symptoms or interfere with intervention (e.g., untreated thyroid disorder)
4. Were cognitively impaired (as assessed by the Six-Item Screener)
 |
| Kornblith | 2006 | 1. Age >65
2. Stage III or IV breast cancer, or Duke stage C or D colon cancer or stage C or D prostate cancer.
3. Actively on intervention for at least 2 months
4. Life expectancy ≥12 Months
5. Able to Consent
 | 1. NR
 |
| Mavandadi | 2015 | 1. Aged 65 years and over
2. Living in a non-institutionalized setting
3. At least 1 new prescription for antidepressant or anxiolytic
4. Clinically relevant symptoms: PHQ-9 of 5-24 or GAD-7 of ≥5
 | 1. Severe Cognitive Impairment
2. Depressive or anxious symptoms mild or severe warranting specialty care
 |
| Read | 2020 | 1. Aged 65 years and over
2. Two or more chronic physical conditions
3. Use of a computer or tablet with internet access
4. Sufficient English to take part in the iCBT program
 | 1. Met criteria for minor/major depression or dysthymia (assessed via structured interview at baseline)
2. Consumed illicit drugs or more than five alcoholic drinks per day
3. History of bipolar disorder or schizophrenia
4. Had undergone psychological therapy in the 12-month period prior to recruitment
 |
| Shapira | 2021 | 1. Community-dwelling adults
2. Age 65 years or older
3. Proficient in Hebrew
4. Active internet connection
5. Possess at least one device that enables online communication
6. Minimal ability to operate this device (i.e. turning it on and off)
 | NR |
| Silvernagel | 2017 | 1. Diagnostic and Statistical Manual of Mental Disorders, 4th edition, text revision (American Psychiatric Association, 2000) criteria for any specific anxiety disorder, or an anxiety disorder not otherwise specified
2. Could also meet the criteria for comorbid major depression, but not as the primary disorder.
3. Age 60 years or older
4. Not currently in psychotherapy
5. If on medication, be on a stable dosage
6. Not be at risk of alcohol abuse or meeting the description for current alcohol addiction
 | NR |
| Titov | 2015 | 1. Resident of Australia
2. 60 years of age and over
3. Reported that they have been assessed by a general practitioner or medical specialist to rule out a reversible physical cause for their depression
4. Verbal confirmation during the telephone interview that they were experiencing difficulties with depression and that they wanted intervention for these symptoms
 | 1. Current participation in CBT
2. Use of illicit drugs or consumption of more than three standard drinks/day
3. Current diagnosis of schizophrenia or bipolar disorder
4. Severe symptoms of depression (defined as a total score N 19 or responding N 2 to Question 9 (suicidal ideation) on the PHQ-9
5. If taking medication for anxiety or depression, not having been on a stable dose for at least a month
 |
| Titov | 2016 | 1. Resident of Australia
2. At least 60 years of age
3. Principal complaint of symptoms of anxiety or depression
 | 1. Current participation in CBT
2. Very severe symptoms of depression (defined as a total score ≥24 or responding >2 to Question 9 on the 9-item Patient Health Questionnaire (PHQ-9)
 |

**Supplementary Table 4: Risk of Bias Assessment**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First Author, Year | Random sequence generation | Allocation concealment | Blinding of participants/personnel | Blinding of outcome assessment | Incomplete outcome data | Selective reporting | Other sources of bias |
| Brenes, 20121 | Low risk | Unclear risk | Unclear risk | Low risk | Unclear risk | Low risk | Low risk |
| Brenes, 20172 | Low risk | Unclear risk | Unclear risk | Low risk | Unclear risk | Low risk | Low risk |
| Dear, 20153 | Low risk | Low risk | High risk | High risk | High risk | Low risk | Low risk |
| Gellis 20144 | Low risk | Unclear risk | Unclear risk | Low risk | Low risk | Low risk | Low risk |
| Gould, 20185 | Low risk | Unclear risk | Unclear risk | Unclear risk | Low risk | Low risk | Low risk |
| Gustafson 2021 6 | Low risk | Unclear risk | High risk | Unclear risk | Low risk | Low risk | Low risk |
| Hartke 20037 | Unclear risk | Unclear risk | Unclear risk | Unclear risk | Unclear risk | Unclear risk | Unclear risk |
| Jones, 20168 | Low risk | Low risk | Unclear risk | Unclear risk | Low risk | Low risk | Low risk |
| Kornblith 20069 | Unclear risk | Unclear risk | Unclear risk | Unclear risk | High risk | Unclear risk | Unclear risk |
| Mavandadi 201510 | Low risk | Unclear risk | Unclear risk | Unclear risk | High risk | Unclear risk | Unclear risk |
| Read, 201711 | Low risk | Low risk | Unclear risk | Unclear risk | Low risk | Low risk | Low risk |
| Shapira 202112 | Low risk | Unclear risk | Unclear risk | Unclear risk | Low risk | Low risk | Low risk |
| Silfvernagel, 201713 | Low risk | Unclear risk | Unclear risk | Low risk | Low risk | Low risk | Low risk |
| Titov, 201514 | Low risk | Low risk | High risk | High risk | Low risk | Low risk | Low risk |
| Titov, 201615 | Low risk | Low risk | High risk | Unclear risk | Unclear risk | Low risk | Low risk |

**Supplementary Table 5: Intervention Descriptions**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Author | Intervention 1 Name | Intervention 1 Description | Intervention 2 Name | Intervention 2 Description | Intervention 3 Name | Intervention 3 Description |
| Brenes2, 16 | Telephone CBT | 1. Telephone CBT + CBT Workbook: aimed to focus on anxiety, relaxation, ‘cognitive restructuring’, ‘use of coping statements’, problem solving therapy, behavioural activation therapy, exposure therapy, relapse prevention.

Providers: Social Workers & PsychologistsDuration: 11 Weeks of weekly calls, with follow-up at 2, 4, 8, and 12 weeks. Time: 50 Minutes | Telephone Nondirective Supportive Therapy | 1. Telephone Non-directive Support: Phone calls focused on creating a therapeutic relationship of support and acceptance. Focused on “reflective listening” and supportive statements.

Providers: Social Workers & PsychologistsDuration: 11 Weeks of weekly calls, with follow-up at 2, 4, 8, and 12 weeksTime: 50 Minutes | Not applicable (NA) |  |
| Brenes1 | Telephone CBT | 1. Telephone CBT + CBT Workbook: focused on relaxation, cognitive therapy, problem solving therapy, behavioural activation therapy, relapse prevention, exposure therapy and “thought stopping”. During calls they reviewed the workbook work, and discussed its application.

Providers: Social Workers & PsychologistsDuration: 11 Weeks of weekly calls, with follow-up at 2, 4, 8, and 12 weeks. Calls were every 1-2 weeks.Time: 50 Minutes | Information | 1. Information: Received written information about anxiety disorders and a list of potential referral options.

Providers: Clinician Duration: NATime: NA | NA |  |
| Dear3 | Internet CBT + Clinician Guided | 1. Internet CBT: focused on the “Managing Stress and Anxiety Course” a structured online course. Course focuses on ‘case-enhanced learning examples’, problem solving, psychological skills building.
2. Clinician Guidance: contact with participants weekly to follow progress.

Providers: Self-Administered + PsychologistsDuration: 8 weeks, weekly online; brief weekly calls Time: Weekly calls 5-10 minutes. | Waitlist | 1. Waitlist: usual care while on waitlist for intervention.

Providers: NADuration: NATime: NA | NA |  |
| Gellis4 | Telehealth for Chronic Illness and Depression | 1. Telehealth Care for Chronic Illness: Nurse calling daily to review telemonitoring of symptoms, weight, medications, and communication with family doctor.
2. Depression Care: Problem Solving Therapy Weekly

Providers: NursesDuration: Daily Call for Monitoring, Weekly Call for Problem Solving Therapy for 12 weeksTime: Weekly Calls 35 Minutes | In Home Nursing + Psychoeducation | 1. In-home Nursing: home care provided by nurses under direction of family physicians. Care coordination with allied health.
2. Psychoeducation: education on diseases processes, reinforcement of importance of daily monitoring, smoking cessation, diet, weight, and medication adherence.

Providers: NursesDuration: Weekly Visits for 12 weeksTime: 60 Minutes | NA |  |
| Gould5 | DVD Breathing Exercise + Telephone Psychologist | 1. DVD outlining the “BREATH Intervention”: focuses on diaphragmatic breathing, relaxation, clinical vignettes to develop skills for managing anxiety,
2. Telephone Psychologist Check Ins: focused on technical assistance, issues surrounding intervention, discussion of adherence,

Providers: Self-Administered + PsychologistsDuration: Weekly Phone Calls for 4 Weeks, DVD for 8 weeks.Time: NA  | Waitlist | 1. Waitlist: usual care while on waitlist for intervention. Offered BREATH at 8 weeks.

Providers: NADuration: NATime: NA  | NA |  |
| Gustafson6 | ElderTree  | ElderTree: an interactive website offering informational, social, self-management, and motivational services aimed at improving QOL.Providers: Self-AdministeredDuration: 52 WeeksTime: NA  | Control | Control: Participants’ usual access to information and communication only.Providers: NADuration: NATime: NA  | NA |  |
| Hartke  | Telephone Group Support Therapy | 1. Telephone support group following a structured ‘psychoeducational format’.
2. Group manual with 8 topics mailed to participants.
3. Audiotape on relaxation
4. Publication on Stress Management
5. Self-identified stressful situation list

Providers: Psychologists, Social Work, NursingDuration: 8 weeksTime: 1 hour | Usual Care | 1. Usual care

Providers: NADuration: NATime: NA |  |  |
| Jones8 | Internet CBT + Guided Online | 1. Internet CBT: focused on the “Anxiety Online” a structured online course. Course focuses on psychoeducational material, case examples, coping skills, CBT therapies, skills application.
2. Clinician Guidance: psychologist received weekly homework, provide support, advice and promote adherence, answered questions, and encouraged progress.

Providers: Self-Administered + PsychologistsDuration: Weekly Emails for 10 Weeks.Time: 15-30 minutes | Waitlist | 1. Waitlist: usual care while on waitlist for intervention.

Providers: NADuration: NATime: NA | NA |  |
| Kornblith | Telephone Monitoring + Education | 1. Telephone call x 1 Monthly for 6 Months
2. Education on support, diet and helping
3. Disease specific education
4. Assessment of Distress, Physical Problems, Quality of Life, Social Support – if participant above a cut off follow up arranged.

Providers: NursingDuration: 6 MonthsTime: NA | Education  | 1. Education on support, diet and helping
2. Disease specific education

Providers: NursingDuration: NATime: NA |  |  |
| Mavandadi10 | Mental Health Care Management | 1. Baseline and four brief follow-up assessments to review medication adherence, adverse events, and symptoms
2. Algorithm based management for depression and anxiety
3. ~5 phone Calls in first 12 weeks, then monthly calls at 4, 5 and 6 months.

Providers: Behavioural Health ProvidersDuration: 12 weeksTime: NR | Monitoring Alone | 1. Baseline and four brief follow-up assessments to review medication adherence, adverse events, and symptoms

Providers: Health Technicians or Behavioural Health Providers Duration: During initial 12 weeks of interventionTime: 5-10 Minutes |  |  |
| Read11 | Internet CBT + Guided Online | 1. Internet CBT: Online course focused on preventing depression. Including psychoeducation, cognitive therapy, coping strategies, behavioural activation, exposure therapy, and additional resources.
2. Clinician Guidance: Brief calls or emails weekly to encourage adherence, providing guidance, answering questions and encourage use of new skills.

Providers: Self-Administered + PsychologistsDuration: 8 Weeks.Time: ~30 Min weekly by psychologist;  | Usual Care | 1. Usual Care: usual care with existing physicians, specialists for their chronic conditions.

Providers: NADuration: NATime: NA  | NA |  |
| Shapira12 | Online Group Intervention | Online Group Intervention: To provide a “place” for social interaction during the pandemic and share hardships within a supportive atmosphere, and to create a safe virtual learning space to acquire social and behavioural skills related to coping with the pandemic. Including guided group discussion, learning cognitive behavioural techniques and skills, and mindfulness. Providers: Clinical Social WorkerDuration: ~ 4 WeeksTime: 60-90 Min | Waitlist | Waitlist: usual care while on waitlist for intervention.Providers: NADuration: NATime: NA  | NA |  |
| Silfvernagel13 | Internet CBT + Guided Online | 1. Internet CBT: tailored CBT to individual needs, focused on psychoeducation around anxiety disorders, cognitive restructuring, behavioural activation, relaxation, stress, mindfulness, problem solving, and sleep.
2. Clinician Guidance: contact with therapist as needed by participant or therapist initiated. Feedback given on online modules.

Providers: Self-Administered + PsychologistsDuration: 8 Weeks.Time: NA | Weekly Brief Email Support from Clinician | 1. Email Support: Provision of general support weekly.

Providers: CliniciansDuration: 8 Weeks.Time: NA  | NA |  |
| Titov15 | Orientation + Clinician Guided Internet Cognitive Behavioural Therapy (CBT) | 1. Orientation: telephone call by clinician to discuss goals for intervention, describe potential benefit, discuss importance of adherence and practice, and answer questions
2. Internet CBT: Completed weekly modules with symptom questionnaires. Questionnaires monitored by clinicians, but no contact made unless symptoms were severe.
3. Clinician Guidance Weekly: via telephone or email clinicians answered questions, reviewed weekly work, helped with any challenges in application of new skills, discuss importance of practice and need for progress

Providers: Self-Administered + PsychologistsDuration: 10 Weeks of weekly callsTime: Orientation: 10-20 Minutes once; Weekly Guidance 10-15 Minutes; Weekly online Lessons no time defined.  | Orientation + Self-Guided internet CBT | 1. Orientation: telephone call by clinician to discuss goals for intervention, describe potential benefit, discuss importance of adherence and practice, and answer questions
2. Internet CBT: Completed weekly modules with symptom questionnaires. Questionnaires monitored by clinicians, but no contact made unless symptoms were severe.

Providers: Self-Administered + PsychologistsDuration: 10 Weeks,Time: Orientation: 10-20 Minutes once; Weekly online Lessons no time defined. | Self-Guided internet CBT | 1. Internet CBT: Completed weekly modules with symptom questionnaires. Questionnaires monitored by clinicians, but no contact made unless symptoms were severe.

Providers: Self-Administered Duration: 10 WeeksTime: Weekly online Lessons no time defined. |
| Titov14 | Internet CBT + Guided Online | 1. Internet CBT: “Managing your Mood” Course with online lessons, assignments, reminders and notifications, case vignettes, psychoeducational material, communication skills, problem solving therapy, managing worry, sleep and managing beliefs.
2. Clinician Guidance: contact with therapist as needed by participant or therapist initiated. Feedback given on online modules.

Providers: Self-Administered + PsychologistsDuration: 8 Weeks.Time: NA | Waitlist | 1. Waitlist: usual care while on waitlist for intervention.

Providers: NADuration: NATime: NA | NA |  |

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