

## Abstract

What is the comparative efficacy of online group interventions versus face-to-face (F2F) psychosocial group interventions? This systematic review delves into this question by analyzing 15 randomly controlled trials (RCTs) adhering to PRISMA guidelines. While effect sizes varied across studies, most comparisons revealed no significant differences between modalities. However, a subset of trials indicated superior effectiveness for F2F interventions in certain scenarios. The analysis was impeded by methodological heterogeneity, with only a few studies employing rigorous designs suitable for meta-analysis. Despite the overall trend suggesting comparable outcomes between online and F2F modalities, caution is warranted due to the diverse samples and outcome measures. The findings underscore the need for further research to clarify the nuanced comparative efficacy of these therapeutic approaches across different challenges and populations.

## Literature Gap

The COVID-19 pandemic prompted a rapid shift towards online group work interventions, leading authors and organizations to develop some guides for practitioners. For instance, the International Association for Social Work with Groups (IASWG) updated its Standards for Social Work Practice with Groups, offering recommendations on integrating technology into group-based interventions (IASWG, 2022). However, systematic reviews are lacking to compare similar F2F interventions to online group work.

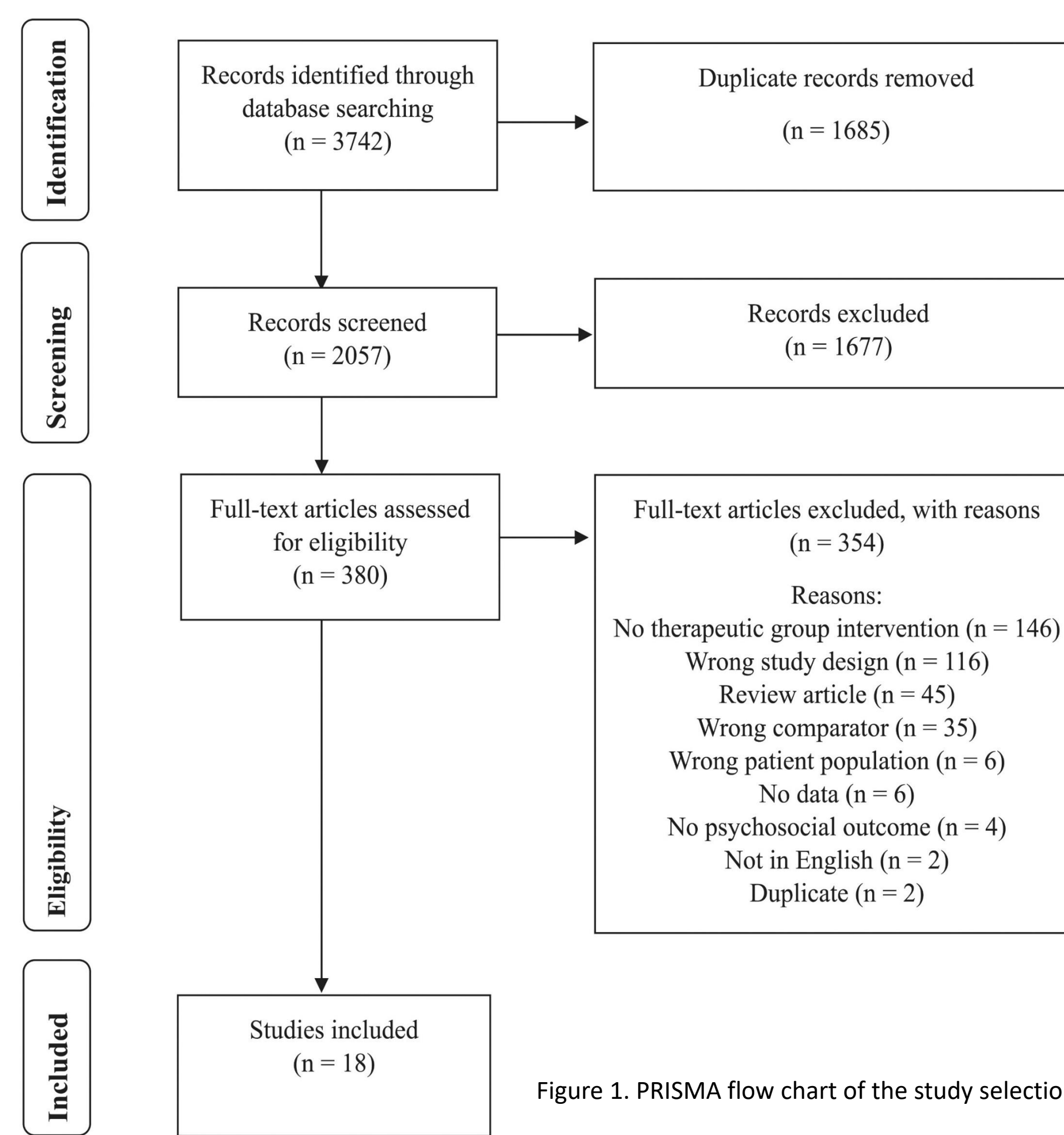
## Methods

- The study review protocol was registered and published in PROSPERO.
- Inclusion criteria:** 1) compared a group-based psychosocial intervention/model delivered in both F2F and online formats, 2) utilized an RCT research design, and 3) published in English.
- No restrictions were placed on population or outcome measures, encompassing unpublished studies, dissertations, and grey literature.
- The literature search, conducted following PRISMA guidelines (Page et al. 2021), encompassed multiple university-based databases.
- Keywords:** modality (group), delivery mode (online vs. F2F), and intervention (psychosocial interventions)

## Analytic Strategy

- The review process involved collective agreement on search terms and criteria, with initial screening of titles and abstracts followed by full-text examination for potential relevance.
- Data Extraction based on Population, Intervention, Control, Outcome (PICO).
- Study quality: Risk of bias was assessed using the Cochrane Risk of Bias Assessment Tool.
- Effect sizes: between and within conditions effect sizes calculated as standardized mean difference using R studio (version 2023.06.0).

## PRISMA Flow Chart



## Results

- Quantitative synthesis was not feasible due to the diversity of outcomes.
- The studies reported decreased symptoms for a range of presenting issues, including PTSD, bulimia, cancer, and social phobias.
- Effect sizes ranged from small to exceptionally large.
- Of 15 RCTs, most showed comparable outcomes for online and F2F interventions.
- A few studies favored F2F interventions (Hall et al., 2017; Rosal et al., 2014).
- Most studies revealed no significant differences between online and F2F modalities in terms of attendance and treatment attrition.
- Most studies had either some concerns (n=7) or a high (n=6) risk of bias.
- Predominant use of self-reports raises validity concerns.
- Different measures for the same outcomes were used across studies.
- Lack of information about group composition, format, and clinicians/therapists.
- Focus on intervention outcomes rather than processes and structures.

## Application to Practice

- Online interventions are as effective as face-to-face (F2F) sessions for participant engagement.
- No significant differences in attendance or treatment attrition.
- Online format is beneficial by enhancing accessibility for individuals in remote areas, for those with mobility issues, or those with time constraints.
- Practitioners can choose online or F2F delivery without compromising retention.
- Transitioning from F2F to online delivery can be streamlined using manualized interventions.
- Follow-up times of 6-months and one-year deepen evidence and help inform group work practice.
- Greater focus is needed on measures like alliance, cohesion, and engagement to improve treatment responses and inform clinician choices.
- Continued research with consistent methodologies and long-term follow-ups will strengthen the evidence base and guide best practices.

## Limitations

- Only RCTs included, excluding other quantitative and qualitative studies.
- All studies conducted in English and in high-income countries.
- Limited transferability of findings to low- or middle-income countries with different languages or limited healthcare options.

## Conclusion

- This review aimed to assess whether online delivery of psychosocial interventions is as effective as traditional F2F methods.
- Findings indicate that both modalities offer benefits, with most studies showing similar outcomes.
- Due to the increasing shift towards online interventions, more rigorous research is imperative.
- Future studies should focus on:
  - Processes and outcomes
  - Group dynamics
  - Therapist satisfaction
  - Intervention costs
  - Efficacy of different online therapeutic models.



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## References

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