

Supplementary Material

Technology-Based Counselling for People with Dementia and Their Informal Carers: A Systematic Review and Meta-Analysis

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CHAPTER A: SEARCH STRATEGY

Supplementary Table 1. Search strategy CINAHL (April 22, 2021)

#	Entry	Hits
1	TI DEMENT* OR TI ALZHEIMER* OR TI "MAJOR NEUROCOGNITIVE DISORDER*" OR AB DEMENT* OR AB ALZHEIMER* OR AB "MAJOR NEUROCOGNITIVE DISORDER*" OR MH DEMENTIA+	97882
2	TI APP OR TI APPS OR TI "AUGMENTED REALIT*" OR TI "BLENDED TREATMENT" OR TI "BLENDED THERAPY" OR TI BLOG OR TI "CELL PHONE*" OR TI CELLPHONE* OR TI CHAT OR TI CHATS OR TI CHATBOT* OR TI COMPUTER* OR TI DIGITAL* OR TI "E COUNSELING" OR TI ECOUNSELING OR TI E-COUNSELING OR TI "E COUNSELLING" OR TI ECOUNSELLING OR TI E-COUNSELLING OR TI "E HEALTH" OR TI EHEALTH OR TI E-HEALTH OR TI ELECTRONIC* OR TI EMAIL* OR TI E-MAIL* OR TI FACEBOOK OR TI ICT OR TI INTERNET OR TI MESSENGER OR TI MHEALTH OR TI M-HEALTH OR TI "MOBILE DEVICE" OR TI "MOBILE HEALTH" OR TI "MOBILE PHONE" OR TI "MOBILE-HEALTH" OR TI ONLINE* OR TI PHONE OR TI REMOTE OR TI SKYPE OR TI SMARTPHONE* OR TI SMS OR TI "SOCIAL MEDIA" OR TI TABLET OR TI TABLETS OR TI TECHNOLOG* OR TI "TELE HOME CARE" OR TI "TELE MEDICINE" OR TI TELECARE OR TI TELE-CARE OR TI TELECARING OR TI TELE-CARING OR TI TELECOMMUNICATION OR TI TELECONFERENCE* OR TI TELE-CONFERENCE* OR TI TELECONSULTATION* OR TI TELE-CONSULTATION* OR TI TELEHEALTH OR TI TELE-HEALTH OR TI TELEMEDICINE OR TI TELENURSE OR TI TELENURSING OR TI TELEPHONE OR TI TELEPHONES OR TI TELEPRESENCE OR TI TELEPRESENT OR TI TELEREHABILITATION OR TI TELE-REHABILITATION OR TI TELETHERAP* OR TI TELE-THERAP* OR TI TELETREATMENT OR TI TELE-TREATMENT OR TI VIDEOCONFERENCE OR TI VIDEOCONFERENCES OR TI VIRTUAL OR TI "WEB BASED" OR TI WEBBASED OR TI WEB-BASED OR TI "WORLD WIDE WEB" OR AB APP OR AB APPS OR AB "AUGMENTED REALIT*" OR AB "BLENDED TREATMENT" OR AB "BLENDED THERAPY" OR AB BLOG OR AB "CELL PHONE*" OR AB CELLPHONE* OR AB CHAT OR AB CHATS OR AB CHATBOT* OR AB COMPUTER* OR AB DIGITAL* OR AB "E COUNSELING" OR AB ECOUNSELING OR AB E-COUNSELING OR AB "E COUNSELLING" OR AB ECOUNSELLING OR AB E-COUNSELLING OR AB "E HEALTH" OR AB EHEALTH OR AB E-HEALTH OR AB ELECTRONIC* OR AB EMAIL* OR AB E-MAIL* OR AB FACEBOOK OR AB ICT OR AB INTERNET OR AB MESSENGER OR AB MHEALTH OR AB M-HEALTH OR AB "MOBILE DEVICE" OR AB "MOBILE HEALTH" OR AB "MOBILE PHONE" OR AB "MOBILE-HEALTH" OR AB ONLINE* OR AB PHONE OR AB REMOTE OR AB SKYPE OR AB SMARTPHONE* OR AB SMS OR AB "SOCIAL MEDIA" OR AB TABLET OR AB TABLETS OR AB TECHNOLOG* OR AB "TELE HOME CARE" OR AB "TELE MEDICINE" OR AB TELECARE OR AB TELE-CARE OR AB TELECARING OR AB TELE-CARING OR AB TELECOMMUNICATION OR AB TELECONFERENCE* OR AB TELE-CONFERENCE* OR AB TELECONSULTATION* OR AB TELE-CONSULTATION* OR AB TELEHEALTH OR AB TELE-HEALTH OR AB TELEMEDICINE OR AB TELENURSE OR AB TELENURSING OR AB TELEPHONE OR AB TELEPHONES OR AB TELEPRESENCE OR AB TELEPRESENT OR AB TELEREHABILITATION OR AB TELE-REHABILITATION OR AB TELETHERAP* OR AB TELE-THERAP* OR AB TELETREATMENT OR AB TELE-TREATMENT OR AB VIDEOCONFERENCES OR AB VIDEOCONFERENCING+ OR AB VIRTUAL OR AB "WEB BASED" OR AB WEBBASED OR AB WEB-BASED OR AB "WORLD WIDE WEB" OR MH TELEMEDICINE+ OR MH TELENURSING+ OR MH TECHNOLOGY+ OR MH VIRTUAL REALITY+ OR MH TELECOMMUNICATIONS+ OR MH VIDEOCONFERENCING+ OR MH TELEREHABILITATION+ OR MH INTERNET-BASED INTERVENTION+ OR MH SOCIAL MEDIA+ OR MH INFORMATION TECHNOLOGY+ OR MH REMOTE CONSULTATION+ OR MH TELEPHONE+ OR MH CELL PHONE+	612076
3	TI ADVICE* OR TI ADVISE* OR TI ADVISING OR TI COACH* OR TI CONSULT* OR TI COUNSELLING OR TI COUNSELING OR TI INSTRUCT* OR TI GUIDANCE* OR TI GUIDE* OR TI MENTORING OR TI "PASTORAL CARE" OR TI "SOCIAL SUPPORT*" OR TI SUPERVIS* OR TI "SUPPORT SERVICE*" OR TI "TALKING THERAP*" OR AB ADVICE* OR AB ADVISE* OR AB ADVISING OR AB COACH* OR AB CONSULT* OR AB COUNSELLING OR AB COUNSELING OR AB INSTRUCT* OR AB GUIDANCE* OR AB GUIDE* OR AB MENTORING OR AB "PASTORAL CARE" OR AB "SOCIAL SUPPORT*" OR AB SUPERVIS* OR AB "SUPPORT SERVICE*" OR AB "TALKING THERAP*" OR MH COUNSELING+ OR MH PSYCHOSOCIAL SUPPORT+	575744
4	1 AND 2 AND 3	962
5	TI SURGICAL OR TI SURGERY OR TI GENETI* OR TI PROTEOMIC* OR TI GENOMIC* OR TI PROTEIN* OR TI NEUROIMAG* OR AB SURGICAL OR AB SURGERY OR AB GENETI* OR AB PROTEOMIC* OR AB GENOMIC* OR AB PROTEIN* OR AB NEUROIMAG*	643710
6	4 NOT 5	895

Supplementary Table 2. Search strategy CENTRAL via Cochrane Library (April 22, 2021)

#	Enty	Hits
1	(DEMENT* OR ALZHEIMER* OR "MAJOR NEUROCOGNITIVE DISORDER*"):TI,AB,KW	20011
2	EINGABE: SUCHKOMP (APP OR APPS OR "AUGMENTED REALIT*" OR "BLENDED TREATMENT" OR "BLENDED THERAPY" OR BLOG OR "CELL PHONE*" OR CELLPHONE* OR CHAT OR CHATS OR CHATBOT* OR COMPUTER* OR DIGITAL* OR "E COUNSELING" OR ECOUNSELING OR E-COUNSELING OR "E COUNSELLING" OR ECOUNSELLING OR E-COUNSELLING OR "E HEALTH" OR EHEALTH OR E-HEALTH OR ELECTRONIC* OR EMAIL* OR E-MAIL* OR FACEBOOK OR ICT OR INTERNET OR MESSENGER OR MHEALTH OR M-HEALTH OR "MOBILE DEVICE" OR "MOBILE HEALTH" OR "MOBILE PHONE" OR "MOBILE-HEALTH" OR ONLINE* OR PHONE OR REMOTE OR SKYPE OR SMARTPHONE* OR SMS OR "SOCIAL MEDIA" OR TABLET OR TABLETS OR TECHNOLOG* OR "TELE HOME CARE" OR "TELE MEDICINE" OR TELECARE OR TELE-CARE OR TELECARING OR TELE-CARING OR TELECOMMUNICATION OR TELECONFERENCE* OR TELE-CONFERENCE* OR TELECONSULTATION* OR TELE-CONSULTATION* OR TELEHEALTH OR TELE-HEALTH OR TELEMEDICINE OR TELENURSE OR TELENURSING OR TELEPHONE OR TELEPHONES OR TELEPRESENCE OR TELEPRESENT OR TELEREHABILITATION OR TELE-REHABILITATION OR TELEETHERAP* OR TELE-THERAP* OR TELETREATMENT OR TELE-TREATMENT OR VIDEOCONFERENCE OR VIDEOCONFERENCES OR VIRTUAL OR "WEB BASED" OR WEBBASED OR WEB-BASED OR "WORLD WIDE WEB"):TI,AB,KW ONENTE 2	193349
3	(ADVICE* OR ADVISE* OR ADVISING OR COACH* OR CONSULT* OR COUNSELLING OR COUNSELING OR INSTRUCT* OR GUIDANCE* OR GUIDE* OR MENTORING OR "PASTORAL CARE" OR "SOCIAL SUPPORT*" OR SUPERVIS* OR "SUPPORT SERVICE*" OR "TALKING THERAP*"):TI,AB,KW	168646
4	1 AND 2 AND 3	802
5	(SURGICAL OR SURGERY OR GENETI* OR PROTEOMIC* OR GENOMIC* OR PROTEIN* OR NEUROIMAG*):TI,AB,KW	359548
6	4 NOT 5	692

Supplementary Table 3. Search strategy MEDLINE via PubMed (April 22, 2021)

#	Entry	Hits
1	"DEMENT*" [TITLE/ABSTRACT] OR "ALZHEIMER*" [TITLE/ABSTRACT] OR "MAJOR NEUROCOGNITIVE DISORDER*" [TITLE/ABSTRACT] OR "DEMENTIA" [MESH TERMS]	273374
2	"APP" [TITLE/ABSTRACT] OR "APPS" [TITLE/ABSTRACT] OR "AUGMENTED REALIT*" [TITLE/ABSTRACT] OR "BLENDED TREATMENT*" [TITLE/ABSTRACT] OR "BLENDED THERAPY" [TITLE/ABSTRACT] OR "BLOG" [TITLE/ABSTRACT] OR "CELL PHONE*" [TITLE/ABSTRACT] OR "CELLPHONE*" [TITLE/ABSTRACT] OR "CHAT" [TITLE/ABSTRACT] OR "CHATS" [TITLE/ABSTRACT] OR "CHATBOT*" [TITLE/ABSTRACT] OR "COMPUTER*" [TITLE/ABSTRACT] OR "DIGITAL*" [TITLE/ABSTRACT] OR "E COUNSELING" [TITLE/ABSTRACT] OR "ECOUNSELING" [TITLE/ABSTRACT] OR "E COUNSELING*" [TITLE/ABSTRACT] OR "E COUNSELLING" [TITLE/ABSTRACT] OR "ECOUNSELLING" [TITLE/ABSTRACT] OR "E COUNSELLING*" [TITLE/ABSTRACT] OR "E HEALTH" [TITLE/ABSTRACT] OR "EHEALTH" [TITLE/ABSTRACT] OR "E HEALTH*" [TITLE/ABSTRACT] OR "ELECTRONIC*" [TITLE/ABSTRACT] OR "EMAIL*" [TITLE/ABSTRACT] OR "E MAIL*" [TITLE/ABSTRACT] OR "FACEBOOK" [TITLE/ABSTRACT] OR "ICT" [TITLE/ABSTRACT] OR "INTERNET" [TITLE/ABSTRACT] OR "MESSENGER" [TITLE/ABSTRACT] OR "MHEALTH" [TITLE/ABSTRACT] OR "M-HEALTH" [TITLE/ABSTRACT] OR "MOBILE DEVICE" [TITLE/ABSTRACT] OR "MOBILE HEALTH" [TITLE/ABSTRACT] OR "MOBILE PHONE" [TITLE/ABSTRACT] OR "MOBILE HEALTH*" [TITLE/ABSTRACT] OR "ONLINE*" [TITLE/ABSTRACT] OR "PHONE" [TITLE/ABSTRACT] OR "REMOTE" [TITLE/ABSTRACT] OR "SKYPE" [TITLE/ABSTRACT] OR "SMARTPHONE*" [TITLE/ABSTRACT] OR "SMS" [TITLE/ABSTRACT] OR "SOCIAL MEDIA" [TITLE/ABSTRACT] OR "TABLET" [TITLE/ABSTRACT] OR "TABLETS" [TITLE/ABSTRACT] OR "TECHNOLOG*" [TITLE/ABSTRACT] OR "TELE HOME CARE" [TITLE/ABSTRACT] OR "TELE MEDICINE" [TITLE/ABSTRACT] OR "TELECARE" [TITLE/ABSTRACT] OR "TELE-CARE" [TITLE/ABSTRACT] OR "TELECARING" [TITLE/ABSTRACT] OR "TELE-CARING" [TITLE/ABSTRACT] OR "TELECOMMUNICATION" [TITLE/ABSTRACT] OR "TELECONFERENCE*" [TITLE/ABSTRACT] OR "TELE CONFERENCE*" [TITLE/ABSTRACT] OR "TELECONSULTATION*" [TITLE/ABSTRACT] OR "TELE CONSULTATION*" [TITLE/ABSTRACT] OR "TELEHEALTH" [TITLE/ABSTRACT] OR "TELE-HEALTH" [TITLE/ABSTRACT] OR "TELEMEDICINE" [TITLE/ABSTRACT] OR "TELENURSE" [TITLE/ABSTRACT] OR "TELENURSING" [TITLE/ABSTRACT] OR "TELEPHONE" [TITLE/ABSTRACT] OR "TELEPHONES" [TITLE/ABSTRACT] OR "TELEPRESENCE" [TITLE/ABSTRACT] OR "TELEPRESENT" [TITLE/ABSTRACT] OR "TELEREHABILITATION" [TITLE/ABSTRACT] OR "TELE-REHABILITATION" [TITLE/ABSTRACT] OR "TELEHERAP*" [TITLE/ABSTRACT] OR "TELE THERAP*" [TITLE/ABSTRACT] OR "TELETREATMENT" [TITLE/ABSTRACT] OR "TELE-TREATMENT" [TITLE/ABSTRACT] OR "VIDEOCONFERENCE" [TITLE/ABSTRACT] OR "VIDEOCONFERENCES" [TITLE/ABSTRACT] OR "VIRTUAL" [TITLE/ABSTRACT] OR "WEB BASED" [TITLE/ABSTRACT] OR "WEBBASED" [TITLE/ABSTRACT] OR "WEB BASED*" [TITLE/ABSTRACT] OR "WORLD WIDE WEB" [TITLE/ABSTRACT] OR "TELEMEDICINE" [MESH TERMS] OR "TELENURSING" [MESH TERMS] OR "TECHNOLOGY" [MESH TERMS] OR "VIRTUAL REALITY" [MESH TERMS] OR "TELECOMMUNICATIONS" [MESH TERMS] OR "VIDEOCONFERENCING" [MESH TERMS] OR "TELEREHABILITATION" [MESH TERMS] OR "INTERNET-BASED INTERVENTION" [MESH TERMS] OR "SOCIAL MEDIA" [MESH TERMS] OR "INFORMATION TECHNOLOGY" [MESH TERMS] OR "REMOTE CONSULTATION" [MESH TERMS] OR "DISTANCE COUNSELING" [MESH TERMS] OR "VIRTUAL REALITY" [MESH TERMS] OR "TELEPHONE" [MESH TERMS] OR "CELL PHONE" [MESH TERMS]	2123169
3	"ADVICE*" [TITLE/ABSTRACT] OR "ADVISE*" [TITLE/ABSTRACT] OR "ADVISING" [TITLE/ABSTRACT] OR "COACH*" [TITLE/ABSTRACT] OR "CONSULT*" [TITLE/ABSTRACT] OR "COUNSELLING" [TITLE/ABSTRACT] OR "COUNSELING" [TITLE/ABSTRACT] OR "INSTRUCT*" [TITLE/ABSTRACT] OR "GUIDANCE*" [TITLE/ABSTRACT] OR "GUIDE*" [TITLE/ABSTRACT] OR "MENTORING" [TITLE/ABSTRACT] OR "PASTORAL CARE" [TITLE/ABSTRACT] OR "SOCIAL SUPPORT*" [TITLE/ABSTRACT] OR "SUPERVIS*" [TITLE/ABSTRACT] OR "SUPPORT SERVICE*" [TITLE/ABSTRACT] OR "TALKING THERAP*" [TITLE/ABSTRACT] OR "MENTORING" [MESH TERMS] OR "COUNSELING" [MESH TERMS] OR "SOCIAL SUPPORT" [MESH TERMS]	1362940
4	1 AND 2 AND 3	1991
5	(SURGICAL OR SURGERY OR GENETI* OR PROTEOMIC* OR GENOMIC* OR PROTEIN* OR NEUROIMAG*).TI,AB.	6115294
6	4 NOT 5	1623

Supplementary Table 4. Search strategy PsycINFO via Ovid (April 22, 2021)

#	Entry	Hits
1	(DEMENT* OR ALZHEIMER* OR "MAJOR NEUROCOGNITIVE DISORDER*").TI,AB,MP. OR EXP DEMENTIA/ OR EXP ALZHEIMER DISEASE/	113751
2	(APP OR APPS OR "AUGMENTED REALIT*" OR "BLENDED TREATMENT" OR "BLENDED THERAPY" OR BLOG OR "CELL PHONE*" OR CELLPHONE* OR CHAT OR CHATS OR CHATBOT* OR COMPUTER* OR DIGITAL* OR "E COUNSELING" OR ECOUNSELING OR E-COUNSELING OR "E COUNSELLING" OR ECOUNSELLING OR E-COUNSELLING OR "E HEALTH" OR EHEALTH OR E-HEALTH OR ELECTRONIC* OR EMAIL* OR E-MAIL* OR FACEBOOK OR ICT OR INTERNET OR MESSENGER OR MHEALTH OR M-HEALTH OR "MOBILE DEVICE" OR "MOBILE HEALTH" OR "MOBILE PHONE" OR "MOBILE-HEALTH" OR ONLINE* OR PHONE OR REMOTE OR SKYPE OR SMARTPHONE* OR SMS OR "SOCIAL MEDIA" OR TABLET OR TABLETS OR TECHNOLOG* OR "TELE HOME CARE" OR "TELE MEDICINE" OR TELECARE OR TELE-CARE OR TELECARING OR TELE-CARING OR TELECOMMUNICATION OR TELECONFERENCE* OR TELE-CONFERENCE* OR TELECONSULTATION* OR TELE-CONSULTATION* OR TELEHEALTH OR TELE-HEALTH OR TELEMEDICINE OR TELENURSE OR TELENURSING OR TELEPHONE OR TELEPHONES OR TELEPRESENCE OR TELEPRESENT OR TELEREHABILITATION OR TELE-REHABILITATION OR TELEETHERAP* OR TELE-THERAP* OR TELETREATMENT OR TELE-TREATMENT OR VIDEOCONFERENCE OR VIDEOCONFERENCES OR VIRTUAL OR "WEB BASED" OR WEBBASED OR WEB-BASED OR "WORLD WIDE WEB").TI,AB,MP. OR EXP TELEMEDICINE/ OR EXP TECHNOLOGY/ OR EXP VIRTUAL REALITY/ OR EXP TELECONFERENCING/ OR EXP ONLINE THERAPY/ OR EXP TELEREHABILITATION/ OR EXP SOCIAL MEDIA/ OR EXP MOBILE DEVICES/	506844
3	(ADVICE* OR ADVISE* OR ADVISING OR COACH* OR CONSULT* OR COUNSELLING OR COUNSELING OR INSTRUCT* OR GUIDANCE* OR GUIDE* OR MENTORING OR "PASTORAL CARE" OR "SOCIAL SUPPORT*" OR SUPERVIS* OR "SUPPORT SERVICE*" OR "TALKING THERAP*").TI,AB,MP. OR EXP COUNSELING/ OR EXP SOCIAL SUPPORT/	700791
4	1 AND 2 AND 3	1151
5	(SURGICAL OR SURGERY OR GENETI* OR PROTEOMIC* OR GENOMIC* OR PROTEIN* OR NEUROIMAG*).TI,AB,MP.	285132
6	4 NOT 5	994

Supplementary Table 5. Search strategy Web of Science Core Collection (April 22, 2021)

#	Entry	Hits
1	TS=(DEMENT* OR ALZHEIMER* OR "MAJOR NEUROCOGNITIVE DISORDER*") INDEXES=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI TIMESPAN=ALL YEARS	343520
2	TS=(APP OR APPS OR "AUGMENTED REALIT*" OR "BLENDED TREATMENT" OR "BLENDED THERAPY" OR BLOG OR "CELL PHONE*" OR CELLPHONE* OR CHAT OR CHATS OR CHATBOT* OR COMPUTER* OR DIGITAL* OR "E COUNSELING" OR ECOUNSELING OR E-COUNSELING OR "E COUNSELLING" OR ECOUNSELLING OR E-COUNSELLING OR "E HEALTH" OR EHEALTH OR E-HEALTH OR ELECTRONIC* OR EMAIL* OR E-MAIL* OR FACEBOOK OR ICT OR INTERNET OR MESSENGER OR MHEALTH OR M- HEALTH OR "MOBILE DEVICE" OR "MOBILE HEALTH" OR "MOBILE PHONE" OR "MOBILE-HEALTH" OR ONLINE* OR PHONE OR REMOTE OR SKYPE OR SMARTPHONE* OR SMS OR "SOCIAL MEDIA" OR TABLET OR TABLETS OR TECHNOLOG* OR "TELE HOME CARE" OR "TELE MEDICINE" OR TELECARE OR TELE-CARE OR TELECARING OR TELE-CARING OR TELECOMMUNICATION OR TELECONFERENCE* OR TELE-CONFERENCE* OR TELECONSULTATION* OR TELE-CONSULTATION* OR TELEHEALTH OR TELE-HEALTH OR TELEMEDICINE OR TELENURSE OR TELENURSING OR TELEPHONE OR TELEPHONES OR TELEPRESENCE OR TELEPRESENT OR TELEREHABILITATION OR TELE-REHABILITATION OR TELETHERAP* OR TELE-THERAP* OR TELETREATMENT OR TELE- TREATMENT OR VIDEOCONFERENCE OR VIDEOCONFERENCES OR VIRTUAL OR "WEB BASED" OR WEBBASED OR WEB-BASED OR "WORLD WIDE WEB") INDEXES=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI TIMESPAN=ALL YEARS	5975986
3	TS=(ADVICE* OR ADVISE* OR ADVISING OR COACH* OR CONSULT* OR COUNSELLING OR COUNSELING OR INSTRUCT* OR GUIDANCE* OR GUIDE* OR MENTORING OR "PASTORAL CARE" OR "SOCIAL SUPPORT*" OR SUPERVIS* OR "SUPPORT SERVICE*" OR "TALKING THERAP*") INDEXES=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI TIMESPAN=ALL YEARS	2256839
4	1 AND 2 AND 3	2743
5	TS=(SURGICAL OR SURGERY OR GENETI* OR PROTEOMIC* OR GENOMIC* OR PROTEIN* OR NEUROIMAG*) INDEXES=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI TIMESPAN=ALL YEARS	7195603
6	4 NOT 5	2183

Supplementary Table 6. Free web searching Google (November 22/23/26, 2022)

Search engine: Google			
Date: 22./23./26.11.2021	Language: any	Search filters: no	Number of references screened: first 40
Search terms		Eligible references	
counselling dementia technology		-	
counseling dementia technology		-	
counselling dementia ict		-	
counseling dementia ict		-	
e counselling dementia		-	
e counselling dementia		-	
Alzheimer's counselling technology		-	
Alzheimer's counseling technology		-	
dementia counselling web-based		-	
dementia counseling web-based		-	
support intervention dementia technology		-	
support intervention dementia web-based		-	
telecounselling dementia		-	
telecounseling dementia		-	
coaching dementia technology		-	
telephone-based counselling dementia		-	
telephone-based counseling dementia		-	

Supplementary Table 7. Free web searching Google Scholar (November 22/23/26, 2022)

Search engine: Google Scholar			
Date: 23./26.11.2021	Language: any	Search filters: no	Number of references screened: first 20
Search terms		Eligible references	
counselling dementia technology		-	
counseling dementia technology		Wagner, P. A. (2017). Interactive Online Counseling for Family Caregivers of People with Dementia. <i>Innovation in Aging</i> 1 (S1), 785/786. (IAGG 2017 World Congress -> to be tracked)	
counselling dementia ict		Schaller et al. (2015). Tailored e-Health services for the dementia care setting: a pilot study of 'eHealthMonitor'. <i>BMC Medical Informatics and Decision Making</i> 15 (58).	
counseling dementia ict		-	
e counselling dementia		-	
e counselling dementia		-	
Alzheimer's counselling technology		-	
Alzheimer's counseling technology		-	
dementia counselling web-based		-	
dementia counseling web-based		-	
support intervention dementia technology		-	
support intervention dementia web-based		-	
telecounselling dementia		-	
telecounseling dementia		-	
coaching dementia technology		-	
telephone-based counselling dementia		-	
telephone-based counseling dementia		Wang, Y., Xiao, L. D., Yu, Y., Huang, R., You, H., & Liu, M. (2021). An individualized telephone-based care support program for rural family caregivers of people with dementia: Study protocol for a cluster randomized controlled trial. <i>BMC Geriatrics</i> , 21(1), 629. https://doi.org/10.1186/s12877-021-02575-2	

CHAPTER B: DETAILED DESCRIPTION OF INCLUDED INTERVENTIONS

The criteria of the Template for Intervention Description and Replication (TIDieR) checklist [1] and the updated Criteria for Reporting the Development and Evaluation of Complex Interventions (CReDECI-2) guideline [2] were applied to provide a description of the reported intervention characteristics and the theoretical underpinning of the intervention. To meet the TIDieR and CReDECI 2 criteria, we defined a set of minimum required information adapted from Hirt 2021 [3].

Supplementary Table 8. Coyne 1995 (TIDieR)

TIDieR checklist		IG: Telephone helpline services with extended contact Quote and / or comment	CG: Standard telephone helpline services Quote and / or comment
1	Brief name Provide the name or a phrase that describes the intervention. Minimum required information: Did the authors provide a name describing the intervention?	Quote: Telephone helpline services with extended contact [4]	Quote: Standard telephone helpline services [4]
2	Why Describe any rationale, theory, or goal of the elements essential to the intervention. Minimum required information: Did the authors provide a rationale for the potential impact of the intervention on the outcome?	Quote: knowledge and awareness of programs makes the largest contribution to variability in service usage among the elderly. Unfortunately, research has suggested that older adults often have only limited to moderate awareness of services available to them in the community. 12,13 An overlapping factor, that of availability of information about services, has also been implicated in patterns of underutilization. [4] Quote: It was hypothesized that longitudinal telephone contact between caregivers and helpline staff would contribute to increased use of community services and decreased levels of burden and depression. [4]	Quote: We examined the impact of a telephone helpline providing information, referral, education, and counseling on caregivers for dementia patients. [4]
3	What Materials: Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (e.g. online appendix, URL). Minimum required information: Did the authors provide the materials used in the intervention?	Comment: No further information	
4	What Procedures: Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities. Minimum required information: Did the authors describe the procedures, activities, and processes used in the intervention?	Quote: The "extended contact" group received the above services plus biweekly follow-up calls from staff over an eight-week period. [4] Quote: During each "extended contact" telephone call, subjects were engaged in further discussion of the caregiving issues they were dealing with; they were offered additional information, advice, and literature; and they were asked about contact with agencies and services they had been referred to during previous calls. [4] Comment: Not described in detail to replicate the intervention	Quote: The "control" group received standard helpline services during a single call (i.e., the caller was encouraged to talk about any dementia-related issues he or she was concerned about; all questions were answered and requests for advice responded to; and appropriate referrals to community-based services were made). [4] Comment: Not described in detail to replicate the intervention
5	Who provided For each category of intervention provider (e.g. psychologist, nursing assistant), describe their expertise, background and any specific training given. Minimum required information: Did the authors describe the professional background, experiences, and specific training of persons delivering the intervention?	Quote: Staff experienced in working with dementia patients and their family caregivers in a University/Community Mental Health Center setting [4] Comment: No further information on professional background, training etc	

TIDieR checklist		IG: Telephone helpline services with extended contact Quote and / or comment	CG: Standard telephone helpline services Quote and / or comment
6	<p>How Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group.</p> <p>Minimum required information: Did the authors describe the mode(s) of delivery?</p>	<p>Comment: Standard helpline services PLUS biweekly follow-up calls from staff over an eight week period: Targeted individual counselling for one caregiver via telephone</p>	<p>Comment: Standard helpline services during a single call: Standard counselling for one caregiver via telephone</p>
7	<p>Where Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features.</p> <p>Minimum required information: Did the authors describe the type(s) of location(s) where the intervention was delivered and the required (technical) infrastructure for the participants?</p>	<p>Quote: New Jersey-statewide helpline providing information, referral, education, and counseling for dementia-related issues. The helpline, based in central New Jersey at the Comprehensive Services on Aging (COPSA) Institute for Alzheimer's Disease and Related Disorders, a program of the University of Medicine and Dentistry of New Jersey, was staffed during regular working hours by one of the authors with assistance from other full-time COPSA staff. [4] Comment: Access to a telephone is required</p>	
8	<p>When and how much Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity or dose.</p> <p>Minimum required information: Did the authors describe the period, duration, and frequency of the intervention?</p>	<p>Comment: Eight-week study period, initial call + biweekly follow-up calls Comment: No further information on duration of the sessions</p>	<p>Comment: Single call Comment: No further information on duration of the session</p>
9	<p>Tailoring If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when, and how.</p> <p>Minimum required information: Did the authors describe whether the intervention was personalised, titrated or adapted?</p>	<p>Quote: The caller was encouraged to talk about any dementia-related issues he or she was concerned about [4]</p>	
10	<p>Modifications If the intervention was modified during the course of the study, describe the changes (what, why, when, and how).</p> <p>Minimum required information: Did the authors describe whether any modifications were made during the course of the study?</p>	<p>Comment: No information on modifications</p>	<p>Comment: No information on modifications</p>
11	<p>How well Planned: If intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them.</p> <p>Minimum required information: Did the authors describe whether adherence or fidelity was planned to be assessed?</p>	<p>Comment: No information on planned assessments</p>	<p>Comment: No information on planned assessments</p>
12	<p>How well Actual: If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned.</p> <p>Minimum required information: Did the authors describe whether the intervention was delivered as planned?</p>	<p>Comment: No information</p>	<p>Comment: No information</p>

Note: Numbers in quotes are references in the original publication; numbers at the end of quotation are references of included studies.

Supplementary Table 9. Coyne 1995 (CReDECI)

CReDECI 2 checklist		Quote and/or comment
	First stage - Development	
1	Description of the intervention's underlying theoretical basis Minimum required information: Did the authors describe the intervention's underlying theoretical basis?	Comment: No information for an underpinning theoretical approach
2	Description of all intervention components, including the reasons for their selection as well as their aims / essential functions Minimum required information: Did the authors describe all intervention components?	Quote: During each "extended contact" telephone call, subjects were engaged in further discussion of the caregiving issues they were dealing with; they were offered additional information, advice, and literature. [4] Quote: The "extended contact" group received the above services plus biweekly follow-up calls from staff over an eight-week period. [4]
3	Illustration of any intended interactions between different components Minimum required information: Did the authors describe the intended interactions between intervention components?	Comment: No statements on how individual components should interact with each other
4	Description and consideration of the context's characteristics in intervention modelling Minimum required information: Did the authors describe the context conditions?	Quote: New Jersey-statewide helpline providing information, referral, education, and counseling for dementia-related issues. The helpline, based in central New Jersey at the Comprehensive Services on Aging (COPSA) Institute for Alzheimer's Disease and Related Disorders, a program of the University of Medicine and Dentistry of New Jersey, was staffed during regular working hours by one of the authors with assistance from other full-time COPSA staff. [4] Quote: This time frame was chosen empirically, based on the amount of staff time available for follow-up calls. [4]
	Second stage - Feasibility and piloting	
5	Description of the pilot-test and its impact on the definite intervention Minimum required information: Did the authors describe the pilot study and its impact on the definite intervention?	Comment: No pilot study described
	Third stage - Evaluation	
6	Description of the control condition (comparator) and reasons for the selection Minimum required information: Did the authors describe the control condition?	Quote: The "control" group received standard helpline services during a single call (i.e., the caller was encouraged to talk about any dementia-related issues he or she was concerned about; all questions were answered and requests for advice responded to; and appropriate referrals to community-based services were made). [4]
7	Description of the strategy for delivering the intervention within the study context Minimum required information: Did the authors describe the planned strategy for delivering the intervention within the study context?	Comment: No previously published study protocol
8	Description of all materials or tools used for the delivery of the intervention Minimum required information: Did the authors provide the materials and tools used for the delivery of the intervention?	Comment: Telephone use; no further materials were described e.g. protocol for the consistent approach
9	Description of fidelity of the delivery process compared to the study protocol Minimum required information: Did the authors describe the fidelity of the delivery process compared to the study protocol?	Comment: Not applicable due to missing report of a study protocol

CReDECI 2 checklist		Quote and/or comment
10	Description of a process evaluation and its underlying theoretical basis <u>Minimum required information:</u> Did the authors describe a process evaluation?	Comment: No process evaluation reported
11	Description of internal facilitators and barriers potentially influencing the delivery of the intervention as revealed by the process evaluation <u>Minimum required information:</u> Did the authors describe whether internal facilitators and barriers potentially influenced the delivery of the intervention as revealed by the process evaluation?	Comment: Not applicable, as no process evaluation is available
12	Description of external conditions or factors occurring during the study which might have influenced the delivery of the intervention or mode of action (how it works) <u>Minimum required information:</u> Did the authors describe whether external conditions or factors occurred during the study and might have influenced the delivery of the intervention?	Comment: No sufficient information (apart from the content of the discussion, such as burden of the family members)
13	Description of costs or required resources for the delivery of the intervention <u>Minimum required information:</u> Did the authors report the costs for the delivery of the intervention?	Comment: No information

Note: Numbers in quotes are references in the original publication; numbers at the end of quotation are references of included studies.

Supplementary Table 10. Tremont 2008 (TIDieR)

TIDieR checklist		IG: FITT-D Quote and / or comment	CG: Standard Care Quote and / or comment
1	<p>Brief name Provide the name or a phrase that describes the intervention.</p> <hr/> <p>Minimum required information: Did the authors provide a name describing the intervention?</p>	<p>Quote: Family Intervention: Telephone Tracking – Dementia (FITT-D) [5]</p>	<p>Quote: Standard Care [5]</p>
2	<p>Why Describe any rationale, theory, or goal of the elements essential to the intervention.</p> <hr/> <p>Minimum required information: Did the authors provide a rationale for the potential impact of the intervention on the outcome?</p>	<p>Quote: Telephone interventions are generally highly acceptable to patients and have effects on a broad range of mental and physical health outcomes and medical resource utilization. [5] Quote: Counselling was shown to be superior to symptoms monitoring in improving functional status, arguing against the non-specific effects hypothesis. [5] Quote: Overall, the FITT-D directly targets caregiver appraisal and coping processes to directly reduce stress, improve caregiver mood and quality of life, and positively impact the family system. [5]</p>	-
3	<p>What Materials: Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (e.g. online appendix, URL).</p> <hr/> <p>Minimum required information: Did the authors provide the materials used in the intervention?</p>	<p>Quote: Both groups received a binder containing local resource information (e.g., list of support groups, adult day care centers) and educational materials from the Alzheimer’s Association. [5] Comment: Materials were mentioned, but not described in detail</p>	
		<p>Quote: A treatment manual and interventions guide were created [5] Comment: Materials were mentioned but not described in detail</p>	
4	<p>What Procedures: Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities.</p> <hr/> <p>Minimum required information: Did the authors describe the procedures, activities, and processes used in the intervention?</p>	<p>Quote: Caregivers randomized to the FITT-D group received telephone calls from trained therapists on a set call schedule. [5] Quote: The calls focused on providing emotional support, directing caregivers to appropriate resources, encouraging caregivers to attend to their own physical, emotional and social needs, and teaching caregivers strategies to cope with ongoing problems. [5] Quote: The intervention addressed a broad range of issues and problems related to caregiving. For the current study, caregivers were dealing with care recipient behavioral and neuropsychiatric symptoms (e.g., delusions, hallucinations, agitation), memory and cognitive deficits (e.g., repetitive questioning, communication difficulties), and physical difficulties (e.g., gait problems, incontinence). Caregivers were also coping with feelings of isolation, family conflict about providing care, fatigue and their own medical problems. [5] Comment: Not described in detail to replicate the intervention</p>	<p>Quote: Caregivers in the standard care group did not receive any formal intervention. [5]</p>
5	<p>Who provided For each category of intervention provider (e.g. psychologist, nursing assistant), describe their expertise, background and any specific training given.</p> <hr/> <p>Minimum required information: Did the authors describe the professional background, experiences, and specific training of persons delivering the intervention?</p>	<p>Quote: Two master’s level therapists delivered the intervention. They were trained in the FITT-D procedure and were required to achieve at least 80 percent correct on a 50-item multiple-choice test about dementia and the FITT treatment manual prior to initiating treatment. [5] Quote: We trained two individuals who had no prior experience with dementia or caregiving in general. [5] Comment: Professional background of therapists is not described</p>	-

TIDieR checklist		IG: FITT-D Quote and / or comment	CG: Standard Care Quote and / or comment
6	<p>How Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group.</p> <p>Minimum required information: Did the authors describe the mode(s) of delivery?</p>	<p>Comment: Counselling for individuals delivered entirely over the telephone.</p>	-
7	<p>Where Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features.</p> <p>Minimum required information: Did the authors describe the type(s) of location(s) where the intervention was delivered and the required (technical) infrastructure for the participants?</p>	<p>Comment: No detailed information about institution providing the intervention; access to telephone needed</p>	-
8	<p>When and how much Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity or dose.</p> <p>Minimum required information: Did the authors describe the period, duration, and frequency of the intervention?</p>	<p>Quote: FITT-D was delivered to caregivers by 23 telephone calls over one year. Telephone calls included an initial call (orientation and psychoeducation), weekly calls for six weeks, 12 additional contacts every two weeks, and four monthly termination calls. Initial contacts lasted approximately 60 minutes, and follow-up contacts lasted about 15–30 minutes. [5]</p> <p>Quote: The length of the intervention may also be important. Most caregiver interventions are six months or less. Although the telephone contacts were generally short (less than 30 minutes), FITT-D was delivered over one year. This provided an opportunity for the therapist to help caregivers apply problem-solving skills in a variety of situations and in the face of cognitive and behavioral decline in the care recipients. [5]</p>	-
9	<p>Tailoring If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when, and how.</p> <p>Minimum required information: Did the authors describe whether the intervention was personalised, titrated or adapted?</p>	<p>Quote: Each contact followed a standardized treatment manual, involving assessment and individualized application of interventions to address mood, family functioning, social support and health. [5]</p> <p>Quote: Furthermore, although the intervention is manualized and structured, it maintains considerable flexibility to allow for individualized application of interventions as deemed necessary and appropriate. [5]</p> <p>Quote: Specific interventions were applied at therapists' discretion [5]</p>	NA
10	<p>Modifications If the intervention was modified during the course of the study, describe the changes (what, why, when, and how).</p> <p>Minimum required information: Did the authors describe whether any modifications were made during the course of the study?</p>	<p>Comment: No information on modifications</p>	NA
11	<p>How well Planned: If intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them.</p> <p>Minimum required information: Did the authors describe whether adherence or fidelity was planned to be assessed?</p>	<p>Quote: Doctoral-level staff supervised therapists weekly to ensure adherence to the protocol and minimize drift. Sessions were audiotaped, and two raters reviewed 30 randomly selected telephone contacts and independently completed adherence and competence scales. [5]</p>	NA

TIDieR checklist		IG: FITT-D Quote and / or comment	CG: Standard Care Quote and / or comment
12	<p>How well Actual: If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned.</p> <hr/> <p>Minimum required information: Did the authors describe whether the intervention was delivered as planned?</p>	<p>Quote: Both therapists demonstrated competency and adhered to the treatment. Average Cronbach alphas were .71 and .82 for the adherence and competence scales, respectively, reflecting acceptable to very good internal consistency. The average across-rater correlation between the adherence total score and competence total score was .51. [5]</p>	<p>NA</p>

Note: Numbers in quotes are references in the original publication; numbers at the end of quotation are references of included studies.

Supplementary Table 11. Tremont 2008 (CReDECI)

CReDECI 2 checklist		Quote and/or comment
	First stage - Development	
1	Description of the intervention's underlying theoretical basis Minimum required information: Did the authors describe the intervention's underlying theoretical basis?	Quote: Theoretical underpinnings of the intervention are based on psychosocial transition (Tyhurst, 1958), transactional stress and coping (Lazarus & Folkman, 1984) and a systems view of family functioning (i.e., McMaster Model of Family Functioning; Epstein, Bishop, & Levin, 1978). Taken together, the three underlying theories of the FITT-D are geared toward enhancing coping within the caregiver through active problem-solving and facilitating positive changes within the family system. According to these models, dementia caregiving is comprised of potentially stress-inducing transitions that prompt an appraisal process by the caregiver to identify whether resources (particularly those within a family) can be mobilized to cope with the changes. Within these overlapping models, caregiver burden is viewed as a situation in which demands (both perceived and objective) exceed the coping and resources (both perceived and objective). As burden persists, it becomes a stressor in its own right, leading to feelings of helplessness, hopelessness and depression. [5]
2	Description of all intervention components, including the reasons for their selection as well as their aims / essential functions Minimum required information: Did the authors describe all intervention components?	Quote: Both groups received a binder containing local resource information (e.g., list of support groups, adult day care centers) and educational materials from the Alzheimer's Association. [5] Quote: The FITT method consists of two stages. The initial stage, Orientation and Psychoeducation, involved providing caregivers with a rationale for the FITT, an introduction to educational and resource materials, a description of what would happen during future phone contacts and an assessment of key areas thought to be instrumental in addressing caregiver burden and mental health (i.e., caregivers' health, functioning, mood, thinking and family life). The psychoeducation component of this initial stage involved reviewing information about dementia and common psychological, emotional, psychosocial and medical effects of caregiving. The second stage, Follow-up, involved weekly and bi-weekly contacts in which new problems were identified, positive and negative changes in caregivers or care recipients were discussed, and psychoeducational information was reviewed and applied for particular situations. The initial and follow-up calls were structured around assessment of key areas of functioning in both the caregiver and care recipient. Specific interventions were applied at therapists' discretion, including supportive approaches (i.e., empathy, giving permission, normalizing, provision of information, validation or venting) or more active strategies (i.e., bibliotherapy, interpretation, positive reframing, problem solving, reference to resource packet, referral and setting task directives). [5]
3	Illustration of any intended interactions between different components Minimum required information: Did the authors describe the intended interactions between intervention components?	Comment: Stage structure of the intervention and the intended interactions are described
4	Description and consideration of the context's characteristics in intervention modelling Minimum required information: Did the authors describe the context conditions?	Quote: Because of concerns about cost and accessibility to dementia caregivers, we developed an intervention, Family Intervention: Telephone Tracking – Dementia (FITT-D). [5] Comment: Specific context was not described Quote: FITT-D was systematically developed. The FITT model was initially identified as a potentially effective intervention for dementia caregivers because of preliminary data showing efficacy for stroke caregivers (Miller et al., 1998). Modifications were based on dementia caregiver input gathered through a focus group and from several professionals who routinely work with dementia caregivers. Major changes included lengthening the intervention from six to 12 months, focusing only on the caregiver, and modifying key areas of focus to include social support. [5]
	Second stage - Feasibility and piloting	
5	Description of the pilot-test and its impact on the definite intervention Minimum required information: Did the authors describe the pilot study and its impact on the definite intervention?	Quote: a feasibility trial was then conducted in which 11 caregivers were enrolled in a three-month pre-test of the intervention. Following the three-month pre-test, further modifications to the intervention and outcome measures were made based on feedback from caregivers participating in the pre-test. However, these modifications were minimal (e.g., simplification of sample dialogue, addition of questions to assess key areas) because the intervention appeared to be feasible, was well-received by the participants, and attrition was low (i.e., nine completed the entire pre-test). [5]
	Third stage – Evaluation	
6	Description of the control condition (comparator) and reasons for the selection Minimum required information: Did the authors describe the control condition?	Quote: Caregivers in the standard care group did not receive any formal intervention. Neither group was prevented from using resources or services available in the community. [5] Comment: Control condition referred to as standard care, but not described in detail

CReDECI 2 checklist		Quote and/or comment
7	Description of the strategy for delivering the intervention within the study context <u>Minimum required information:</u> Did the authors describe the planned strategy for delivering the intervention within the study context?	Comment: No previously published study protocol
8	Description of all materials or tools used for the delivery of the intervention <u>Minimum required information:</u> Did the authors provide the materials and tools used for the delivery of the intervention?	Comment: Access to a telephone is necessary, no further information regarding the materials used
9	Description of fidelity of the delivery process compared to the study protocol <u>Minimum required information:</u> Did the authors describe the fidelity of the delivery process compared to the study protocol?	Comment: Not applicable, because no study protocol is available
10	Description of a process evaluation and its underlying theoretical basis <u>Minimum required information:</u> Did the authors describe a process evaluation?	Comment: No process evaluation described
11	Description of internal facilitators and barriers potentially influencing the delivery of the intervention as revealed by the process evaluation <u>Minimum required information:</u> Did the authors describe whether internal facilitators and barriers potentially influenced the delivery of the intervention as revealed by the process evaluation?	Comment: Not applicable, as no process evaluation is available
12	Description of external conditions or factors occurring during the study which might have influenced the delivery of the intervention or mode of action (how it works) <u>Minimum required information:</u> Did the authors describe whether external conditions or factors occurred during the study and might have influenced the delivery of the intervention?	Comment: No information on influencing factors
13	Description of costs or required resources for the delivery of the intervention <u>Minimum required information:</u> Did the authors report the costs for the delivery of the intervention?	Comment: No information

Notes: Numbers in quotes are references in the original publication; numbers at the end of quotation are references of included studies.

Supplementary Table 12. Tremont 2015 (TIDieR)

TIDieR checklist		IG: FITT-C Quote and / or comment	CG: TS Quote and / or comment
1	<p>Brief name Provide the name or a phrase that describes the intervention.</p> <hr/> <p>Minimum required information: Did the authors provide a name describing the intervention?</p>	<p>Quote: Family Intervention: Telephone Tracking – Caregiver (FITT-C) [6]</p>	<p>Quote: Telephone Support (TS) [6]</p>
2	<p>Why Describe any rationale, theory, or goal of the elements essential to the intervention.</p> <hr/> <p>Minimum required information: Did the authors provide a rationale for the potential impact of the intervention on the outcome?</p>	<p>Quote: Many caregivers encounter barriers that make in-person interventions difficult, including lack of transportation, being homebound, living in a rural setting, time pressures of caregiving, or stigma associated with seeking help. In response to these issues, our group developed the Family Intervention: Telephone Tracking – Caregiver (FITT-C), an entirely telephone-delivered caregiver intervention, to enhance accessibility and to potentially reduce costs. [6] Quote: The FITT-C directly targets caregiver appraisal and coping to reduce stress, improve caregiver mood and quality of life, and positively impact the family system. [6]</p>	<p>Quote: The control condition was designed to account for nonspecific therapeutic factors such as interpersonal contact and relationship. [7] Quote: The primary goal of this condition was to provide non-directive support for caregivers through empathic and reflective listening and open-ended questioning. [7]</p>
3	<p>What Materials: Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (e.g. online appendix, URL).</p> <hr/> <p>Minimum required information: Did the authors provide the materials used in the intervention?</p>	<p>Quote: After baseline assessment, all caregivers received a packet of educational and resource materials. [6] Quote: These resource packet contained a listing of state and local services, national and governmental programs, internet resources, dementia fact sheets, medication fact sheets, publications/brochures, caregiver guides, local respite service information, and specific topic brochures (challenging behaviors, assisting with personal care, communication, safety issues, activities, financial and legal issues, and long term care). [7] Quote: Following random assignment, participants received a letter containing a brief biography and photograph of their assigned therapist. [7]</p>	<p>Comment: See above</p>
		<p>Quote: After the final call, the therapist prepares a letter that briefly highlights the progress during the intervention and encourages the caregiver to continue to develop and utilize adaptive coping strategies. [7]</p>	
4	<p>What Procedures: Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities.</p> <hr/> <p>Minimum required information: Did the authors describe the procedures, activities, and processes used in the intervention?</p>	<p>Quote: Caregivers receive 16 telephone contacts distributed over 6 months that focused on providing dementia education, emotional support, directing caregivers to appropriate resources, encouraging caregivers to attend to their own physical, emotional, and social needs, and teaching caregivers strategies to cope with ongoing problems. [7] Quote: Caregivers receiving FITT-C were initially oriented to the resource packet and then refer to the materials throughout the intervention to provide ongoing education and information about resources. [7] Quote: In order of frequency, the most commonly used intervention strategies for FITT-C were a combination of supportive strategies (validation, permission) and directive strategies (education, reframing, and problem solving). Bibliotherapy, interpretation, and review of case with senior research staff were rarely used.[6] Quote: The FITT method consists of two stages. [7] Comment: The authors described the detailed procedure within a table.</p>	<p>Quote: The role of the therapist is to provide unconditional positive regard to caregivers and to establish a relationship that mimics support group-style communication. Time is spent establishing rapport with each caregiver allowing him/her to express feelings and issues relevant to their unique experiences. Therapists are only allowed to conduct empathic/reflective listening and venting techniques. In addition, they can collect history about the caregiver and/or care recipient. They are discouraged from providing directive strategies, such as education, problem-solving, advice-giving, or task directives. Although the provision of education was not the focus of this condition, education was not withheld if the caregiver had the wrong information. If education was sought, the therapist attempted to direct the caregiver to educational resources that could be independently explored. [7] Comment: The authors described the detailed procedure within a table.</p>
5	<p>Who provided For each category of intervention provider (e.g. psychologist, nursing assistant), describe their expertise, background and any specific training given.</p> <hr/> <p>Minimum required information: Did the authors describe the professional background, experiences, and specific training of persons delivering the intervention?</p>	<p>Quote: Individuals recruited to serve as therapists had experience working with dementia patients and/or their caregivers or psychotherapy experience working with adults. Therapists were required to be at the master's level (including nurses, social workers, clinical psychology graduate students, family therapists). [7]</p>	
		<p>Quote: Training of therapists in the FITT-C condition involved: 1) expert lectures from a neurologist, a psychiatrist, and neuropsychologists on dementia- and caregiver-related topics (e.g., dementia subtypes, medication, progression of the disease; community resources); 2) reading the FITT-C treatment manual and</p>	

TIDieR checklist		IG: FITT-C Quote and / or comment	CG: TS Quote and / or comment
		other written materials; 3) training in theoretical model (i.e., McMaster Model of Family Functioning) underlying the FITT approach; 4) learning specific FITT procedures and practicing intervention delivery through role-playing. The entire training procedures took approximately 14 h. Following the training program, therapists were required to perform at 80% or better on tests of knowledge of dementia, the FITT-C intervention, and on a skills-based test of intervention competency. [7]	
6	<p>How</p> <p>Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group.</p> <p>Minimum required information: Did the authors describe the mode(s) of delivery?</p>	<p>Quote: Both interventions were entirely telephone-based. [7]</p> <p>Quote: Each caregiver was assigned one therapist, who made all telephone contacts with that caregiver. [6]</p>	
7	<p>Where</p> <p>Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features.</p> <p>Minimum required information: Did the authors describe the type(s) of location(s) where the intervention was delivered and the required (technical) infrastructure for the participants?</p>	<p>Comment: Access to telephone needed; no information about the institution delivering the intervention</p>	
8	<p>When and how much</p> <p>Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity or dose.</p> <p>Minimum required information: Did the authors describe the period, duration, and frequency of the intervention?</p>	<p>Quote: Caregivers received 16 telephone contacts distributed over 6 months [6]</p> <p>Quote: Although initial telephone contacts had standardized durations (approximately 60 minutes), follow-up contacts varied depending on the severity of caregiver problems (15–30 minutes). [6]</p>	
9	<p>Tailoring</p> <p>If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when, and how.</p> <p>Minimum required information: Did the authors describe whether the intervention was personalised, titrated or adapted?</p>	<p>Quote: The second stage, Follow-up, involves telephone follow-up contacts in which any new problems are identified, positive and negative changes in caregivers or patients are discussed, psychoeducational information is reviewed and applied for a particular situation, and assistance is provided to help the caregiver solve problems. [7]</p> <p>Quote: The focus of these calls shifts slightly, with therapists asking caregivers to describe how they handled difficulties over the last month, rather than eliciting changes in key areas. [7]</p>	<p>Quote: The primary goal of this condition was to provide non-directive support for caregivers through empathic and reflective listening and open-ended questioning. [7]</p> <p>Quote: If education was sought, the therapist attempted to direct the caregiver to educational resources that could be independently explored. [7]</p> <p>Comment: Although a basic empathic attitude towards the individual participants has been adopted, individual needs may remain unconsidered.</p>
10	<p>Modifications</p> <p>If the intervention was modified during the course of the study, describe the changes (what, why, when, and how).</p> <p>Minimum required information: Did the authors describe whether any modifications were made during the course of the study?</p>	<p>Comment: No information on modifications</p>	<p>Comment: No information on modifications</p>
11	<p>How well</p> <p>Planned: If intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them.</p> <p>Minimum required information: Did the authors describe whether adherence or fidelity was planned to be assessed?</p>	<p>Quote: Quality control was implemented by weekly supervision of both the FITT-C and TS therapists. All telephone contacts were audiotaped, and a subset was reviewed during supervision sessions to ensure adherence and to better guide therapists' intervention strategies. Any deviations from the treatment protocol were brought to the therapist's attention for remediation. [6]</p>	

TIDieR checklist		IG: FITT-C Quote and / or comment	CG: TS Quote and / or comment
12	<p>How well Actual: If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned.</p> <hr/> <p>Minimum required information: Did the authors describe whether the intervention was delivered as planned?</p>	Comment: No information	Comment: No information

Note: Numbers in quotes are references in the original publication; numbers at the end of quotation are references of included studies.

Supplementary Table 13. Tremont 2015 (CReDECI)

CReDECI 2 checklist		Quote and/or comment																					
	First stage - Development																						
1	<p>Description of the intervention's underlying theoretical basis</p> <hr/> <p>Minimum required information: Did the authors describe the intervention's underlying theoretical basis?</p>	<p>FITT-C Quote: The theoretical framework of FITT-C is based on psychosocial transition [14], transactional stress and coping [15], and a systems view of family functioning (i.e., McMaster Model of Family Functioning) [16]. The three underlying theories of FITT-C are geared toward enhancing coping within the caregiver through active problem solving and facilitating positive changes within the family system. According to these models, dementia caregiving involves potentially stress-inducing transitions, prompting an appraisal process by the caregiver to identify whether family or other resources can be activated to cope with the changes. The FITT-C conceptualizes burden as a situation in which objective and subjective demands exceed the caregiver's coping and resources. Persisting burden can then become a stressor in its own right, leading to feelings of helplessness, hopelessness, and depression. [6]</p>																					
2	<p>Description of all intervention components, including the reasons for their selection as well as their aims / essential functions</p> <hr/> <p>Minimum required information: Did the authors describe all intervention components?</p>	<table border="1"> <thead> <tr> <th></th> <th>FITT-caregiver active intervention</th> <th>Telephone support control condition</th> </tr> </thead> <tbody> <tr> <td>Process</td> <td> Structured interview for history gathering Therapist directed Structured risk assessment and emphasis on key areas for caregiver (health, social support, mood, family functioning) and care recipient (cognition, behavior, mood) functioning Improve caregiver functioning through ongoing assessment and monitoring of key areas (described above) and emphasis on positive aspects of caregiving and family functioning </td> <td> Non-directive history gathering Participant directed General focus on dementia and related issues Improve caregiver functioning through unconditional positive regard for caregiver-directed agenda </td> </tr> <tr> <td>Materials</td> <td> Therapist manual Education/community resource materials </td> <td>Therapist guide</td> </tr> <tr> <td>Session protocol</td> <td></td> <td></td> </tr> <tr> <td> Session 1</td> <td>Manualized 6-step structured protocol that includes orientation to the goals and process of FITT-C, psychoeducation, questions/discussion, assessment of key areas for care recipient and caregiver.</td> <td>Participant directed, unstructured history gathering and review of intervention purpose and process</td> </tr> <tr> <td> Sessions 2–14 (follow-up)</td> <td>Structured assessment and re-evaluation of key areas. Caregivers learn to cope with caregiving stress through re-appraisal of the stressor and utilization of resources. Interventions are both supportive (e.g., empathy, normalizing, validation) and active (e.g., education, problem-solving, reframing, referral, task setting, bibliotherapy).</td> <td>Participant directed, unstructured dialogue about experiences with dementia caregiving. Interventions are supportive (e.g., reflective listening, validation, and ventilation).</td> </tr> <tr> <td> Sessions 15–16 (termination)</td> <td>Review of helpful interventions, progress, and successes. Ensure identification of key person to replace therapist's supportive role. Therapist summarizes areas of progress and helpful intervention strategies in follow-up letter to caregiver at conclusion of intervention.</td> <td>Participant directed, unstructured dialogue. Limited to supportive interventions. Review of caregiving experiences over past 6 months.</td> </tr> </tbody> </table> <p>Figure based on: Contrasts between Telephone Support (TS) and FITT-C interventions [7]</p>		FITT-caregiver active intervention	Telephone support control condition	Process	Structured interview for history gathering Therapist directed Structured risk assessment and emphasis on key areas for caregiver (health, social support, mood, family functioning) and care recipient (cognition, behavior, mood) functioning Improve caregiver functioning through ongoing assessment and monitoring of key areas (described above) and emphasis on positive aspects of caregiving and family functioning	Non-directive history gathering Participant directed General focus on dementia and related issues Improve caregiver functioning through unconditional positive regard for caregiver-directed agenda	Materials	Therapist manual Education/community resource materials	Therapist guide	Session protocol			Session 1	Manualized 6-step structured protocol that includes orientation to the goals and process of FITT-C, psychoeducation, questions/discussion, assessment of key areas for care recipient and caregiver.	Participant directed, unstructured history gathering and review of intervention purpose and process	Sessions 2–14 (follow-up)	Structured assessment and re-evaluation of key areas. Caregivers learn to cope with caregiving stress through re-appraisal of the stressor and utilization of resources. Interventions are both supportive (e.g., empathy, normalizing, validation) and active (e.g., education, problem-solving, reframing, referral, task setting, bibliotherapy).	Participant directed, unstructured dialogue about experiences with dementia caregiving. Interventions are supportive (e.g., reflective listening, validation, and ventilation).	Sessions 15–16 (termination)	Review of helpful interventions, progress, and successes. Ensure identification of key person to replace therapist's supportive role. Therapist summarizes areas of progress and helpful intervention strategies in follow-up letter to caregiver at conclusion of intervention.	Participant directed, unstructured dialogue. Limited to supportive interventions. Review of caregiving experiences over past 6 months.
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3	<p>Illustration of any intended interactions between different components</p> <hr/> <p>Minimum required information: Did the authors describe the intended interactions between intervention components?</p>	<p>Quote: Caregivers receiving FITT-C were initially oriented to the resource packet and then referred to the materials throughout the intervention to provide ongoing education and information about resources. [7]</p> <p>Comment: Stage structure of the intervention and the intended interactions are described</p>																					
4	<p>Description and consideration of the context's characteristics in intervention modelling</p> <hr/> <p>Minimum required information: Did the authors describe the context conditions?</p>	<p>Quote: Dementia caregivers report high levels of depression and anxiety and exhibit elevated rates of mood disorders, with about 1/3 of individuals meeting diagnostic criteria for depression [6]. Caregivers often sacrifice their own needs and well-being to provide care for their loved one. In addition, it is common for caregivers to experience feelings of social isolation [7]. [7]</p> <p>Quote: Many caregivers do not seek assistance or become isolated in their caregiving role. [7]</p> <p>Quote: In response to the need for cost-effective and highly accessible dementia caregiver interventions, we developed a telephone-based, psychosocial intervention for dementia caregivers [7]</p> <p>Comment: No further information on context conditions provided</p>																					
	Second stage - Feasibility and piloting																						

CReDECI 2 checklist		Quote and/or comment
5	Description of the pilot-test and its impact on the definite intervention Minimum required information: Did the authors describe the pilot study and its impact on the definite intervention?	Quote: use of data from our pilot study as a model showing moderate effect sizes [13] [7] Quote: On the other hand, the pilot study was conducted with a standard care control group. For the current study, we will compare the intervention to a support condition. [7] Quote: Interestingly, a small study of an earlier version of the FITT-C intervention showed significant improvement in burden [17]. Several factors could explain the different findings. In the prior study, we used a treatment-as-usual control condition, rather than the active condition in the present. The intervention duration was also 1 year, rather than 6 months in this study, suggesting that the longer intervention duration may have a greater impact on burden. [6] Comment: A pilot study was mentioned several times, but the impact on the definite intervention was not described.
	Third stage – Evaluation	
6	Description of the control condition (comparator) and reasons for the selection Minimum required information: Did the authors describe the control condition?	Quote: The control condition was designed to account for nonspecific therapeutic factors such as interpersonal contact and relationship. [7] Quote: The approach was based on a nondirective control condition used by Borkovec and Costello in a previous study [16]. [6] Comment: Control condition is described in detail.
7	Description of the strategy for delivering the intervention within the study context Minimum required information: Did the authors describe the planned strategy for delivering the intervention within the study context?	Comment: Authors presented a study protocol with background, design, and baseline characteristics of the intervention, but it was published after data collection was completed.
8	Description of all materials or tools used for the delivery of the intervention Minimum required information: Did the authors provide the materials and tools used for the delivery of the intervention?	Comment: Materials and technology are described in detail.
9	Description of fidelity of the delivery process compared to the study protocol Minimum required information: Did the authors describe the fidelity of the delivery process compared to the study protocol?	Comment: Adherence or fidelity to Therapist Manual and Therapist Guide in delivering the intervention was assessed, but results were not reported
10	Description of a process evaluation and its underlying theoretical basis Minimum required information: Did the authors describe a process evaluation?	Comment: No process evaluation available
11	Description of internal facilitators and barriers potentially influencing the delivery of the intervention as revealed by the process evaluation Minimum required information: Did the authors describe whether internal facilitators and barriers potentially influenced the delivery of the intervention as revealed by the process evaluation?	Comment: Not applicable, as no process evaluation is available
12	Description of external conditions or factors occurring during the study which might have influenced the delivery of the intervention or mode of action (how it works) Minimum required information: Did the authors describe whether external conditions or factors occurred during the study and might have influenced the delivery of the intervention?	Comment: No information on influencing factors
13	Description of costs or required resources for the delivery of the intervention Minimum required information: Did the authors report the costs for the delivery of the intervention?	Comment: No information

Note: Numbers in quotes are references in the original publication; numbers at the end of quotation are references of included studies.

Supplementary Table 14. Laver 2020 (TIDieR)

TIDieR checklist		IG: Dyadic Dementia Care Program (Home visits) Quote and / or comment	IG: Dyadic Dementia Care Program (Telehealth) Quote and / or comment
1	<p>Brief name Provide the name or a phrase that describes the intervention.</p> <hr/> <p>Minimum required information: Did the authors provide a name describing the intervention?</p>	Quote: Dyadic Dementia Care Program (Home visits) [8]	Quote: Dyadic Dementia Care Program (Telehealth) [8]
2	<p>Why Describe any rationale, theory, or goal of the elements essential to the intervention.</p> <hr/> <p>Minimum required information: Did the authors provide a rationale for the potential impact of the intervention on the outcome?</p>	<p>Quote: Interventions that promote functional independence and include skills training for care partners have been shown to reduce functional decline, decrease service utilization and improve quality of life for people with dementia.⁹ Interventions are not necessarily expected to increase scores on measures of function but to delay the rate of decline over time. [8]</p> <p>Comment: See above</p>	<p>Quote: While some of these barriers could be addressed through training allied health professionals, barriers relating to the capacity to perform multiple home visits are challenging to overcome without additional resources. [8]</p> <p>Quote: The use of telehealth technologies to deliver interventions for people with dementia and their care partners may reduce the costs of delivering the intervention, increase accessibility, and facilitate research translation.¹³ A systematic review found that approximately two thirds of studies examining telehealth interventions found that telehealth interventions were less costly and equally effective as non-telehealth alternatives.¹⁴ Furthermore, there is evidence demonstrating the economic benefits of offering telehealth for people with chronic health conditions.¹⁵ Studies have also demonstrated the feasibility of delivering telehealth intervention to frail older people living at home. [8]</p>
3	<p>What Materials: Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (e.g. online appendix, URL).</p> <hr/> <p>Minimum required information: Did the authors provide the materials used in the intervention?</p>	Comment: No further information on material used	
4	<p>What Procedures: Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities.</p> <hr/> <p>Minimum required information: Did the authors describe the procedures, activities, and processes used in the intervention?</p>	<p>Quote: The intervention is delivered predominantly by an occupational therapist that works with the care partner to problem solve, educate, and build skills. The occupational therapist addresses stress management and works with the dyad to enhance activity engagement in the person with dementia. Strategies to address key care challenges are tailored to the capabilities and interests of the person with dementia, their care partner and the environment. [8]</p> <p>Quote: The program offered in this trial was scheduled to be delivered in up to eight consultations delivered over up to 16 weeks with each session lasting approximately 60 minutes each (either in home or through telehealth). Participants allocated to the home visit group received up to eight visits in the home from the occupational therapist. Participants allocated to the telehealth group received the first two consultations in the home with the visiting therapist and the remaining six sessions were provided using telehealth technologies. The sessions in the home provided the opportunity for in-home environmental assessment, rapport building, and familiarity with the videoconferencing program. [8]</p> <p>Comment: Lack of detailed information</p>	
5	<p>Who provided For each category of intervention provider (e.g. psychologist, nursing assistant), describe their expertise, background and any specific training given.</p> <hr/> <p>Minimum required information: Did the authors describe the professional background, experiences, and specific training of persons delivering the intervention?</p>	<p>Quote: Occupational therapists who delivered the program received 2 days of training as well as an intervention manual and all the documentation required in order to deliver the program. Regular (fortnightly) meetings were held with interventionists to discuss cases and treatment plans and monitor fidelity to the intervention. Therapists also kept treatment notes, time logs, and recorded the dates in which key components of the program were offered. Occupational therapists were trained in how to use the tablet devices and videoconferencing software and had access to an information technology telehealth specialist for troubleshooting. [8]</p> <p>Comment: Lack of information about the therapist's experience</p>	
6	<p>How</p>	Quote: The program offered in this trial was scheduled to be delivered in up to eight consultations delivered over up to 16 weeks with each session lasting approximately 60 minutes each (either in home or through telehealth). [8]	

TIDieR checklist		IG: Dyadic Dementia Care Program (Home visits) Quote and / or comment	IG: Dyadic Dementia Care Program (Telehealth) Quote and / or comment
	Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group. Minimum required information: Did the authors describe the mode(s) of delivery?	Quote: Participants allocated to the home visit group received up to eight visits in the home from the occupational therapist [8]	Quote: Participants allocated to the telehealth group received the first two consultations in the home with the visiting therapist and the remaining six sessions were provided using telehealth technologies. The sessions in the home provided the opportunity for in-home environmental assessment, rapport building, and familiarity with the videoconferencing program. [8]
7	Where Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features. Minimum required information: Did the authors describe the type(s) of location(s) where the intervention was delivered and the required (technical) infrastructure for the participants?	Comment: No information about the institution providing the intervention	
		Comment: Counselling at the participant's home	Comment: The required technical infrastructure is described in detail
8	When and how much Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity or dose. Minimum required information: Did the authors describe the period, duration, and frequency of the intervention?	Quote: The program offered in this trial was scheduled to be delivered in up to eight consultations delivered over up to 16 weeks with each session lasting approximately 60 minutes each (either in home or through telehealth). [8]	
9	Tailoring If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when, and how. Minimum required information: Did the authors describe whether the intervention was personalised, titrated or adapted?	Quote: The theory-based intervention involves assessment of the person with dementia, the care partner and their environment followed by identification of key care challenges. [8] Quote: Strategies to address key care challenges are tailored to the capabilities and interests of the person with dementia, their care partner and the environment. [8]	
10	Modifications If the intervention was modified during the course of the study, describe the changes (what, why, when, and how). Minimum required information: Did the authors describe whether any modifications were made during the course of the study?	Comment: No information on modifications	Comment: No information on modifications
11	How well Planned: If intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them. Minimum required information: Did the authors describe whether adherence or fidelity was planned to be assessed?	Quote: Regular (fortnightly) meetings were held with interventionists to discuss cases and treatment plans and monitor fidelity to the intervention. [8]	
12	How well Actual: If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned. Minimum required information: Did the authors describe whether the intervention was delivered as planned?	Comment: No information provided	Comment: No information provided

Note: Numbers in quotes are references in the original publication; numbers at the end of quotation are references of included studies.

Supplementary Table 15. Laver 2020 (CReDECI)

CReDECI 2 checklist		Quote and/or comment
	First stage - Development	
1	Description of the intervention's underlying theoretical basis Minimum required information: Did the authors describe the intervention's underlying theoretical basis?	Comment: Note on the theoretical basis of the original intervention (COPE), but no concrete information for this adapted interventions
2	Description of all intervention components, including the reasons for their selection as well as their aims / essential functions Minimum required information: Did the authors describe all intervention components?	Comment: Different components of the intervention are named e.g. key components of the program, technical component, assessments and environmental aspects as well as an intervention manual. While some components are described, information on the others is missing. Quote: These participants were given the option of using their own device (laptop, tablet, or smartphone) and in these cases they were shown how to access the Cisco Webex software on their own device. Alternatively, they could loan a tablet which had the videoconferencing software already installed. The therapist spent time demonstrating and trialing videoconferencing with the participant during one of the first two consultations. [8]
3	Illustration of any intended interactions between different components Minimum required information: Did the authors describe the intended interactions between intervention components?	Quote: The sessions in the home provided the opportunity for in-home environmental assessment, rapport building, and familiarity with the videoconferencing program. [8] Comment: No statements on how individual components should interact with each other.
4	Description and consideration of the context's characteristics in intervention modelling Minimum required information: Did the authors describe the context conditions?	Quote: Most of our participants were referred to the trial by someone employed within a health or long-term care service. Within these services, the person with dementia had very recently received a comprehensive assessment from a nurse with expertise in care of older people. We did not refer trial participants to another nurse for further assessment or treatment. [8] Quote: Second, while the program is scheduled to be delivered in up to 10 home consultation visits, we altered the schedule so that it consisted of fewer, longer, consultations to increase the efficiency for both the clinician and the person with dementia and their carer. [8] Comment: No sufficient information
	Second stage - Feasibility and piloting	
5	Description of the pilot-test and its impact on the definite intervention Minimum required information: Did the authors describe the pilot study and its impact on the definite intervention?	Comment: No pilot study described
	Third stage – Evaluation	
6	Description of the control condition (comparator) and reasons for the selection Minimum required information: Did the authors describe the control condition?	Quote: This study aimed to determine whether delivery of a dyadic intervention using telehealth was noninferior to delivery of the same program using traditional face-to-face delivery through home visits. Design: We conducted a noninferiority randomized controlled trial. [8] Comment: Control condition was described in detail
7	Description of the strategy for delivering the intervention within the study context Minimum required information: Did the authors describe the planned strategy for delivering the intervention within the study context?	Comment: No previously published study protocol
8	Description of all materials or tools used for the delivery of the intervention Minimum required information: Did the authors provide the materials and tools used for the delivery of the intervention?	Quote: These participants were given the option of using their own device (laptop, tablet, or smartphone) and in these cases they were shown how to access the Cisco Webex software on their own device. Alternatively, they could loan a tablet which had the videoconferencing software already installed. [8] Comment: Technology used for delivering the intervention via telehealth is adequately described, but lack of information about materials used

CReDECI 2 checklist		Quote and/or comment
9	Description of fidelity of the delivery process compared to the study protocol Minimum required information: Did the authors describe the fidelity of the delivery process compared to the study protocol?	Comment: Strategies were mentioned, but not described in detail; there is no previously published study protocol.
10	Description of a process evaluation and its underlying theoretical basis Minimum required information: Did the authors describe a process evaluation?	Comment: No information about a process evaluation available
11	Description of internal facilitators and barriers potentially influencing the delivery of the intervention as revealed by the process evaluation Minimum required information: Did the authors describe whether internal facilitators and barriers potentially influenced the delivery of the intervention as revealed by the process evaluation?	Comment: Not applicable, as no process evaluation is available
12	Description of external conditions or factors occurring during the study which might have influenced the delivery of the intervention or mode of action (how it works) Minimum required information: Did the authors describe whether external conditions or factors occurred during the study and might have influenced the delivery of the intervention?	Comment: No information on influencing factors
13	Description of costs or required resources for the delivery of the intervention Minimum required information: Did the authors report the costs for the delivery of the intervention?	Quote: Due to the time span of the funding, we were unable to track participants' costs of care following completion of the intervention and we were unable to report data on cost effectiveness [8]

Note: Numbers in quotes are references in the original publication; numbers at the end of quotation are references of included studies.

Supplementary Table 16. Hodgson 2021 (TIDieR)

TIDieR checklist		IG: Care Consultation Plus Quote and / or comment	CG: Care Consultation Quote and / or comment
1	Brief name Provide the name or a phrase that describes the intervention. Minimum required information: Did the authors provide a name describing the intervention?	Quote: Care Consultation Plus [9]	Quote: Care Consultation [9]
2	Why Describe any rationale, theory, or goal of the elements essential to the intervention. Minimum required information: Did the authors provide a rationale for the potential impact of the intervention on the outcome?	Quote: A crucial part of helping family caregivers is linking them with the Alzheimer's Association and other community-based organizations to provide information, emotional support, practical advice, support groups, and training programs [8]. [9] Quote: Because of visual privacy the telephone can make conversations less stressful for caregivers who may be reluctant to discuss particular issues in person. Providing support by telephone also places minimal burden on caregivers. It is well suited to individuals who may be homebound with limited time and energy to seek formal supportive services. Additionally, the availability of a 24/7 Helpline means caregivers can access support at the time of need. [9]	Comment: See above
3	What Materials: Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (e.g. online appendix, URL). Minimum required information: Did the authors provide the materials used in the intervention?	Comment: An assessment instrument and an action plan are mentioned but not described in detail.	
4	What Procedures: Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities. Minimum required information: Did the authors describe the procedures, activities, and processes used in the intervention?	Quote: "Care Consultation Plus" condition that included one additional booster call from the care consultant following the initial Care Consultation call [9] Quote: The Care Consultation Plus group received a care consultation as described above and also received an additional follow up call from the same care consultant to reinforce specific action steps and identify barriers to following through on the action steps. The care consultant reviewed notes from the initial care consultation to understand what was discussed. [9] Comment: Not described in detail to replicate the intervention	Quote: Care consultation begins with an assessment of the caller's situation and provides in-depth education about the disease and problem solving that result in the development of an action plan. Interventions may include active listening, empathy, validation and normalization, emotional containment, referrals to community programs and crisis assessment. The caller's needs, identified through the assessment, determine the type of intervention that is appropriate. [9] Comment: Not described in detail to replicate the intervention
5	Who provided For each category of intervention provider (e.g. psychologist, nursing assistant), describe their expertise, background and any specific training given. Minimum required information: Did the authors describe the professional background, experiences, and specific training of persons delivering the intervention?	Quote: Care consultation is provided by staff that possess a master's degree in social work, counselling or related field who complete four weeks of training and one week of shadowing other care consultants. [9] Comment: Description of staffs' experience is missing.	Quote: Training includes Helpline call flow process and documentation, crisis assessment, brief counseling, and services and resources for referral. [9]
6	How Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group. Minimum required information: Did the authors describe the mode(s) of delivery?	Quote: callers to the Helpline [9] Comment: Counselling for individuals over the phone	

TIDieR checklist		IG: Care Consultation Plus Quote and / or comment	CG: Care Consultation Quote and / or comment
7	<p>Where Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features.</p> <p><u>Minimum required information:</u> Did the authors describe the type(s) of location(s) where the intervention was delivered and the required (technical) infrastructure for the participants?</p>	<p>Quote: The Alzheimer's Association Helpline (referred to as the Helpline in this paper) is an easily accessible and free resource available 24 h a day, 365 days a year, where callers can speak to master's degree-level care consultants who offer confidential emotional support, valuable and actionable information and referrals to additional resources in the local community. [9]</p> <p>Comment: Interventions are delivered through the Alzheimer's Association National Helpline as a free resource and the only requirement is access to a telephone</p>	
8	<p>When and how much Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity or dose.</p> <p><u>Minimum required information:</u> Did the authors describe the period, duration, and frequency of the intervention?</p>	<p>Comment: Contact was initiated by participating caregivers, follow-up calls (aside from booster call) are not mentioned, also the length of the calls is not specified and the time of booster call is not indicated</p>	
9	<p>Tailoring If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when, and how.</p> <p><u>Minimum required information:</u> Did the authors describe whether the intervention was personalised, titrated or adapted?</p>	<p>Quote: Care consultation begins with an assessment of the caller's situation (...) development of an action plan. (...) The caller's needs, identified through the assessment, determine the type of intervention that is appropriate. [9]</p>	
10	<p>Modifications If the intervention was modified during the course of the study, describe the changes (what, why, when, and how).</p> <p><u>Minimum required information:</u> Did the authors describe whether any modifications were made during the course of the study?</p>	<p>Comment: No information on modifications</p>	<p>Comment: No information on modifications</p>
11	<p>How well Planned: If intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them.</p> <p><u>Minimum required information:</u> Did the authors describe whether adherence or fidelity was planned to be assessed?</p>	<p>Comment: No information on planned assessments</p>	<p>Comment: No information on planned assessments</p>
12	<p>How well Actual: If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned.</p> <p><u>Minimum required information:</u> Did the authors describe whether the intervention was delivered as planned?</p>	<p>Quote: In addition, while fidelity checks were conducted with 20 % of all calls, variability in the delivery style of care consultations was a common observation. Future work to establish the fidelity across care consultations is needed. [9]</p>	

Note: Numbers in quotes are references in the original publication; numbers at the end of quotation are references of included studies.

Supplementary Table 17. Hodgson 2021 (CReDECI)

CReDECI 2 checklist		Quote and/or comment
	First stage - Development	
1	Description of the intervention's underlying theoretical basis <hr/> Minimum required information: Did the authors describe the intervention's underlying theoretical basis?	Comment: No theoretical approach described
2	Description of all intervention components, including the reasons for their selection as well as their aims / essential functions <hr/> Minimum required information: Did the authors describe all intervention components?	Comment: Procedures are described but information on assessment of the caller's situation and the "action plan" are missing. Quote: The Care Consultation Plus group received a care consultation as described above and also received an additional follow up call from the same care consultant to reinforce specific action steps and identify barriers to following through on the action steps. [9]
3	Illustration of any intended interactions between different components <hr/> Minimum required information: Did the authors describe the intended interactions between intervention components?	Comment: No statements on how individual components should interact with each other.
4	Description and consideration of the context's characteristics in intervention modelling <hr/> Minimum required information: Did the authors describe the context conditions?	Quote: Family caregivers often find themselves isolated, stressed and overwhelmed as they manage the care for family members with dementia [1]. Telephone support can be a useful delivery modality and can come in the form of emotional and informational support [2,3] and has many advantages for dementia caregivers [4]. [9] Quote: The Alzheimer's Association Helpline (referred to as the Helpline in this paper) is an easily accessible and free resource available 24 h a day, 365 days a year, where callers can speak to master's degree-level care consultants who offer confidential emotional support, valuable and actionable information and referrals to additional resources in the local community. Yearly, the Helpline receives between 290,000 and 300,000 calls, which averages to about 800 calls per day. [9]
	Second stage - Feasibility and piloting	
5	Description of the pilot-test and its impact on the definite intervention <hr/> Minimum required information: Did the authors describe the pilot study and its impact on the definite intervention?	Quote: This pilot study demonstrated that the support provided via the Helpline can be effective at improving caregiver mental health and improving the ability of callers to "take action". [9]
	Third stage – Evaluation	
6	Description of the control condition (comparator) and reasons for the selection <hr/> Minimum required information: Did the authors describe the control condition?	Quote: Callers assigned to the Care Consultation Condition group received the care consultation service at the time of their call. Care consultation begins with an assessment of the caller's situation and provides in-depth education about the disease and problem solving that result in the development of an action plan. Interventions may include active listening, empathy, validation and normalization, emotional containment, referrals to community programs and crisis assessment. The caller's needs, identified through the assessment, determine the type of intervention that is appropriate. [9] Quote: Care consultation begins with an assessment of the caller's situation and provides in-depth education about the disease and problem solving that result in the development of an action plan. Interventions may include active listening, empathy, validation and normalization, emotional containment, referrals to community programs and crisis assessment. The caller's needs, identified through the assessment, determine the type of intervention that is appropriate. [9]
7	Description of the strategy for delivering the intervention within the study context <hr/> Minimum required information: Did the authors describe the planned strategy for delivering the intervention within the study context?	Comment: No previously published study protocol
8	Description of all materials or tools used for the delivery of the intervention <hr/> Minimum required information: Did the authors provide the materials and tools used for the delivery of the intervention?	Comment: No data collected as this is a pilot study.

CReDECI 2 checklist		Quote and/or comment
9	Description of fidelity of the delivery process compared to the study protocol <u>Minimum required information:</u> Did the authors describe the fidelity of the delivery process compared to the study protocol?	Comment: No data collected as this is a pilot study.
10	Description of a process evaluation and its underlying theoretical basis <u>Minimum required information:</u> Did the authors describe a process evaluation?	Comment: No data collected as this is a pilot study.
11	Description of internal facilitators and barriers potentially influencing the delivery of the intervention as revealed by the process evaluation <u>Minimum required information:</u> Did the authors describe whether internal facilitators and barriers potentially influenced the delivery of the intervention as revealed by the process evaluation?	Comment: No data collected as this is a pilot study.
12	Description of external conditions or factors occurring during the study which might have influenced the delivery of the intervention or mode of action (how it works) <u>Minimum required information:</u> Did the authors describe whether external conditions or factors occurred during the study and might have influenced the delivery of the intervention?	Comment: No data collected as this is a pilot study.
13	Description of costs or required resources for the delivery of the intervention <u>Minimum required information:</u> Did the authors report the costs for the delivery of the intervention?	Comment: No data collected as this is a pilot study.




Note: Numbers in quotes are references in the original publication; numbers at the end of quotation are references of included studies.

CHAPTER C: RISK OF BIAS

Supplementary Figure 1. Risk of bias traffic light plot of assessments for all outcomes

Study	Risk of bias domains					Overall
	D1	D2	D3	D4	D5	
Coyne 1995 Depression	-	-	X	X	-	X
Coyne 1995 Burden	-	-	X	X	-	X
Coyne 1995 Resource use	-	-	+	X	-	X
Hodgson 2021 Self-efficacy	X	-	X	X	-	X
Hodgson 2021 Global health	X	-	X	X	-	X
Laver 2020 Mastery	+	+	X	X	X	X
Laver 2020 Upset	+	+	X	X	X	X
Laver 2020 Behavior	+	+	X	+	X	X
Laver 2020 Functionality	+	+	X	+	X	X
Laver 2020 Perceived change	+	+	X	X	X	X
Tremont 2008 Depression	-	-	X	X	-	X
Tremont 2008 Burden	-	-	X	X	-	X
Tremont 2008 Reactions	-	-	X	X	-	X
Tremont 2008 Self-efficacy	-	-	X	X	-	X
Tremont 2008 General health	-	-	X	X	-	X
Tremont 2008 Knowledge	-	-	+	+	-	X
Tremont 2008 Family functioning	-	-	X	X	-	X
Tremont 2008 Perceived social support	-	-	X	X	-	X
Tremont 2015 Depression	-	X	X	+	X	X
Tremont 2015 Burden	-	X	X	+	X	X
Tremont 2015 Reactions	-	X	X	+	X	X
Tremont 2015 Self-efficacy	-	X	X	+	X	X
Tremont 2015 Quality of life	-	X	X	+	X	X
Tremont 2015 Resource use	-	X	+	+	-	X
Tremont 2015 Family functioning	-	X	X	+	X	X
Tremont 2015 Positive aspects of caregiving	-	X	X	+	X	X

Domains:
D1: Bias arising from the randomization process.
D2: Bias due to deviations from intended intervention.
D3: Bias due to missing outcome data.
D4: Bias in measurement of the outcome.
D5: Bias in selection of the reported result.

Judgement
 High
 Some concerns
 Low

Justifications for RoB 2 judgements
<https://osf.io/as8uq/>

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