**Supplementary Material**

To determine if the results of the present study were significantly affected by treatment modality (i.e., in-person treatment versus virtual treatment via videoconferencing) we reconducted the analyses. Individuals that received hybrid treatment (*n* = 3) were removed from these analyses.

Three 2 (in-person treatment, virtual treatment) x 2 (pre-treatment, post-treatment) mixed ANOVAs, with one between-subjects factor (treatment modality) and one within subjects factor (time) were conducted to investigate whether changes in questionnaire (i.e., YBOCS-SR, HA, INC) scores over time differed by treatment modality. There were significant main effects of time for YBOCS-SR [*F*(1,60) = 81.21, *p* < .0001, η2 = .575], HA [*F*(1,60) = 9.03, *p* = .004, η2 = .131], and INC [*F*(1,60) = 6.83, *p* = .011, η2 = .102], which indicated there were significant decreases in questionnaire scores over time. There was no significant main effect of treatment modality for YBOCS-SR [*F*(1,60) = .23, *p* = .626, η2 = .004] or HA [*F*(1,60) = 2.77, *p* = .101, η2 = .044], however, there was for INC [*F*(1,60) = 5.36, *p* = .024, η2 = .082]. Average scores on INC were significantly higher for those that completed treatment virtually (*M* = 24.42, *SE* = 1.29) than in-person (*M* = 18.74, *SE* = 2.09). Importantly, there were no significant interaction effects between time and treatment modality for all questionnaires (all *p*s > .05) which indicated that changes in questionnaire scores over time did not significantly differ by treatment modality.

When treatment modality was added into the four series of hierarchical linear mixed models, the findings indicated that there were no significant effects, across all four models, of treatment modality or modality x HA or INC interactions on OCD treatment outcome (see Table 5). Therefore, the results of this present study do not appear to be significantly affected by treatment modality,

**Table 5**

*Updated hierarchical linear mixed models that include modality, modality x HA and modality x INC interactions.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Beta (SE)** | **Wald χ2 (df)** | ***p*** |
| Model 1: Pre-Treatment HA and INC scores | YBOCS-pre | 0.6280 (0.117) | 29.0 (1) | < 0.0001 |
| HA-pre | -0.00432 (0.131) | 0.0011 (1) | 0.974 |
| INC-pre | 0.0210 (0.126) | 0.0277 (1) | 0.868 |
| Modality | 0.179 (0.131) | 1.88 (1) | 0.171 |
| HA-pre × Modality | -0.0718 (0.133) | 0.293 (1) | 0.589 |
| INC-pre × Modality | 0.0526 (0.120) | 0.191 (1) | 0.662 |
|  |  |  |  |  |
| Model 2: Pre- to Post-Treatment Change in HA and INC | YBOCS-pre | 0.492 (0.0943) | 27.2 (1) | < 0.0001 |
| HA-pre-post | 0.359 (0.145) | 6.10 (1) | 0.0135 |
| INC-pre-post | 0.0967 (0.123) | 0.622 (1) | 0.430 |
| Modality | 0.133 (0.0970) | 1.89 (1) | 0.170 |
| HA-pre-post × Modality | -0.0907 (0.139) | 0.425 (1) | 0.515 |
| INC-pre-post × Modality | 0.0968 (0.123) | 0.624 (1) | 0.430 |
|  |  |  |  |  |
| Model 3: Early Change in HA and INC | YBOCS-pre | 0.616 (0.102) | 36.4 (1) | < 0.0001 |
| HA-early-ch | -0.0992 (0.123) | 0.650 (1) | 0.420 |
| INC-early-ch | 0.278 (0.132) | 4.44 (1) | 0.0351 |
| Modality | 0.124 (0.128) | 0.942 (1) | 0.332 |
| HA-early-ch × Modality | 0.101 (0.126) | 0.645 (1) | 0.422 |
| INC-early-ch × Modality | 0.0377 (0.132) | 0.0820 (1) | 0.775 |
|  |  |  |  |  |
| Model 4: Late Change in HA and INC | YBOCS-pre | 0.517 (0.104) | 24.6 (1) | < 0.0001 |
| HA-late-ch | 0.441 (0.143) | 9.56 (1) | 0.00199 |
| INC-late-ch | -0.260 (0.198) | 1.73 (1) | 0.189 |
| Modality | 0.128 (0.134) | 0.902 (1) | 0.342 |
| HA-late-ch × Modality | -0.119 (0.138) | 0.743 (1) | 0.389 |
| INC-late-ch × Modality | 0.197 (0.197) | 0.995 (1) | 0.319 |

*Note*. Tests of effects done with Type III Wald tests due to the presence of interactions.